

Sunnyvale Christian School

A ministry of Crosswalk Community Church

Preschool Registration Packet
August 2018 through August 2019



Competence Compassion Creativity and Collaboration
since 1979

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Our mission is to lead students and their families to Jesus Christ by providing quality Christian education. SCS will assist students toward a balance of personal commitment to Jesus Christ, intellectual competence and healthy personal development.

***“And all your children shall be disciples [taught by the Lord and obedient to His will],
and great shall be the peace and undisturbed composure of your children.”***
Isaiah 54:13



School Environment

Sunnyvale Christian School is meant to be a place where there is joy in learning. It's our goal to have students grow to be like Christ, "in wisdom and in stature and in favor with God and people." Lk. 2:52

The environment at SCS is characterized by:

- A staff of committed and caring Christians
- An attitude of love and concern for each child
- A commitment to quality education
- Firm discipline that is consistent, fair and clear
- A community of supportive staff and families
- A philosophy of education based on Biblical principles

Objectives

The school's instructional program is designed so that:

- The student will manifest the moral and ethical teaching of God's Word in his or her conduct
- The student will learn to think for his/her self and stand up for personal convictions in the face of pressure, while at the same time respecting the views of other students.
- The student will understand that God gave people free will to make choices. Therefore, the student will develop an understanding that is necessary to enjoy positive consequences.
- The student will acquire the knowledge, skills and attitudes necessary to function in society and to contribute to and improve the values of his or her world.

Staff

Each person working at SCS is a Christian and a committed member of a local church. Our teachers possess experience and are licensed through the State of California. We will at times hire teachers who possess strong personal qualifications and are in the process of finishing their ECE classes. Each staff member is fingerprinted by the DOJ and is cleared by the state of California.

General School Conduct

It is expected that students will consistently behave in a courteous and respectful fashion toward both peers and adults, whether at school or on a field trip. It is further expected that they will show a general attitude of cooperation with the program and the guidelines.

School Hours

Full Time Students	7:00 a.m. to 6:00 p.m.	Monday through Friday
Part Time Students	3 full days (7 a.m. to 6 p.m.)	or 5 half days (8:00 a.m.-12:30 p.m.)



Discipline

Disciplinary action is carried out as needed to uphold the standards of conduct and to enforce school policy. Discipline is administered carefully and attempts to keep in balance the interest of the child with that of the preschool as a whole. We strive to work in partnership with the parents. In more severe challenges we may recommend professional counseling. SCS is not equipped to deal with constant emotional disturbances or significant learning disabilities since we do not provide a special education teacher.

It is assumed that the primary responsibility for discipline lives in the home, therefore parents will be notified of disciplinary actions. It is further assumed that there will be parental support to reinforce and discuss changing behavior. It is almost impossible to be of any real help to a child unless the parents actively take part in and support the school's disciplinary efforts.

As a guideline, these are the steps in discipline

1. The teacher talks to the child (verbal warning)
2. The teacher talks to the child and an age appropriate time out is assigned
3. The teacher sends a note home and will talk about a plan of action to solve the discipline problem
4. The teacher sets up a conference with the teacher and parent and the Preschool Director

Willful, Careless or Accidental Damage to Property

The parent or guardian of any student whose willful misconduct, carelessness, or accident causes damage to school property will be responsible for those damages.

Admissions

Sunnyvale Christian School is open to all students regardless of race, ethnicity, gender, or national origin. Admission will be based on a genuine positive interest in Christian education on the part of both student and parents. Once you are registered in SCS, placement for your child is assured for the following school years.

Late Pick Up

Students must be picked up by 6:00 p.m. A late charge of \$1.00 per minute will be assessed up until 6:30. After 6:30 p.m. a \$2.00 per minute fee will be assessed, it must be paid in full with your tuition payment. If a parent is more than one hour late we may call Child Protective Services.



Health Reminder

Please notify the office if your child comes down with any of these illnesses or situations: Chicken pox, strep throat, mumps, scarlet fever, lice, scabies, measles, pink eye or whooping cough. Also, if your child has had a fever (99.9 or higher) or has vomited, they must stay home from school for at least 24 hours afterward. Each morning the children will have an informal health check by their teacher.

Medicines

Prescription medicines must be recorded in the medicine book, in the office. The medicine will be stored in the refrigerator in the kitchen. School personnel may not administer non-prescription medication.

Sign-In/Out Books

Each student has a page in the Sign-In/Out Books in the front office. Parents MUST sign their child in and out each day. This is a state regulation. You MUST use a FULL signature, first and last name. No student may be dropped off at school without being signed in. If this happens, the parent will be notified to pick up their child immediately. Your child must be picked up by an adult, someone who is 18 years old or older.

Chapel

Chapel will be held on a weekly basis. Chapel is designed for Praise, Worship, sharing, and instruction. Each class will present at least one chapel presentation during the school year.

Lunches, Milk and Hot Lunches

We do NOT have a Hot Lunch Program. But, we do have microwaves in each classroom so that you can bring food from home to warm up. Milk is provided for lunch if you would like.

Snacks and Drinks

Snacks are provided two times a day. The snack times are 9:30 a.m. and 3:00 p.m. The snack menu is posted in the office and on the bulletin board in the quad. We also provide milk for the morning snack time and juice for the afternoon snack time.



Registration - Tuition

SCS	Registration	Part-time Tuition	Full-time Tuition
2 Year Olds	\$350	\$1,175.00	\$1,335.00
3 Year Olds	\$350	\$1,070.00	\$1,175.00
4 Year Olds	\$350	\$1,070.00	\$1,175.00

Discounts available (you may choose **ONE**)

1. Sibling Discount = 15% 2nd Child 20% 3rd Child
2. Pay in Full Due by July 1, 2018 2% off total year
3. CCC Membership 10% monthly discount

Sunnyvale Christian School 2018-2019 Preschool Tuition Agreement

After you pay the registration fee and have filled out the paperwork, a place will be reserved for your child and staff will be contracted accordingly. All tuition payments are made on-line using FACTS Management Company.

Students must provide a complete change of clothing, nap blanket and a fitted crib sheet for the cot (bring each Monday). Students will be provided with a morning snack and an afternoon snack. The snack menu is posted in the office and the bulletin board in the quad. We will **not** be serving any snacks that contains nuts. Please **do not bring any food with nuts**. We have microwaves in each classroom so that you can bring food from home.

Should you choose to withdraw your child from school, a two week notice along with two weeks tuition is **required**.

*If you have custody papers, please summarize your custody agreement here (attach). If a parent is not allowed to visit or take a child from the center, please provide a copy of court order. (section 10128.1)

Parent Signature _____



Sunnyvale Christian School

2018-2019 Tuition Agreement Form

Student: _____

Date: _____

PARENTS AGREE TO THE FOLLOWING TUITION AND PAYMENT:

1. An active E-mail account.
2. Enroll in SCS on-line tuition payment plan, utilizing FACTS Management Company.
3. Payment of \$350.00 (non-refundable) annual registration fee.
4. Monthly tuition payments, due by the 1st of each month, late after the 5th of each month. (Cash payments must be prearranged through SCS Administration)
5. A \$25.00 late charge will be applied to any invoice not paid by due date.
6. A timely payment of incidental fees, field trips or other class events

Child's Name _____

Child's Birthday _____

Home Address _____

Mother's Name _____ Mother's email _____

Mother's Cell _____

Father's Name _____ Father's email _____

Father's Cell _____

Where was your child born? _____ Allergies _____

Which Parent will be the main contact for billing from FACTS? _____

Which teacher do you prefer? _____

Age Group _____ 2 Year Olds potty trained? _____ 2 1/2 Year Olds

_____ 3 Year Olds _____ 4 Year Olds

_____ Full Time _____ Part Time

Authorized Pick-Up List (Please List Two Persons other than parents)

PARENTAL SIGNATURE: _____ DATE: _____

DIRECTOR SIGNATURE: _____ DATE: _____



PARENTS OF: _____
print student name

PARENTS AGREE THAT THEY WILL ABIDE BY THE FOLLOWING COMMITMENTS:

1. I will ensure that my child's SCS lunches and snacks are NUT FREE. (For the safety of our students with nut and legume allergies, this is STRICTLY enforced.)
2. The school will have the authority to discipline my child when necessary and I agree to support such discipline and encourage my child to comply with all school rules.
3. I will communicate grievances honestly and directly to those involved and to seek forgiveness quickly, in keeping with the principles set forth in Matthew 18 of maintaining a spirit of reconciliation.
4. I will pay for any damage caused by my child.
5. If my child persists in undesirable conduct and does not respond to school's attempts to modify such behavior he/she may not be permitted to remain in the school.
6. Regarding student transportation, my child has permission to ride in chartered transportation, to accompany SCS parents or staff (with valid driver's licenses) in their private, insured vehicles, to walk with authorized adults, and/or to ride public transportation to school sponsored events. (Classroom teacher is responsible to notify parents of the dates and destinations of such field trips.)
7. I give permission for my child to participate in all school activities.
8. I understand that Sunnyvale Christian School does not tolerate profanity or obscenity by word or action, disrespect to any school personnel or school parents, or acts of aggression or violence toward any person. Any threats of violence toward other students or personnel will be dealt with immediately. Harassment of any kind will not be allowed.
I understand that there is zero tolerance policy regarding the possession, use, sharing, or sale of illegal drugs, alcohol, tobacco or weapons of any kind on school grounds.
9. My child will participate in the SCS fundraising events.
10. SCS has full discretion in the placement of my child.
11. I agree to allow the Department of Licensing to have private interviews with my child. (regulation 101195 (b))

PARENTAL SIGNATURE: _____ DATE: _____

PARENTAL SIGNATURE: _____ DATE: _____

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					BIRTHDATE
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
					HOME TELEPHONE ()
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*		

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Community Care Licensing

Licensing Office Name: _____

Licensing Office Address: 2580 N 1st Street San Jose CA 95131

Licensing Office Telephone #: 408 324-2148
7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Sunnyvale Christian School

Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Sunnyvale Christian School

FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE
()

WORK PHONE
()

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME Community Care Licensing		
ADDRESS 2580 N 1st Street		
CITY San Jose CA	ZIP CODE 95131	AREA CODE/TELEPHONE NUMBER 408 321-2148

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY) Sunnyvale Christian School	(PRINT THE ADDRESS OF THE FACILITY) 445 S. Mary Ave. Sunnyvale, CA 94086
(PRINT THE NAME OF THE CHILD)	

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)
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PHYSICIAN'S REPORT—CHILD CARE CENTERS

(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)
Sunnyvale Christian School
(NAME OF CHILD CARE CENTER/SCHOOL). This Child Care Center/School provides a program which extends from _____ : _____
 a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____
 Vision: _____ Insect stings: _____
 Developmental: _____ Food: _____
 Language/Speech: _____ Asthma: _____
 Dental: _____
 Other (Include behavioral concerns): _____
 Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td <small>(DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)</small>	/ /	/ /	/ /	/ /	/ /
MMR <small>(MEASLES, MUMPS, AND RUBELLA)</small>	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS <small>(REQUIRED FOR CHILD CARE ONLY (HAEMOPHILUS B))</small>	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA <small>(CHICKENPOX)</small>	/ /	/ /	/ /	/ /	/ /

SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
- ___ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____
 Address: _____
 Telephone: _____

Date of Physical Exam: _____
 Date This Form Completed: _____
 Signature _____

Physician Physician's Assistant Nurse Practitioner