

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		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (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	ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

AGREEMENT

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

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
<ul style="list-style-type: none"> • The creative curriculum cross walked with the PA Early Learning Standards. • Tummy Time to enhance development, sensory processing, and coordination/posture. 		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN-HR	
Extra services to be provided at an additional fee if applicable		
<ul style="list-style-type: none"> • Developmental assessment twice per year and an in-depth annual assessment to track developmental progress 		

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)

SIGNATURE-OPERATOR
DATE
SIGNATURE-PARENT OR GUARDIAN
DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
_____	_____
SIGNATURE-PARENT OR GUARDIAN	DATE

*This needs completed and turned in within 30 days of enrollment!

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 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/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

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

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

Lotion Permission Form

Child's Name: _____

According to the Department of Public Welfare state regulations, we cannot apply sunscreen or diaper creams without written parental permission. Please bring in a new, unopened sunscreen and/or diaper cream labeled with your child's name and fill out the permission slip below. Thank you!

Union Church Child Care has my permission to apply:

_____ Sunscreen: _____

_____ Diaper Cream: _____

_____ Other: _____

Parent's Signature: _____ Date: _____

Getting to Know You!

1. What are your expectations of our program?
 - Is there any particular aspect of the education program especially important to your child/family?

2. Is there any information about your family's culture, ethnicity, language, or religion that is important for us to know?

3. Are you willing to be a volunteer in our classroom?

4. We would love to have a parent conference with you! Please contact your child's teacher at any time should you have any questions or concerns. We would be happy to sit down with you and review assessments and progress reports. Phone conferences are also available. What times are best for us to reach you and for you to come in for parent conferences?

5. Tell us about your child's:
 - Favorite Toys-
 - Favorite Games-
 - Food Likes & Dislikes-
 - Fears-

6. Does your child have any imaginary friends?

7. Any special needs (medical, developmental, social, mental health, speech therapy? And, do any of these special needs require special care by our teachers?
 - Does your child have an IEP (Individualized Education Plan) or IFSP (Individualized Family Service Plan)? **Please complete the reverse side.**

8. Does your child have any allergies?
 - Food Allergies-
 - Environmental Allergies?
 - Allergies to Medicine?

9. Are there any ways that we can improve communication with you about your child's experiences?

10. Do you have any questions about the Parent Handbook, program, curriculum, or facility?

Individualized Education Plan (IEP) & Individualized Family Service Plan (IFSP) Information Sheet

Because of the diverse set of needs of the children in our program, it is important to gather as much information about the best ways to educate each child. IEP's and IFSP's are created by service providers working with children with special needs and include this information. The Keystone STARS Performance Standards therefore require each early learning provider to request copies of IEP's and IFSP's for the children in their care.

The information found on an IEP/IFSP is protected by privacy laws including Healthy Insurance Portability and Accountability Act (HIPAA).

Parent Sign-Off Sheet

Child's Name: _____

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

What program or individuals work with your children in regards to these specials needs?

I am not providing a copy of my child's IEP or IFSP and/or this is not applicable to my child.

Signature: _____ **Date:** _____

Printed Name: _____

Photography Release

Dear Parents/Guardians,

Throughout the year we are asked to take part in publicity releases with newspaper articles, photographs, radio time, etc. We post photos on the Church/Child Care website. We also like to post photos from special programs/events on the bulletin boards and in classrooms for families to enjoy. We want to make certain that we have your consent before we include your child's photograph in any of the above mentioned activities.

Last Name of Child _____ First Name _____

1. _____ YES! I grant permission to the Union Church Child Care Center to take photographs to use and distribute. This permission includes any use of these materials as deemed appropriate by the director of Union Church Child Care included, but not limited to: our website, brochures, ads, newspapers activities, etc.

2. _____ I DO NOT grant permission for my child to be photographed for use of Union Church Child Care for ads, brochures, newspaper activities, bulletin boards, etc.

Date _____

Signature _____ Relationship _____

After completing this form, please return it with the rest of your enrollment paperwork!

Additional Authorized Pickup Person(s) & Emergency Contact Form*

This form should be used to add additional people to the list that you submitted at enrollment.

Parent Name: _____ **Date:** _____

Contact/Pick Up First Name: _____ Last Name: _____

Address: _____ City _____ State _____ Zip _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

Contact/Pick Up First Name: _____ Last Name: _____

Address: _____ City _____ State _____ Zip _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

Contact/Pick Up First Name: _____ Last Name: _____

Address: _____ City _____ State _____ Zip _____

Relationship to Child: _____ Home Phone: () _____

Occupation/Employer: _____ Cell Phone: () _____

Email: _____ Work Phone: () _____

Emergency Contact

Authorized to pick up the following children: _____

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

**Parent/Guardian will always be called first.*



ou i e e to e ro i ri ht hee tuitio processi s soo s you recie e your i ite to ri ht hee d cre te your ccou t!

General Overview

There is a processing fee for both ACH and CC. **If you choose to pay with a CC, you will be responsible for an additional 2.9% processing fee.** The accepted credit card brands are Visa, Mastercard, American Express, Discover, JCB, Diners Club, and China UnionPay. **If you choose to link your bank account, we will cover the processing fee and there will be no additional charge for you!** You will be able to access your statements and account information at any time with your online portal or your app. If you have multiple children, your statements will all be on one child's profile to make it easier for you!

Monthly Tuition Processing

If you pay monthly, you will continue to receive your 5% monthly discount. Monthly tuition will be processed on the 1st of every month for that month and you will receive your statement five days prior. We are changing this processing date per the recommendation of our accountant and financial committee. For tax purposes, it will be easier to view all 12 monthly payments as they will consistently be processed the same date of every month. Once enrolled, payments will be automatically withdrawn from the account on file.

Additionally, you will be charged a flat monthly fee. This fee is based on our weekly rate and the months/weeks we operate. Our billing specialist accurately calculated our monthly rate for each room. **For example:** our infant room weekly rate is \$227.50, we are open 51 weeks per year (taking into account VBS week) and will charge for 12 months. $227.50 * 51 = 11602.50 / 12 = 966.88$ * .95 (monthly discount) = \$918.54 per month. Vacation weeks will still be credited as needed and should our center be closed for a full week for Christmas or for an unforeseen circumstance, accounts will be credited.

Weekly/Biweekly Tuition Processing

Weekly/Biweekly tuition will be processed the Friday prior to the week(s) being paid for. Statements will be sent one day prior to processing.

Tuition Discounts

Discounts will remain the same. Monthly Discount: 5% off, Sibling Discount: 10% off, Sibling AND Monthly: 15% off, 2nd sibling third child AND monthly: 20% off

**Each additional sibling will receive an additional 5% off – to find the actual % off, add 5 to the discount they are already receiving.*



Want a window into your child's day? A real-time feed of their school activities? Photos delivered straight to your mobile phone?

Meet **brightwheel**, an easy-to-use mobile app that helps schools and teachers stay better connected with families. Teachers use brightwheel for recording and tracking daily events and activities in the classroom and managing administrative tasks. As a parent, you'll get private, real time updates on your child delivered to your mobile device throughout the day.

What is brightwheel?

Daily Updates. A real-time feed of activities throughout the day.

Photos. Watch your child's day unfold with snapshots delivered right to your mobile device.

Stay Connected. Stay in touch with your teacher and strengthen school learning with activities at home. Get notifications for photos, notes, & check-ins.

Messaging. Leave notes for your teacher when your child is sick or running late.

Calendar. Quickly view upcoming events and important dates at your child's school.

Paperless Billing. Secure, online system for receiving invoices and receipts for tuition, as well as paying bills digitally. (No more checks!)

Why use brightwheel?

Parents report that the peace of mind brightwheel delivers is invaluable! We know it's tough being away from your little one all day, especially in these early years. With brightwheel you'll feel connected and engaged with your child's development on a whole new level.

Download today for iPhone, iPad & Android

Parental Communication regarding Emergency Operations Plan

To the Parent (s)/Guardian of _____.

This letter is to assure you of our concern for the safety and welfare of children attending Union Church Child Care. Our Emergency Operations Plan provides for responses to all types of emergencies.

There are 8 total copies of our Emergency Operations Plan and they have been distributed to the following: Childcare office, Emergency Transportation Bag, Infant Room, Allegheny County Emergency Management Agency, Robinson Township Emergency Management Agency, Robinson Township Police Department, Moon Run Volunteer Fire Department, and the Union Presbyterian Church Office.

Staff is trained annually on the Emergency Operations Plan and emergency drills are practiced at least every 60 days on site as mandated by the state.

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, water break, hazardous material spill, etc.
- In-place sheltering- Sudden occurrences related to severe weather (winter storms, earthquakes, tornadoes, etc) may dictate that taking cover inside the building is the best immediate response. Threats of violence (lockdowns, intruders, trespassers, etc) may also require in-place sheltering.
- Total Evacuation- Total evacuation of the facility may become necessary as well. In this case, children will be taken to a relocation facility. Your child may have to be transported in a staff member's personal vehicle, a PAT bus, or a Montour School District bus.
- Modified Operation- May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in response to severe weather situations or building maintenance that make it unsafe for students to attend.

- In the event of a lockdown, no one will be allowed to enter or exit the building. We will notify authorities immediately of our lockdown state and wait until they clear our building. Parents will NOT be notified of the lockdown until after it has been lifted. This is to prevent any unnecessary traffic to and from our building during the lockdown.

Please refer to WPXI for announcements relating to any of the emergency actions listed above.

We ask that you not call during the emergency. This will keep the main line free to make emergency calls and relay information to the proper authorities.

We will post an alert to Bloomz, our parent communication app, as soon as possible.

We will then contact you via phone by calling the numbers listed in order on your child's Emergency Contact Form. Please always update your child's file anytime there is a change in one of these numbers.

We will let you know when an emergency has ended and how you can reunite with your child(ren).

The Child Pick-Up Authorization form designating persons to pick up your child is included with this letter for you to complete. This form is not in place of the Emergency Contact Form you fill out every six months. It is in addition to that form and will be used every time your child is released during an emergency situation. Please ensure that only those persons you list on the form as designated custodians attempt to pick up your child during an emergency.

I specifically urge you NOT to make alternate arrangements during an emergency. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to assure the safety of your children and our staff, I ask for your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures contact Kelsey Liwosz, Director of Union Church Child Care at (412) 787-7553 or childcare@unionpresbychurch.org.

Thank you.

Community Resources for Parents and Children

Union Church Child Care Center is committed to supporting your family. The list of outside resources may be beneficial to you and your family now and/or in the future. Let us know if you have any questions or need assistance!

Parenting/Child Help

Child Abuse 24 Hour Hotline
Toll Free 800.932.0313

Family Services of Western Pa
Familylinks 412.661.1800
(Mental Health)

Allegheny County Health Department
Child Health Program 412.247.7950
Child Health Services- Immunizations)

Parental Stress Center 412.361.4800

Child Care Information Services
412.261.2273
CCIS agencies are the hub of child care information in your local area. These agencies provide you and your family with information of quality child care and personalized child care referrals to child care providers based on your specific needs or preferences. They also administer Child Care Works subsidized child care program should your family qualify for financial assistance.

Positive Parenting Program F.O.R
412.771.6460 ext 232, 244
(Free Preschool for those who qualify)

Parent to Parent of PA
Toll Free 888.727.2706
Matches parents and family members of individuals with disabilities and special needs on a one to one basis for the purpose of support and to share information and resources. More information can be found by visiting www.parenttoparent.org

Grankin raising Grankids 412.648.7175

PA Promise for Children
A coordinated statewide campaign to raise awareness about the value of quality early learning for all of our young children and build responsibility among every Pennsylvanian for the early learning of the young children in their lives. More information can be found at www.papromiseforchildren.com

Financial Assistance

Allegheny Association of Churches
724.226.0606
(Food Bank/Food Stamps)

Union Presbyterian Church
412.787.1818
(Food Bank)

Food Stamps Hunger Services Network
Toll Free 866.395.3663

Women, Infant and Children Program
WIC provides supplemental foods, health care referrals and nutrition education for low-income pregnant, breastfeeding and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk.
<http://www.pawic.com>

PA Public Welfare Department of Allegheny County
412.565.2146

Child Care Assistance Parent Information
Toll Free 800.222.2149

Child Care Partnerships 412.261.2273
Low Income Tax Back Information
Toll Free 888.PATAXES

PA Tax Back Helping Families Save
Fred Klunk SFAI Director
717.236.5680

County Assistance Office
Cash assistance, medical assistance (Medicaid), supplemental nutrition assistant program (SNAP) benefits and home heating assistant through the Low Income Home Energy Assistance Program are all public assistance programs available to eligible low-income individuals and families. All programs can be accessed by completing an application online at COMPASS website at <https://www.humanservices.state.pa.us/compass.web/CMHOM.aspx>

Housing Assistance

Programs that offer assistance regarding housing can help you to locate housing, provide information on resources for first time home buyers, and help answer questions if you are fearful of losing your home. The Allegheny County Housing Authority can be accessed via <http://achsng.com/communities.htm>

Early Intervention

Allegheny County Intermediate Unit
Project DART
Preschool Early Intervention
412.393.5763
Infant and Toddler Alliance
412.885.6000

Child's Way for Medically Fragile Children
412.365.6065

CONNECT Information Services
Toll Free 800.692.7288
Assists families and professional in locating state, local and national resources and information for children birth through 5; provides referral to Early Intervention Services as well.

Easter Seals Society 412.281.7244

Special Kids Network
Toll Free 800.986.4550

Western School for the Deaf
Parent and Infant Program
412.371.7000

Alcohol/Drug Abuse & Domestic Violence

Allegheny County Emergency Services
Alcohol and Drug Problems
Toll Free 888.424.2287

Alcoholics Anonymous 412.471.7472

Family Support Groups 412.572.5141

Domestic Violence Hotline

Women's Center and Shelter 412.867.8005 ext 1
Crisis Hotline 866.644.2822

Domestic violence hotlines can provide a variety of services and supports to individuals who are experiencing abuse. Information can be found at <http://www.pcadv.org>

Medical Help

Insurance Assistance
Children's Health Insurance Program
Toll Free 800.822.CHIP
Provides health insurance to all uninsured children and teens who are not eligible for or enrolled in Medical Assistance. Regardless of the reasons your child(ren) might not have health insurance, CHIP may be able to help you.

Healthy Baby and Kids Line
Toll Free 800.986.2229

Healthy Start Financial Assistance
Toll Free 412.247.1000

Highmark Caring Place
Toll Free 888.224.4673
(Help for grieving children)

American Academy of Pediatrics
Parent Corner at
<http://www.aap.org/parents.html> provides a variety of resources for parents.

Clinics

Allegheny County Health Department
Health Care Clinic 412.687.2243

Western Psychiatric Institute
Clinic for Children and Families
412.624.1000

Counseling Services

Family Services of Western PA
Toll Free 888.222.4200