

Early Learning Program Registration Packet



We are excited to be a part of your child's early learning experience. All registration forms must be submitted before your child can be admitted into our program. To register, completed forms must be turned in along with the first month's tuition and your child's Student Health Forms. The Student Health Forms must provide updated immunization dates by a physician.

Our Program Goals

The Early Learning Program goals and curriculum are developmentally appropriate for children ages 3 to 5 years old. Early learning activities are provided to meet our developmental domains: cognitive, physical, social/emotional, and language/literacy. We encourage parents/guardians to discuss their child's progress with the staff and to communicate any questions or concerns that may arise. There is no program on State and Federal Holidays, as well as on Christmas Eve and New Year's Eve.

Our Program Philosophy

Our staff strive to:

- Create and foster a home-like environment that allows children to feel comfortable and safe while developing close relationships.
- Support, empower, encourage and cultivate each child to recognize their own personal value.
- Incorporate a culturally diverse curriculum that represents Hawaii's richly diverse demographic
- Provide enriching experiences through the immersion of arts, culture, music, creative expression, and literature with opportunities for exploration and discovery and environmental awareness.
- Foster enjoyment in activities that support physical development.

Program Fees:

Program fees are due on or before the 1st business day of each month. Parents/guardians may arrange for multiple month payments. Cash, check or credit card payments may be made in-person at the YMCA branch. Arrangements may also be made for auto-pay . The Auto Draft Authorization form is included in this registration packet . There is no prorated fees for partial months or days missed due to absence.

This Registration Packet includes:

- 1) Program Information (for parents) - Page 1
- 2) Supply List (for parents) - Page 2
- 3) Registration/Emergency/Medical Form - Page 3
- 4) Enrollment Agreement - Page 4
- 5) Early Learning Program Operating Policies / Parent Handbook
- 6) Early Learning Program Operating Policies / Parent Handbook Receipt/Review Acknowledgement
- 7) Auto Draft Authorization Form
- 8) YMCA of Honolulu Waiver / Release of Liability Agreement Form for Youth Programs
- 9) Important Notice to Parents - Immunization Requirements
- 10) A. DOH TB Document F: State of Hawaii TB Clearance Form
B. DOE Student Health Record (Form 14)
C. DHS Early Childhood Pre-K Health Record Supplement (Form 908)
D. Special Care Plan For a Child with Allergies

Early Learning Program

Attire and Supply List



Children should wear comfortable play attire when attending program. Early learning activities involve messy art (e.g. painting) and daily outdoor play time. Therefore, washable clothing is recommended. Footwear is required.

Children should bring the following supplies that will be kept in their assigned spaces for use throughout the day. Please label each item with your child's name:

- Wet wipes
- At least one change of clothes, including socks and shoes or sandals
- A light weight jacket or sweater
- A daily snack, individually wrapped. Note: Refrigeration or heating appliances are not available.
- A refillable water bottle
- Extra face mask
- Supplies in a resealable bag:
 - ⇒ Box of crayons (16 count), 2 pencils (#2), washable jumbo markers, child's blunt tip scissors, Elmer's white glue or glue stick, 2 composition notebooks (blank pages preferred)



Friendly Reminder:

Please do not send your child to school with toys or other personal items other than what is on the Supply List without the permission from the staff. Personal items can get lost, broken, or pose a danger to your child or others.

Early Learning Registration/Photo Waiver/Emergency/Medical



This form will need to be completed each program year.

Program Year: _____

Child Information:

Child's Name: _____ Age: _____ Date of Birth: _____
(LAST) (FIRST) (MIDDLE)

Address: _____ City: _____ Zip Code: _____

Child resides with: _____

Parents/Guardians Information:

Parent/Legal Guardian's Name: _____
(LAST) (FIRST) (MIDDLE)

Mailing Address: _____ City: _____ Zip Code: _____

Email Address (REQUIRED): _____

Employer/School: _____ Work/School Phone (REQUIRED): _____

Employer/School Address: _____

Authorized to pick-up: Yes ___ No ___ Relationship to Child: _____

Parent/Legal Guardian's Name: _____
(LAST) (FIRST) (MIDDLE)

Mailing Address: _____ City: _____ Zip Code: _____

Email Address (REQUIRED): _____

Employer/School: _____ Work/School Phone (REQUIRED): _____

Employer/School Address: _____

Authorized to pick-up: Yes ___ No ___ Relationship to Child: _____

Photo/Video Release Waiver (Optional):

I authorize the YMCA of Honolulu to use the name and any photographs/videos taken of my child and/or myself at anytime of in any manner in connection with its advertising, publicity and public relations programs. The YMCA may only use the videos/ photographs.

Print Parent's/Legal Guardian's Name

Signature of Parent's/Legal Guardian's Name

Date

Emergency Contacts and Release:

If in case child listed above becomes ill or is injured at school or I am not able to pick up and I cannot be contacted, the school authorities have my permission to contact and release my child to one of the following authorized persons listed below:

1. Name: _____ Relationship to child: _____ Contact #: _____

2. Name: _____ Relationship to child: _____ Contact #: _____

3. Name: _____ Relationship to child: _____ Contact #: _____

Medical Information: My child has health insurance: Yes No If YES, (circle one): QUEST / Medicaid / Private (circle one):
HMSA / Kaiser / Tri-Care / Other _____

My child receives regular care for the following medical conditions: ___ No Medical condition ___ Yes, (check all that applies): ___ Asthma
___ Behavioral Problems ___ Chronic Cough/Wheezing ___ Diabetes ___ Hearing Problems ___ Hypertension ___ Seizures
___ Skin Problems ___ Vision Problems

Allergies (check all that applies): ___ Bee Sting ___ Food ___ Medications Other _____

Type and date of last reaction: _____ Other Health Concerns: _____

Takes medications (LIST): _____

If in the judgment of the YMCA staff, my child requires medical care, I authorize and instruct the YMCA to inform me or the authorized person(s) listed above. If the authorized person, the physician, or I can't promptly be reached, I authorize the YMCA to take my child to the nearest hospital or clinic for medical treatment.

Enrollment Agreement

(This form to be completed every school year)

School Year: _____



Tuition Payments:

Tuition can be paid either for the full program year in full with Credit Card, Check, or Cash prior to the start of program, or quarterly or monthly on or before the first program day of every month through the YMCA Electronic Funds Transfer. All fees are based on enrollment, not attendance. The fees hold your child's place in the program. At the time of registration, a manual payment must be submitted for the child's first month of program. There are No Pro-rations for breaks, holidays, and missed days due to family vacations, sickness, etc.

Insufficient Funds Service Fees:

An additional fee of \$25.00 will be assessed for insufficient funds, returned or cancelled checks. In the case of insufficient funds, acceptable methods of payments are money orders, a cashier's check, or cash which is due by the fifth day of the month. A \$5.00 late charge shall be imposed for each program day a payment is overdue. If payment has not been received within the first five (5) program days of the month, the child shall be withdrawn from the program on the sixth (6) program day.

Voluntary Withdrawals:

If it becomes necessary for you to withdraw your child, a 30-day written notice is required. Your 30-day advance written notice will allow us time to notify the next child on our waitlist and arrange for their enrollment after your child's last day. If you participate in the Electronic Draft system, a 30-day written notice will be required by the 1st of the month to STOP the payment for upcoming month (i.e. Notice on April 1st required for May withdraw).

Involuntary Withdrawals:

Staff will make all reasonable efforts to help your child succeed in our program. However, when it is determined that this is not possible, the YMCA of Honolulu reserves the right to advise you of possible alternative programs for you to consider and to terminate your child from our program. In instances where the safety and well-being of your child or others is of concern, immediate termination may be necessary.

Reasons for Involuntary Withdrawals:

1. Non-payment of monthly tuition and/or fees
2. Behavior that is disruptive to the daily program routine
3. Failed efforts to resolve differences with parents/guardians on program policies and procedures
4. Behaviors by parents/guardians that are deemed inappropriate and/or threatening to other children or staff or to other parents/guardians, or adult participants/members in our program activities/facility

Refund Policy:

The YMCA will not issue a refund for any unused days in a month due to voluntary or involuntary withdrawal, illness, vacations, or other reasons for non-attendance.

Re-Enrollment:

Enrollment is intended for a full program year (August - May). At the end of this period, parents/guardians will be notified that it is time for re-enrollment. For children who have been withdrawn and wish to return, re-enrollment will require the submission of a new Registration Form and all other enrollment requirements. Should all spaces be filled, re-enrolled applicants will be placed on a waitlist. Any outstanding debts/balances must be paid before re-enrollment will be permitted.

Agreement:

In consideration of all The YMCA of Honolulu, I am accepting and enrolling our (my) child:

(FIRST) (LAST)
 I (we) have read, understand and agree to abide by the above Enrollment Agreement.

Print Parent's/Legal Guardian's Name

Signature of Parent's/Legal Guardian's Name

Date

Early Learning Program

Operating Policies / Parent Handbook



Updated 12/15/2021

General Information

Our Mission

The YMCA of Honolulu is a fellowship dedicated to putting Christian principles into practice through programs that build healthy spirit, mind and body for all.

Our Core Values

The YMCA's core values serve as the foundation for all of its programs. The YMCA of Honolulu strives to incorporate the four core values into all of its programs, activities, and interpersonal interactions taking place at the YMCA branches.

- **Caring:** to demonstrate a sincere concern for others, for their needs and well-being.
- **Honesty:** to tell the truth, to demonstrate reliability and trustworthiness through actions that are in keeping with my stated positions and beliefs.
- **Respect:** to treat others, as I would want them to treat me, to value the worth of every person, including myself.
- **Responsibility:** to do what is right—what I ought to do, to be accountable for my choices of behavior and actions and my promises.

Our Focus Areas

- Youth Development
- Healthy Living
- Social Responsibility

The YMCA strives to be:

- *Inclusive and diverse.* Our mission calls us to build healthy spirit, mind, and body for all. We welcome all people regardless of age, race, ethnic heritage, mental or physical ability, gender, sexual orientation, work background, marital status, military experience, religious beliefs, education, income, parental status, or geographic location.
- *Accessible to everyone regardless of their ability to pay.* We will do our best to make sure that no one is turned away solely because of their inability to pay. We will seek contributions from the community so that we can provide financial assistance to those who lack the resources to pay for our programs. However, financial assistance dollars may not be available at all times.
- *Focused on long-term, lifetime relationships.* To improve, change, and save lives, we seek to link up with people and work with them throughout their lives. Long-term relationships make it possible for us to have a lasting, positive impact on our members and participants.

History

For over 100 years the YMCA has been meeting the needs of children, adults, and families in our community. Since 2014, the Leeward YMCA has offered a part-time, well-balanced, child-centered program focused on the developmental needs of children age 2-5. The program is committed to serving a wide variety of families including families of various races, creeds, national origin, or financial ability. The new licensed Kid's Prep Preschool offers child care, during the school year, for preschool children over 2 and under 6 years of age with the option to enroll in a summer session.



A major objective of the YMCA is to strengthen and support family life. YMCA programs for children and youth are an ideal way to accomplish this objective. We believe that the healthy growth and development of the children entrusted in our care will be achieved when our program staff works in partnership with their parents and family members. All those involved have an important and vital role in the lives of children and in providing them with safe, healthy and nurturing home and school environments. Our program aims to be family centered, involving parents and other family members as partners in the child care experience.

The Early Learning Program is designed to provide a safe, nurturing environment where children develop the social and basic pre-academic skills for successful kindergarten readiness. We believe that young children learn best through play with plenty of opportunities for new experiences. Our classroom is arranged in learning centers with carefully selected activities to support healthy growth and development in all developmental domains: Physical, Social/Emotional, Language and Literacy, as well as Cognitive. The development of our curriculum is guided by the Hawaii Early Learning and Development (HELD) Standards.

About The Early Learning Program

Our Program Goals

Our goals and curriculum are developmentally appropriate to meet the four developmental domains: physical, social/emotional, language/literacy, and cognition. We encourage parents/guardians to discuss their child's progress with the staff and to communicate any questions or concerns.

Our Program Philosophy

At the Early Learning Program we strive to:

- Create and foster an environment that allows children to feel comfortable and safe while developing close relationships.
- Support, empower, encourage and cultivate each child to recognize their own personal value.
- Incorporate a culturally diverse curriculum that represents Hawaii's richly diverse demographic.
- Provide enriching experiences through the immersion of arts, culture, music, creative expression, and literature with opportunities for exploration and discovery and environmental awareness.
- Foster enjoyment in activities that support physical development.

Hours of Operations:

Depending on the branch (visit the website or contact your branch staff) the program meets either on Mondays & Wednesdays or Tuesdays & Thursdays for three hours per day (times varies by branch). For safety precautions, children must be signed in and out of the center by an authorized person whose name is on file in the center office. Parents/guardians must make the necessary arrangements in advance if, for any reason, they cannot pick up their child by the end of the program day.

The Early Learning Program will be closed on all Federal and State holidays, as well as Day After Thanksgiving, Christmas Eve and New Year's Eve.

Admission Procedures and Policies

To assure the best possible experience for children and parents/guardians, we recommend a pre-registration interview with an Early Learning Program Staff and a tour of the center facilities. An appointment can be made by contacting the branch. To register, a completed registration packet must be turned in along with the first month's tuition. Forms included in the enrollment packet will need to be completed and returned to the center by the appointed time.



All forms must be filled out completely and submitted along with documentation that the required immunizations are up to date before the child can be admitted into the program. Returning student files must be reviewed by the parent/guardian to make sure all information is current. Please keep all names and phone numbers and addresses current throughout the year. Notify staff of any changes.

The Early Learning Program year is August to the following May. Program fees are due on a monthly basis, and are not prorated due to absences. Re-enrollment procedures must be completed each year for placement to be maintained for the following year. A thirty-day written notice will be required when there is a need to dis-enroll a child.

Although most children adjust and find The Early Learning Program to be a positive experience, occasionally the program may not be the right fit for the specific needs of a child. Should this occur, the program staff will work closely with parents to make adaptations or to discuss possible alternatives (See “Withdrawals” for additional information).

Admission Requirements

Children whose 3rd birthday occurs by December 31st of the year they enroll or whose 5th birthday occurs by December 31st of that year are eligible for admission to the Early Learning Program. It is preferred that children are toilet trained prior to starting with the program. Parents/guardians are asked to inform the staff prior to the starting the program, if their child is not fully toilet trained.

Documentation of immunizations (Health Form 14, DHS Form 908) as required by the State of Hawaii Department of Health, including a current TB clearance, and proof of current medical coverage must be submitted with the completed enrollment form, tuition for the first month of program, as well as any other required fees. A TB clearance is deemed current if received by a licensed physician within one year of admission to our program.

Non-Discrimination Policy

Children from all family structures and all ethnic, racial, and national backgrounds are welcomed in the program. The YMCA does not discriminate against families or children based on background, race, color, creed, gender or disability. The YMCA board and staff are committed to meeting the needs of a diverse population and welcome all families to our program.

Tuition Payments

Monthly program fees are due on the 1st of each month. The program fee is based on enrollment, not attendance. Therefore, there will be no protection of fees due to enrollment after the start of the month, holidays, or absences. Payments may be made in cash, by credit or debit card, electronic funds transfer (see below), or check made payable to the YMCA of Honolulu. For new enrollees, the first month's fee must be paid prior to the child starting the program.

**Through the generosity of donors, the YMCA is able to provide financial assistance to those families in need. Financial assistance will be awarded based on need and availability of funds. Learn more about our Financial Assistance Program, please inquire with your Early Learning staff.



Electronic Funds Transfer (Automatic Draft System)

Electronic funds transfer allows families to authorize the YMCA to automatically charge their child's monthly program fees to either a credit card or checking/savings account. A completed Draft Authorization form along with a voided check/savings slip (checking/savings account drafts only) is all that is needed to begin this process. Enrollment forms may be obtained at the Welcome Center or from an Early Learning staff member.

Insufficient Funds Service Fees

A fee of \$25.00 will be assessed for any checks or credit/debit card payment that is rejected by the financial institution. Should this occur, payment must be made by cash, money order, or cashier's check within 5 business days. Unresolved insufficient fund payments may result in disenrollment from the program.

Late Payment Fees

A \$5.00 late charge shall be imposed for each program day a payment is overdue. If payment has not been received within the first five (5) program days of the month, the child shall be withdrawn from the program on the sixth (6th) program day. Payments should be made out to the YMCA of Honolulu.

Late Pick-Up Fees

There is a charge of \$5.00 for each 5-minute increment of care, that will be assessed for parents/guardians arriving after the pick-up window (e.g. pick up between 1-5 minutes late will result in \$5.00, 6-10 minutes late will result in \$10.00, etc.). Please have exact amount available as our staff do not have access to change, or the charge will be added to your electronic fund transfer account.

Field trips, when scheduled, may have an additional fee that would cover admissions or other costs associated with the field trip that must be paid for before the trip.

**Tuition and fee amounts subject to change.

Withdrawals

Voluntary Withdrawal

When it is necessary to withdraw a child from the program, a thirty (30) day written notice is required. This allows staff time to process and complete disenrollment procedures, including the cancellation of Electronic Funds Transfer, when applicable.

Involuntary Withdrawal

Staff will make all reasonable efforts to help each child succeed in the program. However, when it is determined that this is not possible, the YMCA reserves the right to advise parents/guardians of possible alternative programs to consider and process the termination of program. In instances where the safety and well-being of a child or others is of concern, immediate termination may be necessary.

Reasons for involuntary withdrawal may include, but are not limited to:

1. Non-payment of tuition and/or fees.
2. Behavior of a child that significantly disrupts the daily program routine.
3. Failed efforts to resolve differences with parents/guardians on program policies and procedures.



4. Behaviors by parents/guardians that are deemed inappropriate and/or threatening to other children or staff or to other parents, guardians or adult participants in our program activities.

Refund Policy

The Early Learning Program is a year round program with program fees paid monthly. The monthly fees are based on enrollment, not attendance. There will be no proration or refund due to disenrollment (voluntary or involuntary) or other reasons for non-attendance (e.g. absences due to illness or family vacations).

Re-Enrollment

Parents/guardians of currently enrolled children will be asked to update their child's enrollment forms each program year. In instances when a child was dis-enrolled for whatever reason, and re-enrollment is desired, a registration form with required documents will be needed. Any outstanding balances on the account will need to be cleared before re-enrollment can be accepted. The child may need to be waitlisted should the class be at capacity.

Program Information

Group Size and Staff to Child Ratio

The Early Learning Program is developed for children ages 3 to 5 years old. The staff to child ratio is 1:8, with group sizes that meet room capacity as determined by State officials.

Provisions for Special Needs

Disclosure of any special needs will help program staff to plan for any modifications to the program environment or activities that may be needed. Special accommodations will be made to the extent in which this can be provided without altering the fundamental nature of the program or is deemed to be an unsustainable practice for the YMCA.

Staff

On-going training is provided to support staff's implementation of quality care and early learning experiences. Background clearances are conducted on all staff. Staff are required to maintain current CPR and first aid training and certification.

Disclosing of Information

Information pertaining to an individual child shall not be disclosed to persons other than the Early Learning Program staff and YMCA leadership staff (e.g. branch executive), unless written permission for disclosure is granted by the parent/guardian.

What Your Child Will Need to Bring to School – Please label all items with child's name.

1. Wet wipes
2. At least one change of clothes, including socks and shoes or sandals
3. A light weight jacket or sweater
4. A daily snack, individually wrapped. Note: Refrigeration or heating appliances are not available.
5. A refillable water bottle
6. Extra face mask
7. Supplies in a Resealable Bag: Box of crayons (16 count), 2 pencils (#2), washable jumbo markers, child's (blunt tip) scissors, Elmer's white glue or glue stick, 2 composition notebooks (blank pages preferred)



It is required that children wear footwear to program every day. Covered footwear, such as sneakers, are recommended.

Children will not be allowed to bring personal toys or other items other than what is listed above without permission from the Early Learning staff. Personal items can be lost, broken, or pose a danger to others. The toys and equipment at the center have been specifically selected to be stimulating, educational, fun, and safe for children.

Drop Off and Late Pick Up

Children may be dropped off anytime after the start of program (times vary by location; check with your branch). All children must be signed in with the staff on duty.

Children must be picked up at the end of the program. Pick-ups after this time are deemed as late. Continued late pick-ups may result in disenrollment.

Helping Your Child at Drop off Time

Learning how to separate gracefully can help children grow in competence and independence. Beginning a program such as the Early Learning Program prepares children for future separations, such as transition to a full-day preschool or Kindergarten, and are continually a part of each person's life. Although beginning an early learning program is a big step, parents/guardians are still the most important adult in their young child's life.

Children vary greatly in the length of time they need to separate successfully. Children will separate from their parents/guardians more easily with consistency, reassurance, and when they know that their parents are confident in their willingness to let go. This can be difficult because as parents/guardians may also feel some sadness and anxiousness about their young child attending program without them. Parents/guardians are welcome to call the program staff later to see how their child is doing. The Early Learning staff will work conscientiously to build the children's trust by relating to them in such a way that they feel cared about and respected as individuals. Staff will help the children to feel safe in their new environment as a routine is established.

Guidance/Child Management

Guidance at the Early Learning Program is based on the understanding of the individual child's needs and stage of development. The goal is to develop self-discipline, responsibility for self, and respect for others. It is based on using positive reinforcement, reasonable expectations, logical consequences, distraction and redirection, and, if necessary, supervised removal from the group for short periods. Physical punishment is never used. Rules are simple, explained to the children, and repeated throughout the day as needed. Staff are trained to be cognizant of the environment and on how to help prevent potential problems.



Daily Schedule

The following is a sample daily schedule. Please check with your Early Learning staff for the daily schedule for your location. Daily schedules are subject to change to accommodate developmental needs of the children, special events, etc.

8:45 – 9:00 AM Arrival and Sign In

9:00 – 9:15 AM Bathroom and Handwashing

9:15 – 9:30 AM Circle Time, Group Activity (stories, songs, movement, message/lesson of the day, etc.)

9:30 – 10:00 AM Play and Learn Centers/Table Time Activity

10:00 – 10:15 AM Clean up, Bathroom and Handwashing

10:15 – 10:45 AM Physical Activity/Outdoor Play

10:45 – 11:00 AM Bathroom and Handwashing

11:00 – 11:15 AM Snack Time

11:15 – 11:45 AM Bathroom, Handwashing, Dismissal and Sign Out

Monthly Themes

A different theme is given to each month to give it a focus. It helps create a stimulating environment for the children and keep alive their natural sense of wonder. The goal is to expand each child's horizons by introducing new ideas, giving fresh challenges and nurturing their development in all areas. The classroom will integrate literature, art, music, math, and science activities within the theme, and ensure all curriculum development is guided by the Hawaii Early Learning and Development Standards (HELDS).

Field Trips / Excursions

Plans for any off-site field trips will be communicated to parents/guardians in advance. Parents/guardians will be required to sign and return a permission slip for each field trip. An additional field trip fee may be required for admissions or other costs associated with the field trip.

Transportation

Transportation for field trips will be provided by YMCA buses or contracted transportation services.

Incursions

Occasionally, outside groups may be scheduled to provide a special educational experience for the children, such as a story teller, puppeteer, or movement specialist. These special activities are referred to as "incursions". Parents/guardians will be informed ahead of time when incursions are scheduled. Staff remain with the children during incursions at all times.

Personal Belongings

Each child is given a personal space (e.g. cubby) for their belongings, such as extra change of clothes and their daily snacks. The use of this personal space encourages the children's sense of responsibility and independence. A supply list will be provided so parents/guardians know what items their child will need to bring at the start of the program. When there is an incident and a child needs to be changed, the soiled clothing will be sent home at the end of the day. A clean set of clothing will need to be brought on the next program day.

Extra sets of clothing should be labeled with the child's full name and include pants, shirt, underwear, and socks. These should be washable and clothing that the child can easily put on (e.g. pull up pants versus snaps and buckles) with some assistance. Parents/guardians are asked to check these items throughout the year to ensure that the clothing still fits their child and are season-appropriate. Items such as toys, play jewelry, games, and other personal belongings are not permitted without permission from the Early Learning staff.

Snack Time

Parents/guardians are highly encouraged to follow the YMCA's Healthy Eating and Physical Activity Standards when selecting and preparing snacks their child will bring to program. Children must bring a nutritional daily snack each program day with any needed utensils. Water will always be accessible throughout the day for refilling the children's personal refillable water bottle. Parents/guardians should avoid sending beverages that contain added sugar, and instead choose options such as 100% fruit juice, or non-fat milk. Please be advised that there are no refrigeration or heating appliances for storing or heating snack items.

Snack time is a special time and will be a time for the children to sit with their peers and the Early Learning staff to eat together and converse with each other.

Here are some examples of some healthy options for snack (strongly recommended):

- Cheese slices/sticks
- Tuna fish with whole grain crackers
- Vegetable slices
- Fruit (fresh or canned in natural juices or water)

Please note: The Early Learning Program is a NUT FREE PROGRAM.

Breakfast

It is important for children to start the day off with a healthy breakfast. Parents/guardians are asked to provide their child with breakfast before they come to program, as there is no allotted time to eat breakfast once they arrive at the Y.

Birthday Celebrations

Children love to celebrate their birthdays with their school friends. We encourage these celebrations and plan for them! Each birthday child is made to feel very special. Parents/guardians that would like to make a special celebration, please notify the staff in advance. When sending in goody bags, age appropriate non-food items or healthy snack items are encouraged. Staff will be able to assist by providing some suggestions.

Parents/guardians that choose not to have their child participate in any birthday or holiday celebrations (e.g. due to religious beliefs) are asked to notify the teacher or program director in advance. This will help to ensure that an alternate activity with supervision can be provided for that child.

Communication

Parents/guardians will receive communication, such as incident reports, newsletters/memos, billings, and other information on a regular basis. Information may also be sent through various online communication systems.

Incident Reports

Parents/guardians will be called for all incidents that involve the injury or potential injury to the neck and head areas. If the injury appears to need medical attention, the parent/guardian listed on the emergency list will be contacted.

The 911 emergency number will be called for an ambulance or paramedic assistance when deemed necessary by the program staff. The child will be taken to the nearest hospital. Parents/guardians will be called immediately. A staff member will accompany the child and remain with the child until parent/guardian arrives.

Health Requirements

Each child must have a complete health form on file signed by a physician, and all immunizations must be recorded and up to date.

- *Preventing health problems:* The center will take every precaution to make sure all children remain safe and healthy in the program. Program staff are trained and expected to tend to each child's health and wellness needs, following strict sanitation procedures, and excluding children from attending who have communicable diseases.
- *Absences:* Parents/guardians must call the YMCA to report their child's absence. Children must be fever-free (less than 100 degrees) without medication for 24 hours before returning to program.
 - ⇒ Children should be kept home from program if the following symptoms are present:
Earache, diarrhea or upset stomach, fever or running nose, red eyes, excessive coughing, vomiting, sore throat, skin rash or infection, head lice or visible nits.
 - ⇒ A re-entry note from the child's physician is required when returning to program after any absence due to communicable diseases including: chicken pox, mononucleosis, scarlet fever, hand, foot, and mouth disease, pink eye, strep throat, ring worm, hepatitis, or impetigo.

Medication

Medication should be administered at home whenever possible. Program staff are not permitted to administer any medication including Aspirin/Tylenol. Exceptions may be made on a case by case basis upon prior approval by the Program Director. Parents may submit a signed "Request for Administering Medication at School" form for the approval process. When approval is granted the following practices will apply:

- All medicines will be kept secured in the office.
- *Prescription medication:* If a request is made to dispense a prescription medication, it must be brought to the school in the original, properly labeled prescription bottle with the name of the child, doctor, drug, dosage, and directions for administering. Written permission from the parent is required.
- *Over the Counter medication:* If a request is made to dispense an over-the-counter medication, it must be brought to the school in the original, properly labeled container. Written permission is required from the parent/guardian together with instructions on dosage and the time and date the medication is to be given.



Child Safety

Please be aware that the center is mandated by the Child Protection Law to report to the Department of Protective Services any suspected case of child physical, emotional, or sexual abuse and child neglect. Staff members are held to the YMCA of Honolulu's Code of Conduct.

Emergency Procedures

Fire Drills

Monthly announced and unannounced fire drills are held in during program hours. Practice sessions will be held so children will not be frightened by the sound of the alarm. (Please note that not all monthly fire drills will have an alarm sound.) During the drills and in the event of a real emergency, children will be guided to leave the building in an orderly fashion, rapidly walking to the designated meeting place.

In the event that there is a real fire and damage caused to the building/program area, the children will be taken to an alternate secured area and parents/guardians called to pick up their children as soon as possible.

Tsunami

- *In the event a Tsunami Watch is announced over the radio and television:* The announcement will identify an estimated initial wave arrival time (which will help the YMCA in determining how fast the center must move) and the center will immediately begin preparing for the issuance of a Tsunami Warning.
- *In the event a Tsunami Warning is announced over the radio and television and accompanied by the sounding of the Civil Defense sirens:* Program staff will immediately turn to radio announcements for Civil Defense instructions.

In the event of a Tsunami Watch or Warning, staff will remain with the children and care for them until parents/guardians can safely come for them. If a Tsunami Warning is issued or a local Tsunami producing earthquake occurs before program has begun, program will be cancelled for the day.

Hurricane/Tropical Storm

Hurricane or Tropical Storm watches are issued by the National Weather Service 36 hours prior to the arrival of storm effects. Hurricane or tropical storm warnings are issued when one of these storms could affect O'ahu in 24 hours or less. When a watch is issued, YMCA staff will monitor the storm and make decisions to close the program before the issuance of a hurricane warning. Upon the issuance of a hurricane watch during program hours, parents/guardians should make arrangements to pick up their child as soon as it is safe to do so.

Earthquake

Should an earthquake of significant magnitude occur on or close to O'ahu, the Y's building could be affected. Considerable disruption to road ways can also be anticipated. Parents/guardians should pick up their child as soon as possible.

- When children and staff are indoors when earthquake shaking begins, they will stay indoors and take cover under tables, supported doorways, etc. Should they be outdoors when this occurs, they will stay outdoors and move toward the parking area, away from electrical lines and tall trees.

- Following an actual earthquake, when the shaking has stopped, staff will first treat and care for anyone who is injured and then evaluate the structural integrity of the building. Program staff will remain on site and care for the children until they can be safely picked up.
 - ⇒ If the buildings are sound, children and staff will remain in place and listen for Civil Defense instructions. As recommended by O'ahu Civil Defense, Y staff have preparations stored of survival needs for up to 72 hours without outside assistance.
 - ⇒ If the buildings are damaged or could sustain damage as the result of an aftershock, staff and children will be gathered and attempts made to move to an open area/safe place in the neighborhood. Staff and children will be cared for in the best way possible, for as long as necessary, until assistance can be provided by Civil Defense and/or other authorities (e.g. first responders).

For further information, the O'ahu Civil Defense Agency may be contacted at (808) 523-4121. YMCA staff will, to the best of staff's ability, inform local radio stations for public announcements regarding any possible program/facility closures or modifications to program hours.

Shelter-in-Place/Active Shooter

The YMCA has internal policies and procedures in the event that there is a threat to the children/staff's safety, and a need to shelter in place. By request, parents can view our internal policies by contacting the Executive Director.

YMCA of Honolulu Liability Insurance

The YMCA of Honolulu maintains current liability insurance coverage at all times. However, if for some reason the insurance is terminated or canceled, the YMCA shall provide written notice to each parent or guardian of a child, no later than seven working days.

Children, Parents, and the YMCA

Engaging Parents and Families

The Y staff believe that parent/guardian involvement is necessary to the success of any child care program. Staff will take every opportunity to share verbally information with parents/guardians about their child at the beginning and end of the program day. Contacts may also be made via phone or during scheduled conference times. Parents/guardians are encouraged to contact the Early Learning staff to schedule a phone call or conference, whenever there is a need. Staff will also communicate through daily information sheets, curriculum plans, and newsletters. Family engagement activities/events are held throughout the year to showcase children's learning and progress, and to provide opportunities for families to meet other families. Peer support and shared fun times benefit everyone, the children as well as adults!

Families - Unique and Special

Parents/guardians are asked to keep the Early Learning staff informed of any changes that may occur at home. Situations that may not seem so significant to adults, such as a change in a parent's work schedule, could affect a young child and manifest in changes in their moods, interests or behavior. When staff are made aware of changes in the home, they can be better prepared to provide the support and attention a child may need.



Remember, we are in this together – partners! Together parents/guardians and staff will ensure that our children are growing, learning, and thriving!

The YMCA is proud to provide a safe, quality driven and fun learning place for children and we are honored that you have chosen our Early Learning Program for your child.

Early Learning Program



Parent Handbook Receipt/Review Acknowledgement Form

Updated 12/15/2021

I/We have received and read the Early Learning Program Operating Policies / Parent Handbook We agree to comply with all of the policies and procedures as they are outlined in this document updated on 12/15/2021 and will address any questions to the appropriate recipient.

Child's Name: _____
(please print legibly)

Parent / Guardian Name: _____
(please print legibly)

Parent / Guardian Signature: _____ **Date:** _____

Please return signed form to the Early Learning Program Staff



YMCA of Honolulu Electronic Funds Transfer (EFT) Draft Authorization Form

For your convenience you are able to set up monthly recurring draft payments to pay for YMCA programs. Simply fill out the form below and turn it in at your YMCA Branch for processing. Please note:

- You must make the initial payment prior to the draft going into effect.
- If changes are made to the information listed below, immediately contact your YMCA branch to update your information.
- A \$25.00 service charge will be assessed by the YMCA for any draft returned as uncollectible.
- Draft payments must be cancelled in writing one month prior to the final draft.
- YMCA of Honolulu Withdrawal and Refund policy applies to all withdrawals/cancellations.

PARTICIPANT'S INFORMATION

Name Printed: _____ Program: _____

DRAFT PAYMENT INFORMATION:

Please start my monthly draft: Month: _____ Year: _____ OR See attached payment plan if applicable

***Account Holder Information

Last Name: _____ First Name: _____ Phone: _____

Mailing Address: _____ City: _____ Zipcode: _____

Email Address (required for draft payments): _____

***Drafts from Checking or Saving Accounts

Financial Institution: _____ Branch/Location: _____

Last Four Digits of Account Number: _____ Routing Number: _____

***Drafts from a Credit/Debit Card

Credit Card Type (Circle One): AMEX DISCOVER VISA MASTERCARD JCB

Last Four Digits of Card Number: _____ Expiration Date: _____ / _____

I authorize the YMCA of Honolulu to draft monthly or bi monthly (in the case of a payment plan) payments from my account with the financial institution named above or charge the credit card above for payment of fees.

***Account Holder's Name (Print): _____ Account Holder's Signature: _____

COMPLETE BELOW: DETAILED DRAFT PAYMENT INFORMATION

In an effort to protect your personal information this portion will be entered in a secure database, detached, and destroyed within 180 days from date of receipt.

Account Holder's Name Printed As It Appears On Account/Card: _____

Checking: Full Account Number _____ Routing Number: _____

Savings: Full Account Number _____ Routing Number: _____

Credit Card: Type _____ Full Card Number _____

Expiration Date _____ / _____ Card Billing Zipcode _____

YMCA OF HONOLULU

WAIVER AND RELEASE OF LIABILITY AGREEMENT FOR YOUTH PROGRAMS

(School Based Programs)

WARNING: Please read this agreement carefully. By agreeing to this Waiver and Release of Liability Agreement (the “Agreement”), you will waive certain legal rights in accordance with this Agreement and as provided by law.

ACKNOWLEDGEMENT OF RISKS: I understand and acknowledge on behalf of myself and/or any minor children for whom I am responsible, that certain risks are typically involved with Youth Program Activities, including but not limited to Inherent Risks (refer to Attachment I); that I and/or my minor child may suffer accidents, injuries, or illnesses in remote places where there are no available medical facilities; and that no warranty of any kind, express or implied, is being made. I also realize that participation in a YMCA Youth Program Activity (collectively, “Activities”) can result in personal injury, accidents and/or illness including but not limited to dehydration, disease, cuts, bruises, sprains, fractures, head injuries, paralysis, disability, dismemberment, serious physical or emotional injury and/or death, as well as damage to or loss of personal property. I acknowledge on behalf of myself and/or my minor child that I have been fully advised of the dangers inherent in participating in the above-mentioned Activities.

EXPRESS ASSUMPTION OF RISK AND RESPONSIBILITY: In consideration of being able to participate in the Activities, I, for myself and any minor children for whom I am responsible, confirm that I and/or minor child are physically and mentally capable of participating in full in the Activities. I and/or my minor child participate willingly and voluntarily in the Activities and voluntarily assume all risks and full responsibility for personal injury, accidents, or illness including death, as well as damage or loss of personal property. I am aware that there is a risk of negligence by the Young Men’s Christian Association of Honolulu, and/or its officers, directors, agents, employees, agents, volunteers or assigns (collectively, the “Released Parties”), including the failure by the Released Parties to safeguard or protect me/us from the risks, dangers, and hazards of the Activities. I on behalf of myself and/or my minor child freely accept and fully assume all risks, dangers and hazards associated with voluntarily participating in the Activities and the possibility of loss, personal injury or death resulting therefrom.

RELEASE: In consideration of participating in the Activities, I, on behalf of myself and/or my minor child, hereby agree as follows:

- 1) To waive any and all claims, liabilities, actions, damages, penalties, suits, costs or expenses of any nature whatsoever, in law or equity (collectively, “Claims”), that I and/or my minor child has or may in the future have against the Released Parties, and to release and forever discharge the Released Parties from any and all Claims, even those arising out of their omissions or negligence, that I and/or my minor child may suffer or that my next-of-kin may suffer as a result of my participation in any of the Activities, to the extent provided by law.
- 2) To hold harmless and indemnify the Released Parties from any and all Claims relating in any way to the Activities including any property damage or personal injury to any third party resulting from my participation in the Activities.

CORONAVIRUS NOTICE: COVID-19 has become a global pandemic and a national and state public health emergency. During this time, we all must do our part to slow the spread of COVID-19:

- 1) I agree not to come or bring my minor child on to YMCA’s premises if I or my minor child is/are displaying any of the following symptoms associated with COVID-19: cough, shortness of breath or difficulty breathing, chills, muscle or body aches, headache, sore throat, new loss of taste or smell, fatigue, congestion or runny nose, nausea or vomiting, diarrhea, or fever (100° F or over).

YMCA OF HONOLULU

WAIVER AND RELEASE OF LIABILITY AGREEMENT FOR YOUTH PROGRAMS

(School Based Programs)

- 2) I understand and agree that the YMCA will require me to pick up my minor child and leave the YMCA's premises if he/she/they have or are displaying any of the symptoms above and agree not return to the YMCA until cleared to do so. In addition, I consent that the YMCA may take the temperature of me and my minor to ensure that I or my minor child does not have a fever.
- 3) While the YMCA is doing its part to discourage persons having COVID-19 symptoms from being on the YMCA's premises, there is a risk that there may be people on the YMCA's premises that could be infected with COVID-19 who are expressing symptoms or are asymptomatic. **I understand, acknowledge and agree that I am assuming the risk that I or my minor child's participation in the Activities could expose me or my minor child to persons infected with COVID-19.**
- 4) I am confirming that I, my child, and any of my other household members have **NOT** been required by the State of Hawaii to be in a mandatory quarantine before arriving at the YMCA premises or attending a YMCA program.
- 1) I am confirming that neither I nor my child nor any of my household members have been suspected to have or have had a confirmed case of COVID-19 in the last 14 days.
- 5) I agree to inform the YMCA if I have tested positive for COVID-19 or the COVID-19 Antibody in the last 14 days. I also agree to immediately inform the YMCA if, in the future, I test positive for COVID-19 or the COVID-19 Antibody.

This Waiver and Release of Liability Agreement shall be effective and binding upon my heirs, next-of-kin, executors, administrators, assigns and representatives, in the event of my death or incapacity. This Agreement shall be governed by and interpreted solely in accordance with the laws of the State of Hawaii and no other jurisdiction. Any litigation involving the parties to this Agreement shall be brought solely within the State of Hawaii. I agree that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

PHOTO / VIDEO / STORY RELEASE

I am 18 years of age or older and grant the YMCA, National Council of Young Men's Christian Associations of the United States of America and its chartered YMCA member associations in the United States, and collaborating third parties permission in perpetuity to use my, and those of my minor children and persons listed on this registration form; image, voice, and personal story in photographs, videos, social media, artwork, profiles and all forms of promotional materials and venues without limitation or obligation to provide compensation for the purposes of promotion or interpreting YMCA programs. I release YMCA, National Council of Young Men's Christian Associations of the United States of America and its chartered YMCA member associations in the United States, and collaborating third parties from any and all claims, causes of action, and liability arising out of any use of my, and those of my minor children and persons listed on this registration form; images or likeness.

By signing this Agreement, I acknowledge and represent that:

- 1) I have had sufficient opportunity to read and understand this entire document, agree to be bound by its

YMCA OF HONOLULU

**WAIVER AND RELEASE OF LIABILITY AGREEMENT FOR YOUTH PROGRAMS
(School Based Programs)**

terms, and sign voluntarily;

- 2) I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Hawaii and agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect;
- 3) I affirm that I am over 18 years of age, am of sound mind; and am freely and voluntarily signing this document, without any inducement or assurance of any nature;
- 4) I understand and agree that my signature in any form or medium (including without limitation any electronic or digital signature or symbol) shall have the same legal effect, validity and enforceability as a manually handwritten original signature. Any document transmitted by any electronic or digital means (including without limitation by electronic mail “email”, texting, or facsimile “fax” transmission) shall have the same legal effect, validity and enforceability as if physically delivered in its original form; and
- 5) In case of emergency, I consent to have myself and/or my minor child taken to and treated at the nearest available medical facility.

If the participant is a minor, the undersigned parent or legal guardian warrants and represents that this Agreement, its significance and the assumption of risk, has been explained to and understood by the minor child or ward. I hereby declare, under penalty of perjury, that I am the parent or legal guardian of the named participant.

PARTICIPANT LAST NAME		PARTICIPANT FIRST NAME			
EVENT NAME or DATES ATTENDING					
PRINT NAME OF PARENT/GUARDIAN:		SIGNATURE OF PARENT/GUARDIAN:		DATE SIGNED:	

YMCA OF HONOLULU

WAIVER AND RELEASE OF LIABILITY AGREEMENT FOR YOUTH PROGRAMS

Attachment I

Name of Activity	Long Form	Inherent Risks
Archery	Archery, including but not limited to, shooting a bow and arrow at a target	Fatigue, being shot or injured by errant arrows, falling on or running into arrows, puncturing of clothing skin, eyes, splintering of an arrow, encounters with animals and other creatures, stings, bites, allergic reactions and resulting illness, exposure to outdoor environments, changes or unpredictable weather, and equipment failure or misuse
Hiking	Hiking, including but not limited to off-site hikes, and climbing over obstacles	Fatigue, slips, falls, allergic encounters with animals and other creatures, stings, bites, reactions and resulting illness, exposure to outdoor environments, falling rocks, changes or unpredictable weather, equipment failure or misuse, and vehicular accidents in-route to/from the hiking trails
Teambuilding and Ropes Course	Teambuilding and Ropes Course, including but not limited to a challenge course, alpine tower, odyssey course and/or climbing wall, using ropes, harnesses, pulleys, and other equipment, sliding down ropes, climbing over obstacles, and being suspended at significant heights	Fatigue, collisions, falls, rope burns, encounters with animals and other creatures, stings, bites, allergic reactions and resulting illness, exposure to outdoor environments, changes or unpredictable weather, and equipment failure or misuse
Ikebana Classes	Flower arranging activities held in YMCA facilities, that include but are not limited to using knives, scissors, vases, flower spikes	Fatigue, slips, falls, cuts, lacerations, impalement, equipment failure or misuse
Martial Arts, Personal Training, Weight Training Activities, and Other Group Classes	Martial arts, personal training, weight training, and group classes, including but not limited to more strenuous activities using ropes, harnesses, pulleys, weights, swords, sticks and other equipment held in YMCA facilities and other locations	Fatigue, slips, falls, heart attack, rope burns, abrasions, collisions, contact, cuts, lacerations, impalement, and injuries caused by other participants, equipment failure or misuse
Music and Dance Activities	Music and Dance Activities, including but not limited to hula, street and jazz dance, ukulele, singing, and Hawaiian language lessons and performances held at YMCA facilities or other locations	Fatigue, slips, falls, heart attack, equipment failure or misuse, vehicular accidents in-route to/from performances

YMCA OF HONOLULU

WAIVER AND RELEASE OF LIABILITY AGREEMENT FOR YOUTH PROGRAMS

Attachment I

Name of Activity	Long Form	Inherent Risks
Swimming Lessons	Swimming Lessons, including but not limited to group or private lessons, or training and competing in swim team performances held in YMCA facilities or other locations	Fatigue, slips, falls, drowning or near-drowning, encounters with animals and other creatures, stings, bites, allergic reactions and resulting illness, exposure to outdoor environments, changes or unpredictable weather, equipment failure or misuse, vehicular accidents in-route to/from performances
Youth Activities	Youth Activities, including but not limited to educational enrichment activities, arts and crafts, sporting activities, indoor and outdoor games and play, swimming, and other related activities associated with YMCA's Pre-School Programs, A+ Program, Before-School and After-School Programs, Intersession Programs, Summer Day Camp Programs, Summer Plus, Summer School Special, Club Mid, and Teen Programs held in YMCA facilities or other locations	Fatigue, slips, falls, heart attack, drowning or near-drowning, stings, bites, allergic reactions and resulting illness, exposure to outdoor environments, changes or unpredictable weather, equipment failure or misuse, vehicular accidents in-route to/from activities

IMPORTANT NOTICE TO PARENTS



SCHOOL HEALTH REQUIREMENTS, EFFECTIVE: JULY 1, 2020

What does Hawai'i State Law require for childcare facility and school attendance?

Hawai'i State Law requires all students to meet physical examination, immunization, and tuberculosis clearance requirements before they may attend a childcare facility, preschool, or public/private school in the State.

Are exemptions allowed?



Children may be exempt from immunization requirements for medical or religious reasons, if the appropriate documentation is presented to the childcare facility or school. Religious exemption forms may be completed at the childcare facility or school that your child will attend. Medical exemptions must be obtained from your child's healthcare provider. No other exemptions are allowed by the State.

What are the health requirements?

- 1 Physical Examination:**
 - Must be completed within one year before:
 - First date of attendance at a childcare facility, preschool, or school in Hawai'i; and
 - First date of attendance in the seventh grade.
 - Must be performed by a U.S. licensed physician, APRN or PA.
- 2 Immunizations:**

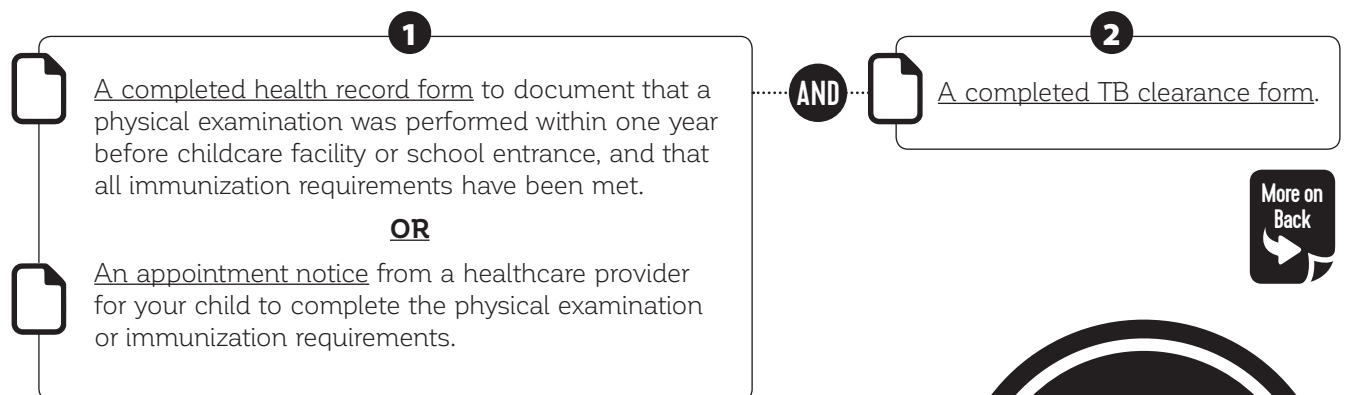
Immunizations are required for childcare facility and school attendance. Required immunizations depend on the age of the child (childcare or preschool) or grade of the student. All immunizations must meet minimum age and interval requirements between vaccine doses.
- 3 Tuberculosis (TB) Clearance:**

For information regarding TB clearance requirements for school attendance, talk to your child's healthcare provider or contact the Department of Health Tuberculosis Control Branch:

 -  call: (808) 832-5731
 -  web: health.hawaii.gov/tb

What is required by the first day of school?

By the first day of school, all students entering childcare, preschool, or school in Hawai'i for the first time must have:



Students who have not completed the above requirements by the first day of school will not be allowed to attend school until these requirements are met.



Where do I get the “Student’s Health Record” form?

You can get a copy of the “Student’s Health Record” (Form 14) from the childcare facility or school where your child will be enrolled or from your child’s healthcare provider.

What if my child is transferring from another state or territory of the U.S.?

You will need to show proof that the health requirements have been met prior to childcare facility or school entry. The childcare facility or school will accept out-of-state records that meet the State of Hawai‘i requirements for physical examination, immunizations, and tuberculosis clearance.

Which immunizations are required?

Immunizations are required for all students entering childcare or preschool, kindergarten, and seventh grade, and for those students entering school in Hawai‘i for the first time, regardless of age.

Childcare or Preschool

- Diphtheria-Tetanus-Pertussis (DTaP)
- *Haemophilus influenzae* type b (Hib)
- Hepatitis A (Hep A)
- Hepatitis B (Hep B)
- Measles-Mumps-Rubella (MMR)
- Pneumococcal Conjugate Vaccine (PCV)
- Polio (IPV)
- Varicella (chickenpox)

Kindergarten – 12th Grade

- DTaP
- Hep A
- Hep B
- Human Papillomavirus (HPV)*
- Meningococcal Conjugate (MCV)*
- MMR
- IPV
- Tetanus-diphtheria-pertussis (Tdap)*
- Varicella

7th Grade

- HPV
- MCV
- Tdap

**All students entering school in Hawai‘i for the first time in 7th grade or higher must show evidence of receiving these immunizations prior to school attendance.*

Questions?

Hawai‘i Department of Health Immunization Branch



Web: health.hawaii.gov/docd/vaccines-immunizations/school-health-requirements/
Email: immunization@doh.hawaii.gov
Call: (808) 586-8332 or 1 (800) 933-4832

Hawai‘i Department of Health Tuberculosis Control Branch



Web: health.hawaii.gov/tb
Call: (808) 832-5731

Nondiscrimination in Services. We provide access to our activities without regard to race, color, national origin (including language), age, sex, religion, or disability. Write or call the Hawai‘i Department of Health Immunization Branch or our departmental Affirmative Action Officer at P.O. Box 3378, Honolulu, Hawai‘i 96801-3378 or at (808) 586-4616 (voice/tty) within 180 days of a problem.





TB Document F: State of Hawaii TB Clearance Form
 Hawaii State Department of Health
 Tuberculosis Control Program

Patient Name	DOB	TB Screening Date

I have evaluated the individual named above using the process set out in the DOH TB Clearance Manual dated 2/10/17 and determined that the individual does not have TB disease as defined in section 11-164.2-2, Hawaii Administrative Rules.

Screening for schools, child care facilities or food handlers <i>(TB Document A or E)</i>
<input type="checkbox"/> Negative TB risk assessment
<input type="checkbox"/> Negative test for TB infection
<input type="checkbox"/> Positive test for TB infection, and negative chest X-ray

Initial Screening for health care facilities or residential care settings <i>(TB Document B or C)</i>
<input type="checkbox"/> Negative test for TB infection (2-step)
<input type="checkbox"/> New positive test for TB infection, and negative chest X-ray
<input type="checkbox"/> Previous positive test for TB infection, negative CXR within previous 12 months, and negative symptom screen
<input type="checkbox"/> Previous positive test for TB infection, and negative CXR

Annual Screening for Health care facilities or residential care settings <i>(TB Document D)</i>
<input type="checkbox"/> Negative test for TB infection
<input type="checkbox"/> New positive test for TB infection, and negative chest X-ray
<input type="checkbox"/> Previous positive test for TB infection, and negative symptoms screen
<input type="checkbox"/> Previous positive test for TB infection, and negative CXR

Signature or Unique Stamp of Practitioner: _____

Printed Name of Practitioner: _____

Healthcare Facility: _____

This TB clearance provides a reasonable assurance that the individual listed on this form was free from tuberculosis disease at the time of the exam. This form does not imply any guarantee or protection from future tuberculosis risk for the individual listed.

Department of Education STUDENT'S HEALTH RECORD

Student Address Label

Name _____ (Last) _____ (First) _____ (Middle Initial)

Female Preschool: Entry Date ____ / ____ / ____
 Male Elementary: Entry Date ____ / ____ / ____
 Intermediate/Middle: Entry Date ____ / ____ / ____
 High: Entry Date ____ / ____ / ____

Birthdate

Month		Day		Year			

Parent's Name _____ (Mother/Legal Guardian) _____ (Father/Legal Guardian)

Allergies: _____

Please complete the following sections (CHECK IF YES)

MEDICAL STATUS									
Allergy (type) <input type="checkbox"/>	Cancer/Leukemia <input type="checkbox"/>	Hearing Problems <input type="checkbox"/>	Hypertension <input type="checkbox"/>	Seizures <input type="checkbox"/>	Vision Problem <input type="checkbox"/>				
Asthma <input type="checkbox"/>	Chronic Cough/Wheezing <input type="checkbox"/>	Heart Disease <input type="checkbox"/>	JRA Arthritis <input type="checkbox"/>	Sickle Cell Anemia <input type="checkbox"/>					
Behavioral Problems <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Hemophilia <input type="checkbox"/>	Rheumatic Heart <input type="checkbox"/>	Skin Problems <input type="checkbox"/>					

PHYSICIAN'S EXAMINATION CODE: N-NORMAL; A-ABNORMAL; C-CORRECTED; R-RECEIVING CARE																													
Date	Grade	Height	Weight	BMI	Blood Pressure	Vision		Hearing		Eyes	Ears	Nose	Throat	Teeth	Heart	Lungs	Abdomen	Nervous System	Skin	Scoliosis	Extremities	Nutrition	Varicella Immunity Secondary to Disease (DATE)	Reviewed Immunization Record (Check if Yes)	Completed PPD Screening (Check if Yes) <small>See Results Below</small>	Provider's Signature	Provider's Stamp or Printed Name		
						R.	L.	R.	L.																				

TUBERCULOSIS EVALUATION		
Check one box below, complete date assessment, test or x-ray was administered.		Physician, APRN, PA, Clinic
Negative TB Risk Assessment	Date: ____ / ____ / ____	
Negative test for TB infection	Date: ____ / ____ / ____	
Positive test, and negative chest x-ray	Date: ____ / ____ / ____	

DENTAL EXAMINATION	
Dental Check-Up	Date: ____ / ____ / ____
Dental Check-Up	Date: ____ / ____ / ____

IMMUNIZATIONS (VACCINES, DATES GIVEN: MONTH/DAY/YEAR)							
DTaP, DTP, DT, Tdap or Td	Type						
	Date						
Polio (IPV or OPV)	Type						
	Date						
Hib (<i>Haemophilus influenzae</i> type b)	Type						
	Date						
Pneumococcal Conjugate	Type						
	Date						
Hepatitis B	Type						
	Date						
Hepatitis A	Type						
	Date						
MMR	Type						
	Date						
HPV	Type						
	Date						
Other	Type						
	Date						

Physician, APRN, PA or Clinic _____

Early Childhood Pre-K Health Record Supplement*

Name of Child:		Name of Child Care Facility:	
Child's DOB:		To Be Completed By The Physician	
1. Type Screening	2. Date Completed	3. Results	4. Recommendations/Follow up
Head Circumference (up to 2yrs old)		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Hgb/Hct		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
Lead		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal	
BMI (≥ 2 years old)		<input type="checkbox"/> Normal <input type="checkbox"/> Counsel	
Developmental Screening Tool: <input type="checkbox"/> PEDS <input type="checkbox"/> ASQ <input type="checkbox"/> Other _____		<input type="checkbox"/> No Concern <input type="checkbox"/> Concern	
5. Medical Conditions		6. Special Care Plan Needed	7. Recommendations
Allergies/Sensitivities <input type="checkbox"/> None • List:		<input type="checkbox"/> Yes <input type="checkbox"/> No	8. EC Provider Use Only <input type="checkbox"/> Special Care Plan completed
Medications/Treatments <input type="checkbox"/> None • List:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Special Care Plan completed
Special Diet prescribed by physician <input type="checkbox"/> None • List:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Special Care Plan completed
Behavioral Issues/Social Emotional Concerns <input type="checkbox"/> None • List:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Special Care Plan completed
Medical Conditions/Related Surgeries <input type="checkbox"/> None • List:		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Special Care Plan completed
9. Physician/NP/APRN/PA or Clinic Name, Address, Zip, Phone, Fax		11. I give my consent for my child's Health Care Provider to discuss the information on this form with my Early Childhood Provider _____	
		Early Childhood Provider Name	
10. Physician/NP/ APRN/ PA or Clinic Signature (Signature or stamp) Date		12. Parent/Guardian Name	
		13. Parent/Guardian Signature Date	

*Supplement to the STATE OF HAWAII, DEPARTMENT OF EDUCATION, FORM 14, Rev. 2010, RS 09-1051 (Rev. of RS 06-0698)

Instructions for Completing the Early Childhood Pre-K Health Record Supplement

To Be Completed by the Physician (Please print)

<p>1. Type of Screening: Check all that apply.</p> <ul style="list-style-type: none">• Head Circumference, Hgb/Hct, Lead, BMI• Developmental Screening: The screening tools listed are: PEDS: Parent's Evaluation of Developmental Status ASQ: Ages and Stages Questionnaire Other: Print the name of screening tool used. <p>2. Date Completed Write the date mm/dd/year the screening was performed. i.e., 06/01/2006.</p> <p>3. Results Mark (X) to indicate "Normal" or "Abnormal", "No Concern" or "Concern", "Normal" or "Counsel". If the box is marked abnormal, concern or counsel, please complete Box 4. Recommendations/Follow up.</p> <p>4. Recommendations/Follow up Please complete if abnormal, concern or counsel is selected.</p> <p>5. Medical Conditions Mark (X) "None" box for each item if the child has no Allergies/Sensitivities, Medications/Treatments, Special Diet prescribed by physician, Behavioral Issues/Social Emotional Concerns, Medical Conditions/ Related Surgeries. List type of medical condition, e.g., Medical Condition/Related Surgeries List: Asthma</p> <p>6. Special Care Plan Needed If child has a medical condition and the Early Childhood Provider should develop a special care plan, mark (X) Yes, next to the appropriate category. If child does not need a special care plan, mark (X) No.</p>	<p>7. Recommendations Write your recommendations, e.g., "Medications must be administered by the parent before or after school hours."</p> <p>8. Early Childhood Provider Use Only This section is designated for the early childhood provider to complete if physician has marked (X) Yes in Box 6. Sample forms of the Special Care Plans can be requested from Department of Human Service (DHS) office, phone or downloaded from the Department of Human Service website.</p> <p>9. Physician/NP/APRN/PA or Clinic Name Type or print legibly physician, nurse practitioner, advanced practiced registered nurse, physician assistant or clinic name, address, zip, phone, and fax.</p> <p>10. Physician/NP/ APRN/ PA, of Clinic (Signature or Stamp) and Date: Physician, nurse practitioner, physician assistant must sign his/her name or stamp and write in the date of child's examination.</p> <p>11. "I give my consent for my child's Health Care Provider to discuss the information on this form with my Early Childhood provider." The Early Childhood program is encouraged to type, print legibly, or stamp the program name here prior to parent signature.</p> <p>12. Parent/Guardian Name Print the name of the Parent or Guardian</p> <p>13. Parent/Guardian Signature The Parent or Guardian must sign his/her name and write the date signed.</p>
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To be used as part of a cover letter to the preschool, parent or physician.

The purpose of the Hawaii Department of Human Services (DHS) Early Childhood Pre-K Health Record Supplement (EC-Pre-K HRS) is to provide developmentally appropriate information on the child's health, growth and developmental status for (Pre) school entry. The EC-Pre-K HRS is to be used in conjunction with the Hawaii Department of Education (DOE), Student's Health Record Form 14 2010.

The DHS EC Pre-K Health Record can be downloaded from the Hawaii Department of Human Services website, <http://humanservices.hawaii.gov/> and search for Form 908. The DOE Student Health Record Form 14 can be downloaded at Department of Education website: <http://www.hawaiipublicschools.org/Pages/home.aspx>, click on Parents and Students, click on Enrolling in School, click on How to Enroll, look for Related Downloads and click on Student Health Record.

The child's physician is requested to complete the DOE Student Health Record Form 14 and DHS EC Pre-K Health Record Supplement. The following are directions for completing the DHS EC Pre-K Health Record Supplement.

SPECIAL CARE PLAN FOR A CHILD WITH ALLERGY

CHILD'S NAME: _____ Date of Birth: _____

FACILITY NAME: _____

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

Emergency Phone Numbers: Mother _____ Father _____

Primary Health Provider Name: _____ Emergency Phone: _____

Specialist's Name (if any): _____ Emergency Phone: _____

Description of Allergy: _____

Describe what signs/or symptom look like: _____

Describe known triggers: _____

Describe treatment: _____

Possible side effects: i.e.: no peanut products allowed

Program modification: _____

When to call parent/health provider regarding symptoms or failure to respond to treatment:

When to consider what condition requires urgent care or reassessment: _____

Physician's Name: _____

Physician's Signature: _____ Date: _____