



Application for Admission Check List

Thank you for your interest in Montessori Children's Center .

To ensure that your *Application for Admission* is complete, please verify that your submission includes the following items:

- 1) *MCC Application for Admission*
- 2) *Commonwealth of Virginia School Entrance Health Form*
- 3) *MCC Emergency Health Form*
- 4) *MCC Policies and Procedures Consent Form*
- 5) *One non-refundable Application Fee check, payable to Montessori Children's Center. Prospective new student's full name should be indicated in memo space of check.*



MONTESSORI CHILDREN'S CENTER

2013/2014 Application for Admission

Child's Full Name Sex Birth Date

Address Home Phone

Chronic Physical Problems / Pertinent Developmental Information / Special Accommodations Needed

Previous Day Care Programs / Schools Attended

PARENTS/GUARDIANS

Father Place of Employment Business Phone Cell Phone

Father's Home Address (if Different from Above) Home Phone

Mother Place of Employment Business Phone Cell Phone

Mother's Home Address (if Different from Above) Home Phone

Person(s) or Agency Having Legal Custody (If **other** than Parent)

EMERGENCY INFORMATION

Allergies / Intolerances to Food / Medication

Please note action to take in case of emergency.

Name of Child's Physician

Phone

Emergency Contacts (Please provide two):

1. _____

Name

Address

Phone Number

2. _____

Name

Address

Phone Number

Additional Person(s) Authorized to Pick Up Child

Person(s) **NOT Authorized to Pick Up Child (please provide appropriate documents)

CARE INFORMATION

Child's Likes & Dislikes

Date You Would Like Child to Begin

Full Time / Part Time

AGREEMENTS

Please read and initial the following agreements.

- 1. ___MCC agrees to notify the Parent/Guardian if child becomes ill while at center. Parent/Guardian agrees to pick-up, or arrange for pickup as soon as possible if requested by MCC staff.
- 2. ___Parent/Guardian authorizes MCC to obtain immediate medical care if an emergency occurs and Parent/Guardian cannot be located immediately. This authorization is not required by State Regulation if the parent raises and/or states any objection to provision of such care on religious or other such grounds.
- 3. ___MCC herein states that tuition is charged at a fixed monthly rate. No reductions will be permitted, for any reason, including but not limited to: number of school days in a given month, number of days a child attends, vacation/holiday, etc.
- 4. ___Parent/Guardian has read, understood and agrees to be bound by and adhere to **ALL** terms and conditions set for the in the 'Policies and Procedures Consent' form.

SIGNATURES

Parent / Guardian Date

Center Administrator Date

****CENTER USE ONLY****

Place of Birth Date of Birth Birth Certificate Number

Date Admitted Date Withdrawn

Date Application Fee Paid Date Sec Deposit Paid Date Mat Fee Paid

Initial Monthly Tuition



MONTESSORI CHILDREN'S CENTER

Emergency Medical Authorization Form

Child's Name

Date of Birth

Parent / Guardian Name

Home Address

Home Phone

Father's Place of Employment

Work Phone / Cell Phone

Mother's Place of Employment

Work Phone / Cell Phone

Parent/Guardian authorize Montessori Children's Center (MCC) to obtain immediate care and consents to the hospitalization and/or the performance of necessary diagnostic tests or the use of surgery on, and/or the administration of drugs to his/her child if an emergency occurs when he/she cannot be located immediately.

It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately.

1. I/we will be responsible for medical care expenses

2. Medical treatment costs are covered by:

A. Insurance Policy Name _____

Member ID _____ Group # _____

B. Secondary Insurance (if any): _____

Member ID _____ Group # _____

C. No Insurance Coverage _____

Child's Physician or Clinic: _____ Telephone: _____

Address: _____

Signature of Parent/Guardian

Date



2013/2014 Policies and Procedures / Consent Form

Please read and review this document. Sign and return last page to the MCC Center Director.

Admission Process

The first step in the admission process is for interested Parents/Guardians to schedule a tour of the facility. Upon completion of the tour, Parents/Guardians who would like to be a part of the MCC community may submit an *Application for Admission* along with applicable fees. MCC will review the application and, if favorable, will offer the opportunity for the prospective student to return for a working interview. During this interview (15-20 minutes), the prospective student will spend time in their age appropriate classroom, interacting with faculty and students *without* their parent. This opportunity allows MCC to briefly evaluate the prospective student, and also allows the student to interact with their prospective teachers and classmates. MCC will notify Parents/Guardians within five (5) days of admittance status. MCC reserves the right to deny, without explanation, appeals process, or justification, admission to any applicant. Please note that MCC admits students of any race, religion, creed, color and national or ethnic origin. MCC solely determines the grade placement of students at the school, and said placement may be subject to change at MCC's sole discretion.

Application

There is a non-refundable Application fee due (per child) at the time of application. This fee must accompany an *Application for Admission* in order for it to be considered complete. Payment of this fee in no way or manner guarantees admission to MCC.

Registration / Enrollment

If a student who has applied to MCC is granted admission, the following two (2) two payments are necessary to secure enrollment: first month's tuition and security deposit. A student will have one week from the time of admission to accept the offer and submit requisite payments. Failure to comply with this timeline will result in revocation of the offer. Once all requisite fees are paid, in a full and timely manner, the student will achieve *enrolled* status at MCC. As part of this status, MCC will provide two electronic keys as rental property issued to the parents. Electronic door keys remain the property of MCC and must be returned within 4 days of a child's departure from the school.

Tuition

Tuition is due on the 1st of each month. Payments received after the 5th of the month, will be subject to a 10% late fee. Payments received after the 7th of the month will be subject to a 16% late fee. Tuition for each month is fixed, regardless of the number of school days in the month, or the number of days a student attends MCC.

Promotional Rates

On occasion MCC may offer promotional tuition rates to new MCC students. The terms, duration, and details of such rates shall be specified on the "Promotional Rate Sheet" document, which shall be completed prior to enrollment in MCC. Upon expiration of the promotional period, monthly tuition will adjust in accordance with the amount specified on the aforementioned "Promotional Rate Sheet".

Absent a valid, fully completed, or acceptable "Promotional Rate Sheet", tuition will adjust to the standard, class appropriate amount, following the expiration of the promotional period. The terms *valid*, *fully completed*, or *acceptable* shall be defined solely by MCC Administration.

Materials Fee

A Materials Fee (for each child) is due at the beginning of each School Year. The deadline for this fee is **September 15**.

Summer Activity Fee

A Summer Activity fee (for each child) is due at the beginning of each Summer Session. The deadline for this fee is **May 30**.

Security Deposit

A Security Deposit is due at the time of enrollment. The Security Deposit may not be used in lieu of tuition payments. Upon termination of enrollment, the security deposit (minus any outstanding balance) will be returned to parents within twenty (20) working days.

Withdrawals

If a Parent/Guardian wishes to withdraw their child from MCC, parents must provide the Center with one month's written notice. If a child is withdrawn without one month's written notice, tuition will be due for the month following the withdrawal. The term "written notice" shall be defined as a certified USPS mailing, addressed to the center and must be written and signed by the Parent/Guardian. The letter must indicate the child's last day of attendance.

Deposits for Securing Space

Any deposit funds paid to reserve space in a future term are non-refundable. No credit, transfer or return of these funds will be permitted. The purpose of these deposits is to allow parents an opportunity to reserve a spot in a future program, term, or session.

Legal Fees/Collection Costs

In the event that funds are owed to MCC for tuition, fees, etc., and the balance remains unpaid for more than a thirty (30) day period, MCC may pursue legal remedies to collect payment. MCC may also elect to engage the services of a collection agency and/or legal counsel to secure repayment. In the event that any of the above mentioned means are deemed appropriate by MCC Administration, Parent/Guardian and/or the undersigned herein will accept full and unequivocal responsibility for payment of any costs associated therewith. Liability will extend to all costs in addition to fees and tuition owed MCC.

Operating Calendar

MCC operates on a publicly advertised yearly schedule. Parents/Guardians who seek admission to an MCC Center are herein presumed to have read, reviewed and accepted MCC's hours of operation, holiday schedules, and vacation periods.

Absences

Please inform MCC Administration if your child will be absent from school. Such notice may be provided via phone or email. MCC policy does not allow for any deductions, credits or refunds in tuition or fees relating to absences for **any** reason.

Expulsion

MCC reserves the right to deny, sever, cancel or suspend a child's enrollment at any time, if deemed in the best interest of MCC. In the event MCC deems an expulsion is necessary, MCC will, within five (5) business days, return the remainder of any tuition paid for the month of expulsion. Security Deposit funds will be returned as per standard MCC policy.

School Year and Summer Session Defined

The dates defining the start and end of the school year will be established by the Center specific School Year Calendar and Summer Session Calendar published annually.

Door Key

Please note that electronic keys function only during the following hours:

- Morning drop off: 7:00AM – 9:00AM
- Afternoon pickup: 3:00PM – 6:30PM

The doorbell is required at all other times. If a key is misplaced, it is imperative that MCC Staff are informed immediately, in order that the key be de-activated. It is MCC policy that all families **MUST** have at least one key. Replacement or extra keys may be purchased from MCC.

PLEASE DO NOT HOLD THE DOOR OPEN FOR ANY OTHER PARENTS/INDIVIDUALS AS SUCH CONDUCT PRESENTS A SECURITY ISSUE.

If a parent has neglected to bring their key on a given day, or is dropping off/picking up during hours when the key does not function, please ring the bell and wait until an authorized Staff member opens the door. Wait times may be significant as Staff are generally engaged in the classroom.

Arrivals/Departures

When children are brought to school, please accompany them to their classroom. Do not allow your child to enter the school alone. Parents must escort children to their classroom and **sign children in on the classroom roster sheet**. Please have your children at the Center by 9:00AM.

Upon picking up children from MCC, parents **must sign their child out on the classroom roster**. When Parent/Guardian arrive in the classroom for pickup, MCC herein states that it will no longer accept responsibility for the child. Parents are advised that they are **NOT** permitted to communicate, touch, or otherwise handle **ANY** child at MCC other than their **OWN**. Parents are responsible for ensuring that their child behaves in a safe and appropriate manner as they leave the facility.

Breakfast

MCC does not serve breakfast. Children who come to school on or before 8:15AM may bring a healthy breakfast to be eaten at school. No breakfast is permitted to be brought to MCC facilities after 8:15AM.

Late Arrival

If a student will be arriving after 9:00AM, please make sure to drop them off quickly and unobtrusively. MCC classes are in session at this time and a late drop off is an interruption. Speaking to the student's Lead Teacher is not appropriate at this time as they will be occupied with classroom activities. Parents may call and leave a message for their child's teacher, and MCC Administration will communicate it to the teacher at a more appropriate time.

Authorization to Pick-Up

If a parent wishes MCC to release their child to an *Emergency Contact Person* or *Emergency Authorized Pick-Up Person*, the parent must notify the Center's office. The authorized person must then present a valid picture identification for release of the child. If picture identification is not available, MCC will not release the student. In such instances, parents will need to make an alternative arrangement before the MCC Center closes for the day.

Late Pick Up

If a child is not picked up by 6:30PM, a late charge of \$30 per child shall be due to MCC for every 30 minutes or fraction thereof. In cases where children are not picked up within one hour of closing, the local police department and/or Child Protective Services Department (CPS) will be contacted to take custody of the child.

Additionally, if Parent/Guardian and/or emergency contact person(s) cannot be reached by 6:45PM, MCC will contact appropriate law enforcement officials and possibly CPS, to take custody of the child. On days the center closes early, if a parent or emergency contact person cannot be reached within 30 minutes of an MCC Center closing, MCC will follow the above referenced procedure to secure care for students left in it's custody.

Center Closings

Center Closings are generally communicated to parents in three manners; posting to MCC's website, listerv emails, and recorded phone message. While MCC will attempt to make communication by all three methods, this cannot always be guaranteed. Accordingly, should there be cause for an MCC Center to be closed, please consult each of these resources for the most updated information.

Additional or Supplemental Care

On days when a parent requests MCC to provide care for a student, outside of the student's normal attendance hours, a *Daily Care Agreement* must be completed. Charges for this additional service will be communicated to Parent/Guardian when the *Agreement* is submitted to the office. These charges are assessed a student's account in addition to normal tuition, and should be paid MCC within 48 hours.

IN THE CLASSROOM:

Clothing

For the most part, children should be able to get in and out of their clothing without assistance. Coveralls, belts, back buttons and snaps discourage a child's independence, whereas elastic waistbands in pants and skirts, pullover tops and front buttons help children dress themselves. Children should not wear flip-flops or high heel shoes to school. All clothes should be labeled for identification and Parent/Guardian should provide a spare set of clothing to be kept at the Center. This clothing should be replaced as needed and as the weather changes. MCC herein states that it accepts no responsibility for theft, loss or damage to such items. Accidents can happen at any age and as such, there should **always** be a spare set of clothes for children left with the Center.

Toys

Students are permitted to bring articles of general interest such as collections, pictures and books. Please do not allow your child to bring toys or electronics of any kind to school. Additionally, please do not let your child bring jewelry or money to school. Any items a student brings to class are brought at the risk of possible loss or misplacement. Please label any items brought to school with child's first & last name.

Playground

Outside playground time is one of the most popular activities of the day. Children enjoy taking a break from the indoors and experiencing the refreshing outside air. Dramatic temperature changes are a reality of the Northern Virginia area. MCC will **not** take children outdoors if the temperature in the Center's locality is below 45 degrees Fahrenheit or above 97 degrees Fahrenheit. If a parent would rather their child stay indoors on a given day, they should state the same in a **written and signed note** and place this notice on record with the office.

Birthdays

Student birthdays are a special classroom occasion, and parents may provide a special treat for his/her classmates. Birthday parties will be held during the afternoon snack period, approximately 3:15PM. Due to privacy concerns, pictures or the use of other video or photographic devices is not permitted during these events. This rule is to apply, even if the focus of the pictures is a parent's own child. Please notify us at least five (5) days in advance of any plans for an in-class celebrations. It is of paramount importance that foods served at these events take in to account allergic and dietary restrictions of all students in the class. Parents should work with Center Staff to ensure these guidelines are followed. In-class celebrations sponsored by Parents/Guardians must provide an ample supply of all special snacks, party favors, etc., ensuring that all students may participate.

Conferences

Parents may choose to schedule a conference to discuss their child's progress in the classroom. Scheduling of conferences should be coordinated through MCC Administration. These conferences will be attended by Parent/Guardian, Teachers, and a member of MCC Administration. Additionally, if MCC staff deems it necessary, Center Administration has the right to schedule a mandatory conference with Parents/Guardians.

Discipline

MCC is committed to discipline of children that always dignifies and respects their own inner guidance and self-directed purpose for harmony, order, cooperation and love towards their environment. Adults shall therefore only interact with children to support the principles of self-discipline in children.

Consistent with this policy, adults assure the children's compliance and cooperation with necessary procedures and proper behavior through positive respectful clear directions, reasoning, distraction, reflective language and questioning.

MCC considers any intentional inflicting of physical pain, or threat of such pain, on children, by such means as pulling hair, grabbing, pulling, hitting, spanking, slapping, pinching, etc., as strictly inconsistent and contrary to our discipline policy. These actions are therefore prohibited on school grounds by any adult at any time.

This policy applies to all adults while on school premises, including regular staff, part-time personnel, volunteers and parents and their agents. All such adults are required and agree to follow this discipline policy at all times in their interaction with children on school premises. This includes the actions of Parents/Guardians or their agents in the treatment of their own children while on school premises. Any adult who violates this policy agrees to accept correction, direction or other suitable guidance to cooperate in a remedy of the situation, consistent with the discipline policy stated here.

Biting

Biting, at any age is not acceptable conduct for an MCC student. Incidents involving biting are dealt with in a deliberate, swift, and direct manner. The first step in dealing with such an incident is to immediately separate the children involved. Secondly, first aid is rendered as appropriate. These two initial steps are followed by MCC staff, generally the classroom Lead Teacher and/or Center Director, talking to the children and other MCC Staff, to determine the facts and context of the incident. The child or children guilty of biting are firmly and directly told, that biting hurts, and that their behavior is unacceptable. Parents of all children involved in a biting incident are informed of the occurrence, and reminded of the aforementioned policy MCC follows in such incidents as deemed necessary.

Health

For the protection of all children, a student **CANNOT** attend an MCC Center if they exhibit any of the following symptoms:

- a temperature of over 99 degrees Fahrenheit by mouth
- an intestinal disturbance with diarrhea or vomiting
- any undiagnosed rash
- sore or discharging eyes and/or ears
- significant nasal discharge
- symptoms or signs of a contagious condition (i.e.: lice, pink eye)

**Please note the listing provided above is in no way intended to be conclusive or final.*

If a student exhibits any of these symptoms while at the school, they are required to be isolated from other students. Parents will then be contacted to come to the Center and pick up their child within one hour. If your child is not going to be coming to school due to a health condition, whether contagious or not, please inform the Center.

MCC reserves the right, at its sole discretion, to require a letter from a medical doctor, authorizing a child to return to the MCC school environment. If a letter is requested by MCC Staff, a child may not attend MCC until such letter is provided to MCC.

Communicable Diseases

Parents are to notify MCC within 24 hours if their child OR anyone in the family contracts any communicable diseases. Life threatening diseases such as meningitis are required to be reported to MCC immediately.

Child Abuse

If MCC Staff suspects that a child has been abused, the Center may report such to appropriate authorities.

Food

If your child has any relevant allergies, parents will be responsible for providing lunch/snack and/or milk substitutes. Lunches provided from home must be '**ready to eat**' and require **no** warming, refrigeration, handling, or preparation of any kind. In addition, parents who provide food items from home for their child, must also consider and respect the allergic conditions of other students in the class. In doing so, parents must refrain from sending to MCC any food items conflicting with the diets or health of other MCC students.

While MCC will work hard to adhere to respect that preferred diet, and any dietary or allergic restrictions of its students, MCC herein states that it will not be responsible for any adverse reactions whatsoever caused as a result of food or liquid ingestion or any type of exposure.

Parents/Guardians who wish to enroll in the catered lunch program must complete the applicable paperwork by the 1st day of the coming month. For parents wishing to cease enrollment in this program, written notice articulating the same must be provided to MCC no later than the 20th of the month.

Medications

A *Medication Authorization Form* (available at www.montessoricc.org) should be filled out each time medicine is to be administered to a child. Please give the medicine to the Center Administrator. Please label the bottle with the child's name, dosage and time at which the medicine should be administered. Prescription medicine is to be brought in its original container. Medicines that are to be kept at the Center on a long term basis (such as EpiPens) need to be accompanied by a *Physicians Medication Authorization Form*. In general, medications need to be taken home each day. Failure to do so may require MCC to dispose of them.

Sunscreen/ Diaper Ointment/Insect Repellent

If your child requires sunscreen, diaper ointment, and/or insect repellent applied, please make sure to fill out the appropriate authorization forms. All lotions and/or sprays need to be in their original containers, and labeled with the student's name. Each child must have his/her own product; sibling-to-sibling sharing is not permitted.

WAIVERS

Extracurricular Activity Waiver

During the course of both the School Year and the Summer Session, MCC will conduct extracurricular activity programs on school property. Examples of these activities include soccer, martial arts, dance, etc. If a parent chooses to enroll his/her child in an extracurricular program, they do so of their own free will and at their own risk. By enrolling his/her child in an extracurricular activity, a parent knowingly and willingly waives their right to hold Montessori Children's Center, Inc. AMZ Industries Inc. and their respective landlords liable for any injury caused by such activities.

Field Trip Waiver

During the course of both the School Year and the Summer Session, MCC may elect to take students on field trips. Such trips will take place under the supervision of MCC Staff and Faculty. MCC herein states that it will not be responsible for any injury or illness, whatsoever, caused by or occurring during, or in anticipation of a field trip. All parties understand that by signing below, they relinquish any and all possible legal rights to hold MCC liable in connection thereof.

“MCC” Defined

“MCC” is herein defined as a trade name. As referenced in this document “MCC” is intended to denote Montessori Children’s Center, Inc. and AMZ Industries Inc. Any references to MCC in this document are stated herein to have served as a blanket reference to the entities named in the preceding sentence.



Please Sign and Return this page to your MCC Center Director. Thank You.

By signing below, I affirm that I have read and reviewed in its entirety, the preceding **2013/2014 MCC Policies and Procedures** documentation, and agree to consent fully and wholly. I understand and appreciate the fact that I will be bound to follow and conduct myself by **ALL** the terms and conditions put forth in the preceding.

Seen and agreed:

Signature of Parent / Guardian

Date

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization**

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: _____ Current Grade: _____
 Student's Name: _____
 Student's Date of Birth: _____ / _____ / _____ Sex: _____ State or Country of Birth: _____ Main Language Spoken: _____
 Student's Address: _____ City: _____ State: _____ Zip: _____
 Name of Mother or Legal Guardian: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____
 Name of Father or Legal Guardian: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____
 Emergency Contact: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example, feeding tube, hospitalizations, oxygen support, hearing aid, etc.):

List all prescription, over-the-counter, and herbal medications your child takes regularly:

Check here if you want to discuss confidential information with the school nurse or other school authority. Yes No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance: None FAMIS Plus (Medicaid) FAMIS Private/Commercial/Employer sponsored

I, _____ (do __) (do not __) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian: _____ Date: _____/_____/_____

Signature of person completing this form: _____ Date: _____/_____/_____

Signature of Interpreter: _____ Date: _____/_____/_____

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM**

Part II - Certification of Immunization

Section I

**To be completed by a physician or his designee, registered nurse, or health department official.
See Section II for conditional enrollment and exemptions.**

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.
Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name: _____ Date of Birth: |____| |____| |____|
Last *First* *Middle* *Mo.* *Day* *Yr.*

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
	1	2	3	4	5
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)					
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)					
*Tdap booster (6 th grade entry)					
*Poliomyelitis (IPV, OPV)					
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age					
*Pneumococcal (PCV conjugate) *only for children <2 years of age					
Measles, Mumps, Rubella (MMR vaccine)					
*Measles (Rubeola)			Serological Confirmation of Measles Immunity:		
*Rubella			Serological Confirmation of Rubella Immunity:		
*Mumps					
*Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used					
*Varicella Vaccine			Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine					
Meningococcal Vaccine					
Human Papillomavirus Vaccine					
Other					
Other					

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Minimum requirements are listed in Section III).

Signature of Medical Provider or Health Department Official: _____ **Date (Mo., Day, Yr.):** ____/____/____

Student's Name: _____ Date of Birth: ____/____/____

Section II
Conditional Enrollment and Exemptions

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.

MEDICAL EXEMPTION: As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

DTP/DTaP/Tdap: [___]; DT/Td: [___]; OPV/IPV: [___]; Hib: [___]; Pneum: [___]; Measles: [___]; Rubella: [___]; Mumps: [___]; HBV: [___]; Varicella: [___]

This contraindication is permanent: [___], or temporary [___] and expected to preclude immunizations until: Date (Mo., Day, Yr.): ____/____/____.

Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.): ____/____/____

RELIGIOUS EXEMPTION: The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on _____.

Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.): ____/____/____

Section III
Requirements

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at <http://www.vdh.virginia.gov/epidemiology/immunization>

**Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).
(requirements are subject to change.)**

Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth

Student's Name: _____ Date of Birth: ____/____/____ Sex: M F

Health Assessment	Date of Assessment: ____/____/____ Weight: _____ lbs. Height: _____ ft. ____ in. Body Mass Index (BMI): _____ BP _____ <input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided TB Risk Assessment: <input type="checkbox"/> No Risk <input type="checkbox"/> Positive/Referred Mantoux results: _____ mm	Physical Examination 1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> </tr> <tr> <td>HEENT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Neurological</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Skin</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lungs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Abdomen</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Genital</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Heart</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Extremities</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Urinary</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		1	2	3		1	2	3		1	2	3	HEENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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EPSDT Screens Required for Head Start – include specific results and date: Blood Lead: _____ Hct/Hgb _____																																																		

Developmental Screen	Assessed for:	Assessment Method:	<i>Within normal</i>	<i>Concern identified:</i>	<i>Referred for Evaluation</i>
	Emotional/Social				
	Problem Solving				
	Language/Communication				
	Fine Motor Skills				
	Gross Motor Skills				

Hearing Screen	<input type="checkbox"/> Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.				<input type="checkbox"/> Referred to Audiologist/ENT <input type="checkbox"/> Unable to test – needs rescreen <input type="checkbox"/> Permanent Hearing Loss Previously identified: ___Left ___Right <input type="checkbox"/> Hearing aid or other assistive device
		1000	2000	4000	
	R				
	L				
<input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Refer					

Vision Screen	<input type="checkbox"/> With Corrective Lenses (check if yes)				
	Stereopsis	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Not tested	
	Distance	Both	R	L	Test used:
		20/	20/	20/	
<input type="checkbox"/> Pass <input type="checkbox"/> Referred to eye doctor <input type="checkbox"/> Unable to test – needs rescreen					

Dental Screen	<input type="checkbox"/> Problem Identified: Referred for treatment <input type="checkbox"/> No Problem: Referred for prevention <input type="checkbox"/> No Referral: Already receiving dental care
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Recommendations to (Pre) School, Child Care, or Early Intervention Personnel	Summary of Findings (check one): <input type="checkbox"/> Well child; no conditions identified of concern to school program activities <input type="checkbox"/> Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here): _____ _____ _____ _____
	___ Allergy <input type="checkbox"/> food: _____ <input type="checkbox"/> insect: _____ <input type="checkbox"/> medicine: _____ <input type="checkbox"/> other: _____ Type of allergic reaction: <input type="checkbox"/> anaphylaxis <input type="checkbox"/> local reaction Response required: <input type="checkbox"/> none <input type="checkbox"/> epi pen <input type="checkbox"/> other: _____
	___ Individualized Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)
	___ Restricted Activity Specify: _____
	___ Developmental Evaluation <input type="checkbox"/> Has IEP <input type="checkbox"/> Further evaluation needed for: _____
	___ Medication. Child takes medicine for specific health condition(s). <input type="checkbox"/> Medication must be given and/or available at school.
	___ Special Diet Specify: _____
	___ Special Needs Specify: _____
	___ Other Comments: _____

Health Care Professional's Certification (Write legibly or stamp):			
Name : _____	Signature: _____	Date: ____/____/____	
Practice/Clinic Name: _____	Address: _____		
Phone: _____	Fax: _____	Email: _____	