

**Day Care Centers, Inc.**  
**BEFORE AND/OR AFTER SCHOOL PAPERWORK**

**Dear Parents:**

Attached are the forms that need to be filled out to enroll your child(ren) in our before and after school program for the **2026-2027 school year**. Care is only offered to children attending **Copper Beech** as transportation is not available for other schools. Check with Connie to see if your child has a current physical on file before getting the new one filled out by the doctor. Any child without a current physical will not be admitted into the program. Registration fee and the last 2 weeks deposit is due at the time of registration. If you were here last year, you will only have to pay the registration fee as your prepay is still on your account.

|                                               |                                                 |
|-----------------------------------------------|-------------------------------------------------|
| <b>Registration fee for 1/2/3 child</b>       | <b>\$ 90.00/\$120/\$150</b>                     |
| <b>Before and After School</b>                | <b>100.00 week</b>                              |
| <b>Before and After School for 2 children</b> | <b>185.00 week 15% discount rate off oldest</b> |
| <b>Before OR After School</b>                 | <b>65.00 week</b>                               |

**\*Hourly rate** (rate to be assessed at registration) **\$10.00**

**\*Full days** when school is not in session will be charged at \$55 per day plus normal weekly tuition if child is enrolled in both before and after care. \$60 per day plus normal weekly tuition if child is enrolled in either before or after care. Care offered based on Abington School District's calendar.

**\*Half days** when school is closed early will be charged at \$30 per day plus normal weekly tuition. Care is offered based on Abington School District's calendar.

**\*2 hour late school openings** will be charged at \$25 per day **regardless of arrival time at day care**.

**\*Holiday Care:** You must sign up for care for the school holiday/half days at least 1 week prior to the day off. Space is limited and we may not be able to take latecomers. Know your child's school calendar.

**\*Contracted Hours:** Parents must stay within their contracted hours set up at enrollment – especially on school holidays. There is a daily fee of \$10 per child for time used outside of your contacted hours.

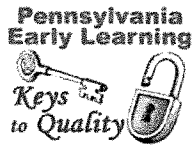
**\*Homework:** A quiet space for homework is available 4 days per week.

**\*Late Pick Up Fee:** Parents who arrive after closing will pay a **\$25 fee per child for every 15 minutes** (or part thereof) after closing time. **Fee is payable upon arrival.**

**\*Bus Information:** It is your responsibility to contact the Abington School District's Transportation Department to make arrangements for your child's bus stop (Spear and Central Avenues). Their phone number is 215-884-0421. The bus usually picks up at 8:30 AM and drops off at 3:30 PM. *The Abington School District provides transportation information through individualized student letters distributed by each school through their summer mailing and through the Skyward student information system – Family Access.* This link takes you to <https://www.abington.k12.pa.us/information/directions-to-access-student-transportation-information/>

**PAPERWORK IS DUE BACK ASAP AS SPACE IS LIMITED.**

Call Connie at 215-572-0862 X202 or email [cmorak@daycarecentersinc.com](mailto:cmorak@daycarecentersinc.com) with any questions or concerns.



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

## 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. Any family arriving or departing at the time of a drill/actual emergency must accompany their child to the designated safe area or wait until instructions are given to retrieve your child from the drill/actual emergency.
- **In Place Sheltering** – Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response. Students go to their designated safe area (hallways, either upstairs or downstairs) depending on the situation, as designated on the emergency evacuation maps located in each classroom and emergency contact binder.
- **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 Queen of Peace Catholic Church, 835 North Hills Ave., North Hills, PA 19038. 215-887-1838. 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 29** 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](http://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 Brooke Sheridan or Sandy Kaufmann at 215-572-0862 x 204 or x 200.

DAY CARE CENTERS, INC.

**Brooke Sheridan**  
**Director**

## DAY CARE CENTERS, INC.

## ARDSLEY DAY CARE

### SCHOOL CLOSING INFORMATION\*

In the event that we need to close the center information will be posted on our website [www.DayCareCentersInc.com](http://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](http://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](http://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](http://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](http://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.

**EMERGENCY CONTACT /PARENTAL CONSENT FORM**

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

**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**

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

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

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

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

|                                       |              |                                       |              |
|---------------------------------------|--------------|---------------------------------------|--------------|
| <b>Signature of Parent/Guardian*:</b> | <b>Date:</b> | <b>Signature of Parent/Guardian*:</b> | <b>Date:</b> |
|                                       |              |                                       |              |



### 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                      |      |
| <b>Child Information</b>                                                                                                                                                                                                 |                    |                            |      |
| 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?<br><small>(If so, please provide a copy so we can provide the best possible learning environment for your child.)</small>                                                            |                    | Yes – copy attached<br>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. |                    |                            |      |



# School Age

## AGREEMENT

|                                                                                      |                                                               |                                               |  |
|--------------------------------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|--|
| NAME OF CHILD:                                                                       |                                                               | <u>Age of Child and Grade (if applicable)</u> |  |
| Fee Amount*:<br>\$                                                                   | <u>MON</u> <u>TUE</u> <u>WED</u> <u>THUR</u> <u>FRI</u>       | <u>FULL TIME</u><br><u>PART TIME</u>          |  |
| *Holidays, sick days, and emergency closings are not deducted from tuition payments. | Payments are due on Monday mornings or as otherwise indicated |                                               |  |

Extra hours such as, 2 hour delays, school holidays and half days are added to the weekly tuition rate if used.

Services to be provided as part of the day care fee (examples: care, snacks, curricular materials, etc.) Children will be supervised by Day Care Centers, Inc. staff at all times.

Arts and crafts, sports 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 may be offered. Child assessments will be completed at least every 6 months.

### PLEASE ALLOW ONLY A 10 HOUR TIME FRAME

|                                                                                                            |                                                                                                           |                                                                                                    |
|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| Child's Arrival Time:                                                                                      | Child's Departure Time:                                                                                   | Person(s) Designated to whom child may be released:<br><br>See Emergency Contact in file           |
| Late Fee: \$25 per 15 minute period starting at closing time.<br><i>Fee is payable at time of pick up.</i> | All accounts not brought up to date by the last day of service will be turned over to a collection agency | A \$30 late fee will automatically be added to every account not paid in full by Friday each week. |

\*\*\*Both parents must sign below at X!\*\*\*

|   |                                                                                                                                      |                                                                           |
|---|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
|   | 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 or every 6 months at a minimum.     |                                                                           |
|   | Signature of Operator                                                                                                                | Date:                                                                     |
| X | Signature of Parent/Guardian #1                                                                                                      | Date:                                                                     |
|   | Date of Child's Admission:                                                                                                           | X Signature of Parent/Guardian #2<br>_____<br>Date _____                  |
|   | Date of Withdrawal:                                                                                                                  | Periodic Review - Signature of Parent / Guardian:<br>_____<br>Date: _____ |



**DAY CARE CENTERS, INC.**  
**Parent Agreement – February 2, 2026**

Child's Name \_\_\_\_\_ Date of Admission \_\_\_\_\_

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and will abide by all the rules set forth by Day Care Centers, Inc.

Email address \_\_\_\_\_

**FEES: (All fees are non-refundable.)**

1. A \$90 registration fee for one child, \$120 for 2 children, \$150 for 3 or more children. **An annual family re-enrollment fee of \$80 is due in September every year.**
2. The registration fee and the last 2 weeks tuition (prepay) are payable upon registration. **These fees are non-refundable.**
3. **Two weeks written notice of withdrawal is required and prepay will be used to pay these last 2 weeks.**
4. **Tuition is due on Monday morning.** Invoices are sent out weekly through Procure. You can pay directly from your invoice or put a check or cash in your child's classroom's tuition folder. A \$30.00 per week late fee will automatically be added to every account not paid in full by 1:00pm Friday of each week. **Holidays, sick days, and up to 5 emergency closings are not deducted from tuition payments.** A child who is here only part time will pay a set fee for set days. Parents owing more than 2 weeks may be asked to leave the center until account is current. **School Age care** has an added cost for early dismissals, days off, and snow/emergency days. Care is limited to availability of staffing.
5. **Each family is permitted a total of three (3) full weeks per calendar year (January to January) at a reduced rate of 50%,** which may be used for vacation and/or illness. These weeks must be taken as full weeks (Monday-Friday); partial weeks or individual days do not qualify for the reduced rate. Any full week absences beyond the 3 allotted weeks will be charged at the full tuition rate, as the child's enrollment spot is held and staffing must be maintained regardless of attendance. This policy allows the center to plan appropriately for staffing and ratios, support our teachers, and ensure fair and consistent tuition practices for all families while still offering flexibility for planned vacations or extended illness. **(Does not apply to the school aged Summer Camp)**
6. There is a \$25 fee charged for returned checks. After the third time a check is returned, a parent is required to pay in cash, money order or credit card. Any delinquent accounts over 2 weeks may result in termination of children.
7. The Day Care Center is open from 7:30 am to 5:30 pm M-F. **Parents who arrive after closing time will pay a \$25 fee per child for every 15 minutes (or part thereof) after closing time. Fee is payable upon arrival.**
8. Families with 2 children will be issued a 15 % discount off the oldest child. Discounts are given only on full time children. No discount is given on part time children. Families with 3 children are charged full price for the youngest child, a 15 % discount for the second child and the oldest child pays a weekly rate of \$175.
9. If desired, a leave of absence for the last 2 weeks of June, the month of July and the month of August may be approved with the following conditions: Children must be absent for 10 consecutive

weeks; a fee of \$700 per child will be invoiced and must be paid prior to starting the leave of absence to hold your child's spot. All fees are non-refundable. The re-enrollment date will be dependent on the day care staffing situation. Our new school year begins the day after Labor Day

#### GENERAL INFORMATION:

1. **Parent(s) must sign their child in/out of the day care daily using the Procure system.** Parents must accompany children to their assigned rooms. The Center does not accept responsibility for your child until they have been signed in. Children are supervised by parents/guardians and/or Day Care Centers, Inc. staff at all times.
2. The Center may offer one to two snacks a day depending on the classroom. Parents provide lunch.
3. **Parent(s) are asked to notify the Center before 9 am if their child will not be there that day.**
4. **To support consistent routines, appropriate staffing, and a smooth start to the learning day, children must arrive by 9am. Late arrivals after 9 cause disruptive classroom routines, learning activities, and supervision plans.**
5. Parent(s) are responsible for bringing supplies for their children and must replenish them when needed. Diapers/Wipes are provided by the day care center for the Care Bears, Fozzie Bears, and Gummi Bears during Day Care hours. The Center provides a cot for nap time.
6. Parent(s)/Guardians are encouraged to go to the **Parent Nook** tab section on our website [www.DayCareCentersInc.com](http://www.DayCareCentersInc.com) to print out forms, medication information, see resources, frequently asked questions, and daily events. A monthly calendar, newsletter, and Thursday Lunches can also be found here. Newsletters and calendars are sent through Procure as emails.
7. Information and updates are sent out by email through Procure. A current email address is required in order to receive updates and important information by email.
8. The Center is not responsible for items lost or stolen. See that your child's name is on all their supplies.
9. Students who exhibit continuous disruptive behavior will result in conference, suspension or expulsion. DCCI reserves the right to terminate services for families that do not adhere to Center policies or behave in a fashion which is considered threatening/harmful to staff, students, or other families or family members.
10. I give permission for Day Care Centers, Inc. to use any pictures taken of my child during child care hours including special days in specific publications, ads, flyers, DCCI website, DCCI Facebook, etc.

#### SICKNESS:

1. Children with fevers or communicable diseases will not be admitted to the Day Care. If a child becomes sick during the day, parents will be notified to take their child home when necessary. Children are to remain home until they have been symptom free without medication for 24 hours. (Starting the day after being sent home. Children may not return to care mid-day.).
2. Parents must receive approval from office personnel if their child needs prescription medication during the day. We will only give OTC medicine when necessary and with a current doctor's note. **ALL Medication must be in the original prescription bottle/box.**

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



**DAY CARE CENTERS, INC.**

2828 SPEAR AVENUE

ARDSLEY, PA 19038

(T) 215-572-0862 (F) 215-886-2202

[www.DayCareCentersInc.com](http://www.DayCareCentersInc.com)

**SUBJECT:** Nondiscrimination in Services Policy Statement

**TO:** Parents

**FROM:** Brooke Sheridan (Director) *Brooke Sheridan*

Admissions, the provisions of services, and referrals of clients shall be made without regard to race (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin (including Limited English Proficiency), age (40 and over), or sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth, gender identity or expression, affectionate or sexual orientation, and differences in sex), and retaliation,

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/patient/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

ARDSLEY, PA 19038

**Office for Civil Rights**

U.S. Department of Health and Human Services

Centralized Case Management Operations

**Department of Human Services**

**Bureau of Equal Opportunity**

Room 225, Health & Welfare Building

P.O. Box 2675 Harrisburg, PA 17120

Inquiries: (717) 787-1127

Email: RA-PWBEOAO@pa.gov

(Within 90 days from the date of incident)

**Commonwealth of Pennsylvania**

**Department of Human Services**

**Bureau of Equal Opportunity**

Room 225, Health & Welfare Building

P.O. Box 2675 Harrisburg, PA 17120

Inquiries: (717) 787-1127

Email: RA-PWBEOAO@pa.gov

(Within 90 days from the date of incident)

**Pennsylvania Human Relations  
Commission**

333 Market Street, 8th Floor

Harrisburg, PA 17101

<https://www.phrc.pa.gov/Complaints/Pages/How-to-File-a-Complaint.aspx>

Inquiries: (717) 787-4410

TTY users only: (717) 787-7279

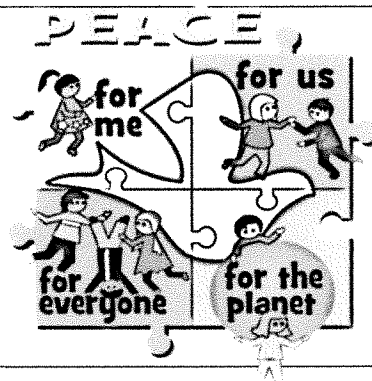
(Within 180 days from the date of incident)



# 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                                                                                                                                                                                                                                         |
|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Level One (1)</b><br>Minor Behavior Problems    | <ul style="list-style-type: none"> <li>Removal from activity</li> <li>Counseled by Director/Supervisor</li> <li>Possible loss of privileges</li> </ul>                                                                                       | Disrespectful to other children or staff, Improper use of equipment, Running at inappropriate times, Breaking Room Rules                                                                                                                         |
| <b>Level Two (2)</b><br>Serious Behavior Problems  | <ul style="list-style-type: none"> <li>Parents notified</li> <li>May be excluded from trips/events/pool</li> <li>Possible One/Two day suspension without refund of tuition</li> <li>Parent(s) meet with Director before returning</li> </ul> | Swearing / Put-downs<br>Throwing items, Pushing, Hitting, Spitting, Biting, Fighting, Arguing with staff, Refusing to listen, Repeatedly breaking rules                                                                                          |
| <b>Level Three (3)</b><br>Severe Behavior Problems | <ul style="list-style-type: none"> <li>Contact Parents</li> <li>Excluded from Trips/Events/Pool for remainder of the season</li> <li>Possible Expulsion</li> </ul>                                                                           | 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:<br><b>Day Care Centers, Inc.</b>                                                                                                                         |                                     |                  |
| FACILITY PHONE:<br><b>215-572-0862</b>                                                                                                                                             | COUNTY:<br><b>Montgomery County</b> | 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:

ADDRESS:

PHONE:

SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT

TITLE:

LICENSE NUMBER:

DATE FORM SIGNED:

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