



# LifeSpan

Day Care You Can Trust For Children.



**Quakertown Community School District**

## Before and After School Care Enrollment Package

**2025-2026  
School Year**

**Miranda Grey, Director**  
**267-347-0985    [Mgrey@lq.org](mailto:Mgrey@lq.org)**

**Nicole Bryan, Assistant Director**  
**215-896-9917    [Nbryan@lq.org](mailto:Nbryan@lq.org)**





# 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 Miranda Grey and I am the Director of the School Age and Summer Camp programs at LifeSpan serving the Quakertown Community 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 located at the Quakertown 6<sup>th</sup> Grade Center. We proudly provide care for approximately 200 children from Quakertown 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 backgrounds 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 3 or 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

\*All QCSD Elementary School locations will be combined at the Quakertown 6<sup>th</sup> Grade Center located at 349 S 9<sup>th</sup> Street Quakertown PA 18951 for before and after school services and Levy will provide the bussing to and from those schools.\*

On regularly scheduled school days the program opens at 6:30 am for the Am program. LifeSpan staff will be on site from approximately 2:45pm until 6:00pm for the PM program.

- ❖ 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/snow days--LifeSpan provides full day care at The 6<sup>th</sup> Grade Center 349 S 9<sup>th</sup> Street Quakertown PA 18951, from 6:30 am until 6:00 pm for registered children. This includes middle school children on these days if they are registered as a “Drop-In”.

**\*When the school district offices closes due to severe weather or snow and the district offices are closed, snow day care will be held at our main center located at 2460 John Fries Highway Quakertown PA 18951.\***

LifeSpan takes pride in our reputable history of exceptional service to families. We look forward to a stimulating 2025/2026 school year and learning more about your family.

Sincerely,

Miranda A Grey  
Lifespan Director of School Age and Summer Camp  
2460 John Fries Highway Quakertown, PA 18951  
267-347-0985 (cell)  
215-538-9435 (fax)  
mgrey@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 Day Care – Quakertown  
LifeSpan Day Care - Allentown  
LifeSpan Day Care – East Greenville  
Quakertown 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

- **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, check your emails and our Lifespan Facebook page for the latest updates.

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
Lifespan School Age and Summer Camp	215-896-3072

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





# LifeSpan

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## Enrollment Application

Date: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_  
Child's Name: \_\_\_\_\_  
Parents/Guardians: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_  
Work Number: \_\_\_\_\_ \*Email: \_\_\_\_\_

Facility: Quakertown 6<sup>th</sup> Grade Center

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:

\*Quakertown 6<sup>th</sup> Grade Center (349 S 9<sup>th</sup> Street Quakertown PA 18951)

Select your child's home school:

☐ Pfaff ☐ Quakertown ☐ Richland  
☐ Neidig ☐ Trumbauersville ☐ Quakertown 6<sup>th</sup> Grade Center

Where did you hear about us?

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

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





## LIFESPAN SCHOOL AGE RATES – Quakertown

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

**EFFECTIVE July 1st, 2025**

<b>BEFORE &amp; AFTER SCHOOL CARE</b>	Before	6:30 a.m. to 9:30 a.m.	\$ 36.00	Day
	After	3:40 p.m. to 6:00 p.m.	\$ 36.00	Day
	Before & After	6:30 a.m. to 6:00 p.m.	\$50.00	Day
	Drop In	(in addition to daily rate)	\$ 6.00	
	Early Dismissal	(in addition to daily rate)	\$ 12.00	Day
	Holidays/In-service @	(6 <sup>th</sup> Grade Center)	\$ 58.00	Day

### Annual Registration Fees:

\$100 Per Family- NON-REFUNDABLE

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

All school Age Sites will be located at the Quakertown 6<sup>th</sup>  
Grade Center: 349 S 9<sup>th</sup> Street Quakertown PA 18951

### **6<sup>th</sup> Grade Care- 6<sup>th</sup> Grade Students Only:**

Am: 6:30am-7:45am: \$18

Pm: 2:45pm-6:00pm: \$38

Am AND Pm: \$52

Levy Bus will provide bussing to and from homeschool locations.



# AGREEMENT

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

NAME OF CHILD:		EFFECTIVE DATE:	
FEE AMOUNT \$	PER: DAY          WEEK	PAYMENTS MADE : WEEKLY   BI-WEEKLY   MONTHLY	
SERVICES TO BE PROVIDED AS PART OF THE DAY CARE FEE (EXAMPLES: TRANSPORTATION, CARE, MEALS, ETC.)			
FULL TIME (5 DAYS)          PART TIME (1-4 DAYS)          DROP-IN (AS NEEDED)			
MONDAY   TUESDAY   WEDNESDAY   THURSDAY   FRIDAY			
CARE   MEALS   TRANSPORTATION   DEVELOPMENTAL ASSESSMENTS GIVEN 2 TIMES A YEAR			
CIRCLE ONE: SCHOOL AGE          CURRENT GRADE: _____ HOME SCHOOL: _____			
SUMMER CAMP - - - GRADE JUST COMPLETED:			
A LATE FEE OF \$1.00 PER MINUTE WILL BE CHARGED FOR CAMPERS REMAINING AFTER 6:00PM			
CHILD'S APPROXIMATE TIME OF ATTENDANCE <b>CIRCLE ALL THAT APPLY</b>			
6:00AM- 8:00AM	8:00AM-4:00PM	4:00PM-6:00PM	
EXTRA SERVICES TO BE PROVIDED AT AN ADDITIONAL FEE (IF APPLICABLE)		TUITION RATE:	
REGISTRATION:		APPLE/TITTLE XX:	
1 <sup>st</sup> WEEK AND LAST WEEK SECURITY DEPOSIT:		CONTRACTUAL ALLOWANCE:	
PROMOTION:		LQ EMPLOYEE DISCOUNT:	
PAYMENT METHOD:    TE    CHECK    CASH    CREDIT CARD		<b>TOTAL DUE:</b>	
<p>I, the Parent/Guardian;</p> <ul style="list-style-type: none"> <li>○ Received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)</li> <li>○ 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)</li> <li>○ Received a copy of the Parent Handbook.</li> <li>○ Understand and agree to the terms of the agreement further understand that a two week written notice is required to change or terminate agreement</li> </ul>			
SIGNATURE-COORDINATOR		SIGNATURE-PARENT/GUARDIAN	
DATE		DATE	
DATE OF CHILD'S ADMISSION:	<b>PERIODIC REVIEW</b>	DATE OF WITHDRAWAL:	SIGNATURE-PARENT 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), 3920.181 & 182

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

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE



# CHILD HEALTH REPORT

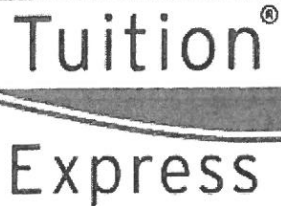
(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

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							
<b>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.</b>							
HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY): <input type="checkbox"/> 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. <input type="checkbox"/> NONE							
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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			<b>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.</b>				
			VISION (subjective until age 3)				
			HEARING (subjective until age 4)				
			LEAD				
RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD							
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS	
HEP-B							
ROTAVIRUS							
DTAP/DTP/TD							
HIB							
PNEUMOCOCCAL							
POLIO							
INFLUENZA							
MMR							
VARICELLA							
HEP-A							
MENINGOCOCCAL							
OTHER							
MEDICAL CARE PROVIDER:				SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT TITLE:			
ADDRESS:							
				PHONE:			
				LICENSE NUMBER: DATE FORM SIGNED:			







## 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)	<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: <u>Attach Voided Check Here</u> \$		
Deposit slips not accepted _____ Dollars		
123456789	1000330	0226
Routing Number	Account Number	Check Number

A service of



procure  
SOFTWARE®



# 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/ special announcements

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Please return to with your enrollment packet!



# LifeSpan

Day Care You Can Trust For Children.

We are asking that parents and children involved in the program participate in the below survey to help us better understand your child/children and family. The below information will only be viewed by the program director and those working directly with your child/children. Please let us know if you have any questions! We thank you in advance for your time and dedication in completing the survey.

## 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?

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**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?

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**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/ career, 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 School & Daycare (Lifespan to QCSD)**

## **Authorization to Release Student Records**

*I hereby authorize:*    **LifeSpan School Age and Summer Camp**  
**349 S 9<sup>th</sup> Street Quakertown PA 18951**

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

**Quakertown Community School District**

**Quakertown PA 18951**

\_\_\_\_\_

*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- verbal health concerns to be discussed with school nurse
3. \_\_\_\_\_ Child Assessments (Ounce Scale, Work Sampling, Dibels, PALS , Math, Ages and Stage), other developmental screenings.
4.   **X**   Teacher/ Counselor Observations and Ratings \*includes verbal communication on child behavior/concerns
5.   **X**   Confidential Records (individually administered test results and behavioral, psychological, psychiatric and neurological reports, IEP's/IFSP's)
6. \_\_\_\_\_ 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*

*Students DOB:*

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

**LifeSpan School & Daycare (QCSD to Lifespan)  
Authorization to Release Student Records**

*I hereby authorize:*

Quakertown Community School District

Quakertown PA 18951

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

LifeSpan School Age and Summer Camp

349 S 9<sup>th</sup> Street Quakertown PA 18951

*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 -verbal health concerns to be discussed with school nurse
3.   X   Child Assessments (Ounce Scale, Work Sampling, Dibels, PALS , Math, Ages and Stage), other developmental screenings.
4.   X   Teacher/ Counselor Observations and Ratings \*includes verbal communication on child behavior/concerns
5.   X   Confidential Records (individually administered test results and behavioral, psychological, psychiatric and neurological reports, IEP's/IFSP's)
6. \_\_\_\_\_ 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.

## Homework Contract

LifeSpan School Age Programs offers and encourages children to do homework while attending the after school program. Homework **HELP** is available daily- this is not a one on one service.

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





This form should be completed online at the below website:

This is for full time Lifespan students Mon-Fri Am or Pm/both- PT students must communicate their bussing needs with Brooke directly. [mailto: brenninger@qcsd.org](mailto:brenninger@qcsd.org)

[https://docs.google.com/forms/d/e/1FAIpQLSfMDZE9Ptf7Sc4l2mJIKeU\\_5E2qPerkNRk26GG-KmcN7ac3sA/viewform](https://docs.google.com/forms/d/e/1FAIpQLSfMDZE9Ptf7Sc4l2mJIKeU_5E2qPerkNRk26GG-KmcN7ac3sA/viewform)

Return Form To SCHOOL Office

## QUAKERTOWN COMMUNITY SCHOOL DISTRICT

### NOTIFICATION OF ADULT SUPERVISION

This form must be completed by anyone using a day care or babysitter.

This request is to have my son/daughter assigned to adult supervision.

Student(s) Name(s) \_\_\_\_\_

Grade/School \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I understand that it may change my son/daughter's regular bus assignment. If this involves a bus change, I understand also that this request shall be granted and shall continue in effect **only while space is available on the bus.**

**I also understand that this request must apply to every school day.**

**I also understand that a NEW form MUST be completed each school year.**

Date of Request \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Return Form to SCHOOL Office

**I assume full responsibility for any problems that may result from this change. I will notify the school immediately if this arrangement changes in any way for my child.**

Name of Adult Supervisor/Day Care \_\_\_\_\_

Address \_\_\_\_\_ Starting Date \_\_\_\_\_

Phone \_\_\_\_\_ Ending Date \_\_\_\_\_

Check One: ☐ Before School Only  
☐ After School Only  
☐ Both Before and After School

### REQUEST FOR CHANGE IN TRANSPORTATION

Travel From/To Home: Walker ☐ Bus Rider ☐ Bus Stop \_\_\_\_\_

Travel From/To Daycare: Walker ☐ Bus Rider ☐ Bus Stop \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

Copies sent to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Bus Company  
Day Care  
School Office





# LifeSpan

Day Care You Can Trust For Children.

## Photo Permission Form LifeSpan Release

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

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

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

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

I AGREE

I DISAGREE

(Circle One)

\_\_\_\_\_  
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.**



# LifeSpan

Day Care You Can Trust For Children.

## COMMONWEALTH OF PENNSYLVANIA

TO: Parents and/or Guardians

FROM: Miranda Grey; School Age and Summer Camp Director

SUBJECT: Nondiscrimination in Services

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

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

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

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

LifeSpan School Age and Summer Camp  
349 S. 9<sup>th</sup> Street  
Quakertown, PA 18951

Department of Human Services  
Bureau of Equal Opportunity  
Room 225, Health and Welfare Building  
P. O. Box 2675  
Harrisburg, PA 17110

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

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

PA Human Relations Commission  
Philadelphia Regional Office  
801 Market Street, Suite 5034  
Philadelphia, PA 19107

---

Parent/Guardian Signature

---

Date



# LifeSpan

Day Care You Can Trust For Children.

## Medical/Allergy Permission to Post:

Dear Parents,

In order to post medical/allergy information about children, staff must obtain written permission from the parent.

Please sign this form stating that LifeSpan has permission to post your child's name on our medical/allergy posting.

Thank you, LifeSpan

\*\*\*\*\*

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

Allergy/ Medical Condition: \_\_\_\_\_

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

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

## INDIVIDUALIZED EDUCATION PLANS (IEP) & INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP) INFORMATION SHEET

Because of the diverse set of needs of the children in our program, it is important to gather as much information about the best ways to educate each child. 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 IEPs and IFSPs for the children in their care. Because of the importance of the IEP/IFSP to a child's learning, the program should have a copy before the child begins to attend, if possible.

The information found on an IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPAA). Releases of information may also be required to speak to members of a child's treatment team. Professional development regarding privacy issues, and HIPAA in particular, is highly recommended.

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

- ☐ I am providing a copy of my child's IEP or IFSP.
- ☐ I am not providing a copy of my child's IEP or IFSP
- ☐ This is not applicable to my child.
- ☐ My child's current IEP or IFSP is on file with Lifespan

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

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

Printed Name: \_\_\_\_\_



# LifeSpan

Day Care You Can Trust For Children.

## Parent Handbook

### 2025-2026

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 Director.

Parent’s Signature: \_\_\_\_\_

Parent’s Printed Name: \_\_\_\_\_

Child’s Name: \_\_\_\_\_

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



## Did YOU KNOW?

- Even if you receive SNAP, MA or TANF, you may also apply for WIC.
- In most instances, WIC has higher income guidelines than SNAP, MA or TANF. Even if you don't qualify for these programs, you may qualify for WIC.
- Most families in Head Start and Early Head Start qualify for WIC.
- Foster children under age 5 qualify for WIC. Foster parent income is not considered.
- WIC does not require proof of citizenship.

### WIC Income Guidelines

Household Size	*Monthly (Approx.)
1	\$2,322
2	\$3,152
3	\$3,981
4	\$4,810

For each additional family member, add:

**\$830**

\*Income (before taxes) is effective July 1, 2024. For each unborn infant, add one to household size.



## How DO I APPLY?

Get started online at [pawic.com](http://pawic.com) or call

**1-800-WIC-WINS  
(1-800-942-9467).**



**pennsylvania**  
DEPARTMENT OF HEALTH

[www.health.pa.gov](http://www.health.pa.gov)  
[www.pawic.com](http://www.pawic.com)



**Choose Healthy.  
Choose WIC!**



**1-800-WIC-WINS  
[www.pawic.com](http://www.pawic.com)**

PA WIC is funded by the USDA.  
This institution is an equal  
opportunity provider.

HDWICOR.006

Rev. 7/24

## 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, MA, 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, 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  
Noviembre 2019





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

\_\_\_\_\_  
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): <input type="checkbox"/> 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. <input type="checkbox"/> NONE
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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

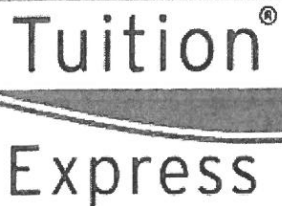
## RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

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.





## 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)	<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: <u>Attach Voided Check Here</u> \$ _____		
Deposit slips not accepted _____ Dollars		
1234567890	10003300	0226
Routing Number	Account Number	Check Number

A service of







# 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?

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---

---

**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?

---

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**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 tim

# Quakertown Community School District

## Authorization to Release Student Records

I hereby authorize The Quakertown School District

Quakertown, PA 18951, 215-

To send /release the records indicated below to:

**LifeSpan School Age Program**  
**2460 John Fries Highway**  
**Quakertown PA 18951**

Those records checked, if available, may be released:

1. ☐ Official Administrative Record (name, address, birth date, grade level completed, grades, class standing, and attendance record)
2. ☒ Health Records **\*\*Verbal information regarding health symptoms/issues and/or diagnosis\*\***
3. ☐ Group Standardized Test Score (achievement, intelligence, aptitude, personality, and interest tests)
4. ☒ Teacher and Counselor Observations and Ratings  
\*includes verbal communication on child behavior/concerns
5. ☐ Record of Extracurricular Activities
6. ☒ Confidential Records (individually administered test results and psychological, psychiatric and neurological reports)
7. ☒ Student Assistance Program Information (staff data sheets, referral form, nurses report, parent questionnaire, student self assessment, student contract and release of information)

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

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

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

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

# **Quakertown Community School District Authorization to Release Student Records**

*I hereby authorize*

***LifeSpan School Age Program***

**2460 John Fries Highway**

**Quakertown PA 18951**

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

**The Quakertown School District**

---

**Quakertown, PA 18951**

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

1. \_\_\_\_\_ **Official Administrative Record (name, address, birth date, grade level completed, grades, class standing, and attendance record)**
2.   x   **Health Records *\*\*Verbal information regarding health issues/ symptoms and/or diagnosis\*\****
3. \_\_\_\_\_ **Group Standardized Test Score (achievement, intelligence, aptitude, personality, and interest tests)**
4.   x   **Teacher and Counselor Observations and Ratings**  
**\*includes verbal communication on child behavior/concerns**
5. \_\_\_\_\_ **Record of Extracurricular Activities**
6. \_\_\_\_\_ **Confidential Records (individually administered test results and psychological, psychiatric and neurological reports)**
7. \_\_\_\_\_ **Student Assistance Program Information (staff data sheets, referral form, nurses report, parent questionnaire, student self-assessment, student contract and release of information)**

---

***Student's Full Name***

---

***Signature of Parent or Guardian***

---

***Student's Date of Birth***

---

***Date***



# 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





## QUAKERTOWN COMMUNITY SCHOOL DISTRICT

### NOTIFICATION OF ADULT SUPERVISION

This form must be completed by anyone using a day care or babysitter.

This request is to have my son/daughter assigned to adult supervision.

Student(s) Name(s) \_\_\_\_\_

Grade/School \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I understand that it may change my son/daughter's regular bus assignment. If this involves a bus change, I understand also that this request shall be granted and shall continue in effect **only while space is available on the bus.**

**I also understand that this request must apply to every school day.**

**I also understand that a NEW form MUST be completed each school year.**

Date of Request \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Return Form to SCHOOL Office

I assume full responsibility for any problems that may result from this change. I will notify the school immediately if this arrangement changes in any way for my child.

Name of Adult Supervisor/Day Care \_\_\_\_\_

Address \_\_\_\_\_ Starting Date \_\_\_\_\_

Phone \_\_\_\_\_ Ending Date \_\_\_\_\_

Check One: \_\_\_\_\_ Before School Only  
\_\_\_\_\_ After School Only  
\_\_\_\_\_ Both Before and After School

### REQUEST FOR CHANGE IN TRANSPORTATION

Travel From/To Home: Walker ☐ Bus Rider ☐ Bus Stop \_\_\_\_\_

Travel From/To Daycare: Walker ☐ Bus Rider ☐ Bus Stop \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Copies sent to:

\_\_\_\_\_ Bus Company  
\_\_\_\_\_ Day Care  
\_\_\_\_\_ School Office



# LifeSpan

Day Care You Can Trust For Children.

## Photo Permission Form LifeSpan Release

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

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

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

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

☐ I Agree

☐ I Disagree

*(Circle an Option)*

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  
2460 John Fries Highway  
Quakertown, PA 18951

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 School Age and Summer Camp  
349 S 9<sup>th</sup> Street  
Quakertown, PA 18951

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

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

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

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

# Parent Handbook

## 2024-2025

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 Director, Miranda Grey.

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:



## Did you KNOW?

- Even if you receive SNAP, MA or TANF, you may also apply for WIC.
- In most instances, WIC has higher income guidelines than SNAP, MA or TANF. Even if you don't qualify for these programs, you may qualify for WIC.
- Most families in Head Start and Early Head Start qualify for WIC.
- Foster children under age 5 qualify for WIC. Foster parent income is not considered.
- WIC does not require proof of citizenship.

## WIC Income Guidelines

Household Size	*Monthly (Approx.)
1	\$1,958
2	\$2,658
3	\$3,349
4	\$4,040

For each additional person, add:

**\$691**

\*Income (before taxes) is effective July 1, 2020  
For each unborn infant, add one to household size.



## How do I apply?

Get started online at [pawic.com](http://pawic.com) or call

**1-800-WIC-WINS  
(1-800-942-9467).**



**pennsylvania**  
DEPARTMENT OF HEALTH

[www.health.pa.gov](http://www.health.pa.gov)  
[www.pawic.com](http://www.pawic.com)



**Choose Healthy.  
Choose WIC!**



PA WIC is funded by the USDA.  
This institution is an equal  
opportunity provider.

H511-967P

Rev. 7/20

**1-800-WIC-WINS**

## 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, 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  
Noviembre 2019