

I, _____ (Last Name First Name) residing at _____ (Address)

agree to register my son /daughter _____ with BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP.

I undertake to pay \$ _____ and understand that this amount covers expenses for staying of my son/daughter for: 4 Weeks / 8 Weeks.

These balances of all fees are payable prior to the camper's first day of the scheduled attendance.

BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP RESERVED THE RIGHT TO REFUSE ADMISSION TO ANY CAMPER WHOSE PAYMENT HAS NOT BEEN RECEIVED.

I also understand that there is no deduction for any absence in case of illness, vacation or other reasons. Full payment is due despite of government or religious holidays included in BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP's Schedule.

No adjustments, allowance or refund of the deposit or balance shall be made except in strict conformity with the rules:

a) If a parent of a camper notifies in writing BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP, prior June 15, those child/children will be unable to attend for any reasons whatsoever, a full refund will be made of all fees previously paid.

b) If a parent of a camper notifies BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP, that child/children are unable to attend because of injury or illness, properly documented, all money received on behalf of the applicant will be refunded.

I understand that for the safety, welfare and proper maintenance of all campers, the BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP., reserves the right, in its sole discretion, to suspend or expel camper whose conduct or influence is damaging and/or potential dangerous to the safety of campers, camp staff or camp property. The BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP reserves the right to determine the severity of the disciplinary issues and threats to the safety of its campers, in its sole and absolute discretion. Some egregious examples of misconduct include but are not limited to: physical violence toward campers and camp staff, damage or defacing of camp property, theft, inappropriate behavior, carrying/use of weapons or materials which may be used as weapons. On the part of the parent, an obvious misrepresentation regarding the medical or mental history of a camper will result in action to be taken against the camper that may include dismissal from the camp. The previously stated examples of misconduct are just examples and BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP may deem other conduct or misrepresentation as damaging or dangerous, in its sole and absolute discretion. All of the abovementioned disruptions to the safety standards of the BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP may lead to the student's dismissal from the camp. The BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP administrative staff reserves the right to make judgments upon disciplinary action, in its sole and absolute discretion, to be taken against a student (including suspensions or dismissals). In the event of school suspensions or dismissals, no refunds or adjustments will be made to the school tuition fees. In cases of damage done to the school property, the camp director or administrative staff reserves the right to assess the level of damage caused to the camp property. All costs for repairs will be charged to camper account. The BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP shall have further right to charge and receive collection of attorney's fees on any unpaid balances plus interest, expenses and court costs, if any, in the event that the school initiates proceedings for the collection on any unpaid balances due.

Due to the seasonal nature of the business, no refund or credit will be made for any portion of the camping period not completed, including late admission, early departure (leaving), and dismissal for cause, disability or withdrawal for any reason. Tuition and fees already paid and or due is agreed to be the fair and reasonable sum as and for liquidated damages. All claims for refund or credit are expressly waived and released by the parents and or guardian of the child.

BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP shall not be responsible for clothing or personal possessions lost or damaged by fire, theft, malicious mischief or personal negligence.

In cases of extreme emergency, I give permission to the physician or hospital selected by the school officials to hospitalize, secure proper treatment for, order injections, anesthesia, X-rays or surgery to my child. I understand that the cost of medical services will be entirely my responsibility. I understand that the BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP will make every effort to contact me or another designated emergency contact person before or immediately after such emergency treatment is rendered.

Permission hereby granted to BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP, Inc. to use any photograph, film or video, of the above camper in any public release, publicity, advertisements of brochure, television program or promotional video.

If a Parent decides to withdraw his or her child, the directors require 24-hour notice. The child may be picked up from campsite only. Parent/guardian further agrees to waive the right to press legal charges against BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP. its officers, directors, and employers, in those instances where any of the above have not clearly demonstrated negligence leading to injury of the above named child.

The camp assumes no responsibility for the acts done by campers when in violation of camp rules, local, State or Federal laws. The camp is not responsible for losses of personal property or acts done by campers or other persons while off camp's premises. Parent/guardian will be responsible for any damages incurred by camper on or off camp premises.

BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP, is required to be licensed by the New York City Department of Health.

BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP, accepts no responsibility or liability for any: accident, illness or mishap, which is not the fault of BIG APPLE SUMMER CAMP.

I hereby confirm that the above named child/children is in good physical condition and has been examined by a physician within the past 6 (six) months and is in relatively good health and able to participate in a full BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP programs.

I have read and understood the Agreement of the Enrollment terms, which have been presented in the Agreement. I agree to all terms contained in the Agreement. In agreeing to the terms presented in the Agreement, I acknowledge that I am also acting on the behalf of the other parent/legal guardian (if that person is not present at the signing of the Agreement) with the authority to enroll my child in to the BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP and agree to execute this agreement on his or her behalf. I recognize that the BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP relies upon the representation herein made in accepting my child to the BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP

SIGNATURE: _____ Date _____
Parent/Authorized Guardian

EMERGENCY MEDICAL RELEASE AGREEMENT

As the parent or legal guardian of:

I, _____ give my permission for my child to receive whatever emergency medical care that may be deemed needed by BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP, personnel for the treatment of any injury that may be incurred while in the Camp's activities or swimming on premises or elsewhere.

I understand BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP, will make effort to contact myself or my emergency contact before or immediately after such emergency treatment is rendered.

LIMITED WAIVER OF LIABILITY

The BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP, provides serious education, recreation and sports programs including swimming. Our staff is trained in safety techniques to provide the maximum of protection for your child while in our care. Even with all of these safeguards injuries can occur.

As a parent or legal guardian of the above named camper, I fully understand the risks involved in my child's participation in the all Camp Activities or swimming. To the best of my knowledge my child has no medical conditions, which would conflict with his/her participating in the full summer programs. I further agree to waive the right to press **any legal proceedings** against **BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP**, its officers and staff, in those instances where any of the above has not clearly demonstrated negligence leading to injury of the above named student.

Date

Signature

BUS AGREEMENT

As the parent or legal guardian of:

I request to provide bus services for my son/daughter. I understand that no door- to -door services is available. I understand that bus will pick-up/drop-off my child at an assigned bus stop and the child will be released from the bus only to a parent or to a person authorized to pick up the child. In case there is nobody at the bus stop to pick up the child he/she will be taken to a designated waiting room located at the bus parking lot. In such an event there will be additional charge of \$30 for every 30 minutes the child spends in the waiting room (NO EXEPTIONS). Camp will not provide a professional staff for waiting room services.

In Accordance with 22:16 of the School Law the School Administration has the authority to suspend the transportation privileges of child/children who are disorderly and insubordinate. When camp suspends a student's transportation privileges, the parents or guardian of the child involved become responsible for seeing that the child gets to and from camp.

Signature

Date

TRANSPORTATION REQUEST FORM

The undersigned parent(s) or legal guardian(s) Of _____ hereby authorize BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP, ("Organizers"), to facilitate the procurement of bus transportation for my son/daughter. In their role as facilitators, I/we hereby authorize Organizers to enter into a Pupil Transportation Services Agreement with Academy Transportation Inc. on my/our behalf.

I/we hereby indemnify and hold Organizers harmless for the acts or omissions of Academy Transportation Inc. in the performance of the bus transportation services for Camper(s).

PARENTS/GUARDIAN INFORMATION:

Parent's Name: _____
Address: _____
City _____ State _____ Zip Code _____
Home phone # _____ Work Phone # _____ Cell Phone # _____

STUDENT INFORMATION:

Child's Name _____ Grade _____

SCHOOL BUS TRANSPORTATION LIABILITY WAIVER

As parent/guardian of the above named child/children, I hereby release the BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP, its agents, employees and trustees from all liability arising out of his/her transportation on the school bus to or from the BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP and throughout all the extra curriculum activities including daily trips.

As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named Camper(s). I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend BIG APPLE INSTITUTE Inc., D/B/A BIG APPLE SUMMER CAMP, its officers, directors and agents, and the chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection therewith, and I agree to compensate the camp, its officers, directors and agents, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith

I understand that it is my full responsibility as parent/guardian to:

- Place him/her on the bus in the morning, and to meet him/her in the evening at the bus stop.
- Be on time for the evening pickup
- Instruct my child/children as to his/her pickup and drop off point
- Review with my child/children the School Bus Rules provided by the camp.

Parent(s) Signature: _____ Date: _____

STUDENT RELEASE FORM

BIG APPLE INSTITUTE INC., D/B/A BIG APPLE SUMMER CAMP., recommends all participants obtain a physical examination from their physician prior to participating in any or all programs provided by BIG APPLE INSTITUTE INC., D/B/A BIG APPLE SUMMER CAMP., or its affiliates.

1. The sports programs at BIG APPLE INSTITUTE INC., D/B/A BIG APPLE SUMMER CAMP., requires the participant to perform a great deal of physical exertion, including sprints, hand-eye coordination activities, and agility drills. This form of exercise directly affects heart rate, body temperature and respiration, and requires the participant to be in good physical condition. It is up to the participant, or parent/guardian, to ensure that he/she is physically capable and in good mental condition, so as to permit safe participation in the program. BIG APPLE INSTITUTE INC., D/B/A BIG APPLE SUMMER CAMP., shall have no responsibility, nor liability to confirm the medical condition of a participant. The undersigned recognizes the possible dangers connected with physical activity and competition and it is expressly agreed that participation in the program shall be undertaken at the participant's own risk. In consideration of the undersigned's participation in the program, the undersigned hereby certifies and represents that he/she is in good medical condition and is physically capable of safely participating in the program, and utilizing all exercise equipment, athletic equipment, and training required in the program.

2. The undersigned hereby releases BIG APPLE INSTITUTE INC., D/B/A BIG APPLE SUMMER CAMP., it's directors, employees, agents, representatives, coaches, and volunteers, as well as the owners of any facilities in which the program is conducted, on behalf of himself/herself and any one claiming by, through or under the undersigned, from any and all claims of damage, injury, or death, of any kind, arising out of the undersigned's participation in the program. In addition, the undersigned acknowledges and agrees to indemnify and hold BIG APPLE INSTITUTE INC., D/B/A BIG APPLE SUMMER CAMP., harmless from any claims of damage, injury or death arising out of the participation of the undersigned in the program, including injuries caused in whole or in part by the undersigned, or another participant.

Moreover, by this release, the undersigned also intends to fully, completely and forever release, discharge, and absolve BIG APPLE INSTITUTE INC., D/B/A BIG APPLE SUMMER CAMP., all of its directors, employees, agents, representatives, coaches, and volunteers, from any active or passive negligence whatsoever on the part of BIG APPLE INSTITUTE INC., D/B/A BIG APPLE SUMMER CAMP., its directors, employees, agents, representatives, coaches, and volunteers. The undersigned further agrees and promises not to sue or exercise any legal rights to seek damages or relief of any nature from BIG APPLE INSTITUTE INC., D/B/A BIG APPLE SUMMER CAMP., its directors, employees, agents, representatives, coaches, and volunteers. The undersigned certifies that he/she has read this release and all of the statements contained herein, and further represents that he/she understood its contents and has voluntarily executed this release. The undersigned understands that he/she is giving up valuable rights and is signing this release voluntarily. The undersigned further agrees that no oral representations, statements, or inducements of any kind apart from this written release have been made with regard to the subject matter of this release.

4. The undersigned hereby warrants that he/she is over the age of eighteen, is competent to contract in his/her name, and that the undersigned has the authority to grant this consent and release.

Signature: _____ Date _____

Relationship if participant is minor: _____

Trip Itinerary & Parental Consent Form

For Off-Site and Swim Trips

Camp Name: _____ Session #: _____ CAMIS/RECORD ID#: _____

Camp Address: _____, **BROOKLYN**, _____
(Building Address) (Borough) (Zip code)

*If swim trip is not an all-day event, provide hours

**If camp uses "public transportation", indicate

Trip Date & (Swim Hours)*	Trip Destination & Complete Address	Mode of Transportation**	Activities	Parental Consent
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

Parental Consent:

I, _____, the parent/legal guardian of _____,
(Parent Name) (Camper Name)

_____ hereby give permission for him/her to participate in the trips and activities as indicated on the above itinerary.
(Camper Age)

Signature: _____ Date: _____

Use additional pages as needed.

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME: BIG APPLE INSTITUTE Inc.,

Print the name of the child(ren) enrolled in this child care center:

1. _____ 2. _____ 3. _____

DIRECTIONS:

Complete SECTION A if anyone in your household:

1. Receives Food Stamps
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. If any of the children enrolled in this child care center are foster children

Complete SECTION B if no one in your household receives Food Stamps, TANF, FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION A
Food Stamp Case Number _____
TANF Number _____
FDPIR Number _____
Names of Foster Children _____
<p>An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.</p> <p>Signature: _____</p> <p>Date: _____</p>
FOR SPONSOR USE ONLY
Sponsor Agreement Number _____
Total Household Members _____ (including foster children, if applicable)
Total Income \$ _____
Free _____ Reduced _____ Paid _____
Date Determined ____ / ____ / ____
Signature of Center Staff _____

SECTION B	
<p>List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received last month in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.</p>	
Name of Household Members	Monthly Gross Income
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
<p>An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.</p> <p>Signature: _____</p> <p>Print Name: _____</p> <p>SS# <u>XXX-XX-____</u> Date: _____</p>	

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the form. The Social Security Number is not required when you apply on behalf of a foster child or you list a Food Stamps, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

INSTRUCTIONS FOR COMPLETING DOH-3688

Definition of Income

Income means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

Definition of Household

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

Instructions for Parents or Guardians:

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

Section A: If anyone in your household receives Food Stamps, Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the Food Stamp, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

Foster children: If your household includes a foster child who is in child care, write in the names of the foster children.

Section B: Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

Instructions for Centers and Sponsors:

The For Sponsor Use Only section is to be completed, signed and dated by center or sponsor staff. The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The Sponsor Agreement Number.

Total Household Members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

Total Income – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid*.

Free, Reduced or Paid – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, or Food Stamp, TANF or FDPIR numbers) are categorized in the paid category.

The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member. For example, a form signed on May 12, 2011 is valid until May 31, 2012.

CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please
Print Clearly
Press Hard

STUDENT ID NUMBER
OSIS

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TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Last Name	First Name	Middle Name	Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Date of Birth (Month/Day/Year) ____/____/____	
Child's Address		Hispanic/Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (Check ALL that apply) <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other		
City/Borough	State	Zip Code	School/Center/Camp Name ALPHA SUMMER DAY CAMP	District _____ Number _____	Phone Numbers Home _____ Cell _____ Work _____
Health insurance (including Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Foster Parent	Last Name	First Name		

TO BE COMPLETED BY HEALTH CARE PROVIDER *If "yes" to any item, please explain (attach addendum, if needed)*

Birth history (age 0-6 yrs) <input type="checkbox"/> Uncomplicated <input type="checkbox"/> Premature: _____ weeks gestation <input type="checkbox"/> Complicated by _____	Does the child/adolescent have a past or present medical history of the following? <i>If persistent, check all current medication(s):</i> <input type="checkbox"/> Inhaled corticosteroid <input type="checkbox"/> Other controller <input type="checkbox"/> Quick relief med <input type="checkbox"/> Oral steroid <input type="checkbox"/> None <input type="checkbox"/> Attention Deficit Hyperactivity Disorder <input type="checkbox"/> Orthopedic injury/disability <input type="checkbox"/> Chronic or recurrent otitis media <input type="checkbox"/> Seizure disorder <input type="checkbox"/> Congenital or acquired heart disorder <input type="checkbox"/> Speech, hearing, or visual impairment <input type="checkbox"/> Developmental/learning problem <input type="checkbox"/> Tuberculosis (latent infection or disease) <input type="checkbox"/> Diabetes (attach MAF) <input type="checkbox"/> Other (specify) _____	Medications (attach MAF if in-school medication needed) <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____ _____
Allergies <input type="checkbox"/> None <input type="checkbox"/> Epi pen prescribed <input type="checkbox"/> Drugs (list) _____ <input type="checkbox"/> Foods (list) _____ <input type="checkbox"/> Other (list) _____	Dietary Restrictions <input type="checkbox"/> None <input type="checkbox"/> Yes (list below) _____	
<i>Explain all checked items above or on addendum</i>		

PHYSICAL EXAMINATION Height _____ cm (____ %ile) Weight _____ kg (____ %ile) BMI _____ kg/m ² (____ %ile) Head Circumference (age ≤2 yrs) _____ cm (____ %ile) Blood Pressure (age ≥3 yrs) _____ / _____	General Appearance: <table border="0"><tr><td><i>Nl Abnl</i></td><td><input type="checkbox"/> HEENT</td><td><i>Nl Abnl</i></td><td><input type="checkbox"/> Lymph nodes</td><td><i>Nl Abnl</i></td><td><input type="checkbox"/> Abdomen</td><td><i>Nl Abnl</i></td><td><input type="checkbox"/> Skin</td><td><i>Nl Abnl</i></td><td><input type="checkbox"/> Psychosocial Development</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Dental</td><td><input type="checkbox"/></td><td><input type="checkbox"/> Lungs</td><td><input type="checkbox"/></td><td><input type="checkbox"/> Genitourinary</td><td><input type="checkbox"/></td><td><input type="checkbox"/> Neurological</td><td><input type="checkbox"/></td><td><input type="checkbox"/> Language</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/> Neck</td><td><input type="checkbox"/></td><td><input type="checkbox"/> Cardiovascular</td><td><input type="checkbox"/></td><td><input type="checkbox"/> Extremities</td><td><input type="checkbox"/></td><td><input type="checkbox"/> Back/spine</td><td><input type="checkbox"/></td><td><input type="checkbox"/> Behavioral</td></tr></table> Describe abnormalities: _____	<i>Nl Abnl</i>	<input type="checkbox"/> HEENT	<i>Nl Abnl</i>	<input type="checkbox"/> Lymph nodes	<i>Nl Abnl</i>	<input type="checkbox"/> Abdomen	<i>Nl Abnl</i>	<input type="checkbox"/> Skin	<i>Nl Abnl</i>	<input type="checkbox"/> Psychosocial Development	<input type="checkbox"/>	<input type="checkbox"/> Dental	<input type="checkbox"/>	<input type="checkbox"/> Lungs	<input type="checkbox"/>	<input type="checkbox"/> Genitourinary	<input type="checkbox"/>	<input type="checkbox"/> Neurological	<input type="checkbox"/>	<input type="checkbox"/> Language	<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/> Extremities	<input type="checkbox"/>	<input type="checkbox"/> Back/spine	<input type="checkbox"/>	<input type="checkbox"/> Behavioral
<i>Nl Abnl</i>	<input type="checkbox"/> HEENT	<i>Nl Abnl</i>	<input type="checkbox"/> Lymph nodes	<i>Nl Abnl</i>	<input type="checkbox"/> Abdomen	<i>Nl Abnl</i>	<input type="checkbox"/> Skin	<i>Nl Abnl</i>	<input type="checkbox"/> Psychosocial Development																						
<input type="checkbox"/>	<input type="checkbox"/> Dental	<input type="checkbox"/>	<input type="checkbox"/> Lungs	<input type="checkbox"/>	<input type="checkbox"/> Genitourinary	<input type="checkbox"/>	<input type="checkbox"/> Neurological	<input type="checkbox"/>	<input type="checkbox"/> Language																						
<input type="checkbox"/>	<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/>	<input type="checkbox"/> Extremities	<input type="checkbox"/>	<input type="checkbox"/> Back/spine	<input type="checkbox"/>	<input type="checkbox"/> Behavioral																						

DEVELOPMENTAL (age 0-6 yrs) <input type="checkbox"/> Within normal limits If delay suspected, specify below <input type="checkbox"/> Cognitive (e.g., play skills) _____ <input type="checkbox"/> Communication/Language _____ <input type="checkbox"/> Social/Emotional _____ <input type="checkbox"/> Adaptive/Self-Help _____ <input type="checkbox"/> Motor _____	SCREENING TESTS <table border="1"><thead><tr><th></th><th>Date Done</th><th>Results</th></tr></thead><tbody><tr><td>Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk)</td><td>____/____/____</td><td>_____ µg/dL</td></tr><tr><td>Lead Risk Assessment (annually, age 6 mo-6 yrs)</td><td>____/____/____</td><td><input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk</td></tr><tr><td>Hearing <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE</td><td>____/____/____</td><td><input type="checkbox"/> Normal <input type="checkbox"/> Abnormal</td></tr><tr><td>Hemoglobin or Hematocrit (age 9-12 mo)</td><td>____/____/____</td><td>_____ g/dL _____ %</td></tr></tbody></table> Head Start Only _____		Date Done	Results	Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk)	____/____/____	_____ µg/dL	Lead Risk Assessment (annually, age 6 mo-6 yrs)	____/____/____	<input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk	Hearing <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE	____/____/____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	Hemoglobin or Hematocrit (age 9-12 mo)	____/____/____	_____ g/dL _____ %	Tuberculosis <i>Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school</i> PPD/Mantoux placed _____/____/____ Induration _____ mm PPD/Mantoux read _____/____/____ <input type="checkbox"/> Neg <input type="checkbox"/> Pos Interferon Test _____/____/____ <input type="checkbox"/> Neg <input type="checkbox"/> Pos Chest x-ray (if PPD or Interferon positive) _____/____/____ <input type="checkbox"/> NI <input type="checkbox"/> Not Indicated <input type="checkbox"/> Abnl	Vision (required for new school entrants and children age 4-7 yrs) ____/____/____ <input type="checkbox"/> with glasses Acuity Right ____/____ Left ____/____ Strabismus <input type="checkbox"/> No <input type="checkbox"/> Yes
	Date Done	Results																
Blood Lead Level (BLL) (required at age 1 yr and 2 yrs and for those at risk)	____/____/____	_____ µg/dL																
Lead Risk Assessment (annually, age 6 mo-6 yrs)	____/____/____	<input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk																
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Hemoglobin or Hematocrit (age 9-12 mo)	____/____/____	_____ g/dL _____ %																

IMMUNIZATIONS - DATES CIR Number of Child _____ Hep B _____/____/____ Rotavirus _____/____/____ DTP/DTaP/DT _____/____/____ Hib _____/____/____ PCV _____/____/____ Polio _____/____/____	Influenza _____/____/____ MMR _____/____/____ Varicella _____/____/____ Td _____/____/____ Tdap _____/____/____ Hep A _____/____/____ Meningococcal _____/____/____ HPV _____/____/____ Other, Specify: _____; _____
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RECOMMENDATIONS <input type="checkbox"/> Full physical activity <input type="checkbox"/> Full diet <input type="checkbox"/> Restrictions (specify) _____ Follow-up Needed <input type="checkbox"/> No <input type="checkbox"/> Yes, for _____ Appt. date: ____/____/____ Referral(s): <input type="checkbox"/> None <input type="checkbox"/> Early Intervention <input type="checkbox"/> Special Education <input type="checkbox"/> Dental <input type="checkbox"/> Vision <input type="checkbox"/> Other _____	ASSESSMENT <input type="checkbox"/> Well Child (V20.2) <input type="checkbox"/> Diagnoses/Problems (list) _____ ICD-9 Code _____
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Health Care Provider Signature _____	Date ____/____/____	DOHMH PROVIDER ONLY PROVIDER I.D. _____
Health Care Provider Name and Degree (print) _____	Provider License No. and State _____	TYPE OF EXAM: <input type="checkbox"/> NAE Current <input type="checkbox"/> NAE Prior Year(s)
Facility Name _____	National Provider Identifier (NPI) _____	Comments _____
Address _____	City _____ State _____ Zip _____	Date Reviewed: ____/____/____
Telephone (____) _____ - _____	Fax (____) _____ - _____	I.D. NUMBER _____
		REVIEWER: _____