LifeSpan

Day Care You Can Trust For Children.

Dear Parent or Guardian,

Thank you for your interest in LifeSpan School and Day Care. As parents you know that nothing is more important than enrolling your child in a child care center that you can trust and that makes your child happy.

LifeSpan has been nurturing infants, toddlers, preschoolers, and kindergartners since 1985. We strive to ensure your child's safety in our clean, spacious and fun atmosphere. Our age appropriate classes will give your child properly focused care that inspires your child to learn and develop socially, physically, intellectually, and emotionally. Along with learning in our licensed centers, children can enjoy playtime indoors and outdoors. These areas are designed specifically to stimulate your child's imagination through exploration and the activities provided.

Our education programs and activities are designed with your child's needs in mind. Our infants and toddlers are captivated by our sensory awareness and hands-on educational approach. LifeSpan's Preschool and Kindergarten get acquainted with computer learning, science, art, language arts, and math through a fun filled, learning based curriculum. We offer a number of enrichment programs including SPARK, Music, Spanish and sign language. Our intergenerational program with our nursing centers incorporates growing relationships with their "grand-friends".

LifeSpan Day Care Centers are licensed by the Pennsylvania Department of Human Services and by the Department of Education for Private Academic Schools for our preschool and kindergarten programs. All LifeSpan centers participate in the Keystone STARS Quality initiative. We have earned our Star ratings by meeting researched based standards for staff education and professional development, the early learning environment, partnerships with families and communities, leadership and management. Most of our teachers are college graduates in early childhood/elementary education, are certified, and teach with trained assistants. Our monthly in-service programs keep our staff up to date on the latest early childhood education techniques.

We look forward to building a valuable relationship with you and your child. We invite you to "get-to-know-us" and visit us anytime. Trust LifeSpan to provide your child with love, learning, and lots of fun.

Yours truly,

Nicole Fetherman
Executive Director

Rev. 1/18

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 ☐	PAYMENT TO BE MADE ON MONDAYS **WEEKLY** BI-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 ☐ DIAPERS & WIPES ☐ DEVELOPMENTAL ASSESMENTS GIVEN 2 TIMES A YEAR		
DAYCARE SCHOOL AGE AM ENRICHMENT PM ENRICHMENT PKC EXTENDED DAY CAMP		
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
REGISTRATION FEE:	PRE-K COUNTS
DEPOSIT (LAST WEEK OF CARE)	CONTRACTUAL ALLOWANCE
PROMOTION (OPTIONAL)	LQ EMPLOYEE DISCOUNT (FACILITY)
PAYMENT METHOD: TE CHECK CASH CREDIT CARD	**TOTAL DUE WEEKLY**

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

Rev. 12/17

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	WORK NUMBER
BUSINESS ADDRESS	EMAIL ADDRESS
FATHER'S NAME/ LEGAL GUARDIAN	HOME NUMBER
ADDRESS	CELL NUMBER
BUSINESS NAME	WORK NUMBER
BUSINESS ADDRESS	EMAIL ADDRESS
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 GAURDIAN _____ **DATE** _____

SIGNATURE OF PARENT OF GAURDIAN _____ **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.

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.

Do you have a custody order, restraining order, protection from abuse or other court order that affects your child? _____ Yes _____ No

If yes, LifeSpan must be provided with a copy of the most recent order and all amendments thereto. The orders of the court will be strictly followed. In the absence of a court order on file with LifeSpan, both parents shall be afforded equal access to their child as stipulated by law. LifeSpan cannot, without a court order, limit access of one parent by the other parent, regardless of the reason.

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®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account **(Section A)** OR, initiate debit entries to my (our) checking or savings account, indicated below **(Section B).** 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. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

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

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____

For Official Use Only

Date Received
Employee Signature

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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	215-768-5251
LifeSpan Day Care – E. Greenville	610-216-7170
Quakertown Elementary	267-733-5341
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

LifeSpan

Day Care You Can Trust For Children.

SUBJECT: Nondiscrimination in Services

TO: Parents

FROM: Nicole Fetherman, Executive Director *Nicole Fetherman*

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), 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 provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any parent (and /or their guardian) or child who believes they have been discriminated against, may file a complaint of discrimination with:

LifeSpan School & Day Care
2460 John Fries Hwy.
Quakertown, PA 18951
c/o Director of Compliance
Sharon Breish

Commonwealth of Pennsylvania
Department of Human Services
Bureau of Equal Opportunity
Room 225, Health & Welfare Building
PO Box 2675
Harrisburg, PA 17110

PA Human Relations Commission
Philadelphia Regional Office
110 N. 8th Street
Suite 501
Philadelphia, PA 19107

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

Commonwealth of Pennsylvania
DHS Bureau of Equal Opportunity
Southeast Regional Office
801 Market Street, Suite 5034
Philadelphia, PA 19107

Parent Signature _____

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: _____

Rev. 1-18

LifeSpan

Day Care You Can Trust For Children.

Billing Policies & Procedures

Registration fees:

- Registrations fees are non-refundable. You will be charged $50 for 1 child; $75 for 2 children and $100 for 3 or more children at enrollment time.
- 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 of care at Lifespan, unless it is needed in the event your tuition is not paid.
    - The security deposit amount is equal to one week's tuition, based on your child's schedule. If your schedule increases in days, you will need to add to your original deposit. Families approved for CCIS subsidy from Child Care Works will be required to pay one's weeks co-pay as their security deposit. You will also be responsible for paying the first week's tuition with your security deposit.
- Upon enrollment, each family will receive a fee agreement. Fee agreements regardless of change will be updated every 6 months according to DHS regulations. Drop ins will pay a $50 deposit.

Payments:

- Payments are due weekly on Mondays prior to care being provided. If payment is not made or a schedule organized with LifeSpan's billing office is not created, suspension will be required until full payment is made.
    - You will be billed your weekly amount on Mondays as per your fee agreement. Any additional days outside of your contract will be billed at the drop in rate. Payment is expected for all days contracted regardless of attendance or 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:

    1. Weekly or monthly withdrawal from a checking or savings account
    2. Weekly or monthly withdrawal to a debit or credit card.

- Cash, checks and credit cards (Visa, Mastercard and Discover) are accepted as weekly/monthly forms of payment. Checks can be made out to LifeSpan. All forms of

- Any payments that are returned due to insufficient funds will be charge a $25.00 NSF fee. Payment for the missed week's tuition, the NSF fee and the following week's tuition will be automatically withdrawn the following week if using TE.
- If payments are missed, parents will be notified by email, phone messages and a note will be left on the check-in kiosk. If it is not resolved by Wednesday of that week, the child will not be permitted to attend child care until payment is received.

Leave of Absence:

- A leave of absence will be granted for 4 or more consecutive weeks by notifying the Family Coordinator in advance by written letter. Children will remain active for one year from the leave date. After one year of absence, a registration fee will be charged for re-enrollment.

Withdrawal:

- Please provide two weeks written notice of withdrawal to the Family Coordinator or Director.

Special Programs:

- Pre K Counts program (Quakertown site only): Eligible families must be approved via a separate application process. PKC are funded by the state and have a separate schedule and rates for additional care not covered within the full day space your child is scheduled. If you need care beyond the PKC hours, you will be charged at a rate of $10 per day or $39 per day for full day holiday care. This must be scheduled with the Director.
- Cutie's Care -Diapers and Wipes program is offered at a cost for $2 per day. This is included in your regular tuition for all families. Exceptions are made for families with CCIS subsidy. They can choose to provide their own diapers and wipes or utilize our program. If you run out of diapers, we will supplement and a $2 charge/day will be billed to your account.

Financial Assistance:

- LifeSpan accepts subsidized child care through the Child Care Information Service of local counties and the Dept. of Human Services as well as through Child Care Aware.
- CCIS/ Child Care Works subsidy programs- All parents must keep your accounts in good standing and remain current. According to your CCIS contract, we must report delinquent account issues (1 week delinquent) to the county CCIS office and you will risk jeopardizing your funding. We are an approved provider for Military families through

LifeSpan

Day Care You Can Trust For Children.

I have received, read and understand the billing policies and procedures as outlined in the attached document for my family's participation in LifeSpan programs.

Family Name _____

Signature_____Date_____

Please provide an updated email address for program communications, newsletters and notifications and special announcements.

Email: _____

Email: _____

Please return to the front office upon enrollment.

himama

Why Join? Parents

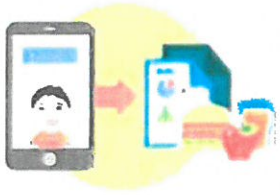
Don't miss a moment. Never lose a memory.

Easily capture and share your child's development so you'll never forget. From fun pictures and stories to developmental milestones.

Also see: How it Works

Never forget those special moments

Being a parent is always busy and memories are easily lost without a convenient way to record them. Capture moments and memories that would normally be fleeting. Big or small, your child's special moments are too precious to forget.



Connect with your childcare center

Feel like you're missing out on moments while your child is in daycare? If your childcare provider subscribes to HiMama you'll receive updates on your child's activities to your email and smartphone – everything from health and nutrition to learning and development.

Keep family and friends in the loop

New content defaults to private so no need to hold back - add every little thing! Then, when you want to share, easily send to your close family and friends with the click of a button. Your family can't be with your child every day, but that doesn't mean they should miss out!

CENTER NAME: _____

Participation Agreement

to email and publish my child's work, photographs or videos via HiMama

To: Parent / Legal Guardian,

Please read this page carefully as it includes information about safety and security issues associated with privacy and behavior.

In the interest of safety and security we require parent permission for the publishing of children's work, photographs or videos through a software program called HiMama (the "**Program**"). By signing this form you grant permission for us to photograph or video your child for the purposes of sharing this information with you through the Program. You will also receive updates and information about your child through the Program to the email you have provided herein.

Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or video of any child, other than your own, outside the Program without permission.

To learn more about the Program, please visit www.himama.com. Please complete, sign, and return this form to the center if you wish to participate. We encourage you to contact us if you have any questions.

I hereby acknowledge that I wish to voluntarily participate in the Program:

My Child's Name: _____

My Name: _____

My Email: _____

Signature: _____ Date: _____

Note: Please complete the Participation Agreement for each parent / guardian of the child.

Kremmer's Meals on the Fly

Prepared Meal Service

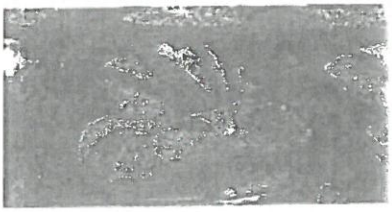
About us

With today's constant "on the go" lifestyle buying and cooking meals often falls to the wayside leaving many families and professionals eating fast food or take out. Kremmer's offers a solution with our prepared meal service, "Meals on the Fly."

Order and Delivery

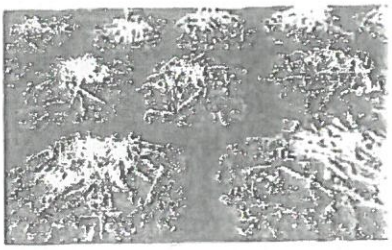
Simply place your order by Midnight utilizing our online ordering system, and you will receive your order the next day by 3pm at your registered delivery site, Monday - Friday.

- All items are delivered in microwave/oven friendly packaging with heat up and handling instructions right on the label.
- All entrees come with a side dish and the vegetable of the week
- 5 staple entrees that are Go-To family friendly meals.
- 3 Bi-Weekly Specials to help spice things up
- 3 Kids Meals (Chicken Fingers (3), French Bread Pizza, Spaghetti with Meatballs
- Fresh fruit, salads, and side pasta dishes to help complete any meal.



Staple Entrees $4.99 (Includes featured side and vegetable of the week)

- Chicken Parmesan with Pasta
- Meatloaf with Gravy and Mashed Potatoes
- Chicken Fajita's with Spanish Rice
- Roasted Lemon Dill Salmon with Rice Pilaf
- Eggplant Rollatini with Pasta



Side Dishes $2.99 (Serves 2)

- Baked Ziti
- Mac and Cheese
- Garden Salad
- Caesar Salad
- Butter Noodles
- Fresh Fruit Salad

Account set up is FREE and there are no monthly membership fees or charges! Contact us today to learn how your business, school, or church can become a registered delivery site.

Contact us

Phone: [610-797-4901] | Email: [akrem@kremmerscatering.com] | Web: [www.kremmerscafeandcatering.com]