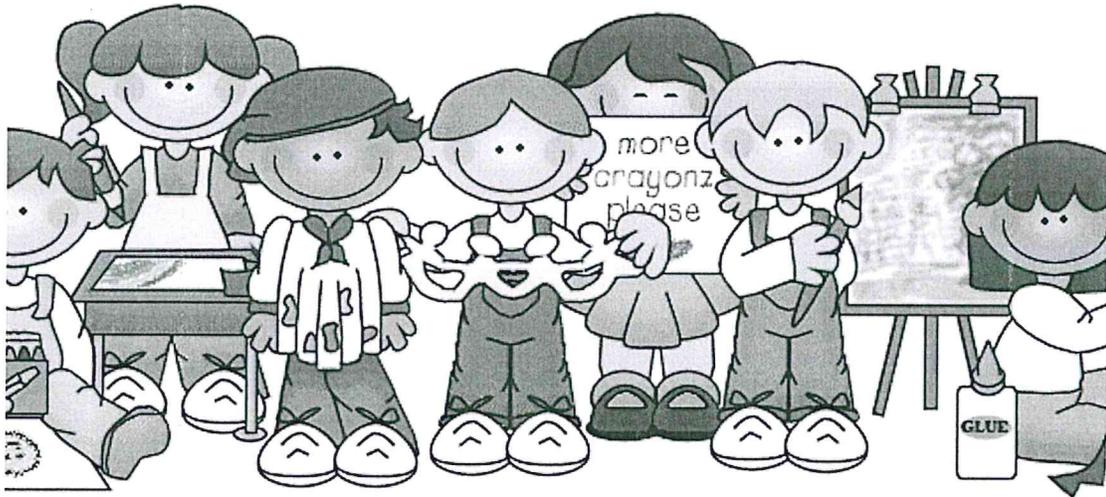


Township of Derry  
Department of Parks & Recreation

# KID'S CLUB



## ENROLLMENT APPLICATION

2019-2020

Services for the School-Age Child

## 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 this form and are required to pay the Fee Amount (listed above) on a weekly basis. the child is scheduled to attend the program.

\_\_\_\_\_ Payments not made by Friday 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.

\_\_\_\_\_ 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.

\_\_\_\_\_ Inservice day fees will be added to your account. 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.

\_\_\_\_\_ Paying weekly, additional fees as listed in the Tuition Schedule will be charged for additional hours of service. This includes in-service days, holidays, and delays. A full day of service during school recess will be provided if at least 15 children are registered and prepaid prior to the specific date.

\_\_\_\_\_ Service will not be provided Labor Day, Columbus Day, Thanksgiving Day, the day before and 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. *There may be additional closings, due to the Elementary Building availability on Inservice Days. **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**

- Before School Only
- After School Only
- Before and After School

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. rww.)

\_\_\_\_\_  
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

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

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

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

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

## Alternate Care Arrangements

When school is dismissed early due to inclement weather or building closure, School Age Childcare will not be available. Alternative arrangements **MUST** be made in advance. It is the responsibility of the parent/alternate care giver to listen to news reports for school early dismissals.

The school or Kid's Club staff is not responsible to notify parents of children attending Kid's Club when school closes. All children of Kid's Club should be knowledgeable of alternate plans.

Child's Name

\_\_\_\_\_

Walk Home \_\_\_\_\_ Parent Pickup \_\_\_\_\_ Riding Bus # \_\_\_\_\_

Name and Address of Location

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parents/alternate caregivers are responsible for making proper contact with the school in the event of an early dismissal to confirm alternate arrangements for his or her child.

Phone number while child is in school \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Print Name \_\_\_\_\_

# CHILD HEALTH REPORT

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

Parent/Provider fill in this part.

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

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

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

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

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

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

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

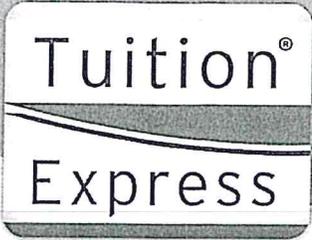
HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT <a href="http://www.aap.org">WWW.AAP.ORG</a> ) <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.</b>
	VISION (subjective until age 3)
	HEARING (subjective until age 4)
	LEAD

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

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

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

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



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Form fields for Section A: Cardholder Name, Phone #, Cardholder Address, City, State, Zip, Account Number, Expiration Date, Cardholder Signature, Date.

SECTION B (Bank Account)

Form fields for Section B: Your Name, Phone #, Address, City, State, Zip, Bank or Credit Union Name, Bank or Credit Union Address, City, State, Zip, Routing Transit Number, Account Number, Checking, Savings, Authorized Signature, Date.

For Official Use Only

Form fields for official use: Date Received, Employee Signature.



A service of





# Sign up for important updates from Mrs. Fastrich.

Get information for Derry Township Kid's Club right on your phone—not on handouts.

Pick a way to receive messages for Kid's Club:

**A** If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

[rmd.at/dtkc](http://rmd.at/dtkc)

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.



**B** If you don't have a smartphone, get text notifications.

Text the message @dtkc to the number 81010.

If you're having trouble with 81010, try texting @dtkc to (717) 344-5250.

\* Standard text message rates apply.



Don't have a mobile phone? Go to [rmd.at/dtkc](http://rmd.at/dtkc) on a desktop computer to sign up for email notifications.

## 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.