

**\*\*EVERY BOX MUST BE COMPLETED IN ENTIRETY. IF IT DOES NOT APPLY, PLEASE MARK N/A\*\***

## 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

**Only those people listed below will be permitted to pick up your child.**

Child's Name		Birthdate
Address		
Mother's Name/Legal Guardian		Home Phone
Home Address		Cell Phone
Business Name		Business Phone
Business Address		Email Address
Father's Name/Legal Guardian		Home Phone
Home Address		Cell Phone
Business Name		Business Phone
Business Address		Email Address
Emergency Contact Person(s) -- Name		Phone Number When Child is in Care
Person(s) To Whom Child May Be Released		
Name	Address	Phone Number
Name of Child's Physician/Medical Care Provider		Phone Number
Address		
Special Disabilities (if any)		Allergies (including medication reaction)
Medical/ Dietary Information Necessary in an Emergency Situation		Medication, Special Conditions
Additional Information on Special Needs of Child		
Health Insurance Coverage/ Medical Assistance Benefits for Child		Policy Number (Required)
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
Obtaining Emergency Medical Care		Admin. of Minor First Aid Procedures
Walks and Trips		Swimming
Transportation by the Facility		Wading

\_\_\_\_\_  
Signature of Parent or Guardian *(required at registration)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian *(to be signed at 6 month review)*

\_\_\_\_\_  
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: <b>Schoolhouse Learning Center</b>		
FACILITY PHONE:	COUNTY: <b>Bucks</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:

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

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> ) <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.</b>
	VISION (subjective until age 3)
	HEARING (subjective until age 4)
	LEAD

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

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

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER:                      DATE FORM SIGNED:



# Schoolhouse Learning Center

**WE MEET YOUR NEEDS**

**1-888-4KIDS-77**

**[www.schoolhouselearningcenter.net](http://www.schoolhouselearningcenter.net)**

## **CIVIL RIGHTS COMPLIANCE PARENT AWARENESS**

In accordance with applicable Federal and State civil rights laws and regulatory requirements, you and your children, as clients of this facility, have the right to:

Be provided services at this facility and to be referred for services at other facilities without regard to your race, color, religious creed, disability, ancestry, national origin, age or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the 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:

### **Complaints of discrimination may be filed with any of the following:**

Schoolhouse Learning Center, Inc.  
910 Town Center  
New Britain, PA 18901

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

Department of Public Welfare  
Bureau of Equal Opportunity  
Room 223, Health and Welfare Building  
P.O. Box 2675  
Harrisburg, PA 17105

Commonwealth of Pennsylvania  
DPW Bureau of Equal Opportunity  
Southeast Regional Office  
801 Market Street, Suite 5034  
Philadelphia, PA 19107

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

Administrative Office 910 Town Center, New Britain, PA 18901 215-345-9103 Fax 215-345-9106  
Warminster 295 West Street Road Warminster, PA 18974 215-675-2334 Fax 215-675-8142  
Southampton 131 2nd Street Pike Southampton, PA 18966 215-322-7200 Fax 215-364-9711  
Sellersville 600 South Main Street Sellersville, PA 18960 215-257-9747 Fax 215-257-5230  
Quakertown 21 North Main Street Trumbauersville, PA 18970 215-536-6601 Fax 215-536-9515



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## DIAPER CREAM POLICY

This form gives consent to apply diaper cream (that has been supplied by you) to your child, when necessary. The following procedure will be followed, assuming that we have the form completed and signed by the parent or guardian.

1. Diaper cream will be labeled with your child's name and be provided by the parent/guardian.
2. You will be notified verbally and by a note when it is necessary to replenish your supply of diaper cream for your child.
3. The diaper cream will be applied using a facial tissue, toilet tissue or wearing a clean disposable glove to the area that needs it.
4. A staff member will make a phone call or a note will be written to the parent or guardian if there are any skin problems such as redness, skin cracks, or bleeding.

Please sign the below consent form. If you choose not to sign below, diaper cream will not be applied at any time to your child by the staff at Schoolhouse Learning Center, Inc.

I give my consent for my child \_\_\_\_\_, to receive an application of diaper cream by his/her teacher at Schoolhouse Learning Center. Diaper cream will be labeled with your child's name and will be provided by me, the parent or guardian.

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

\_\_\_\_\_  
Date

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## **TYLENOL POLICY**

Dear Parents:

Occasionally a child will develop a high “fever at the spur of the moment.” After taking the child's temperature, we will call the parent or guardian if it is 100.4 degrees or above. We will then ask you if we can administer Tylenol and what dosage we should give your child. You will then be required to pick up your child. The teacher will administer the medication and write it in the medication log. When you arrive, you will be asked to sign the medication log.

In the event we are unable to reach you and the temperature is 103 degrees or your child has a seizure, a Schoolhouse Learning Center employee will call 911. It is because we are aware of the effects a high temperature can have on a child that we have decided to follow this procedure.

Schoolhouse Learning Center does not supply Tylenol. Please be sure to give your child's teacher a bottle we may keep at school. We cannot accept medication that is not in the original container. Please label the bottle with your child's name.

I agree, that I will inform at drop off and through Tadpoles of any medication I have administered to my child prior to the arrival at the center.

Thank you,  
Schoolhouse Learning Center

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

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

\_\_\_\_\_  
Date

Tylenol (circle one)	Dosage must specify dosage
Stage One Concentrated Drops	_____
Stage Two (Ages 2+)	_____
Stage Three (Ages 3+)	_____
Stage Four (Ages 6+ Junior Strength)	_____

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## SUNSCREEN POLICY

According to the Department of Human Services regulations Schoolhouse Learning Center's policy on Sunscreen Application is as follows:

1. Sunscreen is to be provided by the parent/guardian.
2. Weather permitting, your child will have sunscreen applied to exposed areas.
3. You will be notified verbally, and by a note in your child's cubby, when it is necessary to replenish your supply of sunscreen
4. The sunscreen will be applied before your child is engaged in any outdoor activities.

Please sign the below consent form, if you choose not to sign below, sunscreen **will not** be applied to your child at any time by our Staff.

I give consent for my child \_\_\_\_\_, to receive the application of sunscreen by his/her teacher at Schoolhouse Learning Center, Inc. Sunscreen will be provided by me, the parent or guardian.

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

\_\_\_\_\_  
Date

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I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_  
have read, understand, and agree to abide by the Rules and Regulations of Schoolhouse Learning Center, Inc., as stated in the revised version of the online Parent Handbook at [schoolhouselearningcenter.net](http://schoolhouselearningcenter.net) (located under resources).

I have also read the following "Important Information" on the [www.SchoolhouseLearningCenter.net](http://www.SchoolhouseLearningCenter.net) (located under resources):

- **CHIP:** Children's Health Insurance Program, Pennsylvania's program to provide health insurance to uninsured children and teens who are not eligible for or enrolled in Medical Assistance.

<https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>

- **Child Care Tax Deduction:** You may be able to claim the child and dependent care credit if you paid expenses for the care of a qualifying individual to enable you (and your spouse, if filing a joint return) to work or actively look for work.

<https://www.irs.gov/taxtopics/tc602>

- **Stars:** Keystone STARS is Pennsylvania's Quality Rating and Improvement System (QRIS). A QRIS is a continuous quality improvement systemic approach to assess, improve, and communicate the level of quality in early and school-age care and education programs. Keystone STARS is a program of Pennsylvania's Office of Child Development and Early Learning (OCDEL).

<https://www.pakeys.org/keystone-stars/>

- **Child Care Works Subsidized Child Care Program:** The subsidized child care program helps low-income families pay their child care fees. The state and federal governments fund this program, which is managed by the Early Learning Resource Center (ELRC) office located in the county.

<https://www.dhs.pa.gov/Services/Children/Pages/Child-Care-Works-Program.aspx>

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

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

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## PHOTOGRAPH/VIDEO PERMISSION

Schoolhouse Learning Center will take photographs or videos of the children participating in our program from time to time. And these may appear in various news releases, websites and other publicity materials (for example: brochures, coupons, documenting daily activities for assessment purposes, classroom purposes, trainings, and websites).

\_\_\_\_\_ I give Schoolhouse Learning Center permission to take photos or videos for the purposes listed above. (Please check if you give permission)

\_\_\_\_\_ I do not give Schoolhouse Learning Center permission to take photos or videos for the purposes listed above. (Please check if you do not give permission)

We are excited to share with you that Schoolhouse Learning Center has a Facebook page! We are always busy adding new information, photos, and videos so you will be able to visit and see what we have going on at the center. We have personalized our site by including pictures of artwork, creations, and children active at the center.

\_\_\_\_\_ I give Schoolhouse Learning Center permission to post my child's picture or video on the center's Facebook page. (Please check if you give permission)

\_\_\_\_\_ I do not give Schoolhouse Learning Center permission to post my child's picture or video on the center's Facebook page. (Please check if you do not give permission)

Thank you,

Center Director

By signing below, you are giving your permission for Schoolhouse Learning Center to take photographs or videos for these purposes that you have checked above.

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

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

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## TRANSPORTATION CONSENT

To be filled out by the families of School Age children only

STUDENT'S NAME: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ GRADE: \_\_\_\_\_

STUDENT'S ELEMENTARY SCHOOL: \_\_\_\_\_

My child will attend Schoolhouse Learning Center: \_\_\_\_\_ BEFORE CARE \_\_\_\_\_ AFTER CARE

My child will attend the Before School Program at SHLC on: (check all that apply)

\_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday

My child will attend the After School Program at SHLC on: (check all that apply)

\_\_\_\_ Monday \_\_\_\_ Tuesday \_\_\_\_ Wednesday \_\_\_\_ Thursday \_\_\_\_ Friday

My child will be transported to and from Schoolhouse Learning Center:

\_\_\_\_ School District Bus Morning Pick up time: \_\_\_\_\_ Afternoon Drop off time: \_\_\_\_\_

\_\_\_\_ SHLC Van (See center Director to verify that we transport to your child's school)

I GIVE MY CONSENT FOR SCHOOLHOUSE LEARNING CENTER TO TRANSPORT MY CHILD, \_\_\_\_\_ TO AND FROM SCHOOL AND ON ANY OTHER SCHEDULED FIELD TRIPS. I UNDERSTAND THAT SCHOOLHOUSE LEARNING CENTER RESERVES THE RIGHT TO MAKE EMERGENCY DECISIONS (NOT TAKING ANY CHILD TO SCHOOL, PICKING THE CHILD UP EARLY OR LATE) DUE TO WEATHER OR SUDDEN OCCURENCES. ALL DECISIONS ARE MADE WITH THE SAFETY OF THE CHILDREN AND STAFF BEING THE FIRST PRIORITY. THIS MUST BE APPROVED BY THE DIRECTOR.

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

\_\_\_\_\_  
Date

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**“Getting to Know You at Enrollment Time”**

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

**Start Date:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Family Composition Questions:**

- Tell us about your household (who lives there, names and relationship to child).

- Are there any custody issues that we should discuss? Is there someone whom with your child may not leave Schoolhouse Learning Center with?

Does your child have any siblings? If so, what are their names and ages?

•

**Child Information:**

- Has your child previously attended an Early Learning Program?
- Does your child have any fears?
- Any special needs? (medical, developmental, social or mental health)
- Do any of these special needs require special care by our teachers?
- Are there any special problems or fears we should know about?
- Does your child have any allergies?
- How are your child's allergies treated?
- Do you have any special medical or dietary information for management in an emergency situation? For example, medicine to keep on hand, people to call, etc.

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INDIVIDUALIZED EDUCATION PLANS (IEP) & INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP)  
INFORMATION SHEET

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

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can provide consistency in your child's care.

You do not have to provide this information if you do not wish to do so.

My child \_\_\_\_\_ has \_\_\_\_\_ does not have an IEP/IFSP

(If your child does not have an IEP/IFSP, you can skip to the end and sign the form.)

\_\_\_\_\_ I am providing a copy of my child's IEP or IFSP.

\_\_\_\_\_ I am not providing a copy of my child's IEP or IFSP

\_\_\_\_\_ I give my permission for any one working with my child to communicate with Schoolhouse Learning Center regarding my child's plan and for a representative from Schoolhouse to be present at any team meetings regarding that plan.

A conference with your child's teacher is required prior to your child's enrollment at any of our centers.

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

Date \_\_\_\_\_

Printed Name \_\_\_\_\_

\*If any practitioners will be working with your child at our center, you must provide their contact information on the following form. All visitors must provide Schoolhouse Learning Center with photo identification and proof that they have valid background checks and clearances.