



LifeSpan

Day Care You Can Trust For Children.



Upper Perkiomen



**REGISTER
NOW**

Ages 5 - 12

6:30am - 6:00pm

Full time ~ Part time ~ Drop in



WHERE?

**St. Mark's Lutheran Church
81 Main St, Pennsburg, PA
18073**

CONTACT US

**Director: Kim Day
215-536-4417 (ext. 2024)
kday@lq.org**

**Asst. Director: Chris Williams
267-733-5275
cwilliams@lq.org**



SPORTS ~ ARTS & CRAFTS ~ STEM ~ FIELD TRIPS ~ COMMUNITY INVOLVEMENT ~ LASTING FRIENDSHIPS

IT'S A SUMMER OF ADVENTURE AT LIFESPAN!

LifeSpan's Summer Camp programs offer the same quality of experience youth receive during the school year but with a summer twist. We help children develop new skills and interests, interact in positive ways, and engage in healthy lifestyles with strong adult role models. Children will make new friends, learn new skills, and enjoy activity filled days all summer long. Summer Camp at LifeSpan is about friendship, team building skills and discovery. Children can explore nature, find new talents, try new activities, gain independence, and make lasting friendships and memories that will last a *LifeSpan*. We are certain your child will enjoy their summer with LifeSpan!

WHY CHOOSE LIFESPAN SUMMER CAMP?

- **EXPERIENCED AND CARING STAFF** who act as positive role models
- **ENGAGING AND AGE-APPROPRIATE CURRICULUM** that promotes learning and development
- **ART ACTIVITIES** that encourage creativity, emotional expression and skill development
- **SPORTS AND GAMES** that improve fitness, build confidence and teach teamwork
- **FIELD TRIPS AND ON-SITE VISITS** every Tuesday and Thursday
- **SPORTS CLINICS** by local coaches
- **END OF SUMMER PERFORMANCE** showcasing games, dances and drills children practiced all summer long
- **DAILY FOOD AT NO ADDITIONAL COST** including breakfast, morning snack and afternoon snack
- **FLEXIBLE SCHEDULING** with full-time, part-time and drop-in options

Please visit our website for more information about other LifeSpan Services at

www.lifespanchildcare.org

First day of camp: Monday, June 15th, 2026

Last day of camp: Thursday, August 20th, 2026

Camp will be closed Friday, July 3rd, 2026, in observance of Independence Day

start date subject to change based on UPSD makeup days

2026 Weekly Rates

Operational Hours: 6:30am-6pm

Family Registration Fee- \$100 (Non-refundable)

Two-Week Security Deposit Required - credited to the first and last week of camp attended

Full Time - 5 days a week - \$310

Part Time - 4 days a week - \$268

Part Time - 3 days a week - \$222

Part Time - 2 days a week - \$164

Drop-In - Rate per day - \$82

Late Fees: \$1.00 per minute after 6pm

FIELD TRIPS ARE AN ADDITIONAL COST

Packets turned in after June 5, 2026, will not be guaranteed a spot on the first day of camp and will be notified of the first available start date.

Hours of Operation

We are open from 6:30am to 6pm. If you cannot make it by 6pm, please arrange an alternative pick-up. Person picking up must be on the emergency contact form. Late fees of \$1.00 per minute will apply after 6pm. Frequent late pickups will result in LifeSpan asking to find alternative care.

Financial Assistance

LifeSpan strives to serve all members of our communities. If your current financial circumstances limit your child's ability to participate in a LifeSpan camp experience, financial assistance may be available. Please contact your ELRC location for more information. All inquiries will be held in strict confidence. Montgomery County Early Learning Resource Center 1-800-281-1116



- Breakfast, morning snacks and afternoon snacks are served daily at no additional cost!
- Packed lunches are required
 - ❖ No glass
 - ❖ Nothing microwavable or that needs heating
- Children are recommended to bring a labeled water bottle daily
- Every Friday is Pizza Day with all funds raised going back into camp activities
 - ❖ Pizza is \$2 a slice
 - ❖ Money is due on or before the Thursday prior



- Camp operates every day, rain or shine
- No activities will occur outside during severe weather, heat advisories or thunderstorms
- Sunscreen requires a permission slip if provided
 - ❖ Children must supply their own labeled sunscreen
 - ❖ Sunscreen will stay in a bag with their teachers throughout the day



- Field trips are an optional part of camp
- Field trips are typically Tuesday's and Thursday's
- Families have the option to choose what field trips their child wants to attend
- **Field trips are an additional cost and are not included in the main registration and weekly fees**
- Please plan to arrive no later than 8:00am on days of off-site field trips to avoid departure delays
- Sneakers and camp shirts must be worn on days of field trips
- Please refer to the field trip form for locations, dates and costs

GENERAL INFORMATION

- Sneakers must be worn at all times
- Please **DO NOT** bring toys, electronics, phones, etc. from home
 - ❖ LifeSpan is **NOT RESPONSIBLE** for lost or stolen items
- Bringing a change of clothes is a good idea for younger children in case of an accident and for days of water play, field trips, art activities, etc.



OUR SCHEDULE!



Kindergarten, First and Second grade

6:30AM – 9:00AM: Arrival, Breakfast and Free Play at Designated Stations

9:00AM – 9:30AM: Morning Meeting

9:30AM – 10:00AM: Small Group Activity (Interest Areas/Art Activity)

10:00AM – 10:30AM: Wash Hands and AM Snack

10:30AM – 11:00AM: Small Group Activity (Interest Areas/Art Activity)

11:00AM – 12:00PM: 4/5 Center, Water Play, Outdoors

12:00PM – 12:30PM: Wash Hands and Lunch

12:30PM – 1:30PM: Large Group Activity

1:30PM – 2:45PM: Outdoors

2:45PM – 3:15PM: Wash Hands and PM Snack

3:15PM – 4:00PM: Small Group Stations

4:00PM – 6:00PM: Pick-up and Free Play at Designated Stations

Third, Fourth and Fifth grade

6:30AM – 9:00AM: Arrival, Breakfast and Free Play at Designated Stations

9:00AM – 9:30AM: Morning Meeting

9:30AM – 10:00AM: Wash Hands and AM Snack

10:00AM – 11:00AM: 4/5 Center, Water Play, Outdoors

11:00AM – 11:30AM: Small Group Activity (Interest Areas/Art Activity)

11:30AM – 12:00PM: Wash Hands and Lunch

12:00PM – 12:30PM: Small Group Activity (Interest Areas/Art Activity)

12:30PM – 1:30PM: Large Group Activity

1:30PM – 2:15PM: Small Group Stations

2:15PM – 2:45PM: Wash Hands and PM Snack

2:45PM – 4:00PM: Outdoors

4:00PM – 6:00PM: Pick-up and Free Play at Designated Stations

Schedule may change due to field trips, on-site visits and weather.



AUGUST 19, 2026
2:00PM – 4:00PM

**JOIN US FOR AN END OF
SUMMER CELEBRATION**

Come out and see what your children have been working on all summer! You will get to see them open a time capsule that they completed during the first week of camp. The artwork that they put their passion and creativity into will be on display for your viewing pleasure. This will be followed by a performance of games, dances, drills and a Maypole Weave that they have worked all summer to master. Food and beverages will be included. We hope to see you there!



LifeSpan Summer Camp

**FUN FOR THE
WHOLE FAMILY**

ART SHOW

**GAMES, DANCES,
AND DRILLS**

MAYPOLE WEAVE

**OPEN A TIME
CAPSULE**

**FOOD AND
BEVERAGES**

**ST. MARK'S LUTHERAN
CHURCH**

81 Main St,
Pennsburg, PA 18073

2:00pm – 4:00pm

Director: Kim Day

(215) 536-4417 (ext. 2024)

Asst. Director: Chris Williams

(267) 733-5275



LifeSpan Summer Camp

Any comments, questions or concerns please do not hesitate to ask at any time during business hours.

We are looking forward to a great summer with you and your children!

Kimberly Day

Director of Pre-K Counts and Upper Perkiomen School Age Program

kday@lq.org

215-536-4417 (ext 2024)

215-622-4490

Chris Williams

Assistant Director of Upper Perkiomen School Age & Summer Camp Program

cwilliams@lq.org

215-733-5275

Upper Perkiomen Summer Camp Cell Phone: 267-733-7428

LifeSpan is a sister component of LifeQuest Nursing Centers and is a nonprofit 501 (c) (3), community-based organization. LifeSpan offers three summer camp programs and early learning centers to best serve you and your family. We offer a variety of programs and services – there is something for everyone in your family, infant through elderly. Visit any of our locations for a tour and pick up a Program Guide with a complete listing of all that we offer or visit us online at

www.lifespanchildcare.org.



LifeSpan Summer Camp

Child's Name _____ Age _____

Grade completed _____ School Attended _____

Parent/ Guardian Name(s) _____

Home Address _____

Home phone number _____ Work phone number _____

Cell phone number _____ *E-mail address _____

Who can we thank for referring you to us? _____

Care Schedule: 5-day 4-day 3-day 2-day Drop In
 Days Attending: Mon Tues Wed Thurs Fri
 Hours Attending: _____ to _____ to _____ to _____ to _____ to

T-shirt Size (check one) Youth Sizes: S M L Adult Sizes: S M L XL
We recommend that you order one size larger than your child's normal size

****Please note that if your child's shirt gets lost, there will be a charge of \$5 for a replacement shirt.
 ALL campers MUST wear their 2026 camp shirt on trip days onsite and offsite.****

Do you want your child to apply sunscreen?
 (You must provide your own - with permission slip) YES NO

Does your child burn easily when outdoors? YES NO

Parental Permission

Signature indicates that permission is granted for all events occurring during the summer camp program.

I, _____ grant permission for my child to do the following:
PLEASE PRINT NAME

- *Use the play equipment and participate in the activities at LifeSpan Summer Camp
- *Be transported by bus for scheduled field trips and off-site events
- *Attend scheduled walking trips around the community

Parent/ Guardian Signature: _____ **Date:** _____



SCHEDULE DEFINITIONS

Please read the definition of each schedule option so you and all parties understand the terms of your agreement.

- **Full Time-** A signed agreement for 5 days each week regardless of absenteeism, vacation or holiday. The number of days attended are billed at the same weekly rate.
\$310 per week.
- **Part Time 4 days-** A signed agreement for 4 days each week regardless of absenteeism, vacation or holiday. Schedule days must be consistent weekly. Additional days (over 4 weekly) are billed at the drop-in rate. **\$268 per week.**
- **Part Time 3 days-** A signed agreement for 3 days each week regardless of absenteeism, vacation or holiday. Schedule days must be consistent weekly. Additional days (over 3 weekly) are billed at the drop-in rate. **\$222 per week.**
- **Part Time 2 days-** A signed agreement for 2 days each week regardless of absenteeism, vacation or holiday. Schedule days must be consistent weekly. Additional days (over 2 weekly) are billed at the drop-in rate. **\$164 per week**
- **Drop In-** No specific day agreement due to emergency care. Payment is required at the time of service. (This excludes those already in contract). 24-hour notice of drop-in care is appreciated. **\$80 per day**
- **Late Fees-** Late fees of \$1.00 per minute will be applied for any children who are in attendance past 6:00pm.

Any change in scheduled days will require a new agreement to be signed. For staffing and planning purposes, please be considerate and let us know of any schedule changes as soon as possible.

All written agreements and schedule changes require a minimum of 2 weeks notice.



BILLING PROCEDURES

If you are a returning family, and have an outstanding bill, you may not start camp until the balance is zero.

Registration fees are non-refundable. You will be charged a yearly **\$100** registration fee per child. A security deposit is due for all enrollments prior to their starting date. Your deposit will be refunded or used for your child's last week at LifeSpan, unless it is needed in the event your tuition is not paid. The security deposit is equal to two weeks' worth of tuition, based on your child's schedule, to be used as your first and last week's payments.

If payment is not made or a payment schedule is not organized with LifeSpan's billing department, suspension until full payment is made will be required.

Care will be suspended for any family accruing a camp debt of **\$300** until full payment is made.

Field trips must be a separate payment from tuition and registration fees. Field trip payments must be paid in full by May 15th, 2026, in order for your child to attend field trips. Field trip payments are non-refundable and non-transferable.

You will be billed your weekly amount in your signed contract on Monday. Any additional days outside of your contract are billed at the drop-in rate. Payment is expected for all days contracted **regardless of absence** due to illness, 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 to participate in any LifeSpan programs. Tuition Express offers two methods of payment:

- Weekly or monthly withdrawal from a checking or savings account
- Weekly or monthly to a debit or a credit card

Cash and checks are also accepted as weekly forms of payment. Checks can be made payable to LifeSpan.

By signing below, I acknowledge and accept the billing definition of my contract agreement as well as agree to the billing procedures outlined above.

Signature of Parent/Guardian:

Date:



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
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For Official Use Only

Date Received
Employee Signature

John Sample Mary Sample 123 Nice Strttl Anytown, USA	11-W CF H-f -ft t 000 000 0H0	00225
<input type="checkbox"/> - e <u>Attach Voided Check Here</u> s		
_____ o_e :os_1_s1_0_no_la_ect_p_te_d _____ Oollata		
1234567890	10003308	0226
Routing Number	Account Number	Check Number





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

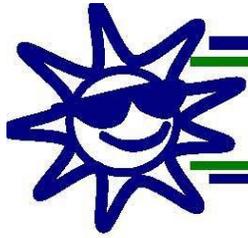
DATE



LifeSpan Summer Camp 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			<u>GRADE LEVEL/ CLASSROOM</u>
CARE MEALS TRANSPORTATION			
A LATE FEE OF \$1.00 PER MINUTE WILL BE CHARGED FOR CAMPERS REMAIING AFTER 6:00PM			
CHILD'S APPROXIMATE TIME OF ATTENDANCE			
CIRCLE ALL THAT APPLY			
6:00AM- 8:00AM		8:00AM-4:00PM	
		4:00PM-6:00PM	
EXTRA SERVICES TO BE PROVIDED AT AN ADDITONAL FEE (IF APPLICABLE)		TUITION RATE:	
<i>REGISTRATION:</i>		APPLE/TITTLE XX:	
<i>1st WEEK AND SECURITY DEPOSIT:</i>		CONTRACTUAL ALLOWANCE:	
<i>PAYMENT METHOD:</i>		LQ EMPLOYEE DISCOUNT:	
		TOTAL DUE:	
I, the Parent/Guardian;			
<ul style="list-style-type: none"> ○ 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. ○ Understand and agree to the terms of the agreement further understand that a two week written notice is required to change or terminate agreement 			
_____	_____	_____	_____
SIGNATURE-COORDINATOR	DATE	SIGNATURE-PARENT/GUARDIAN	DATE
DATE OF CHILD'S ADMISSION	<u>PERIODIC REVIEW</u>	DATE OF WITHDRAWAL:	SIGNATURE-PARENT GUARDIAN_____
			DATE



LifeSpan Summer Camp

Field Trip Agreement

55 PA CODE CHAPTERS 3270.123 & 181(C): 3280.123 & .181(c): 3290.123 & .181(C)

**PARENT PLEASE
CHECK ONE:**

PAY NOW USE TE: _____

PAY NOW CASH: _____

PAYING CALL w/CC: _____

Child's Name: _____

2026 FIELD TRIPS

<i>Date:</i>	<i>Cost:</i>	<i>Trip Location:</i>	<i>Attending: Circle</i>
6/23	\$18	Quartz Yoga	YES NO
6/25/26	\$25	Noah's Ark Workshop (on-site)	YES NO
6/30/26; 7/16/26; 8/11/26	\$30 (\$10 per trip)	Swimming at YMCA	YES NO
7/2/26	\$45	Shady Brook Farm	YES NO
7/9/26	\$20	Nutty Scientists (on-site)	YES NO
7/23/26	\$30	Quiver Farms Bee Keeping (on-site)	YES NO
7/30/26	\$15	Young Rembrandt's Art (on-site)	YES NO
8/4/26	\$20	PT Reptiles (on-site)	YES NO
8/6/26	\$45	Earl Bowl Lanes	YES NO
8/13/26	\$15	The Grand Theater	YES NO

***Total for ALL trips is: \$263**

Total Field Trip Cost Due For You Child: \$_____

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Signature-admin

Date

Signature-Parent/Guardian

Date

All payment arrangements must be made before May 15th, 2026. Your cost of a field trip includes admission and bussing.

All field trip payments are NON-REFUNDABLE and NON-TRANSFERABLE

For trip payment you can use the TE account on file!

COPIES:

PARENT

CENTER COPY

BILLING OFFICE

FIELD TRIP OVERVIEW

Quartz Yoga: Children will participate in a private yoga session at Quartz Yoga & Wellness Studio. The class will be a 30-minute session focusing on yoga movements, breathing techniques and more.

Shady Brook Farms: Children will travel to Shady Brook Farms for a day filled with farm activities. Children will have opportunities to feed animals, explore the obstacle course, ride wide tire tricycles and more! Field trip includes a hayride for seasonal fruit or vegetable picking.

Nutty Scientists of the Lehigh Valley: Nutty Scientists of the Lehigh Valley will come visit us for a Super Science of Air & Pressure Hands-on Workshop. Children will participate in a 60 to 75-minute hands-on workshop with interactive activities showing force, motion, and surprising air-pressure effects.

Quiver Farms: Quiver Farms will visit us showcasing their beekeeping program. A farmer/beekeeper will teach children about the life inside a hive of honeybees. Program includes a real slice of the hive to watch them work, a taste of their golden hard-earned treat and equipment to test.

PT Reptiles: PT Reptiles will come visit us to teach children about different types of reptiles. Children will have the opportunity to see, touch and hold the reptiles that are brought.

Earl Bowl Lanes: Children will travel to Earl Bowl Lanes for 2 hours of bowling.

Noah's Ark Workshop: Children will participate in a workshop where they will create their own hand stuffed animal toy. Children can choose from a variety of animals and will receive stuffing, a wish-star, a birth certificate and buddy bag. This brings a build a bear experience right to camp! It's fun for all ages! .

Young Rembrandts Art Class: Young Rembrandts will have an artist come visit us to present an art class that will teach children different drawing and painting techniques.

The Grand Theater: Children will view a movie in our town's historic theater. Trip includes a ticket for entry as well as a kids pack which includes a drink, popcorn and fruit snacks.

Swimming at YMCA: Children will go to their local YMCA to enjoy 2 hours of jumping, sliding, splashing and swimming!

Action Karate: Action Karate of Quakertown will join us for a 4-week program where they will teach children discipline, respect and self-defense.

Other field trips, visits and special events will include Mr. Hunter's Music Presentation, Color Wars, a therapy dog, sports clinics by local coaches, visits from local fire departments, police departments, and more!





LifeSpan Summer Camp

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 6th Grade Center

LifeQuest Nursing Center
 Mosser Nursing Center
 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. 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	610-435-7833
LifeSpan Day Care – East Greenville	215-679-5940
UPSD SA/Camp – Kim	215-622-4490
UPSD SA/Camp - General	267-733-7428

The form designated for people 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 people you list on the form attempt to pick up your child. Please feel free to contact the facility director with any questions or concerns.



LifeSpan

Day Care You Can Trust For Children.

COMMONWEALTH OF PENNSYLVANIA

SUBJECT: Nondiscrimination in Services
TO: Parents and/or Guardians
FROM: Nicole Fetherman, Executive Director

Admissions, the provisions of services, and referrals of clients shall be made without regard to race (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin (including Limited English Proficiency), age (40 and over), or sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth).

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

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

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

LifeSpan Summer Camp
81 Main Street
Pennsburg, PA 18073

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

CHILD HEALTH REPORT

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

Parents may write immunization dates; health professional should verify and complete all data. Parent/Provider fill in this part.

CHILD'S NAME: (LAST) (FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH: HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:	
FACILITY PHONE: COUNTY:	WORK PHONE:
I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.	
PARENT'S SIGNATURE:	

DO NOT OMIT ANY INFORMATION
This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY): NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY. NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <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.
	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/ID						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

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



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: _____

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 & 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.

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.

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: _____

Upper Perk School Age & Summer Camp Transfer of Care Policy

Summer Camp

The Pennsylvania Department of Human Services, our licensing agency, is requiring that all child care centers have a “Transfer of Care Policy” in place. This policy needs to clearly define when supervision is the responsibility of **LifeSpan Summer Program**, and the parent/guardian/authorized pickup.

- **Transfer of Care from parent/guardian/authorized drop off to child care in UPSA Summer Program: Summer Camp**

Supervision of the child begins when the child physically enters UPSA summer program and the parent/guardian or authorized pickup signs the child in. Until the child is signed in, the child is still considered to be in the care of the parent/guardian or authorized pickup.

- **Transfer of care from UPSA Summer Program to parent/guardian/authorized pickup: Summer Camp**

Supervision of the child by the UPSA summer program ends when the parent/guardian or authorized pickup arrives to pick the child up. Once the parent/guardian or authorized pickup arrives on site and is acknowledged by the UPSA staff, care of the child is transferred to the parent/guardian or authorized pickup, and supervision of the UPSA program ends, regardless of if the parent/guardian or authorized pickup has signed them out.

Parent/Guardian Signature

Date