

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	PAYMENT TO BE MADE ON MONDAYS	
	DAY WEEK	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
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DATE OF CHILD'S ADMISSION	PERIODIC REVIEW		
DATE OF WITHDRAWAL	SIGNATURE – PARENT OR GUARDIAN	DATE	

EMERGENCY CONTACT/ PARENTAL CONSENT FORM

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

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

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

CHILD HEALTH REPORT

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

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> 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) <input type="checkbox"/> YES <input type="checkbox"/> 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.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

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

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

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

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



Automated Payment Processing Safe – Convenient – Easy

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

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** AUTHORIZATION

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

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

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

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

Checking Savings

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

Signature _____ Date _____

Check if you wish to make online payments

For Official Use Only
Date Received
Employee Signature

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	\$ _____
_____		_____ Dollars
Deposit slips not accepted		
123456789	1800338	0226
Routing Number	Account Number	Check Number





Automated Payment Processing
Safe – Convenient – Easy

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ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

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

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

Cardholder Name Phone #

Cardholder Address City State Zip

Account Number Expiration Date

Cardholder Signature Date

Check if you wish to make online payments

For Official Use Only
Date Received
Employee Signature

A service of



**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.

- 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 _____



LifeSpan

Day Care You Can Trust For Children.

Photo Permission Form

LifeSpan Release

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

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

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

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

I Agree

I Disagree

Child's Name

Date

Parent/Guardian Name

Parent/Guardian Signature

Witness



LifeSpan

Day Care You Can Trust For Children.

Dear LifeSpan Parents,

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

- Immediate evacuation: students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc.
- In-place sheltering: sudden occurrences, such as weather or hazardous materials related incidents, may dictate that taking cover inside the building is the best immediate response.
- Evacuation: total evacuation of the facility may become necessary if there is a danger in the area. If requested by local authorities, children will be taken to a relocation facility as follows.

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

LifeQuest Nursing Center
 Mosser Nursing Center
 LifeSpan Day Care - Quakertown
 LifeSpan Day Care - Quakertown
 LifeSpan Day Care - Quakertown
 LifeSpan Day Care - Quakertown
 LifeSpan Day Care - Quakertown
 LifeSpan Day Care - Quakertown
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 LifeSpan Day Care – Quakertown

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

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

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

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

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

Addresses for evacuation sites:

LifeQuest Nursing Center
2459 John Fries Highway
Quakertown, PA 18951

Mosser Nursing Center
1175 Mosser Road
Trexlerstown, PA 18087

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

CHILD PICKUP AUTHORIZATION

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

Child(ren) Name(s)

Designated Person(s)
Name & Relationship

Parent/Guardian Signature: _____

Date: _____

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

PLEASE PRINT CLEARLY.

COMMONWEALTH OF PENNSYLVANIA

TO: Parents and/or Guardians
FROM: Site Director
SUBJECT: Nondiscrimination in Services

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

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

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

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

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

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

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

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

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

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

Parent/Guardian Signature

Date



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: _____



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

payment are accepted at the front desk and credit cards can be phoned in to the corporate office at 215-529-6229.

- Effective January 2017, a 2% discount will be applied to monthly pre-paid tuition.

Family Referral Incentive:

- One \$25 referral credit will be applied to your account for referring a family after the child has been with LifeSpan for 90 days.

Schedule Options:

- Full time: A signed agreement between the parent and center when scheduling 4-5 days per week regardless of absenteeism, holiday or vacation.
- Part time: A signed agreement between the parent and center when scheduling 2 or 3 specific days per week regardless of absenteeism, holiday or vacation.
- Drop-in: 24-hour notice of drop in care is needed and only available on a first come first served basis and by approval from the Director or Family Coordinators based on available space. Drop in rates will be charged accordingly. Payment is due at time of service. If your child is scheduled for one day a week you will be charged the drop in rate.

Schedule Changes:

- You must contact the Family Coordinator to request a schedule change and update your fee agreement at that time. Any changes to your child's schedule must remain in effect for a minimum of 1 month, or at the discretion of the Director.

Holidays:

- LifeSpan will be closed on the following six holidays: New Years Day, Memorial Day, Independence Day, Labor Day, Thanksgiving and Christmas Day. In the event the holiday falls on a weekend, LifeSpan will close either on Friday before or Monday after the holiday. Payment is expected for scheduled days regardless of holiday closings.

Late fees:

- Late fees of \$1.00 per minute will be applied for any children who are in attendance after 6:00 p.m.
- Effective January 2017, a \$10 late fee will be assessed to an account for past due balances older than 21 days.

- 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

the Child Care Aware program. All parents are responsible for full tuition payment until you are approved for CCIS.

Billing Inquiries should be made to our billing manager and she will be happy to assist you with questions regarding your account. For your convenience, payments are collected at each site and credit/debit card payments can be made directly with the Billing Manager, Cheryl Tyahla. Cheryl can be reached at 215-529-6229 or ctyahla@lq.org.

Please keep this memo handy for your reference.

Thank you.



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 by Feb 1, 2017.