



Welcome to
2020

Circle C Ranch Summer Camp

Unique Fun-Filled Activities Include:

- Swimming •Horseback Riding • Sports •Arts and Crafts

To Register Your Circle C Camper:

Circle the weeks that work best for you and your family!

If any of the dates change, please let us know!

\$10 Reservation Fee per Week, Fee is Non-Refundable,
and does not apply to tuition.

June 1st
June 8th
June 15th
June 22nd
June 29th (closed July 3rd)
July 6th
July 13th
July 20th
July 27th
August 3rd

Child's Name: _____

Email Address: _____

**Enrollment Application, Registration, and
Supply Fees Required and Non-refundable.**

6204 Interbay Boulevard, Tampa, FL 33611 – Phone (813) 831-8429 Fax (813) 839-4248

Nationally Accredited by The National Accreditation Commission for Early Care and Education Program “We have NAC for Excellence”

Medical Alert Information (i.e., allergies, medical and/or special needs/conditions): _____

List any additional information which would be beneficial for the child care provider to know about your child: _____

Preferred Physician: _____

Address: _____ Phone: _____

Preferred Hospital: _____

NOTE: Physical & Immunization Record should accompany child.

EMERGENCY CONTACT (OTHER THAN PARENTS):

1. _____
NAME RELATIONSHIP PHONE

2. _____
NAME RELATIONSHIP PHONE

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

If my child, _____, should become ill or
CHILD'S FULL NAME

Injured at, Circle C Ranch Academy, I understand that the
NAME OF FACILITY/PROVIDER

Child Care Provider will: (1) Contact me immediately and (2) Contact the person (s) I have designated if I cannot be reached.

Should the provider be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate medical treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

SIGNATURE RELATIONSHIP DATE

(OPTIONAL)

Sworn to and subscribed before me this _____, day of _____, 20_____.

Notary Public, State of Florida – At Large.

My Commission Expires: _____

_____ who is/are personally known to me

_____ who has/have produced identification: _____



Admission Date: _____ Email: _____ Weekly Tuition: _____
 Program: _____ Allergies: _____ Non-Refundable Lifetime Membership: _____
 Hours in Care: _____ School Pick Up: _____ Quarterly Education Supply Fee: _____

Child's Enrollment/Information Part II

DEVELOPMENTAL SCREENING

During your child's first few years of life, many important skills and abilities are established – skills that are key to success in school and later in life. At Circle "C" Ranch Academy, we believe that it is very important to monitor the growth and development of children in our care so that we may properly assess each child and may call attention to any possible developmental delays. Early attention often means delays can be solved and children can "catch up" with their classmates.

Our teachers have completed training in the observation and screening of young children and we have implemented a program of periodic screening for our students. We will occasionally observe your child's development and will record the results using a checklist designed for this specific purpose.

We welcome your involvement in the screening process and would be glad to explain our approach to you in detail. As a result of any developmental screening conducted, we will provide you with a summary of your child's progress and will suggest developmentally appropriate activities that you might do with your child. If the results of the screening suggest areas of possible concern, we will advise you on how to schedule a more detailed assessment for your child. All information about your child and your family is kept confidential. Please indicate below, if we have permission to periodically monitor your child's growth and development.

Initial of Parent or Legal Guardian

FIELD TRIP AUTHORIZATION

I, the parent of _____, contracted the transportation services of Circle "C" Ranch Academy for extra curricular field trips. I fully understand that Circle "C" Ranch Academy is liable for transportation services only and not for accidents/injury during such activities when the children are under the supervision of other adults at other locations.

Initial of Parent or Legal Guardian

MEDIA RELEASE

Circle "C" Ranch Academy will be hosting several events in which family members, friends, guests, and staff are invited. During these times cameras and video equipment are accepted to be used by our family members, friends, guests, and staff. On many occasions there will be group participation from all students. This is when your child may have their picture taken by somebody else or Circle "C" Ranch Academy.

I do do not (please check appropriate space) grant permission to Circle "C" Ranch Academy to use photographs or videotapes of my child for publication, (bulletin boards, newsletters, or other media outlets). Please sign below acknowledging and/or accepting this request.

Initial of Parent or Legal Guardian



CHILD ENRICHMENT AUTHORIZATION

I authorize my child to participate in any "Child Enrichment Services" that Circle "C" Ranch Academy may provide. This may include but not limited to:
*language training *music instruction *educational instruction *technology *special food experiences

Initial of Parent or Legal Guardian

SWIMMING LESSONS / INSTRUCTION

I, the parent of _____, authorize my child to participate in swimming lessons at Circle "C" Ranch Academy. I understand that Circle "C" Ranch Academy will use all reasonable precautions to ensure the safety of my child during these sessions. I will not hold Circle "C" Ranch Academy or the instructors liable for accidents or mishaps resulting from these sessions. (Swimming lessons are only available during Summer Camp.)

Initial of Parent or Legal Guardian

HORSE BACK RIDING / INSTRUCTION

I, the parent of _____, authorize my child to participate in horseback riding class at Circle "C" Ranch Academy. I understand that Circle "C" Ranch Academy will use all reasonable precautions to ensure the safety of my child during these sessions. I will not hold Circle "C" Ranch Academy or the instructors liable for accidents or mishaps resulting from these sessions. Horse instruction will begin each day, weather permitting, after 3pm.

Initial of Parent or Legal Guardian

ANIMAL ALLERGY RELEASE

Here at Circle "C" Ranch Academy we provide opportunities to enhance each student's educational learning experience through animals. We offer horse back riding and a few farm animals to care for and love. In addition, we will be inviting various wildlife rescue and other vendors to visit our school.

In order for your child to take part in any hands on learning experience that may be planned, please sign confirming that your child **DOES NOT** have any animal allergies and is able to participate in hands on activities involving animals.

Child's Name: _____

Allergies: _____

Initial of Parent or Legal Guardian

INFORMATION PACKET / PARENT ORIENTATION CHECKLIST

This is to acknowledge that a staff member has reviewed with me the Parent Orientation Checklist and has provided a Circle "C" Ranch Academy Information Packet, including the business policies of Circle "C" Ranch Academy and discussed its contents.

Initial of Parent or Legal Guardian

PARENT HANDBOOK

This is to acknowledge that a staff member has provided me with a Parent Handbook, including all policies and procedures for Circle "C" Ranch Academy. I have read and agree to all said policies and procedures there within.

Initial of Parent or Legal Guardian

6204 Interbay Boulevard, Tampa, FL 33611 – Phone (813) 831-8429 Fax (813) 839-4248
Nationally Accredited by The National Accreditation Commission for Early Care and Education Program
"We have NAC for Excellence"



INSURANCE

Your personal insurance is the insurance for all accidents. We at Circle "C" Ranch Academy do not have the policy to be the company that provides the coverage. We have more than ample staff-to-child ratios, but with our environment there will be accidents.

Insurance Company

Group Policy Number

Initial of Parent or Legal Guardian

WAIVER OF LIABILITY, ASSUMPTION OF RISK & INDEMNITY AGREEMENT

1. **Waiver:** I, for myself, my spouse, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue the Circle "C" Ranch Academy, its directors, officers, employees, consultants, and agents from liability from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arising from or in connection with, but not limited to the participation of my child(ren) identified below in activities, and use of facilities, premises, horse back riding and instruction and swimming instruction and swim time or equipment related to Circle "C" Ranch Academy. I do further hereby release and forever discharge Circle "C" Ranch Academy from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the participation of my child(ren) in Circle "C" Ranch Academy.

2. **Assumption of Risks:** The use of Circle "C" Ranch Academy staff, equipment and/or services carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid personal injury, accidents, illnesses, neglect, or abuse, which risks the undersigned acknowledges and hereby expressly and specifically assumes. I also understand there is risk involved in the activity of horse back riding and swimming.

3. **I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by Circle "C" Ranch Academy. I understand that this Release discharges Circle "C" Ranch Academy from any liability or claim that I may have against Circle "C" Ranch Academy with respect to say bodily injury, personal injury, illness, death, or property damage that may result from the participation of my child(ren) in Circle "C" Ranch Academy, I also understand that Circle "C" Ranch Academy does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance. I hereby assert that my child's participation is voluntary and that I knowingly assume all risks.**

4. **Indemnification and Hold Harmless:** I also agree to IDENTIFY AND HOLD HARMLESS the directors, officers, employees, consultants and agents of Circle "C" Ranch Academy from any and all claims, actions, suits procedures, costs, expenses, damages and liabilities as a result of my child's participation in Circle "C" Ranch Academy.

5. **Acknowledgment of Understanding:** I have read and understand this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms. I acknowledge that I am signing this agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability for any and all incidents or negligence to the greatest extent allowed by law.

IN WITNESS WHEREOF, the undersigned has executed this Release as of this day and year: _____

Name of Child(ren) Attending Circle "C" Ranch Academy: _____

Signature of Parent or Legal Guardian / Date

Signature of Circle "C" Ranch Academy / Date

Printed Name of Parent or Legal Guardian

Printed Name of Circle "C" Ranch Academy

CHANGES: In the event any of this information changes, please notify us immediately. Thank you.

6204 Interbay Boulevard, Tampa, FL 33611 – Phone (813) 831-8429 Fax (813) 839-4248
Nationally Accredited by The National Accreditation Commission for Early Care and Education Program
"We have NAC for Excellence"



Business Policies

The following rules pertain to Circle “C” Ranch Academy business policies. These policies are non-negotiable and are legally binding.

A. Enrollment

1. All forms must be completely filled out and returned before beginning services.
2. Circle “C” Ranch Academy enforces a strict medication policy. All families are required to review this policy located in the Parent Handbook. The client understands that all medication forms must be filled out before any medication will be administered. _____ (Initial)
3. Parent agrees to submit (on or before the first day of care) a copy of each child’s current medical card or insurance card, as well as each child’s physical and immunization record. _____ (Initial)
4. The parent understands Circle “C” Ranch Academy is responsible for informing parent(s) of any accidents occurring during the day. Accident forms are filled out, signed and filed into each child’s history folder.

B. Payments

1. No place will be reserved without a non refundable deposit being paid.
2. A \$50 Non-refundable Lifetime Membership fee is paid at time of enrollment. _____ (Initial)
3. A \$25 quarterly education supply fee is paid at time of enrollment and then each quarter thereafter. _____ (Initial)
4. Post-dated checks are not accepted.
5. Tuition is due on Monday. Any tuition received late will be charged \$5 for the first day and each occurring day thereafter. If services are not paid by the end of the week, your child will not be allowed to return to Circle “C” Ranch Academy until payment and all late fees are paid.
6. Returned checks will be assessed fees payable in cash or money order for:
 - a. The full amount of the check
 - b. \$30.00 returned check fee and
 - c. Any additional fees incurred by Circle “C” Ranch Academy as a result of the check not clearing _____ (Initial)
7. All payments are final. All payments are non-refundable. _____ (Initial)

C. Hours/Days

1. Circle “C” Ranch Academy’s hours of operation are 7:00am until 6:00pm. If you are late picking up your child, based on the hours listed on your service



agreement, you will be charged an overtime late fee of \$1.00 for every minute past closing time. _____ (Initial)

2. Parents will be charged for the full week whether the child comes for one day or all five. Holidays that fall during the week will be paid for even though the facility may be closed. _____ (Initial)
3. Our program allows for 2 discounted weeks per child to be used as vacation. To retain your child's place in our program, a written notification or email in advance to the Director will provide you with two (2) weeks of tuition at no charge. Any additional weeks are billed at the full tuition rate. Vacation time is based on a full enrollment year (August through May). Vacation request may be made only after 90 days of enrollment. These vacations must be taken in 5 consecutive days (Monday-Friday only). _____ (Initial)
4. Circle "C" Ranch Academy observes the following holidays. On these days the school is closed and substitute care is not provided: New Year's Eve, New Year's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day & the day after, Christmas Eve and Christmas Day. _____ (Initial)
5. Circle "C" Ranch Academy requires that you sign your child in/out of our computer everyday of attendance. It is very important that you use this attendance policy to ensure that we have your child's time of arrival and departure daily.

D. Illnesses

1. Parents should notify Circle "C" Ranch Academy if there has been an illness in the family over the weekend.
2. A child will not be allowed to attend Circle "C" Ranch Academy if there is a fever, diarrhea, or other contagious symptoms. (Please see illness policy in parent handbook for more specific details.)
3. Medication can be given if it is in the original container, labeled with the child's name and is accompanied by a signed authorization form. (Please see the medication policy in parent handbook for more specific details.)

E. Clothing and Supplies

1. Children's belongings must have their name clearly marked. Toys brought from home are not permitted. Circle "C" Ranch Academy is not responsible for lost items. Unmarked items left will be collected and put in the lost and found. At the end of two weeks all unclaimed items will be donated to charity.
2. Please send your children in appropriate clothing for our outdoor environment and the weather. All children must wear closed shoes to participate in our program. Sandals or flip flops are not allowed.



3. Parents are required to bring a small sheet & blanket for the children to use for naptime. _____ (Initial)
4. Circle "C" Ranch Academy provides an assigned cot/mat for each child in the Toddler and Two Year Old Classrooms. All Three and Four Year Old's are required to provide their own fold up mat. _____ (Initial)
5. Circle "C" Ranch Academy does not provide any food. We require parents to provide AM and PM snacks with a good size lunch. Parents are responsible for providing their child's nutritious lunch, that follows the USDA guidelines, daily. We encourage you to provide a water bottle for your child to refill through out the day. _____ (Initial)

F. Discipline Procedures

Children of new clients will be placed in care on a two-week trial basis. This allows both parties to get acquainted with each other and to see if any personality conflicts or disciplinary problems may arise. During this time, both parties have the opportunity to terminate the agreement and seek alternative arrangements.

The goal of discipline is to help children see the sense in acting a certain way. Of course, this is a time consuming task and it is important that we remain realistic in the expectation of the behavior of each child. His/her developmental age and stage must be taken into consideration.

At Circle "C" Ranch Academy we encourage positive behavior in the following ways:

1. Allowing the child choices of activities, equipment and materials, giving them a feeling of control over their environment so that conflict with others can be avoided.
2. Guidance in developing language skills which will help them resolve conflicts with words and not with inappropriate behaviors such as biting, hitting or kicking.
3. Fostering good communication and developing confidence and good relationships with others by communicating at eye level, listening attentively, and making simple requests in positive ways.
4. Recognizing and re-enforcing positive behavior. Acknowledging children when they are behaving appropriately and immediately complimenting them. Praising good behavior is one of the most effective discipline methods used at Circle "C" Ranch Academy.
5. Clearly defining and consistently maintaining limits in the classroom. Classroom rules are kept simple, clear and few in number to set limits that children can learn and depend on.

If a child is experiencing difficulty controlling their behavior:

1. Teacher may suggest or help the child become involved in another activity in which he can be successful. Redirecting the child helps them avoid negative situations in which they may be rejected or frustrated, which may prevent escalation of the problem.



2. If a problem still exists, the child will be removed from the play area and given time away from the group for self quieting to regain control. Self quieting teaches internal control and self responsibility. It is taking a break in order to work through emotions or find alternative solutions to a problem. The child determines the time limit for this personal time. He/she may return to the group when he/she is ready.

If continued unacceptable behavior occurs:

1. Within one week, the parent will be scheduled for a conference to create a Behavior Intervention Plan and to discuss possible solutions.
2. Ongoing documentation, "journaling", will begin, which will describe detailed daily behavior within the classroom. Journaling will continue for a period of no more than two weeks.
3. If necessary, *Care Options* through Hillsborough County's Interagency Referral Program will be asked to become involved. (Please see brochure for complete services.) This referral must be complete within a 3 week period.
4. If necessary, a developmental screening through *FDLRS* (Florida Diagnostic and Learning Resources System) will be recommended. (Please see brochure for complete services.)

While it is our desire to work through behavior related issues in the manner described above, **AGGRESSIVE PHYSICAL BEHAVIOR WILL NOT BE TOLERATED.** Any physical abuse against an employee, striking another w/ a foreign object, choking, kicking and biting are all considerations for immediate dismissal. **Parents will be held responsible for any destruction to school property.**

A written record of incidents affecting the program including unacceptable behavior, accidents, injuries to or minor illnesses of children will be kept on file using the Accident/Incident Form approved by Hillsborough County Child Care Licensing. The parent of the child involved in the incident or accident will be notified of such incident on the date of the occurrence and will be required to sign the record verifying such notification. The completed form will be retained by Circle "C" Ranch Academy.

Spanking or any other form of physical punishment is strictly prohibited. Discipline shall not be associated with food, rest or toileting. Children cannot be denied active play as a consequence of misbehavior. Children shall not be subjected to discipline that is severe, humiliating or frightening. These methods are considered child abuse.

Circle "C" Ranch Academy is intended to be a safe and enjoyable learning environment for students, teachers and extended staff. It is with mutual respect and ownership that we address issues of unacceptable behaviors, which requires complete support from everyone involved. Parents, teachers and administration are expected to respond quickly and positively to any issues of disruptive behavior so that we can effectively plan and address those issues that affect our students and offer a positive remedy. _____ (Initial)



G. Miscellaneous

1. If warranted, parents will supply a change of clothes each day, even if their child is fully potty trained. This includes school-aged children. _____
(Initial)
2. Parents are responsible for diapers, creams, and special-needs food.
3. Parents will call before scheduled time of arrival if they are late or not coming that day. (Late fees still apply). _____ (Initial)
4. Parents will pick their child/children up inside Circle "C" Ranch Academy and will walk their child to the car. No child will be released to a honking horn.
5. Only designated persons will be allowed to pick up the child(ren).
_____ (Initial)
6. Parents are responsible for providing a two-week notice if they decide to terminate. Failure to provide such notice will result in being charged the full rate for two weeks, plus any back tuition owed. Failure to pay these fees within 10 calendar days will result collection or small claims court action. _____
_____ (Initial)

By signing this form you agree to the terms contained herein and that this is a legally binding contract. Failure to abide by the policies mentioned will result in termination of contract, forfeiture of any deposits or both. This policy agreement is subject to change with two weeks written notice.

Signature of Parent or Legal Guardian / Date

Signature of Circle "C" Ranch Academy / Date



Fees & Services

Enrollment Fees:

- \$50.00 Lifetime Membership Fee (Non-refundable)
- \$25.00 Supply Fee (January, April, June, and August) (Non-refundable)
- \$10.00 Deposit per week for summer camp (Non-refundable, does not apply towards tuition)

Full Time-Monday-Friday Anytime between 7:00am-6:00pm

Toddlers & Two's

\$230.00 Weekly Rate per Child

Half Day-Monday-Friday 8:00am-12:00pm

Toddler's & Two's

\$170.00 Weekly Rate per Child

Full Time-Monday-Friday Anytime between 7:00am-6:00pm

Three's & Four's

\$230.00 Weekly Rate per Child

Half Day-Monday-Friday 8:00am-12:00pm

Three's & Four's

\$170.00 Weekly Rate per Child

Big Camp- Summer Camp (Kindergarten - Fifth Grade)

\$230 Weekly Rate per Child for Full Time

\$170 Weekly Rate per Child for Half Time

Junior Counselors- Summer Camp (11-13 years old)

\$100 Weekly Rate per Child

Daily Options for all ages: Based on availability

\$195 Monday Wednesday Friday Weekly Rate per Child

\$130 Tuesday and Thursday Weekly Rate per Child

Miscellaneous Charges

- \$30.00 Return check charge + any additional fees incurred by ATS
- \$5.00 Late tuition fee for the first day and each occurring day thereafter.
- \$1.00 Late Pick Up Fee for every minute past scheduled pick up time

*Circle "C" Ranch offers 10% discount on oldest additional children after full price tuition on 1st child.

All payments are final. All payments are non-refundable

School Year VPK Only

Free VPK AM Hours: 8:00am-11:00am
Free VPK PM Hours: 12:00pm-3:00pm

Full Time VPK Monday-Friday
 Anytime between 7:00am -6:00pm
Weekly Rate: \$170.00



SERVICE AGREEMENT

This agreement summarizes Circle C Ranch Academy services to be provided and the fees, which will be charged for these services. By signing this agreement the parent(s) or legal guardian(s) indicate their understanding of and agreement with the campus policies.

The following agreement is made between Circle C Ranch Academy and:

Parent or Legal Guardian's Name(s): _____

Address: _____

Home Phone#: _____ Work Phone#: _____

Childcare and educational services will be provided at 6204 Interbay Blvd., Tampa, FL 33611. It is agreed that these services will be provided between the hours of _____ and _____ on the following days of the week:

Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday ____

The fee for these services is \$ _____ per week, due and payable in advance beginning _____. The full fee is due and payable whether the child attends on the agreed day or not, without exclusion. For your convenience, we have Full time programs offered from 7am-6pm, or Half time programs from 8am-12pm. Late pickup charges, (overtime fees) will be charged at a rate of \$1 per every minute after the scheduled pickup time and are due and payable on arrival on the day of overtime. Circle C Ranch Academy and parents agree to provide a two-week notice if this agreement is to be terminated. By signing this form you agree to the terms contained herein and that this is a legally binding contract. Failure to abide by the policies mentioned will result in termination of contract, forfeiture of any deposits or both. This policy agreement is subject to change with two weeks written notice.

Signature of Father or Legal Guardian / Date

Signature of Circle C Ranch Academy / Date

Signature of Mother or Legal Guardian /Date

Signature of Circle C Ranch Academy / Date

6204 Interbay Blvd. Tampa, FL 33611 – Phone (813) 831-8429 Fax (813) 839-4248
Nationally Accredited by The National Accreditation Commission for Early Care and Education
Program
“We have a NAC for Excellence”



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. _____ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	Attach Voided Check Here	\$
	Deposit slips not accepted	Dollars
12345678910	18003388*	0226
Routing Number	Account Number	Check Number

A service of



procure
SOFTWARE®



FLORIDA CERTIFICATION OF IMMUNIZATION

Legal Authority: Sections 1003.22, 402.305, 402.313, Florida Statutes; Rule 64D-3.046, Florida Administrative Code

LAST NAME	FIRST NAME	MI	DOB (MM/DD/YY)
PARENT OR GUARDIAN	CHILD'S SS# (optional)	STATE IMMUNIZATION ID# (optional)	

Directions:

- Enter all appropriate doses and dates below.
- Sign and date appropriate certificate (A, B, or C) on form.
- See DH Form 150-615, Immunization Guidelines - Florida Schools, Childcare Facilities and Family Daycare Homes (July 2010) for information and instructions on form completion. Guidelines are available at: www.immunizeflorida.org/schoolguide.pdf.

VACCINE	DOE CODE	Dose 1 MM/DD/YY	Dose 2 MM/DD/YY	Dose 3 MM/DD/YY	Dose 4 MM/DD/YY	Dose 5 MM/DD/YY
DTaP/DTP	A	_____	_____	_____	_____	_____
DT	B	_____	_____	_____	_____	_____
Tdap	P	_____	_____	_____	_____	_____
Td	Q	_____	_____	_____	_____	_____
Polio	D	_____	_____	_____	_____	_____
Hib	E	_____	_____	_____	_____	_____
MMR (Combined) (Separate)	F	_____	_____	_____	_____	_____
	G, H	_____	_____	_____	_____	_____
	I	<i>Measles (dose 1)</i>	<i>Measles (dose 2)</i>	<i>Mumps (dose 1)</i>	<i>Mumps (dose 2)</i>	_____
		<i>Rubella (dose 1)</i>	<i>Rubella (dose 2)</i>	_____	_____	_____
Hepatitis B	J	_____	_____	_____	_____	_____
Varicella	K	_____	_____	_____	_____	_____
Varicella Disease	L	_____	_____	_____	_____	_____
PneumoConju	N	_____	_____	_____	_____	_____

**Select appropriate box(es)
Certificate of Immunization for K-12**

Part A-Complete

- DOE Code 1: Immunizations are complete K-12 (Excluding 7th grade/middle school requirements)
- DOE Code 8: Immunizations are complete for 7th grade

I have reviewed the records available, and to the best of my knowledge, the above named child has adequately been immunized for school attendance, as documented above.

Temporary Medical Exemption

Part B-Temporary

Part B (For children in daycare, family daycare homes, preschool, kindergarten and grades 1 through 12 who are incomplete for immunizations in Part A) **Invalid without expiration date.** DOE Code 2

I certify that the above named child has received the immunizations documented above and has commenced a schedule to complete the required immunization. Additional immunizations are not medically indicated at this time.

Expiration date: _____

Permanent Medical Exemption

Part C-Permanent

Part C (For medically contraindicated immunizations, list each vaccine and state valid clinical reasoning or evidence for exemption.)

DOE Code 3 _____

I certify the physical condition of this child is such that immunizations as indicated in Part C above are medically contraindicated.

Physician or Clinic Name: _____

Physician or
 Authorized Signature: _____
 Issued By: _____
 Date: _____



**STATE OF FLORIDA
School Entry Health Exam**

To Parent/Guardian: Please complete and sign Part I — Child’s Medical History. State law for school entry requires a health examination by a legally qualified professional. Additional requirements may be determined by local school districts.

(Please Print)

Name of Child (Last, First, Middle)		Birth Date	Sex
Address (Street)		School	Grade
City and ZIP Code	Home Telephone Number	Parent/Guardian (Last, First, Middle)	

PART I — CHILD’S MEDICAL HISTORY

To Parent/Guardian: Please check answers to questions 1 through 8 below in the column on the left.

(Please explain any “Yes” answers in the space provided below.)

1. Yes No Any concerns about general health (eating and sleeping habits, weight, etc.)?
2. Yes No Any other specific illness or social/emotional or behavioral problems?
3. Yes No Any allergies (food, insects, medication, etc.)?
4. Yes No Any prescription medication (daily or occasionally)?
5. Yes No Any problems with vision, hearing, or speech (glasses, contacts, ear tubes, hearing aids)?
6. Yes No Any hospitalization, operation, or major illness (specify problem)?
7. Yes No Any significant injury or accident (specify problem)?
8. Yes No Would you like to discuss anything about your child’s health with a school nurse?

To Parent/Guardian: Please explain any “Yes” answers from above.

I am the parent/guardian of the child named above. I give permission for the information on PARTS I and II of this form provided about my child to be reviewed and utilized only by the staff of this school and any school health personnel providing school health services in the district for the limited purpose of meeting my child's health and educational needs.



Signature of Parent/Guardian

Date

Partnership for School Readiness Recommendations for Prekindergarten and Kindergarten

To Parent/Guardian: Please obtain the services listed below in order to find any problems. Please work with your health care provider to correct or treat any problems that may reduce your child’s ability to learn in school. **(These services are recommended but not required.)**

<p>1. Comprehensive Vision Examination (3-5 years of age) Date of Exam: _____ Results of Exam: _____ _____ Health Care Provider: _____ (check one) Optometrist <input type="checkbox"/> Ophthalmologist <input type="checkbox"/></p>	<p>Please describe any corrective action for any problems detected and any accommodations required.</p>
<p>2. Comprehensive Dental Examination Date of Exam: _____ Results of Exam: _____ _____ Dentist: _____</p>	<p>Please describe any corrective action for any problems detected and any accommodations required.</p>
<p>3. Hearing Screening Date of Exam: _____ Results of Exam: _____ _____ Health Care Provider: _____</p>	<p>Please describe any corrective action for any problems detected and any accommodations required.</p>



Name of Child (Last, First, Middle)	Birth Date
-------------------------------------	------------

PART II — MEDICAL EVALUATION

To be completed and signed by the Health Care Provider ONLY:

The child named above has had a complete history and physical exam on the following date:

(Exam must be within one year of enrollment)

____ Month ____ Day ____ Year

Screening Results:

Height: ____ Weight: ____ BMI%: ____ B/P: ____ Hct/Hgb: ____ Lead: ____ Urinalysis: ____

Vision - Without Glasses	Right 20/____	Left 20/____	Passed <input type="checkbox"/>	Hearing – Right	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>
			Failed <input type="checkbox"/>				
Vision - With Glasses	Right 20/____	Left 20/____	Referred <input type="checkbox"/>	Hearing – Left	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Referred <input type="checkbox"/>

Gross dental (teeth and gums)	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____
Head/scalp/skin	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____
Eyes/Ears/Nose/Throat	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____
Chest/Lungs/Heart	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____
Abdomen	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____
Postural assessment	<input type="checkbox"/> Normal	<input type="checkbox"/> Abnormal	_____	Refer/Tx: _____

TB risk assessment done (Please review Targeted Testing Guidelines listed below.)

This child has the following problems that may impact the educational experience:

- Vision Hearing Speech/Language Physical Social/Behavioral Cognitive

Specify: _____

This child has a health condition that may require emergency action at school, e.g. seizures, allergies. Specify below.
(This form will be stored in the child's Cumulative Health Folder and may be accessed by both school and health personnel.)

Recommendations (Attach additional sheet if necessary): _____

(Please Check One)

- This child may participate fully in school activities including physical education.
 This child may participate in school activities including physical education with the following restriction/adaptation.

(Specify reason and restriction) _____

Signature/Title of Health Care Provider	Date	Address (Please print or stamp)
<input checked="" type="checkbox"/>	____/____/____	
Name (Please print or stamp)		

Tuberculosis Targeted Testing Guidelines for Health Care Providers

Tuberculosis Infection Risk:

Review the following risks and administer a Mantoux TB skin test if child is in one or more categories. The TB test is administered confidentially as part of the health examination. Do not record administration of any TB test or related information on this form.

- Recent immigrant (< 5 years), frequent visitor to TB endemic areas
- Close contact to active TB case
- Frequent contact with adults at high-risk for disease, HIV+, homeless, incarcerated, illicit drug user
- HIV+ or have other medical conditions that increase the risk to progress from infection to disease, e.g., chronic renal failure, diabetes, hematologic or any other malignancy, weight loss > 10% of ideal body weight, on immunosuppressive medications

Active TB Disease Risk:

- Does the child exhibit signs/symptoms of tuberculosis (e.g. cough for three weeks or longer, weight loss, loss of appetite)?
- If symptoms are present, work-up or refer for TB disease evaluation.