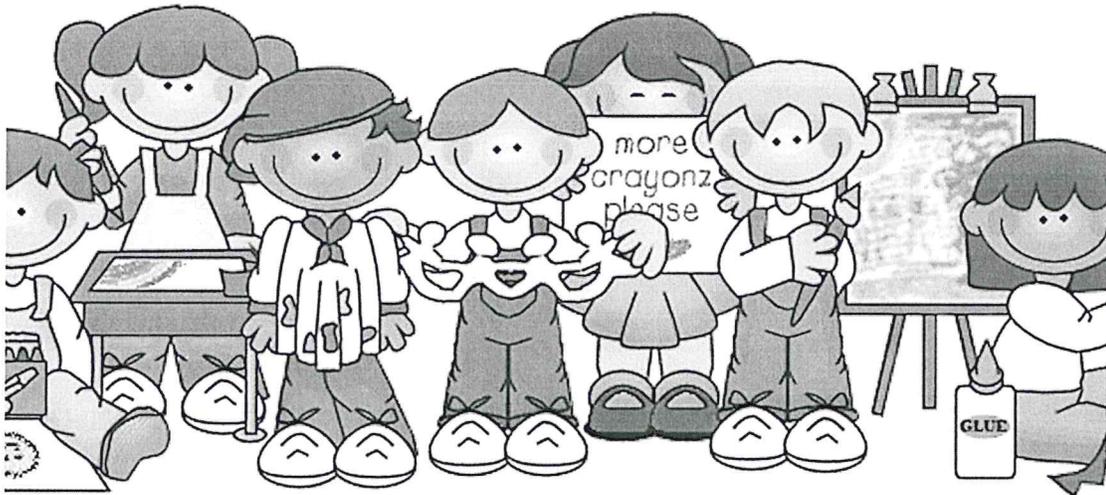


Township of Derry
Department of Parks & Recreation

KID'S CLUB



ENROLLMENT APPLICATION

2016-2017

Services for the School-Age Child

Dear Parents:

Thank you for enrolling your children in the Township of Derry Department of Parks and Recreation KID'S CLUB program. Attached is the 2016/2017 school year application (the entire packet) which must be completed accurately and submitted with a \$50 per child non-refundable registration fee. Submission of your application and registration fee will reserve a space for your child. There is limited space. A confirmation letter will be sent to you.

****2016 Kid's Club Registration is now available online****

Registration will be on July 13th, starting at 8:00 am. You can still register your child for Kid's Club at the Hershey Recreation Center, number will be handed out for line order. You can register your child online at our website www.derrytownship.org under Parks and Recreation Department link. We strongly encourage online registration. To register online you will need to have a login ID and PIN #, which can be obtained from the website by entering an email address that is on file at the Recreation Center, or calling the Hershey Recreation Center (533-7138). **If you plan on using online registration, you must mail (605 Cocoa Ave., Hershey, PA 17033) or fax (717-533-2154) the application within a week, otherwise the spot will be cancelled.**

KID'S CLUB operates from the Primary Cafeteria of the Hershey Elementary School between 6:30 a.m. to 8:25 a.m. and 3:37 p.m. - 6:00 p.m. Parents must sign their child in/out daily and notify the staff of any schedule changes. When KID'S CLUB is in session, they can be contacted at 884-3609. Messages can also be left at the Hershey Recreation Center, 533-7138.

If, after the review of the application and Parent Handbook, you have any questions or if you require an additional application, please contact me at 533-7138.

Sincerely,

Paula Fastrich
Child Care Manager

TUITION SCHEDULE

SCHOOL AGE (First through Fifth Grades)

Full-Time (3 days / week or more)

- 1) Before and After (6:30 - 8:30 a.m.; 3:40 - 6:00 p.m.) = \$85/ week
- 2) Before Only (6:30 - 8:30 a.m.) = \$70/ week
- 3) After Only (3:40 - 6:00 p.m.) - \$70/ week

OR

Full-Time Monthly

- 1) Before and After (6:30 - 8:30 a.m.; 3:40 - 6:00 p.m.) = \$420.00 / month
- 2) Before Only (6:30 - 8:30 a.m.) = \$350.00 / month
- 3) After Only (3:40 - 6:00 p.m.) - \$350.00 / month

Part-Time (2 days / week or less)

- 1) Before and After (6:30 - 8:30 a.m.; 3:40 - 6:00 p.m.) = \$35 / day
- 2) Before Only (6:30 - 8:30 a.m.) = \$25 / day
- 3) After Only (3:40 - 6:00 p.m.) - \$25 / day

SCHOOL AGE (Grades 1-5) All Day Care

H In-Service / School Recess

- 1) \$20 / day in addition to regular fee if enrolled Full-Time in the School Age Program
 - 2) \$45 / day if enrolled Part-Time, or for In-Service Days only
- *Monthly payment contracts require no additional charge for these days.

Late Starts/Early Dismissals

- 1) \$10 hour for early dismissals and delayed openings (between 8:25 am - 3:40 pm) for all enrollees

A **one week notice** is needed if a child will not be attending the Inservice Day he/she is signed up for. If no notice is given, or less than a weeks notice is given, the regular Inservice Day fee will be charged to your account.

HOLIDAYS

KID'S CLUB will be closed Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, Good Friday, and Memorial Day. There is no deduction in weekly tuition.

TUITION SCHEDULE

The Township of Derry reserves the right to adjust registration fees upon review of the program. All participants of local field trips or special events will be charged an additional fee to be collected prior to the event.

FAMILY DISCOUNTS

Families with two or more children enrolled full-time will receive a ten percent (10%) discount on the second child, third child, etc. The discount is applied to the lower fee of the child enrolled, not the total of all tuition fees. For example:

| | | |
|---------------|-------------|------------------------|
| First Child | \$ 85.00 | Week (School-age rate) |
| Second Child | 85.00 | Week (School-age rate) |
| 85.00 x 10% = | <u>8.50</u> | Total Discount |
| | \$ 161.50 | Total Tuition Fee |

PAYMENT SCHEDULE

Weekly payment is due every Friday prior to the week of service. Monthly payments are due the 27th of each month prior to the month of service. Please make checks payable to "Township of Derry", and they may be turned in at KID'S CLUB. Payments made with cash or credit card must be made at the Recreation Center during business hours. Payment may also be made online 24 hour 7 days a week at www.derrytownship.org.

Payment is required every Friday if paying weekly or the 27th if paying monthly, regardless if your child is in attendance or not, with the only exception being Christmas week. No other vacation weeks are permitted. Payments not received by the due date will be subject to a \$5.00/day late fee (including weekends). Names will be posted at KID'S CLUB to remind parents of the outstanding balance. Delinquent accounts of more than three business days (or Wednesday of the following week) may constitute grounds for removal from the program, indefinitely. Daily late fees will accumulate on all overdue accounts. Late payments can be submitted at the Recreation Center during weekend operating hours and online to avoid additional late fees.

Payment for In-service / School Holidays is due prior to or on the date of service. Payment for snow days is due with the following weeks tuition.

REGISTRATION

There is a \$50 registration fee per child. This fee reserves your child's space in the program and is not refundable.

KID'S CLUB ENROLLMENT APPLICATION

The Township of Derry, in determination of eligibility of admission of any participant, does not discriminate on the basis of race, sex, religion, creed, color, national origin, ancestry, or disability.

CHILD'S NAME _____ AGE _____ BIRTHDATE _____

GRADE _____ ROOM _____

ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIP _____

Drop-off Time (Approximate) _____ Pick-up Time (Approximate) _____

Mother's Name (Legal Guardian) _____

Mothers's Home Address _____ Phone _____

Mother's Employer Name _____ Phone _____

Mother's Employer Address _____

Mother's Email Address _____

Father's Name (Legal Guardian) _____

Father's Home Address _____ Phone _____

Father's Employer Name _____ Phone _____

Father's Employer Address _____

Father's Email Address _____

A yearly statement regarding your child care expenditures for the school year will be emailed to every enrollee in January.

AGREEMENT FOR KID'S CLUB
(Required by State Regulations)

Name of Child _____

Fee Amount: _____ Per Day/Week/Month Days Attending _____

The following are fee structures and rules for services rendered as part of the KID'S CLUB Child Care Program. Your signature and initials indicates compliance with the fees and rules of the program.

_____ The Fee Amount should correspond to the attached Tuition Schedule. You are reserving a space for the days identified on the back of this form and are required to pay the Fee Amount (listed above) on a weekly or monthly basis.

_____ All payments for the reserved space are due the Friday prior to the week of service or 27th of the month prior to the month of service the child is scheduled to attend the program.

_____ Payments not made by Friday or the 27th of the month will be subject to a \$5.00/day (including weekends) late fee added to the tuition payment. Any regularly applied discounts will be void for the week the payment is late. Names will be posted at KID'S CLUB to remind parents of the outstanding balance. Delinquent accounts of more than three business days (or Wednesday of the following week) may constitute grounds for removal from the program, indefinitely. Daily late fees will accumulate on all overdue accounts. NOTE: Payments can be made at the Recreation Center in the evening and on weekends.

_____ A late fee of \$5 per 5 minute increments will be imposed anytime a child is in our care outside of normal operating hours (according to the facility clock). If this occurs three times, the child will be withdrawn from the program for two weeks.

_____ If paying weekly payment for in-service days / school holidays is due prior to or on the date of service. Payment for snow days is due with the following weeks tuition. A **one week notice** is needed if a child will **not** be attending the Inservice Day he/she is signed up for, otherwise the regular Inservice Day fee will be charged to your account.

_____ If paying weekly, additional fees as listed in the Tuition Schedule will be charged for additional hours of service. This includes in-service days, holidays, snow days, early dismissals and delays. A full day of service during school recess will be provided if at least 12 children are registered and prepaid prior to the specific date.

_____ Service will not be provided Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve, Christmas Day, New Year's Eve, New Year's Day, Good Friday, or Memorial Day. There is no deduction in the weekly tuition for the days mentioned. **No vacation weeks are given.**

_____ Children exhibiting signs of illness (red or runny eyes, fever exceeding 100, vomiting, diarrhea, etc.) may not attend Kid's Club. If a child becomes ill while in our care, he/she will be isolated, and a parent or guardian will be notified and asked to pick the child up immediately. A charge of \$5.00 per 5 minutes will occur when the child is not picked-up within a hour.

_____ A two-week written notice is required to withdraw a child from the program.

_____ Medical care will be paid by parents or their insurance company.

_____ Township of Derry will provide supervision, recreation, and snacks.

Signature of Parent/Guardian

Date

MY CHILD WILL BE ENROLLED:

*Refer to Tuition Schedule

SCHOOL-AGE

- | | |
|---|--|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Before School Only |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> After School Only |
| <input type="checkbox"/> In-Service Days Only | <input type="checkbox"/> Before and After School |

All participants of local trips or special events will be charged an additional fee to be collected prior to the event.

A late fee of \$5.00 per five-minute increments will be charged when children are cared for outside of operating hours. This fee will be due in the following tuition. Three late fees will result in a withdrawal of services for two weeks. **All late fees must be paid in full prior to re-admission and another registration fee must be submitted.**

1-5 minutes = \$5 6-10 minutes = \$10 11-15 minutes = \$15

I, THE PARENT OR GUARDIAN:

Received complete written program information at the time of enrollment (§3207.121, 3280.121, 3290.121).

Agree to update the Emergency Contact / Parental Consent form information whenever changes occur (§3270.124, 2380.124, 3290.124).

Signature of Parent/Guardian

Signature of Parent/Guardian (6 mo. rw.)

Date

Date

Date of Enrollment

Signature of Child Care Manager / Date

**PARENTAL CONSENT
AND
WAIVER OF LIABILITY**

WRITTEN CONSENT IS GIVEN FOR:
(Please check those items for which you give consent)

- EMERGENCY MEDICAL CARE
- TRANSPORTATION BY HERSHEY EMS IN AN EMERGENCY
- HOMEWORK SUPERVISION
- WATER ACTIVITIES (Authorization required for Child to be in water)
- BUS TRANSPORTATION OR WALKING FOR FIELD TRIPS
- MINOR FIRST AID
- FIELD TRIPS

WAIVER OF LIABILITY AND ACKNOWLEDGMENT

I (we) hereby attest that the information provided in the KID'S CLUB enrollment application is complete and accurate to the best of my (our) knowledge:

I (we) furthermore give my (our) consent for the items checked; and

I (we) hereby waive any claims for bodily injury, property damage, or other liability against the Township of Derry and the Derry Township School District, and their respective agents, servants, and/or employees while our child/children is a participant in the Township Child Care program.

Signature of Parent/Guardian

Signature of Parent/Guardian

Date

Date

EMERGENCY CONTACT / PARENTAL CONSENT FORM

Child's Name _____ Birthdate _____

Mother's Name (Legal Guardian) _____

Mother's Home Address _____ Phone _____

Mother's Employer _____ Phone _____

Father's Name (Legal Guardian) _____

Father's Home Address _____ Phone _____

Father's Employer _____ Phone _____

Emergency Contact Person(s):

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Person(s) To Whom Child May Be Released:

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Child's Physician / Medical Care Provider:

Name _____ Phone _____

Address _____

Special Disability (if any) _____

Allergies (Including Medication Reaction) _____

Medical or Dietary Information Necessary in an Emergency Situation _____

Medication / Special Conditions _____

Additional Information on Special Needs of Child _____

Health Insurance Coverage for Child or Medical Assistance Benefits _____

Policy Number (Required) _____

Parent's Signature is Required for Each Item Below to Indicate Parental Consent:

Obtaining Emergency Medical Care

Administration of Minor First Aid Procedures

Walks and Trips

Swimming

Transportation by the Facility

Wading

I, _____, authorize Township of Derry's Kid's Club to release my child(ren) to the person(s) designated. This is in consonance with the Township's of Derry's Kid's Club Emergency Operations Plan.

Student's Name

Designated Custodian(s) Name & Relationship

Your Signature

Relationship

Date

Print Name

Address

City, State, Zip Code

(Home Phone) _____ (Work) _____ (Cell) _____

NOTE: *Parents and guardians should designate themselves as a designated custodians. Friends, neighbors, and other relatives may also be designated.*

PLEASE PRINT CLEARLY

BASIC DAILY PROGRAM

Before School Schedule

- 6:30 a.m. Indoor Activities
Games, puzzles, books, arts & crafts
- 7:15 a.m. Outdoor Activities
Gym or Indoor Activities
- 7:45 a.m. School Breakfast or Indoor Activities
- 8:15 a.m. Quiet Time
Clean up and get ready for class
- 8:25 a.m. Dismissal

After School Schedule

- 3:45 p.m. Arrive at KID'S CLUB
- 3:50 p.m. Snack
- 4:00 p.m. Outdoor Activities
Gym or Indoor Activities
- 5:00 p.m. Indoor Activities
Games, puzzles, books, arts & crafts
- 6:00 p.m. KID'S CLUB closes

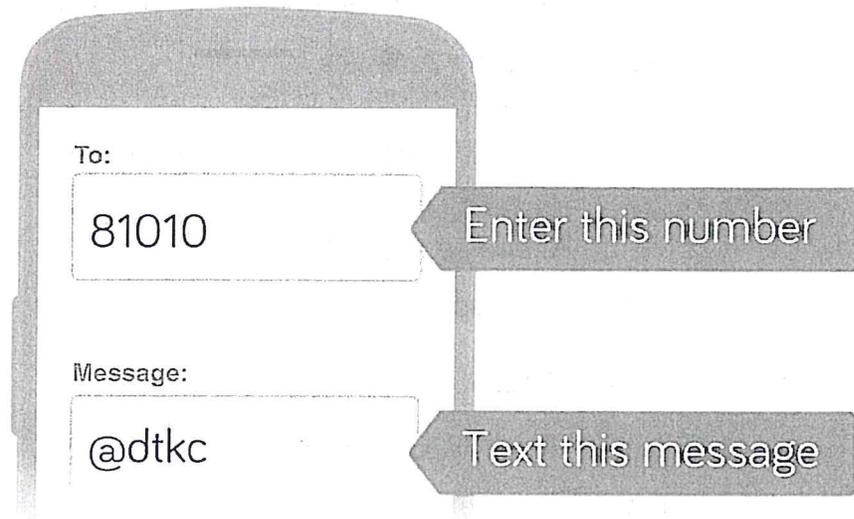
In-Service / School Holiday Schedule

Parents will be informed of the day's scheduled events in advance, as well as the cost of the scheduled event. Field trip expenses are not included in tuition.

Mrs. Fastrich would like you to join Kid's Club!

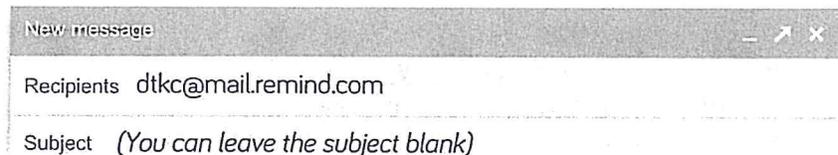
To receive messages via text, text **@dtkc** to **81010**. You can opt-out of messages at anytime by replying, 'unsubscribe @dtkc'.

Trouble using 81010? Try texting **@dtkc** to **(717) 344-5250** instead.



*Standard text message rates apply.

Or to receive messages via email, send an email to **dtkc@mail.remind.com**. To unsubscribe, reply with 'unsubscribe' in the subject line.



WHAT IS REMIND AND WHY IS IT SAFE?

Remind is a free, safe, and simple messaging tool that helps teachers share important updates and reminders with students & parents. Subscribe by text, email or using the Remind app. All personal information is kept private. Teachers will never see your phone number, nor will you see theirs.

Visit remind.com to learn more.

CHILD HEALTH APPRAISAL

CHILD DAY CARE CENTERS • GROUP DAY CARE HOMES • FAMILY DAY CARE HOMES

DATE OF EXAM:

BIRTHDATE:

CHILD'S NAME (Last, First, Middle):

TELEPHONE #:

CHILD'S ADDRESS:

REVIEW OF HEALTH HISTORY:

MEDICAL INFORMATION PERTINENT TO DIAG. & TREATMENT IN CASE OF EMERGENCY:

SPECIAL INSTRUCTIONS TO PROVIDER REGARDING ANY MEDICATION REQUIRED DURING DAY CARE HOURS:

RECOMMENDED MODIFICATIONS OR LIMITATIONS OF CHILD'S ACTIVITIES OR DIET (e.g. allergies, etc.):

| | | | | |
|--|---|---|--|--|
| VISION (Acuity) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | HEARING (Audiometry or equiv.) <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal | GROWTH MEASUREMENT | | |
| | | HT. " PERCENTILE: | WT. LBS. PERCENTILE: | HEAD CIRC. " PERCENTILE: |

| | | | | | | | | |
|----------------------------|--|--|--|--|--|--|--|--|
| DENTAL SCREENING: ➤ | CARIES <input type="checkbox"/> YES <input type="checkbox"/> NO | | MISSING PERMA. TEETH <input type="checkbox"/> YES <input type="checkbox"/> NO | | ORAL INFESTION <input type="checkbox"/> YES <input type="checkbox"/> NO | | PROTRUSION <input type="checkbox"/> YES <input type="checkbox"/> NO | |
|----------------------------|--|--|--|--|--|--|--|--|

MEDICAL

| | Normal | Abnormal | | Normal | Abnormal | HGB |
|-----------------|--------|----------|---------------------|--------|----------|---|
| Ears, Nose | | | Abdomen | | | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| Eyes | | | Genitalia, Breasts | | | GM OR HCT |
| Mouth, Throat | | | Extremities/ Joints | | | <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |
| Lungs | | | Spine | | | % |
| Cardio-Vascular | | | Skin, Lymph Nodes | | | BLOOD PRESSURE: ➤ / <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal |

DEVELOPMENTAL APPRAISAL:
IS CHILD PROGRESSING NORMALLY WITH AGE OR GROUP?
 YES NO

DENVER DEVELOPMENTAL:
 Normal Abnormal

IMMUNIZATIONS

| DTP: Diphtheria-Tetanus-Pertusis | DATE | TRIVALENT ORAL POLIO VACCINE | DATE | OTHER | DATE |
|----------------------------------|------|------------------------------|------|------------------------------|------|
| 1st (2 months) | | 1st (2 months) | | Measles (15 months or older) | |
| 2nd (4 months) | | 2nd (4 months) | | Mumps (15 months or older) | |
| 3rd (6 months) | | 3rd (18 months) | | Rubella (15 months or older) | |
| Booster | | 4th (4 - 6 years) | | | |
| Booster | | | | | |

RECOMMEND FURTHER MEDICAL TESTS OR EXAMINATION ON THE FOLLOWING:

VISION GROWTH BLOOD PRESSURE HEARING HEAD CIRCUMFERENCE DENTAL HGB

MEDICAL (Specify)

DEVELOPMENTAL PROGRESS (explain)

IMMUNIZATION (Specify)

PRINTED NAME OF PHYSICIAN:

TELEPHONE #:

PHYSICIAN'S ADDRESS:

SIGNATURE OF PHYSICIAN:

DATE: