

Tonganoxie Early Prep
At
TUMC
2022-2023 Family Handbook
Ages: 3 years and up

A ministry of the
Tonganoxie United Methodist Church
328 E. 4th Street
Tonganoxie, KS 66086
913-845-2480

Tonganoxie United Methodist Church is a community of faith inviting all to know God's love, connecting with each other, growing in our faith, and serving our community and the world.

GENERAL INFORMATION

TONGANOXIE EARLY PREP OBJECTIVES:

- Tonganoxie United Methodist Church's Tonganoxie Early Prep strives to provide Christian nurturing to families and encourages each family to have a faith journey that can be shared with their children.
- Children need to know that there are places outside the home they can feel secure and that other adults, besides parents, care what happens to them and can be trusted.
- Children need to know that they are liked and accepted for themselves, just the way they are and that they may grow and develop in their own way. They must also know there are limits to what they are permitted to do and that they are expected to obey those limits.
- Children need to be given friendly help and guidance in learning how to behave toward other persons and things around them and be encouraged to try new things.
- Children need to know that others have confidence in their ability to do things for themselves.
- Children also need to know that they will be kept safe from harm when faced with new situations and that someone will be there to help and guide them.
- Parents need to know that there are places outside the home where they can leave their children with loving, responsible people, knowing they will be well taken care of until their return.

DESCRIPTION OF THE CENTER:

Tonganoxie Early Prep (TEP) is a ministry of the Tonganoxie United Methodist Church (TUMC) and is licensed by the Kansas Department of Health and Environment.

A board governs Tonganoxie Early Prep. All board members have a vote in deciding policy. The members of the church vote board members on annually. The TEP Board functions in an advisory, policy-making capacity according to the bylaws.

NON-DISCRIMINATION STATEMENT REGARDING CHILDREN:

Tonganoxie Early Prep admits children of any race, color, religion, national origin, sex and does not discriminate on the basis of any of these factors in administration of its educational policies, admissions policies, fee payments, and other school administrated programs.

DAYS & HOURS OF OPERATION:

Tonganoxie Early Prep begins operation the following Monday of Tonganoxie school district. The director will send out an e-mail with more information. Our hours are 9:30- 2:30 PM Monday through Friday. Children may be brought late or picked up early, but the charge will be for the full session. Children will not be accepted before 9:25 AM and children are to be picked up at or before 2:30 PM. *If a child is not picked up by 2:35 a conference will be held with the director and parent/guardian to resolve the problem and a late fee of \$5 per child for every 15 minutes past 2:35 PM will be imposed.*

CANCELLATIONS AND EARLY DISMISSAL DAYS:

When the **Tonganoxie School District cancels school or dismisses early** for any reason, **TONGANOXIE EARLY PREP will also cancel or dismiss early if already in session.** Consult the television or radio for announcements concerning snow days.

In the rare occurrence of an emergency or illness in which a teacher can't come to work, the church's child care committee will work to find a substitute for the day. If a suitable, trained substitute is not available, Tonganoxie Early Prep will be cancelled for the day.

Tonganoxie Early Prep may also be cancelled if a funeral dinner is scheduled on the day Tonganoxie Early Prep is in session. Parents will be notified of this as soon as information is available.

AUTHORIZED PEOPLE TO PICK UP CHILDREN:

Only people that you authorize on your child's enrollment form may pick up your child. If it becomes necessary for an unauthorized person to pick up your child, we will need to receive your approval in the form of a note or phone call from you stating that

person's name and phone number. Staff members may request the photo identification of anyone picking up a child. We can only release your child to those persons you designate in writing and that person must be at least 14 years old.

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CHANGES IN DROP OFF OR PICK UP PROCEDURES:

If there are any changes in the routine for your child, please notify the Director in person or in writing. This will help to ensure the safety of your child.

ABSENCES:

The church phone number is 913-845-2480. Please call this number, or contact the Tonganoxie Early Prep Director directly, by 10:00 AM if your child is unable to attend Tonganoxie Early Prep.

ATTENDANCE:

It is very important that your child attend Tonganoxie Early Prep on a regular basis. We understand that children may miss a few days due to illness and we appreciate your keeping sick children home. If a child misses 3 consecutive days due to illness, staff may request a doctor's note prior to the child returning to Tonganoxie Early Prep.

If your child is reluctant to come to Tonganoxie Early Prep, please communicate this to the staff. Together, we can make plans to address the concerns of the child.

If absences are not due to illness and your child attends Tonganoxie Early Prep less than 75% of their program days per month, a conference will be scheduled with the director and the child's parent(s). If attendance does not improve the following month, Tonganoxie Early Prep reserves the right to terminate all child care services at the end of 21 days.

EMERGENCY PREPAREDNESS POLICIES:

Fire and tornado drills are scheduled once a month throughout the year. Fire and tornado drill procedures are posted in each classroom and all staff is trained to know what to do in these kinds of emergency situations.

ACCIDENT AND EMERGENCY PROCEDURES:

In spite of precautionary measures, children do have accidents. In case of emergency, we will call an ambulance. All of our teachers have had first aid training and are able to attend to minor injuries. In case of head bumps it is routine procedure to attempt to notify you of the accident by phone and to give you the details. We watch these children for dizziness, dilated eyes and vomiting.

DISCIPLINE:

The key to our disciplinary policy is "loving guidance". Children will be guided lovingly to follow the program schedule and cooperate with their peer group. If discipline is

necessary, the "time out" policy will be used. This will consist of removing the child from the group for no more than one minute per age of the child.

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Discipline that is humiliating, frightening, or physically harmful to the child will not be used at any time. Corporal punishment will be strictly prohibited, even when approved by parents.

We will be glad to help you with the task of toilet training. We will encourage your child to use the toilet but will not force a child to sit on the toilet.

GUIDELINES FOR TERMINATION:

If serious adjustment or behavior problems occur after a child is enrolled, a conference will be scheduled so that the director can talk with the child's parent or guardian about the situation. A written action plan will be developed to outline steps to be taken to solve the problems. The director may set a 30-day trial period.

If a parent or guardian refuses the action plan or if the child's behavior does not improve, or if continued enrollment of the child does not represent the best interest of the child, Tonganoxie Early Prep, the staff or the other children, the Child Care Committee reserves the right to give written notice to the parent(s) including termination of all child care services at the end of 21 days. If the child's behavior is physically or emotionally dangerous to other children or staff, immediate termination may be necessary.

PROGRAM:

An introduction to preschool program is open to children ages 3 and older. This program provides an introduction to a structured setting and pre-academic skills. It focuses on child development and social skills.

This program is on **Tuesdays and Thursdays**
(children are required to attend both days)

The following Preschool class is open to children 4 and 5 years old. A child must be 4 years old by September 1st and attending Kindergarten the next school year. This program follows a Preschool Curriculum aimed at preparing children for kindergarten.

This program is on **Mondays, Wednesdays and Fridays**
(children are required to attend all three days).

PROGRAM PLACEMENT:

While some children may meet the age requirement for a particular program, Tonganoxie Early Prep Director reserves the right to determine whether or not a program is developmentally

appropriate for your child. If it is determined that a program is not developmentally appropriate for your child after the school year has begun, a conference will be scheduled with a parent or guardian to discuss alternative placement if available.

If you have questions or concerns, please discuss the placement of your child with the Tonganoxie Early Prep Director.

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MEALS & SNACKS:

Each session your child will need to bring a healthy cold lunch that is prepared and ready to eat. It is important to send healthy foods that are pre-cut and that the child is able to feed himself. Please send any needed utensils and put an ice pack in with the lunch so it does not have to be refrigerated. Milk or water will be provided as a drink. While children can be finicky when it comes to eating, it will be required for every child to sit at the table and have food available during lunch and snack. We will never force a child to eat, but strongly encourage them to eat in the time period allowed.

A snack with water will be offered to your child each day. Please inform the Director if your child has any known food allergies. An alternate snack can be provided or you may send in a snack for your child.

Birthdays:

We will celebrate a child's birthday during snack time. Parents are welcome to send in a special birthday treat for the child to share with the class. Please let the Director know ahead of time if you plan to send in a snack that day. If the child has a summer birthday they may celebrate their half birthday or at the end of the school year. Please check with the Director for any allergies in the classroom.

WALKS/FIELD TRIPS:

We will take field trips throughout the year. We will have walking field trips and field trips that require parents/guardians to drive.

SUPPLIES:

Each child is required to bring a lunch with a water bottle and full size backpack every day. Each child will be provided with a blanket, pillow, towel (to lay on top of cot) and a storage bag for sanitary purpose. This is a onetime \$45.00 fee (Includes other school supplies as well). These will be sent home at the end of every week to be washed and returned to Tonganoxie Early Prep the next school day.

Each child is required to have a change of clothes in their backpack, in case of accidents. Please update the change of clothing frequently, so that it is seasonally appropriate. LABEL EVERYTHING (cups, lids, etc.) WITH YOUR CHILD'S FIRST NAME AND LAST INITIAL. Teachers cannot be responsible for unmarked items. Send everything in a bag or backpack clearly marked with the child's name. Make sure the name is on the outside of the bag and can be easily be seen by the teacher.

Please send your child in comfortable play clothes that are suitable for outside play if weather permits. If your child wears a dress, please have her wear shorts underneath her dress. Clothing that allows children to easily use the restroom is a must. If your child wears snow boots, please send other shoes for class time. Boots and Flip flops/sandals are not allowed for Stretch N Grow.

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HEALTH INFORMATION

ILLNESSES:

If a child exhibits any of the symptoms listed on this page, he/she should not come to Tonganoxie Early Prep. If a child has been ill prior to Tonganoxie Early Prep, he/she should be fever and diarrhea free **without medication** for 24 hours before returning. If a child develops any of these symptoms while at Tonganoxie Early Prep, the child will be sent home.

SIGNS AND SYMPTOMS OF ILLNESS FOR THE EXCLUSION OF CHILDREN FROM CHILD CARE FACILITIES:

- Temperature of 101 degrees or greater
- Severe cold and/or sneezing
- Persistent cough
- Sore throat
- Swollen glands
- Earache
- Red or sore eyes
- Green or yellow discharge from nose, eyes or ears
- Upset stomach
- Nausea and/or vomiting

Mouth sores with drooling, unless a health care provider or health official determines the condition is noninfectious

- Diarrhea
- Undiagnosed skin eruptions or skin rash
- Pink eye
- Untreated scabies, head lice or other infestation
- General signs of listlessness, weaknesses, drowsiness, flushed face or headache
- Fainting or seizures
- Untreated Tuberculosis

SPECIFIC ILLNESS INFORMATION:

Pink Eye – Children with pinkness and discharge of the eye will be sent home. Children should not attend the program until all symptoms have cleared or it has been 24 hours since antibiotics have started.

Chicken Pox – Children with chicken pox should be absent from the program for 5 to 7 days and return with a doctor's written permission to attend the program.

Impetigo/ringworm – Children should be treated for 24 hours before returning to the program to control the spread.

Head Lice – Children will not be allowed to attend the program until they are nit free. Although some school policies allow children to attend after being treated, our policy is that all nits should be removed before attending whether the nits are empty or not.

If your child has been exposed to any contagious disease, such as whooping cough, chicken pox, mumps, measles, diphtheria or scarlet fever, please report it immediately to the teacher. If your child has one of these illnesses, we must report it to the Health Department. Information about any contagious disease occurring at Tonganoxie Early Prep will be posted or a note sent home with students.

ILLNESSES OCCURRING AT TONGANOXIE EARLY PREP:

Upon arrival each day, your child will be observed by a staff member for symptoms of possible illness, fever or contagious diseases and will be sent home immediately if such symptoms are present. If your child becomes ill and/or has a temperature of 101 and/or has an episode of vomiting or diarrhea, we will call you to take your child home. We cannot care for sick children, as we do not have the facilities or the extra staff.

ALLERGIES:

If your child has a food allergy, you will need to inform the Director and fill out special release forms with specific information required by the Health Department/State of Ks.

ADMINISTERING MEDICINE:

It is a Kansas State Department of Health licensing requirement that prescribed medicine can only be administered if it is in the pharmacy container labeled with the child's name, name of the medication, dosage, name of physician and date it was filled. If you want us to give your child a non-prescribed medication, we must receive a note or phone call from your doctor or nurse, and the medication must be in the original container.

- All medications must be kept in a locked box while at the center.
- Parents must fill out and sign an individual initial request form and give it to the teacher. There are two types of individual forms, one for prescribed medication and the other for non-prescribed.
- Teachers will write the time the medicine was administered and her/his name on the form that you fill out.

- Unless we receive a specific request from a parent to keep medicine on hand (i.e. asthma, allergies) all medications that is not being administered will be disposed of; so please take it home if you want to keep it.
- While on field trips, teachers will administer medication if necessary.

REPORTING CHILD ABUSE OR NEGLECT:

The Kansas Child Protection Act mandates that all personnel working in a licensed child care center must report suspected child abuse or neglect. There is a penalty for violation of this reporting law. This act protects the people reporting to DCF from any liability whether civil or criminal. All records and reports concerning child abuse and neglect filed with DCF or the district court are confidential and will not be disclosed. All teachers at Tonganoxie Early Prep are aware of their responsibilities regarding this Act and will alert the teacher should they see any signs of abuse or neglect. The teacher will make a phone call to Department for Children & Families reporting any suspected cases. A DCF representative may interview a child or staff member at the center. Parents will be notified following the interview.

CHILD SEXUAL ABUSE:

Because the Tonganoxie Early Prep staff knows that every parent is concerned about child sexual abuse we:

- Discuss child sexual abuse during staff orientation for teachers and aides.
- Comply with the Kansas law which states that the name, address, and birth date of every staff member or volunteer must be sent to the Health Department for police felony check and DCF child abuse confirmation check.
- Urge parents to make unannounced visits to the center at any time.

All Tonganoxie Early Prep staff members have completed training in "Safe Gatherings" an abuse prevention program sponsored by the United Methodist Church.

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STAFF INFORMATION

Each staff member has received training in early childhood development, health and safety and takes continuing education classes in excess of those required by the State of Kansas. Each staff member is currently certified in Infant/Child First Aid and CPR and has passed background checks.

FINANCIAL INFORMATION

ENROLLMENT:

Enrollment for fall will begin in March. The child must be at least 3 years old to be enrolled in the Tuesday/Thursday class. In order to attend on Monday/Wednesday/Friday the child must be at least 4 years old on or before September 1st and uses the toilet without help and be attending Kindergarten the following school year. If maximum enrollment is reached, a waiting list will be put in place. As space allows, children will be added to our enrollment using the following priority system:

1. Children of staff.
2. Children with existing Tonganoxie Early Prep enrollment.
3. Siblings of children with existing Tonganoxie Early Prep enrollment.
4. Members of Tonganoxie United Methodist Church.
5. Former enrollees in Tonganoxie Early Prep.

A non-refundable enrollment fee of \$75 for the school year plus May Tuition is due at initial enrollment for each child attending Tonganoxie Early Prep. A fee schedule is attached for each month.

We cannot hold your child's slot without an enrollment fee. A child is considered Enrolled once the enrollment fee and May Tuition is paid in full.

TUITION:

Please note that fees are based on enrollment, not on attendance. To maintain a spot within a class, fees must be paid during the absence of a child due to illness, vacation or appointments. **The Tuition Fee for 2 days per week is \$250 per month. The Tuition Fee for 3 days per week is \$340.00 per month.** August Tuition is due at Back to School Night or the 1st day of school. Tuition for the entire month is to be paid on **the 1st of each month. Late fee will be imposed after the 3rd of each month. If payment is not received by the 7th the child may not attend Tonganoxie Early Prep until payment is received.** The forms of payment accepted will be Cash or Check.

Exact change is required since Tonganoxie Early Prep does not keep cash on the premises. Please make out the check to Tonganoxie Early Prep and write the child's name in the memo portion of your check. **TUITION IS SUBJECT TO INCREASE WITH NO LESS THEN 2 MONTHS NOTICE. IF TUITION IS RAISED AFTER THE START OF THE SCHOOL YEAR, MAYS TUITION PAID WILL NOT NEED TO BE CORRECTED.**

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If you must withdraw your child from Tonganoxie Early Prep, written notice is required with at least two weeks' notice. Written notice is also required with at least two weeks' notice if your child will not be attending Tonganoxie Early Prep for any length of time due to scheduling conflicts. Parents will be responsible for any tuition payments without proper notification. If the proper two weeks- notice is given then May Tuition will be refunded. The Enrollment fee is non-refundable.

FORMS:

We require that your child have all required forms on file at TONGANOXIE EARLY PREP before they may attend. These include: a TUMC enrollment and photography release form and KDHE medical record, record of immunizations and a notarized emergency form. Please note that a health assessment is to be completed by a licensed physician. Forms need to be updated each year.

LATE OR DELINQUENT PAYMENT:

Fees must be paid in advance. A late charge of \$10 is assessed each time a payment is not made by the 3rd of each month. For everyday between the 3rd and the 7th, a \$1 fee will be added to the original late fee. If a payment is still unpaid after the 7th the family may no longer use Tonganoxie Early Prep's services. As soon as fees are paid in full the child may return to Tonganoxie Early Prep. The TEP Board will review eligibility for Tonganoxie Early Prep if payment is late for 2 months within the semester.

RETURN CHECK CHARGE:

There is a \$50 charge each time a check is returned for non-payment. The returned check must be redeemed in cash or money order within five days of notice of returned check. If a returned check occurs 2 times within the semester, the family will be notified that they may not use Tonganoxie Early Prep's services.

I have read the handbook and agree to abide by the policies of Tonganoxie Early Prep's.

I agree to honor the enrollment of my child as described in the handbook.

Signature of parent or Guardian

Date

For office use only:

NON-Refundable deposit Amount _____ Check # _____ Date: _____

Tonganoxie Early Prep Enrollment Form

Child's Name: _____ Boy ____ Girl ____ DOB _____

Child's Home address: _____

City/State/Zip: _____

Name child prefer: _____

Please check the parent who should be contacted first:

Mother's name: _____ Cell# _____ Work# _____

Address: _____

E-mail: (Please print) _____

Father's name: _____ Cell# _____ Work# _____

Address: _____

E-mail: (Please print) _____

List name and date of birth of siblings living at home:

1 _____ DOB _____

2 _____ DOB _____

3 _____ DOB _____

4 _____ DOB _____

List at least two other local emergency contacts that are allowed to pick up your child:

1. _____ Relationship to child: _____

Address: _____

Cell# : _____ Work# _____

2. _____ Relationship to child: _____

Address: _____

Cell# : _____ Work# _____

I have included a recent photo of my child with this form.

Please check the days in which you are enrolling your child:

MWF _____

T/TH _____

Please indicate what size TEP shirt your child needs for the school year:

Size _____

Toilet Habits:

Does the child indicate his/her bathroom needs? _____

Health:

Any serious illnesses or hospitalizations? _____

List any known Allergies: _____

Any physical disabilities or limitations? _____

Language Development:

Does she/he speak clearly? _____

Are there any particular sounds or words that cause difficulty for the child? _____

Your Expectations:

Do you feel he/she will adjust easily to preschool? _____

Are there any concerns that you would like to share?

What would you like for your child to achieve this school year?

2022-2023 TUITION SCHEDULE

Tonganoxie Early Prep

ENROLLMENT FEE - \$75.00

AUGUST	170.00
SEPTEMBER	340.00
OCTOBER	340.00
NOVEMBER	340.00
DECEMBER	340.00
JANUARY	340.00
FEBRUARY	340.00
MARCH	340.00
APRIL	340.00
MAY	340.00 <u>MAY IS PAID AT TIME OF ENROLLMENT OR IN AUGUST</u>

AUGUST	125.00
SEPTEMBER	250.00
OCTOBER	250.00
NOVEMBER	250.00
DECEMBER	250.00
JANUARY	250.00
FEBRUARY	250.00
MARCH	250.00
APRIL	250.00
MAY	250.00 <u>MAY IS PAID AT TIME OF ENROLLMENT OR IN AUGUST</u>

**** 3-day program for 4 years+ is on Monday's, Wednesday's, and Friday's**

***** 2-day program for 3 years+ is on Tuesday's and Thursday's**

*ENROLLMENT FEE MUST BE PAID AT TIME OF ENROLLMENT

**MAYS TUITION MUST BE PAID BEFORE THE 1ST DAY OF SCHOOL

Tonganoxie Early Prep
Photography & Electronic Information Release Form

Child's Name

(Please initial all that apply)

_____ I acknowledge that my child's photo will only be shared on Tonganoxie Early Prep affiliated links such as Class dojo and the class facebook page.

_____ Have my child interviewed by the newspaper.

_____ I acknowledge that my child's photo will not be shared outside of Tonganoxie Early Prep's affiliated links without giving consent for photo release.

Parent/Guardian Signature Date

Tonganoxie Early Prep Pick-Up Authorization

I. Personal Information (please print)

Today's Date: ___/___/_____

Child's Name: _____ Age/class : _____

Parent/Guardian Names: _____

Home Phone: _____ Cell phone(s): _____

Work Phone(s): _____

II. Authorized Pick Up

Please list any individual who is authorized to pick up your child, including yourself. Each authorized person must be at least 16 years of age. The above-named child will not be permitted to leave the program with anyone who is not listed below. Authorized individuals must pick up the child in person and will be requested to show identification to program staff. Children will not be released to persons who fail to provide acceptable identification upon request.

I authorize the following responsible persons to pick up my child from the program (attach additional pages as needed):

Authorized Person	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. Authorized Dismissal

Signature of Parent or Guardian:

Parent or Guardian Name*:

*Please note that only the enrolling parent will be permitted to complete this form.



**MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES,
INCLUDING PROVIDER'S OWN CHILDREN**

Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care _____ Name of Child Care Facility _____

Child's Name _____ Date of Birth _____ Gender _____
First Last MM/DD/YYYY M/F

Parent/Guardian Information

Parent/Guardian Information

Name _____

Name _____

Home Address _____
Street City Zip Code

Home Address _____
Street City Zip Code

Home Phone Number _____

Home Phone Number _____

Work Address _____
Street City Zip Code

Work Address _____
Street City Zip Code

Work Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Cell Phone Number _____

E-mail Address _____

E-mail Address _____

Best way to contact _____

Best way to contact _____

Names and ages of children in family _____

Persons authorized to pick up the child or to notify in case of emergency. Include name, address, and telephone number. Attach an additional page, if necessary. _____

Child's Physician _____ Phone Number _____

Child's Dentist _____ Phone Number _____

Hospital Preference (for emergencies) _____

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider? ___No ___Yes, as follows:

Does your child have any of the following conditions (yes or no)? If yes, provide information on Authorization for Emergency Medical Care form CCL. 010.

- | | | |
|-------------------------|-----------------------------------|-----------------|
| _____ Allergies | _____ Frequent sore throats/colds | _____ Ear Aches |
| _____ Asthma | _____ Speech, Visual, Hearing | _____ Diabetes |
| _____ Epilepsy/Seizures | _____ Other _____ | |

If yes answered to any above, please provide additional information _____

Have there been major changes at home that might affect your child in care? ___ No ___ Yes, as follows:

Please provide additional information or special instructions that will help the person caring for your child. _____

Parent/Guardian Signature: _____ **Date:** _____

Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved by KDHE to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Licensed Day Care Homes, Group Day Care Homes, Child Care Centers and Preschools. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth. The Health Assessment Form used should be attached to the KDHE Medical Record Form (CCL. 029).

Child's Name _____ **Date of Birth** _____
First Last

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> None	Do you see this child for regular health supervision: <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies to food or medicine (describe, if any): <input type="checkbox"/> None	
List current medications (if any): <input type="checkbox"/> None	

Length/Height: _____ IN/CM %ILE		Weight: _____ LB/KG %ILE
Physical Examination	<input checked="" type="checkbox"/> If Normal	If Abnormal - Comments
Head/Ears/Eyes/Nose/Throat		
Teeth		
Cardio/Respiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurologic & Developmental		
Screening Tests	Screening Date	Note Here if Results are Pending or Abnormal
Lead		
Anemia (HGB/HCT)		
Urinalysis (UA)		
Hearing		
Vision		

Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (Attach additional sheets if necessary)
 None

Signature of Licensed Physician or Nurse approved for Child Health Assessments	Date
Print the Name of the Individual Signing Above	Phone Number
Address	City
Zip Code	

History of Immunizations

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: _____ Date of Birth: _____
First Last MM/DD/YYYY

Section I. For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 st	2 nd	3 rd	4 th	5 th	6 th
Diphtheria, Tetanus, Pertussis (DTaP)						
Poliomyelitis (IPV/OPV)						
Measles, Mumps, Rubella (MMR)						
Hepatitis B (HepB)						
Varicella (VAR)			Hx of Disease: Physician Signature		Date of Illness:	
Hemophilus Influenzae Type B (Hib)						
Pneumococcal Conjugate (PCV)						
Hepatitis A (HepA)						
Rotavirus **Recommended <8 mo of age; not required						
Influenza(Flu) ** Recommended annually >6 mo of age; not required						

Section II.

Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-508(d)].

The following two options are the **ONLY** exemptions allowed by law. **Please check either (A) or (B) below and complete as required:**

(A) Certification from licensed physician stating that immunization would endanger child's life:
 Exempt from following immunizations:
 _____DTaP/DT _____Tdap/TD _____Pertussis Only _____Polio _____MMR _____HepA _____HepB _____Hib
 _____PCV _____Varicella _____Other

Physician's Signature (required): _____ **Date:** _____

(B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

Section III.

Parent/Guardian Signature: _____ **Date:** _____



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license.	License #
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I authorize _____ (caregiver/staff) who is (are) representative(s) of the above-named facility to give consent for any and all necessary emergency medical care for my child or youth _____ (child's first and last name) while child or youth is in the facility's custody between _____ and _____
MM/DD/YYYY MM/DD/YYYY

Is child covered by health insurance? Yes No

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____
Medical Assistance Program _____ Card Number _____
Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____
MM/DD/YYYY

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of emergency:

Signature of Parent or Guardian	Date Signed
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Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
--	-------------

Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of Kansas County of _____
Signed or attested before me on _____ by _____ MM/DD/YYYY Name of Person
(Seal, if any.)
_____ Signature of notarial officer
_____ Title (and Rank)
My appointment expires: _____

The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is transported by the facility.