

## Upper Moreland Extended School Care Program 2018-2019 Registration Information

- If you are interested in registering for the 2018-2019 school year please complete the attached enrollment agreement, emergency contact form and child's health history form and return it to The Upper Moreland Administration Building attention: Extended School Program along with the \$25.00 registration fee before July 31, 2018.

**Please note that space is limited and may fill prior to July 31. We will begin accepting applications as early as June 1, 2018. All checks will be held for deposit until after July 1, 2018.**

- **The first tuition payment will be due August 1, 2018 to hold your spot in the program.** You may mail this payment made out to the Upper Moreland Before/Aftercare Program to:

Upper Moreland Administration Building  
2900 Terwood Road  
Willow Grove, PA 19090  
ATTENTION EXTENDED SCHOOL CARE PROGRAM

- Your second tuition payment will be due until October 1, 2018.
- If you have more than one child that you would like to register in the extended school care program please complete one application for each child. Please do not list multiple children on one form. Also there is a \$25.00 registration fee for each child.

If you have any questions regarding registration please contact Amy Agriss / Program Director @ 215-285-0008.

**\*\*Please make sure that your enrollment agreement, emergency contact forms, and child's health history forms are 100% complete before mailing to the administration building. If your application is not complete your child will not be enrolled in the program until we receive all completed forms including the health history form and shot records.\*\***

**UPPER MORELAND EXTENDED SCHOOL CARE PROGRAM  
PROGRAM INFORMATION AND ENROLLMENT AGREEMENT**

<b>Starting Date:</b> Tuesday, September 4, 2018 <b>Days of Operation:</b> Monday-Friday <b>Hours of Operation:</b> Before Care 7:15-8:30 AM (breakfast provided) After Care 2:45- 6:00 PM (snack and drink provided) <b>Activities Include:</b> crafts, computers, organized physical activity, games, movies, table top activities, homework time, outdoor play (weather permitting), parties and other special events.	<b>Summer Registrations and Payments</b> <b>Send to:</b> 2900 Terwood Rd., Willow Grove, PA 19090 Attention: Extended School Care Program  * Services may be provided on some Early Dismissal Days. Check with your program supervisor for information on additional services.
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Tuition Rates Per Month (discount included)	Before School Care Only	After School Care Only	Both Before and After Care
<b>Registration Fee</b>	\$25.00	\$25.00	\$45.00
<b>One Child</b>	\$191.00	\$342.00	\$480.00
<b>Two Children</b>	\$362.90	\$649.80	\$912.00
<b>Three Children</b>	\$534.80	\$957.60	\$1344.00
<b>Four Children</b>	\$706.70	\$1265.40	\$1776.00

1. I agree to pay my monthly tuition by the first school day of each month. I understand that a late fee of \$20.00 will be charged to my account if my account is not paid in full by the fifth school day of each month. Should my account become delinquent by two weeks, immediate withdrawal of my child may be required until the entire overdue balance is paid in full.
  
2. I understand that the registration fee is non-refundable and is due at the time of enrollment. I also understand that my first tuition payment is due by August 1, 2018 to secure my spot in the Extended School Care program.
  
3. As the tuition rates have taken into consideration periodic illness, I understand that no credit will be given for short term absences due to illness.
  
4. I agree to pay a \$17.00 processing fee for any check returned from the bank due to insufficient funds.
  
5. I agree to give two weeks written notice before withdrawing my child from the After School program.

I have read the conditions of this tuition agreement. I understand and accept the terms and conditions as stated in the Upper Moreland School District After School Program policy.

I am registering my child for Before Care \_\_\_\_\_ After Care \_\_\_\_\_ Both Before and After care \_\_\_\_\_

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

Date: \_\_\_\_\_ Date of Admission: \_\_\_\_\_ School: \_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_

Parent email address for correspondence: (please write neatly) \_\_\_\_\_

Director's Signature \_\_\_\_\_ (6 Month) Annual Review: \_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

# UPPER MORELAND EXTENDED SCHOOL CARE PROGRAM EMERGENCY CONTACT AND MEDICAL CONSENT FORM

CHILD'S NAME:	GRADE AS OF SEPT 2018:		
ADDRESS:	BIRTHDATE:		
MOTHER/LEGAL GUARDIAN'S NAME:	HOME TELEPHONE NUMBER:		
ADDRESS:	CELL PHONE NUMBER:		
BUSINESS NAME:	WORK TELEPHONE NUMBER:		
BUSINESS ADDRESS:			
FATHER/LEGAL GUARDIAN'S NAME:	HOME TELEPHONE NUMBER:		
ADDRESS:	CELL PHONE NUMBER:		
BUSINESS NAME:	WORK TELEPHONE NUMBER:		
BUSINESS ADDRESS:			
<b>IN CASE OF EMERGENCY IF PARENTS CAN NOT BE REACHED CALL</b>			
NAME	RELATIONSHIP	HOME PHONE NUMBER	CELL PHONE NUMBER
1.			
ADDRESS:			
2.			
ADDRESS:			
3.			
ADDRESS			
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>			
NAME	RELATIONSHIP	HOME PHONE NUMBER	CELL PHONE NUMBER
1.			
ADDRESS:			
2.			
ADDRESS:			
3.			
ADDRESS:			
4.			
ADDRESS			
5.			
ADDRESS			

**MEDICAL INFORMATION/SPECIAL CONDITIONS**

**(IF NONE APPLY PLEASE WRITE NO CONCERNS)**

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER:

TELEPHONE NUMBER:

ADDRESS:

ALLERGIES:

MEDICATION/SPECIAL CONDITIONS:

ADDITIONAL INFORMATION:

**PARENT'S SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT**

OBTAINING EMERGENCY MEDICAL/DENTAL CARE:

TRANSPORTATION IN AMBULANCE IF NECESSARY:

ADMINISTRATION OF MINOR FIRST AID PROCEDURES:

**PERIODIC REVIEW APPROX. 6 MONTHS AFTER ENROLLMENT**

DATE OF PERIODIC REVIEW:

PARENT SIGNATURE:

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

\_\_\_\_\_  
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:
<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](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:                      DATE FORM SIGNED:

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

# MEDICATION LOG

55 Pa. Code §3270.133; §3280.133; §3290.133

PLEASE PRINT

Page \_\_\_\_\_ of \_\_\_\_\_

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

Prescription  Non-Prescription

Refrigeration Required:  YES  NO

If Prescription, Prescriber's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dosage Amount: \_\_\_\_\_ Time to Administer: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_ times/day

Dates for Administration: From \_\_\_\_\_ To \_\_\_\_\_  
Date Date

Special instructions i.e., symptoms signaling need for administration, medication indications, reasons to hold medication, contraindications:

I give permission to administer medication to my child as stated above.

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

Date \_\_\_\_\_

## FACILITY STAFF COMPLETE THIS SECTION

Date Administered (mm/dd/yyyy)	Time Administered (a.m. / p.m.)	Amount of Medication Administered	Comments/Reactions	Staff Initials

This information is confidential and may not be shared or released without the parent's written permission.

UPPER MORELAND EXTENDED SCHOOL CARE PROGRAM  
REGISTRATION CHECK LIST

PLEASE BE SURE YOUR APPLICATION IS COMPLETE WITH THE FOLLOWING ITEMS  
OR IT WILL BE RETURNED.

\_\_\_\_\_ **Signed and Completed Enrollment Agreement**

\_\_\_\_\_ **Emergency Contact Form** - Complete with addresses,  
allergy information, and special needs

\_\_\_\_\_ **Most Recent Physical Exam** - Complete with shot records  
attached and doctor's signature (if child is due for a check up  
please submit most recent physical and shot records and then  
send an updated form after visit)

\_\_\_\_\_ **Medication Log** - Only required for students  
needing lifesaving medication such as an inhaler or Epi-pen.  
Form must be signed by a parent and action plan attached.  
Medication must be provided before the first day of school.

\_\_\_\_\_ **Registration Fee** - check or money order made out to  
the Upper Moreland School Program. (Check will not be  
cashed until after July 1, 2018)

\_\_\_\_\_ **First Tuition Payment** - First payment is due  
8/1/18. You may send this payment in now or no later than  
August 1, 2018.

Please see the tuition and registration fee rates on the enrollment  
agreement all checks will be held for deposit until 7/1/18).