



# Preschool Application

School Year: _____
Site: _____
Date Received: _____
<b>FOR OFFICE USE ONLY</b>

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*First Middle Last*

Which elementary school will your child attend? \_\_\_\_\_

Check preferred preschool site:  Central Davie Preschool  Cooleemee Preschool  Cornatzer Preschool  Mocksville Preschool  
 Pinebrook Preschool  William R. Davie Preschool  Shady Grove Preschool

Are you or your spouse an active member of the military  Yes  No

Has your child ever been enrolled in a preschool program?  Yes  No

Do you have a child care voucher from social services for daycare?  Yes  No

Is there any other information you would like to share with us? \_\_\_\_\_

**The following must be turned in with this application:**

- \_\_\_ birth certificate
- \_\_\_ preschool application completed in its entirety.

The following documentation is required before your child can attend the DCS Preschool program:

- \_\_\_ immunization records
- \_\_\_ preschool health assessment

**Parent / Guardian Printed Name** \_\_\_\_\_

**Parent/Guardian Signature Required** \_\_\_\_\_ **Date** \_\_\_\_\_

Mail Completed Applications to:  
 Davie County Schools Pre-Kindergarten  
 220 Martin Luther King Junior Road  
 Mocksville, NC 27028  
 336-751-0016

## STUDENT INFORMATION CARD



School Year: \_\_\_\_\_

### DEMOGRAPHIC INFORMATION

School: \_\_\_\_\_ Student Number: \_\_\_\_\_ Grade: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnicity (**Check one**):  Hispanic/Latino  
 Not Hispanic/Latino

Race (**You Must Check One or More**):  White  Black  Asian  
 American Indian/Alaskan Native  Hawaiian/Pacific Islander

Home Phone Number: \_\_\_\_\_

Student Cell Phone Number: \_\_\_\_\_

Do you have internet access at home?  Yes  No

Physical Address: \_\_\_\_\_  
                                     Number            Street            Apt #            City            Zip Code

Bus Rider?  Yes  No Bus # \_\_\_\_\_  
 Car Rider?  Yes  No

Mailing Address: \_\_\_\_\_  
 (If different)            Number            Street            P.O Box or Apt #            City            Zip Code

### CONTACT INFORMATION

Call order is the order contacts will be contacted in case of an emergency. Please enter email addresses for parent or guardians only. Please place a check in the boxes that apply for "Living with Student?" and "Can Pick Up Student?" for each contact.

Call Order	Relationship	First Name	Last Name	Home Phone	Cell Phone	Place of Employment	Work Phone	Living With Student?	Can Pick Up Student?	Email Address
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	
								<input type="checkbox"/>	<input type="checkbox"/>	

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

**PLEASE COMPLETE THE OTHER SIDE OF THIS FORM**

**SIBLING INFORMATION**

School	First Name	Last Name	Relationship to Student

**OTHER INFORMATION**

Last School Attended: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ City/State: \_\_\_\_\_

In the previous school, did your child receive any of these services?  AIG  EC  Remediation

Does your child have one of these plans?  IEP  504  LEP

If the last school attended was not a Davie County School, has the student previously attended a Davie County School?  Yes  No

If Yes, Davie County School Name: \_\_\_\_\_ Year Withdrawn: \_\_\_\_\_

**CUSTODY INFORMATION**

Student Lives With:  Both Parents  Mother Only  Father Only  Legal Guardian  Other - please specify: \_\_\_\_\_

Parents' Marital Status:  Married to each other  Divorced  Separated  Widow(er)  Never married to each other

*If student does not live full time with both parents, please answer the following questions. Schools need the following information to determine the legal rights of the parents.*

If parents are separated or divorced, who has primary physical custody?  Father  Mother  Joint Custody  Other – please specify: \_\_\_\_\_

Custody Awarded By:  Oral Agreement  Written Agreement  Court Ordered **\*\*Please provide a copy of any court ordered documentation\*\***

If custody is shared between households, please list any address information that is different from the physical address on the front of this card:

Parent Name	Number	Street	P.O Box or Apt #	City	Zip Code
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*Students may be immediately withdrawn and referred for enrollment in the appropriate school if parents submit fraudulent information in an effort to enroll a student in a school to which the student is not assigned.*

FOR OFFICE USE ONLY Enrollment Date: _____ Current as of: _____ Updated: _____ Hrm Teacher: _____
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**PLEASE COMPLETE THE OTHER SIDE OF THIS FORM**



# PREK REGISTRATION

## Insurance Information

Insurance Carrier:

Policy Number:

Please give any information concerning your child which will be helpful in his/her experience in a group setting (such as play, eating, and sleeping habits, special fears, likes or dislikes)

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## Publicity Permission

Parent/Guardian Name

give permission for my child

Child's Name:

to be photographed, videotaped, and written about. These items may be used at school events, published in the newspaper, yearbook, website or other publications.

Signature:

Date:

# Travel and Activity Authorization

You will receive a travel authorization for each field trip we plan during the school year. Once you receive a travel authorization form from a teacher it is important that you return it as soon as possible. If your child does not have a signed travel authorization form **three days before** the scheduled field trip they will not be able to participate. All transportation for the preschool field trips are contracted through Yveddi Transportation.

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## Permission to Play Planned Activities Outside of Fenced Areas of the School Campus

I will allow my child to play outside the fenced area

I will not allow my child to play outside the fenced area

Child's Name

Parent/Guardian Signature

Date

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## Emergency Medical Care Information

Hospital Preference

Signature of Parent/Guardian

Date

## Discipline and Behavior Management Policy

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy.

We:

1. Do praise, reward, and encourage the children.
2. Do reason with and set limits for the children.
3. Do model appropriate behavior for the children.
4. Do modify the classroom environment to attempt to prevent problems before they occur.
5. Do listen to the children.
6. Do provide alternatives for inappropriate behavior to the children.
7. Do provide the children with natural and logical consequences of their behaviors.
8. Do treat the children as people and respect their needs, desires, and feelings.
9. Do ignore minor misbehaviors.
10. Do explain things to children on their levels.
11. Do use short supervised periods of "time out".
12. Do stay consistent in our behavior management program.

We:

1. Do not spank, shake, bite, pinch, push, pull, slap, or otherwise physically punish the children.
2. Do not make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. Do not shame or punish the children when bathroom accidents occur.
4. Do not deny food or rest as punishment.
5. Do not relate discipline to eating, resting, or sleeping.
6. Do not leave the children alone, unattended, or without supervision.
7. Do not place the children in locked rooms, closets, or boxes as punishment.
8. Do not allow discipline of children by children.
9. Do not criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

I, the undersigned parent/guardian of (Child's Name):

Do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Child's Enrollment:

Signature of Parent/Guardian:

Date:

The following requirements apply to both centers and homes.

### **Transportation**

Child care centers or family child care homes providing transportation for children must meet all motor vehicle laws, including inspection, insurance, license, and restraint requirements. Children may never be left alone in a vehicle and child-staff ratio must be maintained.

### **Records**

Centers and homes must keep accurate records such as children's attendance, immunizations, and emergency phone numbers. A record of monthly fire drills practiced with safe evacuation of children must also be maintained. A safe sleep policy must be developed and shared with parents if children younger than 12 months are in care.

### **Discipline**

Each program must have a written policy on discipline, must discuss it with parents, and must give parents a copy when the child is enrolled. Changes in the discipline policy must be shared with parents in writing before going into effect. Corporal punishment (spanking, slapping, or other physical discipline) is prohibited in all centers and family child care homes. Religious-sponsored programs which notify the Division of Child Development and Early Education that corporal punishment is part of their religious training are exempt from that part of the law.

### **Parental Rights**

- Parents have the right to enter a family child care home or center at any time while their child is present.
- Parents have the right to see the license displayed in a prominent place.
- Parents have the right to know how their child will be disciplined.

The laws and rules are developed to establish minimum requirements. Most parents would like more than minimum care. Child care resource and referral agencies can provide help in choosing quality care. Check the telephone directory or talk with a child care provider to see if there is a child care resource and referral agency in your community. For more information visit the Resources in Child Care website at: [www.ncchildcare.nc.gov](http://www.ncchildcare.nc.gov). For more information on the law and rules, contact the Division of Child Development and Early Education at 919-527-6500 or 1-800-859-0829 (In State Only), or visit our homepage at: [ncchildcare.nc.gov](http://ncchildcare.nc.gov).

### **Reviewing Files**

A public file is maintained in the Division's main office in Raleigh for every center or family child care home.

These files can be

- viewed during business hours;
- requested via the Division's web site at [www.ncchildcare.nc.gov](http://www.ncchildcare.nc.gov); or
- requested by contacting the Division at 1-800-859-0829.

### **How to Report a Problem**

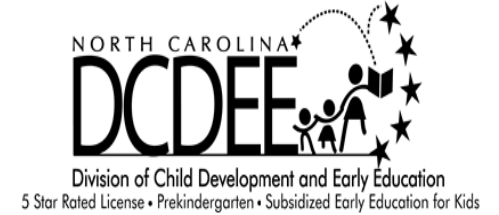
North Carolina law requires staff from the Division of Child Development and Early Education to investigate a licensed family child care home or child care center when there has been a complaint. Child care providers who violate the law or rules may be fined up to \$1,000 and may have their licenses suspended or revoked. If you believe that a child care provider fails to meet the requirements described in this pamphlet, or if you have questions, please call the Division of Child Development and Early Education at 919-527-6500 or 1-800-859-0829.

### **Child Abuse or Neglect**

Abuse occurs when a parent or caregiver injures or allows another to injure a child physically or emotionally. Abuse may also occur when a parent or caregiver puts a child at risk of serious injury or allows another to put a child at risk of serious injury. Neglect occurs when a child does not receive proper care, supervision, discipline, or when a child is abandoned.

**North Carolina law requires any person who suspects child abuse or neglect to report the case to the county department of social services.** In

addition, any person can call the Division of Child Development and Early Education at 919-527-6500 or 1-800-859-0829 and make a report of suspected child abuse or neglect in a child care operation. Reports can be made anonymously. A person cannot be held liable for a report made in good faith. The operator of the program must notify parents of children currently enrolled in writing of the substantiation of any abuse/neglect complaint or the issuance of any administrative action against the child care facility.



# Summary of the North Carolina Child Care Law and Rules

Division of Child Development  
and Early Education

North Carolina Department of  
Health and Human Services  
820 South Boylan Avenue  
Raleigh, NC 27603

Revised **December** 2014

The North Carolina Department of Health and Human Services does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or provision of services.

### **What Is Child Care?**

The law defines child care as:

- three or more children under 13 years of age
- receiving care from a non-relative
- on a regular basis - at least once a week
- for more than four hours per day but less than 24 hours.

The North Carolina Department of Health and Human Services is responsible for regulating child care. This is done through the Division of Child Development and Early Education. The purpose of regulation is to protect the well-being of children while they are away from their parents. The law defining child care is in the North Carolina General Statutes, Article 7, Chapter 110.

The North Carolina Child Care Commission is responsible for adopting rules to carry out the law. Some counties and cities in North Carolina also have local zoning requirements for child care programs.

### **Star Rated Licenses**

Centers and homes that are meeting the minimum licensing requirements will receive a one star license. Programs that choose to voluntarily meet higher standards can apply for a two through five star license. The number of stars a program earns is based upon the education levels their staff meet and the program standards met by the program.

### **Family Child Care Homes**

A family child care home is licensed to care for five or fewer preschool age children, including their own preschool children, and can include three additional school-age children. The provider's own school-age children are not counted. Family child care homes will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants. Licenses are issued to family child care home providers who meet the following requirements:

- Home providers must be 21 years old with at least a high school education or its equivalent, and mentally and emotionally capable of caring for children.
- He or she must undergo a criminal records background check initially, and every three years thereafter.
- All household members over age 15 must also undergo a criminal records background check initially, and every three years thereafter.
- All family child care home providers must have current certification in CPR and first aid and complete an ITS-SIDS training (if caring for infants

0 -12 months) every three years. They also must complete a minimum number of training hours annually.

All family child care homes must meet basic health and safety standards. Providers must maintain verification of children's immunization and health status. They must provide developmentally appropriate toys and activities, as well as nutritious meals and snacks for the children in care. All children must participate in outdoor play at least one hour per daily, if weather conditions permit.

### **Child Care Centers**

Licensing as a center is required when six or more preschool children are cared for in a residence or when three or more children are in care in a building other than a residence. Religious-sponsored programs are exempt from some of the regulations described below if they choose to meet the standards of the Notice of Compliance rather than the Star Rated License. Programs that operate for less than four consecutive months, such as summer camps, are exempt from licensing. Child care centers may voluntarily meet higher standards and receive a license with a higher rating. Centers will be visited at least annually to make sure they are following the law and to receive technical assistance from child care consultants.

Licensed centers must meet requirements in the following areas.

### **Staff**

The administrator of a child care center must be at least 21, and have at least a North Carolina Early Childhood Administration Credential or its equivalent. Lead teachers in a child care center must be at least 18 and have at least a North Carolina Early Childhood Credential or its equivalent. If administrators and lead teachers do not meet this requirement, they must begin credential coursework within six months of being hired. Staff younger than 18 years of age must work under the direct supervision of staff 21 years of age or older. All staff must complete a minimum number of training hours including ITS-SIDS training for any caregiver that works with infants 12 months of age or younger. At least one person on the premises must have CPR and First Aid training. All staff must also undergo a criminal records background check initially, and every three years thereafter.

### **Ratios**

Ratios are the number of staff required to supervise a certain number of children. Group size is the maximum number of children in one group. Ratios and group sizes

for licensure are shown below and must be posted in each classroom.

Age	Teacher : Child Ratio	Maximum Group Size
0-12 months	1:5	10
12-24 months	1:6	12
2 years old	1:10	20
3 years old	1:15	25
4 years old	1:20	25
School-age	1:25	25

*Small centers in a residence that are licensed for six to twelve children may keep up to three additional school-age children, depending on the ages of the other children in care. When the group has children of different ages, staff-child ratios and group size must be met for the youngest child in the group.*

### **Space and Equipment**

To meet licensing requirements, there must be at least 25 square feet per child indoors and 75 square feet per child outdoors. Outdoor play space must be fenced. Indoor equipment must be clean, safe, well maintained, and developmentally appropriate. Outdoor equipment and furnishings must be child size, sturdy, and free of hazards that could injure children.

### **Curriculum**

Four and five star programs must use an approved curriculum in their four-year-old classrooms. Other programs may choose to use an approved curriculum to get a quality point for the star-rated license. Child care programs choose the type of curriculum appropriate for the ages of the children enrolled. Activity plans must be available to parents and must show a balance of active and quiet, and indoor and outdoor activities. Rooms must be arranged to encourage children to explore, use materials on their own and have choices.

### **Health and Safety**

Children must be immunized on schedule. Each licensed center must ensure the health and safety of children by sanitizing areas and equipment used by children. Meals and snacks must be nutritious, and children must have portions large enough to satisfy their hunger. Food must be offered at least once every four hours. Local health, building, and fire inspectors visit licensed centers to make sure standards are met. All children must be allowed to play outdoors each day (weather permitting) for at least an hour a day for preschool children and at least thirty minutes a day for children under two. They must have space and time provided for rest.



NORTH CAROLINA
Pre-KINDERGARTEN HEALTH ASSESSMENT REPORT

(Approved by North Carolina Department of Public Instruction and Department of Health and Human Services)

Personal Data \*Please bring your child's shot records with you to this visit \*

Please Print Clearly - See other side for more required information. Please present completed form to your child's school.

Child's Name (Last) (First) (Middle)

Birth Date: / / 20 (mm/dd/yyyy)

Address: City: State: Zip:

Parent/Guardian Name: Phone:

Yes No

- Are you concerned about your child's health, weight, development or behavior?
Does anyone in your family have a condition that has affected their health, weight, development or behavior? (Please explain in the comments section)
Has your child been seen by a provider for any health, weight, development or behavior concern?
Has your child had a dental exam by a dentist in the last 12 months?
Has your child had a well-child visit or check-up in the last 12 months?

Comments:

Parental Consent: I agree to allow my child's health care provider and school personnel to discuss information on this form and allow the Department of Health and Human Services to collect and analyze information from this form to better understand health needs of children in NC. Signature: Date:

Recommendations to School Personnel Based on Health Assessment

No Recommendations, Concerns or Needs Requesting School Follow Up

Medication

Child takes medicine for specific health conditions:

List medication(s): 1. 2. 3. 4.

Medication must be given and/or available at school

Allergy

Food: Insect: Medicine: Other:

Type of allergic reaction: Anaphylaxis Local reaction

Response required: Epinephrine Auto-injector Other: None

Developmental Concerns Identified (See comments below)

Child needs referral to school support team for further evaluation.

Special Diet

Guidance:

Health-Related Recommendations to Enhance School Performance

For example: sitting near the front of classroom, special equipment needs.

Please specify:

School Health Forms Attached

School Medication Authorization Form Diabetes Care Plan Asthma Action Plan
Health Care Plan(s) List Condition

Comments:

Was this assessment completed in the child's regular health care provider's office? yes no
If no, please provide a copy to the child's parent to give to the child's regular health care provider.

Health Care Professional's Certification - Attach a copy of the immunization record.

I certify that the information on this form is accurate and complete to the best of my knowledge.

Provider's Name: Provider Stamp Here

Provider's Signature: Date:

Practice/Clinic Name:

Practice/Clinic Address:

Practice/Clinic City, State & Zip:

Practice Phone: Fax:

Empty box for Provider Stamp Here

PARENT

HEALTH CARE PROVIDER

PARENT

Child's Birthdate: \_\_\_/\_\_\_/20\_\_\_ (mm/dd/yyyy) Race:  1 Other Non-White  5 Chinese  9 Other Asian  
 Sex:  1 Male  2 Female  2 White  6 Japanese  10 Unknown  
 County of Residence: \_\_\_\_\_  3 Black  7 Hawaiian  
 Zip Code: \_\_\_\_\_  4 American Indian  8 Filipino  
 Hispanic or Latino Origin:  1 Yes  2 No

School your child will be attending: \_\_\_\_\_

Place where your child gets regular health care:

1 Health Department  4 Private Doctor/HMO  
 2 Hospital Clinic  5 Other \_\_\_\_\_  
 3 Community Health Center  6 No regular place

Child has:  
 1 Medicaid  3 No Insurance  
 2 Private Insurance/HMO  4 Other: \_\_\_\_\_

**Doctor/Practice Name:** \_\_\_\_\_  
**Dentist Name:** \_\_\_\_\_

**Date of Health Assessment:** \_\_\_/\_\_\_/\_\_\_

*The health assessment must be conducted by a physician licensed to practice medicine, a physician's assistant as defined in General Statute 90-18, a certified nurse practitioner, or a public health nurse meeting the state standards for Health Check Services.*

**Immunizations - Attach a copy of the immunization record.**

**Pertinent Illnesses, Risks or Developmental Problems:** (Please check all that apply)

<input type="checkbox"/> Allergy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Orthopedic Conditions
<input type="checkbox"/> Anemia <input type="checkbox"/> At-Risk for Anemia	<input type="checkbox"/> Emotional/Behavioral	<input type="checkbox"/> Prematurity (<32 wks. EGA)
<input type="checkbox"/> Asthma	<input type="checkbox"/> Encopresis	<input type="checkbox"/> Seizures/Convulsions
<input type="checkbox"/> Attention/Learning	<input type="checkbox"/> Enuresis (Daytime)	<input type="checkbox"/> Sickle Cell Anemia <input type="checkbox"/> Trait
<input type="checkbox"/> Bleeding Disorder	<input type="checkbox"/> Genetic Disorders	<input type="checkbox"/> Speech/Language
<input type="checkbox"/> Cancer/Leukemia	<input type="checkbox"/> Heart Conditions	<input type="checkbox"/> Tuberculosis <input type="checkbox"/> At-Risk for TB
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Hearing Disorders	<input type="checkbox"/> Vision Disorders
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Kidney Disorders	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Dental Conditions	<input type="checkbox"/> Lead (Hx of $\geq 10$ mcg/dL) <input type="checkbox"/> At-Risk <input type="checkbox"/> Test done	<input type="checkbox"/> None
	<input type="checkbox"/> Obesity	

**Screening Results**

<b>Development</b>	<b>Screening Tool(s) Used:</b>	<b>Developmental Domains:</b>	Within Normal	Concern Identified	Referred to Specialist	<b>Comments:</b>
	<input type="checkbox"/> 1 PEDS <input type="checkbox"/> 4 PSC <input type="checkbox"/> 2 ASQ <input type="checkbox"/> 5 ASQ-SE	Emotional/Social Problem Solving Language/Communication Fine Motor Skills Gross Motor Skills	1	2	3	

<b>Hearin</b>	<b>Hearing</b>	<b>1000 Hz</b>	<b>2000 Hz</b>	<b>4000 Hz</b>	<b>Screening Tool Used:</b>	<input type="checkbox"/> 1 Pass <input type="checkbox"/> 2 Scheduled for re-screen due to middle ear fluid. Re-screen appt. in _____ weeks. <input type="checkbox"/> 3 Referral to audiologist/ENT (check if yes) <input type="checkbox"/> 4 Child has previously diagnosed hearing loss. Screening is not necessary.
	<b>Right</b>					
	<b>Left</b>				Indicate Pass (P) or Refer (R) in each box. Refer means any failure at any frequency in either ear at >20dB.	

<b>Vision</b>	<b>Please remember that vision screening is not a substitute for a comprehensive eye examination.</b>				<input type="checkbox"/> 1 Pass (Acuity, Stereopsis, & Symptoms) <input type="checkbox"/> 2 Referral to eye doctor (check if YES) Refer if worse than 20/40 in either or both eyes, a two line difference between eyes, unable to test, failed stereopsis, or signs of disease. <input type="checkbox"/> 3 Child has a diagnosed vision condition and has had an eye exam in the last 12 months. Screening is not necessary.
		<b>Right</b>	<b>Left</b>	<b>Stereopsis</b> <input type="checkbox"/> Pass <input type="checkbox"/> Fail	
	<b>Far:</b>	20/	20/	<b>Acuity Test Used:</b>	
<b>Was test performed with corrective lenses?</b> <input type="checkbox"/> yes <input type="checkbox"/> no					

**Physical Examination**

Weight: \_\_\_\_\_ lbs. Height: \_\_\_\_\_ ft. \_\_\_\_\_ in.

Body Mass Index (BMI) - for age: \_\_\_\_\_

<input type="checkbox"/> 1 Underweight (< 5%ile)	HEENT	1	2
<input type="checkbox"/> 2 Healthy Weight (5%ile to < 85%ile)	Dental/Oral	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3 Overweight (85%ile to < 95%ile)	Lungs	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4 Obese ( $\geq 95$ %ile)	Cardiac	<input type="checkbox"/>	<input type="checkbox"/>
Blood Pressure: _____ / _____	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 1 Within Normal Range	Neurological	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2 > 90 <sup>th</sup> Percentile ( _____ %ile)	Back/Extremities	<input type="checkbox"/>	<input type="checkbox"/>
	Genital	<input type="checkbox"/>	<input type="checkbox"/>
	Skin	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:** \_\_\_\_\_