

## 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>BIRTH DATE</b>             |
| <b>ADDRESS</b>      | <b>ELEMENTARY SCHOOL SITE</b> |

|                                     |                        |
|-------------------------------------|------------------------|
| <b>MOTHER'S NAME/LEGAL GUARDIAN</b> | <b>HOME NUMBER</b>     |
| <b>E-MAIL ADDRESS</b>               | <b>MOBILE NUMBER</b>   |
| <b>ADDRESS</b>                      |                        |
| <b>BUSINESS NAME</b>                | <b>BUSINESS NUMBER</b> |
| <b>BUSINESS ADDRESS</b>             |                        |

|                                     |                        |
|-------------------------------------|------------------------|
| <b>FATHER'S NAME/LEGAL GUARDIAN</b> | <b>HOME NUMBER</b>     |
| <b>E-MAIL ADDRESS</b>               | <b>MOBILE NUMBER</b>   |
| <b>ADDRESS</b>                      |                        |
| <b>BUSINESS NAME</b>                | <b>BUSINESS NUMBER</b> |
| <b>BUSINESS ADDRESS</b>             |                        |

| <b>EMERGENCY CONTACT PERSON(S)</b>             | <b>ADDRESS</b> | <b>TELEPHONE NUMBER</b> |
|------------------------------------------------|----------------|-------------------------|
|                                                |                |                         |
|                                                |                |                         |
| <b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b> | <b>ADDRESS</b> | <b>TELEPHONE NUMBER</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 REACTIONS)</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>PARENTS 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>                                 |
| <b>PERIODIC REVIEW</b>                                                                |                                               |

|                                 |      |
|---------------------------------|------|
| SIGNATURE OF PARENT OR GUARDIAN | DATE |
| SIGNATURE OF PARENT OR GUARDIAN | DATE |

**KINDER-HAUS NURSERY DAY CARE CENTER CONTRACT**  
**428 Ranck Road, New Holland, PA 17557 (717)355-7801**

**AGREEMENT**

**I. GETTING ACQUAINTED**

Admission Date \_\_\_\_\_

Name of Child \_\_\_\_\_ Birth date \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Church affiliation? \_\_\_\_\_

Does your child attend church? \_\_\_\_\_ Sunday School? \_\_\_\_\_

How did you hear about Kinder-Haus? \_\_\_\_\_

**II. FAMILY COMPOSITION**

Parents are: Together \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Deceased \_\_\_\_\_

Child lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather \_\_\_\_\_  
Other \_\_\_\_\_

**I understand that Kinder-Haus keeps legal documents (i.e. custody papers, PFA, etc.) on file for one session only and that it is my responsibility to provide such documents at the beginning of each Fall and Summer session. \_\_\_\_\_ initial**

**III. Person(s) designated to be released as per the Emergency Card...** \_\_\_\_\_

**IV. CONTRACT**

**1.** A fee of \_\_\_\_\_ will be paid weekly (**due by Friday prior to the week of care**) by \_\_\_\_\_.

**Days and hours your child will be attending Kinder-Haus: (write in times)\***

|        |         |           |          |        |
|--------|---------|-----------|----------|--------|
| Monday | Tuesday | Wednesday | Thursday | Friday |
| Start: | Start:  | Start:    | Start:   | Start: |
| End:   | End:    | End:      | End:     | End:   |

My child is a part of the Before and After School Program my child leaves the center for school at \_\_\_\_\_ and returns to the center from school at \_\_\_\_\_.

**Daily Expected Meal Service Participation (please check) Breakfast - Lunch - PM Snack -**

**V. Services to be provided as part of the day care fee: (ex-transportation, care, meals, etc.)** Care, meals, transportation for field trips ages 3 through 6<sup>th</sup> grade.

An initial Enrollment Fee of \$75.00 per family will be charged. An annual Enrollment Fee of \$35.00 per family will be charged. An additional Enrollment Fee will be charged for each enrollment.

**VI. Extra Services to be provided at an additional fee if applicable:** transportation for field trips ages 3 through 6<sup>th</sup> grade.

I hereby agree to abide by the regulations as stated in the Kinder-Haus contract agreement and will pay required tuition **by Friday prior to the week of care. Parents may disenroll their children but are required to give a TWO week notification through a written statement to the office.**

I, 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)

**KH Office Use Bi-Annual Time Period Covered by Signature:** \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian                      Application Date                      Signature of Director                      Date

**Periodic Review date and signature:**

**KH Office Use Bi-Annual Time Period Covered by Signature:** \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian                      Date                      Signature of Director                      Date

**KH Office Use Bi-Annual Time Period Covered by Signature:** \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian                      Date                      Signature of Director                      Date

**For KH Office Use Only** Child withdrew on \_\_\_\_\_ Office Staff Initials and Date:

## Photo/Video Permission Form

Dear Kinder-Haus Families,

Thank you for entrusting your children to us! We strive to provide a happy, healthful environment that promotes learning and growth. Kinder-Haus/New Holland Church of the Nazarene would like your permission to photograph and/or videotape your child(ren) at Kinder-Haus to document our activities and for informational and educational purposes. Some examples of the activities we would photograph and/or videotape include:

Field Trips \* Big Truck Day \* Playground Play \* Craft Activities \* Reading Time \* Chapel Services \*  
Holiday Programs \* Learning Time

Names of children in photos or videos will never be published on our website, Facebook (or any other social media), the newspaper, or any other type of communication with public access.

Please complete the bottom portion of this sheet and return it to the Kinder-Haus office. If you have questions, please feel free to contact the Kinder-Haus office at 717-355-7801.

Sincerely,

-----  
Kinder-Haus Director

-----  
Child's Name \_\_\_\_\_

### **PLEASE CHECK ONLY ONE STATEMENT BELOW**

\_\_\_\_ I give full permission to Kinder-Haus/New Holland Church of the Nazarene staff to take photos and/or videos of my child and publish the photos and/or videos on the website, Facebook/other social media, in the newspaper, and any other type of public communication.

\_\_\_\_ I give permission to Kinder-Haus/New Holland Church of the Nazarene staff to take photos of my child; however, photos may only be used in-house (on Kinder-Haus bulletin boards, in the classrooms, etc.); however, I realize that groups of children are often photographed at Kinder-Haus. I understand that if my child is part of a group that is photographed, my child's face in the photograph will be digitally edited so that he/she is completely unrecognizable.

\_\_\_\_ My child's photo may not be taken by Kinder-Haus/New Holland Church of the Nazarene staff; however, I realize that groups of children are often photographed at Kinder-Haus. I understand that if my child is part of a group that is photographed, my child's face in the photograph will be digitally edited so that he/she is completely unrecognizable.

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

\_\_\_\_\_  
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: |             |                  |
| FACILITY PHONE:           | COUNTY:     | WORK PHONE:      |

I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE: \_\_\_\_\_

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

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

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

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

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

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

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT [WWW.AAP.ORG](http://WWW.AAP.ORG))  
 YES  NO

**NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.**

|                                  |  |
|----------------------------------|--|
| VISION (subjective until age 3)  |  |
| HEARING (subjective until age 4) |  |
| LEAD                             |  |

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

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

|                        |                                                                      |
|------------------------|----------------------------------------------------------------------|
| MEDICAL CARE PROVIDER: | SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT                |
| ADDRESS:               | TITLE:                                                               |
| PHONE:                 | LICENSE NUMBER: <span style="float: right;">DATE FORM SIGNED:</span> |

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



*Kinder-Haus Nursery Day Care ~ A ministry of the New Holland Church of the Nazarene*  
*~ 428 Ranch Road New Holland, PA 17557 (717) 355-7801 Fax# (717) 355-7810*

October 14, 2016

Dear Parents,

At Kinder-Haus Nursery Day Care, we are constantly looking at ways to improve on the service we provide you and your children. With this in mind, we are excited to offer the convenience of automated tuition fee and payments.

Tuition Express, part of our ProCare Software management system, allows us to process tuition and fee payments safely, quickly and efficiently. In a matter of minutes we will accomplish what has taken us hours to complete, leaving us more time to spend with your children.

Once enrolled in Tuition Express, your tuition and fee payments will be paid automatically and on a schedule, weekly or monthly basis. Your personal account information is safe with Tuition Express and your information WILL NOT be shared outside of Kinder-Haus.

Kinder-Haus will still be accepting checks and cash payments at our service windows. Also once you have completed the form below you have the option of using your debit or credit card at the check in/check out computer located outside the Kinder-Haus office. You will receive a receipt via e mail.

Please look over the attached **Frequently Asked Questions** sheet, there you will find answers to questions you may have about Tuition Express or automated payments in general. If you have further questions, don't hesitate to ask.

Please complete the attached Automated Payment Processing Form and return it and the bottom of this letter to the Kinder-Haus office as soon as possible. Our estimated date to go forward in the process is **November 1, 2016**. We ask for your patience as we start this exciting new venture in serving you and your family.

Sincerely,

The Kinder-Haus Administration

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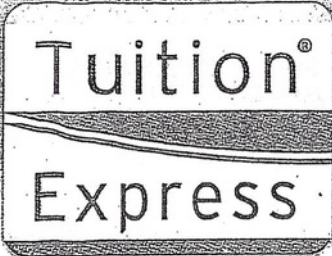
Date: \_\_\_\_\_

Child/Children's Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Parent's Name Printed: \_\_\_\_\_



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.

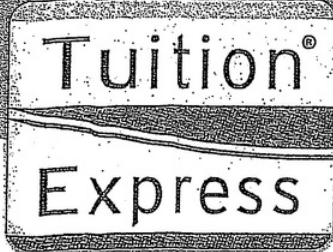
COMPLETE ONE SECTION ONLY

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 (see sample below), Account Number (see sample below), Checking, Savings, Authorized Signature, Date.



*Convenient and Safe  
On-time Payments*



## Frequently Asked Questions by Parents

We are excited to offer automatic payments through Tuition Express. With this service it is no longer necessary for you to write a check for tuition and fees. Payments will be automatically debited from your bank account or charged to your credit card. All payments are secure and you can even choose to have a receipt emailed to you after each transaction. It's easy to sign up—just ask your child care provider.

### **When I pay my tuition automatically, how secure is my account information?**

Very secure—more secure than when you write checks. The checks you write every day have your name, address, phone number, and sometimes your driver's license number on them. With this information, criminals have all they need to access your account, or worse, steal your identity. Automatic payments greatly reduce this potential by limiting the amount of information available and the number of people who have access to it. Tuition Express also incorporates additional security procedures, utilizing 128-bit encryption.

### **What if the child care provider makes a mistake and takes out too much money?**

Report the error immediately—it was likely an honest mistake. The child care provider will adjust your account accordingly.

### **What if my child care center and I disagree about a payment?**

If you feel that the payment should not have been made, you have the right to dispute the charge. Contact your bank or credit card company. Tuition Express and your child care provider will work closely to resolve the issue in a timely manner.

### **Does this form of payment give the child care center access to my account?**

Nobody at the child care center has access to your account. When you sign up for Tuition Express, you only authorize your bank or credit card company to release the exact amount owed to your provider, when it is due and payable.

### **How will I know when a payment is taken out of my account?**

Payments will be taken out of your account on a schedule that you and the child care provider agree upon. Your provider has the ability to email (or print) statements for your records prior to the withdrawal of any money. Additionally, charges will show up on your monthly statement under "Tuition Express".

### **When I sign up for Tuition Express, how will this help my child care provider?**

Your child care provider has chosen to offer automatic payments for several reasons. First, it will give you the convenience of not having to write a check every time tuition and fees are due. Second, it allows regular scheduling of your payments. Third and most importantly, automatic payments reduce the amount of time your child care provider spends on administrative tasks, giving staff more time to spend with the children.

### **How do I get started?**

Simply complete the "Payment Authorization" form and return it to your child care provider. They will do the rest!

### **Where can I learn more?**

For more information on the benefits of Tuition Express, please visit us at [tuitionexpress.com](http://tuitionexpress.com).



## Daily Screening Protocol for Kinder-Haus Daycare Center

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

Name: \_\_\_\_\_

**Instructions:** Our center requires all children and staff to do a daily health screening prior to entry into our building. This form will also be filled out by a Kinder-Haus staff member if there is a need to monitor a child's health throughout the day. **This form does not need to be turned into the office daily.**

**If ALL of the below answers are NO, the children MAY attend the child care program.** If the child shows signs of any of the below symptoms during the day, we will follow exclusion protocols and call the child's parent/guardian to come pick them up. You are required to pick up your child within an hour of communication and your child will be placed in isolation until picked up. If a staff member shows signs of any of the symptoms below during the day, they will be asked to go home.

**If ANY of the below are YES, the child MAY NOT BE ALLOWED to enter the child care program.** The child should return or stay home with their parent or care giver. The same applies to staff members. The exception will be if a negative test result and/or a doctor's note is provided to the center as proof that the child is not contagious.

| Does the staff member/child have any of the following symptoms?                                              | Yes | No |
|--------------------------------------------------------------------------------------------------------------|-----|----|
| Fever?                                                                                                       |     |    |
| Cough?                                                                                                       |     |    |
| Sore Throat?                                                                                                 |     |    |
| Rapid breathing or difficulty breathing? (without recent physical activity)                                  |     |    |
| Unexplained Flushed Cheeks? (Not from normal play, etc)                                                      |     |    |
| Gastrointestinal symptoms? (Diarrhea, nausea, vomiting)                                                      |     |    |
| Fatigue? (fatigue alone will not exclude a child/staff from participation)                                   |     |    |
| Headache? (headache alone will not exclude a child/staff from participation)                                 |     |    |
| New loss of smell/taste?                                                                                     |     |    |
| New Muscle aches?                                                                                            |     |    |
| Contact with someone in the previous 14 days with a confirmed positive or presumptive diagnosis of COVID-19? |     |    |
| Is anyone in the household currently presenting any of the above symptoms?                                   |     |    |
| <b>Is the staff member/child cleared to enter the facility?</b>                                              |     |    |

\*\* Temperature will need to be 100.4 in order for us to send a child home, unless they have multiple other symptoms. Children may not be given medication specifically to alter temperature before entering our center.

If your child is sent home with any of the symptoms on this form you will be required to submit a doctor's note or a negative COVID-19 test result in order for your child to return to the building. Otherwise, your child will be permitted to return to our center ten days after the onset of symptoms, as long as their symptoms have not gotten worse or they have not been in contact with a confirmed positive COVID-19 case.

Staff Signature: \_\_\_\_\_

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



**Kinder-Haus Nursery Day Care**  
**Permission Notice**

I give permission for \_\_\_\_\_  
to use the following items as needed:

|                       |             |
|-----------------------|-------------|
| _____ Lotion          | _____ Brand |
| _____ Toothpaste      | _____ Brand |
| _____ Lip Balm        | _____ Brand |
| _____ Diaper Ointment | _____ Brand |
| _____ Sun Block       | _____ Brand |
| _____ Other           | _____       |

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

\_\_\_\_\_  
Date