### September 2017

**Back to School Reminders**

* School begins at 8:40am sharp! Students should be on the school blacktop by the time of the first bell (8:38am).
This information, including links to obtain your clearances can be found at http://www.hatboro-horsham.org/Page/12218

Thank you for considering sharing your talents and time with the students and families of our district. Hatboro-Horsham School District welcomes and values volunteer participation in our schools. The following information will help you determine the type of clearances, if any, that you will need to volunteer in Hatboro-Horsham Schools.

Why does the Hatboro-Horsham School District (HHSD) require clearances in volunteer situations?
To ensure the safety of our students, HHSD volunteers must comply with certain requirements. The District's objective is to "promote a safe and secure school environment by establishing requirements and procedures to be followed in order to ensure that school volunteers are in compliance with Pennsylvania's Child Protective Services Law, which requires certain volunteers in the District's schools to obtain background clearances prior to commencing services as a volunteer."

Who is required to obtain clearances?
An adult applying for or holding an unpaid position as a volunteer who either is responsible for a child's welfare or will have direct volunteer contact with children on a regular and repeated basis. HHSD, in its sole discretion and in accordance with law, shall determine which volunteer positions involve responsibility for a child's welfare or direct volunteer contact with children on a regular and repeated basis.

"Responsible for a child's welfare" shall mean "a person who provides permanent or temporary care, supervision, mental health diagnosis or treatment, training or control of a child in lieu of parental care, supervision and control."

"Direct volunteer contact with children" shall mean "the care, supervision, guidance or control of children and routine interaction with children."

When do I need to obtain the clearances?
As a volunteer in our schools you are required to obtain clearances prior to your volunteer assignment. Clearances provided must be dated within one calendar year.

*Please note that you will only be provided a volunteer badge once all of your clearances are submitted and your application has been accepted.

For volunteers who are required to obtain clearances, what do they need to provide?
- Volunteer Application- Please complete the HHSD Volunteer Application which includes demographic information to be kept on file at the Administration Building.
- Pennsylvania State Police Criminal Record Check - Please follow the link for the PA Criminal Record Check
- Pennsylvania Child Abuse History Clearance (Electronic) or Pennsylvania Child Abuse History Clearance (Paper Form).

You may follow the link above for the electronic submission or to submit a paper request. (The PA Criminal and Child Abuse Clearances are provided at no charge for volunteers)

- HHSD Volunteer Affirmation OR FBI Criminal Background Check (Fingerprint)

Submit the HHSD Volunteer Affirmation if:
- You have been a resident of Pennsylvania during the entirety of the last ten years.
- You have not resided in Pennsylvania during the entirety of the previous ten-year period but have obtained an FBI Criminal Background Check clearance since establishing Pennsylvania residency, so long as they provide the District with a copy of the prior FBI clearance.
Submit the Federal Criminal Background Check (Fingerprinting) if:

- You have not been a resident of Pennsylvania during the entirety of the last ten years.
- You are chaperoning an event identified by the Hatboro-Horsham School District which requires a Federal Criminal Background Check.

When registering for FBI fingerprinting, make sure you click on the icon entitled Pennsylvania Department of Education. Then go to register information. Please apply under "Registration Information" at the top right of the Applicant Fingerprinting Online Services page. For FBI Fingerprint Clearance locations, please click on "Print Site Locations" on the Applicant Fingerprinting Online Services page for a listing of sites that would be most convenient for you.

Is there any other screening necessary for school volunteers?
The Division of School Health, in discussion with the TB Program at PA Dept. of Health have agreed that volunteers requiring TB Testing are those who provide 10 hours or more per week in direct contact with children.

TB test must be administered within 3 months of employment or volunteer activity or a note (on the physician's letterhead) stating that the person is free of communicable tuberculosis would meet the TB test requirement. This must also be dated within 3 months of employment or volunteer activity.

A copy of the TB test results will be made from the original and kept on file in the Administration Building.

- School Personnel Health Record

How often will I need to renew my clearances?
You will need to update your clearances every 5 years.

What should I do once I receive my clearances?

- Make an appointment to submit application click here for SignUpGenius - you will be able to make an appointment up to three weeks in advance.
- Bring originals and 1 copy with you to the Administration Building along with your driver's license or passport.
- You will have a picture taken.
- Your application will be reviewed. If you are approved, you will be notified by email to pick up your badge in the Administration Building. Please bring your driver's license or passport when you pick up your badge.

Important Information:

- Your volunteer badge is valid for 5 years. You will not be permitted to volunteer without it. If you lose your badge, contact volunteers@hatboro-horsham.org or 215-420-5000. There will be a $5 replacement fee to replace a lost badge.
- Applicants will not be provided with an official copy of the FBI clearances.
- You are required to notify the District's Human Resources Department within seventy-two hours of any arrest or conviction of an offense that would constitute grounds for denying participation as a volunteer.
September 5, 2017

Dear Crooked Billet Families,

As we kick off this new school year, I would like to remind everyone of the procedures that should be followed for student drop off and pick up. The parking lot adjacent to the playground is available for parents’ cars at the beginning and end of the day. Cones have been placed along the side of the building to create a visible walkway for both pedestrians and drivers, and there are sidewalks/walkways that line each side of the parking lot. This allows parents to safely escort their children to and from their vehicle.

**DROP OFF / PICK UP PROCEDURES FOR PARENTS**

- Parking on Meadowbrook Avenue is prohibited during admission and dismissal times. Please park your vehicle on the parking lot near the playground. In the past, we have been granted permission to allow overflow cars to park on Meadowbrook if and only if the lot is full.
- Please do not use the streets needed for bus entry to the school between 8:00 a.m. and 9:00 a.m. or 3:00 p.m. and 4:00 p.m. Violators will be issued traffic citations by the Hatboro Police Department.
- You must turn right when exiting the parking lot between 8:00 a.m. and 9:00 a.m. or 3:00 p.m. and 4:00 p.m.
- **The speed limit in our school zone is 15 mph.** This school zone ranges the entire length of Meadowbrook Avenue.
- Cars must come to a complete stop at all intersections.
- **PLEASE YIELD TO STUDENTS AND PARENTS WHO ARE WALKING TO AND FROM SCHOOL.**
- The main driveway of the school is limited to school bus traffic only between 8:15 a.m. and 9:00 a.m. and 3:00 p.m. and 3:45 p.m.
- Please do not double park on the lot or intentionally block parked cars, preventing vehicles from pulling out of their parking spaces.
- Please do not remain in your car and direct your child to walk through an active parking lot to the vehicle.
- Please be sure that every passenger has fastened their seat belts before moving your car.
- When delivering your child in the drop-off area, please do not block the painted crosswalks. We must leave a pathway for families to move through traffic.
- If you are dropping off your child using the drop-off lane, please have him/her exit via the passenger side of the car. I ask that adults remain in the car in order to maintain the flow of the drop-off line.

It is important to proceed with caution while driving on school premises and local streets. In discussions with students and families, many children have expressed concern about the high rate of speed of cars along Meadowbrook Avenue. I ask that all Crooked Billet family members (students, staff and parents) adhere to the traffic procedures and directives given by our crossing guards and staff members. They are in position for our safety!

As adults, let us lead by example and demonstrate the same responsible and caring behaviors we teach our students. I have asked our local police department as well as the district’s School Safety Director, Mr. Rick Kerrigan, to assist in enforcing these traffic safety measures. **Safety is our main priority.** I know it is yours, too!

As safety is paramount for all, I ask that you would please adhere to these procedures so that all students can enter and depart Crooked Billet in a safe manner. I appreciate your support and cooperation.

Sincerely,

Kelli Sendel
Principal
Back to School Night

Dear Crooked Billet Families,

Back to School Night is scheduled for Wednesday, September 13, 2017, at 6:30pm. Our Special Education teachers (Miss Conlan, Miss Buseman, and Mrs. Sally) will be available at 6:00pm.

Back to School Night is designed to be an evening for adults only. This is a time for the teachers to speak to adult family members about classroom routines, procedures, curriculum, etc. I respectfully ask that only adults attend Back to School Night.

With that being said, I do not want to prevent any adults from attending, so if any unforeseen circumstance or emergency should arise, there will be supervision provided for children who show up that night. Children who arrive at school that night will be directed to the school library, where several staff members will be on hand to supervise them. They will remain in the library until their parent/guardian picks them up at the end of the evening. Thank you in advance for your understanding and cooperation.

Below is the schedule for the evening:

6:00pm: Miss Conlan, Miss Buseman, and Mrs. Sally will present in their classrooms

6:30pm: Grades K-5 Session #1 in classroom

7:00pm: Grades K-5 Session #2 in classroom

If your child does not receive special education services, you should plan to arrive at 6:30pm and report directly to your child’s classroom. The two sessions will be the same, and allow parents with more than one child to attend different classroom sessions. If you have one child, you can attend either the 6:30pm or 7:00pm session. Adults that arrive prior to 6:30pm will be asked to wait in our gym, where several groups will have tables set up containing information about their organization.

Thank you and I look forward to seeing many of you at Back to School Night!

Sincerely,

Kelli Sendel, Principal
Attention All Crooked Billet Families and Guests!

As many of our children and staff members suffer from allergies and other health related issues, Crooked Billet Elementary School has been designated by the Hatboro-Horsham School District as a

FRAGRANCE-FREE BUILDING.

So, how can you help?
When you come to Crooked Billet for any reason (meetings, special events, etc.), we ask that you refrain from wearing any scented fragrances, colognes, perfumes, lotions, etc. This would be a great help to all of us!

THANK YOU!
The Crooked Billet Elementary School Family
 ATTENDANCE COUNTS

Did You Know...
~ Starting in Kindergarten, too many absences can cause children to fall behind in school.
~ Missing 10 percent (or about 18 days) can make it harder to learn to read.

What Parents Can Do...
~ Set a regular bed time and morning routine
~ Lay out clothes and pack schoolbags the night before
~ Don’t let your child stay home unless he/she is truly sick. Keep in mind complaints of a stomachache or headache can be a sign of anxiety and not a reason to stay home.
~ If your child seems anxious about going to school, talk to the teacher, school counselor, or other parents for advice on how to make him/her feel comfortable and excited about learning.
~ Avoid medical appointments and extended trips when school is in session.

HOMEWORK TIPS FOR KIDS
• Do your homework in the same place every time.
• Eat a meal or light snack before starting homework.
• Do the hardest assignment first.
• Ask your teacher for help when you need it. (TIP: Do this while you’re still at school. Desperately telephoning at midnight is NOT a good idea.)
• Ask your family to respect your homework time. If you want, put a “Do Not Disturb” sign on your door (or on your forehead).
• Take little breaks during your homework time. Stand up and stretch, get a drink of water or an energizing snack, or do ten jumping jacks – whatever keeps you going!
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<th>Lunch</th>
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<tbody>
<tr>
<td>Chicken Patty on a Bun or Cheesy Macaroni and Cheese</td>
<td>Stuffed Crust Pizza w/wo Pepperoni or Turkey w/wo Cheese Shorty Oven Baked Spiral Fries Side Salad Applesauce Choice of Milk</td>
<td>Hot Dog or Cheeseburger or Hamburger on Bun Caprese Pasta Salad Corn on the Cob Melon Slice Choice of Milk</td>
<td>HOAGIE DAY: Turkey or Italian and pick your toppings</td>
<td>Bag of Baked Chips Fresh Cucumber Coins Applesauce Cup Choice of Milk</td>
<td>Back to School A B C Chicken Nuggets or State Fair Corn Dog WG Cheez-its BBQ Baked Beans Blueberries Choice of Milk</td>
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<tr>
<td>Steamed Corn Fresh Red Pepper Strips Sweet Peaches Choice of Milk</td>
<td>Steamed Peas Fresh Green Pepper Strips Grape Tomatoes Strawberries Choice of Milk</td>
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<td>Steamed Peas Fresh Green Pepper Strips Grape Tomatoes Strawberries Choice of Milk</td>
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**Additional Meal Choices Include:**

- Peanut Butter & Jelly Uncrustable
- String Cheese Combo w/ Goldfish or Cheez-it Crackers
- Yogurt, Bagel, String Cheese Combo w/wo Toppings

**Weekly Salad Selections**

- **Monday:** Chicken Caesar Salad w/Cheez-it or Goldfish Crackers
- **Tuesday:** Chicken Ranch Salad & Roll
- **Wednesday:** Chicken Caesar Salad w/Cheez-it or Goldfish Crackers
- **Thursday:** Taco Salad w/ Seasoned Chicken and Baked Tostitos
- **Friday:** Chicken Caesar Salad w/Cheez-it or Goldfish Crackers

**This institution is an equal opportunity provider. Menus are subject to change.**
<table>
<thead>
<tr>
<th>Monday, September 18</th>
<th>Tuesday, September 19</th>
<th>Wednesday, September 20</th>
<th>Thursday, September 21</th>
<th>Friday, September 22</th>
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<tr>
<td><strong>Lunch</strong></td>
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<tr>
<td><em>Meatless Monday</em></td>
<td><em>Nacho or Tacos with Beef, Chicken or Cheese</em></td>
<td><em>Max Pizza w/wo Pepperoni or Philly Cheese Steak Sandwich</em></td>
<td>District Closed</td>
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<tr>
<td>Grilled Cheese</td>
<td>Steamed Corn</td>
<td>French Fries</td>
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<td>Sandwich on</td>
<td>Fresh Green Pepper</td>
<td>Applesauce</td>
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<td>Goldfish Bread or</td>
<td>Strips</td>
<td>Raisins</td>
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<tr>
<td>Cheesy Mac and</td>
<td>Mixed Fruit Cup</td>
<td>Choice of Milk</td>
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<tr>
<td>Cheese</td>
<td>Try-it Tuesday</td>
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<tr>
<td>Hot Breadstick</td>
<td>Edamame</td>
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<tr>
<td>Tomato Soup</td>
<td>Succotash</td>
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<tr>
<td>Strawberries</td>
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<td>Choice of Milk</td>
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<td>Monday, September 25</td>
<td>Tuesday, September 26</td>
<td>Wednesday, September 27</td>
<td>Thursday, September 28</td>
<td>Friday, September 29</td>
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<td><strong>Lunch</strong></td>
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<td><em>Meatless Monday</em></td>
<td>*Chicken Sticks or</td>
<td>*Stuffed Crust Pizza</td>
<td>*Spaghetti w/ wo</td>
<td>*Cheesy Macaroni &amp;</td>
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<td>Pizza Sticks or</td>
<td>Mini-Corn Dog Bites</td>
<td>w/wo Pepperoni</td>
<td>Meatballs or</td>
<td>Cheese Or</td>
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<tr>
<td>Cheese Pizza</td>
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<td>Waffflelicious</td>
<td>Meatball Sub</td>
<td>Chicken Tenders</td>
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<td>Quesadilla</td>
<td>Oven Baked</td>
<td>Wednesday: Ham and</td>
<td>Honey Glazed</td>
<td>Giant Cinnamon</td>
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<td></td>
<td>Waffle Fries</td>
<td>Cheese Waffle</td>
<td>Carrots</td>
<td>Goldfish</td>
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<td></td>
<td>Fresh Celery Sticks</td>
<td>Sandwich</td>
<td></td>
<td>Roasted Chick Peas</td>
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<td></td>
<td>Fresh Orange Wedges</td>
<td>Steamed Broccoli</td>
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<td>Melon Slice</td>
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<td></td>
<td>Grape Tomatoes</td>
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<td>Craisins</td>
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<td>Sweet Pear Slices</td>
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<tr>
<td>Additional Fruit &amp; Vegetable Choices Include:</td>
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<td>(up to 2 fruits and 2 vegetables per meal)</td>
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<tr>
<td>100% Fruit Juice: Apple, Orange or Grape</td>
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<tr>
<td>Baby Carrots w/wo Ranch Dressing</td>
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<tr>
<td>Fresh Fruit Basket w/ Apple, Oranges, Pears, and Bananas</td>
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<tr>
<td>Milk Offerings Include:</td>
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<tr>
<td>Fat Free, 1% White, Fat Free Chocolate, Fat Free Strawberry, and Lactaid</td>
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</table>
### Elementary Breakfast Menu
#### September 2017

**Elementary breakfast is $1.10**

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<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
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<tbody>
<tr>
<td><strong>September</strong></td>
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<td>11, 18, 25</td>
<td>5, 12, 19, 26</td>
<td>6, 13, 20, 27</td>
<td>7, 14, 28</td>
<td>8, 15, 29</td>
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<tr>
<td><strong>Breakfast</strong></td>
<td><strong>Breakfast</strong></td>
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<td><strong>Breakfast</strong></td>
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<tr>
<td>Sausage, Egg and Cheese on a Bagel</td>
<td>Bacon, Egg &amp; Cheese on a Biscuit</td>
<td>Egg and Cheese on a English Muffin or Fruit Smoothies</td>
<td>Sausage, Egg and Cheese on a Biscuit</td>
<td>Bacon, Egg &amp; Cheese on a Bagel</td>
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<tr>
<td>Choice of Milk</td>
<td>Choice of Milk</td>
<td>Choice of Milk</td>
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</table>

**Fruit & Milk Choices Include:**

- **100% Fruit Juice**: Apple, Orange or Grape
- **Fresh Fruit Basket** w/ Apple, Oranges, Pears, and Bananas

**Milk Offerings Include:**

- Fat Free, 1% White, Fat Free Chocolate, Fat Free Strawberry, and Lactaid

**Additional Items Available for Breakfast**

- Muffins
- Breakfast Loaves
- Cereal Bars
- Mini-Cinnamon Buns
- Benefit Breakfast Bars
- WG Cinnamon Buns
- Bagel w/wo Toppings
- Bowl Pack Cereal
- Whole Grain Pop-tarts
- Yogurt
Writing checks for school meals is

ANCIENT HISTORY

Easily pay for school meals at myschoolbucks.com

Simple & Secure  Low Balance Alerts  Automatic Payments

MAKE MEAL PAYMENTS WHEREVER YOU GO

MY SCHOOL BUCKS
What is the CBHSA?

CBHSA stands for the Crooked Billet Home and School Association. The Association consists of volunteer parents who are dedicated to supporting school initiatives that promote academic excellence and social growth. The CBHSA Executive Board oversees the operations of the organization. The Executive Board typically consists of the office of President, Vice President, Treasurer and Secretary. Other offices are established as needed. Officers of the CBHSA also act as liaisons between the school staff and parental community.

- The CBHSA is a friendly and welcoming group.
- The CBHSA meets regularly to plan and share thoughts and ideas.
- The CBHSA invites parents to share their unique talents, interests and abilities with our school family.
- The CBHSA plans activities and events that promote the educational, cultural, and social development of our students.
- The CBHSA grows and expands as a result of each family’s contribution.

We welcome you to share your time and talents to improve the academic and social environment of our school.

You are the CBHSA!

The Crooked Billet Home and School Association is your link to your child’s school. Meetings are held every other month and ALL parents and guardians are invited and encouraged to attend. At each meeting, information will be shared regarding the latest School District programs, curriculum development, staff appointments, and school expenditures. The Principal and a teacher representative attend all meetings to extend their perspective and to promote the school’s involvement with CBHSA activities. We need your help to make Crooked Billet a fun and educational experience for our children. Please see the other side of this paper for a list of activities sponsored by the CBHSA. Please feel free to contact us!

- We need volunteers to help every event run smoothly. Unfortunately, if we do not have enough volunteers we will be forced to cancel the event. Let’s all work together and make it our mission to sponsor a fun year for our children and families! We use sign up genius and our Facebook page along with Ms. Sendel’s Wednesday emails to get the word out and ask for help. THANK YOU!
- We also try not to do too many fundraisers as to not put a financial strain on our families. We have two major ones this year, The Read-A-Thon and our Thanksgiving Pies. Please support these two fundraisers so we can do great things for our kids!

Thank you and have a great year at Crooked Billet!

Alicia Barbor  
aliciarobar@yahoo.com  
CBHSA President

Nicole Reichner  
nicolemreichner@gmail.com  
CBHSA Vice-President

Jess Harold  
jestharol1@verizon.net  
CBHSA Treasurer

Karen Greenberg  
karengreenberg@comcast.net  
CBHSA Secretary
2017-2018 Crooked Billet HSA Calendar of Events

**September:**
9/13 Back to School Night 6:30 pm
9/18 HSA Meeting & Social 7:00 pm
9/26 @ 3:15 Homeroom Parents Meeting w/ teachers

**October:**
10/6 Hay Ride 6:00 pm
10/11 - 5th Grade Parents Meeting 6:30 pm
10/31 Pumpkin Contest

**November:**
11/3 Fall Family Fun Night (Bingo & Ice Cream) 6:30-8 pm
11/15 HSA Meeting 7:00 pm

**December:**
12/7 & 12/8 & 12/9 Holiday Shop
12/9 Dad’s Breakfast with Santa  8-11 am

**January:**
After School Discovery Sign-ups 1/3 7-8 pm and 1/4 3:15-4:15pm
After School Discovery Program 1/9, 1/11, 1/16, 1/18, 1/23, 1/25, 1/30 & 2/1
1/17 HSA Meeting

**February:**
2/2 Father-Daughter Dance 6:30-8 pm

**March:**
3/2 Mother-Son Event
3/14 HSA Meeting 7:00 pm

**April:**
4/20 & 4/21 Menchie’s Spirit Night/Art Show (All Day)

**May:**
5/9 Staff Appreciation Luncheon
5/11 Mother-Daughter Tea 6:30-8 pm
5/16 HSA Meeting 7:00 pm
5/18 Father-Son Fun Night 6:30-8 pm

**June:**
6/12 Pool Day

**FUNDRAISERS:**
Giant A+ Rewards
Read a Thon
Thanksgiving Pie Sale
Boxtops

**Other:**
Wednesday Pretzels
School Directory School Store (Thursdays)
Crooked Billet Hayride & Bonfire!

When: Friday, October 6, 2017 (The farm cannot guarantee a raindate)
Time: 6:15 PM
Where: Winding Brook Farm, 3014 Bristol Road, Warrington, PA 18976
Cost: $8.00 per person (child or adult)

Come out for some fun with your CB friends. After the hayride there will be a bonfire and marshmallows to toast!

Please return the bottom portion of this form and payment no later than 9/20/17 at 3:00 pm. We have to give a count to the farm on 9/20 so they know how many drivers & wagons they will need. We cannot accept forms and money after 9/20 at 3:00 pm. Cash is preferred. Thank you.

If you have any questions, please contact Alicia Barbor at aliciabarbor@yahoo.com

CB Hayride return form – Due no later than 9/20 at 3:00 pm!

Student Name: ______________________________________________________

Number of tickets: ________________________________________________

Amount Due ($8.00 each): __________________________________________

Student Teacher & Grade: ___________________________________________

Parent Name & Contact Phone #: _____________________________________
Crooked Billet Homeroom Parents Volunteer Form

Our homeroom parent volunteers coordinate classroom parties (Halloween, Winter Holidays and Valentine’s Day) and organize the water balloons for Pool Day in June. You do not have to be available to attend the parties to be involved.

If you have more than one child, you may sign up to be a homeroom parent for more than one class.

We need one Head Homeroom Parent and many Helper Homeroom Parents for each class for the 2017-2018 school year.

We will be having a homeroom parents meeting on September 26 at 3:15pm in the Library. We hope you will be able to attend this meeting where you can ask any questions that you might have about being a homeroom parent. Anyone coming into a classroom party MUST have their district issued volunteer badge. This is a district wide rule.

Please fill out the portion below and return it to school with your child no later than Wednesday, September 20.

Thank you for your help. These parties cannot happen without you!

If you have any questions, please contact Alicia Barbor, Crooked Billet Home and School Association President, at aliciabarbor@yahoo.com.

-------------------------------------------------------------------------------------------------------------------------------

__________Head Homeroom Parent: Responsibilities will include planning and organizing classroom parties with the help of homeroom parents and helping with CBHSA events if needed.

__________Helper Homeroom Parent: You will be asked to help the head homeroom parent to plan and assist with classroom parties. You can also support the class by contributing goodies for the parties or doing other at-home tasks.

__________I have submitted my clearances and application to the administration building and received a volunteer badge. (Please see www.hatboro-horsham.org/volunteer for more details.)

Your Name: __________________________________________________________________________________________________________

Your Child’s Name: ______________________________________________________________________________________________________

Phone #: _______________________________________________________________________________________________________________

Email: _________________________________________________________________________________________________________________

Child’s Teacher: __________________________________________________________________________________________________________
Crooked Billet Home and School Student Directory

This directory is for each family to have a “phone book” of Crooked Billet students. It is for personal use only and may not be used for solicitation. **If your student(s) were in the directory the previous year, do not send in this form unless you have a change in information.** The individuals who do need to send in this form are as follows.....

--Students new to Crooked Billet this year (especially Kindergarten)
--Students who entered Crooked Billet after the directory was made last year.
--Students whose family have had changes of information. (ex. phone #, address)

Students whose parents live apart may have a second address/phone #/email listed in the directory. Please provide 2 forms. Copies may be made or you may request another sent home with your child. Please make sure they are attached to each other when sent back to school.

All forms must be returned to school, or emailed to the address below by September 20.

If you have any questions, please contact Michelle Flanagan at michelleflanagan3@comcast.net

Please print clearly

Student’s Name_________________________________Grade____________
Address________________________________________City__________Zip______________
Phone_________________Email_______________________________________
Mother/Guardian___________________Father/Guardian___________________
Signature of Parent/Guardian__________________________________________
Welcome back to school! It’s time to pre order your child’s Wednesday pretzels. This method allows us to order exactly the number of pretzels that are needed and it minimizes disruptions to the school day. Pre-ordered pretzels will be delivered directly to the classrooms on Wednesday mornings. THE ONLY WAY FOR YOUR CHILD TO RECEIVE A PRETZEL IS TO PRE-ORDER AND PRE-PAY! The breakdown is as follows:

September 27 – January 24: $8.00
January 31 – May 30: $8.00
Or
September 27 – May 30: $15.00

You may pay for the first half of the year ($8.00) or you can pay for the entire year all at once ($15.00). You get a discount if you pay for the entire year! If you pay for the first half of the year only, you will have the opportunity to pay again before January 31. Please send the bottom of this form in along with payment in an envelope marked “Pretzel Sales” by September 20 at 3:00 pm. Cash is preferred.

**Please remember that if you do not send this in by September 20 at 3:00 pm, your child will not be able get a pretzel until the next order form comes out for 1/31.**

If you have any questions, please contact Alicia Barbor at aliciabarbor@yahoo.com

-------------------------------------------------------------

Child’s Name: ____________________________________________

Child’s Teacher: __________________________________________

_____ I am paying $8.00 for my child to receive a pretzel every Wednesday from September 27 – January 24. (No pretzels on 11/22 & 12/27)

_____ I am paying $15.00 for my child to receive a pretzel on Wednesdays from September 27 – May 30. (No pretzels on 11/22, 12/27, 2/14 & 3/28)
WHEN: EVERY THURSDAY DURING YOUR CHILD’S LUNCH/RECESS, STARTING ON THURSDAY OCTOBER 4, 2017

WHAT CAN MY CHILD BUY?

- PENCILS
- CRAYONS
- FOLDERS
- SCISSORS
- ERASERS
- GLUE STICKS
- NOTEBOOKS
- HIGHLIGHTERS
- MECHANICAL PENCILS

AND SO MUCH MORE!

There is no school store on early dismissal or party days.

If you would like to help out with running the school store on Thursdays between 11-1:30 pm please sign up at www.SignUpGenius.com/go/2oFoF48AAAE2FA64-crooked5
STUDENT ACCIDENT INSURANCE
2017- 2018 SCHOOL YEAR

This is a reminder to parents with a child or children attending school in our School District that we do not carry medical insurance on students, but do provide parents with the opportunity to select a primary excess group insurance plan for students. Student accident insurance can help you manage the possibility of out-of-pocket expenses, since many group insurance policies no longer pay full hospital and medical expenses and may require a deductible or co-insurance. There are two plans available for your consideration:

- **Plan #1 School Time Coverage** – Costs $30 per student – This will cover injury occurring while the student is traveling to and from school, while attending school sponsored activities such as plays, assemblies, class trips, intramural sports, gym and physical education classes, etc.

- **Plan #2 24 Hour Coverage** – Costs $116 per student – This will cover all of the above, plus accidents occurring away from school, in the evenings and on weekends, vacations, etc.

Please note that the plans should be considered in conjunction with any other family medical insurance you may have.

Please see the attached Brochure for a complete description of the plans and the various coverage options. If you have any questions, please call an Insurance Broker at American Management Advisors, a division of Alive Risk directly at (215) 946-8888 between 8:00a.m.- 4:30 p.m.

**PLEASE DO NOT SEND CASH!!** Completed applications (found on page five of the attached brochure) should be returned by mail with a check or money order for the correct premium, directly to:

American Management Advisors /Alive Risk
P.O. Box 366
Langhorne, PA 19047-0366

**DO NOT RETURN THE APPLICATION & PAYMENT TO YOUR STUDENT’S SCHOOL**

This insurance can be purchased anytime during the 2017-2018 school year.

Parents enrolling more than one child must fill out an application for each child/student, write a separate check or obtain a money order for each child/student being enrolled and mail in separate envelopes to the address above. Your cancelled check or money order receipt is your proof of payment. Thank you!
Up to $1,000,000
Student Accident Medical Insurance Protection

Administered By:
AMERICAN MANAGEMENT ADVISORS, a division of ALIVE RISK
P.O. Box 366, Langhorne, PA 19047-0366
(215) 946-8888

2017-2018
Underwritten By:
AXIS Insurance Company
Chicago, Illinois
BEST BUY
24-HOUR COVERAGE

Around-the-clock accident coverage for your child at any time. Insurance Protection during vacations, weekends and school days. 24-Hour Coverage is your best buy because it is not limited to school connected accidents but also covers accidental injury at home or away. ANY COVERED ACTIVITY - ANYTIME - ANYWHERE. Continuous Insurance protection from the effective date to the opening of the next school term.

Coverage becomes effective on the date the Application and Premium are received by the American Management Advisors, Inc. Once effective, coverage continues until the first day of school in the following year or until the Master Policy with the school expires, whichever occurs first. This coverage is subject to the terms and conditions stated in the Master Policy.

SCHOOL TIME ACCIDENT COVERAGE

Insurance coverage for the hours and days when school is in session and while attending school sponsored and supervised activities.
• During school year • School supervised activities
• On the school premises • Class trips
• Travel to and from school
This coverage is subject to the terms and conditions stated in the Master Policy.

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFIT

When a Covered Injury results in an Insured Person's death, the Company will pay a $5,000 accidental death benefit. When a Covered Injury results in any one of the following Covered Losses within 365 days from the date of a Covered Accident, the Company will pay the benefit shown in the schedule below. Only one benefit, the largest, will be paid for more than one loss (including death) resulting from the same Covered Accident.

<table>
<thead>
<tr>
<th>Loss</th>
<th>Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loss of Two or more hands or Feet</td>
<td>$20,000</td>
</tr>
<tr>
<td>Loss of Use of Two or More Hands or Feet</td>
<td>$20,000</td>
</tr>
<tr>
<td>Loss of Sight of Both Eyes:</td>
<td>$20,000</td>
</tr>
<tr>
<td>Loss of Sight in One Eye:</td>
<td>$20,000</td>
</tr>
<tr>
<td>Loss of One Hand or Foot and Sight in One Eye</td>
<td>$20,000</td>
</tr>
<tr>
<td>Loss of Use of One and Foot and sight in one eye</td>
<td>$20,000</td>
</tr>
<tr>
<td>Loss of One Hand or Foot</td>
<td>$10,000</td>
</tr>
<tr>
<td>Loss of Use of One Hand or Foot:</td>
<td>$10,000</td>
</tr>
<tr>
<td>Loss of Sight in One Eye:</td>
<td>$10,000</td>
</tr>
</tbody>
</table>

“Loss of a Hand or Foot” means complete Severance through or above the wrist or ankle joint. "Loss of Use of a Hand or Foot" means total loss of all ability to move the hand or foot, within 30 days of a Covered Accident, that continues for 6 months and is expected to continue for the remainder of the Insured Person's lifetime. “Loss of a Hand or Foot” means complete Severance through or above the wrist or ankle joint. "Loss of Sight" means the total, permanent Loss of Sight of one eye. The Loss of Sight must be irrecoverable by natural, surgical or artificial means. “Severance” means complete separation and dismemberment of the part from the body.

ACCIDENTAL DENTAL CARE AND SURGICAL BENEFIT

By adding $8.50 to your premium payment, dental benefits will be extended to provide payment for the Usual and Customary Charges incurred within two years from the date of a Covered Accident for a Dental Injury up to a maximum of $100,000 per Dental Injury, provided treatments and services begin within 90 days from the date of the Dental Injury.

The following services are included in this benefit:

1. X-rays, to repair injury to a tooth (1) with no fillings or cavities or only fillings or cavities that do not undermine the tooth cusps; and (2) for which pulpal tissues are healthy and intact; and (3) for which periodontal tissue shows little or no signs of active or chronic inflammation; or to the supporting structures of the teeth of Insured Person.

2. In no event shall the Company's payment exceed the Usual and Customary Charges normally made by a Dentist for necessary treatment actually rendered during the 104-week period immediately following the date of the Dental Injury. If there is more than one way to treat a Dental Injury, the Company will pay benefits for the least expensive procedure provided that this meets acceptable dental standards.

3. When a dentist certifies in writing to the Claim Administrator that treatment will continue beyond the two year benefit period, an additional $1,500 will be paid. Treatment must be completed within two years of the expiration of the initial benefit paying period. This benefit is in effect 24 hours a day, even when purchased with School Time Accident Coverage.

IMPORTANT NOTICE

This Brochure provides a brief description of the important features of the insurance plan. It is not a contract of insurance. The terms and conditions of coverage are set forth in the policy issued in Pennsylvania under form number BACC-001-0909-PA. Complete details are found in the policy on file at your school's office. The policy is subject to the laws of the state in which it was issued. Please keep this information for your reference.
The company will pay the Usual and Customary Charges incurred for a Covered Injury, if first treatment is received within 90 days after the Injury. The Schedule of Benefits is stated below. Benefits are payable up to a maximum of 52 weeks after the date of the covered Injury.

**PRIMARY EXCESS COVERAGE:** The Company will pay the first $100 of covered expense for any one claim resulting from any one covered accident without regard to other insurance. Thereafter, benefits will be payable for covered expenses above $100.00 that are not recoverable from other valid and collectible group insurance. If the Insured is not covered by other insurance, full benefits will be payable as described in the Schedule of Benefits. Benefits are payable for a maximum of 52 weeks.

**Covered Expenses:** Determination of the amount of each Covered Expense, and where applicable, each Usual and Customary Charge, will be made solely by the Company.

**Intensive Care Unit:** Usual and Customary Charges, not to exceed 7 days

**Semi-Private Room:** Usual and Customary Charges

**Personal Services and Supplies:** Usual and Customary Charges

**Inpatient X-ray, CT scan, MRI:** up to a maximum of $650

**Inpatient Laboratory Tests:** up to a maximum of $650

**Hospital Miscellaneous Expenses:** Usual and Customary Charges up to $5,000

**In-Hospital Physiotherapy:** Usual and Customary Charges, up to a maximum of 10 visits

**Nurse Services:** Usual and Customary Charges

**Orthopedic Appliances:** Usual and Customary Charges

**Pre-Admission Tests:** Usual and Customary Charges

**Ambulatory Medical Center:** Usual and Customary Charges

**Emergency Room Treatment (when Hospital Confinement is not required):** Usual and Customary Charges, subject to a maximum of $400

**Physician Services:** Usual and Customary Charges

**Surgery:** Usual and Customary Charges in accordance with the 1974 Revised California Relative Value Studies, 5th Edition having a conversion factor of $180.00 Unit Value

**Assistant Surgeon:** 40% of Surgery Allowance

**Physician Assistant:** Usual and Customary Charges

**Use of Physician's Surgical Facilities:** Usual and Customary Charges

**Second Opinion or Consultation:** Usual and Customary Charges

**Anesthesia and its Administration:** 40% of Surgery Allowance

**In-Hospital Visits:** Usual and Customary Charges

**Office Visits:** Usual and Customary Charges

**Outpatient X-ray, CT Scan, MRI:** up to a maximum of $650.00

**Outpatient Laboratory Tests:** up to a maximum of $650.00

**Outpatient Physiotherapy:** $50 per visit, up to a maximum of 10 visits

**Outpatient Nursing Services:** Usual and Customary Charges

**Ambulance Services (Air and Ground):** Usual and Customary Charges

**Dental Services:** Usual and Customary Charges

**Prescription Drugs:** Usual and Customary Charges

The following will not be considered Medically Necessary Covered Expenses unless coverage is specifically provided: (1) expenses payable by any automobile insurance policy without regard to fault; (2) cosmetic surgery, except for reconstructive surgery needed as the result of a Covered Loss; (3) examination or prescriptions for, or purchase, repair or replacement of, eyeglasses, contact lenses; and (4) services or treatment provided by persons who do not normally charge for their services, unless there is a legal obligation to pay.

**Exclusions apply to the Accident Medical Expense Benefit and the Accidental Death and Dismemberment Benefit:** In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Policy. The Policy does not cover any Covered Loss incurred as a result of:

1. intentionally self-inflicted injury, suicide, or any attempt while sane or insane;
2. commission or attempt to commit a felony or an assault;
3. commission of or active participation in a riot or insurrection;
4. declared or undeclared war or act of war or any act of declared or undeclared war unless specifically provided by this Policy;
5. flight in, boarding or alighting from an Aircraft, except as a passenger on a regularly scheduled commercial airline;
6. parachuting;
7. travel in or on any off-road motorized vehicle that does not require licensing as a motor vehicle;
8. sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, (including exposure, whether or not Accidental, to viral, bacterial or chemical agents) whether the loss results directly or indirectly from the treatment except for any bacterial infection resulting from an Accidental external cut or wound or Accidental ingestion of contaminated food;
9. voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage;
10. injuries compensable under Workers’ Compensation law or any similar law;
11. the Insured Person's intoxication. The Insured Person is conclusively deemed to be intoxicated if the level in His blood exceeds the amount at which a person is presumed, under the law of the locale in which the accident occurred, to be under the influence of alcohol if operating a motor vehicle, regardless of whether He is in fact operating a motor vehicle, when the injury occurs. An autopsy report from a licensed medical examiner, law enforcement officer's report, or similar items will be considered proof of the Insured Person's intoxication;
12. practice or play in Senior High Interscholastic Football and/or Senior High Interscholastic Sports, including travelling to and from games and practice, unless specifically provided for in the Master Insurance Application;
13. participation in any sports activity not specifically authorized, sponsored and supervised by the Policyholder, whether or not it takes place on the Policyholder’s premises or during normal School hours, including but not limited to, snowboarding, skiing, and ice hockey;
14. benefits will not be paid for services or treatment rendered by any person who is:
   a. employed or retained by the Policyholder;
   b. living in the Insured Person’s household;
   c. an Immediate Family Member, including domestic partner, of either the Insured Person or the Insured Person’s Spouse; or
   d. the Insured Person.

**LIMITATIONS:** any Covered Injury occurring, and expenses incurred therefrom, as a result of a Covered Accident which occurs while an Insured Person is engaged in an activity which is covered under the School’s Compulsory Plan, will not be covered under a Voluntary Plan. When Excess Insurance is provided and another Plan Providing Medical Expense Benefits is an HMO, PPO, or similar arrangement for provision of benefits or services and the covered accident occurs outside the geographic area served by the HMO, PPO, or similar arrangement for provision of benefits or services and the Insured does not use the facilities of the HMO, PPO, or similar arrangement for provision of benefits or services, the medical benefits otherwise payable under the policy shall be reduced by 50%. This limitation shall not apply to emergency treatment required within 24 hours after an accident or when the covered accident occurs outside the geographic area served by the HMO, PPO, or similar arrangement of benefits or services.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit Us from providing insurance, including, but not limited to, the payment of claims.

**NOTE:** It is not the intent of the Company to unfairly reduce benefit for any Insured if the Insured is outside the Network Area of the HMO, PPO, or similar arrangement for benefits or services and no benefits are available. The reduction of benefits is only for those Insured Persons who can use their HMO, PPO, or similar arrangement for benefits or services and have not done so.
To File A Claim:

1. To download a claim form, go to: www.amastudentplans.com
2. Fill out parts A and B
3. Be sure to sign and date the bottom
4. Enclose any itemized bills or receipts from services rendered.
5. Send claim forms, itemized bills and receipts to:

MCA Administrators, Inc.
PO Box 6540
Harrisburg, PA 17112
(800) 427-9308

ENROLLMENTFORMCHECKLIST

Did You:

☑ Fill out all of the appropriate information on the enrollment form (MAKE SURE SCHOOL DISTRICT IS CLEARLY LISTED)
☑ Check the appropriate box(s) for the coverage you have selected.
☑ Enclose a CHECK or MONEY ORDER for the total Premium (your cancelled check or money order stub will serve as proof of payment) along with the completed enrollment form in an envelope.

For questions, inquiries, and information contact:

American Management Advisors / Alive Risk
PO Box 366
Langhorne, PA 19047
(888) 533-7654
(215) 946-8888
DO NOT SEND CASH

Enrollment Form

Please Print Pennsylvania 2017-2018

STUDENT’S LAST NAME

STUDENT’S FIRST NAME MIDDLE INITIAL

BIRTH DATE (MM/DD/YYYY) GRADE PHONE

HOME ADDRESS APARTMENT #

CITY STATE ZIP

SCHOOL SYSTEM/DISTRICT

SCHOOL NAME

The applicant represents the information contained in this application is true and correct and forms the basis of the requested insurance. Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

SIGNATURE OF PARENT OR GUARDIAN DATE

My signature above certifies that I have read and understand the Student Accident Insurance Protection brochure and agree to accept the terms and conditions stated herein.

No obligation to purchase.

<table>
<thead>
<tr>
<th>School Year Rate – 2017-2018 – CHECK ✓ YOUR SELECTION</th>
<th>Premiums</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coverage Plans</td>
<td></td>
</tr>
<tr>
<td>BEST BUY! 24-Hour</td>
<td>$116.00</td>
</tr>
<tr>
<td>School Time</td>
<td>$30.00</td>
</tr>
<tr>
<td>Dental Accident Insurance (with either of the above plans)</td>
<td>$8.50</td>
</tr>
</tbody>
</table>

Make checks payable to:

Alive Risk

How to Enroll

1. Decide whether you want the School time, 24-Hour Accident Protection or Dental Plan.
2. Fill out the enrollment form and enclose the form along with a check or money order made payable to the Administrator shown for the correct amount.
3. Mail envelope to American Management Advisors/Alive Risk—PO Box 366—Langhorne, PA 19047. Your cancelled check or money order stub will be your receipt and confirmation of payment. (Please write the student’s name and school name on your check.)
**MEDICAL CLAIM FORM**

**MCA ADMINISTRATORS, INC.**
P.O. BOX 6540
HARRISBURG, PA 17112

**CLAIM ASSISTANCE:**
1-800-427-9308

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**IF PART A AND PART B ARE NOT COMPLETED IN FULL THIS CLAIM CANNOT BE PROCESSED AND WILL BE RETURNED.**

**BEFORE COMPLETING THIS FORM REFER TO CLAIM PROCEDURES AS THEY APPEAR ON THE BACK OF THIS MEDICAL CLAIM FORM**

---

**PART A. POLICY HOLDER**

| (1) Name of School District/College/Organization | Individual School/Team |
| (2) County |

| (3) Name of School: (Street) | (City) | (State) | (Zip) |
| (4) Area Code - Telephone # |
| (5) Date of Injury |

| (6) Name of Injured Person |

| (7) Date of Birth |
| (8) Social Security # |
| (9) Age |
| (10) Grade |
| (11) MALE ☐ FEMALE ☐ |

| (12) Injury occurred: Practice ☐ Game ☐ P.E. ☐ Travel ☐ Classroom ☐ |

| (13) Type of Sport: |

| (14) Describe in detail how the injury occurred. |

| (15) What part of the body was injured: (Left or Right side if applicable) |

| (15a) Time of injury: a.m. p.m. |

| (16) At the time of the accident, was the injured person involved in an activity under the jurisdiction of the policyholder? |

| Yes ☐ No ☐ |

| (17) Name of Supervisor (If different from organization official) |

| (18) Was he/she a witness to accident? |

| Yes ☐ No ☐ |

| (19) Signature of School or Organization Official |

| (20) Title of Official |

| (21) Date Signed |

---

**PART B. PARENT, RESPONSIBLE PARTY OR GUARDIAN STATEMENT**

| (1) Name of Mother/Father or Guardian |

| (2) Social Security # |

| (3) Relationship to insured |

| Father Guardian ☐ Mother Guardian ☐ Self ☐ |

| (4) Address (Number) | Street (Lot or Apt. No.) |

| (5) City |

| (6) State |

| (7) Zip Code |

| (8) Area Code - Home Telephone Number |

| (9) Father’s work telephone | ☐ |

| Mother’s work telephone |

| (10) Occupation of Father or Mother, Wife or Husband |

| (11) Place of Employment |

| (12) Address of Employer |

| (13) Occupation of Self (If over age 18) |

| (14) Place of Employment |

| (15) Address of Employer |

| (16) Do you have any other health and/or accident insurance plan (other than this plan)? |

| Father: YES ☐ NO ☐ Mother: YES ☐ NO ☐ Husband: YES ☐ NO ☐ Wife: YES ☐ NO ☐ Self: YES ☐ NO ☐ |

| (17) Is the injured person covered by other health and/or accident insurance plan? |

| (18) Name of other health and accident insurance company |

| (19) Address of Insurance Company |

| (20) Policy Number |

| Phone # |

---

**BY SIGNING BELOW I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF**

**AUTHORIZATION and ASSIGNMENT OF BENEFITS**

I, the undersigned authorize any hospital or other medical care institution, physician or other medical professional, pharmacy, insurance support organization, government agency, group policyholder, insurance company, association, employer or benefit plan administrator to furnish to the Insurance Company named above all information and any and all information with respect to any injury or sickness suffered by the, medical history of, or any consultation, prescription or treatment provided to, the person who death, injury, sickness or loss is the basis of claim and copies of all that person’s hospital or medical records, including information relating to mental illness and use drugs and alcohol, to determine eligibility for benefit payments under the Policy Number identified above. I authorize the policyholder, employer or benefit plan administrator to provide the Insurance Company named above with financial and employment related information. I understand that this authorization is valid for the term of the insurance policy identified above and that any copy of this authorization shall be considered as valid as the original.

I agree that any authorized representative may request a copy of this authorization.

I understand that if my authorized representative may revoke this authorization at any time by providing the insurance company with written notification to that effect.

Signature of Insured or Authorized Representative

Address

---

**AUTHORIZATION TO PAY BENEFITS TO PROVIDER:** I authorize payment of Medical payments to Physician or Supplier for Services described on the reverse side and/or attached.

---

Date

Signature of Responsible Party or Student if 18 years old
CLAIM PROCEDURES

1. Submit all itemized bills to both your family insurance carrier and the insurance carrier for your school/organization. These bills are generally a HICFA form (Physician) or a UB92 form (Hospital). The Physician or Hospital has an assignment of Benefits on file; which was completed on the initial treatment visit. This assignment of Benefits will be honored. If your Provider does not bill on a HICFA or UB92 Form, You will need to sign the authorization to pay Benefits to the Provider on the front of this form.

2. If your family insurance carrier is an HMO organization, CONTACT YOUR HMO PHYSICIAN AT ONCE. FAILURE TO DO SO MAY RESULT IN THE CLAIM BEING DENIED OR A SUBSTANTIALLY REDUCED BENEFIT.

3. Your family insurance carrier will send you an Explanation of Benefits (E.O.B.) listing the payments made by them. Upon receipt of the E.O.B., forward the E.O.B. along with any unpaid itemized bills and a completed claim form to the claim administrator: MCA Administrators, Inc. for processing: paid receipts and/or balance due statements are not accepted.

4. If you do not have other valid and collectible insurance (Auto, Employer Provided, Family Insurance or Self-Provided): complete the information on the claim form, sign where indicated, include all your itemized bills, receipts, etc., and forward to the claim administration for processing.

FRAUD WARNING

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals for the purpose of misleading information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

THINGS TO REMEMBER

1. TO SUBMIT ADDITIONAL BILLS AFTER THE ORIGINAL FORM HAS BEEN SENT IN, BE SURE TO INCLUDE THE FOLLOWING: (A) NAME OF CLAIMANT; (B) DATE OF ACCIDENT; (C) NAME OF THE POLICYHOLDER (SCHOOL, COLLEGE OR ORGANIZATION).

2. IF YOUR FAMILY INSURANCE CARRIER IS AN HMO ORGANIZATION, CONTACT YOUR HMO PHYSICIAN AT ONCE.

3. PROOF OF LOSS IS REQUIRED WITHIN 90 DAYS FROM THE DATE OF THE ACCIDENT. YOU HAVE ONE YEAR FROM THE TIME PROOF OF LOSS WOULD HAVE BEEN REQUIRED TO FILE A CLAIM. CLAIMS SUBMITTED PAST THIS PERIOD WILL NOT BE CONSIDERED FOR PAYMENT UNDER THE POLICY.

4. AUTHORIZATION TO RELEASE MEDICAL INFORMATION (MUST BE SIGNED)

5. PAYMENT WILL BE MADE TO THE SOURCE OF SERVICE (HOSPITAL, PHYSICIAN, ETC.) UNLESS CLAIM FORM ACCOMPANYING THE BILL INDICATES OTHERWISE AT THE TIME THE CLAIM IS SUBMITTED. IF YOU PAID FOR THE SERVICES AND REIMBURSEMENT IS TO BE PAID TO YOU, PROOF OF PAYMENT WILL BE REQUIRED AT THE TIME THE CLAIM IS SUBMITTED.
Health coverage for your child is well within reach with CHIP.

CHIP COVERS
• Routine check-ups
• Prescriptions
• Hospitalization
• Dental
• Eye Care
• Eyeglasses
• Behavioral care
• Specialty care
• More

CHIP covers uninsured kids up to age 19 in Pennsylvania. It doesn’t matter why your kids don’t have health coverage right now; CHIP may be able to help. Most kids receive CHIP for free. Others can get the same benefits at a low cost.

CHIP is brought to you by leading health insurance companies who offer quality, comprehensive coverage.

If your income is below CHIP guidelines, your child may be enrolled in Medical Assistance.

APPLY/RENEW
CHIPcoversPAkids.com • 800-986-KIDS
¿Necesita cobertura médica para sus hijos?

CHIP CUBRE
• Chequeos de rutina
• Recetas médicas
• Hospitalización
• Servicios dentales
• Cuidado de la vista
• Anteojos
• Salud del comportamiento
• Atención especializada
• Mucho más

CHIP cubre a niños sin seguro hasta los 19 años en Pennsylvania. No importa cuál sea la razón de que sus hijos no tienen cobertura médica ahora; CHIP puede ayudarle. La mayoría de niños reciben CHIP gratis. Otros pueden obtener los mismos beneficios a un bajo costo. CHIP es traído a usted por las principales compañías de seguros médicos que ofrecen cobertura de calidad e integral.

Si sus ingresos son menos de las pautas indicadas por CHIP, su hijo podría ser inscrito en Asistencia Médica.