

# EMERGENCY CONTACT/PARENTAL CONSENT FORM

Today's date: \_\_\_\_\_

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

Start of Care Date: \_\_\_\_\_

CHILD'S NAME		BIRTHDATE	<input type="checkbox"/> Male <input type="checkbox"/> Female
ADDRESS			
FIRST PRIMARY (ENROLLING) GUARDIAN NAME		FIRST PRIMARY (ENROLLING) HOME PHONE	FIRST PRIMARY (ENROLLING) CELL PHONE
FIRST PRIMARY (ENROLLING) GUARDIAN ADDRESS		FIRST PRIMARY (ENROLLING) EMAIL ADDRESS	
FIRST PRIMARY (ENROLLING) WORK/BUSINESS NAME		FIRST PRIMARY (ENROLLING) WORK/BUSINESS CONTACT PHONE	
FIRST PRIMARY (ENROLLING) WORK/BUSINESS ADDRESS			

Is there a court order regarding custody or visitation?

SECOND PRIMARY GUARDIAN NAME		SECOND PRIMARY HOME PHONE NUMBER	SECOND PRIMARY CELL PHONE NUMBER
SECOND PRIMARY GUARDIAN ADDRESS		SECOND PRIMARY EMAIL ADDRESS	
SECOND PRIMARY WORK/BUSINESS NAME		SECOND PRIMARY WORK/BUSINESS CONTACT PHONE	
SECOND PRIMARY WORK/BUSINESS ADDRESS			

## Emergency Contact Person(s)

NAME	PHONE NUMBER WHEN CHILD IS IN CARE
NAME	PHONE NUMBER WHEN CHILD IS IN CARE

## Person(s) to Whom Child May Be Released

NAME	ADDRESS	PHONE NUMBER WHEN CHILD IS IN CARE
NAME	ADDRESS	PHONE NUMBER WHEN CHILD IS IN CARE

## Child's Physician/Medical Care Provider

NAME OF PHYSICIAN/MEDICAL CARE PROVIDER		PHONE OF PHYSICIAN/MEDICAL CARE PROVIDER
ADDRESS OF PHYSICIAN/MEDICAL CARE PROVIDER		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)

PARENTAL SIGNATURE REQUIRED FOR EACH ITEM TO INDICATE PARENTAL CONSENT	SWIMMING	TRANSPORTATION (REQUIRED FOR EMERGENCY TRANSPORT)	OBTAINING EMERGENCY MEDICAL CARE
	WALKS AND TRIPS	WADING	ADMINISTRATION OF MEDICATIONS OR SPECIAL DIETARY NEEDS
			ADMINISTRATION OF MINOR FIRST AID PROCEDURES

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

# AGREEMENT

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

Today's date: \_\_\_\_\_

Start of Care Date: \_\_\_\_\_

CHILD'S NAME		
FEE AMOUNT \$	PER DAY OR WEEK? PER WEEK	DAY PAYMENT TO BE MADE PAYMENT MADE FRIDAY BEFORE CARE
SERVICES TO BE PROVIDED AS PART OF THE DAY CARE FEE (EXAMPLES: TRANSPORTATION, CARE, MEALS, ETC.)		
DEVELOPMENTALLY APPROPRIATE ACTIVITIES		
A SAFE AND HEALTHY ENVIRONMENT		
MEALS (BREAKFAST, LUNCH, PM SNACK)		
THE LOVE OF CHRIST AND TLC		
CHILD ARRIVAL TIME	CHILD DEPARTURE TIME	EXTRA SERVICES TO BE PROVIDED AT ADDITIONAL FEE IF APPLICABLE
LATE FEE *REFER TO ENROLLMENT FORM*	PER MIN/HOUR? *REFER TO ENROLLMENT FORM*	
<b>Person(s) to Whom Child May Be Released</b> PARENT INITIALS: X _____		
NAME	ADDRESS	PHONE NUMBER WHEN CHILD IS IN CARE
NAME	ADDRESS	PHONE NUMBER WHEN CHILD IS IN CARE

## 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)

\_\_\_\_\_  
SIGNATURE—OPERATOR

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE—PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

DATE OF CHILD'S ADMISSION

DATE OF CHILD'S WITHDRAWAL

## PERIODIC REVIEW

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

# ENROLLMENT FORM

Today's date: \_\_\_\_\_

Start of Care Date: \_\_\_\_\_

Name of Child(ren)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

## TUITION RATES (5 Days or 4 Days—ONLY OPTIONS BEGINNING 12/1/19) — \*\*PLEASE CIRCLE ALL THAT APPLY\*\*

Infants (\$272 / \$232)

Ones (\$268 / \$228)

Twos/Young Threes (\$263 / \$224)

Pre-K (\$236 / \$201)

School Age Before OR After Care (\$84 / \$71)

School Age Before AND After Care (\$126 / \$107)

School Age Transportation To/From School (\$5/wk)

Military/Veteran Discount (5%) Multiple Siblings Discount (5%)

### School Age All Day Care -- Days off School (Holidays/Conferences/Weather)

- Enrolled Students (\$45/day - no charge for 2-hour delays)
- Non-Enrolled Students (\$60/day - enrolled in summer but not school year)

### Holding a Vacant Spot

(parent initials) x \_\_\_\_\_ I understand to hold a spot for my child's enrollment, I must pay \$ \_\_\_\_\_ (the equivalent of one week's tuition) at registration and every 30 days until enrollment. This is non-refundable if enrollment doesn't occur. The total amount paid to hold the spot is credited to my child's weekly tuition.

Are you a Child Care Network Client: **Yes** or **No**

CCIS Weekly Co-Pay Amount: \$ \_\_\_\_\_ \*

\*Co-pay payments are due by the Friday before care. If your co-pay payment is late, we will report the delinquency to CCN. We do not charge the difference between our rates and what CCN provides including your co-pay. However, we do expect timely and accurate co-pay payments. If you lose your CCN funding, you will be held responsible for the regular tuition rate.

Upon your child's 45th day of enrollment, an optional 45-day Family Meeting is available. Are you interested in being contacted by your child's teacher to schedule a 45-day Family Meeting? **Yes** or **No** (please circle one)

### Hours of Care

*You are expected to adhere as closely as possible to these times.  
We strongly discourage any children to be in our care longer than 10 hours.*

Approximate Drop-off time: \_\_\_\_\_

Approximate Pick-up time: \_\_\_\_\_

**THE LATEST PICK-UP TIME AVAILABLE IS 5:55 PM. ANY PARENT PICKING UP AT 6:01 PM WILL BE CHARGED A LATE FEE OF \$20.00, PLUS \$5.00 PER MINUTE LATE FROM 6:01 PM—6:10 PM, AND \$10 PER QUARTER HOUR THEREAFTER. CHRONIC LATE PICK-UPS MAY RESULT IN YOUR CHILD'S DISMISSAL FROM THE PROGRAM. TIMES ARE DETERMINED BY OUR ATOMIC CLOCKS.**

### TAX-RELATED INFORMATION

As we move forward, 2019 childcare expense forms may be obtained by request from the Fishburn Flock. However, due to unforeseen circumstances on our part, we cannot guarantee the accuracy for 2019 and recommend you use your receipts and check stubs.

### FOR OFFICE BILLING USE ONLY

PRIMARY PAYER NAME: \_\_\_\_\_

CHILD 1 NAME/CLASS/TUITION COST: \_\_\_\_\_

CHILD 2 NAME/CLASS/TUITION COST: \_\_\_\_\_

CHILD 3 NAME/CLASS/TUITION COST: \_\_\_\_\_

WEEKLY TUITION (sum of above lines): \_\_\_\_\_

WEEKLY DISCOUNTS (if applicable): \_\_\_\_\_

TOTAL WEEKLY ACH (Tuition minus discounts): \_\_\_\_\_

**Additional Conditions** *Please initial beside each condition to indicate your understanding and willingness to comply*

- \_\_\_\_\_ 1. Your child must remain with you, by your side at all times while on the premises. You may not allow them to run ahead, go to the restroom or to their classroom alone. You **MUST** remain within an arm's reach of your child regardless of their age at all times. **DO NOT EVER** leave your child unattended in an empty classroom. They must be signed in to a staff member.
- \_\_\_\_\_ 2. Full tuition payment is due regardless of holiday, vacation or sickness. The only exception is one pre-approved vacation week per calendar year (no charge), and one week between Christmas and New Year's when center is closed (half price).
- \_\_\_\_\_ 3. All payments must be made by ACH withdrawal from a checking or savings account beginning 12/1/2019. Prior to that date, payments may be made by check or cash (no credit cards).
- \_\_\_\_\_ 4. Any checks or auto drafts returned for insufficient funds/closed account will incur a \$40.00 fee. After two returned ACH payments, your child's enrollment is in jeopardy.
- \_\_\_\_\_ 5. Any additional charges or late fees will be added to the next payment due and payment is expected at that time.
- \_\_\_\_\_ 6. A 5% discount is applied to all children's tuition for families with more than one child enrolled.
- \_\_\_\_\_ 7. If your account is turned over to a collection agency, you will be responsible for any collection, filing and attorney's fees as well as any court costs.
- \_\_\_\_\_ 8. Fees paid cover the cost of care for all children. Breakfast, lunch and one snack is provided daily. We provide a specific brand of formula for Infants that is optional for the parents of infants to utilize.
- \_\_\_\_\_ 9. Any additional care your child receives other than outlined in this agreement, will be subject to an additional charge.
- \_\_\_\_\_ 10. If school is cancelled for weather or other reasons, full day care is available to school age students at additional daily rate. It is expected to be paid in full during the next billing cycle.
- \_\_\_\_\_ 11. Guardian agrees and understands that failure to abide by any of the specified conditions may result in termination of services for their child.
- \_\_\_\_\_ 12. Guardian agrees and understands that continued enrollment of their child is dependent upon parental support of the school, staff, and policies.

**Direct Payment Authorization (Required)**

<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing Transit Number (9-digit number on the bottom left of your check)	Account Number (to the right of the bank routing number on your check)
Name of Financial Institution		

**Authorization**

I authorize Fishburn United Methodist Church, 1215 Fishburn Rd, Hershey, PA 17033, to process payment of the full balance tuition and/or other fees due to Fishburn Flock Early Learning Center each week from the account noted above. I understand that tuition is due the Friday prior to the week of care. This authorization will remain in effect until I notify Fishburn UMC in writing to change or terminate this authorization. I understand that 14 days advance written notice is required to change or terminate this financial arrangement.

Authorized signature on account	Date
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*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.*

*Fishburn Flock Early Learning Center agrees to provide qualified staff and facilities consistent with state licensing requirements for the care and education of your child. We commit to fair charges for these services and to legal and ethical collection of those charges.*

_____ Printed Name of Guardian	
_____ Signature of Guardian	Date
_____ Signature of Director	Date