



A.L.L. for Kids at Tiegerman Preschool & Child Care

PARENT ACKNOWLEDGEMENT

I _____, parent/guardian of _____ acknowledge that I have received, read, completed, signed and understood the following forms and agreements:

- | | |
|-----------------------------------|----------------------------|
| * Tuition Fee Schedule | * Emergency Authorization |
| * Child Pickup Form | * Infection Control |
| * Family Password Form | * Photography Release Form |
| * CACFP Eligibility Application | * Registration Form |
| * Tuition Payment Agreement | * Holiday Closing Calendar |
| * Medical Examination and History | * Tuition Payment Policy |

A.L.L. For Kids Does Not Provide Transportation.

I understand that the hours of operation of the Center are 7:10 am - 5:15 pm and I agree that I will pick up or make appropriate arrangements for pickup of my child at the time specified in my Tuition Agreement. In the event that pickup is not made on time, A.L.L. for Kids will attempt to call the parent. If there is no response, the emergency contact person(s) will be called to pick up my child. The closing teacher will remain with the child until 6:00pm at which time the Director of the Center will call the Child Protective Services if no one has been contacted to make arrangements to pick up the child.

The hours of operation for A.L.L. for Kids at Tiegerman are 7:10 a.m. to 5:15 p.m., Monday through Friday. Any parent who picks up their child after 5:15 p.m. or later than their scheduled pick-up time will be charged our hourly rate of \$10.50 as well as a \$25 coverage fee per day.

Print Name

Signature

Date



A.L.L. for Kids at Tiegerman Preschool & Child Care

PRESCHOOL 3'S & ENRICHMENT 4'S PROGRAM	Weekly Payments	Monthly Payments* (4-Week Month)
Five Day Program		
Full Day 7:10 am – 5:15 pm	\$ 375.00	\$ 1,500.00
Part Day 9:00 am – 2:30 pm	\$ 302.50	\$ 1,210.00

Four Day Program		
Full Day 7:10 am – 5:15 pm	\$ 300.00	\$ 1,200.00
Part Day 9:00 am – 2:30 pm	\$ 252.50	\$ 1,010.00

Three Day Program		
Full Day 7:10 am – 5:15 pm	\$ 250.00	\$ 1,000.00
Part Day 9:00 am – 2:30 pm	\$ 190.00	\$ 760.00

Two Day Program		
Full Day 7:10 am – 5:15 pm	\$ 170.00	\$ 680.00
Part Day 9:00 am – 2:30 pm	\$ 125.00	\$ 500.00

UPK rate 4 hours per day/5 days per week - \$1,000

Hourly rate - \$20.00

Rates effective As of July 1, 2026

****Please note that in months that include five weeks, tuition will reflect an additional week and will be included in your child's payment due for that month.**



A.L.L. for Kids at Tiegerman Preschool & Child Care

Dear Parents,

Once your child has been accepted into the A.L.L. for Kids program you will receive verification of acceptance and a request for our required security deposit to secure your child's placement.

Thank you,

A.L.L for Kids



A.L.L. for Kids at Tiegerman Preschool & Child Care

TUITION PAYMENT AGREEMENT

In accordance with this agreement, I agree to pay A.L.L. for KIDS the monthly/ weekly fee of \$ _____.

A deposit equal to one month's tuition is required. This deposit is applied to the last month of official enrollment at the Center and will be held without interest. The deposit is payable in three monthly installments due as follows:

\$ _____ due today
\$ _____ due in 30 days
\$ _____ due in 60 days

Withdrawal from the Center requires **30 days written notice**. Non-compliance will result in the loss of the initial deposit.

Monthly tuition fees are due on the first day of each month. Payments received after the 10th are considered late. Weekly tuition fees are due each Monday for the upcoming week. A \$20 late charge will be added to any bill not paid on a timely basis.

Since the Center's budget is based on enrollment, no credit will be given for sick or vacation time.

Child's Name

Parent Name

Parent Signature

Date

Schedule

Monday Tuesday Wednesday Thursday Friday

From _____ To _____



A.L.L. for Kids at Tiegerman Preschool & Child Care

AGREEMENT:

I consent to the enrollment of the child listed above in A.L.L. for Kids and have been advised of the policies regarding fees, transportation, food, and the services provided by the Center.

I agree to pay one-third (1/3) of the required security deposit at this time. (If not approved by DSS).

I agree to pay the first tuition payment one week before the child begins at the Center.

I give consent for this child to take part in field trips or excursions away from the facility under proper supervision.

I agree that in case of accident or injury emergency medical care may be given by the Physician, Nurse and/or Hospital chosen by the Center in the event the persons designated as emergency contacts cannot be reached.

I have provided all relevant information needed to assist A.L.L. for Kids in caring for the child.

Signature

Printed Name

Date

Case # (If DSS)



A.L.L. for Kids at Tiegerman Preschool & Child Care

Date: _____

I am interested in enrolling my child _____ in
the A.L.L. for Kids Program on the following day(s)/time(s):

_Days: (please circle) Monday Tuesday Wednesday Thursday Friday

Hours: From _____ To _____

Parent Name:

Parent Signature:

Date: _____



A.L.L. for Kids at Tiegerman Preschool & Child Care

CHILD REGISTRATION FORM

Today's Date:	Date of Birth:	Toilet Trained: (Please circle) Yes No
Days of Attendance:	Hours of Attendance:	Enrollment Start Date:

Child

Child's Last Name:	First Name:	Middle Initial:
Address:	City:	State: Zip:
Sex: M F	Email address	Home Telephone Number:
Name of Person Registering the Child:	Relationship to Child:	

Mother

Last Name:	First Name:	Middle Initial:	Home Phone:
Home Address:			
Place of Business:		Business Phone:	



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Business Address:	Cell Phone
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Father

Last Name:	First Name:	Middle Initial:	Home Phone:
Home Address:			
Place of Business:		Business Phone:	
Business Address:		Cell Phone or Beeper:	

Physician

Last Name:	First Name:	Telephone:
Address:		



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Emergency Contacts: Please indicate at least 3 persons. The persons below are authorized to pick up the child.

Last Name:	First Name:	Telephone:
Last Name:	First Name:	Telephone:
Last Name:	First Name:	Telephone:
Last Name:	First Name:	Telephone:

RESTRICTIONS: The persons listed below are legally restricted from picking up the child from the center. Authorized Center staff must verify seeing the legal documents by initialing below.

Name:	Relationship:	Document:	Staff Initials:



Date:	Description of Illness or Accident:

Allergies to food, medicine, environment:
Symptoms:
Medical conditions and/or restrictions:
Other significant medical information:



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Special Instructions: Diet, Habits, Religious, etc.

--

List people living in the home, relationship to the child and the child's name for them:

--

List other important people, pets, etc.:

--

Describe any previous experiences in a group setting:

--



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What experiences has the child had in separating from the primary caregiver?

Parental Concerns

Digestion:

Coordination:

Speech/Hearing:

Vision:

Other concerns:



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Languages spoken at home: _____

If more than one language, which is the primary language spoken? _____

Where does your child sleep? Bed or Crib

Share a room? Yes or No If yes, with whom? _____

When does your child nap and for how long? _____

If so, we provide cots for sleeping arrangements

List your child's favorite book(s) _____

List your child's favorite toy(s) _____

List your child's favorite food(s) _____

What comfort items does your child use? Time of day _____

Pacifier _____ Bottle _____ Blanket _____ other _____

Does he/she have any particular fears? _____

Does he/she have temper tantrums? _____ What do they consist of? _____

What activities does he/she seem to enjoy? _____

Does your child eat/drink independently? _____

Is your child currently toilet-trained? Yes _____ No _____

If no, do they wear diapers or Pull-Ups? _____

When toileting, does your child stand or sit? _____

Does your child need assistance? _____

How does the child indicate the need to go to the bathroom?

Specific words for urination:

Specific words for bowel movement:

Additional relevant information:



A.L.L. for Kids at Tiegerman Preschool & Child Care

CHILD PICK UP

Child's Last Name	First Name	Middle Initial
Child's Address		
City	State	Zip Code

In order to insure the safety of each child enrolled in A.L.L for Kids it is important that we have an up to date list of all people to whom we may release your child to. Please indicate below the name, address, telephone number and relationship to each and every person, including yourself, who may pick up your child from A.L.L. for Kids. It is your responsibility to update this form as necessary. A photo ID must be presented when picking up a child. **Only persons listed below will be allowed to pick up the above named child.**

Name			
Address		Relationship	
City	State	Zip	Telephone Number ()

Name			
Address		Relationship	
City	State	Zip	Telephone Number ()

Name			
Address		Relationship	
City	State	Zip	Telephone Number ()



A.L.L. for Kids at Tiegerman Preschool & Child Care

Name			
Address		Relationship	
City	State	Zip	Telephone Number ()

Name			
Address		Relationship	
City	State	Zip	Telephone Number ()

Name			
Address		Relationship	
City	State	Zip	Telephone Number ()

I assume full responsibility for my child during transportation to and from A.L.L. for Kids.

Signature:	Date:
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A.L.L. for Kids at Tiegerman Preschool & Child Care

Emergency Authorization

I give A.L.L. for Kids permission to administer emergency medical treatment to my child/children, _____. Furthermore, I give my permission to have an ambulance transport my child/children to the hospital in the case of a medical emergency. I understand that I will be contacted immediately as well. If I cannot be reached, the center will contact those persons I have listed on the registration form as emergency contacts.

Parent/Guardian Name

Parent/Guardian Signature

Date



A.L.L. for Kids at Tiegerman Preschool & Child Care

PHOTO/VIDEO/MEDIA RELEASE

From time to time, A.L.L. for Kids at Tiegerman (AKA Tiegerman) takes pictures or records videos of students and their families participating in Tiegerman programs, using its facilities, or attending one of its special events. Additionally, Tiegerman may permit members of the media (the "Media") to take such pictures or record such videos in order to promote Tiegerman's mission and for other journalistic purposes. The individual person named below is signing this Release for the purposes of allowing Tiegerman and the Media to use one or more such photographs, video recordings, and/or sound recordings (collectively, "Recordings") of such person for any purpose consistent with Tiegerman's mission, which includes, but is not limited to, Tiegerman or the Media publishing such Recordings in newspapers, on web sites, on social media channels and any print or electronic publications, on television, or on the radio. By signing this Release, such person acknowledges that he or she has freely consented to be photographed, filmed, or otherwise recorded and has signed this Release of his or her own free will. If the person named below is under age 18, a parent or guardian of such person must sign on such person's behalf. In addition, I am aware that my child may be video monitored within the classroom at any time.

1. I agree that I am willing to have me/my child photographed, filmed, or otherwise recorded by Tiegerman, its contractors, and the Media, either individually or as part of a group recording, which may include my/my child's image, likeness, and/or voice. I further agree that me/my child's first name may be used to identify me/my child as a subject of any Recordings featuring my/my child's image, likeness, and/or voice.
2. I understand that Tiegerman will own all rights in the Recordings of me/my child that Tiegerman or a contractor takes or records ("Tiegerman Recordings"), and that Tiegerman will have the exclusive right to use, or allow others to use, such Tiegerman Recordings in any medium for any purpose consistent with Tiegerman's charitable mission as determined by Tiegerman.
3. I understand that the Media will own all rights in the Recordings of me/my child that the Media takes or records ("Media Recordings"), and that the Media will have the exclusive right to use, or allow others to use, such Media Recordings in any medium for any lawful purpose.
4. I understand that I am waiving any and all rights that may preclude Tiegerman's or the Media's use of the Recordings as described above.
5. I acknowledge that neither Tiegerman nor the Media has any obligation to use any Recordings of me or to use such Recordings for any particular purpose.
6. I understand that I will receive no monetary payment or other compensation in exchange for the rights to use Recordings of me/my child.

Child's Name (printed)

Parent / Guardian Signature

Name of Parent / Guardian (printed)

Date



A.L.L. for Kids at Tiegerman Preschool & Child Care

Each family is to choose a password which is to be used when a parent calls to give permission for anyone, other than those listed on their child's pickup list, to pick up their child. The password is to confirm that it is the parent they are speaking with on the telephone. The password should only be known by the parents, teacher and the Director.

Please fill in your family password and memorize it.

Our Family Password is

Child's Name: _____

Date: _____



A.L.L. for Kids at Tiegerman Preschool & Child Care Rest & Napping Agreement

Rest & napping arrangements must be made in writing between the parent(s) and the child care provider. The provider shall maintain this completed agreement on file. This arrangement is required by New York State Child Day Care Regulations (Child Day Care Center 418-1.7).

I, (parent name) _____,
understand that my child/children, _____,
while under the care of All for Kids, will be napping on a cot in his/her classroom,
Room 120.

My child will have competent supervision at all times, through direct supervision
by a caregiver who is in the same room and has direct visual contact with him/her.

Parent's Signature:

Name: (please print) _____

Signature: _____

Date: _____ (Month/Day/Year)

Child Care Provider's Signature:

Name: (please print) _____

Signature: _____

Date: _____ (Month/Day/Year)

(Revised 7/2018)



A.L.L. for Kids at Tiegerman Preschool & Child Care

ALLERGY & MEDICATION FORM*

Name: _____ Sex: _____ Date of Birth: _____

My child, _____
(complete name)
has the following allergies (medication, food, etc.), diet restriction, etc.:

My child does NOT have any allergies _____ (*check here and sign below*).

Please indicate any medication that is prescribed to your child.

Daily med taken
at school: _____

Daily med taken
at home: _____

PRN med: _____

Please provide a 3-day supply of medication in case of a widespread emergency.

Thank you.

Date

Parent or Guardian Signature

*** Please note, this form must be submitted annually.**

2019/2020



A.L.L. for Kids at Tiegerman Preschool & Child Care

Health Care Plan and Guidelines

A.L.L. for Kids is committed to:

- ✓ Maintaining a healthy environment for our children and staff.
- ✓ Promoting and protecting the health of our children and staff.
- ✓ Controlling the spread of infection.

Our Health Care Plan includes our policies and procedures that will allow us to attain these goals. It is a living document and will change as the needs of our program dictate. The Health Care Plan and Guidelines are available on site for parental review upon request.

A.L.L. for Kids will accommodate toddlers and pre-school children, including well children, mildly ill children and children taking medication. The mildly ill child refers to a child whose health condition is accompanied by a medium activity level because of symptoms. The mildly ill child may require a modified activity plan but has the opportunity to move about the room safely. Our Plan will specify ***exclusion criteria*** that define when a child is too ill to remain in care.

Health Policies

A.L.L. for Kids shall require that all children have routine health supervisions by the child's health provider according to the standards of the American Academy of Pediatrics (AAP).

- All entrants shall have on file prior to admission a health assessment and physical exam. **Documentation of yearly exams must be provided annually.**
- All entrants shall provide written documentation of immunizations appropriate for the child's age as specified by the AAP.
- When a child's health condition deteriorates and requires more care than that described for a mildly ill child the parents will be notified by either the school nurse or classroom staff and will be required to pick up their child.

We strongly suggest that you consider your plans for the care of your sick child ahead of time. Some days you may feel that you want to be with your child. At other times, it may involve arrangements with family members, responsible friends, or someone who can provide care in your home.

Our staff will be sensitive to your child's health status during the day. Our goal is to prevent the spread of illness to healthy children. Every working parent is depending on the cooperation and good health policies of the families who attend our center.



A.L.L. for Kids at Tiegerman Preschool & Child Care

Please:

- ✓ Maintain your child's immunizations and schedule annual check-ups.
- ✓ Keep all telephone numbers up to date.
- ✓ Have an alternative plan arranged for when your child is ill.
- ✓ A.L.L. for Kids and DSS require a doctor's note for 5 or more consecutive absences and will not permit re-entry without one.

Remember:

- Any child diagnosed with a communicable disease must have a physician's note stating the diagnosis, and that the child is no longer contagious and may return to their child care center.
- To make your child more comfortable and provide another safeguard to the health of our children and staff, please let the staff know the diagnosis for your child's symptoms whenever you take your child to the doctor.
- Every child will stay healthier when sick children are kept at home. We all need to work together to provide the best environment for our children.

Thank you for your cooperation



A.L.L. for Kids at Tiegerman Preschool & Child Care

Exclusion Criteria

The center shall temporarily exclude a child or send the child home as soon as possible if one or more of the following conditions exist:

1. The illness prevents a child from participating comfortably in activities as determined by the childcare provider.
2. The illness results in a greater need for care than the childcare staff can provide without compromising the health and safety of the other children as determined by the childcare provider.
3. The child has any of the following conditions:
 - a. Fever greater than 100.4 degrees Fahrenheit and accompanied by behavioral changes.
 - b. Symptoms and signs of possible severe illness including:
 - i. Unexplained tiredness
 - ii. Uncontrolled coughing
 - iii. Unexplained irritability or persistent crying
 - iv. Difficulty breathing
 - v. Other unusual signs for the child
 - c. Diarrhea – 2 or more watery stools not associated with change in diet or medication.
 - d. Unexplained blood in stool.
 - e. Two or more episodes of vomiting.
 - f. Persistent abdominal pain or intermittent pain associated with fever.
 - g. Mouth sore with drooling unless it has been determined that the child is noninfectious.
 - h. Rash with fever or behavior changes unless determined as non-contagious by a physician.
 - i. Purulent conjunctivitis, until treatment has been initiated.
 - j. Pediculosis (head lice) from the end of the day until after first treatment.
 - k. Scabies, until after treatment has been completed.
 - l. Tuberculosis, until a health care provider states that the child is on appropriate therapy and can attend childcare.
 - m. Impetigo, until 24 hours after treatment has been initiated.
 - n. Strep throat, until 24 hours after initial antibacterial treatment and cessation of fever.
 - o. Varicella-Zoster (chicken pox), until all sores have dried and crusted.
 - p. Pertussis, until 5 days of appropriate treatment has been completed.
 - q. Mumps, until 9 days after onset of parotid gland swelling.
 - r. Hepatitis A virus, until 1 week after onset of illness, jaundice, or as directed by the health department.
 - s. Measles, until 4 days after onset of rash.
 - t. Rubella, until 6 days after onset of rash.



A.L.L. for Kids at Tiegerman Preschool & Child Care

- u. Unspecified respiratory tract illness.
- v. Shingles: after positive diagnosis, children with shingles shall keep sores covered by clothing or a dressing until sores have crusted.
- w. Herpes simplex: child with cold sores who does not have control of oral secretions shall be excluded.

*Please be advised upon return the student will be examined by the school nurse and will need to be cleared.

The nurse or childcare provider (when the nurse is not on site) shall make the decision about whether a child meets or does not meet the exclusion criteria.



A.L.L. for Kids at Tiegerman Preschool & Child Care

Medication Policy

A.L.L. for Kids will administer medication, including prescription and non-prescription (over the counter/OTC medication), in accordance with the following guidelines:

- At no time will a parent/guardian be prevented from administering medication to their child when at A.L.L. for Kids. The childcare provider must document the dosage and time the medication was given to the child by the parent.
- Specially trained providers may administer eye drops, ear drops, oral medications, topical ointments and medications, inhaled medications, and an Epi-Pen.
- A childcare provider who agrees to administer medication must do so, unless they observe circumstances for which they were specifically told not to administer the medication. In such an instance, the childcare provider must notify the parent that the medication was not given and why.
- **Medication, including OTC medication, may only be administered with written permission from the parent and written instructions from the child's physician.** Unused medication will be returned or, with permission from the parent, disposed of by the childcare provider.
- Written instructions must include:
 - child's name
 - prescriber's name, telephone #, signature
 - date authorized
 - medication name, dosage and frequency
 - method of administration
 - length of time to be given
 - reason for medication
 - most common side effects
 - any special instructions
- Medications must be kept in the original labeled container – OTC medication must be labeled with the child's name and prescription medications must have the original pharmacy label.
- Medication that must be given on a long term basis must be reauthorized at least once every 6 months. Any changes in the original instructions must be reauthorized.
- If a parent requests administration of medication and does not have the necessary authorizations, the childcare provider may give the medication with the oral approval of the parent and verbal instruction (followed by written instruction) from the child's physician **for that day only**. The provider must document that they received verbal instructions from the physician and that they requested the physician send written instruction to the childcare provider.



A.L.L. for Kids at Tiegerman Preschool & Child Care

- The childcare provider may administer over the counter topical ointments, including sunscreen lotion and insect repellent, upon the written instruction of the parent. No special training is required of the childcare provider to apply sunscreen or insect repellent.
- All childcare providers who have agreed to administer medication must complete an approved training program. The school nurse will be available during school hours. Medication Administration Training (MAT) certified staff will be available during childcare hours. When neither is present, medication will not be distributed. If parents are not accessible, emergency contact will then be notified.
- Medication is stored in a clean area inaccessible to children.
- When medication is administered staff must document time, dosage and any observable side effects. Parents will be notified of such side effects. Parents, as well as, the Office of Child and Family Services will be notified of any medication administration errors.
- No child will be allowed to administer medication independently.



A.L.L. for Kids at Tiegerman Preschool & Child Care

Lead Poisoning

Reviewed by: [Shayan T. Vyas, MD](#)

Date Reviewed: February 2015 www.kidshealth.org

If you have young kids, it's important to find out whether there's any risk that they might be exposed to lead, especially if you live in an older home. Many toys and other products from outside the United States have also been found to contain lead.

Long-term exposure to lead, a naturally occurring metal used in everything from construction materials to batteries, can cause serious health problems, particularly in young kids. Lead is toxic to everyone, but unborn babies and young children are at greatest risk for health problems from lead poisoning — their smaller, growing bodies make them more susceptible to absorbing and retaining lead.

Each year in the United States, 310,000 1- to 5-year-old kids are found to have unsafe levels of lead in their blood, which can lead to a wide range of symptoms, from headaches and stomach pain to behavioral problems and [anemia](#) (not enough healthy red blood cells). Lead also can affect a child's developing brain.

The good news is that you can protect your family from lead poisoning. Talk to your doctor about potential lead sources in your house or anywhere your kids spend long periods of time, especially if they're younger than 3 years old.

And it's important for kids at risk of exposure to undergo [blood tests for lead](#) — many people with lead poisoning show only mild symptoms or even no symptoms at all.

Why Is Lead Harmful?

Whether it's inhaled, swallowed, or, more rarely, absorbed through the skin (just by touching a product that contains lead), lead can act as a poison. Exposure to high lead levels in a short period of time is called acute toxicity. Exposure to small amounts of lead over a long period of time is called chronic toxicity.

Lead is particularly dangerous because once it gets into a person's system, it is distributed throughout the body just like helpful minerals such as iron, calcium, and zinc. And lead can cause harm wherever it lands in the body. In the bloodstream, for example, it can damage red blood cells and limit their ability to carry oxygen to the organs and tissues that need it, thus causing anemia.

Most lead ends up in the bone, where it causes even more problems. Lead can interfere with the production of blood cells and the absorption of [calcium](#) that bones need to grow healthy and strong. Calcium is essential for strong bones and teeth, muscle contraction, and nerve and blood vessel function.



A.L.L. for Kids at Tiegerman Preschool & Child Care

Effects of Long-Term Lead Poisoning

Lead poisoning can lead to a variety of health problems in kids, including:

- decreased bone and muscle growth
- poor muscle coordination
- damage to the nervous system, kidneys, and/or hearing
- [speech and language](#) problems
- developmental delay
- seizures and unconsciousness (in cases of extremely high lead levels)

How Lead Poisoning Happens

Most commonly, kids get lead poisoning from lead-based paint, which was used in many U.S. homes until the late 1970s, when the government banned the manufacture of paint containing lead.

That's why kids who live in older homes are at a greater risk for lead poisoning. Also at risk are those who immigrate to the United States or [are adopted](#) from a foreign country that doesn't regulate the use of lead. Children with a history of the disorder [pica](#) (persistent and compulsive cravings to eat non-food items, like dirt, paint chips, or clay) also are at risk for lead poisoning.

Lead is also found in other environmental areas, including:

- contaminated soil, which is found near busy streets, in part because lead was an ingredient in gasoline until the late 1970s. The soil that surrounds homes that were painted with lead-based paint also might be contaminated. Contaminated soil is a particular concern because it can introduce lead dust into the home.
- water that flows through old lead pipes or faucets, if the pipes begin to break down
- food stored in bowls glazed or painted with lead, or imported from countries that use lead to seal canned food
- some [toys](#), jewelry, hobby, and sports objects (like stained glass, ink, paint, and plaster)
- some folk or home remedies, such as greta and azarcon (used to treat an upset stomach)



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Signs of Lead Poisoning

Many kids with lead poisoning don't show any signs of being sick, so it's important to eliminate lead risks at home and to have young kids [tested for lead exposure](#).

When kids do develop symptoms of lead poisoning, they usually appear as:

- ✓ irritability or behavioral problems
- ✓ difficulty concentrating
- ✓ headaches
- ✓ loss of appetite
- ✓ weight loss
- ✓ sluggishness or fatigue
- ✓ abdominal pain
- ✓ vomiting or nausea
- ✓ constipation
- ✓ pallor (pale skin) from anemia
- ✓ metallic taste in mouth
- ✓ muscle and joint weakness or pain
- ✓ seizures

These symptoms also can indicate a wide variety of other illnesses, so if your child has any of them, talk to your doctor. A blood test may be necessary to look for lead poisoning or other health problems.

Treatment

Treatment for lead poisoning varies depending on how much lead is in the blood. Small amounts often can be treated rather easily; the most important part of therapy is reduction of lead exposure. Gradually, as the body naturally eliminates the lead, the level of lead in the blood will fall.

Kids with severe cases and extremely high lead levels in their blood will be hospitalized to receive a medication called a chelating agent, which chemically binds with lead, making it weaker so the body can get rid of it naturally.

Calcium, iron, and vitamin C are important parts of a healthy diet and also help to decrease the way the body absorbs lead. Your doctor may recommend your child take supplements if there's not enough intake in his or her diet.

All siblings of a child found to have lead poisoning also should be tested. Doctors will



A.L.L. for Kids at Tiegerman Preschool & Child Care

report cases of lead poisoning to the public health department.

Protecting Your Family

You can protect your kids from lead poisoning by ensuring that your home is lead-free — ask your local health department about having your home evaluated for lead sources. And have your kids tested for lead exposure, particularly if when they're between 6 months and 3 years old. Kids this age spend a lot of time on the floor and try to put things in their mouths.

These tips can help you reduce the risk of lead exposure:

- ✓ **Be wary of old plumbing.** Old plumbing might be lined with lead. If you have an old plumbing system (in homes built before 1970), which used copper pipes and lead solder, you may want to get your water tested. You can call your local health department or water department to find a laboratory that will test your water for lead content. You also can take precautions to limit your exposure. If the water from the cold faucet has not been run for several hours, let cold water run for 30 seconds before drinking it. And because hot water absorbs more lead than cold water, don't use hot tap water for meals.
- ✓ **Keep your home and your family clean.** Wash your kids' hands and toys often, and keep dusty surfaces clean with a wet cloth.
- ✓ **Ensure that iron and calcium are in your diets.** If kids are exposed to lead, good nutrition can reduce the amount that's absorbed by their bodies. Eating regular meals is helpful because lead is absorbed more during periods of fasting.
- ✓ **Know where your kids play.** Keep them away from busy roads and the underside of bridges.

If you suspect that you might have lead-based paint on your walls, use a wet cloth to wipe windowsills and walls. Watch out for water damage that can make paint peel. Don't sand or heat lead-based paint because doing so increases the risk that lead will be inhaled. If the paint doesn't have many chips, a new layer of paint, paneling, or drywall will probably reduce the risk. It's best to consult a professional, especially because other precautions might be needed to contain the lead in the paint.

Reviewed by: [Shayan T. Vyas, MD](#)

Date reviewed: February 2015



A.L.L. for Kids at Tiegerman Preschool & Child Care

Medical Release Form

If it is decided that a child who is attending A.L.L. for Kids is in need of emergency treatment at a hospital, the following procedure will be followed:

1. Parent(s)/Guardian(s) will be notified immediately. If the parent(s)/guardian(s) cannot be reached, an emergency contact will be notified. In the event parent(s)/guardian(s) and emergency contacts cannot be reached, your child, where necessary, will be transported to the nearest medical facility.
2. If your child attends A.L.L. for Kids, Glen Cove Police/EMS will be called. The 1st Precinct has stated that the ambulance will take the child to the nearest hospital, which is Northwell Hospital at Glen Cove.

I _____ (name of Parent or Guardian) hereby give my
permission to A.L.L. for Kids to have my child _____ (child's
name) treated in the event of a medical emergency. I understand that the above procedure will
be followed.

***This form cannot be faxed. The original needs to be mailed.**

Signature of Parent or Guardian

Notary

Date

****This release will remain in place for the duration of your child's enrollment at A.L.L. for Kids**



A.L.L. for Kids at Tiegerman Preschool & Child Care

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child:	Date of Birth: / /	Date of Examination: / /
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Immunizations required for entry into day care

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

☐ Yes ☐ No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	5 th Date / /
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date OR 1 st Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Hepatitis B	1 st Date / /	2 nd Date / /	3 rd Date / /		
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /			
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /



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Tests

Tuberculin Test Date: ____ / ____ / ____ Mantoux Results: ☐ Positive ☐ Negative ____ mm
TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.
If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: ____ / ____ / ____

Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year ____ / ____ / ____ Result: ____ mcg/dL ☐ Venous ☐ Capillary

2 years ____ / ____ / ____ Result: ____ mcg/dL ☐ Venous ☐ Capillary

Most recent date of lead screening (if different from above):

____ / ____ / ____ Result: ____ mcg/dL ☐ Venous ☐ Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.
If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)



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CHILD IN CARE MEDICAL STATEMENT *(continued)*

Health Specifics	Comments
Are there allergies? (Specify) ☐ Yes ☐ No	
Is medication regularly taken? (Specify drug and condition) ☐ Yes ☐ No	
Is a special diet required? (Specify diet and condition) ☐ Yes ☐ No	
Are there any hearing, visual or dental conditions requiring special attention? ☐ Yes ☐ No	
Are there any medical or developmental conditions requiring special attention? ☐ Yes ☐ No	

Summary of Physical Exam

Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care. ☐ Yes ☐ No

Signature of Examiner	Address	
Please Print Name	City, State, Zip	
Title	() -	/ /
	Phone	Date