

Verification of Residency: Three (3) are required

- Home ownership document or lease agreement
- Mahoning County real estate tax bill
- Federal/State income tax returns with re-addressed label
- Utility bills in your name with current address
- Pay stub with name and current address

- Charge card billing statements with current address
- Bank account statements- address only
- City of Campbell occupancy permit
- Medicare/Medicaid card
- Mail from a business to current address

Immunization Record:

Basic Series	Date 1 st	Date 2 nd	Date 3 rd	Date	Date	Date
D.P.T						
Polio						
Measles						
Rubella						
HIB Vaccine						
Hepatitis B						
Tuberculin						

Childhood Diseases: (Include Year)

- | | | | |
|-----------------------|------------------|---------------------|----------------------|
| _____ Bronchitis | _____ Impetigo | _____ Scabies | _____ Tonsillitis |
| _____ Chickenpox | _____ Lice | _____ Scarlet fever | _____ Ear Infections |
| _____ Croup | _____ Pneumonia | _____ Seizures | _____ Sinusitis |
| _____ Rheumatic Fever | _____ High Fever | _____ Ring Worm | _____ Strep Throat |

Other: _____

Medical History: Give significant details of child's medical history including serious illness, childhood diseases, operations, accidents, handicapping conditions (congenital or acquired), etc. Note significant factors regarding school adjustment, group play, and physical social or emotional abnormality.

Family Doctor: _____

Parent/Guardian Signature	Date	Parent/Guardian Signature	Date
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