



DAY CARE CENTERS, INC.
 2828 SPEAR AVENUE
 ARDSLEY, PA 19038
 (T) 215-572-0862 (F) 215-886-2202
www.DayCareCentersInc.com

2025 Summer Camp Letter

COVID-19 INFORMATION and UPDATES can be found on our website.

Dates Monday, June 16th to Friday, August 22nd
 We will be closed Friday, July 4th

Hours The Center is open from 7:30 am to 5:30 pm (fees are based on a 10 hour day)

Ages Children who have completed Kindergarten thru 13 years of age

Sample of our schedule

Monday Regular activities, special days
 Tuesday Trips and/ or regular activities
 Wednesday Pool, regular activities, special days
 Thursday Lunch menu offered, regular activities, special days
 Friday Pool and regular activities

We will take only children who have current pool passes to **Penbryn Pool**; all others will stay at the Center. Please see the [Abington Township office](#) for more information or [click here](#) to register online for a pool membership.

All forms must be returned before your child may start camp.

Forms	Due Back
1 2025 Summer Camp Letter	-----
2 Emergency Operation Plan	-----
3 Non-discrimination Form	at registration
4 School Age Health History Form	at registration
5 Physical - current	at registration
6 Parent Fee Agreement (NEW form)	at registration
7 2025 Summer Camp Parent Financial Agreement (NEW form)	at registration
8 Emergency Contact Form	at registration
9 Summer Camp Survival Pack (items needed)	-----
10 2025 Hot Lunch Summer Camp (NEW form)	Before June 1 <u>Not accepted after 6/1</u>
11 Summer Camp Trip Permission Slip (NEW form)	Before June 1 <u>Not accepted after 6/1</u>
12 Summer Camp Newsletter	

These are the summer forms you will need to complete, return, and/or keep for your information. They contain important information and dates you need to know. All paperwork must be returned (in person to Bob, please set up an appointment to meet) by the date indicated on each form. We will not accept any forms after camp has started.

Children will be allowed to stay at the Center instead of going on trips. Because of this we will not be allowing any last minute changes. We have to reserve busses and create staffing schedules based on the number of children at the Center and on the trip. Staff:Child ratios are different for both.

Children are not considered registered for camp until the required forms and fees are received and approved by the Center.

For questions regarding camp you may contact
 Bob Kaufmann at 215-572-0862 ex. 3 or BKaufmann@DayCareCentersInc.com



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Emergency Operations Plan

Parents/Guardians:

This letter is to assure you of our concern for the safety and welfare of children attending Day Care Centers, Inc. Our Emergency Operations Plan provides for 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, weather or hazardous materials related, 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. In this case, children will be taken to a Relocation Facility at Good Shepherd Catholic Church or Edge Hill Fire Company. Further relocation sites will be determined by emergency management teams.
- **Modified Operation** – May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of severe weather (winter storm) or building problems (such as utility disruptions) that make it unsafe for students to be housed in the facility.

Please watch **6ABC, NBC10, or FOX 9** for announcements relating to any of the emergency actions listed above. You can have text messages or emails sent to you by joining the station's Alert System. We will also send out emails and post information on the website, www.DayCareCentersInc.com provided we have the means to do so.

We ask that you not call during the emergency. This will keep the main phone line free to make emergency calls and relay information. We will inform you to let you know that we've taken one of these protective actions. We will also inform you when we've resolved the situation and it is safe for you to pick up your child.

I specifically urge you not to attempt to make different 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 child and our staff, I ask your understanding and cooperation. Should you have any additional questions regarding our emergency operating procedures contact Cyndy Clarke or Sandy Kaufmann at 215-572-0862 x 204 or x 200.

DAY CARE CENTERS, INC.

Cynthia L. Clarke, M.Ed.
Director

SCHOOL CLOSING INFORMATION*

In the event that we need to close the center information will be posted on our website www.DayCareCentersInc.com and on the following TV stations:

NBC 10

Closing information will be posted at <http://www.nbc10.com/weather/school-closings/>

You can sign up for text alerts or emails by going to www.nbc10.com and clicking on **WEATHER**. From there, click on the **SCHOOL CLOSING ALERTS** link then look for the **SUBSCRIBE TO MOBILE ALERTS** link to sign up! *We are listed as ARDSLEY DAY CARE.*

6 ABC

Closing information will be posted on www.6abc.com

Click on the **ACCUWEATHER** tab and scroll down to **SCHOOL CLOSINGS**. Information is fed directly for display on Action News, Good Morning America and any appropriate 6ABC program, online or on your internet-enabled mobile device at www.6abc.com and 6abc mobile applications including I-Phone and Android devices. *We are listed as ARDSLEY DAY CARE.*

FOX 29

Closing information will be posted on www.MyFoxPhilly.com. Just click on **WEATHER**, then **SCHOOL CLOSINGS**. A direct link is also available at <http://myfoxphilly.com/closings>. Viewers can sign up to receive alerts by text message on their cell phone or they can find closing information on Fox's mobile webpage and apps. *We are listed as ARDSLEY DAY CARE.*

***We usually will try to open but may be open with limited staffing. Emergency closings are not deducted from tuition.**

Policies and Procedure

Inclement Weather:

PLEASE DO NOT ENTER a classroom with wet shoes/boots. Teachers will accept your child at the door. This helps to keep our rugs clean and dry. (The children sit and play on the rugs.) Take your child's boots off in the hallway and put their sneakers on before entering the room. Teachers will set up an area outside the classrooms for changing into dry sneakers. **We will go out to play in the snow as long as the temperature is above 25 degrees so ALL children must have proper attire to go out. This includes, boots, snow pants, hat, mittens, etc. They will need these items every day, especially: hat, mittens, winter coat.**

We **do not** follow the school district's closings; however, if businesses start to close we will close early. If schools close, Copper Beech students will be bussed here. If you are picking your child up at the school, please call to let us know. **215-572-0862 x211**. If we close early the time will usually be at 4:00 PM unless a state of emergency is called and we are asked to close earlier. We will post the early closing on the above stations but will also call every family to insure you know about the early closing. The decision to close early is usually made by noon. Our main goal is to get everyone home safely, including the children, you, and our staff. We expect parents to make every effort to be here by the early closing time. Please make sure you have a back-up plan such as a neighbor or other family member that can get here before you.

There are times we may need to open late in the event that the parking lots have not been plowed or the travel conditions are expected to improve later. Please check the above stations for this information.

Summer Camp Survival Pack

Please make sure that your child(ren) have the following items every day for a stress-free summer:

- Backpack (provided)
- Complete change of clothes (in case of an accident)
- Bathing Suit
- Towel
- Sneakers and socks daily (no open toe sandals, flip flops, crocs, etc.)
- Water play shoes (for trips). These must stay securely on feet while riding rides!
- Money Holders (for pool and trips) EXACT CHANGE needed!
- Lunch in thermal bag with ice pack (*Please pack utensils if needed.*)

Pool Days and Trip Days

Pool Days are:

- Wednesdays and Fridays
- Your child **must** have their **Pool Pass with them to go**.
- **Weather Permitting** – We will not attempt to travel to the pool if there is a threat of Thunderstorms or Showers during the day.
- **Exact change** is needed for the Pool (daily pass only).
- Children may **not** buy lunch at the pool.
- Children may buy snacks during the adult swim break.
- Send children in with **bathing suits on** and **sunscreen** already applied.
- Remember to pack a **change of clothes** for the return.
- Pack lunch in **thermal insulated lunch bag with cold pack** for Pool days.

Trip Days:

- Send children in with **camp shirt***, **bathing suits**, and **water shoes** on.
- Send children in with **sunscreen** already applied.
- You can pack a **change of clothes** for the return.
- Children may bring **extra money** on some trips to purchase extra food or snacks. We will provide a snack for those who don't buy their own.
- They will need a **money holder** and are responsible for their own money. Staff will not hold onto their money for them.
- Look for information regarding whether lunch is included for a specific trip.
- **(Backpacks, coolers, etc. are not allowed in any of the parks.)**

* New camp shirt, back pack, and money holder given out on the morning of the first day.

School Age Child Health History Form

Child's Name		Present School/Grade	Date
Date of Birth	Sibling Names/Ages		
Parent #1/Guardian Name		Parent #2/Guardian Name	
Occupation		Occupation	
Home Address		Home Address	
Phone		Phone	
Child Information			
How would you describe your child's temperament?			
What do you think are your child's best qualities?			
How does your child react and adjust to new situations and people?			
Describe your child's strong dislikes or fears (if any).			
Does your child have any health issues now or in the past? Please explain.			
What kinds of extra help or support might your child need?			
Does your child have any special needs (medical, including allergies, developmental, social, emotional, physical, and/or other? If so, list your child's diagnosis, allergies, (food, environmental, medicine), other			
List your child's medication(s), dosage, and times given. (Read our medication policy and procedures located in each classroom, in the parent agreement, and the parent handbook.)			
Does your child have an IEP or 504? (If so, please provide a copy so we can provide the best possible learning environment for your child.)		Yes – copy attached N/A	
What services does your child receive and will any be provided while here at the center?			
Describe your child's interests such as: Sports, games, arts & crafts, music, dance, reading, plays, drama, building, science, nature, hobbies, other interests, and anything else you'd like to share about your child.			

Parental Agreement Summer Camp 2025

Please Print or type information

ALL FEES DUE BY JUNE 1

Child's First Name	Last Name	Present Grade K 1 2 3 4 5 6 7	Name of Elementary School:	
Address, Town, State, Zip		Arrival Time:	Schedule (circle one) *Full Time	
		Departure Time:	* Part Time: (circle days)	
Total amount(s) of fees for Summer Camp are due by June 1st.				M T W TH F
Date of Birth _____ / _____ / _____		T-Shirt Size (circle one) <i>included</i> Child S M L XL Adult S M L		Start Date
Campers must come in with sunscreen already applied. Staff may apply DCCI sunscreen for afternoon activities Yes No				End Date
Parent 1 Signature**				Date:
Parent 2 Signature**				Date:

Services to be provided as part of the fee (e.g. care, snacks, materials, etc.) Children will be supervised by DCCI staff at all times. Arts, crafts, sport activities, reading and math enrichment and many other activities are just a few of the many things offered throughout the day. A morning and afternoon snack will be offered. Child assessments will be completed at least every 6 months.

*Full and Part Time Children

We accept children 2 or 3 days a week with set schedules. All schedules must be approved by the office and all other fees will apply.

All fees and tuition are non-refundable. Fees are based on a 10 hour day.

- Holidays and sick time is not deducted from tuition.
- A \$25 fee will be applied to any and all returned checks.
- Late fees may be applied to any account that is continually late.
- We expect all fees to be paid on time or we have the right to deny care.

General Information

- Parents must **sign children in and out** each day. We provide 2 snacks a day. Parents provide lunch.
- Please **call us by 9:00 am** if your child will not be in that day.
- Children who appear sick are not permitted in the program (fevers, communicable diseases or vomiting)
- Hours of operation **7:30 am to 5:30 pm**.
- A **\$25 late fee** will be charged for every 15 minute period that starts after **5:30 pm**.
- We will be **closed on Friday, July 4th**.
- Summer Camp begins **June 16th and ends August 22nd**.
- A mini-camp may be offered for the last week of summer. Look for posted information.
- Continuous disruptive behavior will result in conference, suspension or expulsion.
- A current **Health Assessment must be on file by June 13th, 2025**.

***My signature above means that I have read, understand and will comply with all of the above stated rules and regulations of the Summer Camp Program and of DCCI. I have received complete written program information at the time of enrollment including the DCCI handbook and curriculum statement. I agree to update the emergency contact/parental consent form information whenever changes occur and/or every 6 months at a minimum. All accounts not brought up to date by the last day of service will be turned over to a collection agency.*

All fees due by June 1st.

Summer Camp Parent Financial Agreement 2025

Please enter the fields below for each week that your child will attend camp. No changes to schedule can be made without approval from [Bob Kaufmann](#), Camp Supervisor. Discounts offered for full time siblings only. **No child will be allowed to start camp until all tuition/fees/etc. are paid in full.** All fees not paid will be sent to collections.

Full time	\$270.00 per week	
Second child Disc.	\$229.50 per week	
Part time 3 days	\$225 per week	Circle Days M T W TH F
Part Time 2 days	\$ 150 per week	Circle Days M T W TH F

Must sign up for a minimum of 5 weeks.

Weeks of Camp	1 st Child	2 nd Child	3 rd Child
Name			
June 16-20			
June 23-27			
June 30 – July 4			
July 7-11			
July 14-18			
July 21-25			
July 28-Aug 1			
Aug 4-8			
Aug 11-15			
Aug 18-22 limited spots available			
Registration Fee Per family	\$80	\$120	\$150
Activity fee: \$10 a week per child (eg. \$100/summer/per child for all 10 weeks offered)	\$10 X ___ (# of weeks) Amt. _____	\$10 X ___ (# of weeks) Amt. _____	\$10 X ___ (# of weeks) Amt. _____
Total			
Grand total			

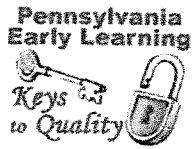
Payments:

- **\$500 per child** is due at the **time of registration and must be cash or check.**
- **Camp spots are limited** so children are not considered registered until approved by [Bob Kaufmann](#). **ALL PAPERWORK MUST BE TURNED IN TO BOB KAUFMANN IN PERSON. Please set up an appointment to meet about paperwork.**

BOTH Parents/Guardians must sign this agreement.

Parent #1 Signature _____ Date _____

Parent #2 Signature _____ Date _____



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2828 SPEAR AVENUE

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www.DayCareCentersInc.com

SUBJECT: Nondiscrimination in Services

TO: Parents

FROM: Cynthia L. Clarke, M.Ed., Director

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), 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 provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/student (and /or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

DAY CARE CENTERS, INC.

2828 SPEAR AVENUE

ARDLSEY, PA 19038

**Department of Public Welfare
Bureau of Equal Opportunity
Room 223, Health & Welfare Building
PO Box 2675
Harrisburg, PA 17105**

**U. S. Department of Health and Human Services
Office for Civil Rights
Suite 372, Public Ledger Bldg.
150 South Independence Mall West
Philadelphia, PA 19106-9111**

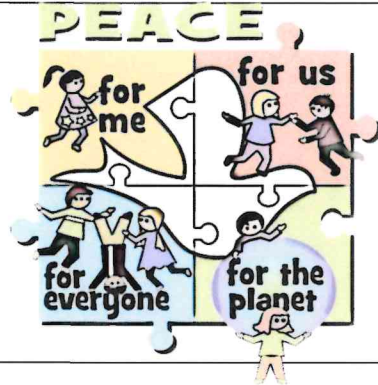
**PA Human Relations
Commission
Philadelphia Regional Office
110 N. 8th Street
Suite 501
Philadelphia, PA 19107
Commonwealth of Pennsylvania
DPW Bureau of Equal
Opportunity
Southeast Regional Office
801 Market Street, Suite 5034
Philadelphia, PA 19107**

Parent(s) Signature _____ Date _____

DAY CARE CENTERS, INC.

BEHAVIOR AGREEMENT

- Have Fun and Make New Friends
- Come to DCCI Prepared for the Day's Activities
- Walk in the Building
- Use Appropriate Language at All Times
- Be Respectful of Others and Your Surroundings
- Tell the Truth
- Keep Your Hands and Feet to Yourself
- Respect Your Space and Keep It Clean



Levels of Consequences

Levels	Consequences*	Examples
Level One (1) Minor Behavior Problems	<ul style="list-style-type: none"> • Removal from activity • Counseled by Director/Supervisor • Possible loss of privileges 	Disrespectful to other children or staff, Improper use of equipment, Running at inappropriate times, Breaking Room Rules
Level Two (2) Serious Behavior Problems	<ul style="list-style-type: none"> • Parents notified • May be excluded from trips/events/pool • Possible One/Two day suspension without refund of tuition • Parent(s) meet with Director before returning 	Swearing / Put-downs Throwing items, Pushing, Hitting, Spitting, Biting, Fighting, Arguing with staff, Refusing to listen, Repeatedly breaking rules
Level Three (3) Severe Behavior Problems	<ul style="list-style-type: none"> • Contact Parents • Excluded from Trips/Events/Pool for remainder of the season • Possible Expulsion 	Bullying, Intimidation, Threatening a child or staff member, Blatant disrespect, Stealing, Willful Breaking or Destroying equipment, Causing physical harm to another person(child or adult), Leaving the room/group/premises without permission

I understand the information stated in this behavior contract and have discussed it with my child(ren) and agree to comply with these written standards. Continued misbehavior at any level may result in a higher level of consequences.

****Any act that is considered dangerous to the children or staff is grounds for immediate suspension/expulsion.***

The Director reserves the right to "Expel" or "Suspend" a student from Day Care Centers, Inc. programs.

Signature of Child

Date

Printed Name of Child

Signature of Child

Date

Printed Name of Child

Signature of Parent(s)

Date

Printed Name of Parent(s)

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: Day Care Centers, Inc.		
FACILITY PHONE: 215-572-0862	COUNTY: Montgomery 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): <input type="checkbox"/> 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. <input type="checkbox"/> NONE								
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN YOUR ANSWER:								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%; padding: 5px;">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</td> <td style="padding: 5px;">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.</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">VISION (subjective until age 3)</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">HEARING (subjective until age 4)</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">LEAD</td> </tr> </table>	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
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	VISION (subjective until age 3)							
	HEARING (subjective until age 4)							
	LEAD							

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

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

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTA VIRUS						
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:

EMERGENCY CONTACT /PARENTAL CONSENT FORM

CHILD'S NAME:		Date of Birth:	
Address, Town, State, Zip Code		Child's Race:	
PARENT # 1 NAME/LEGAL GUARDIAN:		Home Tele#	Cell Phone #
Address, Town, State, Zip Code: (May NOT write "Same as Above")		e-mail address	
Business Name:		Business Tele #	
Address, Town, State, Zip Code:		Zip Code	
PARENT # 2 NAME/LEGAL GUARDIAN:		Home Tele#	Cell Phone #
Address, Town, State, Zip Code: (May NOT write "Same as Above")		Zip Code	
Business Name:		Business Tele #	
Address, Town, State, Zip Code:		e-mail address	

EMERGENCY CONTACT PERSONS / PERSONS TO WHOM CHILD MAY BE RELEASED (OTHER THAN PARENTS)

Name	Address, Town, State, Zip Code	Phone # while in Child Care

Medical Information

NAME OF CHILD'S PHYSICIAN /MEDICAL CARE PROVIDER	Medical or Dietary Information Necessary in an Emergency Situation:
Address	Special Disabilities(if any):
Town, State & Zip Code	Allergies including Medication-Reaction: I give permission to post these allergies. Signature _____
TELEPHONE #	Medication, Special Conditions:
Name of Health Insurance Coverage for Child or Medical Assistance Benefits:	Does child have an IFSP/IEP <input type="checkbox"/>Yes <input type="checkbox"/>No Please submit current copies after each evaluation <input type="checkbox"/>Enclosed
Policy #: (Required) Group #	Additional Information on Special Needs of Child:

PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

<input checked="" type="checkbox"/> Obtaining Emergency Medical Care: _____	<input checked="" type="checkbox"/> Administration of Minor First Aid Procedures: _____
<input checked="" type="checkbox"/> Walks and Trips: _____	<input checked="" type="checkbox"/> Swimming/Wading: _____
<input checked="" type="checkbox"/> Transportation by the Facility: _____ <small>Emergencies only</small>	<input checked="" type="checkbox"/> Signature: _____ Date: _____

***PERIODIC REVIEW: To be signed after 6 months + every 6 months to verify current information above.**

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