LifeSpan

Day Care You Can Trust For Children

BEFORE AND AFTER SCHOOL CARE FOR QCSD CHILDREN

ENROLLMENT PACKAGE FOR 2013-2014 SCHOOL YEAR

Heather Oxenford, Director

267-347-0985

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LifeSpan

Day Care You Can Trust For Children.

Dear LifeSpan Families,

Please let me introduce myself and thank you for choosing LifeSpan for your before/after school needs. My name is Heather Oxenford and I am the Director of the School Age and Summer Camp programs at LifeSpan serving the Quakertown Community School District.

Since 1987, LifeSpan has been providing before and after school care in five of the Quakertown School District's Elementary Schools, and expanded to a sixth school in September, 2011. In addition to these programs, we host summer camp located at the Quakertown High School. We proudly provide care for approximately 200 children from Quakertown and the surrounding communities.

LifeSpan provides a reliable service for working parents while giving you peace of mind knowing your children are being well cared for in a safe environment. Before and After School Programs have become an extension of the home. LifeSpan takes pride in our caring staff who provide guidance, assist with school work, and provide supervised extra learning opportunities for peer interaction and socialization. All staff complete comprehensive backgrounds checks and many are certified teachers.

With our programs being located within the school buildings, this serves nicely to collaborate academic programming with the school district and can reach more children in need of academic support.

LifeSpan's programs are licensed by the Department of Public Welfare and follow their guidelines for program operation. Our programs participate in Pennsylvania's Keystone STARS quality initiative with all programs rating a STAR 3 quality rating. We strive to continually improve our programs through this voluntary program.

LifeSpan's Program Activities include the following:

- Collaborative academic programs with the school district
- Homework supervision
- Curriculum based activities
- Organized Games/Active Play
- Creative Arts/Dramatic Play
- STEM activities (Science, Technology, Engineering and Math)
- Breakfast and Snacks
- Monthly activity calendars and Special Events

Hours of Operation

On regularly scheduled school days the program opens at 6:30 am and runs until the school bell rings. LifeSpan staff will be on site from the time school closes (approximately 3:30 p.m. until 6:00 p.m.

- Delayed openings--6:30 a.m. and remain until the beginning of school day.
- Early dismissal--will run from dismissal until 6:00 pm.
- In-service/snow days--LifeSpan provides full day care at Quakertown Elementary School from 6:30 am until 6:00 pm for registered children. This includes middle school children on these days if they are registered as a "Drop-In".

LifeSpan takes pride in our reputable history of exceptional service to families. We look forward to a stimulating 2013/2014 school year and learning more about your family.

Sincerely,

Heather Oxenford
Director or School Age and Summer Camp
LifeSpan
2460 John Fries Highway
Quakertown PA 18951
267-347-0985 (cell)
215-538-9435 (fax)
hoxenford@lq.org
lifespanchildcare.org

LifeSpan

Day Care You Can Trust For Children.

Enrollment Application

Date: _____ Child's Birth Date: _____

Child's Name: _____

Parents/Guardians: _____

_____

Mailing Address: _____

_____

Home Number: _____ Cell Number: _____

Work Number: _____ Email: _____

Facility: Cedar Pointe East Greenville Quakertown

Child's Schedule for Care: Full Time Part Time
Drop In

Days Child will be Attending: Monday Tuesday Wednesday
Thursday Friday

School Age Program Only

Grade: _____

Program Interest: Before School After School
Before & After School Holiday/Non-Instructional Days

Location:

Cedar Pointe LifeSpan Center East Greenville LifeSpan Center

Quakertown LifeSpan Center:

Trumbauersville* Tohickon Neidig*
Quakertown Richland Pfaff Other _____

***Neidig and Trumbauersville PM care provided at Quakertown Elementary.**

How did you hear about us?

_____

Were you referred by someone? ____ If so, by whom? _____

Office Use Only: *Deposit* _____ *Amount* _____
Anticipated Start Date _____ *Class* _____
Form Reviewed & Entered by _____

LifeSpan
Day Care You Can Trust For Children.

LIFESPAN SCHOOL AGE RATES - Quakertown

2460 John Fries Highway
Quakertown, PA 18951
215-536-4417

EFFECTIVE JULY 1, 2013

ENRICHMENT	Full Time	(4 or more days)	$ 170.00	Week
(Before & After School)	Part Time	(2 or 3 days)	$ 38.00	Day
Bus & Lunch Transportation Fee			$3.00	Day
BEFORE & AFTER SCHOOL CARE	Before	6:30 a.m. to 9:00 a.m.	$ 14.00	Day
	After	3:30 p.m. to 6:00 p.m.	$ 16.00	Day
	Before & After		$ 24.00	Day
	Drop In	(in addition to daily rate)	$ 4.00	
	Holidays/In-Service	(held at Quakertown Elementary)	$ 36.00	Day

Annual Registration Fees:
$35.00 for 1 child
$50.00 for 2 children
$60.00 for 3 or more children

Late Fees: $1.00 per minute after 6:00 p.m.

Services are located in the designated areas in the following schools:

Quakertown Elementary
123 West Seventh Street
Quakertown, PA 18951

Tohickon Valley Elementary School
2360 Old Bethlehem Pike, North
Quakertown, PA 18951

Richland Elementary School
500 Fairview Avenue
Quakertown, PA 18951

Trumbauersville Elementary School
101 Woodview Drive
Quakertown, PA 18951

Pfaff Elementary School
1600 Sleepy Hollow Road
Quakertown, PA 18951

Neidig Elementary School
201 N. Penrose Street
Quakertown, PA 18951

FLEXIBLE SCHEDULES ARE NO LONGER AVAILABLE TO NEW ENROLLEES.
ONLY CURRENT FLEX FAMILIES CAN BE SCHEDULED FOR FLEX TIME.

TRUMBAUERSVILLE & NEIDIG STUDENTS WILL BE BUSED TO QUAKERTOWN ELEMENTARY FOR PM CARE FOR THE 2013-14 SCHOOL YEAR.

AGREEMENT

55 PA CODE CHAPTERS 3270.123 & .181(c); 3280.123 & .181(c); 3290.123 & .181(c)

NAME OF CHILD		EFFECTIVE DATE
FEE AMOUNT $	PER-DAY-WEEK DAY ☐ WEEK ☐	DAY PAYMENT TO BE MADE **MONDAY** WEEKLY ☐ MONTHLY ☐
SERVICES TO BE PROVIDED AS PART OF THE DAY CARE FEE (EXAMPLES: TRANSPORTATION, CARE, MEALS, ETC.)		
FULL TIME ☐ PART TIME ☐ DROP IN ☐		ROOM ASSIGNMENT
MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY ☐ FRIDAY ☐		
CARE ☐ MEALS ☐ TRANSPORTATION ☐		

CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSONS DESIGNATED BY PARENTS TO WHOM CHILD MAY BE RELEASED
LATE FEE $1.00	PER MIN-HR MINUTE	

EXTRA SERVICES TO BE PROVIDED AT AN ADDITIONAL FEE (IF APPLICABLE)	TUITION RATE
	APPLE/TITLE XX
	PRE-K COUNTS
	CONTRACTUAL ALLOWANCE
	LQ EMPLOYEE DISCOUNT (FACILITY)
	TOTAL DUE

I, the Parent/Guardian;

- ☐ Received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)
- ☐ Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)
- ☐ Received a copy of the Parent Handbook.

Signature – Operator Date

Signature – Parent or Guardian Date

DATE OF CHILD'S ADMISSION	**PERIODIC REVIEW**
DATE OF WITHDRAWAL	SIGNATURE – PARENT OR GUARDIAN DATE

EMERGENCY CONTACT/ PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124(a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

CHILD'S NAME		**BIRTHDATE**
ADDRESS		
MOTHER'S NAME/ LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME	EMAIL ADDRESS	WORK NUMBER
FATHER'S NAME/ LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME	EMAIL ADDRESS	WORK NUMBER
EMERGENCY CONTACT PERSON(S)		PHONE NUMBER WHEN CHILD IS IN CARE
1		
2		
3		

PERSON(S) TO WHOM CHILD MAY BE RELEASED	**ADDRESS**	**PHONE NUMBER**
1		
2		
3		

NAME OF CHILD'S PHYSICIAN/ MEDICAL CARE PROVIDER	**PHONE NUMBER**
PROVIDER ADDRESS	
SPECIAL DISABILITIES (IF ANY)	**ALLERGIES (**INCLUDING MEDICATION REACTIONS)
MEDICAL/ DIETARY INFO NECESSARY IN EMERGENCY SITUATION	MEDICATIONS/SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD	
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)

PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE	**ADMIN. OF MINOR FIRST AID PROCEDURES**
WALKS AND TRIPS	**SWIMMING**
TRANSPORTATION BY FACILITY	**WADING**

_____ _____

SIGNATURE OF PARENT OF GUARDIAN **DATE**

_____ _____

SIGNATURE OF PARENT OF GUARDIAN **DATE**

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:

☐ I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE:

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
☐ NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
☐ NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
☐ NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
☐ NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
☐ YES ☐ NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)

☐ YES ☐ NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

LifeSpan
Day Care You Can Trust For Children.

Dear Parents,

In order to post medical/allergy information about children, staff must obtain written permission from the parent.

Please sign this form stating that LifeSpan has permission to post your child's name on our medical/allergy posting.

Thank you,
LifeSpan

****

Child's Name: _____

Allergy/ Medical Condition: _____

Parent/ Guardian Signature: _____

Date: _____

INDIVIDUALIZED EDUCATION PLANS (IEP) AND
INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP)
INFORMATION SHEET

Because of the diverse set of needs of the children in our program, it is important to gather as much information about the best ways to educate each child. IEP's and IFSP's are created by service providers working with children with special needs and include this information. The Keystone STARS Performance Standards therefore require each early learning provider to request copies of IEP's and IFSP's for the children in their care. Because of the importance of the IEP/IFSP to a child's learning, the program should have a copy before the child begins to attend, if possible.

The information found on an IEP/IFSP is protected by privacy laws including the Heath Insurance Portability and Accountability Act (HIPPA). Releases of information may also be required to speak to members of a child's treatment team. Professional development regarding privacy issues, and HIPPA in particular, is highly recommended.

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

I am providing a copy of my child's IEP or IFSP.

I am not providing a copy of my child's IEP or IFSP.

This is not applicable to my child.

Parent/Guardian Signature _____

Printed Name _____ Date _____

Tuition™ Express

Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made from your bank account.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____

☐ Checking ☐ Savings

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

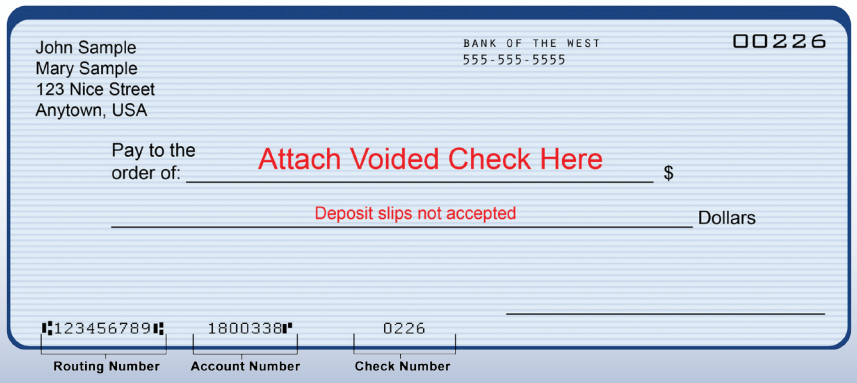
Signature _____ Date _____

☐ Check if you wish to make online payments

For Official Use Only

Date Received _____

Employee Signature _____



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Tuition™ Express

Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

_____
Cardholder Name | Phone #

_____
Cardholder Address | City | State | Zip

_____
Account Number | Expiration Date

_____
Cardholder Signature | Date

☐ Check if you wish to make online payments

For Official Use Only

_____
Date Received

_____
Employee Signature

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LifeSpan School & Day Care
Food Program
Enrollment Forms

LifeSpan

Day Care You Can Trust For Children.

2460 John Fries Highway Quakertown, PA 18951 215-536-4417

Serving the Quakertown Community School District at the following locations:

Neidig Elementary	Richland Elementary	Tohickon Elementary
Quakertown Elementary	Pfaff Elementary	Trumbauersville Elementary

LifeSpan

Day Care You Can Trust For Children.

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **LifeSpan School & Day Care** offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

1. Do I need to fill out a Meal Benefit Form for each of my children in day care? You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household **only** if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to: LifeSpan School & Day Care (Quakertown, Allentown, East Greenville locations).**

2. Who can get free meals without providing income information? Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in WIC may be eligible for free meals.

3. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application. Children in households participating in WIC may be eligible for reduced price meals.

4. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

5. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

6. How do I report income information and changes in employment status? The income you report must be the total gross income listed, by source, each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

7. What if my income is not always the same? List the amount that you normally get. For example, if you normally get $1000 each month, but you missed some work last month and only got $900, put down that you get $1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

8. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact Nicole Fetherman at 215-536-4177 **.**

9. We are in the military, do we include our housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call **Nicole Fetherman at 215-536-4177**.

Sincerely,

Nicole Fetherman
Executive Director, LifeSpan School & Day Care

Instructions For Completing the CACFP
Child Care Center Meal Benefit Income Eligibility Form

Follow these instructions, if your household gets SNAP, TANF or FDPIR:

Part 1: List all enrolled children and household members.
Part 2: List the case number for any household members (including adults) receiving **State SNAP** or **State TANF** or **FDPIR** benefits.
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.
Part 6: Answer this question if you choose.

FOSTER CHILDREN HOUSEHOLDS, will follow these instructions:

A Meal Benefit Form is not required to be completed. Contact the center at *215-536-4417*; OR

If some of the children in the household are foster children:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.
Part 2: If the household does not have a case number, skip this part.
Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.
Part 4: Follow these instructions to report total household income for this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income,** not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.
Box 2: List the amount each person got for the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if she/he doesn't have one.

Part 6: Answer this question if you choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income for this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income,** not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got for the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if she/he doesn't have one.

Part 6: Answer this question if you choose.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

Child and Adult Care Food Program
Child Care Center Meal Benefit Income Eligibility Form

Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Part 2. Benefits: If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME:_____ CASE NUMBER: ___ ___ - ___ ___ ___ ___ ___ ___ ___

Part 3. If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call **[Nicole Fetherman at 215-536-4417]** Homeless ❑ Migrant ❑ Runaway❑

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List **only** household members with income)	**B. Gross income and how often it was received** 1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) *Jane Smith*	$200/weekly	$150/twice a month	$100/monthly	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____
	$_____/_____	$_____/_____	$_____/_____	$_____/_____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign Here: _____ Print Name: _____

Date: _____

Address: _____ Phone Number: _____

City:_____ State: _____ Zip Code: _____

Last four digits of Social Security Number: _*_*_*-_*_*-____ ❑ I do not have a Social Security Number

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
❑ Hispanic or Latino	❑ Asian	❑ American Indian or Alaska Native
❑ Not Hispanic or Latino	❑ White	❑ Native Hawaiian or Other Pacific Islander
	❑ Black or African American	

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ❑ Week, ❑ Every 2 Weeks, ❑ Twice A Month, ❑ Month, ❑ Year Household size: _____
Categorical Eligibility: _____ Eligibility: Free_____ Reduced_____ Denied (Paid)_____ Date Withdrawn: _____
Reason for Denied:___ _____
Temporary: Free_____ Reduced_____ Time Period: _____(expires after _____ days)
Determining Official's Signature: _____ Date: _____
Confirming Official's Signature: _____ Date: _____
Follow-up Official's Signature: _____ Date:_____

The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Household size	Yearly
1	$20,147
2	$27,214
3	$34,281
4	$41,348
5	$48,415
6	$55,482
7	$62,549
8	$69,616
Each additional person:	+$7,067

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

Medical Plan of Care for Child and Adult Care Food Program
(Children with Disabilities and Non-Disabling Special Dietary Needs)

The following child is a participant in the United States Department of Agriculture (USDA) Child and Adult Care Food Program.

- USDA regulations 7CFR Part 15B require substitutions or modifications in program meals for children whose **disability** restricts their diet and is supported by a statement signed by a **licensed physician**. Food allergies which may result in a severe, life-threatening (anaphylactic) reaction may meet the definition of "disability."
- The child care facility may choose to accommodate a child with a **non-disabling special dietary need** that is supported by a statement signed by a **recognized medical authority** (physician, physician assistant or nurse practitioner).

Part 1: To be completed by Parent/Guardian (all requests for special dietary needs)

Child's Name		Date of Birth	M F
Name of School/Center/Program		Grade Level/Classroom	
Parent's/Guardian's Name		Address, City, State, Zip Code	
( ) Home Phone	( ) Work Phone		

Part 2: To be completed by Physician/Medical Authority

Disability/Special Dietary Needs

Does the child have a **disability**? Yes ☐ No ☐

If Yes,
Please describe the major life activities affected by the disability.

Does the child's disability affect their nutritional or feeding needs? Yes ☐ No ☐

If the child **does not have a disability***, does the child have special nutritional or feeding needs? Yes ☐ No ☐
(*These accommodations are optional for child care facility to make)

If the child has a disability or special dietary/feeding need, please complete Part 3 of this form and have it signed and stamped with the office name and address of a licensed physician/recognized medical authority.

Part 3: To be completed by Physician/Medical Authority

Diet Order

List any dietary restrictions, such as food allergies, intolerances or restrictions:

List specific foods to be substituted (Substitution cannot be made unless section is completed):

List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All."

Cut up/chopped into bite sized pieces:

Finely Ground:

Pureed:

List any special equipment or utensils needed:		
Indicate any other comments about the child's eating or feeding patterns:		
Physician's Name and Office Phone Number		Office Stamp
Physician/Medical Authority's Signature		Date
Part 4: Parent Signature		Date
Part 5: Child Care Facility Signature		Date

Signing this section is <u>optional</u>, but may prevent delays by allowing us to speak with the physician.

In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the Family Educational Rights and Privacy Act, I hereby authorize _____ (medical authority) to release such protected health information of my child as is necessary for the specific purpose of Special Diet information to _____ (center/facility) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning my child with the school program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for my child. I understand that permission to release this information may be rescinded at any time except when the information has already been released. My permission to release this information will expire on _____ (date). This information is to be released for the specific purpose of Special Diet information.

The undersigned certifies that he/she is the parent, guardian or representative of the person listed on this document and has the legal authority to sign on behalf of that person.

Parent/Guardian Signature:_____ Date:_____

Please have parent/guardian review form annually and initial/date if no changes are required. Any changes require submission of a new form signed by the Physician/Medical Authority.

Parent confirmed no change in diet order. ____ Date _____ ____ Date _____ ____ Date_____

____ Date_____ ____ Date _____ ____ Date _____ ____ Date _____ ____ Date_____

LifeSpan
Day Care You Can Trust For Children.

"GETTING TO KNOW YOU"

We are asking that parents and children involved in our programs participate in a brief survey and questionnaire that will help us create a better understanding of your child, your family and your expectations of our program. We respect and understand your right to privacy and the purpose of this survey is to ensure that your children are receiving the best care possible for each individual child. Please answer the questions honestly and know that your responses will only be reviewed by the director and staff directly involved with the care of your child. Please feel free to contact us to discuss any information you may not be comfortable answering on the survey. If you would prefer to discuss the survey in person with the director and staff, an appointment can be arranged at your convenience.

The first section is general information about your family and life at home. The second section is for you to do with your child. This section will allow us to better understand your child's likes and dislikes which will aid us in designing a program better suited to the preferences of the children within the group. The third section pertains to your child's educational experiences, possible limitations, health and safety issues and general well being. The information you provide here will aid us in providing the most effective environment, learning experiences and appropriate atmosphere for your child to spend their out of school time.

We thank you in advance for your cooperation and the time dedicated to completing the survey. Please return to the office upon completion.

Thank you,

LifeSpan Staff

GETTING TO KNOW YOU – KINDERGARTEN/SCHOOL AGE

Child's Name_____ Date _____

Section 1 – Family Information
Tell us about your family: Does your child have siblings? Are there nicknames that your child uses to refer to his/her self or other family members?

_____

_____

_____

_____

_____

Section 2 – What makes your child happy?
Does your child have a particular hobby, collection, or interest that we could tie into our learning to help your child make meaningful connections and share his/her experiences?

_____

_____

_____

_____

_____

Section 3 – Goals for the school year (social, emotional, cognitive)
Are there specific areas that you would like to see us strengthen throughout the school year?

_____

_____

_____

Is there an academic area that you feel your child enjoys that you'd like to see us continue to elaborate on this year?

_____

_____

_____

How does your child get along with others? Is he/she shy? Outgoing? A team player? A leader?

_____

_____

Is your child exceptional in any way?

_____

_____

_____

Section 4: Parent Involvement

Does your schedule allow you to read to the class, speak about your favorite hobby or help organize parties or class events?

_____

_____

Would you like to schedule a "Getting to Know You" meeting with the Director to discuss your child's needs further?

_____ Yes _____Not at this Time

LifeSpan

Day Care You Can Trust For Children.

Homework Contract

LifeSpan School Age Programs offers and encourages children to do homework while attending the after school program. Homework help is available daily. Parents are still responsible to check their child's homework to ensure all assignments have been completed properly. Please note below your preferences in regards to homework for your child.

Child's Name _____

☐ Should complete all assignments

☐ Should attempt to complete assignments

☐ Should save homework for home

☐ OTHER (please specify your preference)

_____

_____

_____

_____

Parent Signature Date

Return Form To SCHOOL Office

QUAKERTOWN COMMUNITY SCHOOL DISTRICT

NOTIFICATION OF ADULT SUPERVISION

This form must be completed by anyone using a day care or babysitter.

This request is to have my son/daughter assigned to adult supervision.

Student(s) Name(s) _____

Grade/School _____/_____

Parent/Guardian Name _____

Address _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

I understand that it may change my son/daughter's regular bus assignment. If this involves a bus change, I understand also that this request shall be granted and shall continue in effect **only while space is available on the bus.**

I also understand that this request must apply to every school day.

I also understand that a NEW form MUST be completed each school year.

Date of Request _____ **Parent/Guardian Signature** _____

Return Form to SCHOOL Office

I assume full responsibility for any problems that may result from this change. I will notify the school immediately if this arrangement changes in any way for my child.

Name of Adult Supervisor/Day Care _____

Address _____ **Starting Date** _____

Phone _____ **Ending Date** _____

Check One:
_____ **Before School Only**
_____ **After School Only**
_____ **Both Before and After School**

REQUEST FOR CHANGE IN TRANSPORATATION

Travel From/To Home: **Walker** ☐ **Bus Rider** ☐ **Bus Stop** _____

Travel From/To Daycare: **Walker** ☐ **Bus Rider** ☐ **Bus Stop** _____

Approved _____ **Denied** _____ **Date** _____

Comments _____

_____

Copies sent to:

_____ Bus Company
_____ Day Care
_____ School Office

LifeSpan
Day Care You Can Trust For Children.

Photo Permission Form
LifeSpan Release

Of consideration of my engagement as a model, and for other good and valuable consideration herein acknowledged as received, I hereby grant to LifeQuest, his/her heirs legal representatives and assigns, those for whom Photographer is acting, and those acting with his authority, and permission the irrevocable and unrestricted right and permission to take, copyright in his own name or otherwise, and use, reuse and republish photographic portraits or pictures of me or in which I may be included in whole or part, or composite or distorted in character or form without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium at his studios or elsewhere, and in any or all media now or hereafter known for illustration, promotion, art editorial, advertising, trade, stock sales, or any other purpose whatsoever, without further compensation. I also consent to the use of any published matter in conjunction therewith.

I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in conjunction therewith or the use to which it may be applied.

I hereby release, discharge and release LifeQuest, his/her heirs, legal representatives and assigns, and all persons acting under his permission or authority or those for whom he is acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said photograph or in any subsequent processing thereof, as well as any publication thereof, including without limitations any claims for libel or invasion of privacy.

I hereby warrant that I am of legal age and have the right to contract in my name. I have read the above authorization, release, and agreement, prior to its execution, and am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

☐ I Agree ☐ I Disagree

_____ _____
Child's Name Date

_____ _____
Parent/Guardian Name Parent/Guardian Signature

_____
Witness

LifeSpan
Day Care You Can Trust For Children.

Dear LifeSpan Parents,

This letter is to assure you of our concern for the safety and welfare of children attending LifeSpan. Our Emergency Plan, which is located at each facility, provides for complete response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- Immediate evacuation: students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc.

- In-place sheltering: sudden occurrences, such as weather or hazardous materials related incidents, may dictate that taking cover inside the building is the best immediate response.

- Evacuation: total evacuation of the facility may become necessary if there is a danger in the area. If requested by local authorities, children will be taken to a relocation facility as follows.

LifeSpan Day Care – Quakertown	LifeQuest Nursing Center
LifeSpan Day Care - Allentown	Mosser Nursing Center
LifeSpan Day Care – East Greenville	LifeSpan Day Care - Quakertown
Quakertown Elementary	LifeSpan Day Care - Quakertown
Tohickon Elementary	LifeSpan Day Care - Quakertown
Trumbauersville Elementary	LifeSpan Day Care - Quakertown
Richland Elementary	LifeSpan Day Care - Quakertown
Pfaff Elementary	LifeSpan Day Care - Quakertown
Neidig Elementary	LifeSpan Day Care – Quakertown

- Modified Operation - may include cancellation, postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems that make it unsafe for children, but may be necessary in a variety of situations.

Please listen to Channel 69 Storm Center for announcements relaying any of the emergency actions listed above.

We will rely on the telephone as the primary means of notification and communication. Calls can be made to LifeSpan cell phones concerning emergency status using the following numbers:

LifeSpan Day Care – Quakertown	215-499-2672
LifeSpan Day Care - Allentown	267-733-3419
LifeSpan Day Care – E. Greenville	610-216-7170
Quakertown Elementary	215-896-9917
Tohickon Elementary	610-360-1928
Trumbauersville Elementary	215-896-9918
Richland Elementary	215-896-3072
Pfaff Elementary	267-374-3324
Neidig Elementary	215-852-0176

The form designating persons to pick up your child is included with this letter for you to complete and have returned to the day care facility as soon as possible. This form will be used every time your child is released. Please ensure that only those persons you list on the form attempt to pick up your child. Please feel free to contact the facility director with any questions or concerns.

LifeSpan Day Care

Addresses for evacuation sites:

LifeQuest Nursing Center
2459 John Fries Highway
Quakertown, PA 18951

Mosser Nursing Center
1175 Mosser Road
Trexlertown, PA 18087

LifeSpan Day Center – Quakertown
2460 John Fries Highway
Quakertown, PA 18951

CHILD PICKUP AUTHORIZATION

I, _____, authorize LifeSpan School & Daycare to release my child(ren) to the person(s) designated. This is in consonance with the LifeSpan Emergency Plan.

Child(ren) Name(s)	Designated Person(s) Name & Relationship
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature: _____

Date: _____

Note: Parents/Guardians should designate themselves as a designated person. Friends, neighbors and other relatives may also be designated.

PLEASE PRINT CLEARLY.

COMMONWEALTH OF PENNSYLVANIA

TO: Parents and/or Guardians

FROM: Site Director

SUBJECT: Nondiscrimination in Services

Admissions, the provision of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin, age or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provisions of aides, and the use of alternate service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any parent and/or their guardian, who believes they have been discriminated against, may file a complaint with any of the following:

LifeSpan School and Daycare
1651 North Cedar Crest Boulevard
Allentown, PA 18104

LifeSpan School and Daycare
399 Washington Street
East Greenville, PA 18041

LifeSpan School and Daycare
2460 John Fries Highway
Quakertown, PA 18951

Department of Public Welfare
Bureau of Equal Opportunity
Room 223, Health and Welfare Building
P. O. Box 2675
Harrisburg, PA 17105

PA Human Relations Commission
Philadelphia Regional Office
Room 711, Philadelphia SOB
1400 Spring Garden Street
Philadelphia, PA 19130

U.S. Dept. of Health and Human Services
Office for Civil Rights
Suite 372, Public Ledger Bldg.
150 South Independence Mall West
Philadelphia, PA 19106-9111

Bureau of Equal Opportunity
Southeastern Regional Office
Room 1105-B, Philadelphia SOB
1400 Spring Garden Street
Philadelphia, PA 19130-4088

_____ _____

Parent/Guardian Signature Date