BASIC INFORMATION - PLEASE PRINT

Person completing form_____ Date_____

Child's name_____Date of Birth_____

Place of Birth_____ Sex_____ Race_____

School District: _____

E-Mail Address: _____

Home Phone Number: _____Cell Phone Number: _____

FAMILY INFORMATION

Marital status of parents _____ Never Married _____ Married _____ Separated_____ Divorced

Who has legal custody of this child? _____
(Please provide a copy of the official COURT ORDER).

List all members that reside in the child's household, including parents:

NAME	AGE	RELATIONSHIP TO CHILD

What is the primary language spoken in your home? _____

Do you have cultural preferences or considerations? _____

_____

_____

Is your child permitted to participate in all school (holiday) activities? _____ Yes _____ No

If "NO", please list activities child is not permitted to participate. _____

_____

_____

_____

Does your family have any pets? _____ Yes _____ No

Please describe _____

Does your child respond to any nicknames? _____ Yes _____ No

Please describe _____

Does your child have any nicknames for family members? _____ Yes _____ No

Please describe _____

Is there any other information about your family's composition that you would like to share? _____ Yes _____ No

_____

_____

_____

CHILD INFORMATION

Has your child been in an early learning program or childcare before? _____ Yes _____ No

If yes, would you share some information with us? (Where? When? For How Long?, Etc.) _____

_____

_____

How did your child react to other children and adults? _____ NA _____

_____

_____

Are there any special problems or fears that we should know about? _____ Yes _____ No

_____

_____

Is your child toilet trained or in the process of potty training? _____Yes _____ No

Does your child use a pull-up? _____ Yes _____ No

Does your child need to be reminded to go to the toilet during waking hours? _____ Yes _____ No

TELL US ABOUT YOUR CHILD'S DAILY ROUTINE:

Morning/Wake-Up/Breakfast/ETC – _____

_____

_____

_____

Nighttime/Bedtime/Sleep Habits/Etc - _____

_____

Is there any other information you would like to share? _____ Yes _____ No

GENERAL HEALTH QUESTIONS

Any special needs OR any other physical condition we should be made aware of (medical i.e. seizures, developmental, social)? _____ Yes _____ No

If, Yes please list any specialists that your child may have seen and supply names/numbers:

Developmental Pediatrician_____

Psychiatrist_____

Ophthalmologist_____

Psychologist_____

Audiologist_____

Neurologist_____

Other(s)_____

Do any of these special needs require special care by our Teaching Staff? _____ Yes _____ No

Does your child have any allergies? _____ Yes _____ No

Food Allergies _____ Yes _____ No _____

Environmental Allergies _____ Yes _____ No _____

Allergies to Medication _____ Yes _____ No _____

How are your child's allergies treated? _____

Is your child prone to getting easily sick? _____Yes _____ No
Is there any other information about your child's health that you would like to share? _____ Yes _____ No

_____

_____

_____

HEALTH & EARLY INTERVENTION HISTORY

Are there any diagnosed disabilities? _____Yes _____ No

If YES, check all that may apply

_____ ADD _____ ADHD _____ AUTISM _____ PDD

_____ SPEECH/LANGUAGE NEEDS _____ HEARING _____ VISION

_____ TOURETTE'S SYNDROME _____ DOWN SYNDROME

_____ CEREBRAL PALSY _____ PHYSICAL DISABILITY _____ OTHER

Where/when was the diagnosis made (please provide a copy of any reports you may have)._____

_____

_____

_____

Has your child been involved in any SERVICE, PROGRAM OR THERAPIES?
Check any that may apply. Please give us the name(s) of any agencies.

_____ Speech Therapy _____ Hearing Therapy

_____ Vision Therapy _____ Behavior Therapy

_____ Physical Therapy _____ Occupational Therapy

_____ Music Therapy _____ Other (please explain) _____

Are you involved with any other agencies? _____Yes _____ No

If "YES," please give us the name of the agencies and the contact persons.

_____

_____

_____

Does your child attend any other program? _____Yes _____ No

_____ Library _____ Play Group

_____ Sunday School _____ Swim Program

_____ Day Care _____ Other

HEARING

Do you have any concerns about your child's hearing? _____Yes _____ No

Is there a history of ear infections? _____Yes _____ No

If yes, when was the last one? _____

Has your child ever had tubes in his/her ears? _____Yes _____ No

Does your child talk in a loud voice? _____Yes _____ No

Does your child hear you if his/her back is turned? _____Yes _____ No

VISION

Do you have any concerns about your child's vision? _____Yes _____ No

If "YES," please explain _____

Does your child wear glasses? _____Yes _____ No

Has your child had a vision evaluation? _____Yes _____ No

If yes, when was his/her vision last evaluated? _____

COMMUNICATION

How does your child communicate with others? Check all that may apply.

_____ Pointing, gesturing _____ Single words _____ 2,3,4-word phrases

_____ Sentences _____ Signing

Can family members understand your child's speech? _____Yes _____ No

Can people outside your family understand you child's speech? _____Yes _____ No

ACTIVITY/FOOD PREFERENCES

List your child's favorite activities and materials: _____

_____

_____

List your child's least favorite activities (messy activities, etc.)? _____

_____

_____

Does he/she eat independently? _____Yes _____ No

What are your child's favorite foods/snacks?_____

_____

_____

MOTOR DEVELOPMENT

Do you have any concerns regarding your child's motor development (how he/she uses his/her large muscles for running, jumping, ball skills)? _____Yes _____ No

If "YES," please explain _____

_____

_____

If your child has a diagnosed physical disability, does he/she use any special equipment at home?

_____Yes _____ No at school? _____Yes _____ No on transportation? _____Yes _____ No

If yes to any, please explain _____

_____

_____

SOCIAL DEVELOPMENT

Do you have concerns about your child's social development? (how he/she interacts with other children, how he/she focuses during play.) If "YES" please explain: _____

_____

_____

Does your child have any fears? (loud noises, etc.) _____

_____

_____

THANK YOU.
TEACHERS & THERAPISTS at WVCA

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Please complete this part

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME: **Wyoming Valley Children's Association**		
FACILITY PHONE: **570-714-1246**	COUNTY: **Luzerne**	WORK PHONE:

⑥ I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE:

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
⑥ NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY. ⑥ NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
⑥ NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
⑥ NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
⑥ YES ⑥ NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)

⑥ YES ⑥ NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT TITLE:
ADDRESS:	
PHONE/FAX:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

Office Use Only:

Case Number: _____

Opening Date: _____

Opened By (Initial): _____

EMERGENCY CONTACT/INTAKE FORM

(PLEASE PRINT LEGIBLY AND COMPLETE ALL INFORMATION)

Child's Name:_____ Birthdate:_____

Parent/Legal Guardian #1:_____

Address:_____

City/State/Zip:_____

Home Phone:_____ Cell Phone:_____ Work Phone:_____

Place of Work:_____ Work Address:_____

Email Address:_____

Parent/Legal Guardian #2:_____

Address:_____

City/State/Zip:_____

Home Phone:_____ Cell Phone:_____ Work Phone:_____

Place of Work:_____ Work Address:_____

Email Address:_____

Emergency Contact Information (whom we may contact or release a child to if parent or guardian is unavailable)*:

Primary Contact:_____ Relationship:_____

Address:_____ Phone #:_____

Secondary Contact:_____ Relationship:_____

Address:_____ Phone #:_____

Permission to Pick-Up (whom we may release a child to if parent or guardian is unavailable, no confidential information will be shared with the individuals below):

Name:_____ Relationship:_____

Address:_____ Phone #:_____

Name:_____ Relationship:_____

Address:_____ Phone #:_____

For the protection of your child, ID will be required at the time of pick-up.

* Fee Agreement Release Designees

Child's Health Information (Mandatory):

Name of Insurance Plan:_____

Medical ID Number:_____

Subscriber's Name:_____

Hospital Preference:_____

Name/Number of Child's Doctor:_____

Name/Number of Child's Dentist:_____

Medical Assistance Number:_____

Special Concerns, Diagnosis:_____

_____

Allergies (including reaction): _____

_____

_____

Dietary Restrictions: _____

_____

Does your child have an EPI-Pen? __Yes __ No Other Medications? ___Yes ___No

Comments: _____

_____

_____

Please contact school about medication administration form; we are unable to give medication without the completion of this form

Parent/Legal Guardian Consent and Agreement for Emergencies:

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance.

I give permission to WVCA to post allergy information within the school for my child's safety)

I give consent for the emergency contact person listed above to ***act on my behalf until I am available***. I agree to review and update this information whenever a change occurs.

Date:_____Parent/Legal Guardian #1:_____

Date:_____Parent/Legal Guardian #2:_____

Office Use Only:

Referring Agent: _____

Services: (__) PT (__) OT (__) ST (__) SI

* Fee Agreement Release Designees

EMERGENCY CONTACT ATTACHMENT

(PLEASE PRINT LEGIBLY AND COMPLETE ALL INFORMATION)

Child's Name:_____ Birthdate:_____

Permission to Pick-Up (whom we may release a child to if parent or guardian is unavailable, no confidential information will be shared with the individuals below):

Name:_____ Relationship:_____

Address:_____ Phone #:_____

Name:_____ Relationship:_____

Address:_____ Phone #:_____

Name:_____ Relationship:_____

Address:_____ Phone #:_____

Name:_____ Relationship:_____

Address:_____ Phone #:_____

Parent/Legal Guardian Consent and Agreement for Emergencies:

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance.

I give permission to WVCA to post allergy information within the school for my child's safety)

I give consent for the emergency contact person listed above to ***act on my behalf until I am available***. I agree to review and update this information whenever a change occurs.

Date:_____ Parent/Legal Guardian #1:_____

Date:_____ Parent/Legal Guardian #2:_____

PERMISSION FORM

Child's Name:_____

WALKS

I give my permission for my child to participate in walks around the neighborhood and to the local park understanding that these activities will be conducted with the proper supervision. (If a more elaborate study trip is planned, involving transportation, you will be provided a permission slip with information pertinent to that specific trip as well as an invitation to join us.)

Parent/Legal Guardian Signature:_____

Date:_____

SCREENINGS/ASSESSMENTS

As part of our program, it is mandatory that we complete a developmental screening for your child at the beginning of every school year and an assessment twice a year. This will be provided by our teachers who will administer a very "child-friendly" screening/assessment, to determine what skills your child already has. The teachers will look at all five areas of development—cognition or thinking skills, fine motor, gross motor, speech/language, and adaptive skills (toileting, feeding, dressing, as well as behavior).

By signing below, you give permission for your child to be screened and assessed by our staff. Results of the screening and assessment will be shared with you during our fall and spring conferences.

Parent/Legal Guardian Signature:_____

Date:_____

PUBLIC RELATIONS CLEARANCE FORM

The Wyoming Valley Children's Association frequently has photographs or video taken of students participating in their programs, special events and during fundraising campaigns.

The media is then used in all media outlets including local newspapers, in agency displays used for public awareness, WVCA's website, marketing materials and on the WVCA social media sites (Facebook, Instagram, Class DoJo, etc.) Occasionally, the television media features Wyoming Valley Children's Associations' services and programs for local showing.

To include your child in these photographs and/or videos and use his/her name, please sign and return this from. We appreciate your cooperation in helping us to tell others about the services provided at the agency.

____ Yes, I approve.

____ No, I choose not to participate in having my child photographed or on video.

CHILD'S NAME: _____ DATE: _____

SIGNATURE OF PARENT OR GUARDIAN: _____

RELEASE AND CONSENT AGREEMENT

I hereby grant to Wyoming Valley Children's Association ("WVCA") the irrevocable right and permission to copyright a photograph/video of me and/or my child; and/or a quotation from me, my testimonial and/or other information in its own name or otherwise to use, re-use, publish, and re-publish, and otherwise reproduce, modify and display the photograph/videos, quotation, my testimonial and/or other information in whole or in part, individually or in conjunction with other photographs, quotations my testimonial and/or other information and to use my name in connection therewith if it so chooses. Use of the photograph/video, quotations my testimonial and/or other information includes digital imaging, reproduction and/or use on the websites for our programs, which are accessible globally. I hereby release and discharge WVCA release, defend, and hold harmless WVCA and its programs and its agents or employees, from and against any claims, damages or liability arising from or related to the use of the photographs, interviews my testimonial and/or other information used by WVCA and/or the media.

WVCA may assign, license or otherwise transfer all rights granted to it hereunder. This authorization and release shall also inure to the benefit of the legal representatives, licensees, and assignees of WVCA. I am of full age (eighteen and older) and have the right to contract in my own name. I have read the foregoing and fully understand the contents of this Release. This Release shall be binding upon me and my heirs, legal representatives, and assignees.

_____

Child's Name

_____

(Authorized Parent/Guardian Signature & Date)

_____

(Printed Name Parent /Guardian)

Scholarship Application

Please Note: WVCA accepts Scholarship Applications throughout the school year, however it is recommended that the application is received no later than October 1st as scholarships are typically awarded in the last quarter of the calendar year.

WVCA requires a proof of income to be submitted with this application. Acceptable documents include: most recent income tax form, pay stubs or W-2, written statement from employer, or documentation of public assistance. Your application will not be processed without such documentation.

Scholarships are awarded based on available funding and household income level of student. If you have further questions on the application process, please contact Nina Zanon at nzanon@wvcakids.org. Thank you!

Child's Name: _____
Last First MI

Gender: ___ Male ___ Female Date of Birth: _____/_____/_____

CAREGIVER INFORMATION

Adult's Name: _____
Last First MI

Gender: ___ Male ___ Female Relationship to Child: _____

Family's Address:

_____
Street Apt.

_____
Town/City State Zip

_____ _____ _____
Cell Phone Alternate Phone Email

INCOME INFORMATION

Annual Household Income: $ _____ Family Size: _____

Additional Family Members:

Name	DOB	Relationship to Child

LANGUAGE/RACE

Child's Primary Language: _____

Child's Ethnicity: _____ Hispanic or Latino origin _____ Non-Hispanic/Non-Latino origin

Child's Race:

_____ American Indian or Alaskan Native
_____ Asian
_____ Biracial/Multiracial
_____ Black or African American
_____ Native Hawaiian/Pacific Islander
_____ White
_____ Unspecified
_____ Other: _____

DISABILITY INFORMATION

Is the child receiving special services? _____ No _____Yes – Agency: _____
(such as OT, PT, Speech)

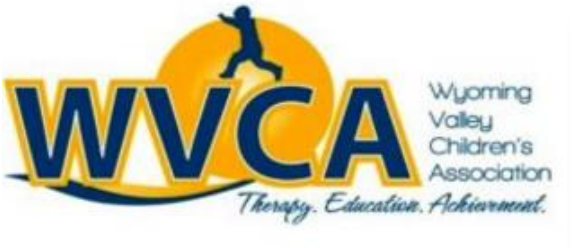
Does the child have a current IEP? _____ No _____Yes

Does the child have a diagnosed disability? _____ No _____Yes (*indicate below*)

_____ Health Impairment
_____ Emotional/Behavior Disorder
_____ Speech/Language Impairment
_____ Developmental Delay
_____ Hearing Impairment
_____ Orthopedic Impairment
_____ Visual Impairment
_____ Learning Disability
_____ Autism
_____ Mental Retardation
_____ Traumatic Brain Injury
_____ Multiply Disabilities
_____ Other (*please explain*): _____

Parent /Guardian Signature:

_____ Date: _____



Wyoming Valley Children's Association
School Year 2022-2023

Wyoming Valley Children's Association is required to obtain demographic and income data for each preschool child in order to comply with grant requests and to be included in data provided to funders of the program and scholarship assistance. Your responses are for statistical reporting and will be kept confidential.

By signing, I allow my child to be recognized as an enrolled child in this program. Federal laws prohibit discrimination against any person on the basis of race, color, religion, national origin, sex, age, disability or familial status.

Name of Child:
Signature of Parent/Guardian:
Date:

Please complete information on reverse side.
We thank you for your time and understanding.

Kindly complete all information.

Name of Child:
City and Zip Code:
School District:

Please check for both Ethnicity and Race:
Ethnicity: Choose one.

- ❑ Hispanic/Latino
- ❑ Non-Hispanic/Latino

Race: Choose all that apply.

- ❑ White
- ❑ American Indian or Alaskan Native
- ❑ African American/Black
- ❑ Native Hawaiian or Other Pacific Islander
- ❑ Other Multi-Racial

Are you a female head of family: ❑ Yes ❑ No

Number of People in Household: _____

Gross Household Income (from all sources): $_____

Please provide proof of Household Income. Examples include a tax return, Social Security Income, Welfare payment, CHIP card, etc. WVCA is happy to copy any documents as needed and return them to the family.

I hereby certify that the information contained herein is true and correct, to the best of my knowledge. I understand that this information is subject to verification.

Signature of Parent/Guardian: _____

Date: _____