LifeSpan

Day Care You Can Trust For Children.

# Quakertown Community School District

## Before and After School Care Enrollment Package

## 2026-2027 School Year


**Miranda Grey, Director**
**267-347-0985 Mgrey@lq.org**

**Nicole Bryan, Assistant Director**
**215-896-9917 Nbryan@lq.org**

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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 Quakertown (2460 John Fries Highway) serving children of the Quakertown Community School District.

Since 1987, LifeSpan has been providing before and after school care for all QCSD students. In addition to these programs, we host a full day summer camp. 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.

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**:

- Brain Fuse Tutor Platform
- Homework supervision
- Curriculum based activities (Beyond the Bell)
- 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 Childcare Center (2460 John Fries Highway Quakertown PA 18951) for before and after school services and Levy will provide the bussing to and from those schools.*

**NEW!!** On regularly scheduled school days the program **opens at 6:00 am** for the Am program. LifeSpan staff will be on site from approximately 3:45pm until 6:00pm for the PM program.

- Delayed openings—8:00 a.m. and remain until the beginning of school day.
- Early dismissal--will run from dismissal until 6:00 pm unless LifeSpan needs to close early
- In-service/snow days--LifeSpan provides full day care from 6:00 am until 6:00 pm for registered children.

LifeSpan takes pride in our reputable history of exceptional service to families. We look forward to stimulating a 2026/2027 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

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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 | LifeQuest Nursing Center |
| LifeSpan Day Care - Allentown | Mosser Nursing Center |
| LifeSpan Day Care – East Greenville | LifeSpan Day Care - Quakertown |
| Quakertown Elementary | The QCSD Academy - Quakertown |
| Trumbauersville Elementary | The QCSD Academy - Quakertown |
| Richland Elementary | The QCSD Academy - Quakertown |
| Pfaff Elementary | The QCSD Academy - Quakertown |
| Neidig Elementary | The QCSD Academy– 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

QCSD Academy
100 Commerce Drive
Quakertown PA 18951

Mosser Nursing Center
1175 Mosser Road
Trexlertown, PA 18087

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

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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 6th 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:

***LifeSpan Child Care Center- 2460 John Fries Highway Quakertown PA 18951**

Select your child's home school:

☐ Pfaff ☐ Quakertown ☐ Richland
☐ Neidig ☐ Trumbauersville ☐ 6th Grade

Where did you hear about us?

_____

Were you referred by someone? _____ If so, by whom? _____

(Please check off one) New Family: _____ Returning LifeSpan Family:_____

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Day Care You Can Trust For Children.

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

# LifeSpan Quakertown School Age Rate Sheet- Updated June 2026

**(new extended hours!) Open at 6am!!!**

| | | |
|---|---|---|
| Before School Only: | 6:00am-9:00am | 5 days: $150 weekly/ $30 daily |
| | | 4 days: $120 weekly/ $30 daily |
| | | 3 days: $108 weekly/$36 daily |
| | | 2 days: $72 weekly/$36 daily |
| | | 1 day: $36 weekly/daily |
| After School Only: | 3:30pm-6:00pm | 5 days: $145 weekly/ $29 daily |
| | | 4 days: $116 weekly/ $29 daily |
| | | 3 days: $108 weekly/ $36 daily |
| | | 2 days: $72 weekly/ $36 daily |
| | | 1 day: $36 weekly/daily |
| Before And After School: | 6:00am-9:00am | 5 days: $220 weekly / $44 daily |
| | 3:30pm-6:00pm | 4 days: $176 weekly/ $44 daily |
| | | 3 days: $150 weekly/ $50 daily |
| | | 2 days: $100 weekly/ $50 daily |
| | | 1 day: $50 weekly/daily |

**Additional Fee Information:**

| | | |
|---|---|---|
| Annual Registration Fee: | | $75 per family |
| Holiday Care/In-Service Days/Snow Days: | 6:00am-6:00pm | $58 daily |
| Drop In: | (in addition to daily rate) | $6 |
| Early Dismissal: | (in addition to daily rate) | $12 |
| Late Fee: | (per minute after closing time) | $1 |

**DISCOUNTS:**

*25% QCSD employee discount
* 2% off if month is prepaid
*10% off LVHN, St Lukes, Muhlenburg College, KNOLL, Cedar Crest College, PERK school, Followship Manor (must provide staff badges to be eligible)
*ELRC and Child Care Aware Military Funding Accepted

# AGREEMENT

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

| | | |
|---|---|---|
| NAME OF CHILD: | | EFFECTIVE DATE: |
| FEE AMOUNT $ | PER:<br>DAY WEEK | PAYMENTS MADE :<br>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 | | |
| PROGRAM: **QTSA SCHOOL AGE**<br>CURRENT GRADE:_____ HOME SCHOOL:_____ | | |
| Persons Designated by parents to whom my child can be released: (List Two) | | |
| | | |
| A LATE FEE OF $1.00 PER MINUTE WILL BE CHARGED FOR CAMPERS REMAIING AFTER 6:00PM | | |
| CHILD'S APPROXIMATE TIME OF ATTENDANCE<br>**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: |
| *REGISTRATION:* | APPLE/TITTLE XX: |
| *1st WEEK AND LAST WEEK SECURITY DEPOSIT:* | CONTRACTUAL ALLOWANCE: |
| *PROMOTION:* | LQ EMPLOYEE DISCOUNT: |
| PAYMENT METHOD: TE CHECK CASH CREDIT CARD | **TOTAL DUE:** |

I, the Parent/Guardian;

- Received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)
- Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)
- Received a copy of the Parent Handbook.
- 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: | PERIODIC REVIEW | DATE OF WITHDRAWAL: | SIGNATURE-PARENT GUARDIAN_____<br>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

| **CHILD'S NAME** | **BIRTHDATE** |
|---|---|
| ADDRESS | |
| **MOTHER'S NAME/ LEGAL GUARDIAN**<br>E-MAIL ADDRESS: | HOME NUMBER |
| ADDRESS | CELL NUMBER |
| BUSINESS NAME:<br>BUSINESS ADDRESS: | WORK NUMBER |
| **FATHER'S NAME/ LEGAL GUARDIAN**<br>E-MAIL ADDRESS: | HOME NUMBER |
| ADDRESS | CELL NUMBER |
| BUSINESS NAME:<br>BUSINESS ADDRESS: | WORK NUMBER |
| **EMERGENCY CONTACT PERSON(S)** | PHONE NUMBER WHEN CHILD IS IN CARE |
| **1** | |
| **2** | |
| **3** | |

| **PERSON(S) TO WHOM CHILD MAY BE RELEASED** | **ADDRESS** | **PHONE NUMBER** |
|---|---|---|
| **1** | | |
| **2** | | |
| **3** | | |

| **NAME OF CHILD'S PHYSICIAN/ MEDICAL CARE PROVIDER** | **PHONE NUMBER** |
|---|---|
| Provider Address | |
| SPECIAL DISABILITIES (IF ANY) | **ALLERGIES (**INCLUDING MEDICATION REACTIONS |
| MEDICAL/ DIETARY INFO NECESSARY IN EMERGENCY SITUATION | MEDICATIONS. SPECIAL CONDITIONS |
| ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD | |
| **HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS** | POLICY NUMBER (**REQUIRED)** |

| **PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT** | |
|---|---|
| **OBTAINING EMERGENCY MEDICAL CARE** | **ADMIN. OF MINOR FIRST AID PROCEDURES** |
| **WALKS AND TRIPS** | **SWIMMING and WADING**<br>**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)**

| 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) ☐ 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 TITLE: |
|---|---|---|
| ADDRESS: | | |
| | PHONE: | LICENSE NUMBER: DATE FORM SIGNED: |

Tuition® Express

# 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) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____

**For Official Use Only**

| |
|---|
| **Date Received** |
| **Employee Signature** |

John Sample
Mary Sample
123 Nice Street
Anytown, USA

BANK OF THE WEST
555-555-5555

00226

Pay to the order of: Attach Voided Check Here $

Deposit slips not accepted _____ Dollars

⑆123456789⑆ 1000330⑈ 0226

Routing Number Account Number Check Number

A service of

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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!

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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?

_____

_____

_____

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

_____

_____

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

_____

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

_____

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

_____

Is your child exceptional in any way?

_____

_____

**Section 4: Parent Involvement**

Does your schedule allow you to read to the class, speak about your favorite hobby/ 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 9th 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 beavhior/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 9th 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:***

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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

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.**

**DUE BY: 8/1/26**

**NO exceptions!**

**If not submitted you may not have bussing on the first day of school!**

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**

LifeSpan School Age
2460 John Fries Highway
Quakertown PA 18951
267-347-0985

Start Date: 8/31/26
End Date: 6/11/27

## REQUEST FOR CHANGE IN TRANSPORATATION

**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

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# 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.

| Child(ren) Name(s) | Designated Person(s) Name & Relationship |
| --- | --- |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Parent/Guardian Signature: _____

Date: _____

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

**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.**

**Rev. 7/15**

LifeSpan
Day Care You Can Trust For Children.

# COMMONWEALTH OF PENNSYLVANIA

**SUBJECT:** Nondiscrimination in Services Policy Statement

**TO**: Parents

**FROM**: Nicole Fetherman, Executive Director *Nicole Fetherman*

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 Age and Summer Camp
2460John Fries Highway
Quakertown, PA 18951
c/o Director of Compliance
Elise Adler

**Commonwealth of Pennsylvania**
BEO/Department of Human Services
Room 225, Health & Welfare Building
PO Box 2675 Harrisburg, PA 17120
Inquiries: 717-787-1127
Email: RA-PWDHSCivilRights@pa.gov
**(within 90 days from the incident)**

**Office for Civil Rights**
U. S. Department of Health and Human Services
Centralized Case Management Operations
200 Independence Ave. S. W.
Room 509 F HHH Bldg.
Washington DC 20201
**(within 180 days from the incident)**

**PA Human Relations Commission**
333 Market Street 8th floor
Harrisburg, PA 17101
https:/www.phrc.pa.gov/File-a-compliant
Inquiries: 717-787-4410
TTY users only: 717-787-7279
**(within 180 days from the incident)**

Customer Response Center 800-368-1019
TDD: 800-537-7691
https:/www.hhs.gov/ocr/complaints
Email: ocrcomplaint@hhs.gov

Parent Signature _____

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

# 2026-2027

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: _____

## Quakertown School Age Transfer of Care Policy Please Read:

QTSA Transfer of Care Policy
**K-6th grade with QCSD Transportation**

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** QTSA, the Quakertown School District, and the parent/guardian/authorized pickup.

**Transfer of Care from parent/guardian/authorized drop off to child care in QTSA Before Care Program:**

- Supervision of the child begins when the child physically enters the QTSA Before Care program and the parent/guardian/authorized signs the child in. Until the child is signed in, the child is still considered to be in the care of the parent/guardian/authorized drop off.

**Transfer of child from QTSA Before Care Program to school:**

- Supervision of the child ends when QCSD/Levy bussing picks the child/children up at their prospective bus times, and the child leaves the Lifespan program space to go to school. Once this occurs, the supervision transfers to the Quakertown School District.

**Transfer of child from school to QTSA After School Program:**

- Supervision of the QTSA Program begins when the child physically arrives in the program space/ QCSD/Levy Bussing drops off at their prospective bus times. Until the child physically enters the QTSA After Care Program, the child is considered still in the care of the Quakertown School District.

**Transfer of care from QTSA After School Program to parent/guardian/authorized pickup in after care:**

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

## 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 or call **1-800-WIC-WINS (1-800-942-9467).**

pennsylvania DEPARTMENT OF HEALTH

www.health.pa.gov
www.pawic.com

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

HDWICOR.006 Rev. 7/24

PENNSYLVANIA WIC
WOMEN · INFANTS · CHILDREN

# Choose Healthy. Choose WIC!

**1-800-WIC-WINS**
**www.pawic.com**

## 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