



# LifeSpan

Day Care You Can Trust For Children.

**Quakertown Community School District**

**Before and After School Care**

**Enrollment Package**

**2019-2020  
School Year**

**Robyn Jardine, Director**  
**215-896-9917 Rjardine@lq.org**

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



# LifeSpan

Day Care You Can Trust For Children.

Dear LifeSpan Families,

Please let me introduce myself and thank you for choosing LifeSpan for your before/after school needs. My name is Robyn Jardine and I am the Director of the School Age and Summer Camp programs at LifeSpan serving the Quakertown Community School District.

Since 1987, LifeSpan has been providing before and after school care for the Quakertown School District. In addition to these programs, we host a full day summer camp located at the Quakertown Senior Highschool. 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.

With our programs being located within the school buildings, this serves nicely to collaborate academic programming with the school district and can reach more children in need of academic support.

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 quality rating. We strive to continually improve our programs through this voluntary program.

**LifeSpan's Program Activities include the following:**

- ❖ Collaborative academic programs with the school district
- ❖ Homework supervision
- ❖ Curriculum based activities
- ❖ 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

On regularly scheduled school days the program opens at 6:30 am and runs until the school bell rings. LifeSpan staff will be on site from the time school closes approximately 3:30 p.m. until 6:00 p.m.

- ❖ Delayed openings—8:30 a.m. and remain until the beginning of school day.
- ❖ Early dismissal--will run from dismissal until 6:00 pm.
- ❖ In-service/snow days--LifeSpan provides full day care at Quakertown Elementary, 123 West 7<sup>th</sup> Street Quakertown PA 18951, from 6:30 am until 6:00 pm for registered children. This includes middle school children on these days if they are registered as a “Drop-In”.

\*When the school district offices closes due to severe weather or snow **and** the district offices are closed, snow day care will be held at our main center located at 2460 John Fries Highway Quakertown PA 18951.\*

LifeSpan takes pride in our reputable history of exceptional service to families. We look forward to a stimulating 2019/2020 school year and learning more about your family.

Sincerely,

Robyn Jardine  
Director of School Age and Summer Camp  
LifeSpan  
2460 John Fries Highway Quakertown, PA 18951  
267-424-2024 (office)  
215-896-9917 (cell)  
215-538-9435 (fax)  
rjardine@lq.org  
[www.lifespanchildcare.org](http://www.lifespanchildcare.org)





# LifeSpan

Day Care You Can Trust For Children.

Dear LifeSpan Parents,

This letter is to assure you of our concern for the safety and welfare of children attending LifeSpan. Our Emergency Plan, which is located at each facility, provides for complete response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- Immediate evacuation: students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc.
- In-place sheltering: sudden occurrences, such as weather or hazardous materials related incidents, may dictate that taking cover inside the building is the best immediate response.
- Evacuation: total evacuation of the facility may become necessary if there is a danger in the area. If requested by local authorities, children will be taken to a relocation facility as follows.

LifeSpan Day Care – Quakertown  
 LifeSpan Day Care - Allentown  
 LifeSpan Day Care – East Greenville  
 Quakertown Elementary  
 Trumbauersville Elementary  
 Richland Elementary  
 Pfaff Elementary  
 Tohickon Elementary

LifeQuest Nursing Center  
 Mosser Nursing Center  
 LifeSpan Day Care - Quakertown  
 LifeSpan Day Care - Quakertown  
 LifeSpan Day Care - Quakertown  
 LifeSpan Day Care - Quakertown  
 LifeSpan Day Care - Quakertown  
 LifeSpan Day Care – Quakertown

- Modified Operation - may include cancellation, postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems that make it unsafe for children, but may be necessary in a variety of situations.

Please listen to Channel 69 Storm Center for announcements relaying any of the emergency actions listed above.

We will rely on the telephone as the primary means of notification and communication. Calls can be made to LifeSpan cell phones concerning emergency status using the following numbers:

LifeSpan Day Care – Quakertown	215-499-2672
LifeSpan Day Care - Allentown	267-733-3419
LifeSpan Day Care – E. Greenville	610-216-7170
Quakertown Elementary	215-896-9917
Trumbauersville Elementary	215-896-9918
Richland Elementary	215-896-3072
Pfaff Elementary	267-374-3324
Neidig Elementary	215-852-0176

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.

LifeSpan Day Care

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Addresses for evacuation sites:

LifeQuest Nursing Center  
2459 John Fries Highway  
Quakertown, PA 18951

Mosser Nursing Center  
1175 Mosser Road  
Trexlerstown, PA 18087

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





# LifeSpan

Day Care You Can Trust For Children.

## Enrollment Application

Date: \_\_\_\_\_ Child's Birth Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parents/Guardians: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Number: \_\_\_\_\_ \*Email: \_\_\_\_\_

Facility: Cedar Pointe East Greenville Quakertown

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: Cedar Pointe LifeSpan Center East Greenville LifeSpan Center

Quakertown LifeSpan Center:  
Pfaff Quakertown Richland  
Tohickon\* Trumbauersville\* Other: \_\_\_\_\_

*\*Tohickon PM care provided at Quakertown Elementary School, Trumbauersville PM care provided at Quakertown Elementary school. Transportation provided at no additional cost.*

Where did you hear about us?

Were you referred by someone? \_\_\_\_\_ If so, by whom? \_\_\_\_\_

Office Use Only: Deposit \_\_\_\_\_ Amount \_\_\_\_\_  
Anticipated Start Date \_\_\_\_\_ Class \_\_\_\_\_  
Form Reviewed & Entered by \_\_\_\_\_





## LIFESPAN SCHOOL AGE RATES - Quakertown

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

**EFFECTIVE JULY 1, 2019**

<b>ENRICHMENT</b>	Full Time	(4 or more days)	\$ 195.00	Week
(Before & After School)	Part Time	(2 or 3 days)	\$ 47.00	Day
Bus & Lunch Included				

<b>BEFORE &amp; AFTER</b>	Before	6:30 a.m. to 9:00 a.m.	\$ 18.00	Day
<b>SCHOOL CARE</b>	After	3:30 p.m. to 6:00 p.m.	\$ 18.00	Day
	Before & After		\$ 27.00	Day
	Drop In	(in addition to daily rate)	\$ 4.00	
	Early Dismissal	(after 12:01 in addition to daily rate)	\$ 5.00	
	Holidays/In-Service	(held at Quakertown Elementary)	\$ 39.00	Day

**Annual Registration Fees:**

\$50.00 for 1 child  
 \$75.00 for 2 children  
 \$100.00 for 3 or more children

**Late Fees: \$1.00 per minute after 6:00 p.m.**

Services are located in the designated areas in the following schools:

**Quakertown Elementary**  
 123 West Seventh Street  
 Quakertown, PA 18951

**Trumbauersville Elementary School**  
 101 Woodview Drive  
 Quakertown, PA 18951

**Richland Elementary School**  
 500 Fairview Avenue  
 Quakertown, PA 18951

**Tohickon Elementary School**  
 2360 Old Bethlehem Pike  
 Quakertown, PA 18951

**Pfaff Elementary School**  
 1600 Sleepy Hollow Road  
 Quakertown, PA 18951

**FLEXIBLE SCHEDULES ARE NO LONGER AVAILABLE TO NEW ENROLLEES.  
 ONLY CURRENT FLEX FAMILIES CAN BE SCHEDULED FOR FLEX TIME.**

**TRUMBAUERSVILLE STUDENTS WILL BE BUSED TO QUAKERTOWN ELEMENTARY FOR PM CARE  
 TOHICKON STUDENTS WILL BE BUSED TO QUAKERTOWN ELEMENTARY FOR PM CARE**



## AGREEMENT

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

NAME OF CHILD		START DATE	
FEE AMOUNT \$	PER DAY	WEEK	PAYMENT TO BE MADE ON MONDAYS WEEKLY MONTHLY
SERVICES TO BE PROVIDED AS PART OF THE DAY CARE FEE (EXAMPLES: TRANSPORTATION, CARE, MEALS, ETC.)			
FULL TIME	PART TIME	DROP IN	ROOM ASSIGNMENT
MONDAY	TUESDAY	WEDNESDAY	THURSDAY FRIDAY
CARE	MEALS	TRANSPORTATION	DIAPERS & WIPES DEVELOPMENTAL ASSESSMENTS GIVEN 2 TIMES A YEAR
DAYCARE	SCHOOL AGE	AM ENRICHMENT	PM ENRICHMENT PKC EXTENDED DAY
CHILD'S ARRIVAL TIME		CHILD'S DEPARTURE TIME	PERSONS DESIGNATED BY PARENTS TO WHOM CHILD MAY BE RELEASED
LATE FEE \$1.00	PER MIN-HR	MINUTE	
EXTRA SERVICES TO BE PROVIDED AT AN ADDITIONAL FEE (IF APPLICABLE)		TUITION RATE	
		APPLE/TITLE XX	
REGISTRATION FEE:		PRE-K COUNTS	
DEPOSIT (Last week of care):		CONTRACTUAL ALLOWANCE	
PROMOTION (Optional):		LQ EMPLOYEE DISCOUNT (FACILITY)	
Payment Method: TE	Check	Cash	Credit Card
			<b>TOTAL DUE WEEKLY</b>

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.

\_\_\_\_\_  
Signature – Operator Date

\_\_\_\_\_  
Signature – Parent or Guardian Date

DATE OF CHILD'S ADMISSION	<b>PERIODIC REVIEW</b>	
DATE OF WITHDRAWAL	SIGNATURE – PARENT OR GUARDIAN	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

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/ LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME	EMAIL ADDRESS	WORK NUMBER
FATHER'S NAME/ LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME	EMAIL 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)
<b>PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY FACILITY	WADING	

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

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
DATE





## Allergy Posting

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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

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Child's Name: \_\_\_\_\_

Allergy/ Medical Condition: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# LifeSpan

Day Care You Can Trust For Children.

## Remind App Release Form

Dear Parents,

LifeSpan School Age Programs use an App called Remind to communicate with families via email and text. Through this App, we are able to share reminders, photos, daily information, and much more. Once the school year starts, simply download the App and you will get an invitation to join the class. Participation in Remind is optional, and we need permission to add your phone number to the App. If you wish to participate in Remind, please complete the following information for each phone number you want to add to the account.

Thank you

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Child's Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Cell: \_\_\_\_\_

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Parent Signature

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Date





# 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:		WORK PHONE:
FACILITY PHONE:	COUNTY:	
<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/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.





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.

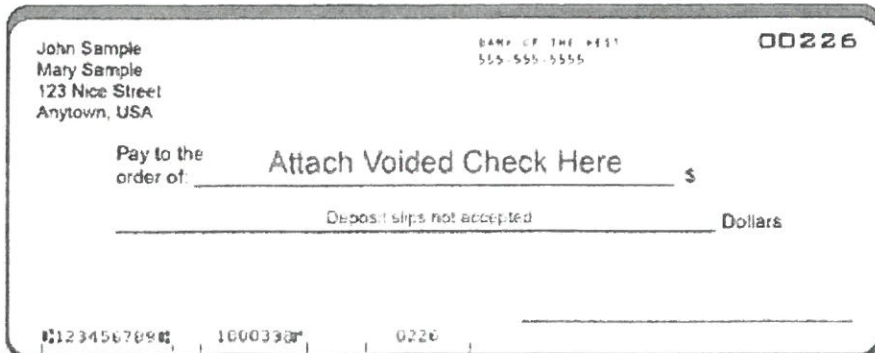
SECTION B (Bank Account)

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

Date Received, Employee Signature



A service of







# 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 and special announcements.

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Please return to the front office upon enrollment.







# LifeSpan

Day Care You Can Trust For Children.

## “GETTING TO KNOW YOU”

We are asking that parents and children involved in our programs participate in a brief survey and questionnaire that will help us create a better understanding of your child, your family and your expectations of our program. We respect and understand your right to privacy and the purpose of this survey is to ensure that your children are receiving the best care possible for each individual child. Please answer the questions honestly and know that your responses will only be reviewed by the director and staff directly involved with the care of your child. Please feel free to contact us to discuss any information you may not be comfortable answering on the survey. If you would prefer to discuss the survey in person with the director and staff, an appointment can be arranged at your convenience.

The first section is general information about your family and life at home. The second section is for you to do with your child. This section will allow us to better understand your child's likes and dislikes which will aid us in designing a program better suited to the preferences of the children within the group. The third section pertains to your child's educational experiences, possible limitations, health and safety issues and general well being. The information you provide here will aid us in providing the most effective environment, learning experiences and appropriate atmosphere for your child to spend their out of school time.

We thank you in advance for your cooperation and the time dedicated to completing the survey. Please return to the office upon completion.

Thank you.

LifeSpan Staff





# 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?

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**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?

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**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?

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

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

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Is your child exceptional in any way?

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#### **Section 4: Parent Involvement**

Does your schedule allow you to read to the class, speak about your favorite hobby, or help organize parties or class events?

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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**

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. 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





# QUAKERTOWN COMMUNITY SCHOOL DISTRICT

## NOTIFICATION OF ADULT SUPERVISION

This form must be completed by anyone using a day care or babysitter.

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

## 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 \_\_\_\_\_

Copies sent to:

Comments \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Bus Company  
\_\_\_\_\_ Day Care  
\_\_\_\_\_ School Office





# LifeSpan

Day Care You Can Trust For Children.

### 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 an Option)*

Child's Name

Date

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Witness



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**CHILD PICKUP AUTHORIZATION**

I, \_\_\_\_\_, authorize LifeSpan School & Daycare to release my child (ren) to the person(s) designated. This is in consonance with the LifeSpan Emergency Plan.

<u>Child(ren) Name(s)</u>	<u>Designated Person(s) Name &amp; Relationship</u>
_____	_____
_____	_____
_____	_____

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

Do you have a custody order, restraining order, protection from abuse or other court order that affects your child?  Yes  No

If yes, LifeSpan must be provided with a copy of the most recent order and all amendments thereto. The orders of the court will be strictly followed. In the absence of a court order on file with LifeSpan, both parents shall be afforded equal access to their child as stipulated by law. LifeSpan cannot, without a court order, limit access of one parent by the other parent, regardless of the reason.





**COMMONWEALTH OF PENNSYLVANIA**

TO: Parents and/or Guardians  
FROM: Site Director  
SUBJECT: Nondiscrimination in Services

Admissions, the provision of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin, age or sex.

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 provisions of aides, and the use of alternate service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any parent and/or their guardian, who believes they have been discriminated against, may file a complaint with any of the following:

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

Commonwealth of Pennsylvania  
DHS Bureau of Equal Opportunity  
801 Market Street, Suite 5034  
Philadelphia, PA 19107

Department of Human Services  
OCDEL, Southeast Region  
801 Market Street  
Suite 5132 Southeast Regional Office  
Philadelphia PA 19107

LifeSpan Pfaff Elementary  
1600 Sleepy Hollow Rd  
Quakertown, PA 18951

U.S. Dept. of Health and Human Services  
Bureau of Equal Opportunity  
Room 223 Health & Welfare Building  
PO Box 2675  
Harrisburg, PA 17105

LifeSpan Quakertown Elementary  
123 S. 7<sup>th</sup> Street  
Quakertown, PA 18951

PA Human Relations Commission  
Philadelphia Regional Office  
11 N. 8<sup>th</sup> Street, Suite 501  
Philadelphia, PA 19107

LifeSpan Richland Elementary  
500 Fairview Ave  
Quakertown, PA 18951

LifeSpan Tohickon Elementary  
2360 Old Bethlehem Pike  
Quakertown, PA 18951

LifeSpan Trumbauersville Elementary  
101 Woodview Drive  
Quakertown, PA 18951

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**





**LifeSpan**

Day Care You Can Trust For Children.

# Parent Handbook

## 2019-2020

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, Robyn Jardine.

Parent’s Signature: \_\_\_\_\_

Parent’s Printed Name: \_\_\_\_\_

Child’s Name: \_\_\_\_\_

Date: \_\_\_\_\_

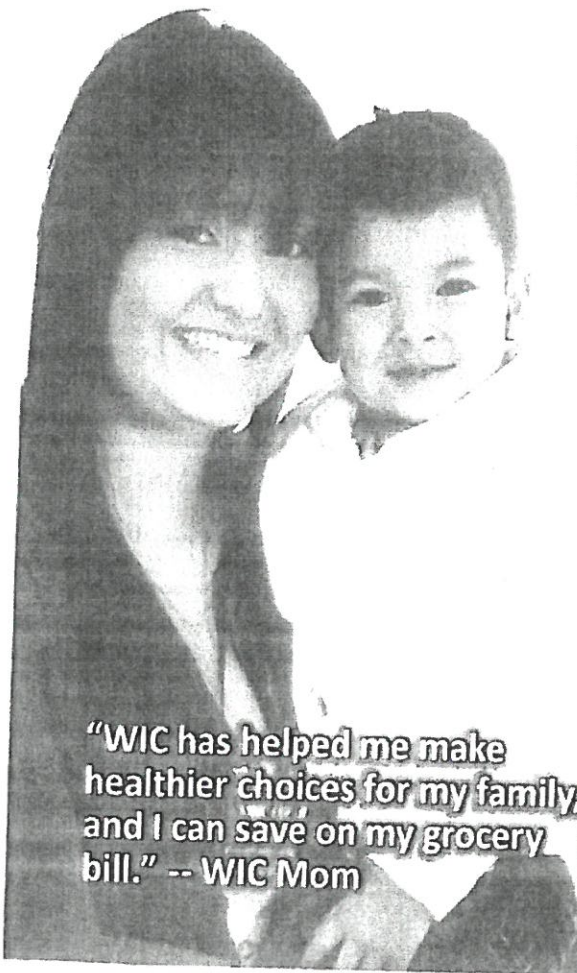


# Choose Healthy. Choose WIC!



WIC provides free nutrition information, healthy foods, breastfeeding support and referrals to eligible pregnant and postpartum women, infants and children under age 5.

Get started online at  
**PAWIC.COM** or call:  
**1-800-WIC-WINS**  
**(1-800-942-9467)**



**"WIC has helped me make healthier choices for my family, and I can save on my grocery bill." -- WIC Mom**

If you receive SNAP, MA or TANF, you may also apply for WIC.

Foster children under age 5 qualify for WIC.

WIC helps working families and the unemployed.

Pregnant? No need to wait. Apply now!

### WIC Income Guidelines

HOUSEHOLD SIZE	*MONTHLY INCOME (Approx.)
1	\$1,859
2	\$2,503
3	\$3,148
4	\$3,792

For each additional person, add \$645.  
\*Income (before taxes) is effective July 1, 2017.  
For each unborn infant, add one to household size.  
WIC does not require proof of citizenship.



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



# *Building for the Future*

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in the CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

**Meals** CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups)
Milk	Milk	Milk
Fruit or Vegetable	Meat or meat alternate	Meal or meat alternate
Grains or Bread	Grains or bread	Grains or bread
	Two different servings of fruits or vegetables	Fruit or vegetable

## **Participating Facilities**

Many different homes and centers operate the CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

**Eligibility** State agencies reimburse facilities that offer non-residential day care to the following children:

- children age 12 and under,
- migrant children age 15 and younger, and
- youths through age 18 in afterschool care programs in needy areas.

**Contact Information** If you have questions about CACFP, please contact one of the following:

Nicole Fethennan  
Executive Director  
LifeSpan  
2460 John Fnes Hwy.  
Quakertown, PA 18951  
215-536-4417

Contact- CACFP-RA@pa.gov

Division of Food & Nutrition  
PA Department of Education  
333 Market Street, 4th Floor  
Harrisburg, PA 17126-0333  
(717) 787-7698



USDA is an equal opportunity provider and employer

English Version