HATBORO-HORSHAM SCHOOL DISTRICT
CHILD CARE PROGRAM
2019-2020 REGISTRATION FORM

Return this registration packet, along with a check or money order made payable to the *Hatboro-Horsham School District* in the amount of **$50.00 for the registration fee and including the first month's tuition.** This registration form, along with associated fees will hold your child's placement for September of 2019. All families are required to register for the program by completing the entire registration packet.

Child's Name:		Date of Birth:	
Address:			
City, State, Zip:			
Home School:		Grade	Anticipated Start Date:

Parent 1 Name:	Parent 2 Name:
Parent 1 Cell Number:	Parent 2 Cell Number:
Parent 1 Number	Parent 2 Work Number
Parent 1 email address:	Parent 2 email address:

PROGRAM FEES & HOURS:

Before School (6:30 AM-8:30 AM)	5-Day - $ 115.00/mo	4 Day - $ 98.00/mo	3 Day - $ 78.00/mo	2 Day - $ 56.00/mo
After School (3:15 PM-6:30 PM)	5 Day - $ 200.00/mo	4 Day - $168.00/mo	3 Day - $ 126.00/mo	2 Day - $ 96.00/mo
Before & After School	5 Day - $ 275.00/mo	4 Day - $224.00/mo	3 Day - $171.00/mo	2 Day - $116.00/mo
Full Day Teacher In-Service Days (7:00 AM-6:00 PM)	Per Day - $ 50.00			
Half Day Teacher In-Service (All families must register in advance.)	Per Day- $ 25.00			
Daily Rate	NO DROP IN CARE AVAILBALE			
Winter/Spring Vacation (7:00 AM-6:00 PM)	Per Day - $ 50.00			
DISCOUNTS	10% discount for each additional child			

PROGRAM:

☐ Before School ☐ After School ☐ Before and After School ☐ In-service Only

DAYS OF ATTENDANCE: (Must be specified)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

The above monthly rates are adjusted rates as they have been divided out over a 10 month period. There will be no reduction in fees for weather-related school closings, illness of parent or child, or other personal matters which prevent attendance.

Please return this form to:
Office of Child Care
Attn: Jacqueline Barnhart
411 Babylon Rd
Horsham, PA 19044

**The above monthly rates are adjusted rates as they have been divided out equally over a 10 month period to cover the 180 school days. There will no reduction in fees for weather related school closings, illness of parent or child, or other personal matter which prevents attendance. Fees are subject to changes based on supplemental services. **
**Any change of schedule or removal from the program requires a 2 week written notice. **

REGISTRATION FORMS AND FEE ARE DUE BY AUGUST 1, 2019
DAY CARE SPACES WILL NOT BE HELD FOR REGISTRATIONS RECEIVED WITHOUT REGISTRATION FEE.

Hatboro-Horsham School District's
2019-2020 Child Care
Emergency & Health Information

Student's Name _____
Last First

Address_____ Date of Birth: _____

Parent's Names _____ Home Phone #: _____

Mother Cell # _____ Father Cell # _____

Work # _____ Work # _____

Work Address _____ Work Address _____

Mother Email _____ Father Email _____

List 2 neighbors or nearby relatives who can be called to assume temporary care of your child if you cannot be reached.

1 Name _____ Phone _____

Address _____ Relationship _____

2 Name _____ Phone _____

Address _____ Relationship _____

I give permission for my child to be given:

Tylenol _____ yes _____ no **Tums** _____ yes _____ no

Please give details and dates if your child has, or had, any of the following health problems: (write none if child does not have)

Allergies_____

Asthma _____ Does your child carry an inhaler? _____

Diabetes _____ Heart _____

Vision _____ Hearing _____

Reoccurring Illness _____ Seizures _____

Does your child take any medication? _____ Name of medication(s) _____

Reason for Medication _____

Is there anything more about this child's health you think is important for us to know? Explain.

_____

_____

Family Doctor _____ Phone _____

Address _____

Dentist _____ Phone _____

Health Insurance Coverage _____ Policy # _____

In case of an emergency, I hereby give permission for the child care staff to perform **minor first-aid procedures** and to **obtain emergency medical care** by medical personnel and transported to an appropriate medical facility for further evaluation and treatment.

Parent Signature _____ **Date** _____

January Parent Update Signature _____ **Date** _____

AGREEMENT

55 PA CODE CHAPTERS 3270.123 &. 181(C); 3280.123 &. 181(c); 3290.123 &. 181(c)

NAME OF CHILD		
FEE AMOUNT $	PER-DAY -WEEK week	DAY PAYMENT TO BE MADE 1st of the Month

Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)

Childcare, snack, outside time, computer usage arts and crafts, whole group activities,

Parents will receive a Child Service report every 6 months if enrolled 15 or more hours per week.

CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TI ME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED 1. 2. 3. 4.
LATE FEE $1.00	PER MIN-HR 1 minute	

Extra services to be provided at an additional fee if applicable

I, the parentlguardian;

☑ received complete written program information at the time of enrollment. (s 3270.12 1, 3280.121, 3290.121)

☑ agree to update the emergency contactlparental sent form information whenever changes occur or every 6 months at a 3270.124, 3280.124, 3290.124)

9/1/19

SIGNATURE-OPERATOR DATE SIGNATURE-PARENT OR GUARDIAN DATE

DATE OF CHILD'S ADMISSION 9/3/19
DATE OF WITHDRAWAL

PERIODIC REVIEW	
SIGNATURE-PARENT OR GUARDIAN	DATE

Hatboro-Horsham School District

To: Hatboro Horsham School District Child Care Parents

From: Jacqueline Barnhart

Date: June 19, 2018

Re: Limited English Proficiency Policy Statement

It is our responsibility to ensure that all clients have meaningful and equal access to services. This responsibility encompassing the most basic of human needs and the need for communication and understanding.

In order to ensure effective communication Hatboro-Horsham School District staff will make every effort to ensure communication and understanding for those clients or their immediate families who are identified as having Limited English Proficiency (LEP).

In addition, the public offices have been equipped with universal symbols for bathrooms, exits and water fountains.

Once a client or their family has been identified as needing translation or interpretive services, Hatboro-Horsham School District staff will contact the corresponding appropriate agency.

Hatboro-Horsham School District

To: Hatboro Horsham School District Preschool Parents

From: Jacqueline Barnhart

Date: June 19, 2018

Re: Nondiscrimination in Services

Admissions, the provisions of services and referral of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aids, 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 that they have been discriminated against may file a complaint of discrimination with:

Jacqueline Barnhart
Simmons Elementary School
411 Babylon Rd
Horsham, PA 19044

Revised June 2018

Department of Public Welfare
Bureau of Equal Opportunity
Room 223, Health & Welfare Bldg.
P.O. Box 2675
Harrisburg, PA 17105-2675

PA Human Relations Commission
Philadelphia regional Office
110 N. 8th Street, Suite 501
Philadelphia, PA 19107

U.S Dept of Health & Human Service
Office of Civil Rights
Suite 372, Public Ledger Building
150 S Independence Mall West
Philadelphia, PA 19106-9111

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

Hatboro-Horsham School District
Child Care Program

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 of race, color, religious creed, disability, ancestry, national origin, age or sex.
- To file a complaint of discrimination if you feel you have been discriminated against on the basis of race, color, religious creed, disability, ancestry, national origin, age or sex. Complaints of discrimination may be filled with any of the following:

Hatboro-Horsham School Disrtict
Office of Child Care
411 Babylon Rd
Horsham, PA 19044

Department of Public Welfare
Bureau of Equal Opportunity
Room 223, Health & Welfare Bldg.
P.O. Box 2675
Harrisburg, PA 17105-2675

U.S Dept of Health & Human Service
Office of Civil Right
Suite 372, Public Ledger Building
150 S Independence Mall West
Philadelphia, PA 19106-9111

PA Human Relations Commission
Philadelphia regional Office
110 N. 8th Street, Suite 501
Philadelphia, PA 19107

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

_____
Parent/Guardian Signature Date

_____
Staff Signature Date

Revised June 2017

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:

☐ 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)

☐ YES ☐ NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

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

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

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

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

ATTACHMENT 6 – CHILD PICK-UP AUTHORIZATION

I, _____, authorize ***Hatboro-Horsham School District Child Care Program*** to release my child(ren) to the person(s) designated . This is in consonance with the ***Hatboro-Horsham School District Child Care Program Child Care Program's*** Emergency Operations Plan.

Student's Name: _____

Designated Custodian (s):

Name	**Relationship**
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

_____

Your Signature Relationship Date

_____

Print Name

_____

Address

_____

Address

(Home Phone) _____ (Work) _____ (Cell) _____

NOTE: Parents and guardians should designate themselves as designated custodians. Friends, neighbors and other relatives may also be designated. PLEASE PRINT CLEARLY.

Dear Child Care Parents,

At Hatboro Horsham School District, we are constantly looking at ways to improve on the service we provide you and your children. With this in mind, we are pleased to announce our new, preferred method of collecting and processing tuition and fee payments.

Tuition Express, part of our ProCare Software management system, will allow us to process tuition and fee payments safely, quickly and efficiently from your checking account, saving account or a major credit card. We accept MasterCard, Visa, or Discover. In a matter of minutes we will accomplish what has taken us hours to complete.

Once you complete the enclosed application and return it to me for processing, you will be enrolled in Tuition Express. Once enrolled, I will send you information regarding your Tuition Express ID. You may access the website www.tuitionexpress.com to activate your online account. Here you will be able sign up to receive instant e-mail notifications or to print receipts for posted payments.

Payments will be processed automatically on the 1st of each month. Alternate arrangements can be made by contacting me at 215-420-5470 or via email at Jbarnhar@hatboro-horsham.org.

Your personal account information is safe with Tuition Express—safer, in fact, than paying by check. Automated payments have proven safer than writing checks and eliminate potential check fraud or identity theft.

By completing the enclosed Tuition Express enrollment form, you will help us take a gigantic step forward in our payment processing.

Sincerely,

Jacqueline Barnhart

Director of Child Care

Tuition™ Express

Automated Payment Processing
Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express™ – an automatic payment processing system that allows on-time tuition and fee payments to be made with your credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR CREDIT CARD AUTHORIZATION

I (we) hereby authorize _____ (business name) to initiate recurring credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

☐ Check if you wish to make online payments

For Official Use Only

Date Received _____

Employee Signature _____

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