

YWCA Early Learning Center Enrollment Form

Center: _____

Date: _____

Thank you for choosing a YWCA facility for your child care needs. This form will serve as your agreement with the YWCA for the children named below.

Child's name	Date of Birth	Target Class	Starting Date	Weekly or Daily Fee
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
Membership Fee: _____			Total(weekly/daily)Fee: _____	

Payments must be paid at least weekly (due Mondays or on the first open day of the week).

No credit is given for absences due to any reason (including illness, vacation, and holidays). Parents must notify the center office for any absence. In order to receive a refund, two weeks written notice is required. At the time the written notice is received the child will be withdrawn.

The YWCA's early learning center program has been discussed with me and I agree to the following:

1. It is the responsibility of the parent to contact the center when the child/children will be absent.
2. Parent will pay a late pick-up charge of \$5 per child for every 15 minutes (or portion thereof) after the center closes at 6:30 p.m. If by 7:00 p.m. no contact to the center by the parent has been made, the child will be placed in the custody of the Texas Department of Family and Protective Services. Children may be dropped from the program if full payment is not made by the first open day of the week.
3. Parent is responsible for full amount if fee is subsidized and contract is terminated or parent fails to re-certify.
4. The YWCA will not assume responsibility for any child who has not been signed in for child care when she/he arrives for the day or for any child who has been signed out for the day from any child care program.

The term "parent" shall include only those with custody of the respective child, or those designated by the court as managing conservators and/or legal guardians. The undersigned parent and her/his respective spouse if not joint herein, agree to identify, defend and hold the YWCA harmless for and against any and all liabilities, claims, causes of action or expenses, including attorney's fees which may result from the inadvertent or forced release of a child to any person not specifically authorized or approved to call for said child, as listed above.

Parent's Signature: _____

Printed Name: _____

YWCA Rep. Signature: _____

Date: _____



YWCA ADMISSION INFORMATION

CC-170 (03/09)

Operation Name:		Director's Name:						
Child's Name:		First:	Last:	MI:	Date of Birth:			
Child's Home Address:		Street:		City:	State:	Zip Code:		
Date of Admission:		Date of Withdrawal:		Child's Home Telephone Number:				
Parents/Guardians' Name:		First:		Last:	MI:	<input type="checkbox"/> I acknowledge receipt of the YWCA Child Care Operational Procedures.		
		First:		Last:	MI:			
Parent/Guardian Address(if different from child):		Street:		City:	State:	Zip Code:		
Phone Numbers Where Parents May Be Reached:		Mother's Work:	Mother's Home:	Father's Work:	Father's Home:	Guardian's Work: Guardian's Home:		
Name, Address & Phone Number of Emergency Contacts My Child May be Released to if I Cannot Be Reached:		Name & Address:		Number:	Name & Address: Number:			
<input type="checkbox"/> give/ <input type="checkbox"/> do not give consent for my child to be Transported when supervised by the center's employees for: <input type="checkbox"/> Emergency Care <input type="checkbox"/> Field Trips <input type="checkbox"/> To & From School				<input type="checkbox"/> give/ <input type="checkbox"/> do not give consent for my child to participate in YWCA Field Trips Parent Comments:				
<input type="checkbox"/> give/ <input type="checkbox"/> do not give consent for my child to participate in Water Activities including: <input type="checkbox"/> Swimming Pools <input type="checkbox"/> Splashing/Wading Pools <input type="checkbox"/> Sprinklers <input type="checkbox"/> Water Table Play				<input type="checkbox"/> give/ <input type="checkbox"/> do not give permission my child to participate in Evaluation (Health & Developmental) and in Videotaping and Pictures connected with the YWCA.				
_____ I hereby, for myself and my child, waive and release all rights and claims for damages I may have against the YWCA, directors or staff for any injuries suffered by my child as a participant in any YWCA program, except those arising out of gross negligence or intentional acts.								
Authorization for Emergency Medical Attention: In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to secure any and all necessary medical care for my child. _____ Name of Preferred Emergency Medical Care Facility _____								
Name, Address & Number of my Child's Physician:		Number:		Immunizations: All immunizations are due to the center no later than five attendance days after enrollment. Immunization Card: <input type="checkbox"/> Pending <input type="checkbox"/> In File				
List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:								
School Age Children: My child attends the following school: _____ School Phone Number _____ My child has permission to: <input type="checkbox"/> Ride a Bus <input type="checkbox"/> Walk to and From School <input type="checkbox"/> Be released to the care of his/her sibling(s) under 18 years old (with photo ID)								
Admission Requirement: If your child does not attend pre-kindergarten or school away from the center, one of the following must be presented when your child is admitted to the child care operation or within one week of admission. Please check onl one option: 1. <input type="checkbox"/> Health Care Professional's Statement: I have examined the above named child within the past year and find that he/she is physically able to take part in the day care program. Health Care Professional's Signature _____ Date _____ 2. <input type="checkbox"/> A signed and dated copy of the health care professional's statement is attached. 3. <input type="checkbox"/> Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of, I have attached a signed and dated affidavit stating this. 4. <input type="checkbox"/> My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child care operation.								
Vision		R 20/____	L 20/____	<input type="checkbox"/> Pass <input type="checkbox"/> Fail				
				Hearing	1000 Hz	2000 Hz	4000 Hz	
				Right				<input type="checkbox"/> Pass <input type="checkbox"/> Fail
				Left				
Signature: _____		Date: _____		Signature: _____			Date: _____	

PARENT SIGNATURE: _____

DATE: _____

PARTICIPANT FORM

New member Update member information

PRIMARY ACCOUNT HOLDER

HOUSEHOLD #: _____

FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER	EMAIL
ADDRESS			CITY	STATE	ZIP CODE

SECONDARY ACCOUNT HOLDER

FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER	EMAIL

Primary Telephone: _____ Cell Home Office
 Secondary Telephone: _____ Cell Home Office
 Additional Telephone: _____ Cell Home Office

DEPENDENT INFORMATION

FIRST NAME	MI	LAST NAME	DATE OF BIRTH	GENDER

How did you hear about YWCA?

- Friend or family member Online Advertisement Radio Commercial Newspaper Ad Kiddos Magazine
 Social Media Television Advertisement Magazine Ad Other: _____

Employer or College attending?

- EPCC SISD Clint ISD Other
 UTEP EPISD Canutillo ISD

Are you...

- Student N/A
 Faculty or Staff

The YWCA applies for grants and contributions as part of our efforts to keep program fees affordable. Many such applications require the YWCA to state demographics about the individuals we serve. Please help us by checking the appropriate boxes below so you can be counted. Demographic information is used/reported ONLY in aggregate and is not tied to individual members.

Ethnicity/Race of Household Members (Check all that apply)

- Hispanic or Latino Native American or American Indian
 African-American or Black Asian or Pacific Islander
 Caucasian or White Multi-ethnic or Multi-racial

Household Income:

- \$0 - \$18,999 \$40,000 - \$49,999
 \$19,000 - \$29,999 \$50,000 and over
 \$30,000 - \$39,999

By signing this form, I hereby authorize YWCA El Paso del Norte Region to publish photographs taken of me, my name and likeness, for use in YWCA El Paso del Norte's print, online and video-based marketing materials, as well as other Company publications.

Release of Liability: I am willingly and voluntarily participating in the activities offered by YWCA El Paso del Norte Region (YWCA), I, the undersigned hereby release YWCA, their principals, agents, employees, and volunteers from any and all liability, claims, demands, actions or right of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including those allegedly attributed to the negligent acts or omissions of the above mentioned parties. If I am signing on behalf of a minor child as Parent/Guardian, I also give full permission for any person connected with YWCA El Paso del Norte Region to administer first aid deemed necessary, and in case of serious illness or injury, I give permission to call for medical and/or surgical care for the child and to transport the child to a medical facility deemed necessary for the well being of the child.

Signature of participant: _____ Date: _____

----- *If the participant is under the age of 18* -----

Signature of Parent/Guardian: _____ Print Name: _____ Date: _____

TEXT MESSAGING & E-MAIL CONSENT FORM

FULL NAME	PREFERRED BRANCH
HOUSEHOLD NUMBER	

Please check all that apply:

- YWCA STAFF EARLY LEARNING ACADEMY HEALTH & WELLNESS AFTER SCHOOL PROGRAM

TEXT MESSAGES

I would like to receive text messages to my mobile telephone number from YWCA.

I understand that the content may relate to any aspect of the branch including: pool closures, important over-all agency updates, new class information, emergencies, etc. Text messages will be limited to two per month aside from emergency communications.

Should I wish to withdraw from the text messaging service, I understand that I need to either provide either a written notice to the Customer Service Staff at the Branch or follow the opt out instructions from the text messaging provider. Once you opt out the same phone number and e-mail cannot be re-entered.

I will advise the Customer Service Staff at the Branch if I change my mobile number and I understand that a new consent form will be required.

I am aware that I am responsible for text messaging fees associated with the incoming text messaging sent by the YWCA. I also understand that the YWCA will not share my personal cell phone number with any third party organizations.

EMAIL

Yes, I would also like to receive updates about the YWCA via email.

No, I would not like to receive updates about the YWCA via email.

MOBILE NUMBER	EMAIL ADDRESS

I confirm and agree to the above statements.

Print full name: _____

Signature: _____ Date: _____

YWCA CHILD CARE POLICY

Behavioral Expectations

Children participating in any YWCA child care program, including day care centers, after-school programs summer camp, and fun days, are expected to behave in an age-appropriate manner, respectful of themselves and others, and in a pattern that promotes a positive and safe environment for all. Normal and expected standards include, but are not limited to:

- Respect for teachers, recreation staff, and other adults who are responsible for the safety and well-being of all of the children,
- Respect and appropriate interactions with peers and other children participating in the YWCA program, demonstrating tolerance for and appreciation of individual differences, and resolving conflict using non-aggressive methods,
- Respect for physical property, regardless of owner.

Children are free to discuss any specific rules with their teachers or recreation leaders.

Should a child choose not to adhere to these basic standards, the following steps will be taken:

- 1) The child will be removed from any situation that may result in an unsafe environment,
- 2) The adult supervisor may explain why the child is being separated from the other children and engage in a discussion with the child; the discussion will not include yelling, inappropriate language, or other disrespectful behavior;
- 3) The child may be asked to play or work separately from other children if deemed necessary or advisable by the adult supervisor.

If the inappropriate behavior is isolated, the child may be allowed to rejoin the group if the adult supervisor has reason to believe that the behavior will not be repeated. Should the inappropriate behavior be repeated, the child will remain separate from the other children and the child's parent or guardian will be contacted.

If, despite the efforts of parents and adult supervisor, the child's behavior continues to jeopardize either his or her own safety and well being, or that of any other person involved with the YWCA program, the following options are available:

- 1) The child will be suspended from the program for one week. If, upon return, the behavior continues to jeopardize his or herself or other children, the child will be permanently dismissed from the program.
- 2) The child may return to the program only if the legal parent or guardian is in attendance at all times, for a period of three days. If the child's behavior improves so that his or her behavior no longer jeopardizes the safety and well being of his or her self and/or the other participants, the child may continue to attend without the parent or guardian in attendance. If, in the opinion of the adult supervisor, the child's behavior is not considered to be appropriate, the child will be dismissed from the program. Every effort will be made to provide parents with a one-week notification of this action.

The child's legal parent or guardian may request a meeting with the Child Development Center Director, Director of School Age and/or the Program Director. Please refer to the Operational Procedures provided to you at the time of enrollment for additional information.

I have read, understood, and agree to the policy stated above:

Name or parent/guardian

Signature of parent/guardian

Date

Signature of YWCA representative

Discipline and Guidance Policy for _____

Name of Operation

- ◆ Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.

- ◆ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

- ◆ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

parent

employee/caregiver

household member of child-care home

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CENTER: _____

**ENROLLMENT FORM
CHILD AND ADULT CARE FOOD PROGRAM**

FAMILY INFORMATION:

Parent Name: _____ Telephone _____

Address: _____

CHILD ENROLLMENT INFORMATION:

Name (Last, First, MI): _____

Birthdate: _____ Enrollment date: _____ Withdrawal: _____

Hours and days child will be in care: _____

Child will be in care during: Breakfast Lunch Afternoon Snack

_____ I have received information on the WIC Program and have been given a copy of the "Building for the Future Brochure."

Parent Signature: _____ Date _____

CHILD ENROLLMENT INFORMATION:

Name (Last, First, MI): _____

Birthdate: _____ Enrollment date: _____ Withdrawal: _____

Hours and days child will be in care: _____

Child will be in care during: Breakfast Lunch Afternoon Snack

_____ I have received information on the WIC Program and have been given a copy of the "Building for the Future Brochure."

Parent Signature: _____ Date _____

The YWCA does not discriminate against any applicant or participant because of age, color, disability, national origin, political beliefs, religion or sex.
United Way Agency EOE

R: 3/2013

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El Paso Del Norte Region

CHILD ENROLLMENT INFORMATION:

Name (Last, First, MI): _____

Birthdate: _____ Enrollment date: _____ Withdrawal: _____

Hours and days child will be in care: _____

Child will be in care during: Breakfast Lunch Afternoon Snack

_____ I have received information on the WIC Program and have been given a copy of the "Building for the Future Brochure."

Parent Signature: _____ Date _____

CHILD ENROLLMENT INFORMATION:

Name (Last, First, MI): _____

Birthdate: _____ Enrollment date: _____ Withdrawal: _____

Hours and days child will be in care: _____

Child will be in care during: Breakfast Lunch Afternoon Snack

_____ I have received information on the WIC Program and have been given a copy of the "Building for the Future Brochure."

Parent Signature: _____ Date _____

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CACFP INFANT FEEDING PREFERENCE – CENTERS

Infant's Name _____ Infant's Date of Birth _____

_____ will feed your infant breastmilk provided by you and/or we
(Name of center)
will provide iron fortified infant formula.

The infant formula provided by this center is: _____

This center participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires centers to follow specific meal patterns according to the age of the infant.

Centers participating in the CACFP are required to offer infant formula to infants who are enrolled for child care. Parents (or guardians) may decline the infant formula offered by the center, and supply the infant's formula.

Parents (or guardians) complete the following table(s) as appropriate:

Please mark your preference (choose all that apply)	Today's Date	Today's Date	Today's Date
	Birth – 3 months	4 – 7 months	8 – 11 months
I will bring expressed breastmilk for my infant.			
I want the center to provide the infant formula for my infant.			
I will bring the infant formula for my infant. Please list the kind of infant formula you will bring: _____			

According to CACFP requirements, in order to claim meals for reimbursement, the center must provide infant cereal and other foods when your infant is developmentally ready to accept them.

Please mark your preference	Today's Date	Today's Date
	4 – 7 months	8 – 11 months
I want the center to provide the infant cereal and other foods for my infant.		
I will bring the infant cereal and/or other foods for my infant.		

Parent's (or guardian's) Signature _____ Date of Signature _____

1. This form should be kept on file for each infant enrolled for child care.
2. This form should be kept current and accurate for each infant enrolled for child care until the infant reaches one year of age.
3. If the parent (or guardian) declines the formula and the center provides meal and/or snack components, the meal may be claimed for reimbursement.
4. If the parent (or guardian) declines infant meals/snack, meals and snacks may NOT be claimed for reimbursement.



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren):	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
Names of all household members (First, Middle Initial, Last)		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.

NAME: _____ CASE NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and case number: NAME: _____ CASE NUMBER: _____

Check here if no case number

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income) <i>(Example)</i> <i>Jane Smith</i>	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly _____	\$150/twice a month _____	\$100/monthly _____	\$200/bi-monthly _____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the next page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____
 Date: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____
 Last four digits of Social Security Number: * * * * - * * * - _____ I do not have a Social Security Number



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)	
Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American
Part 7. Sharing Information With Other Programs: OPTIONAL	
The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.	
<input type="checkbox"/> I <u>do</u> elect to allow my household information to be disclosed.	
<input type="checkbox"/> I <u>do not</u> elect to allow my household information to be disclosed.	
Don't fill out this part. This is for official use only.	
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12	
Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____	
Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Tier I _____ Tier II _____	
Reason: _____	
Determining Official's Signature: _____ Date: _____	
Confirming Official's Signature: _____ Date: _____	
Follow-up Official's Signature: _____ Date: _____	

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. 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 application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

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YWCA El Paso Del Norte Region

Dear Parents/Guardians,

If your child will need any non-prescription lotions, ointments and/or insect repellent applied while attending care, please check all that apply and sign for permission to apply any of the following items.

I _____ authorize _____ to apply
Signature (parent/guardian)
the following checked items on my child, _____.

Sun Screen

Lotion

Lip Protectant

Insect Repellent

Diaper Rash Ointment

Signature (parent/guardian)

Date

*Any of the requested items will be provided by a parent or guardian.

CHILD'S MEDICAL EXAM

I have examined _____ and found him/her to be
(Child's name)

free of communicable disease and able to participate in the child care program.

Special medicine/medical consideration: _____

Special dietary needs: _____

Signature M.D.
(U.S. Physician required by YWCA Policy)

Address

TB Questionnaire

Name of Child _____ Date of Birth _____

Organization administering questionnaire _____ Date _____

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

We need your help to find out if your child has been exposed to tuberculosis.

Place a mark in the appropriate box:	Yes	No	Don't Know
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: has your child been around anyone with any of these symptoms or problems? or has your child had any of these symptoms or problems? or has your child been around anyone sick with TB?			
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks? If so, specify which country/countries?			
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

Has your child been tested for TB? Yes ___ (if yes, specify date ___/___/___) No ___
 Has your child ever had a positive TB skin test? Yes ___ (if yes, specify date ___/___/___) No ___

For school/healthcare provider use only

PPD administered Yes ___ No ___

If yes,

Date administered ___/___/___ Date read ___/___/___ Result of PPD test _____ mm response

Type of service provider (i.e. school, Health Steps, other clinics) _____

PPD provider _____ signature _____ printed name _____

Provider phone number _____

City _____ County _____

If positive, referral to healthcare provider Yes ___ No ___

If yes, name of provider _____



Nombre del niño o niña _____

Organización YWCA Mabee Early Learning Center Fecha _____

La Tuberculosis (TB) es una enfermedad causada por gérmenes de TB y en la mayoría de los casos es transmitida por una persona adulta con tuberculosis pulmonar activa. Se transmite a otra persona por la tos y por el estornudo al expeler gérmenes de TB al aire que pueden ser respirados por los niños.

Los adultos que tienen la enfermedad activa casi siempre tienen varios de los siguientes síntomas: tos con duración de más de dos semanas, pérdida de apetito, pérdida de peso de diez libras o más en un período corto de tiempo, fiebre, escalofríos y sudores nocturnos.

Una persona puede tener gérmenes de TB en su cuerpo pero no tener la enfermedad activa. Esto se llama infección latente de TB (o LTBI por su sigla en inglés).

La TB es prevenible y curable. La prueba tuberculinita, también llamada PPD o prueba de Mantoux, se utiliza para saber si su niño o niña ha sido infectado/a con el germen de TB. No se recomienda ninguna vacuna para prevenir la tuberculosis. La prueba tuberculinita no es una vacuna contra la tuberculosis.

Necesitamos de su ayuda para saber si su niño/niña ha sido expuesto/a a la tuberculosis.

	Sí	No	No se sabe
La tuberculosis puede causar fiebre de larga duración, pérdida de peso inexplicable, tos severa (con más de dos semanas de duración), o tos con sangre. ¿Es de su conocimiento si: su niño o niña ha estado cerca de algún adulto con esos síntomas o problemas? su niño o niña ha tenido algunos de estos síntomas o problemas? su niño o niña ha estado cerca de alguna persona enferma de tuberculosis?			
¿Su niño o niña nació en México en o cualquier otro país de América Latina, el Caribe, África, Europa Oriental o Asia?			
¿Su niño o niña viajó a México o a cualquier otro país de América Latina, el Caribe, África, Europa Oriental o Asia durante el último año por más de 3 semanas? Si su respuesta es positiva, favor de especificar a qué país o países.			
¿Es de su conocimiento, si su niño o niña pasó un tiempo (más de 3 semanas) con alguna persona que es o ha sido usuario de droga intravenosa (IV), infectado por VIH, en la prisión, o haya llegado recientemente a los Estados Unidos?			

¿A su niño o niña se le ha realizado la prueba tuberculinita recientemente? Sí ___ (si sí, especifique la fecha ___/___/___) No ___
¿Su niño o niña alguna vez tuvo reacción positiva a la tuberculina? Sí ___ (si sí, especifique la fecha ___/___/___) No ___

Solamente para uso de la escuela o del proveedor de servicios médicos

¿Se administró PPD? Sí ___ No ___

Si sí,

Fecha en que fue administrada ___/___/___ Fecha de lectura ___/___/___ Resultado de la prueba ___ mm

Tipo de proveedor de servicio (ej.: escuela, Health Steps, otras clínicas) _____

Administrador de PPD _____

Firma

nombre en letra de molde (imprenta)

Número de teléfono del administrador de PPD _____

Ciudad _____ Condado _____

Si resultó positivo, ¿se refirió al proveedor de servicios de salud? Sí ___ No ___

Si sí, nombre del proveedor (médico o clínica, etc.) _____



Dear Parent,

The following outlines our policy pertaining to infant sleep for babies under our care.

ALL infants under 12 months will be placed for sleep using these guidelines.

- The infant shall be placed on their back on a firm, tight – fitting mattress in a crib or bassinet.
- Waterbeds, sofas, soft mattresses, pillows, bean bag chairs, and other soft surfaces shall be prohibited as infant sleeping surfaces.
- All pillows, quilts, comforters, sheepskins, stuffed toys, and other soft products shall be removed from the crib during baby's sleep.
- The infant's head shall remain uncovered during sleep.
- When infants can easily turn over from the back to the stomach position, they shall be put down on their backs and re-turned, as position change is noted.
- Unless a doctor prescribes a positioning device that restricts movement within the child's crib, such devices shall not be used.

It is important that you and others who care for your baby practice back sleeping when your child is in your care. Babies who are accustomed to sleeping on their backs and who are placed on their stomachs to sleep have increased SIDS risk during periods while they are on their stomachs.

I, the undersigned, as the parent/guardian of _____
Have read and understand the infant sleep policy. I agree and have
designated below one of the following sleep positions for my infant
from birth-12months of age when receiving care at the YWCA
_____ Early Learning Center.

- A. ____ My infant will be place on his/her back to sleep as
recommended by the American Academy of Pediatrics.
- B. ____ My Infant has a special medical condition. After
considering the risks and benefits, my child's physician
has provided written instructions to place my infant to
sleep on his/her stomach. These instructions, signed by a
physician, are attached to this Infant Sleep Position
Agreement.

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Printed Name

Address

Home Phone Number

Work Phone Number

Cell Phone Number