

## Dear Camp Families,

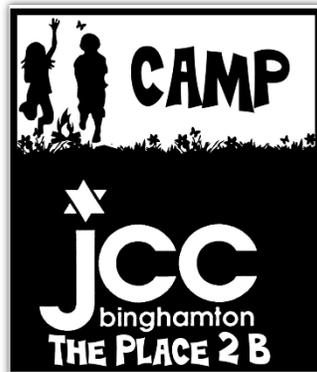
On behalf of the Camp JCC staff, we would like to welcome your family to Camp JCC – the place 2 B! Camp is a magical experience that creates memories and friendships that can last a lifetime.

We would like to assist you in preparing for your child's first day at camp by providing you with this Family Packet. Your understanding of our program, as well as our policies and procedures will help ensure a successful, safe, and fun summer for all. Please note that ALL paperwork (except medical) must be complete in order to register your child. All registrations must be turned in to the JCC Main or Camp office the Monday prior to your camper's first week of camp. Please understand space is limited! If you are not pre-registered, a spot is not guaranteed.

We ask that you please read everything over carefully, as our fees and some of our policies have changed. If you have any questions or concerns, please do not hesitate to contact us at 607-724-2417, or by email.

*We can't wait to have the most fabulous summer yet!*

Katie Shaheen  
Director, Camp JCC  
**CampJCC@binghamtonjcc.org**



JCC \* 500 Clubhouse Rd., Vestal, NY 13850 \* 607-724-2417 ext 421 \* [CampJCC@binghamtonjcc.org](mailto:CampJCC@binghamtonjcc.org)



# 2024 Camp JCC Registration Form

Camp JCC ❖ 500 Clubhouse Road ❖ Vestal, NY 13850

**Summer Day Camp July 1<sup>st</sup> – August 9<sup>th</sup>**

Please complete registration form and sign reverse side.

Completed packets can be dropped off at the JCC

**\*\*You must register your child for the grade they are going into in September 2024\*\***

### PLEASE PRINT CLEARLY

Child's Name \_\_\_\_\_ Child's DOB \_\_\_\_\_ Age as of July 1, 2024 \_\_\_\_\_

Returning Camper: \_\_\_\_\_ New Camper: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Pronouns: \_\_\_\_\_ He/him \_\_\_\_\_ She/her \_\_\_\_\_ They/them

**Grade entering 09/2024** \_\_\_\_\_

Please circle specific week(s):  
Week 1: July 1-5      Week 3: July 15-July 19      Week 5: July 29-August 2  
Week 2: July 8-12      Week 4: July 22-26      Week 6: August 5-9

### Camp Shirt:

Select Size: \_\_\_\_\_ Youth S    \_\_\_\_\_ Youth M    \_\_\_\_\_ Youth L    \_\_\_\_\_ Adult S    \_\_\_\_\_ Adult M    \_\_\_\_\_ Adult L    \_\_\_\_\_ Adult XL

**Primary Contact:** Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Cell# \_\_\_\_\_ Home# \_\_\_\_\_ Work # \_\_\_\_\_ Email: \_\_\_\_\_

**Secondary Contact:** Name \_\_\_\_\_

Street Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Cell# \_\_\_\_\_ Home# \_\_\_\_\_ Work # \_\_\_\_\_ Email: \_\_\_\_\_

**Family Status:** \_\_\_\_\_ Married    \_\_\_\_\_ Partnered    \_\_\_\_\_ Divorced    \_\_\_\_\_ Separated    \_\_\_\_\_ Widowed    \_\_\_\_\_ Single

**Parent/Guardian with Custody:** \_\_\_\_\_ Both Parents    \_\_\_\_\_ Mother    \_\_\_\_\_ Father    Other: \_\_\_\_\_

**EMERGENCY CONTACT:** NAME \_\_\_\_\_ Relationship to camper \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

How did you hear about our camp? \_\_\_\_\_

Were you referred by a current JCC Camper? \_\_\_\_\_ If so, who? \_\_\_\_\_

**Early Registration Discount** – Register by April 12<sup>th</sup> and in full by April 26<sup>th</sup> receive 10% off your bill.

**All other fees due by May 17<sup>th</sup>.**

See **Camp JCC 2024 Fee Schedule** on separate page for Rates and Additional Information

### Any Questions?

Contact Camp Director Katie Shaheen at 724-2417 ext. 421 or email at [campjcc@binghamtonjcc.org](mailto:campjcc@binghamtonjcc.org)

**(PLEASE TURN OVER)**

## Please Review & Initial the Terms and Conditions

### *Initial Each Paragraph and Sign Below*

\_\_\_\_ I hereby give my permission for my child \_\_\_\_\_ to participate in all programs, swimming, activities, and trips as part of the 2024 Camp JCC program. I understand that part of the camping experience involves activities and interactions that may possibly hold certain risks. I am aware of these risks and assume them on behalf of my child. I have instructed my child on the importance of following the camp's rules as well as following directions given to them to ensure their safety and well-being. The JCC and its employees are not responsible for injuries or loss/damage of personal property.

\_\_\_\_ In case of medical emergency, in the event I cannot be reached, I authorize the Camp and/or JCC Directors to obtain the best available medical care for my child and I will assume full financial responsibility for such medical treatment.

\_\_\_\_ I give permission for Camp JCC to take my child off-site for trips, including those that involve swimming. I understand that I will be notified by the camp when and where the trips will take place.

\_\_\_\_ I understand that the JCC reserves the right, at the discretion of the Camp Directors & JCC Directors, to expel any camper that violates Camp JCC rules or regulations or proves to be a danger to themselves or others. If this should occur, no refunds will be given.

\_\_\_\_ I understand that in order to receive the early pay discount offered, all fees for Camp JCC are due by April 26<sup>th</sup>, 2024.

\_\_\_\_ I understand that if I register after May 17<sup>th</sup> all camp fees are due at time of registration.

\_\_\_\_ I understand that I am responsible for picking my child up at 3:30pm. Camp JCC policy states that there is a \$25 charge for the first 15 minutes you are late picking up. Thereafter, \$30 for each ¼ of an hour, or any portion for any child who remains at Camp JCC after our 3:30 pm closing.

\_\_\_\_ \* The camp deposit is non-refundable and non-transferable.

\* No refunds will be issued after May 17, 2024.

\* The JCC is not responsible for providing make-ups or issuing refunds for camp days missed.

\* If a child withdraws from camp before the end of a session by parents or guardians, no refund will be given.

\* There is no pro-rated fee for campers arriving after the start date of the session or leaving before its completion.

\*No camp billing adjustments will be made after August 9, 2024.

\_\_\_\_ One initial request for a billing change will be granted to each camper at no additional cost. Any further changes will warrant a \$5.00 per child administrative fee.

\_\_\_\_ I understand that DSS is no longer accepted at Camp JCC, payment will be due upon payment schedules.

Signature \_\_\_\_\_  
Parent/ Guardian

Date \_\_\_\_\_

## Payment Information

### Please circle:

**Cash – Check** (Payable to Camp JCC)

**Credit Card** (Visa, MasterCard & Discover; the JCC **does not** accept American Express)

Card Holder Name:

Card Number:

Expiration Date:

Payment Amount:

Signature:

*Enclosed is my non-refundable, non-transferable registration fee of \$200 per child for Camp JCC, which will be applied to camp tuition. Should I request fee assistance, I will pay the registration fee with my application.*

### FOR OFFICE USE ONLY

Date Recorded:

Deposit Paid:

FAP Pending:

Discounts Given:

Initials:

Total Amount Billed:

# Camp JCC Group 2024 Fee Schedule

*Includes all activities, scheduled trips, snacks, & t-shirt*

<b>Camp dates: July 1<sup>st</sup> – August 9<sup>th</sup>, 2024</b>	
<b>Week 1:</b> July 1 - 5	<b>Week 4:</b> July 22 - 26
<b>Week 2:</b> July 8 - 12	<b>Week 5:</b> July 29 - August 2
<b>Week 3:</b> July 15 - 19	<b>Week 6:</b> August 5 - 9

Program	Entering Kindergarten - Grade 2 9:00-3:30	Entering Grades 3 <sup>rd</sup> & 4 <sup>th</sup> 9:00-3:30	Entering Grades 5 <sup>th</sup> – 7 <sup>th</sup> 9:00-3:30
Weekly Fee	\$300 Non-member Rate \$250 Member Rate	\$360 Non-member Rate \$310 Member Rate	\$380 Non-member Rate \$330 Member Rate

Teen Camp Weekly fee	Teens Week 1 2 Day Trip	Teens Week 2 2 Day Trip	Teens Week 3 3 Day Trip	Teens Week 4 3 Day Trip	Teens Week 5 4 Day Trip	Teens Week 6 Overnight
Weekly Fee	\$380 Non-member \$330 Member Rate	\$560 Non-member \$510 Member Rate	\$586 Non-member \$536 Member Rate	\$586 Non-member \$536 Member Rate	\$690 Non-member \$640 Member Rate	\$350 Non-member \$310 Member Rate

## DISCOUNTS AVAILABLE

- 10% Early Registration Discount – **Registration must be received by April 12<sup>th</sup> (to be eligible for a discount) and paid in full by April 26<sup>th</sup>.**
- Family Discounts are available for multiple children registering for camp. You will receive 10% off each additional child.

## Extended Day Camp for summer 2024

We will offer before and after camp care (for full pricing information see Extended Camp page #12).  
Before camp will run 7:30-9:00 AM with After camp running 3:30-5:30 PM.

## Scholarship Assistance

The JCC makes every effort to ensure that no child is denied the opportunity to attend camp due to an inability to pay the full fee. *Scholarships are based on available funds and household income.* Scholarship requests must be submitted, in writing, no later than **Friday, May 3rd, 2024** to the JCC office. No applications will be accepted after this date. Registration fee of \$200 must be paid to be considered.

## Families Supported by DSS

Please be aware that DSS will no longer be accepted at Camp JCC. See scholarship assistance above.

# IMPORTANT INFORMATION YOU NEED TO KNOW

To ensure that your child has a safe & positive camp experience, we urge you to carefully read the guidelines below.

## ARRIVING AND DEPARTING FROM CAMP

**Camp Drop Off** Drop off will begin at 8:50 am. Parents will park in our parking lot and walk their children to the side door. Camp staff will escort them to their rooms in the building.

**Pick-up will be AT 3:30 each day.** Pick up will be outside at 3:30 pm. Please wait for further information from Camp Directors.

- ▶ **For early pick-up/late arrival** Parents or designated caretaker **MUST** email/call camp office or let staff know at drop off that you will be picking up early. At time of pick-up, please call camp or JCC office and let them know you are there. Staff will bring your child(ren) to you. The child **MUST BE SIGNED OUT**. **DO NOT** go directly to your child. If you arrive late to Camp JCC please, call camp or JCC office and a staff member will meet you at the drop off location to check in your child.

## WHAT TO WEAR/ BRING EACH DAY

- ▶ **LUNCH:** All campers are **required to bring their lunch from home**, which will be consumed in the outdoor lunch tent. The JCC will continue to provide snacks, drinks, birthday party treat orders (for a fee), and substitute lunches (for a fee). However, please note, all food served by the JCC will continue to be kosher and all Camp JCC rooms will remain kosher as well. Lunches from home do not need to be Kosher. For more information, please give us a call!

- ▶ **Appropriate camp clothing:** Please dress your child based on the daily weather report. Make sure they are prepared for shifts in the weather as well, like an unexpected cold front or rain. Remind them that camp is not a fashion show but a time to have fun, so comfortable clothes that can get messy, wet, or dirty are important! We **highly encourage** you to label all your child's belongings in case articles go missing, as well as their camp T-shirt.

- ▶ **A swimsuit and towel**



- ▶ **Sneakers:** To be worn at all times except during swim. To protect and maintain the surface of the floor, anyone using the JCC's gymnasium is required to wear white soled or non-marking sneakers. Please make sure your child has a pair to use **EVERY DAY**.



- ▶ **Pool shoes:** (or flip flops) can be worn during swim or during outdoor waterplay.

- ▶ **Sunscreen:** In order to ensure that your children are adequately protected, we have strict sun protection protocol at Camp JCC. To keep your children protected, we ask that you apply sunscreen to them every day prior to their arrival at camp. Enclosed in this packet is a sunscreen permission slip, which will allow counselors to re-apply sunscreen during the day if needed (after swimming, excessive perspiration, etc.). In addition, we ask that you provide a bottle of sunscreen Factor (SPF) of at least 15 that provides broad spectrum protection from both ultraviolet A (UVA) and ultraviolet B (UVB) rays, to be kept at our camp. Hat and sunglasses are also highly recommended to help with protection from the sun! **Please label with your child's name & cover with clear tape.**

- ▶ **Water bottles:** Please send a labeled water bottle that we can refill throughout the day so that your child is cool, refreshed, and hydrated all summer.

- ▶ **Masks** Camp JCC will follow all guidelines put out by the Broome County or implement as we see fit.

- ▶ **Toys/Electronics from Home:** We cannot guarantee that items from home stay safe during our busy and messy camp days! We strongly discourage bringing personal items from home as Camp JCC will not be responsible if they get lost or damaged.
- ▶ **Camp T-Shirt:** All campers will receive one camp T- shirt, which they are required to wear on all trips if travel is an option. Camp shirts may be picked up at the JCC main office once your camp fees are paid in full and they are available. If t-shirts are not picked up prior to the start of camp, t-shirts will be distributed at drop off on the Monday of your camper’s first week of camp. **PLEASE NOTE:** Shirt orders are based on sizes requested. Receiving sizes other than those requested will only be offered AFTER full camp distribution and only if available.
- ▶ **Medications:** If your child requires a rescue inhaler or epi-pen for allergies or asthma, these items must be brought directly to the camp office & given to the directors for the weeks your child attends camp. These will stay in our first aid bag your child to use when needed and will be brought on offsite trips & kept with the trip leader. **Overnight medications:** If your child takes evening or morning medications, they must be dropped off to the directors at the camp office on the morning of the overnight trip with instructions and picked up the following day. ***Under no circumstances are campers allowed to keep their own medications in their bags.***
- ▶ **Birthdays:** Because we love to celebrate birthdays at Camp JCC, we provide you with the opportunity to purchase freshly baked cupcakes, cookies, or a cookie cake for your child's camp group from the JCC kitchen at a reasonable price. If you choose to celebrate their birthday at camp, please fill out a **Birthday Request Form** at least 48 hours before the requested date. Forms can be obtained at the JCC office. Because of our dietary requirements, we ask that you do not send in any store bought or home baked goods. **PLEASE NOTE:** birthday treats provided by the JCC are not available on Wednesdays. If you would like to provide your own birthday treat it must be Kosher, please contact the Camp Director.



## **FAMILY PACKET FORMS**

We **MUST HAVE ALL** of the following forms, completed and submitted to the JCC office, for each child BEFORE any campers will be allowed to participate in camp. As a licensed childcare facility, we must abide by all Health Department rules and regulations, so please understand that **NO** exceptions will be made:

- **Registration Form**
- **Camper Profile**
- **General Camp Permission Slip for Field Trips/ Medical Info/Emergency Card**
- **Authorization for Pick-Up form**
- **Permission to Apply Sunscreen form**
- **Photo Release form**
- **Medical Statement of Child in Childcare form (ALL campers)**

***Thank you for taking the time to review this important information and please don't hesitate to contact us at 607-724-2417 if you have any questions or concerns.***

# Camper Profile

*(Please fill out one per child)*

**We would like to get to know a little about your child prior to their arrival at camp. We request the following information to provide a “picture” of your child’s background and present development. This is intended to help our Camp JCC staff understand your child better and to help your child make the best possible transition to the camp group. Please fill it out even if your child has been to camp year after year. Although they may know camp, their new counselor may not know everything about them!**

Child’s Name \_\_\_\_\_ Pronouns \_\_\_\_\_ Sex \_\_\_\_\_ Grade as of 9/24 \_\_\_\_\_

Date of Birth \_\_\_\_\_ Child’s nickname (if any) \_\_\_\_\_

List names and ages of siblings: \_\_\_\_\_

Has your child ever been to camp before? \_\_\_\_\_ If so, where? \_\_\_\_\_

What are some of your child’s expectations for the summer of 2024?

\_\_\_\_\_

Camper’s strong likes/ hobbies? \_\_\_\_\_

Camper’s strong dislikes? \_\_\_\_\_

How would you describe your child socially (shy, outgoing, etc.)?

\_\_\_\_\_

How would you describe your child to someone who has never met him or her?

\_\_\_\_\_

Who does the child primarily live with? \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Are there any special family circumstances that might be a factor in your child’s behavior or adjustment to camp?  
(Illness, death, separation or divorce, a new baby, etc.)?

\_\_\_\_\_

\_\_\_\_\_

When your child gets involved with a conflict, how does he/she react?

\_\_\_\_\_

\_\_\_\_\_

Has your child received any support services? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_

Occupational Therapy \_\_\_\_\_ Physical Therapy \_\_\_\_\_ Speech/ Language Therapy \_\_\_\_\_ Other \_\_\_\_\_

Does your child have difficulty with: Hearing \_\_\_\_\_ Vision \_\_\_\_\_ Motor \_\_\_\_\_ Other \_\_\_\_\_

If other, please specify: \_\_\_\_\_

Please present any medical history we should be aware of:

\_\_\_\_\_

Does your child take any medication on a regular basis, or do they take a break from medication over the summer?

If yes, please explain:

\_\_\_\_\_

**Feel free to attach any additional sheets to answer questions on this form. Please staple them to the form.**

**Please provide any notes that may assist in making your child's camp a lifetime experience:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Authorization for Pick-Up For Children at Camp JCC 2024

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In order to ensure the safety of your child, we ask that you provide us with a list of people whom you authorize to pick-up your child from Camp JCC. **Please inform those who may be picking up your child that a Photo ID is required before the child is dismissed.**

Be sure to list anyone that you feel could be of assistance to your child/family when we are unable to reach both parents.

Additions or amendments to this form can **only be made in person by the parent or guardian**, with the assistance of a Camp JCC staff person. Phone calls or emails will not be accepted as the parent's permission.

### Camp JCC Late Notice

Camp JCC policy states that there is a \$25 charge for the first 15 minutes you are late. Thereafter, \$30 will be charged for each ¼ of an hour, or any additional portion past the first 15 minutes, for any child who remains at Camp JCC after our 4:30 pm closing.

Child's/ Children's Name(s): \_\_\_\_\_

	Pick-up Person's Name	Relationship to Child	Phone Number
1	Parent / Guardian		
2	Parent / Guardian		
3			
4			
5			
6			
7			

## Permission to Apply Sun Block

Child's Name \_\_\_\_\_

I have provided the following sun block to keep in my camper's backpack. Please assist in applying to my child as directed on the bottle.

Brand & Type of Sun Block Provided: \_\_\_\_\_

I have clearly written my child's name on the bottle of sun block with a permanent marker.  
I will replace/replenish this sun block as needed.

I understand I must send my child to camp in the morning with sun block already applied.

I give my permission for staff to assist in reapplying the sun block I have provided for my child. I have listed below any sensitivity and/or a known allergy ingredient/s which might be found in a sun block product.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

List of sensitivity/known allergy to sunscreen: \_\_\_\_\_  
\_\_\_\_\_

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## Photo Release Form

Pictures and videos are taken throughout the summer at Camp JCC. Please understand that your child's photo may be taken and used for JCC marketing purposes, such as on brochures, flyers, on our JCC Facebook page, Instagram, TikTok, or website.

If you **DO NOT** want your child's photo used for these purposes, please submit your request **IN WRITING** to the Camp Director prior to the start of camp. (If your child goes to Kids Connection, we will need a separate request in writing.)

If you have any questions about this, feel free to contact us.



## **MEDICAL INFORMATION**

I authorize the JCC staff to obtain the best available public medical care for my son/daughter in the event of an emergency at which time I cannot be reached; realizing that all reasonable means will be made to contact me prior to the rendering of any medical treatment; and that such medical treatment shall be on emergency basis as decided by a qualified physician and I assume financial responsibility for such treatment.

\_\_\_\_\_ Yes          \_\_\_\_\_ No

Physician's Name & Number: \_\_\_\_\_

Dentist's Name & Number: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

I have provided information regarding my child's special needs to Camp JCC as needed to assist staff in caring for my child in case of emergency.

Yes           No

\_\_\_\_\_  
Parent Guardian / Signature

\_\_\_\_\_  
Date

### **CAMP JCC EMERGENCY CARD**

Camper Name \_\_\_\_\_          DOB \_\_\_\_\_          Group \_\_\_\_\_  
(to be filled out by camp staff)

Any medical conditions, medications, and/or allergies \_\_\_\_\_

Special Needs/Concerns \_\_\_\_\_

Medical Ins Co. \_\_\_\_\_          Policy # \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Home: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Home: \_\_\_\_\_

# CAMP JCC EXTENDED DAY CARE REGISTRATION FORM

*For your convenience, before camp (7:30am-9:00am) and after camp (3:30pm – 5:30pm) care is offered for campers at the JCC for a weekly rate.*

- **Payment required with registration. Form will not be accepted without payment.**
- **Spots are limited.** Register the weeks you need to secure your child’s spot. If you need all 6 weeks register now.
- Deadline to register is **the Thursday prior** to the week your child will need extended camp care (If there is space).
- **Fill out one form per child.**

Child Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent’s Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Before Camp** (available 7:30 am– 9:00 am)

Week 1 July 1-5 (closed 4 <sup>th</sup> )	Week 2 July 8 - 12	Week 3 July 15 - 19	Week 4 July 22 - 26	Week 5 July 29 - August 2	Week 6 August 5 - 9

**After Camp** (available 3:30 pm– 5:30 pm)

Week 1 July 1-5 (closed 4 <sup>th</sup> )	Week 2 July 8 - 12	Week 3 July 15 - 19	Week 4 July 22 - 26	Week 5 July 29 - August 2	Week 6 August 5 - 9

**Before and After Camp Fees**

	Pre-registered & Prepaid Weekly Rate	Pre-registered & Prepaid Before & After Camp
Before Camp	\$ 50.00	\$90.00 / week
After Camp	\$ 75.00	

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV #: \_\_\_\_\_

\_\_\_\_\_  
Signature

**Office Section Only:**      Amount paid: \_\_\_\_\_ Date: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

# BOTH SIDES OF FORM MUST BE COMPLETED AND RETURNED

OCFS-LDSS-4433 (Rev. 4/2008) FRONT

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES



## Medical Statement of Child in Childcare

**To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner**

Name of Child:	Date of Birth:	Date of Examination:
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**Immunizations required for entry into day care**

Yes  No

**Medical Exemption** The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	5 <sup>th</sup> Date
Polio (IPV or OPV)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	
Haemophilus influenzae type B (Hib)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date <b>OR</b> 1 <sup>st</sup> Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	
Hepatitis B	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date		
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date			

**Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A**

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

**Tests**

Tuberculin Test Date: \_\_\_ / \_\_\_ / \_\_\_ Mantoux Results:  Positive  Negative \_\_\_\_\_ mm

TB Tests are at the physician's discretion.

If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: \_\_\_ / \_\_\_ / \_\_\_

Attach lead level statement

**Lead Screening (Include All Dates and Results)**

1 year \_\_\_ / \_\_\_ / \_\_\_ Result: \_\_\_\_\_ mcg/dL  Venous  Capillary

2 years \_\_\_ / \_\_\_ / \_\_\_ Result: \_\_\_\_\_ mcg/dL  Venous  Capillary

**Most recent date of lead screening (if different from above):**

\_\_\_ / \_\_\_ / \_\_\_ Result: \_\_\_\_\_ mcg/dL  Venous  Capillary

**Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.** If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

JCC Fax: (607) 724-2418

**ADDITIONAL INFORMATION ON REVERSE SIDE**



# BOTH SIDES OF FORM MUST BE COMPLETED AND RETURNED

OCFS-LDSS-4433 (Rev. 4/2008) REVERSE



## Medical Statement of Child in Childcare (continued)

### Health Specifics

### Comments

Are there allergies? (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### Summary of Physical Exam

Include special recommendations to Day Care Providers

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On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in day care.

Yes  No

Signature of Examiner

Address

Please Print Name

City, State, Zip

Title

( )  
Phone

Date

### Religious Exemptions

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.

**ADDITIONAL INFORMATION ON REVERSE SIDE**



JCC Fax: (607) 724-2418