



Dear Parents,

Happy New Year! We are so excited about the great things that 2019 holds for SHABACH! and each of your families. We are especially excited about the upcoming school year, as our administrators and teachers are, even now, brainstorming on how to enhance the learning experience for our students for SY 2019-2020. However, all of our planning would be futile, if we do not have your awesome children to share in the experience.

We value our current students, as they form an experienced based for our classes, serving as “leaders” and role models to the new students who will join us in the fall. Additionally, you and your families contribute to the ever-growing community at SHABACH!

Be assured we will always have a place for your child(ren) first! We will open re-enrollment to our current SHABACH! families before opening enrollment to new families of our community on February 1, 2019.

Enclosed you will find reenrollment documents that will need to be completed and returned to the Business Operations Office.

The packet includes:

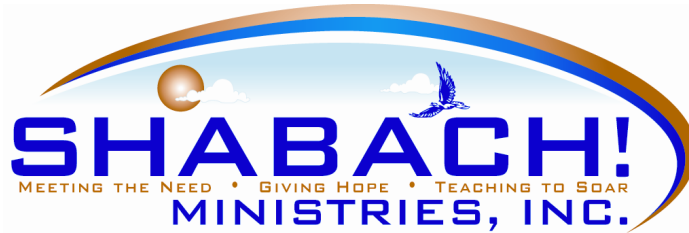
- Reenrollment Form
- Financial Commitment Form
- Financial Information Signature Form
- Consent/Field Trip Permission Form
- Handbook Acknowledgement Form
- Emergency Form
- Health Inventory Form
- EpiPen Administration Form (*if applicable*)
- Medication Administration Form (*if applicable*)

We understand that it may take some time to get the updated Health Inventory Form signed by your child’s physician. If this applies, you are to return the other completed documents while you wait for the physician to return the form to you. The Health Inventory Form must be returned by Back to School night.

Lastly, please ensure that you have enrolled in FACTS Tuition Management and that your financial account/information is current. All student financial accounts must be paid in full, from the previous year, before the student(s) full admittance is granted for the new school year. Please return all documents to the Business Operations Office no later than February 28<sup>th</sup>, to avoid the late fee. If you have any questions about re-enrollment, your family account or tuition/fees, please contact the Business Operations Office. Thank you again for partnering with SHABACH!

Sincerely,

Shantel E. Early  
Student Enrollment Specialist  
[searly@smionline.org](mailto:searly@smionline.org)



## Reenrollment Form SY 2019-2020

	Preschool	Academy	Before & After Care	Homeschool
<b>Before 2/28/2019</b>	\$100 per student	\$100 per student	\$50 per student	\$100 per family
<b>After 2/28/2019</b>	Additional \$50 per student	Additional \$50 per student	Additional \$25 per student	Additional \$50 per family

**\*\*\*\* Reenrollment fees are nonrefundable\*\*\*\***

Student's Full Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- Preschool     
  School Age     
  Before & Aftercare     
  Homeschool

Student's Full Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- Preschool     
  School Age     
  Before & Aftercare     
  Homeschool

Student's Full Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

- Preschool     
  School Age     
  Before & Aftercare     
  Homeschool

Intent to Return (Please select the appropriate)

- My child(ren) will be returning to SHABACH Christian Academy for the 2019-2020 school year.  
 My child(ren) will not be returning to SHABACH Christian Academy for the 2019-2020 school year.

By signing below, I understand that I must remit the appropriate payment with the submission of this form or my FACTS account will be billed accordingly. I further acknowledge that it is my responsibility to ensure that my FACTS information is updated, the financial account is current, and that Phase 2 documentation is returned to secure my child's slot for the 2019-2020 school year.

Parent's Name (Print): \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## HOMESCHOOL ENROLLMENT CHECKLIST

Family Name: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Student's Email: \_\_\_\_\_

Parent's Cell #: \_\_\_\_\_

\_\_\_\_\_ Application/Reenrollment Form

\_\_\_\_\_ Membership Agreement

\_\_\_\_\_ Birth Certificate *\*New Students\**

\_\_\_\_\_ Notification of Intent Board of Education **\*\*Oversight Only\*\***

\_\_\_\_\_ Official Transcripts/Current School Records (*ONLY for new students in grades 9<sup>th</sup> - 12<sup>th</sup>*)

\_\_\_\_\_ Updated Health Inventory Form

\_\_\_\_\_ I.E.P. (*If applicable*)

\_\_\_\_\_ Homeschool Program Contract (*To be completed at Pre-Enrollment Conference in Homeschool office*)

EVENT	DATE	TIME
1. Training Meeting I	Thursday, August 29, 2019 <i>All parents &amp; students K-12<sup>th</sup> are required to attend.</i>	<i>New Families</i> 11:00 AM-2:00PM <i>Returning Families</i> 11:00 AM-12 Noon
2. Training Meeting Part II <i>(New Families)</i>	Thursday, October 3, 2019 <i>Parents Only are required to Attend</i>	9:00AM-12:00PM
3. Homeschool Reviews	Oct-Nov, Feb-Mar, June	Various
4. Mandatory Meeting	TBA	Subject to a \$50 No Show Fee

By signing below, I acknowledge I have completed and submitted all forms required.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

**BOO Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SCAH Initials:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**SHABACH! Christian Academy**  
**SY 2019-2020 Financial Information Signature Form**

Student's Full Name\*: \_\_\_\_\_

Grade Entering\*: \_\_\_\_\_

<b>Tuition*</b>		
<b>Grade</b>	<b>Annual</b>	<b>Pay in Full Discount</b>
Preschool Age 2	\$12,069.31	\$11,465.85
Preschool Age 3	\$11,435.74	\$10,863.95
Preschool Age 4	\$11,507.89	\$10,932.50
Kindergarten	\$8,868.76	\$8,425.32
Grades 1 <sup>st</sup> - 4 <sup>th</sup>	\$8,718.44	\$8,282.52
Grades 5 <sup>th</sup> - 8 <sup>th</sup>	\$9,394.87	\$8,925.13

<b>SCA Before &amp; After Care Services*</b>			
(Academy students only)			
Tuition charged monthly for 10 months (August - May)			
Before Care Only	\$257.65 (6:45am - 8:00am)		
Before & After Care	<u>Zone 1</u> \$320.50 3:15pm – 4:30pm	<u>Zone 2</u> \$349.09 3:15pm – 5:30pm	<u>Zone 3</u> \$383.36 3:15pm – 6:30pm
After Care Only	\$97.09 3:15pm – 4:30pm	\$177.64 3:15pm – 5:30pm	\$257.65 3:15pm – 6:30pm

<b>Prince George's County Public School Before &amp; After Care Services*</b>	
Tuition charged monthly for 10 months (August - May)	
Before Care ( <i>only</i> )	\$337.37 monthly
Before & After Care	\$472.07 monthly
After Care ( <i>only</i> )	\$337.37 monthly
SHABACH! Transportation ( <i>optional</i> )	\$125.00 monthly

Homeschool*	
Oversight	\$248.00
Group Classes	Varies

\*Tuition and fees are subject to annual increase per Board approval.

**Discounts:**

- Multiple Children Discount:
  - 2 students: 10% off the lowest tuition;
  - 3 or more students: 10% off lowest tuition and 20% off any additional tuition after the 2<sup>nd</sup> child.
- Refer a Family: 10% off annual tuition, if you refer a new family and they complete enrollment for the current school year.

**Additional Fees:**

**Annual Activity Fee:** \$250

**FACTS enrollment fees (paid annually per family):**

- Full Payment \$0
- Semi Annual Payments \$10
- Monthly Payments \$45

All families must register to make tuition payments through FACTS.

Note: Only one change can be made to the FACTS agreement with no fee assessed per academic year school year-maximum of four changes. A \$25 fee will apply for the 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> changes.

**Returned Payment Fee:** \$35

**Early Withdrawal Fee:** 25% of tuition balance at time withdrawal. See financial commitment form for additional information.

**FACTS Peace of Mind Insurance (optional)** \$20

**Monthly Hot Lunch (optional)** \$95 (Kindergarten-8<sup>th</sup> Grade Only)

**Book of 10 Lunch Tickets (optional)** \$50 (Kindergarten-8<sup>th</sup> Grade Only)

**Financial Policy Notes**

**By signing below, I acknowledge and understand the tuition and fees for SY 2019-2020.**

Father/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SHABACH! Christian Academy**  
**2019-2020 Financial Commitment Form**

Student's Full Name\*: \_\_\_\_\_

Grade Entering\*: \_\_\_\_\_ Age\*: \_\_\_\_\_ Date of Birth\*: \_\_\_\_\_

Name of Financially Responsible Party\*: \_\_\_\_\_

**Program\*: (Select the appropriate program)**

- Preschool
- School Age Academy
- Before & After Care
- Homeschool

**Payment Plan desired\*: (Select one)**

All families must enroll in FACTS (<https://online.factsmgt.com/signin/4JXPJ>)

- Pay in Full
- Semi-Annual Payment
- Monthly Installments (Select starting month below)

**Academy/Homeschool**

- 12 Months: May 2019 - April 2020
- 11 months: June 2019 - April 2020
- 10 months: July 2019 - April 2020
- 9 months: August 2019 - April 2020
- Other: \_\_\_\_\_ (For families starting after August 2019)  
*(Office Use Only)*

**Preschool**

- 12 Months: August 2019 - July 2020
- Other: \_\_\_\_\_ (For families starting after August 2019)  
*(Office Use Only)*

**Before & After Care:**

- 10 months: August 2019 - May 2020
- Other: \_\_\_\_\_ (For families starting after August 2019)  
*(Office Use Only)*

**\$250 Annual Activity Fee: (Select one)**

- Paid in full upfront
- To be split between monthly plan
- N/A for Prince George's County Extended Care Students

**Academy Students Only Monthly Hot Lunch (Optional)**

- 9 months: September 2019 – May 2020
- Other: \_\_\_\_\_ (For families starting after August 2018)  
*(Office Use Only)*

**Preschool/Before & After Care Students Only:**    Breakfast    Lunch    Snack

**Before & After Care Services: SHABACH! Students**

- |   |   |
|---|---|
| <input type="checkbox"/> SCA Before Care Only           | <input type="checkbox"/> SCA After Care Only Zone 1 |
| <input type="checkbox"/> SCA Before & After Care Zone 1 | <input type="checkbox"/> SCA After Care Only Zone 2 |
| <input type="checkbox"/> SCA Before & After Care Zone 2 | <input type="checkbox"/> SCA After Care Only Zone 3 |
| <input type="checkbox"/> SCA Before & After Care Zone 3 | <input type="checkbox"/> Services not needed        |

**Before & After Care Services: Prince George's County Students**

- Prince George's County Before Care Only
- Prince George's County Before and After Care
- Prince George's County After Care Only
- SHABACH! Transportation\* (optional) *Must complete Van Transportation Contract*

\*School: \_\_\_\_\_

**Homeschool**

- Oversight Only
- Group Classes (must complete Program Contract with Homeschool Administrator)

**Withdrawal Process:**

- Students withdrawing after June 1st are required to pay a prorated tuition through the withdrawal date and assessed a withdrawal fee of 25% of the current tuition balance.
- Parents/guardians of students who withdraw, are expelled, or asked to withdraw before the end of the school year are responsible for these fees. Academic records will not be released for any student with an unpaid family account (this includes transcripts, report cards, testing results, and transfer records).

**By signing below, I/We acknowledge the following:**

- **I/We have read and agree to abide by the policies of the school.**
- **I/We pledge, upon acceptance, to do everything possible to have our child(ren) complete the academic school year.**
- **Annual tuition accounts, not paid in full by August 1<sup>st</sup>, must set up payment arrangements with FACTS.**
- **If the entire monthly balance is not paid by the last day of the month, I/we understand that my/our child may be denied services and cannot return until the past due balance is cleared.**
- **I/we understand all authorizations outlined above and agree hereto.**
- **I/we commit financially to the financial terms.**

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## SHABACH! CHRISTIAN ACADEMY HOMESCHOOL MEMBERSHIP AGREEMENT

### I/We hereby agree:

1. To sign all forms in agreement with the SCAH's vision, goals, Statement of Faith, Standard of Expectation, and the policies and procedures as stated in the Handbook.
2. To submit a completed copy of the Homeschool Notification Form to the Homeschool Office to be kept on file.
3. To have received pre-enrollment conference with SCAH Administration.
4. To attend 3 reviews during the school year as set by the administrative staff. (Oversight only)
5. To provide curriculum sufficient to diligently teach your children in a responsible manner, providing regular and thorough instruction for all their children enrolled in SCAH in accordance with state regulations.
6. To maintain responsibility for all instruction, even if certain courses are conducted by outside personnel.
7. To keep a minimum of 170 days a year with at least 4-5 hours of work per day between the hours of 8:00 a.m. & 3:00 p.m. depending on the age of the child.
8. To maintain work samples for each student in required subject areas (math, English, science, social studies, art, music, physical education, electives) and have these available for review (such as a portfolio).
9. To submit the High School Credit Contract Forms by August 29, 2019, for classes not taken at SCAH. (Forms are available from the office/website).
10. To submit quarterly grade report forms on the scheduled calendar dates on our website <http://www.scahomeschool.net>. A \$25.00 per student late fee will be charged if grade report is late.  
**\*\*When submitting Group Classes grade report do not change grades given by tutors and submit.\*\***
11. To enroll all 4<sup>th</sup> -10<sup>th</sup> graders in standardized testing, unless an I.E.P. prescribes an alternate measure. You are required to inform us in writing of other testing plans at the time of enrollment. The Homeschool offers testing in May at a cost of \$45 per student.
12. To contact the Academy within 24 hours if the State or County Board of Education contacts you or any of your family members by mail or telephone.
13. To review Sycamore Education weekly (Group class middle and high school parents and students).



14. To submit SCA Withdrawal Form to the Business Operations Office. If I/we choose to withdraw from SCAH, I/we understand I am subject to a 25% Withdrawal Fee at the time of withdrawal.
15. To attend the mandatory meetings; Kickoff, Parent/Student Senior Meeting. **\*\*Subject to a \$50.00 No Show Fee for each Mandatory Meeting not attended.\*\***
16. To volunteer during group classes or events/programs throughout the academic year as indicated in the Parent Participation Commitment section for a total of 24 hours. **\*\*Subject to a \$50.00 Non-completion Fee per month if 3 hours per month are not completed\*\***
17. To discussed and explained to our children the guidelines and agree with the Standards of Expectation. I/We will conduct ourselves and ensure our children conduct themselves as expected.
18. All students are accepted on a 30 days Probation period to ensure that our program is a good fit. If behavior presents that is disrespectful or disruptive to our environment, authority or to other students, your student may be terminated, and tuition will not be refunded.
19. SHABACH! Homeschool Academy is only responsible for providing a verification of enrollment letter. All other documents such as NCAA forms, report cards, and class schedules are the responsibility of the parent/guardian(s).

### THE WORD OF GOD FOR CORRECTION

We desire to follow God's Word as He has instructed us to handle relationships. We use the following format when handling disputes.

#### **Matthew 18:15-17**

***Whosoever if thy brother shall trespass against thee, go and tell him his fault between thee and him alone: if he shall hear thee, thou hast gained thy brother; but if he will not hear thee, then take with thee one or two more, that in the mouth of two or three witnesses every word may be established. And if he shall neglect to hear them, tell it unto the church: but if he neglect to hear the church, let him be unto thee as an heathen man and a publican.***

#### **How to Apply the Principle**

When we have an issue, a quarrel, or disagreement, etc. with someone, we must follow the Biblical principle established In Matthew 18.

1. Meet privately with the individual to tell him/her their fault alone. This meeting should not be confrontational or argumentative. Discuss with the individual the situation that led up to the problem, your perception of the individual's behavior, and the impact it had.
2. If he/she does not hear your or agreement is not reached, bring two witnesses. The witnesses are there to verify the meeting, not to participate.
3. If the second meeting does not bring resolution to the issue, take it to the administrator.

## STATEMENT OF FAITH

**SHABACH! Christian Academy Homeschool embraces the following statement of faith:**

Because our goal is to support one another as we seek to obey the biblical admonition to teach our children God's ways, we believe a common foundation is essential (how can two walk together except they be agreed?" Amos 3:3). SHABACH! Christian Academy seeks to operate its educational ministry based upon the following statement of faith.

**We believe** in God, the Father, the Almighty, The Creator of heaven and earth.

**We believe** that God has existed from all eternity in three persons: God the Father, God the Son, and God the Holy Spirit.

**We believe** in the eternal deity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His substitutionary death on Calvary for our sins, in His triumphant bodily resurrection from the grave, in His exaltation as Lord of all, and in His indwelling victorious life within His body, the church.

**We believe** the Bible to be the inspired and infallible Word of God to all mankind, the rule of all our faith and moral conduct.

**We believe** that all men have sinned and come short of God's standard and therefore need a Savior.

## MANDATORY MEETINGS

I/We understand that my continuing enrollment in SHABACH! is contingent upon my attendance to **ALL mandatory meetings scheduled for the 2018-2019 school year** (see below).

EVENT	DATE	TIME
1. Training Meeting I	Thursday, August 29, 2019 <i>All parents &amp; students K-12<sup>th</sup> are required to attend.</i>	<i>New Families</i> 11:00 AM-2:00PM <i>Returning Families</i> 11:00 AM-12 Noon
2. Training Meeting Part II <i>(New Families)</i>	Thursday, October 3, 2019 <i>Parents Only are required to Attend</i>	9:00AM-12:00PM
3. Homeschool Reviews	Oct-Nov, Feb-Mar, June	Various
4. Mandatory Meeting	TBA	Subject to a \$50 No Show Fee

## PARENT PARTICIPATION COMMITMENT

I/We will assist during group classes on Tuesdays or Thursdays or at Special Events. I/We will be available to assist in a classroom, as a hall-monitor, or to assist the coordinators and/or teachers with the day-to-day operations of the group classes. A total of 24 hours are needed to complete this commitment. **PARENTS ARE REQUIRED TO VOLUNTEER AT LEAST 3 HOURS PER MONTH.** Below are opportunities to complete Parent Hours.

Pre-K – 2 <sup>nd</sup> Grade Volunteer	Group Class Hall/Study Hall Monitor
3 <sup>rd</sup> – 5 <sup>th</sup> Grade Volunteer	Group Class Lunch/Recess Monitor
6 <sup>th</sup> Grade & Up Volunteer	Special Events
Standardized Testing Proctor	

## STANDARD OF EXPECTATIONS (STUDENT RESPONSIBILITIES)

Goal: To conduct myself as it concerns speech and behavior in a manner that is Christ-like and brings glory to God.

### **SHABACH! Christian Academy Homeschool Standards**

1. No name-calling, joining, poking fun, or talking about one another in a negative manner.
2. No slang.
3. No inappropriate clothing (males remove hats in the building; females no excessive splits in skirts-see dress code).
4. No disrespectful speech or gestures towards authority or other students.
5. No boyfriend/girlfriend love relations.
6. No inappropriate touching.
7. No fighting in words or actions.\*
8. No threats.
9. No running or loud talking in the halls.
10. No children in the snack room, kitchen, halls, copy room, or outside without adult supervision.
11. No cheating.
12. No bullying.

1<sup>st</sup> Offense: Warning will be given.\*

2<sup>nd</sup> Offense: Warning will be recorded in Student/School Records.

3<sup>rd</sup> Offense: Student Suspension.

**\*EXCEPTION: Fighting will result in automatic Student Suspension**

*\*\*Please refer to our Student Code of Conduct for a complete listing of student responsibilities.\*\**

I/We agree to cooperate with Homeschool program, policies, and procedures to the best of our ability. If differences arise, I/we shall seek resolution through prayer and communication using the procedures in Matthew 18:15-17 with an attitude of humility and willingness to be persuaded. If differences become unresolvable with the SCAH administration, I/We agree that the final decisions rest with the President of SMI and will comply willingly and without controversy. I/We have received a copy of this Membership Agreement. By signing this membership agreement, I/we state that everything documented in the application and this agreement is accurate and will be adhered to.

Father/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SHABACH! Christian Academy Homeschool 2019-2020 Program Contract

Student's Full Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Parent/Guardian(s) Name: \_\_\_\_\_

New Family Application Fee: \$125.00 per family

Returning Family Reenrollment Fee: \$100.00 per family (*Additional \$50.00 per family after 2/28/2019*)

**Miscellaneous Fee:**

Oversight Program Fee: \$248.00 per family

Annual Activity Fee: \$75.00 per family

Aviation Fee\*: \$150.00 per student *\*Participate with Academy classes*

Testing Fee: \$45.00 per student

**Miscellaneous Fees TOTAL:** \_\_\_\_\_

<b><u>K – 2<sup>nd</sup> Grade</u></b> <b>\$200.00 per class/per student</b>	
<input type="checkbox"/> English	
<input type="checkbox"/> Handwriting	
<input type="checkbox"/> History	
<input type="checkbox"/> Math	
<input type="checkbox"/> Science	
<b>TOTAL:</b>	

<b><u>3<sup>rd</sup> – 6<sup>th</sup> Grade</u></b> <b>\$200.00 per class/per student</b>	
<input type="checkbox"/> Art	
<input type="checkbox"/> English	
<input type="checkbox"/> History	
<input type="checkbox"/> Photography 1	
<input type="checkbox"/> Saxon Math 3 or 5/4	
<input type="checkbox"/> Science	
<input type="checkbox"/> Study Hall	
<b>TOTAL:</b>	

<b><u>7<sup>th</sup> – 12<sup>th</sup> Grade</u></b> <b>Middle/High School</b>	
7 <sup>th</sup> – 8 <sup>th</sup> Grade Middle School <i>Select classes on back of form</i>	
9 <sup>th</sup> – 12 <sup>th</sup> Grade High School <i>Select classes on back of form</i>	
12 <sup>th</sup> Grade High School <b>Mandatory</b> Graduation Package <i>\$300.00 per student – Graduation Date: May 2020</i>	
<b>TOTAL:</b>	

<b><u>Contract Totals</u></b> <b>(BUSINESS OPERATIONS OFFICE USE ONLY)</b>	
<b>Miscellaneous Fees:</b>	
<b>K – 3<sup>rd</sup> Grade Fees:</b>	
<b>4<sup>th</sup> – 6<sup>th</sup> Grade Fees:</b>	
<b>7<sup>th</sup> – 12<sup>th</sup> Grade Fees:</b>	
<b>Contract Fee Total:</b>	
<b>5% Down Payment</b>	
<b>Final TOTAL:</b>	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Choose classes carefully. The add/drop period is only available until October 4<sup>th</sup> of the current school year. *Classes dropped after October 4<sup>th</sup> are subject to 25% Withdrawal Fee.* Books should be purchased by July to ensure arrival by the 1<sup>st</sup> group class on September 5<sup>th</sup>. Parents are responsible for providing their students with books & curriculum for classes. SHABACH! will not be responsible for curriculum copies. Class size is approximately 15 students and will be available on a first come first serve-basis. Classes are conducted based on August 30<sup>th</sup> total student enrollment. Classes with low enrollment will be cancelled.

Student Name: _____	
Grade: _____	
<b>7<sup>th</sup> – 8<sup>th</sup> Grade Middle School</b>	
<input type="checkbox"/> Art	\$250.00
<input type="checkbox"/> Bible	\$150.00
<input type="checkbox"/> English – 7 <sup>th</sup> or 8 <sup>th</sup>	\$250.00
<input type="checkbox"/> Literature	\$250.00
<input type="checkbox"/> Photography I	\$250.00
<input type="checkbox"/> Saxon Math 6/5	\$300.00
<input type="checkbox"/> Saxon Math 7/6	\$300.00
<input type="checkbox"/> Saxon Math 8/7	\$300.00
<input type="checkbox"/> Science	\$300.00
<input type="checkbox"/> Study Hall	\$250.00
<input type="checkbox"/> Videography	\$250.00
<input type="checkbox"/> World History	\$250.00
<b>TOTAL:</b>	

Student Name: _____	
Grade: _____	
<b>7<sup>th</sup> – 8<sup>th</sup> Grade Middle School</b>	
<input type="checkbox"/> Art	\$250.00
<input type="checkbox"/> Bible	\$150.00
<input type="checkbox"/> English – 7 <sup>th</sup> or 8 <sup>th</sup>	\$250.00
<input type="checkbox"/> Literature	\$250.00
<input type="checkbox"/> Photography I	\$250.00
<input type="checkbox"/> Saxon Math 6/5	\$300.00
<input type="checkbox"/> Saxon Math 7/6	\$300.00
<input type="checkbox"/> Saxon Math 8/7	\$300.00
<input type="checkbox"/> Science	\$300.00
<input type="checkbox"/> Study Hall	\$250.00
<input type="checkbox"/> Videography	\$250.00
<input type="checkbox"/> World History	\$250.00
<b>TOTAL:</b>	

Student Name: _____	
Grade: _____	
<b>9<sup>th</sup> – 12<sup>th</sup> Grade High School</b>	
<input type="checkbox"/> Algebra I	\$600.00 <i>(2-day class)</i>
<input type="checkbox"/> Algebra II	\$600.00 <i>(2-day class)</i>
<input type="checkbox"/> Art	\$275.00
<input type="checkbox"/> Bible	\$150.00
<input type="checkbox"/> Biology	\$350.00
<input type="checkbox"/> English	\$325.00 <i>(2-day class)</i>
<input type="checkbox"/> Finance	\$275.00
<input type="checkbox"/> Geometry	\$600.00 <i>(2-day class)</i>
<input type="checkbox"/> Grammar & Composition	\$325.00 <i>(2-day class)</i>
<input type="checkbox"/> Life Skills	\$300.00
<input type="checkbox"/> Literature	\$325.00 <i>(2-day class)</i>
<input type="checkbox"/> Photography I	\$275.00
<input type="checkbox"/> Physical Science	\$350.00
<input type="checkbox"/> Study Hall	\$250.00
<input type="checkbox"/> World History	\$325.00 <i>(2-day class)</i>
<input type="checkbox"/> Videography	\$250.00
<b>TOTAL:</b>	

Student Name: _____	
Grade: _____	
<b>9<sup>th</sup> – 12<sup>th</sup> Grade High School</b>	
<input type="checkbox"/> Algebra I	\$600.00 <i>(2-day class)</i>
<input type="checkbox"/> Algebra II	\$600.00 <i>(2-day class)</i>
<input type="checkbox"/> Art	\$275.00
<input type="checkbox"/> Bible	\$150.00
<input type="checkbox"/> Biology	\$350.00
<input type="checkbox"/> English	\$325.00 <i>(2-day class)</i>
<input type="checkbox"/> Finance	\$275.00
<input type="checkbox"/> Geometry	\$600.00 <i>(2-day class)</i>
<input type="checkbox"/> Grammar & Composition	\$325.00 <i>(2-day class)</i>
<input type="checkbox"/> Life Skills	\$300.00
<input type="checkbox"/> Literature	\$325.00 <i>(2-day class)</i>
<input type="checkbox"/> Photography I	\$275.00
<input type="checkbox"/> Physical Science	\$350.00
<input type="checkbox"/> Study Hall	\$250.00
<input type="checkbox"/> World History	\$325.00 <i>(2-day class)</i>
<input type="checkbox"/> Videography	\$250.00
<b>TOTAL:</b>	

***\*Only two Study Halls are permitted per Middle/High school students per day.***

# SHABACH! Christian Academy

## Consent Form

### PERMISSION TO USE PHOTOGRAPHS

I hereby **give consent to allow** newspapers, magazines, and TV photographers, approved by SHABACH! Ministries, Inc. programs to use photographs taken of my child \_\_\_\_\_, at the school for publication.

I **do not give consent to allow** newspapers, magazines, and TV photographers, approved by SHABACH! Ministries, Inc. programs to use photographs taken of my child \_\_\_\_\_, at the school for publication.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

### FIELD TRIP PERMISSION SLIP

This is a general permission slip that will stay in your child file for all field trips. For *School-age students* attending field trips during school hours, you will not receive a slip for each trip; you will only receive an information sheet to inform you of the date, time, and location of the trip.

I hereby give consent for my child, \_\_\_\_\_, to attend all field trips with SHABACH! Christian Academy. I acknowledge that I will be notified in advance by letter, posted sign, or via internet regarding all trips.

I understand that SHABACH! Christian Academy will take all necessary precautions to ensure the safety of my child. Furthermore, I agree to release SHABACH! Ministries, Inc. from any liability which may result from off-site activities.

**If you choose not to sign this portion of this form, your child will not be allowed to attend any field trips.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

# SHABACH! Christian Academy

## Acknowledgement of Handbook - Online

### *All Programs*

As a part of my application agreement with SHABACH! Christian Academy, I have agreed to comply with the financial policies and all rules and regulations, which the school may deem necessary for proper operation. I have been informed of the online handbook at [www.shabachca.org](http://www.shabachca.org) and have read the Parents Handbook for the 2019-2020 school year. I understand that failure to follow all SHABACH! Christian Academy & Learning Center policies and procedures may be grounds for the termination of services.

We sincerely pledge our loyalty to the aims, ideals, policies, procedures, and guidelines set forth in this handbook.

Please check the program(s) you have seen a handbook for:

School Age

Homeschool

Before & After Care

Summer Enrichment (K-8<sup>th</sup>)

Preschool

---

Signature of Parent or Guardian

---

Date

## EMERGENCY FORM

**INSTRUCTIONS TO PARENTS:**

- (1) Complete all items on this side of the form. Sign and date where indicated.
- (2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Last First

Enrollment Date \_\_\_\_\_ Hours & Days of Expected Attendance \_\_\_\_\_

Child's Home Address \_\_\_\_\_  
Street/Apt. # City State Zip Code

Parent/Guardian Name(s)	Relationship	Phone Number(s)		
		Place of Employment:	C:	H:
		_____		
		W:		
		Place of Employment:	C:	H:
		_____		
		W:		

Name of Person Authorized to Pick up Child (*daily*) \_\_\_\_\_  
Last First Relationship to Child

Address \_\_\_\_\_  
Street/Apt. # City State Zip Code

Any Changes/Additional Information \_\_\_\_\_

**ANNUAL UPDATES** \_\_\_\_\_  
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

When parents/guardians cannot be reached, list at least one person who may be contacted to pick up the child in an emergency:

1. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street/Apt. # City State Zip Code

2. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street/Apt. # City State Zip Code

3. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street/Apt. # City State Zip Code

Child's Physician or Source of Health Care \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street/Apt. # City State Zip Code

In EMERGENCIES requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your signature authorizes the responsible person at the child care facility to have your child transported to that hospital.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



**INSTRUCTIONS TO PARENT/GUARDIAN:**

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

\_\_\_\_\_

Medications currently being taken by your child: \_\_\_\_\_

\_\_\_\_\_

Date of your child's last tetanus shot: \_\_\_\_\_

Allergies/Reactions: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY MEDICAL INSTRUCTIONS:**

(1) Signs/symptoms to look for: \_\_\_\_\_

\_\_\_\_\_

(2) If signs/symptoms appear, do this: \_\_\_\_\_

(3) To prevent incidents: \_\_\_\_\_

\_\_\_\_\_

-----

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note to Health Practitioner:**

If you have reviewed the above information, please complete the following:

\_\_\_\_\_  
Name of Health Practitioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Health Practitioner

(\_\_\_\_\_)\_\_\_\_\_  
Telephone Number

# HEALTH INVENTORY

## Information and Instructions for Parents/Guardians

### **REQUIRED INFORMATION**

The following information is required prior to a child attending a Maryland State Department of Education licensed, registered or approved child care or nursery school:

- **A physical examination** by a physician or certified nurse practitioner completed no more than twelve months prior to attending child care. A Physical Examination form designated by the Maryland State Department of Education and the Department of Health and Mental Hygiene shall be used to meet this requirement (See COMAR 13A.15.03.02, 13A.16.03.02 and 13A.17.03.02).
- **Evidence of immunizations.** A Maryland Immunization Certification form for newly enrolling children may be obtained from the local health department or from school personnel. The immunization certification form (DHMH 896) or a printed or a computer generated immunization record form and the required immunizations must be completed before a child may attend. This form can be found at:  
[http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland\\_immunization\\_certification\\_form\\_dhmh\\_896\\_-\\_february\\_2014.pdf](http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland_immunization_certification_form_dhmh_896_-_february_2014.pdf)

**Evidence of Blood-Lead Testing for children living in designated at risk areas.** The blood-lead testing certificate (DHMH 4620) (or another written document signed by a Health Care Practitioner) shall be used to meet this requirement. This form can be found at: [http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/dhmh\\_4620\\_bloodleadtestingcertificate\\_2016.pdf](http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/dhmh_4620_bloodleadtestingcertificate_2016.pdf)

### **EXEMPTIONS**

Exemptions from a physical examination, immunizations and Blood-Lead testing are permitted if the family has an objection based on their religious beliefs and practices. The Blood-Lead certificate must be signed by a Health Care Practitioner stating a questionnaire was done.

Children may also be exempted from immunization requirements if a physician, nurse practitioner or health department official certifies that there is a medical reason for the child not to receive a vaccine.

The health information on this form will be available only to those health and child care provider or child care personnel who have a legitimate care responsibility for your child.

### **INSTRUCTIONS**

Please complete Part I of this Physical Examination form. Part II must be completed by a physician or nurse practitioner, or a copy of your child's physical examination must be attached to this form.

If your child requires medication to be administered during child care hours, you must have the physician complete a Medication Authorization Form (OCC 1216) for each medication. The Medication Authorization Form can be obtained at <http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/occ1216-medicationadministrationauthorization.pdf>

If you do not have access to a physician or nurse practitioner or if your child requires an individualized health care plan, contact your local Health Department.

**PART I - HEALTH ASSESSMENT**

**To be completed by parent or guardian**

<b>Child's Name:</b>			<b>Birth date:</b>			<b>Sex</b>	
_____ Last                      First                      Middle			_____ Mo / Day / Yr			M <input type="checkbox"/> F <input type="checkbox"/>	
<b>Address:</b>							
_____ Number      Street		_____ Apt#      City		_____ State      Zip			
<b>Parent/Guardian Name(s)</b>		<b>Relationship</b>		<b>Phone Number(s)</b>			
				W: _____		C: _____	
				W: _____		C: _____	
<b>Your Child's Routine Medical Care Provider</b>				<b>Your Child's Routine Dental Care Provider</b>		<b>Last Time Child Seen for Physical Exam:</b>	
Name: _____				Name: _____		Dental Care: _____	
Address: _____				Address: _____		Any Specialist: _____	
Phone # _____				Phone _____			
<b>ASSESSMENT OF CHILD'S HEALTH</b> - To the best of your knowledge has your child had any problem with the following? Check Yes or No and provide a comment for any YES answer.							
	<b>Yes</b>	<b>No</b>	<b>Comments (required for any Yes answer)</b>				
Allergies (Food, Insects, Drugs, Latex, etc.)	<input type="checkbox"/>	<input type="checkbox"/>					
Allergies (Seasonal)	<input type="checkbox"/>	<input type="checkbox"/>					
Asthma or Breathing	<input type="checkbox"/>	<input type="checkbox"/>					
Behavioral or Emotional	<input type="checkbox"/>	<input type="checkbox"/>					
Birth Defect(s)	<input type="checkbox"/>	<input type="checkbox"/>					
Bladder	<input type="checkbox"/>	<input type="checkbox"/>					
Bleeding	<input type="checkbox"/>	<input type="checkbox"/>					
Bowels	<input type="checkbox"/>	<input type="checkbox"/>					
Cerebral Palsy	<input type="checkbox"/>	<input type="checkbox"/>					
Coughing	<input type="checkbox"/>	<input type="checkbox"/>					
Communication	<input type="checkbox"/>	<input type="checkbox"/>					
Developmental Delay	<input type="checkbox"/>	<input type="checkbox"/>					
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>					
Ears or Deafness	<input type="checkbox"/>	<input type="checkbox"/>					
Eyes or Vision	<input type="checkbox"/>	<input type="checkbox"/>					
Feeding	<input type="checkbox"/>	<input type="checkbox"/>					
Head Injury	<input type="checkbox"/>	<input type="checkbox"/>					
Heart	<input type="checkbox"/>	<input type="checkbox"/>					
Hospitalization (When, Where)	<input type="checkbox"/>	<input type="checkbox"/>					
Lead Poison/Exposure complete DHMH4620	<input type="checkbox"/>	<input type="checkbox"/>					
Life Threatening Allergic Reactions	<input type="checkbox"/>	<input type="checkbox"/>					
Limits on Physical Activity	<input type="checkbox"/>	<input type="checkbox"/>					
Meningitis	<input type="checkbox"/>	<input type="checkbox"/>					
Mobility-Assistive Devices if any	<input type="checkbox"/>	<input type="checkbox"/>					
Prematurity	<input type="checkbox"/>	<input type="checkbox"/>					
Seizures	<input type="checkbox"/>	<input type="checkbox"/>					
Sickle Cell Disease	<input type="checkbox"/>	<input type="checkbox"/>					
Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>					
Surgery	<input type="checkbox"/>	<input type="checkbox"/>					
Other	<input type="checkbox"/>	<input type="checkbox"/>					
<b>Does your child take medication (prescription or non-prescription) at any time? and/or for ongoing health condition?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes, name(s) of medication(s): _____							
<b>Does your child receive any special treatments?</b> (Nebulizer, EPI Pen, Insulin, Counseling etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes, type of treatment: _____							
<b>Does your child require any special procedures?</b> (Urinary Catheterization, G-Tube feeding, Transfer, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes, what procedure(s): _____							
I GIVE MY PERMISSION FOR THE HEALTH PRACTITIONER TO COMPLETE PART II OF THIS FORM. I UNDERSTAND IT IS FOR CONFIDENTIAL USE IN MEETING MY CHILD'S HEALTH NEEDS IN CHILD CARE.  <b>I ATTEST THAT INFORMATION PROVIDED ON THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</b>							
Signature of Parent/Guardian _____						Date _____	

**PART II - CHILD HEALTH ASSESSMENT**  
**To be completed ONLY by Physician/Nurse Practitioner**

<b>Child's Name:</b>	<b>Birth Date:</b>	<b>Sex</b>
Last                      First                      Middle	Month / Day / Year	M <input type="checkbox"/> F <input type="checkbox"/>

1. Does the child named above have a diagnosed medical condition?  
 No     Yes, describe:

2. Does the child have a health condition which may require EMERGENCY ACTION while he/she is in child care? (e.g., seizure, allergy, asthma, bleeding problem, diabetes, heart problem, or other problem) If yes, please DESCRIBE and describe emergency action(s) on the emergency card.  
 No     Yes, describe:

3. PE Findings

Health Area	WNL	ABNL	Not Evaluated	Health Area	WNL	ABNL	Not Evaluated
Attention Deficit/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lead Exposure/Elevated Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior/Adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bowel/Bladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Musculoskeletal/orthopedic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac/murmur	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical Illness/Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Endocrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychosocial	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Respiratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speech/Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immunodeficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**REMARKS:** (Please explain any abnormal findings.)

4. **RECORD OF IMMUNIZATIONS** – DHMH 896/ or other official immunization document (e.g. military immunization record of immunizations) is required to be completed by a health care provider or a computer generated immunization record must be provided. (This form may be obtained from: [http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland\\_immunization\\_certification\\_form\\_dhmm\\_896\\_-\\_february\\_2014.pdf](http://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/maryland_immunization_certification_form_dhmm_896_-_february_2014.pdf))

**RELIGIOUS OBJECTION:**  
I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any immunizations being given to my child. This exemption does not apply during an emergency or epidemic of disease.  
Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

5. Is the child on medication?  
 No     Yes, indicate medication and diagnosis:  
**(OCC 1216 Medication Authorization Form must be completed to administer medication in child care).**

6. Should there be any restriction of physical activity in child care?  
 No     Yes, specify nature and duration of restriction:

7. Test/Measurement	Results	Date Taken
Tuberculin Test		
Blood Pressure		
Height		
Weight		
BMI %tile		
Lead Test Indicated: DHMH 4620 <input type="checkbox"/> Yes <input type="checkbox"/> No	Test #1                      Test#2	Test # 1                      Test #2

\_\_\_\_\_ **has had a complete physical examination and any concerns have been noted above.**  
(Child's Name)

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician/Nurse Practitioner (Type or Print):	Phone Number:	Physician/Nurse Practitioner Signature:	Date:

**MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE BLOOD LEAD TESTING CERTIFICATE**

**Instructions:** Use this form when enrolling a child in child care, pre-kindergarten, kindergarten or first grade. **BOX A** is to be completed by the parent or guardian. **BOX B**, also completed by parent/guardian, is for a child born before January 1, 2015 who does not need a lead test (children must meet all conditions in Box B). **BOX C** should be completed by the health care provider for any child born on or after January 1, 2015, and any child born before January 1, 2015 who does not meet all the conditions in Box B. **BOX D** is for children who are not tested due to religious objection (must be completed by health care provider).

**BOX A-Parent/Guardian Completes for Child Enrolling in Child Care, Pre-Kindergarten, Kindergarten, or First Grade**

CHILD'S NAME \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 LAST FIRST MIDDLE

CHILD'S ADDRESS \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 STREET ADDRESS (with Apartment Number) CITY STATE ZIP

SEX:  Male  Female BIRTHDATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT OR \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 GUARDIAN LAST FIRST MIDDLE

**BOX B – For a Child Who Does Not Need a Lead Test (Complete and sign if child is NOT enrolled in Medicaid AND the answer to EVERY question below is NO):**

Was this child born on or after January 1, 2015?  YES  NO  
 Has this child ever lived in one of the areas listed on the back of this form?  YES  NO  
 Does this child have any known risks for lead exposure (see questions on reverse of form, and talk with your child's health care provider if you are unsure)?  YES  NO

**If all answers are NO, sign below and return this form to the child care provider or school.**

Parent or Guardian Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If the answer to ANY of these questions is YES, OR if the child is enrolled in Medicaid, do not sign Box B. Instead, have health care provider complete Box C or Box D.**

**BOX C – Documentation and Certification of Lead Test Results by Health Care Provider**

Test Date	Type (V=venous, C=capillary)	Result (mcg/dL)	Comments

Comments:

Person completing form:  Health Care Provider/Designee OR  School Health Professional/Designee

Provider Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

**BOX D – Bona Fide Religious Beliefs**

I am the parent/guardian of the child identified in Box A, above. Because of my bona fide religious beliefs and practices, I object to any blood lead testing of my child.

Parent or Guardian Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**This part of BOX D must be completed by child's health care provider:** Lead risk poisoning risk assessment questionnaire done:  YES  NO

Provider Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_

**MARYLAND DEPARTMENT OF HEALTH IMMUNIZATION CERTIFICATE**

CHILD'S NAME \_\_\_\_\_  
 LAST FIRST MI  
 SEX: MALE  FEMALE  BIRTHDATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 COUNTY \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_  
 PARENT NAME \_\_\_\_\_ PHONE NO. \_\_\_\_\_  
 OR  
 GUARDIAN ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

**RECORD OF IMMUNIZATIONS (See Notes On Other Side)**

Vaccines Type													
Dose #	DTP-DTaP-DT Mo/Day/Yr	Polio Mo/Day/Yr	Hib Mo/Day/Yr	Hep B Mo/Day/Yr	PCV Mo/Day/Yr	Rotavirus Mo/Day/Yr	MCV Mo/Day/Yr	HPV Mo/Day/Yr	Dose #	Hep A Mo/Day/Yr	MMR Mo/Day/Yr	Varicella Mo/Day/Yr	History of Varicella Disease Mo/Yr
1									1				
2									2				
3										Td Mo/Day/Yr	Tdap Mo/Day/Yr	MenB Mo/Day/Yr	Other Mo/Day/Yr
4										_____	_____	_____	_____
5										_____	_____	_____	_____

To the best of my knowledge, the vaccines listed above were administered as indicated.

Clinic / Office Name  
Office Address/ Phone Number

1. \_\_\_\_\_  
 Signature Title Date  
 (Medical provider, local health department official, school official, or child care provider only)

2. \_\_\_\_\_  
 Signature Title Date

3. \_\_\_\_\_  
 Signature Title Date

Lines 2 and 3 are for certification of vaccines given after the initial signature.

**COMPLETE THE APPROPRIATE SECTION BELOW IF THE CHILD IS EXEMPT FROM VACCINATION ON MEDICAL OR RELIGIOUS GROUNDS. ANY VACCINATION(S) THAT HAVE BEEN RECEIVED SHOULD BE ENTERED ABOVE.**

**MEDICAL CONTRAINDICATION:**

**Please check the appropriate box to describe the medical contraindication.**

This is a:  Permanent condition OR  Temporary condition until \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

The above child has a valid medical contraindication to being vaccinated at this time. Please indicate which vaccine(s) and the reason for the contraindication, \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_  
 Medical Provider / LHD Official

**RELIGIOUS OBJECTION:**

I am the parent/guardian of the child identified above. Because of my bona fide religious beliefs and practices, I object to any vaccine(s) being given to my child. This exemption does not apply during an emergency or epidemic of disease.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## How To Use This Form

The medical provider that gave the vaccinations may record the dates (using month/day/year) directly on this form (check marks are not acceptable) and certify them by signing the signature section. Combination vaccines should be listed individually, by each component of the vaccine. A different medical provider, local health department official, school official, or child care provider may transcribe onto this form and certify vaccination dates from any other record which has the authentication of a medical provider, health department, school, or child care service.

**Only a medical provider, local health department official, school official, or child care provider may sign ‘Record of Immunization’ section of this form. This form may not be altered, changed, or modified in any way.**

### Notes:

1. When immunization records have been lost or destroyed, vaccination dates may be reconstructed for all vaccines except **varicella, measles, mumps, or rubella.**
2. Reconstructed dates for all vaccines must be reviewed and approved by a medical provider or local health department no later than 20 calendar days following the date the student was temporarily admitted or retained.
3. Blood test results are NOT acceptable evidence of immunity against diphtheria, tetanus, or pertussis (DTP/DTaP/Tdap/DT/Td).
4. Blood test verification of immunity is acceptable in lieu of polio, measles, mumps, rubella, hepatitis B, or varicella vaccination dates, but **revaccination may be more expedient.**
5. History of disease is NOT acceptable in lieu of any of the required immunizations, except varicella.

## Immunization Requirements

The following excerpt from the MDH Code of Maryland Regulations (COMAR) 10.06.04.03 applies to schools:

“A preschool or school principal or other person in charge of a preschool or school, public or private, may not knowingly admit a student to or retain a student in a:

- (1) Preschool program unless the student's parent or guardian has furnished evidence of age appropriate immunity against Haemophilus influenzae, type b, and pneumococcal disease;
- (2) Preschool program or kindergarten through the second grade of school unless the student's parent or guardian has furnished evidence of age-appropriate immunity against pertussis; and
- (3) Preschool program or kindergarten through the 12th grade unless the student's parent or guardian has furnished evidence of age-appropriate immunity against: (a) Tetanus; (b) Diphtheria; (c) Poliomyelitis; (d) Measles (rubeola); (e) Mumps; (f) Rubella; (g) Hepatitis B; (h) Varicella; (i) Meningitis; and (j) Tetanus-diphtheria-acellular pertussis acquired through a Tetanus-diphtheria-acellular pertussis (Tdap) vaccine.”

Please refer to the “**Minimum Vaccine Requirements for Children Enrolled in Pre-school Programs and in Schools**” to determine age-appropriate immunity for preschool through grade 12 enrollees. The minimum vaccine requirements and MDH COMAR 10.06.04.03 are available at [www.health.maryland.gov](http://www.health.maryland.gov). (Choose Immunization in the A-Z Index)

Age-appropriate immunization requirements for licensed childcare centers and family day care homes are based on the Department of Human Resources COMAR 13A.15.03.02 and COMAR 13A.16.03.04 G & H and the “**Age-Appropriate Immunizations Requirements for Children Enrolled in Child Care Programs**” guideline chart are available at [www.health.maryland.gov](http://www.health.maryland.gov). (Choose Immunization in the A-Z Index)

## HOW TO USE THIS FORM

The documented tests should be the blood lead tests at 12 months and 24 months of age. Two test dates and results are required if the first test was done prior to 24 months of age. If the first test is done after 24 months of age, one test date with result is required. The child's primary health care provider may record the test dates and results directly on this form and certify them by signing or stamping the signature section. A school health professional or designee may transcribe onto this form and certify test dates from any other record that has the authentication of a medical provider, health department, or school. All forms are kept on file with the child's school health record.

### At Risk Areas by ZIP Code from the 2004 Targeting Plan (for children born BEFORE January 1, 2015)

<u>Allegany</u>	<u>Baltimore Co. (Continued)</u>	<u>Carroll</u>	<u>Frederick (Continued)</u>	<u>Kent</u>	<u>Prince George's (Continued)</u>	<u>Queen Anne's (Continued)</u>
ALL	21212	21155	21776	21610	20737	21640
	21215	21757	21778	21620	20738	21644
<u>Anne Arundel</u>	21219	21776	21780	21645	20740	21649
20711	21220	21787	21783	21650	20741	21651
20714	21221	21791	21787	21651	20742	21657
20764	21222		21791	21661	20743	21668
20779	21224	<u>Cecil</u>	21798	21667	20746	21670
21060	21227	21913			20748	
21061	21228		<u>Garrett</u>	<u>Montgomery</u>	20752	<u>Somerset</u>
21225	21229	<u>Charles</u>	ALL	20783	20770	ALL
21226	21234	20640		20787	20781	
21402	21236	20658	<u>Harford</u>	20812	20782	<u>St. Mary's</u>
	21237	20662	21001	20815	20783	20606
<u>Baltimore Co.</u>	21239		21010	20816	20784	20626
21027	21244	<u>Dorchester</u>	21034	20818	20785	20628
21052	21250	ALL	21040	20838	20787	20674
21071	21251		21078	20842	20788	20687
21082	21282	<u>Frederick</u>	21082	20868	20790	
21085	21286	20842	21085	20877	20791	<u>Talbot</u>
21093		21701	21130	20901	20792	21612
21111	<u>Baltimore City</u>	21703	21111	20910	20799	21654
21133	ALL	21704	21160	20912	20912	21657
21155		21716	21161	20913	20913	21665
21161	<u>Calvert</u>	21718				21671
21204	20615	21719	<u>Howard</u>	<u>Prince George's</u>	<u>Queen Anne's</u>	21673
21206	20714	21727	20763	20703	21607	21676
21207		21757		20710	21617	
21208	<u>Caroline</u>	21758		20712	21620	<u>Washington</u>
21209	ALL	21762		20722	21623	ALL
21210		21769		20731	21628	
						<u>Wicomico</u>
						ALL
						<u>Worcester</u>
						ALL

### Lead Risk Assessment Questionnaire Screening Questions:

1. Lives in or regularly visits a house/building built before 1978 with peeling or chipping paint, recent/ongoing renovation or remodeling?
2. Ever lived outside the United States or recently arrived from a foreign country?
3. Sibling, housemate/playmate being followed or treated for lead poisoning?
4. If born before 1/1/2015, lives in a 2004 "at risk" zip code?
5. Frequently puts things in his/her mouth such as toys, jewelry, or keys, eats non-food items (pica)?
6. Contact with an adult whose job or hobby involves exposure to lead?
7. Lives near an active lead smelter, battery recycling plant, other lead-related industry, or road where soil and dust may be contaminated with lead?
8. Uses products from other countries such as health remedies, spices, or food, or store or serve food in leaded crystal, pottery or pewter.