



# LifeSpan

Day Care You Can Trust For Children.



**Upper Perkiomen School District**

**Before and After School Care**

**Enrollment Package**

**2023-2024  
School Year**

**Programs offered at Hereford and Marlborough  
Elementary School  
(also serving 4-5<sup>th</sup> Grade center students)**



# LifeSpan

Day Care You Can Trust For Children.

Dear LifeSpan Families,

Please let me introduce myself and thank you for choosing LifeSpan for your before/after school needs. My name is Nicole Fetherman and I am the Executive Director of all the programs at LifeSpan serving the Upper Perkiomen School District.

Since 1987, LifeSpan has been providing before and after school care for the Quakertown School District. In addition to these programs, we host a full day summer camp. We proudly provide care for approximately 165 children from East Greenville and the surrounding communities.

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

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

LifeSpan's programs are licensed by the Department of Human Services and follow their guidelines for program operation. Our programs participate in Pennsylvania's Keystone STARS quality initiative with all programs rating a STAR 4 quality rating. We strive to continually improve our programs through this voluntary program.

**LifeSpan's Program Activities include the following:**

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

## Hours of Operation

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

- ❖ Delayed openings—8:30 a.m. and remain until the beginning of school day.
- ❖ Early dismissal--will run from dismissal until 6:00 pm unless district decides otherwise
- ❖ In-service/holiday care days:
  - The following in-service days will be held at Hereford Elementary School: 9/1/23, 10/9/23, 11/7/23, 11/20/23, 11/21/23, 2/16/24, 3/28/24, 4/1/24, 4/23/24
  - The following holiday care days will be held at the East Greenville Fire Company: 11/22/23, 12/26/23, 12/27/23, 12/28/23, 12/29/23
  - Pre-Registration sheets will be required for sign up. They will be handled closer to the date of the in-service/holiday care day.
  - Breakfast and snack will be provided on these days, but a packed lunch is required for all students.

\*When the UPSD schools close due to severe weather or snow, no care is provided.

LifeSpan takes pride in our reputable history of exceptional service to families. We look forward to a stimulating 2023/2024 school year and learning more about your family.

Sincerely,

Nicole Fetherman  
Executive Director  
2460 John Fries Highway Quakertown, PA 18951  
215-536-9036  
215-538-9435 (fax)  
nfetherman@lq.org  
[www.lifespanchildcare.org](http://www.lifespanchildcare.org)



# 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 at Hereford/Marlborough to

LifeSpan Day Care – East Greenville  
399 Washington St. East Greenville PA

- 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	215-536-4417
LifeSpan Day Care - Allentown	267-733-3419
LifeSpan Day Care – E. Greenville	610-216-7170

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 You Can Trust For Children.

## Enrollment Application

Date: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ \*Email: \_\_\_\_\_

Facility Child attends: Hereford Elementary Marlborough Elementary 4<sup>th</sup>/5<sup>th</sup> Grade enter

Child's Schedule for Care: Full Time (5 days) Part Time (2-4 days)  
Drop In (1 day/as needed)

Days Child will be Attending: Monday Tuesday Wednesday  
Thursday Friday

### *School Age Program Only*

Grade: \_\_\_\_\_

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

Location: \_\_\_\_\_

Select your child's home school:

Hereford Elementary

Marlborough Elementary

Other: \_\_\_\_\_

Where did you hear about us?

Were you referred by someone? \_\_\_\_\_ If so, by whom? \_\_\_\_\_

Office Use Only: Deposit \_\_\_\_\_ Amount \_\_\_\_\_  
Anticipated Start Date \_\_\_\_\_ Class \_\_\_\_\_ H M  
Form Reviewed & Entered by \_\_\_\_\_

## LIFESPAN SCHOOL AGE RATES - UPSD

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

EFFECTIVE July 1st, 2023

BEFORE & AFTER SCHOOL CARE	Before	6:30 a.m. to 8:45 a.m.	\$ 26.00	Day
	After	3:30 p.m. to 6:00 p.m.	\$ 26.00	Day
	Before & After	6:30 a.m. to 6:00 p.m.	\$ 40.00	Day
	Drop In	(in addition to daily rate)	\$ 5.00	
	Early Dismissal	(in addition to daily rate)	\$ 10.00	Day
	Holidays/In-service days*		\$ 50.00	Day

### Annual Registration Fees:

\$75.00 for 1 child  
\$100.00 for 2 children  
\$125.00 for 3 or more children

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

UPSD will provide bussing to and from 4<sup>th</sup>/5<sup>th</sup> grade center to homeschool elementary locations. Contact UPSD transportation for details/concerns.

## AGREEMENT

NAME OF CHILD				START DATE	
FEE AMOUNT \$		PER DAY WEEK		PAYMENT TO BE MADE ON MONDAYS 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 DEVELOPMENTAL ASSESSMENTS GIVEN 2 TIMES A YEAR	
SCHOOL AGE		PKC			
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	
				CHILD CARE WORKS/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				<b>TOTAL DUE WEEKLY</b>	

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	<b>PERIODIC REVIEW</b>	
DATE OF WITHDRAWAL	SIGNATURE – PARENT OR GUARDIAN	DATE

## Allergy Posting

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: \_\_\_\_\_



# 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](http://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.

# Tuition<sup>®</sup> Express

*Automated Payment Processing  
Safe – Convenient – Easy*

We are excited to offer the safety, convenience and ease of Tuition Express<sup>®</sup>—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)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

#### For Official Use Only

Date Received \_\_\_\_\_

Employee Signature \_\_\_\_\_

John Sample  
Mary Sample  
123 Nice Street  
Anytown, USA

BANK OF THE WEST  
555.555.5555

00226

Pay to the order of: Attach Voided Check Here \$

Deposits not accepted \_\_\_\_\_ Dollars

012345678901

Routing Number

10003300

Account Number

00226

Check Number

A service of



**procure**  
SOFTWARE<sup>®</sup>



# 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.



# LifeSpan

Day Care You Can Trust For Children.

## **“GETTING TO KNOW YOU”**

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

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

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

Thank you.

LifeSpan Staff



**LifeSpan**

Day Care You Can Trust For Children.

# Getting to know you-Kindergarten/School-age

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

## Section 1 - Family Information

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

---

---

---

---

---

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

---

---

---

---

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

---

---

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

---

---

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

---

---

Is your child exceptional in any way?

---

---

---

#### **Section 4: Parent Involvement**

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

---

---

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

\_\_\_\_\_yes    \_\_\_\_\_not at this time



# LifeSpan

Day Care You Can Trust For Children.

## Homework Contract

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

Child's Name \_\_\_\_\_

- ☐ Should complete all assignments
- ☐ Should attempt to complete assignments
- ☐ Should save homework for home
- ☐ OTHER (please specify your preference)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



# 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



### 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.

<u>Child(ren) Name(s)</u>	<u>Designated Person(s) Name &amp; Relationship</u>
_____	_____
_____	_____
_____	_____

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.**

**COMMONWEALTH OF PENNSYLVANIA**

**TO:** Parents and/or Guardians

**FROM:** Site Director

**SUBJECT:** Nondiscrimination in Services

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

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

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

LifeSpan School and Daycare  
399 Washington ST.  
East Greenville, PA 18041

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

Department of Human Services  
OCDEL, Southeast Region  
801 Market Street  
Suite 5132 Southeast Regional Office  
Philadelphia PA 19107

LifeSpan at Hereford Elementary  
1043 Gravel Pike  
Hereford, PA 18056

U.S. Dept. of Health and Human Services  
Bureau of Equal Opportunity  
Room 223 Health & Welfare Building  
PO Box 2675  
Harrisburg, PA 17105

LifeSpan at Marlborough Elementary  
1450 Gravel Pike  
Green Lane, PA 18054

PA Human Relations Commission  
Philadelphia Regional Office  
11 N. 8<sup>th</sup> Street, Suite 501  
Philadelphia, PA 19107

LifeSpan serving Fourth/Fifth Grade Center  
510 Jefferson St.  
East Greenville PA 18041

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



# LifeSpan

Day Care You Can Trust For Children.

## Parent Handbook

### 2023-2024

The LifeSpan Parent Handbook can be found on the LifeSpan Child Care website, under the “For Our Parents” tab. The Parent Handbook contains policies and procedures for all parents to review. The web address is <https://www.lifespanchildcare.org/>

I have been given information about where to find the LifeSpan Parent Handbook. I understand that if I have questions, at any time, regarding the handbook, I will consult with the Executive Director.

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

Parent's Printed Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

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

The information found on an IEP/IFSP is protected by privacy laws including the Health 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.

Please circle an option below:

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 \_\_\_\_\_

# EMERGENCY CONTACT/ PARENTAL CONSENT FORM

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

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/ LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME	EMAIL ADDRESS	WORK NUMBER
FATHER'S NAME/ LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME	EMAIL ADDRESS	WORK NUMBER
EMERGENCY CONTACT PERSON(S)		PHONE NUMBER WHEN CHILD IS IN CARE
1		
2		
3		
PERSON(S) TO WHOM CHILD MAY BE RELEASED	ADDRESS	PHONE NUMBER
1		
2		
3		
NAME OF CHILD'S PHYSICIAN/ MEDICAL CARE PROVIDER		PHONE NUMBER
PROVIDER ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTIONS)	
MEDICAL/ DIETARY INFO NECESSARY IN EMERGENCY SITUATION	MEDICATIONS/SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<b>PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY FACILITY	WADING	

SIGNATURE OF PARENT OR GUARDIAN

DATE

## CHILD CARE REQUEST FORM



### STUDENT / PARENT INFORMATION

REQUESTED START DATE: \_\_\_\_\_

Student Name: \_\_\_\_\_ School Attending: \_\_\_\_\_

Grade: \_\_\_\_\_ Home Address: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### MORNING REQUEST:

Child Care Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child Care Address: \_\_\_\_\_

Pick Up from Home: M T W T H F

Pick Up From Child Care: M T W T H F

### AFTERNOON REQUEST:

Child Care Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child Care Address: \_\_\_\_\_

Drop off at Home: M T W T H F

Drop off at Child Care: M T W T H F

The Upper Perkiomen School District shall transport students in grades **K-5** who are picked up or dropped off at a destination other than their home on a daily basis, for the purpose of child care. Transportation will not be provided for any day care facility located within a walking boundary of a school, or located outside of the district. The parent of students in child care must submit a written request to the Transportation Department **yearly** for review and approval by **June 1st** of the preceding school year.

### **The following conditions must also be met:**

1. In order to be effective for the beginning of each school year, the Child Care Request Form with parent signature must be submitted by **June 1st**. Late requests and requests made during the school year, may take up to 2 weeks to complete.
2. Such students must board or disembark at an existing stop on the regularly scheduled bus route. We will not reroute buses to accommodate child care requests.
3. There must be space available on the bus.
4. Such students will be accepted on a first come, first-served basis.
5. Such students may not continue to ride the bus if other students, eligible for transportation under the foregoing provisions, are assigned to the bus causing the bus to reach its rated capacity.
6. All requests must be for a minimum of two weeks.
7. A request to ride an alternate bus, for a temporary situation, will not be issued.
8. Subject to the foregoing, not more than three (3) requests for change in location to accommodate a modification of child-care arrangements may be sought during a school term. Split schedule requests will only be accommodated one (1) time per school year.
9. Eligible stops are accredited child care centers that are within 3 miles of the student's Elementary school boundary; all other stops, family/neighbor/friend, must be within the student's Elementary school boundary.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(I have read the policy rules and request the change in accordance with the rules listed above)*

# LifeSpan School & Daycare Authorization to Release Student Records

I hereby authorize LifeSpan School & Daycare  
\_\_\_\_\_

To send /release the records indicated below to:

Upper Perkiomen School District  
\_\_\_\_\_  
\_\_\_\_\_

Those records checked, if available, may be released:

1. \_\_\_\_\_ Official Administrative Record (name, address, birth date, classroom/grade level completed, grades, and attendance records)
2. X \_\_\_\_\_ Health Records including immunization information
3. \_\_\_\_\_ Child Assessments (Ounce Scale, Work Sampling, Dibels, PALS , Math, Ages and Stage), other developmental screenings.
4. \_\_\_\_\_ Teacher Observations and Ratings
5. X \_\_\_\_\_ Confidential Records (individually administered test results and behavioral, psychological, psychiatric and neurological reports, IEP's/IFSP's)
6. X \_\_\_\_\_ Student Assistance information (behavior reports, incident reports, referral forms, parent questionnaires, and release of information)
7. X \_\_\_\_\_ Verbal/phone and email discussion regarding the educational support and care of my child.

\_\_\_\_\_  
Student's Full Name

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Student's Date of Birth

\_\_\_\_\_  
Date

# **LifeSpan School & Daycare Authorization to Release Student Records**

*I hereby authorize*

Upper Perkiomen School District

\_\_\_\_\_  
\_\_\_\_\_

*To send /release the records indicated below to:*

LifeSpan School & Day Care

\_\_\_\_\_  
\_\_\_\_\_

*Those records checked, if available, may be released:*

1. \_\_\_\_\_ Official Administrative Record (name, address, birth date, classroom/grade level completed, grades, and attendance records)
2. X Health Records including immunization information
3. \_\_\_\_\_ Child Assessments (Ounce Scale, Work Sampling, Dibels, PALS , Math, Ages and Stage), other developmental screenings.
4. \_\_\_\_\_ Teacher Observations and Ratings
5. X Confidential Records (individually administered test results and behavioral, psychological, psychiatric and neurological reports, IEP's/IFSP's)
6. X Student Assistance information (behavior reports, incident reports, referral forms, parent questionnaires, and release of information)
7. X Verbal/phone and email discussion regarding the educational support and care of my child.

\_\_\_\_\_  
*Student's Full Name*

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Student's Date of Birth*

\_\_\_\_\_  
*Date*





# **LifeSpan**

Day Care You Can Trust For Children.

## **Child and Adult Care Food Program Enrollment Packet**

### **2023-2024**

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 18104  
215-679-5940

## **CACFP Meal Benefit Income Eligibility Form Instructions**

### **July 1, 2023-June 30, 2024**

The Child and Adult Care Food Program (CACFP) makes good food a regular part of your child's day care! Please fill out the *CACFP Meal Benefit Income Eligibility* form. It helps us find out if your household qualifies for free or reduced-price meals. This lets us know how much money CACFP will give to support your day care home or center.

### **Instructions**

Here are instructions to help you fill out the form. Before you begin, turn the form over to learn why we ask for this information. It tells you how we use the information and what rights you have. It also tells you how to contact USDA if you believe you are treated unfairly.

Please make sure to fill in all of the requested information. Use a pen to mark your answers on one form. When you are finished, please return the form to us at:

**Lifespan Phone #** \_\_\_\_\_.

#### **Step 1:**

List all the children from your household in the day care. Use one line for each child's name. Write one letter in each box. Stop if you run out of space. If there are more children, add their names on a second piece of paper.

Do you have any foster children? If you answer *Yes*, mark the *Foster Child* box next to the child's name. If you are only applying for foster children, finish Step 1 and go to Step 4. If you are applying for both foster and non-foster children, go to Step 2.

Are any children migrant, runaway, homeless, or enrolled in Head Start? If *Yes*, mark the correct boxes next to the child's name and go to Step 4.

#### **Step 2:**

You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR).

Do any household members, including you, currently receive SNAP, TANF, or FDPIR? If *Yes*, write the case number in the box and go to Step 4. You only need to provide one case number. If *No*, go to Step 3.

#### **Step 3:**

Report current income for all household members. Skip this step if you answered *Yes* in Step 2.

How do you report child income? Turn the form over and use the *Source of Income for Children* chart to see if your household has income to report.

*This institution is an equal opportunity provider.*

Children who get Child and Adult Care Food Program (CACFP) free or reduced-price meals may also qualify for low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP).

We may share your child's CACFP eligibility information with Medicaid or SCHIP, *unless you tell us not to*. Medicaid and SCHIP *only* use the information to find out if children are eligible for their programs. Their staff may contact you to offer to enroll your children in these health insurance programs.

If you **do not** want us to share your information with Medicaid or SCHIP, fill out this page. You should send this page with your *CACFP Meal Benefit Income Eligibility* form when you apply. Sending in this page will not change your child's eligibility for free or reduced-price meals.

☐ **No! I do not** want my child's CACFP eligibility information shared with Medicaid or SCHIP.

*If you checked no, fill this out:*

Child's Name:

---

Child's Name:

---

Child's Name:

---

Child's Name:

---

Today's Date:

---

Print Your Name:

---

Address:

---

Signature of Parent or Guardian:

---

If you have questions or need help, please contact **Craig Kunsman** at **Ckunsman@lq.org**

CACFP Meal Benefit Income Eligibility Form

*This institution is an equal opportunity provider.*

**Child and Adult Care Food Program  
Child Enrollment Form**

**Sponsor/Center Name:** Lifespan  
**Agreement #:** 300-09-145-5

**ENROLLMENT FORM FOR CHILDREN IN CHILD CARE**

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

**PARENTS:** This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same.

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK								MEALS RECEIVED
		TIME-IN			TIME OUT			TIME CHILD ATTENDS SCHOOL		
		AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER	
FIRST CHILD	<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other:								<input type="checkbox"/> EARLY MORNING SNACK <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME		Enrollment Date: _____ Withdrawal Date: _____								
BIRTH DATE										
AGE										
SECOND CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other:								<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> EARLY MORNING SNACK <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME		Enrollment Date: _____ Withdrawal Date: _____								
BIRTH DATE										
AGE										
THIRD CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other:								<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> EARLY MORNING SNACK <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME		Enrollment Date: _____ Withdrawal Date: _____								
BIRTH DATE										
AGE										
FOURTH CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other:								<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> EARLY MORNING SNACK <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME		Enrollment Date: _____ Withdrawal Date: _____								
BIRTH DATE										
AGE										
FIFTH CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other:								<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> EARLY MORNING SNACK <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME		Enrollment Date: _____ Withdrawal Date: _____								
BIRTH DATE										
AGE										

Signature

Signature of Parent or Guardian

Date

Telephone Number of Parent or Guardian

CHILD CARE REPRESENTATIVE USE ONLY: Effective Date of This Enrollment Form:

Name of Representative/Signature

Date

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

Complete one application per household. Please use a pen (not a pencil).

**Write only one case number in this space.**

Revision 08/16/2021



**pennsylvania**  
DEPARTMENT OF EDUCATION

## CACFP Infant Enrollment Form

Center/Provider Name: \_\_\_\_\_

**Dear Parent/Guardian,**

This childcare center/provider participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires childcare centers/providers to follow specific meal patterns according to the age of the infant.

Childcare centers/providers participating in the CACFP **are required** to offer at least one iron fortified infant formula for infants who are enrolled in care. You may decline the infant formula offered, and supply breast milk and/or your own CACFP approved iron-fortified formula.

(NOTE: A CACFP approved iron-fortified formula must have 1 mg of iron or more per 100 calories of formula when prepared using the label directions and must be regulated by the FDA.)

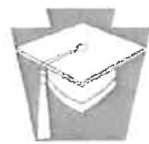
Additionally, when you determine, in consultation with your physician, that your infant is developmentally ready, the childcare center/provider will also be **required** to offer iron fortified infant cereal and other infant foods.

Infant's Name \_\_\_\_\_ Infant's Date of Birth \_\_\_\_\_

Iron Fortified Formula offered by the Center/Provider \_\_\_\_\_

### Breast milk and/or Formula preference

Record date to indicate your preference (choose all that apply) *I understand that I may change my decision at any time with advance notice	Birth -5 months Date & Initial	6 – 11 months Date & Initial
I will provide expressed breast milk for my infant.		
I will breast feed my infant on site at the center/provider.		
I want the childcare center/provider to provide the infant formula it offers for my infant.		
I will provide the infant formula for my infant. (must be iron fortified) <b>Name of infant formula I will provide:</b> _____		
My infant has a special dietary need that requires a formula that does not meet the criteria for an approved iron fortified formula. I have provided the center/provider with a Medical Plan of Care signed by a licensed medical authority that includes the impairment that restricts the infant's diet, how it effects the infant, and the recommended substitution. <b>Name of infant formula:</b> _____ <input type="checkbox"/> Center will provide the formula. <input type="checkbox"/> I will provide the formula.		



## **Children and Adults with Disabilities and Special Dietary Needs**

Operators of the Child and Adult Care Food Program (CACFP) and Summer Food Service Program (SFSP) are required to make reasonable modifications to Program meals or the meal service to accommodate children or adults (Program participants) with disabilities that restrict the diet.

### **1. Licensed Medical Authority's Statement for Participants with Disabilities**

U.S. Department of Agriculture (USDA) regulations at 7 CFR Part 15b require substitutions or modifications in Program meals for participants whose disabilities restrict their diets. Sponsors, centers, and day care homes must provide modifications for participants on a case-by-case basis when requests are supported by a written statement from a state licensed medical authority.

The third page of this document ("Medical Plan of Care for Child Nutrition Programs") may be used to obtain the required information from the licensed medical authority. For this purpose, a *state licensed medical authority* in Pennsylvania includes a:

- Physician,
- Physician assistant,
- Certified registered nurse practitioner, or
- Dentist.

The written medical statement must include:

- An explanation of how the participant's physical or mental impairment restricts the diet;
- An explanation of what must be done to accommodate the participant; and
- The food or foods to be omitted and recommended alternatives, if appropriate.

### **2. Other Special Dietary Needs**

Program operators may make food substitutions for individual participants who do not have a medical statement on file. Such determinations are made on a case-by-case basis and all accommodations must be made according to USDA's meal pattern requirements. Program operators are encouraged, but not required, to have documentation on file when making menu modifications within the meal pattern.

Special dietary needs and requests such as those related to general health concerns and personal preferences are not disabilities and are optional for Program operators to accommodate. Meal modifications for non-disability reasons are reimbursable provided that these meals adhere to Program regulations.

### **3. Rehabilitation Act of 1973 and the Americans with Disabilities Act**

Under Section 504 of the *Rehabilitation Act of 1973*, the *Americans with Disabilities Act (ADA) of 1990* and the *ADA Amendments Act of 2008*, a person with a disability means any person who has a physical or mental impairment that substantially limits one or more major life activities or major bodily functions, has a record of such an impairment, or is regarded as having such an impairment. A physical or mental impairment does not need to be life threatening in order to constitute a disability. If it limits a major life activity, it is considered a disability.

*Major life activities* include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity also includes the operation of a major bodily function, including but not limited to: functions of the immune system; normal cell growth; and digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

## Medical Plan of Care for Child Nutrition Programs (CACFP and SFSP)

*Please read pages 1 and 2 before completing this form.*

Participant's Name	Date of Birth	Age/Classroom
Name of Center/Program/Site		
Name of Parent/Guardian or Participant's Representative		Phone Number of Parent/Guardian/Representative
Signature of Parent/Guardian or Participant's Representative		Date
<p>1. Provide an explanation below of how the participant's physical or mental impairment restricts the participant's diet:</p>   		
<p>2. Describe the specific diet or necessary modifications prescribed by the state licensed medical authority to accommodate the participant's needs:</p>   		
<p>3. List the food or foods to be omitted (please be specific) and recommended alternatives, if appropriate.</p> <p><u>Foods to be omitted:</u></p>   <p><u>Suggested substitutions:</u></p>   		
<p>4. Indicate texture modifications, if applicable:</p> <p><input type="checkbox"/> Chopped/Cut into bite-sized pieces    <input type="checkbox"/> Diced/Finely Ground    <input type="checkbox"/> Pureed    <input type="checkbox"/> Other:</p>		
<p>5. List any required special adaptive equipment:</p>  		
Name of Physician/Medical Authority & Title (Please Print)		Provider Phone Number
Signature of Physician/Medical Authority		Date
<p><i>Signing the following section is optional but may prevent delays by allowing the Program to speak with the physician/medical authority.</i></p> <p><u>Health Insurance Portability and Accountability Act Waiver</u></p> <p>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 the participant as is necessary for the specific purpose of Special Diet information to _____ (center/program/site) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning the participant with the childcare/adult care/summer food 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 the participant. 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.</p> <p>The undersigned certifies that he/she is (<b>circle one</b>): <b>Parent</b> <b>Guardian</b> <b>Adult participant</b> or <b>Representative of participant</b> listed on this document and has the legal authority to sign on behalf of that person.</p> <p>Signature: _____ Date: _____</p>		

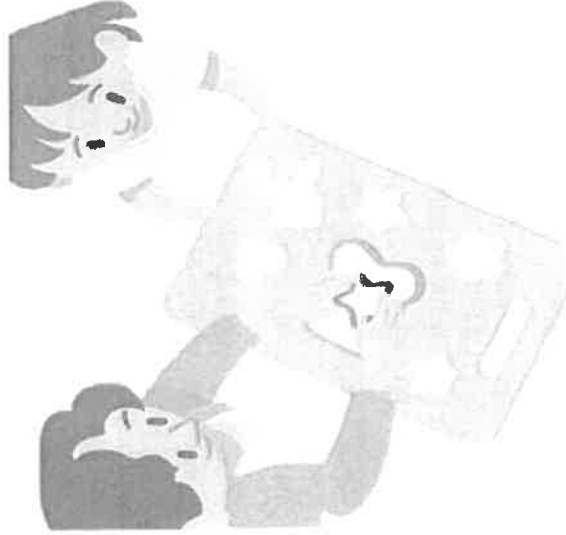


### How does CACFP work?

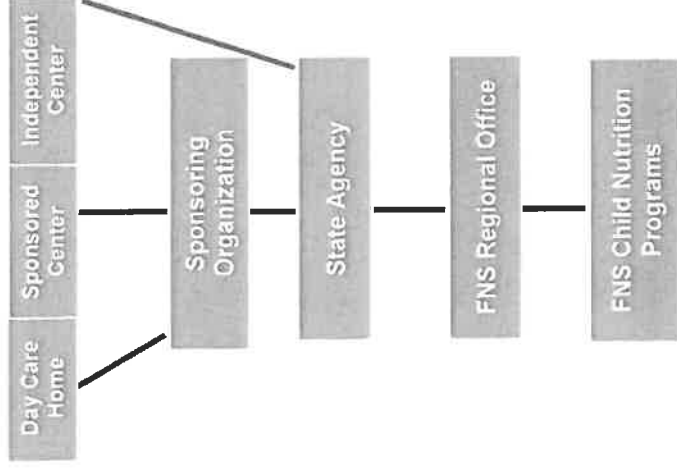
Day care homes and centers receive money for serving nutritious meals. The Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture (USDA) oversees CACFP.

States approve sponsors and centers to operate the program. States also monitor and provide training and guidance to make sure CACFP runs right.

Sponsoring organizations support day care homes and centers with training and monitoring. All day care homes participate in CACFP through a sponsor.



### CACFP Partners



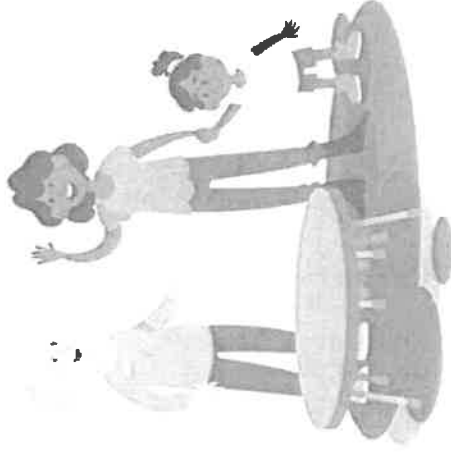
### Contacts

*Here is space for the State agency and sponsoring organization to add contact information.*



FNS-319  
October 2019  
USDA is an equal  
opportunity provider,  
employer and lender.

## Building for The Future



## In the Child and Adult Care Food Program (CACFP)

## What IS WIC?

WIC is the Special Supplemental Nutrition Program to help improve the health of women, infants and children. WIC services are provided at no cost to you and your family.

**"WIC has helped me make healthier choices for my child, and I can save on my grocery bill."** — WIC Mom

## Who IS ELIGIBLE?

- Women who are pregnant, breastfeeding or recently had a baby (under 6 months)
- Infants
- Children under age 5

You must live in Pennsylvania, have a nutrition need and not exceed the income guidelines.

WIC is for married and single parents, working families and the unemployed. If you are a father, mother, foster parent or other legal guardian of a child under age 5, you can apply for WIC for your child.



## How CAN WIC HELP MY FAMILY?

**Offers screenings and referrals to health care and other services**

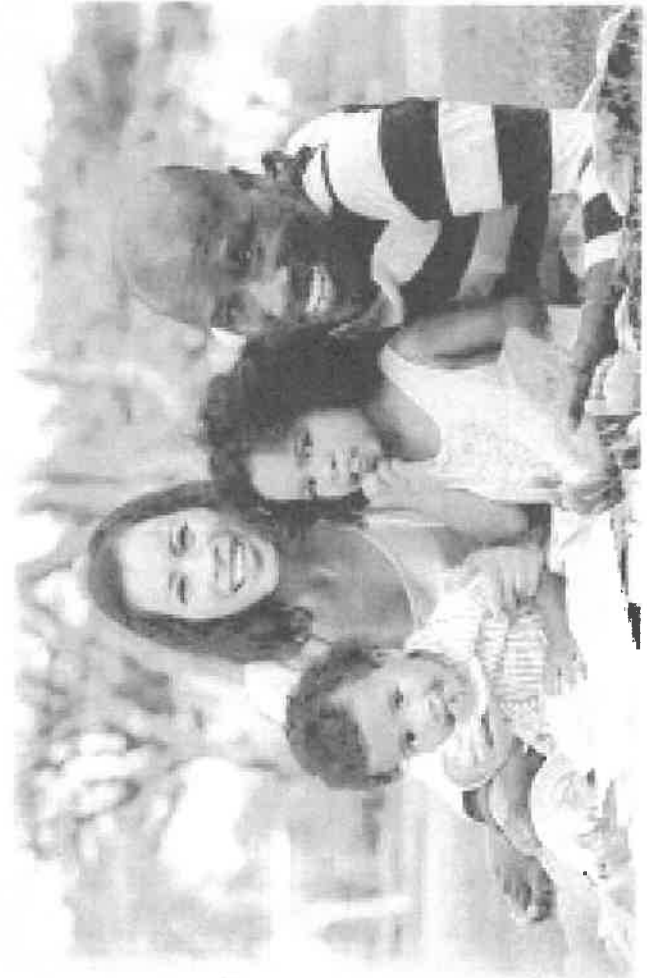
- Iron testing for anemia
- Immunization, health and lead screenings
- Referrals for SNAP, WIC, TANF, CHIP, Healthy Beginnings Plus, Head Start, food banks, etc.

**Gives advice for healthy eating**

- One-on-one nutrition education
- Nutrition materials
- Online information

**Supports breastfeeding**

Breastfeeding provides many health, nutritional and economical and emotional benefits to mother and baby. WIC helps mothers continue breastfeeding even if they return to work.



**Provides healthy food**

- ✓ Milk
- ✓ Cheese
- ✓ Yogurt
- ✓ Soy-based beverages
- ✓ Tofu
- ✓ Fruits and vegetables (fresh, frozen or canned)
- ✓ Dried or canned beans/peas
- ✓ Eggs
- ✓ Peanut butter
- ✓ Canned fish
- ✓ Juice
- ✓ Cereal
- ✓ Whole grains (bread, tortillas, oats, brown rice and pasta)
- ✓ Infant foods
- ✓ Formula and medically necessary supplements

**Good nutrition today means a stronger tomorrow!**

# **Building for the Future with CACFP**

**This day care  
receives support  
from the Child and  
Adult Care Food  
Program to serve  
healthy meals to your children.**



**Meals served here must meet USDA's  
nutrition standards.**

## **Questions? Concerns?**

*[Here is space for the State agency and sponsoring organization to add  
contact information]*

**Learn more about CACFP at USDA's website:**

**<https://www.fns.usda.gov/>**

**USDA is an equal opportunity provider, employer and lender.**

**United States Department of Agriculture**

**Food and Nutrition Service FNS-317**

**November 2019**

**¡Buena nutrición hoy significa un mañana más saludable!**

# Construyendo para el Futuro con CACFP

Esta guardería infantil  
recibe ayuda del  
Child and Adult Care  
Food Program para  
servir comidas  
nutritivas a sus niños.



**Comidas servidas aquí deben de seguir los  
requisitos nutricionales establecidos por USDA.**

## **¿Preguntas? ¿Inquietudes?**

*[Here is space for the State agency and sponsoring organization to add contact information]*

**Aprenda más información sobre CACFP en el sitio web del  
USDA: <https://www.fns.usda.gov/>**

**USDA es un proveedor, empleador y prestamista que ofrece igualdad de oportunidades.**

**United States Department of Agriculture  
Food and Nutrition Service FNS-317  
November 2019**