



**OUR COMPLETE 2021-2022  
RE-ENROLLMENT PACKET**  
(Existing Parents Only)



Themba Creative



## Early Learning Center

### Children's File Checklist

Date \_\_\_\_\_

Dear \_\_\_\_\_,

Your child's file is missing the following documentation. Please return the attached copies by \_\_\_\_\_

Your child may not return to care after that date if the required documentation is not available.

Documentation Needed	Missing	Update Required
Emergency Card		
Updated Immunizations		
Re-Enrollment Agreement		
Lead Testing Form (ONLY IF NEVER SUBMITTED)		
Receipt of Parent Manual		
Copy of A Valid Driver's License <small>(Parent or Guardian)</small>		
<b>Download The Supply List From The Website</b>		

Note: Re-Registration fee is \$60 for a single child and **\$30** per child for each additional child

Thank you for your cooperation!

If you have any questions regarding this, please contact me at 301-552-5437.

Parent/Guardian  
Acknowledgement Of  
Receipt of Parent Manual

I have received Themba Creative Learning Center LLC, **Parent Manual** and I have agreed to read, had an opportunity to ask questions about, understand, and willing to abide by, and follow the policies set forth herein. \_\_\_\_\_ initial

Children Transport to and from evacuation sites in case of emergency:

In case of an emergency, I give Themba permission to transport my child in personal vehicles to and from our designated evacuation site. I therefore acknowledge that I have received and read Themba's Emergency Preparedness Plan.

Yes\_\_\_No\_\_\_

If no, how would you like your child transported?

Additionally, I would like to volunteer by helping with transporting children to the evaluation site during emergencies.

Yes\_\_\_

No\_\_\_

If yes, kindly provide us with your best reachable contact number

(     ) \_\_\_\_\_ - \_\_\_\_\_ | (type) Cell \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Email Address \_\_\_\_\_

Signature of Parent(s)/Guardian(s)

Print Name

Date

# Themba Creative Learning Center LLC. Re-ENROLLMENT AGREEMENT

TO THE PARENT: Please read this Agreement carefully. If you do not understand any part of it, feel free to ask the Center Director about it. This Agreement and its attachments establish your legal rights and responsibilities, and those of **Themba CLC**, regarding your child's participation at **Themba CLC**. Throughout this Agreement and attachments, the terms "you" and "parent" refer to the parents or legal guardians of the child enrolled at the Center, and the terms "Center" and "we" refer to **Themba CLC** and its staff members. The term "school day" means a day when the Center is open and operating.

By executing this Agreement, You \_\_\_\_\_, agree to enroll  
(parents or guardians)

your child, \_\_\_\_\_ at **THEMBA CLC**, and **THEMBA CLC** agrees to (name of  
child)

accept your child's enrollment, under the terms and conditions as stated below:

## 1. Program and Hours of Care.

Beginning on \_\_\_\_\_, 20\_\_\_\_, the Center will provide care for your child in the  
\_\_\_\_\_ classroom with the following schedule:

Please circle hours of care needed/ only 9 hours per day 7:30-4:30 | 8:00-5:00 | 8:30-5:30 |

Initial parent \_\_\_\_\_ Initial Director \_\_\_\_\_

Part-time: Circle Days: Mon. | Tues. | Wed. | Thurs. | Fri (No part-time care for infants/toddlers/twos)

Please do not drop off before contractual agreement due to staff/child ratios that must be maintained in the morning hours prior to the arrival of additional staff. \_\_\_\_\_ Initial

**Note: Children can only be in school for a maximum of 9 hours per day \_\_\_\_\_ (Initial). The fee is an Additional \$35 per week if parent needs more than 9 hrs of care \_\_\_\_\_ (Initial) If a parent fails to pick up at contractual time, the late fee will automatically be charged to the account that day. Please review late fee policy \_\_\_\_\_ (Initial)**

## 1. Payment.

a. Re registration Fee. A non-refundable Registration Fee of \$60 for a single child and \$30 for each additional child is due and payable on the date your child's re-enrollment Application is returned. Payment of this fee will also place your child on the waiting list if no space is available at the time you apply. Registration is renewed annually by Aug 15th for September enrollment.

b. Tuition. Tuition for your child will be \$ \_\_\_\_\_ per week. tuition is due each Friday before 10:00am. Monthly tuition is due on the first school day of each month. Part-time tuition is due the first day of your child's enrollment schedule (Monday-Wednesday-Friday or Tuesday-Thursday). Weekly tuition is late and is subject to a late fee of \$10.00 per day on Monday at noon. Monthly tuition is late on the second school day of the month at noon and is subject to a late fee of \$10.00 per day until paid.

## 2. Method of Payment.

All tuition payments are made through our automated payment processing, **Tuition Express (See forms Attached)**. Your payment processing may be set up through credit card or bank draft. No other payment methods are accepted. If any automated payment is returned unpaid, you will owe a service fee of \$35.00 in addition to other amounts due. All Credit Cards Payment options will incur a \$2.00/per week processing fee.  
**Credit Cards (additional \$2.00 per week processing fee) \_\_\_\_\_ Initial**  
**Bank Account (Free) \_\_\_\_\_ Initial**

## 3. Late Fees, Suspension, and Termination for Late Payment.

A late fee of **\$10.00 per school day** will be charged everyday by noon if your week's tuition is not paid by the due date as required in the enrollment agreement. The due date for tuition is **Friday**. Your grace period is **Monday by noon**. If the Center has not received your tuition by the due date for your weekly tuition (or by the fifth calendar

day of the month for monthly tuition), the Center may refuse to admit your child to the Center until you pay the amount due. The Center also reserves the right to terminate your child's enrollment for non-payment. You hereby agree that, if **Themba CLC**, has to take collection action to collect unpaid fees, you will be responsible for all accrued late charges until the date collected, and for reasonable collection costs, including attorney's fees.

\_\_\_\_\_Initial

#### 4. Late Pick-Up Penalties.

If your child is picked up after the scheduled closing time of 6:00pm, you will owe a late fee of \$15.00 for up to the first 5 minutes and \$1.00 for each additional minute. These late pick-up penalties must be paid in cash immediately to the office staff. If your child is picked up more than thirty (30) minutes late two (2) or more times in any thirty (30)-day period, the Center may terminate your child's enrollment. \_\_\_\_\_Initial

#### 5. Damage to Center Property.

You hereby agree that you will be responsible for any damage to Center property or equipment caused by you or your child, nor- mal wear and tear excepted, including repairs made necessary by your actions or your child's actions.

#### 6. Changes in Tuition.

You understand that tuition rates are subject to change, and you agree that you will pay the new rate after the Center gives you at least thirty (30)-day notice of such change.

Parent's Signature \_\_\_\_\_

#### 7. Absences.

You are responsible for paying full tuition for your child until YOU TERMINATE the enrollment. This obligation is applicable even when your child is absent due to **illness**, vacation, holidays, inclement weather or other causes. You agree to notify the Center in writing at least one month in advance if your child will not attend due to vacation or other plans. \_\_\_\_\_Initial

#### 8. Readmission After Illness.

State licensing regulations require that, if your child has been ill, he or she may not be readmitted to the Center until he or she is free of symptoms for 24 hours without any fever reducing medications. You hereby agree to abide by this requirement and agree that the decision of the Center's Director shall govern such a readmission.

\_\_\_\_\_Initial

Some communicable diseases may cause a longer time period for the child to be absent in order to protect the health of the staff and children. The center will dictate the time frame the child must stay home regardless of the doctor's timeline. \_\_\_\_\_Initial

**Medication:** Themba does not apply any sunscreen, eye drops or bug repellent to children with or without a doctor's note. Only parent(s) may apply when such is needed. Parents must give the first dose of prescribed meds. \_\_\_\_\_ Initial

#### 9. Holidays and Other Closings.

The Center will be closed on the following holidays: New Year's Day, Martin Luther King, Jr.'s Birthday, Columbus Day, Presidents' Day, Memorial Day, Independence Day, Labor Day, Veteran's Day, Thanksgiving Day, and the day after, Christmas Eve Until January 3rd. If any holiday falls on a Saturday or Sunday, **Themba** may be closed on the following Monday. **Themba** is also closed 2-3 days per year for staff professional development.

Tuition is due in full for these days \_\_\_\_\_ Initial

\*\* Themba is not a religious school; therefore, Themba doesn't single out any one religious holiday to celebrate in our classrooms in order to show respect for other religious holidays that may be celebrated by our families.

\_\_\_\_\_Initial

## 10. Inclement/Emergency Closings

Sometimes Themba must close because of emergencies or inclement weather. When you are not sure about the closing of the center, please call the office by 5:30am or check our website, [www.thembaclc.com](http://www.thembaclc.com) for updates. Themba will also send out an alert by email and or text. Tuition fees are still due during emergency and/or inclement weather closings. Refunds or credits will not be given.

## 11. Suspension

In the judgment of the Center Director, if the child's behavior threatens the physical or mental health of other children or of the staff of the Center, the Center Director will call the parent(s) or guardian(s) to remove the child for the rest of the day. **THEMBA** requires that the child be picked-up within the hour of being notified. Parents or guardians shall continue to be responsible for the daily tuition for that day.

## 13 Withdrawal by Parent

You must give the Center Director at least one month's notice in writing if you wish to withdraw your child from the Center. If you give such notice and if an enrollment deposit was received during enrollment, you may use your Deposit as a credit against your last month's tuition. If you do not give such notice, and a deposit was not received at enrollment, you will still be responsible for your entire last 30-days tuition plus any previously unpaid balances. If you do not give such notice, your entire Enrollment Deposit and any prepaid tuition will be forfeited.

\_\_\_\_\_ Initial

## 14 Termination by Center

(1) The Center may terminate your child's enrollment in the Center, effective immediately, if any of the following conditions arise: In the judgment of the Center Director, the child's behavior or the parent's behavior in the Center threatens the physical or mental health of other children or of the staff/parents of the Center;

(2) Tuition is not paid on or before the fifth calendar day of the month if tuition is paid monthly, or by Wednesday at noon if tuition is paid weekly;

(3) The child is routinely picked up later than the Center closing time or more than thirty (30) minutes late two (2) or more times in a one-month period.

(4) The child is ill when brought to the Center more than three (3) times within any thirty (30)-day period, or the parent fails to pick up a sick child within one hour after being notified of the sickness more than two (2) times during any six (6) month period.

If enrollment is terminated because of any of the above conditions, the Enrollment Deposit will not be refunded, and may not be used as a credit against unpaid tuition, and any prepaid tuition will be forfeited.

Two Weeks' Notice. The Center may terminate your child's enrollment upon two (2) weeks' notice to you if any of the following conditions arise: Any of the conditions listed in (a) above has occurred, and the Center has not exercised its right to terminate enrollment immediately;

In the judgment of the Center Director, the Center's program does not meet the developmental or special needs of your child

You fail to abide by the terms of this Agreement \_\_\_\_\_ Initial

If your enrollment is terminated under this section (b) for reasons other than non-payment of tuition, you will be allowed to use your Enrollment Deposit as a credit toward your tuition. If your enrollment is terminated for non-payment of tuition, your entire Enrollment Deposit and any prepaid tuition will be forfeited.

## **Additional Reminders**

### **No Cell Phone Zone For All**

Themba has a no cell phone zone! Parents please refrain from using your cell phone at Themba during pick up and drop off. Teachers have very limited times to communicate with you, so please be available to chat with them about your child's day. \_\_\_\_\_ Initial

### **Fraternizing Policy**

Staff are not allowed to create personal relationships with parents outside of Themba's business hours. If a staff member does decide to fraternize with any parent that is currently enrolled at Themba, that staff member and the parent will be terminated immediately. \_\_\_\_ Initial

### **Hair Beads**

**NO Hair Beads Policy-** Due to the number of beads that are found on the floor and in children's mouths and noses, we have been forced to implement a NO HAIR BEADS policy for the center. Please do not put beads in your child's hair. If they come to school with beads in their hair we will remove them. They pose a serious danger to all children in the center. \_\_\_\_\_Initial  
(Before/After Care Students are Exempt from this policy).

### **9 Hour Rule**

Children's maximum number of hours at Themba is 9 hours. I understand that I will be charged an additional \$35.00 per week if my child stays over the contractual agreement or I will be charged a late fee as outlined in this agreement \_\_\_\_\_Initial

### **Safety**

For Safety reasons, please do not hold the front door open for anyone. Every parent must use his or her code to enter the building. If the person doesn't have a code, please allow the person to ring the doorbell and show their ID. \_\_\_\_\_Initial

### **Parking/ No Idling**

Please do not park or stand in the fire lane or around the circle. All cars must be parked in a parking space to allow parents to exit the parking lot without being held up. \_\_\_\_\_ Initial

Parents or Staff may not leave the car running for more than 30 seconds while dropping off or picking up.  
\_\_\_\_\_ Initial

### No Admittance after 10:00am /Shots

Children will not be admitted after 10:00am without a doctor's note. If a child was administered shots during the doctor's visit, the child may not return to school due to complications from the shots and fever symptoms associated with the medicine that often makes the child irritable. \_\_\_\_\_Initial

No child will be admitted during nap time between 1pm-3pm, we highly recommend parents to schedule doctor's appointments during the early morning hours in order to get back to the center prior to nap time. Siblings under the age of 18 are not allowed in the classrooms.\_\_\_\_\_ Initial

### Holiday Closings

Themba will close Christmas Eve until the day after New Year's Day. Tuition is still due \_\_\_\_\_  
Initial

### 15 a. Field Trip Participation.

You acknowledge and agree that the Center's regular program includes field trips and other off-premises activities that involve transporting the children on public transportation, in chartered vehicles, or in vehicles that are driven by **THEMBA CLC** staff and parent volunteers. You will be asked to sign a separate Field Trip Permission Form for each excursion. **You acknowledge and agree that no alternate care may be available at the Center in case you do not wish your child to attend such field trip or field trips, and that no tuition refund will be given in such case.** Each parent must participate in and attend one field trip per year with their child(ren).\_\_\_\_\_Initial

If the Center Director or Senior Staff determines that the child needs individual attention, the parent(s) may be requested to attend the field trip with the child, or the child may not be allowed to participate. No alternate care will be provided for any child that will not attend the trip( only pertaining to three's and four years old children) infants-Two' s are not expected to attend without a parent due to their age.

**15 b. Child Custody/Separation/Divorce**/Other Personal Issues Issues relating to child custody, separation and/or divorce or other personal issues are between the parties involved and should not involve the School or its personnel. The School does not enforce custody agreements, nor does it facilitate supervised visitation. Teachers and administrators need to be focused on the children at the School rather than the outside personal issues of the families. If the Administration judges that a family's personal situation becomes or threatens to become a problem, this is grounds for immediate termination of enrollment. While we sympathize with families wrestling with these types of issues, the School needs clear "all or nothing" directions regarding who is allowed to pick up children. For example, "only mom is allowed to pick up" or "only dad or dad's mother are allowed to pick up" or "both parents are allowed to pick up." If there is a custody arrangement regarding different parents picking up on certain days, and the wrong parent picks up, this is an issue to be taken up with a lawyer or the Court, not with the School. Initial\_\_\_\_\_ A child may not return to Themba after a parent removes the child for visitation purposes \_\_\_\_\_Initial

### 16 Publicity and Outside Consultants.

We ask for your permission for your child to be photographed or captured via digital imagery, videotaped, for publicity, news purposes, Website Page, Social Media and for marketing and educational purposes? \_\_\_\_\_YES\_\_\_\_\_No

### 17 Liability Release.

**THEMBA CLC** maintains an insurance policy to cover its liability for injuries, losses, and damage that may occur to your child, your child's property, or your property caused by fire, theft, storm, or other causes.



Acting on behalf of yourself and your child, you hereby waive and agree to release any claims that you, your child, or your child's heirs and successors may have against **THEMBA CLC**, or any successor corporation, or against any officer, shareholder, employee, or agent of **THEMBA CLC**, or any successor corporation, for any and all injuries, losses, and damage to your child, your child's personal property, and your personal property to the extent that those injuries, losses, and damage are not covered by the insurance policy maintained by **THEMBA CLC**, or any successor corporation, or to the extent that the monetary amount of such injuries, losses, or damage exceed any amount payable under such insurance policies. You agree to be responsible for and hold harmless **THEMBA CLC**, any successor corporation, and any of the officers, shareholders, or directors of **THEMBA CLC**, or any successor corporation from and against any and all claims, suits, judgments, or costs that may be brought against **THEMBA CLC**, any successor corporation, its officers, employees, shareholders, or agents of **THEMBA CLC**, for the actual or alleged acts or omissions of you or your child(ren).

**18 Certification That All Information Is Correct.**

The following attachments form a part of this Enrollment Agreement. You hereby certify that you have accurately completed all the forms listed below, and that you have read and agree to abide by all provisions of the Parent Handbook. You agree to notify **Themba** if there is any change in the information you have supplied on the forms listed below:

- a. Deposit Acknowledgment/Receipt
- b. Developmental History Form
- c. Pick-Up Release Form
- d. Custody Information Form (if applicable)
- e. Emergency Information Cards (2)
- f. Authorization to Treat a Minor Form (notarized)
- g. Child Health Inventory and Immunization Record.
- h. Receipt of Parent Manual
- i. Government Issued ID
- j. Tuition Express
- k. Application

**Severability/Unenforced Terms Not Waived.**

If any term of this Agreement is declared invalid or unenforceable, it will be severed and all other terms will remain effective, and they will be construed as though the invalid or unenforceable term did not exist. If **Themba CLC elects** not to require that you comply with any term of this Agreement, **Themba CLC**, will not be deemed to have waived its right to demand compliance with said term at a later time.

**AGREED TO**

Parent's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Center Director's\Assistant Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY FORM**

**INSTRUCTIONS TO PARENTS:**

Complete all items on this side of the form. Sign and date where indicated.

If your child has a medical condition, which might require emergency medical care. If necessary, have your child's health practitioner review that information.

NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.

Allergies: \_\_\_\_\_

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

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: _____ W: _____	C: _____	H: _____
		Place of Employment: _____ W: _____	C: _____	H: _____

Dad's Email \_\_\_\_\_ Mom's Email \_\_\_\_\_

Name of Person Authorized to Pick Up Child (daily) \_\_\_\_\_

Address \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
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) \_\_\_\_\_  
Address \_\_\_\_\_  
Street/Apt.# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_

2. Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_  
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 childcare 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  
(\_\_\_\_) - \_\_\_\_\_



## 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.