



LifeSpan

Day Care You Can Trust For Children.



LifeSpan Summer Camp



IT IS A SUMMER of ADVENTURE at LIFESPAN

LifeSpan's Summer Camp programs offer the same quality experience youth receive during the school year with the same experienced and caring staff but with a summer twist that includes water fun, field trips, special guests, specialty camps and exciting themes. Our camps provide a little bit of everything in the comfort of the familiar school setting. Campers will make new friends, learn new skills, and enjoy activity filled days all summer long!

Each child acquires new skills, self-discipline and a sense of value under the guidance of caring, highly qualified and experienced faculty. Interesting and challenging activities in small and large groups enable campers to learn, trust, gain confidence, as well as teamwork building skills.

We help children develop new skills and interests, interact in positive ways, and engage in healthy lifestyles with strong adult role models. We are sure your child will enjoy his or her experiences at LifeSpan's Summer Camp. Summer is a time for children to discover how to become and stay active and develop healthy habits for a *LifeSpan*. The benefits are far greater than just physical health. Whether it is gaining confidence or connecting with others, LifeSpan's Summer Camp is about building the whole child, from the inside out.

Summer camps at LifeSpan share one thing: They are about friendship, team building skills and discovery. Children have the opportunity to explore nature, find new talents, try new activities, gain independence, and make lasting friendships and memories that will last a *LifeSpan*.

Please visit our website for more information about other LifeSpan Services at www.lifespanchildcare.org.

2015 Weekly Rates

Operational Hours: 6am-6pm

Registration Fee \$50.00 per child ~ **Non-refundable** ~

One-Week Security Deposit Required~ credited to last week of camp attended

Full Time - 5 days a week= **\$165.00 per week**

Part Time - 4 days per week = **\$140.00 per week**

Part Time - 3 days per week = **\$108.00 per week**

Part Time - 2 days per week = **\$76.00 per week**

Drop In Rates = \$48.00 per day

***New* Part Day Rates (M-F, 9am-12pm) = \$75.00 per week**

Late Fees: \$1.00 per minute after 12pm for part day, after 6pm for full day

Field Trips and Pool fees are additional

Traditional Camp Weekly Themes

(Specialty Camps will follow their own individual weekly themes)

Blast Off to Camp, Safari, Stars & Stripes, Go for the Gold, Need for Speed, Inventor's Workshop, Creepy Crawlies, Once Upon a Time, Winter Wet & Wild, Color Wars, Under the Big Top

Field Trips

Lehigh Valley Zoo, Battleship New Jersey, Bowling, Dorney Park, Academy of Natural Science, Insectarium, Movie Theater, Freddy Hill Farms, Laser Quest

Camp Visits

End of Summer Carnival



LifeSpan Summer Camp

Welcome new and returning parents to LifeSpan Summer Camp 2015. We hope you have had a great school year. As summer soon approaches we would like to inform you of some important information that you and your child/children will need to know before starting camp.

Hours of Operation & Program Types

- We are open from 6:00AM-6:00PM
- Before/After Camp Care: 6:00am-9:00 & 4:00pm-6:00pm. During these hours, children will partake in mixed age group activities.
 - If you cannot make it by 6pm please make sure you have arranged for alternate pick up for your child. Person picking up must be on the emergency contact form. Late fees of \$1.00 per minute will apply after 6pm.
- Full Day Camp Hours: 9:00am-4:00pm. During these hours, children will be involved in different activities and centers based on their chosen specialty camp, age groups and weekly themes.
- Part Day Camp: Part day camp is Monday to Friday, 9am-12pm. During these hours children will be involved in the specialty camp that they have signed up for.
 - If you cannot make it by 12pm please make sure you have arranged for alternate pick up for your child. Person picking up must be on the emergency contact form. Late fees of \$1.00 per minute will apply after 12pm.
 - Children attending before 9am and staying past 12pm will need to pay the daily drop-in fee and have lunch and pool money and materials with them.
- Specialty Camp sessions available M-W and Friday between 9:00am-12:00pm.
 - In order for your child to benefit from attending specialty camps, your child must attend camp M-W. Specialty camps are not offered during field trip days. Children who do not attend a specialty camp will participate in traditional camp activities.
- Please plan to arrive at camp no later than 8:30am for camp roll-call and group activities.
 - Groups may be leaving camp to go on walking excursions or outside activities. Children may need to be dropped off at a separate location to join their groups if dropped off past 9am.

Weather

- Camp operates every day, rain or shine. Some activities may be modified for indoors depending on weather; no activities will occur outside during severe weather, heat advisories or thunderstorms.

General Information

- We provide care to children ranging in grades Kindergarten and up.
 - Campers must have completed Kindergarten in June 2015
- Sneakers must be worn at camp at all times; children can bring flip flops and/or sandals to the pool.
- Breakfast, morning snack and afternoon snacks are provided daily at no additional cost!
- Packed lunches are required, no glass, nothing microwavable or that needs heating.

- Children are recommended to pack a labeled water bottle daily.
- If you have a younger child in camp, it is a good idea to pack a change of clothes in case of an accident.
- Please DO NOT bring toys from home, including electronics. LifeSpan is not responsible for lost or stolen items.
- LifeSpan Summer Camp reserve the right to modify activities, the daily schedule, special events, and location based on weather conditions, facility availability, and in response to School District Energy Saving Programs.

Pool Information

- The children walk to the local pool Monday-Wednesday and Friday, weather permitting. Attached is a map of the route that is taken.
- **Pool passes are a required part of attending our camp as we go to the pool daily with the exception of field trip days.**
- Please note that pool pass applications must be taken to the Quakertown Community Pool or the Quakertown Borough. LifeSpan does not accept these applications. There is an early application discount for the application which must be submitted to them by May 15th. You can find their application at <http://www.quakertownboro.com/index.aspx?page=136>
- Students will take a walking trip the first week of a camp to the pool to meet with the pool manager to go over rules and regulations of the public pool. Children will not go swimming until the pool rules have been reviewed.
- Please make sure your child/children have their pool pass or money for entering the pool daily.
- Please pack a towel, swimsuit, sunscreen, and plastic bag for wet clothes daily.
 - It is asked that your child comes to camp with their swimsuit on and a layer of sunscreen pre-applied for easier and quicker rotation throughout the day.
- The pool snack bar will be an option at the end of each age groups swim time to take a snack back to the park prior to camp return.
 - A maximum of \$5.00 per day for pool snack is permitted ó All children are responsible for their personal items and funds.
- Children with longer hair should pack hair ties so hair doesn't create a safety issue while swimming.
- Each age group will have time at Panther Park prior to pool transition.
- Swimming times are split and scheduled by camp assignment
- **Quakertown Swim Schedule** (Swim schedules are tentative and subject to change as needed)
 - ClubSpan/1st ó 12:00-1:00
 - 2nd/3rd ó 1:00-2:00
 - 4th Grade & Teen Leaders 2:15-3:15



Trip to:

601 W MI St

Quakertown, PA 18951-1236

1.01 miles / 3 minutes

Notes

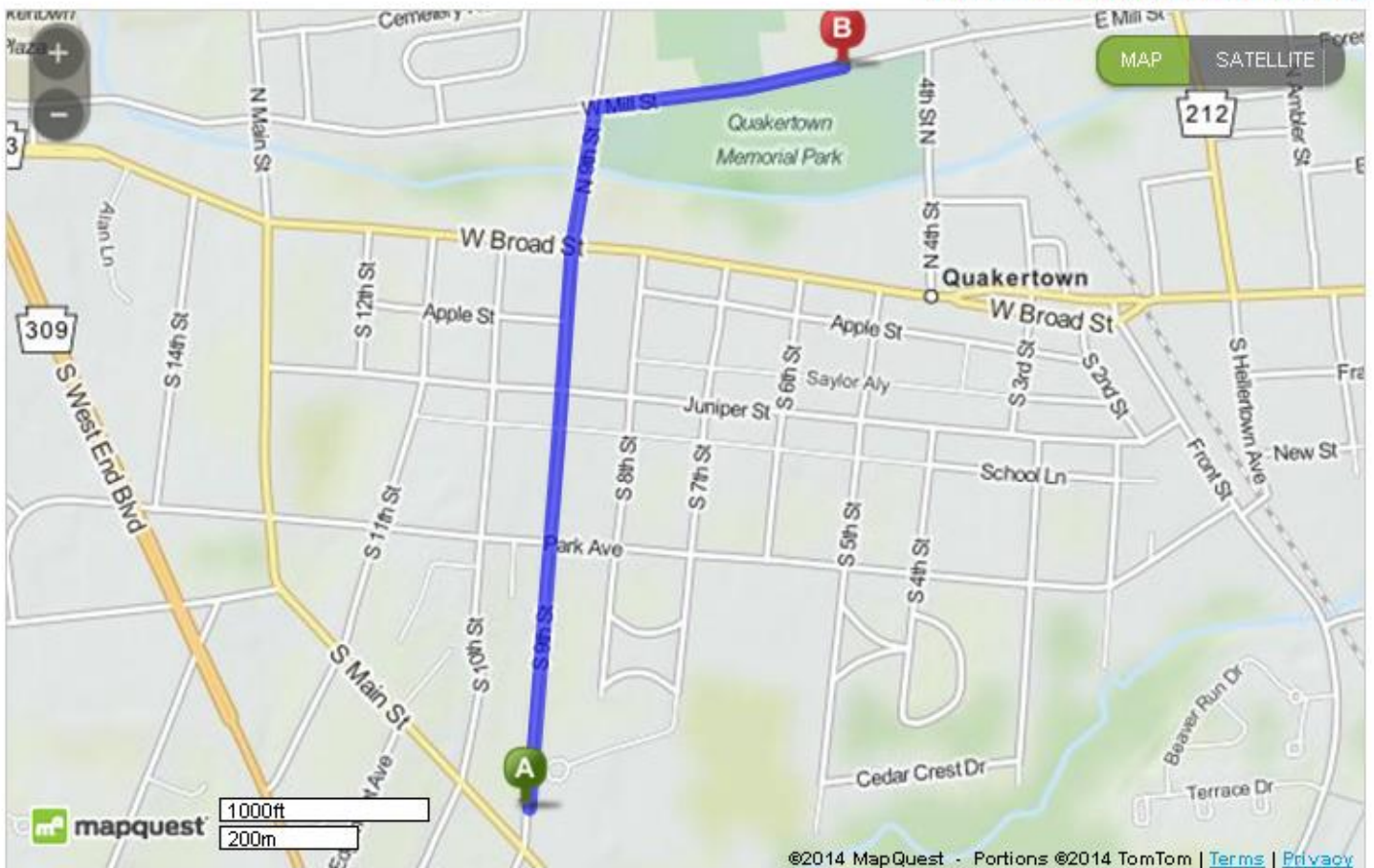
Walking directions from Freshman Center to swimming pool.

mapquest  **FREE NAVIGATION APP** Enter your mobile number **SEND ME THE LINK**

SELECT: IPHONE ANDROID

Message and data rates may apply. Text STOP to end, HELP for assistance.

[Is the map not visible or not printing?](#)



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Trip Information

- Field trips are an optional part of camp. There is one field trip each week and families have the option to pick and choose which field trips their child wants to attend.
- All trips need to be paid in full by May 29, 2015. Payments must be provided in a separate payment from tuition and a field trip agreement must be turned in. Please keep a copy of the field trip schedule for your records.
- Please plan to arrive at least by 8:00am on the day of the trip to avoid departure delays.
- Children must have a bagged lunch labeled with their name and grade. NO GLASS.
- Sneakers and camp shirt must be worn on the scheduled trip unless directed otherwise.
- Children staying behind from field trips will not be going to the pool. Campers will partake in special camp activities instead which include walking to and participating in the Summer Reading Program at the Quakertown Community Library.
- Any parents/guardians that would like to come on the field trips as a chaperone needs to pick up a chaperone packet, complete their clearances and sign a waiver. Chaperones will also need to pay the trip fee of the trip they plan on attending a minimum of 2 weeks in advance prior to the trip. Chaperone packets can be picked up or downloaded from our website at www.lifespanchildcare.org.
- All clearances are required by the Department of Public Welfare (DPW) and are state required. Clearances include: PA Criminal Record, PA Fingerprint, and PA Child Abuse History. Clearances need to be turned in no later than May 29th, 2015.

Financial Assistance

LifeSpan strives to serve all members of our communities. If your current financial circumstances are limiting your child's ability to participate in a LifeSpan camp experience, financial assistance may be available. Please contact your Apple location for more information. All inquiries will be held in strict confidence.

[Child Care Information Service of Bucks County](#): 215-348-1283

5 Reasons why children should experience camp with LifeSpan

- 1) Adventure
- 2) New Experiences
- 3) Personal Growth
- 4) New Friendships
- 5) Great Memories

LifeSpan Camp Groups

(Groups are assigned by completed grade)

Traditional Day Camp (K-4)

LifeSpan's Day Camp offer campers a traditional Summer Day Camp experience. Camp is designed to provide campers opportunities for fun in safe, indoor and outdoor environments. Our qualified camp counselors lead a variety of age-appropriate activities including nature, art, music, and sports. Campers participate in swimming, incorporate weekly themes and participate in field trips and/or a planned special event weekly.

Kindergarten/ClubSpan

This group meets the interests of the new school-age child. Theme days, swimming, and crafts mix with an introduction to many outdoor activities including nature hikes and games.

1st Grade

Experienced teachers guide campers through music, art, games, swimming and fun! Your child will develop self-confidence by participating in small group activities.

2nd Grade, 3rd Grade, 4th Grade

Make new friends, learn new skills and enjoy the outdoors under the direction of our highly qualified counselors. Swimming, crafts, sports, nature awareness, field trips, values sessions, theme days, entertainers and special events are just part of the fun that is included in your summer camp experience.

Teen Leaders (5-Up)

Teen Leaders is intended for young teens and is designed to build their leadership skills, let them explore different career opportunities, give them a chance to make a difference in their community and most importantly, to let them have a fun-filled indoor and outdoor summer experience!

There will be field trips amid days of theme-related and other outdoor activities to leave a positive lasting impression. Teen Leaders will go on trips with the day campers. Activities will include leadership, sports, adventure, swimming, nature exploration, the arts, social time and more.

Traditional Day Camp, Teen Leaders, Specialty Camps, and Part Day Camp will also have an opportunity to participate in the summer reading program with the Bucks Country Library in Quakertown and get a chance to win great prizes. Visits to the library will be on field trip days for those who choose to stay at camp. *Note: Specialty Camp activities do not take place on field trip days. Part day campers are still welcome to participate at camp activities from 9:00-12:00.

DAY CAMP

Under the direction of trained counselors, campers participate in a variety of activities including nature, group games, arts and crafts, and science. Each week focuses on a different camp theme. Campers go on an off-site field trip or have a special visitor each week as well as swim at the [Quakertown Community Pool](#) Mondays, Tuesdays, Wednesdays and Fridays.

*Note ó Swimming times are tentative, split and scheduled by age group (see pool information for more details)

NEW NEW NEW ~ Specialty Camps (9:00am-12:00pm)

**Note: There will be no Specialty Camps the week of June 29-July 3*

Specialty camps are new this year and they are camps that focus on specific interests for a period of time during the day. They are offered from 9am-12pm, Monday-Wednesday and Friday. Specialty camps are not held on field trip days. In order to benefit from specialty camps, you must be signed up to attend camp Monday-Wednesday at minimum. Children who are not signed up for a specialty camp will attend traditional camp. All specialty camps will continue with traditional camp activities following specialty camp scheduled time.

Artist's Loft

Come discover the hidden artist in you! Explore different areas of fine arts including traditional skills of drawing, sketching, painting, charcoal, pastels and collage. In this camp children will explore a variety of art mediums including painting, drawing, sculpting, and more. Our Art Camp will have an art gallery of their seasonal work at our Camp Carnival at the end of the summer 2015.

Science Explorers

Learn what goes fizz, pop, bang, and more! This camp encourages kids to ask why and howí then figure it out. Would you like to build your brain power? Explore the chemistry in the kitchen, biology at the park, physics on the playground and Earth Sciences such as weather and geology? How about augmenting an object to come virtual? Come join the fun of science exploration and bring out the mad scientist in you. This camp will incorporate science, technology, engineering and math (STEM) as well as writing and helps develop communication skills. Our Science Explorer Camp will host a science fair at our Camp Carnival at the end of the summer 2015.

Media Circus

Campers will explore their interests of broadcast journalism, film-video and multimedia journalism during hands on camp program. Campers will gain an understanding of the technical and professional aspects of potential careers in the media world. It is an opportunity to explore essential broadcast journalism skills, newsgathering techniques, storytelling and more.

This camp is a good option for those students considering a career in either on-air or off-air television news/sports jobs (including reporting, anchoring, producing and videography). They will discover the secrets of interviewing, practice writing skills and learn about photography and multimedia journalism -- the ways that journalists are telling stories in the 21st century. This camp focuses on a variety of approaches and topics, including: arts and culture, photojournalism, social media, sports and even weather-related news.

We've Got Game

Join us this summer for an exciting Sports Camp adventure. Sports campers learn valuable and lasting skills in a variety of team and leisure sport activities. Sports Camp is designed to teach basic fundamentals and knowledge of individual sports. Athletes will learn through fun instruction and will be taught at a graduated pace. Each day the athletes will participate in game play to utilize the skills they have learned. Prior knowledge of sports is not necessary. Energetic and trained counselors provide instruction, encourage participation, and set positive examples for this non-competitive camp. Campers will get to experience a large variety of sports each day. Sports include soccer, basketball, baseball/softball, flag football, Volley ball, and more. Our Sports Camp will also lead a parent vs. camper game at our Camp Carnival at the end of the summer 2015.

Special Daily Activities

We try to keep things interesting at camp, so we have special activities planned for every day of the week!

- Mondays- Camp Café (\$)
 - Pretzel Day and Minute to Win It Challenge
 - Teen Leaders will open Camp Café where pretzels and other treats will be available for purchase
 - Campers can participate in Minute to Win It Challenges between 8:30AM-9:00AM
- Tuesday- Tuesday's Talent
 - Children attending traditional camp will complete weekly themed activities
- Wednesday- Wednesday Wear
 - Children can come to camp dressed up in weekly themed attire
- Thursday- Thursday's Journey
 - Field Trip Day
 - Summer Reading Program at the Quakertown Community Library
 - Scavenger Hunt
- Friday- Fun Food Friday (\$)
 - Pizza Day
 - Children can order pizza for lunch for \$2.00 per slice. Money is due on or before Thursday of current week.
 - Scavenger Hunt
- There will be no camp on Friday, July 3rd, 2014.



Any comments questions or concerns please do not hesitate to ask at anytime during
business hours.

We are looking forward to a great summer with you and your children!

Amanda Bechtel ~ School Age & Summer Camp Programs Director abechtel@lq.org

215-896-9917

Miranda Grey ~ School Age & Summer Camp Family Coordinator mgrey@lq.org

267-347-0985

Quakertown Camp ~ 215-896-9918

Quakertown Camp ~ 215-896-3072

Quakertown Camp ~ 267-733-5341

LifeSpan is a sister component of LifeQuest Nursing Centers, and is a nonprofit 501 (c) (3), community-based organization. LifeSpan offers three summer camp programs and early learning centers to best serve you and your family. We offer a variety of programs and services - there is something for everyone in your family, infant through elderly. Visit any of our locations for a tour and pick up a Program Guide with a complete listing of all that we offer or visit us online at lifspanchildcare.org



LifeSpan Summer Camp

Application

Child's Name _____ Age _____

Grade completed _____ School Attended _____

Parent/ Guardian Name(s) _____

Home Address _____

Home phone number _____ Work phone number _____

Cell phone number _____ *E-mail address _____

Who can we thank for referring you to us? _____

Care Schedule:	5-day	4-day	3-day	2-day	Drop In	Part Day
Days Attending:	Mon	Tues	Wed	Thurs	Fri	
Hours Attending:	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

T-shirt Size (check one) Youth Sizes: S M L Adult Sizes: S M L XL
We recommend that you order one size larger than your child's normal size

Is your child comfortable around water?	YES	NO
Can your child swim in water over 3 feet?	YES	NO
Can your child take the pool deep water swim test?	YES	NO

Parent Signature

Does your child burn easily?	YES	NO
Do you want your child to wear a swim shirt during swimming and/or sun exposure?	YES	NO

Parental Permission

Signature indicates that permission is granted for all events occurring during the summer camp program.

I, _____ grant permission for my child to do the following:

PLEASE PRINT NAME

- ❖ Use the play equipment and participate in the activities at LifeSpan Summer Camp
- ❖ Be transported by bus for scheduled field trips and off-site events
- ❖ Swim and participate in water activities associated with LifeSpan Summer Camp

Parent/ Guardian Signature

Date



Specialty Camps!

Child's Name: _____

Completed Grade: _____

Please select **one camp option per session** that your child wishes to participate in each week. Selecting these options commits your child to the weekly session and they may not switch during the week. Two week notice is required to change a scheduled session.

- | | |
|--|---|
| <p>1. <u>Session 1, June 15-June 19</u>
 The Artist's Loft
 Science Explorers
 Media Circus
 We've Got Game
 Traditional Camp</p> <p>2. <u>Session 2, June 22-June 26</u>
 The Artist's Loft
 Science Explorers
 Media Circus
 We've Got Game
 Traditional Camp</p> <p>3. <u>Session 3, June 29- July 3</u>
 <input type="checkbox"/> Only Traditional Camp Offered this week.</p> <p>4. <u>Session 4, July 6-July 10</u>
 The Artist's Loft
 Science Explorers
 Media Circus
 We've Got Game
 Traditional Camp</p> <p>5. <u>Session 5, July 13-July 17</u>
 The Artist's Loft
 Science Explorers
 Media Circus
 We've Got Game
 Traditional Camp</p> <p>6. <u>Session 6, July 20-July 24</u>
 The Artist's Loft
 Science Explorers
 Media Circus
 We've Got Game
 Traditional Camp</p> | <p>7. <u>Session 7, July 27-July 31</u>
 The Artist's Loft
 Science Explorers
 Media Circus
 We've Got Game
 Traditional Camp</p> <p>8. <u>Session 8, August 3-August 7</u>
 The Artist's Loft
 Science Explorers
 Media Circus
 We've Got Game
 Traditional Camp</p> <p>9. <u>Session 9, August 10-August 14</u>
 The Artist's Loft
 Science Explorers
 Media Circus
 We've Got Game
 Traditional Camp</p> <p>10. <u>Session 10, August 17-August 21</u>
 The Artist's Loft
 Science Explorers
 Media Circus
 We've Got Game
 Traditional Camp</p> <p>11. <u>Session 11, August 24-August 28</u>
 The Artist's Loft
 Science Explorers
 Media Circus
 We've Got Game
 Traditional Camp</p> |
|--|---|

I acknowledge that my child will participate in the above selected camps each week and that two week written notice is required to change a scheduled session.

Parent/Guardian Signature: _____ Date: _____



LifeSpan Summer Camp

SCHEDULE DEFINITIONS

Please read the definition of each schedule option so you and all parties involved understand the terms of your agreement.

- **Full Time-** A signed agreement for 5 days each week regardless of absenteeism, vacation or holiday. Number of days attended are billed at the same weekly rate. **\$165 per week.**
- **Part Time 4 days-** A signed agreement for 4 days each week regardless of absenteeism, vacation or holiday. Schedule days must be consistent weekly. Additional days (over 4 weekly) are billed at the drop-in rate. **\$140 per week.**
- **Part Time 3 days-** A signed agreement for 3 days each week regardless of absenteeism, vacation or holiday. Schedule days must be consistent weekly. Additional days (over 3 weekly) are billed at the drop-in rate. **\$108 per week.**
- **Part Time 2 days-** A signed agreement for 2 days each week regardless of absenteeism, vacation or holiday. Schedule days must be consistent weekly. Additional days (over 2 weekly) are billed at the drop-in rate. **\$76 per week**
- **Drop In-** No specific day agreement due to emergency care. Payment is required at the time of service. (This excludes those already in contract). 24 hour notice of drop-in care is appreciated. **\$48 per day**
- **Late Fees-** Late fees of \$1.00 per minute will be applied for any children who are in attendance past 6:00pm.
- **Part Day-** A signed agreement for 5 days each week regardless of absenteeism, vacation or holiday but hours are only from 9am-12pm. Attending before or after the scheduled time will result in a drop-in fee. Payment is required at the time of service. Late fees of \$1.00 per minute will result in children in attendance after 12:00pm. **\$75 per week.**

Any change in scheduled days will require a new agreement to be signed. For staffing and planning purposes, please be considerate and let the Assistant Director or Director know of any schedule changes as soon as possible. All written agreements and schedule changes require at minimum a 2 week notice.



LifeSpan Summer Camp

BILLING PROCEDURES

If you are a returning family, and have an outstanding bill, you may not start camp until the balance is zero.

Registration fees are non-refundable. You will be charged a yearly \$50 registration fee per child. A security deposit is due for all enrollments prior to their start date. Your deposit will be refunded or used for your child's last week at LifeSpan, unless it is needed in the event your tuition is not paid. The security deposit is equal to one week's worth of tuition, based on your child's schedule.

If payment is not made or a schedule organized with LifeSpan's billing office is not created, suspension until full payment is made will be required.

Care will be suspended for any family accruing a camp debt of \$200 until full payment is made.

Field trips must be a separate payment from tuition and registration fees. Field trips payments must be paid in full by May 29th, 2015 in order for your child to attend field trips. Field trip payments are non-refundable and non-transferable.

You will be billed your weekly amount in your signed contract on Monday. Any additional days outside of your contract are billed at the drop-in rate. Payment is expected for all days contracted **regardless of absence** due to illness, vacation, holiday or weather conditions. Payments are securely processed electronically through Tuition Express. We strongly recommend that all families use Tuition Express as their payment method in order to participate in any LifeSpan programs.

Tuition Express offers two methods of payment:

- Weekly or monthly withdrawal from a checking or savings account
- Weekly or monthly to a debit or a credit card

Cash and checks are also accepted as weekly forms of payment. Checks can be made payable to LifeSpan.

By signing below, I acknowledge and accept the billing definition of my contracted agreement as well as agree to the billing procedures outlined above.

Signature of Parent/Guardian:

Date:



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



A service of





*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

A service of



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SOLUTIONS™



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	E-MAIL ADDRESS	WORK NUMBER
FATHER'S NAME/ LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME	E-MAIL 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 and WADING	
TRANSPORTATION BY FACILITY	PLAYGROUND EQUIPMENT	

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

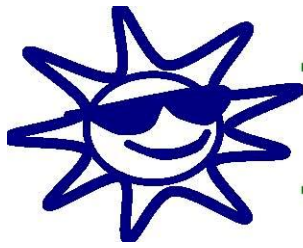


LifeSpan Summer Camp

AGREEMENT

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

NAME OF CHILD:				EFFECTIVE DATE:	
FEE AMOUNT \$		PER: DAY WEEK		PAYMENTS MADE: WEEKLY BI-WEEKLY MONTHLY	
SERVICES TO BE PROVIDED AS PART OF THE DAY CARE FEE (EXAMPLES: TRANSPORTATION, CARE, MEALS, ETC.)					
FULL TIME (5 DAYS)		PART TIME (1-4 DAYS)		DROP-IN (AS NEEDED)	
PART DAY (9AM-12PM)					
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	<u>GRADE LEVEL/ CLASSROOM</u>
CARE	MEALS	TRANSPORTATION			
A LATE FEE OF \$1.00 PER MINUTE WILL BE CHARGED FOR CAMPERS REMAIING AFTER 12PM FOR PART DAY & AFTER 6:00PM FOR FULL DAY					
CHILD'S TIME OF ATTENDANCE (IF FULL DAY ENROLLED) CIRCLE ALL THAT APPLY					
6:00AM- 8:00AM		8:00AM-4:00AM		4:00-6:00PM	
EXTRA SERVICES TO BE PROVIDED AT AN ADDITONAL FEE (IF APPLICABLE)				TUITION RATE:	
REGISTRATION:				APPLE/TITTLE XX:	
SECURITY DEPOSIT:				CONTRACTUAL ALLOWANCE:	
PAYMENT METHOD:				LQ EMPLOYEE DISCOUNT:	
				TOTAL DUE:	
I, the Parent/Guardian; <ul style="list-style-type: none"> o Received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121) o 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) o Received a copy of the Parent Handbook. o Understand and agree to the terms of the agreement further understand that a two week written notice is required to change or terminate agreement 					
SIGNATURE-COORDINATOR			DATE	SIGNATURE-PARENT/GUARDIAN	
				DATE	
DATE OF CHILD'S ADMISSION			PERIODIC REVIEW		
DATE OF WITHDRAWAL			SIGNATURE-PARENT GUARDIAN		DATE



LifeSpan Summer Camp

2015 FIELD TRIP SCHEDULE

Quakertown Field Trips
(Parent/Guardian Copy)

ATTENDING TRIP	COST	FIELD TRIP	DATES
			Quakertown
<input type="checkbox"/>	\$ 21.00	Lehigh Valley Zoo	6/25
<input type="checkbox"/>	\$ 23.00	Battleship New Jersey	7/2
<input type="checkbox"/>	\$ 12.00	Bowling*	7/9
<input type="checkbox"/>	\$ 41.00	Dorney Park	7/16
<input type="checkbox"/>	\$ 24.00	Academy of Natural Science	7/23
<input type="checkbox"/>	\$20.00	Insectarium	7/30
<input type="checkbox"/>	\$ 12.00	Movies*	8/6
<input type="checkbox"/>	\$ 21.00	Freddy Hill Farms	8/13
<input type="checkbox"/>	\$ 21.00	Laser Quest	8/19**
<input type="checkbox"/>	\$10.00	Family Carnival*	8/27

*Activity will be held at camp or within walking distance

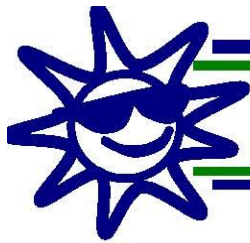
**Field trip is on a Wednesday

All arrangements for the trips are made before the start of summer camp and therefore all field trips must be paid in full by May 29, 2015. Your cost of a field trip includes admission and bussing; costs for field trips are *non-refundable and non-transferable*.

A separate payment is required for all field trips.

CHILD'S NAME _____

COORDINATOR SIGNATURE _____ DATE _____



LifeSpan Summer Camp

Field Trip Agreement

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

NAME OF CHILD: _____

START DATE: _____

FIELD TRIPS

<input type="checkbox"/>	\$21.00	Lehigh Valley Zoo	\$	.
<input type="checkbox"/>	\$23.00	Battleship New Jersey	\$	.
<input type="checkbox"/>	\$12.00	Bowling *	\$	.
<input type="checkbox"/>	\$41.00	Dorney Park	\$	.
<input type="checkbox"/>	\$24.00	Academy of Natural Science	\$	.
<input type="checkbox"/>	\$20.00	Insectarium	\$	.
<input type="checkbox"/>	\$12.00	Movie Theater*	\$	.
<input type="checkbox"/>	\$21.00	Freddy Hill Farms (mini golf)	\$	.
<input type="checkbox"/>	\$21.00	Laser Quest** (Wednesday)	\$	.
<input type="checkbox"/>	\$10.00	Family Carnival *	\$	.

TOTAL FIELD TRIP COST DUE: \$ _____

PAYMENT METHOD:

X	X
----------	----------

Signature-Coordinator

Date

Signature - Parent/Guardian

Date

In order to reserve enough spots for each child interested in a particular trip, please check off the trips that your child will be attending.

**FIELD TRIP FEES MUST BE PAID IN FULL BY May 29, 2015
BY CASH, CHECK OR CREDIT CARD**

All field trip payments are **NON-REFUNDABLE** and **NON-TRANSFERABLE**

Please provide a separate payment for field trips.

COPIES:

PARENT

CENTER COPY

BILLING 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
 LifeSpan Day Care - Allentown
 LifeSpan Day Care – East Greenville
 Quakertown Freshman Center
 Quakertown Elementary
 Tohickon Elementary
 Trumbauersville Elementary
 Richland Elementary
 Pfaff Elementary
 Neidig Elementary

LifeQuest Nursing Center
 Mosser Nursing Center
 LifeSpan Day Care - Quakertown
 LifeSpan Day Care - Quakertown
 LifeSpan Day Care - Quakertown
 LifeSpan Day Care - Quakertown
 LifeSpan Day Care - Quakertown
 LifeSpan Day Care - Quakertown
 LifeSpan Day Care - Quakertown
 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	267-347-0985
LifeSpan Day Care - Allentown	215-768-5251
LifeSpan Day Care – East Greenville	610-216-7170
Quakertown Camp	215-896-9918
Quakertown Camp	215-896-3072
Quakertown Camp	267-733-5341

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

COMMONWEALTH OF PENNSYLVANIA

TO: Parents and/or Guardians

FROM: Amanda Bechtel School Age and Summer Camp 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

LifeSpan Summer Camp
349 S. 9th Street
Quakertown, PA 18951

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

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

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

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

Parent/Guardian Signature

Date

CHILD HEALTH REPORT

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

Parents may write immunization dates; health professional should verify and complete all data. 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	<p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
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 TITLE:	
ADDRESS:					LICENSE NUMBER: DATE FORM SIGNED:	
	PHONE:					



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) & 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. IEPs and IFSPs 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 IEPs and IFSPs 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 Health Insurance Portability and Accountability Act (HIPAA). Releases of information may also be required to speak to members of a child's treatment team. Professional development regarding privacy issues, and HIPAA 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.

Child's Name: _____

Signature: _____ Date: _____

Printed Name: _____

Food Program

Enrollment



LifeSpan

Day Care You Can Trust For Children.

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

1651 N. Cedar Crest Blvd
Allentown, PA 18104
610-435-7833

399 Washington St.
East Greenville, PA 18041
215-679-5940



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 215-536-4417.**

Sincerely,
Nicole Fetherman
Executive Director, Lifespan School & DayCare

**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: Skip 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), Veterans (VA) benefits, disability benefits. **Box 4:** List ALL OTHER INCOME SOURCES including Workers 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 eared 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 go for the month from welfare, child support, alimony.

BOX 3: List retirement, Social Security, Supplemental Security Income (SSI), Veterans (VA) benefits, disability benefits.

BOX 4: List ALL OTHER INCOME SOURCES including WorkersqCompensation, 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 House 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 s he/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 CHILDRE, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<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"/>

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/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:
<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino	<input type="radio"/> Asian <input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or Other Pacific Islander

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	\$21,590
2	\$29,101
3	\$36,612
4	\$44,123
5	\$51,634
6	\$59,145
7	\$66,656
8	\$74,167
Each additional person:	+\$7,511

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 <input type="checkbox"/> F <input type="checkbox"/>
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 patters:

Physician's Name and Office Phone Number	Office Stamp
Physician/Medical Authority's Signature:	Date

Part 4: Parent Signature	Date
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Part 5: Child Care Facility Signature	Date
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Signing this section is optional, 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 _____