PARENT HANDBOOK

2026-2027 PROGRAM YEAR

Kindergarten through age 15

Monday-Friday | 2:30 PM-6:00 PM

I AM PHRESH AFTER-SCHOOL PROGRAM

12301 McNulty Road | Philadelphia, PA 19154

215-758-3461 | Phreshcenter@gmail.com

WELCOME TO I AM PHRESH

Dear I Am Phresh Families,

Welcome to the I Am Phresh After-School Program. Our goal is to provide a safe, structured, creative, and active environment where children can complete schoolwork, build confidence, move their bodies, explore the arts, and develop positive relationships.

This handbook explains our program hours, school-pickup procedures, tuition, Child Care Works participation, full-day care, safety expectations, and family responsibilities. Please read it carefully and keep it for reference throughout the program year.

Our promise: to help every child learn, move, create, and grow while being treated with care, respect, and consistency.

Quick Program Information

Program	I Am Phresh After-School Program
Ages	Kindergarten through age 15
Regular hours	Monday-Friday, 2:30 PM-6:00 PM
Scheduled no-school days	8:00 AM-6:00 PM, excluding designated holidays
Address	12301 McNulty Road, Philadelphia, PA 19154
Phone	215-758-3461
Email	Phreshcenter@gmail.com
Payment options	Private Pay and Child Care Works (CCW)

Important

The signed enrollment agreement, transportation authorization, and any Child Care Works authorization are part of the family's agreement with I Am Phresh. Policies may be revised when required by law, licensing, ELRC, school schedules, transportation needs, or program operations. Families will receive notice of material changes.

PROGRAM OVERVIEW

Our Purpose

I Am Phresh is more than a place to wait after school. Our program combines academic support, movement, creativity, leadership, and community. Children are encouraged to build responsibility, express themselves, and make steady progress in a supportive group setting.

What Regular Tuition Includes

- **Approved school pickup.** Pickup is provided only after the child's route and school are confirmed in writing.
- **Homework and reading support.** Staff provide a quiet work period and reasonable assistance; families remain responsible for reviewing assignments.
- **Afternoon snack.** Families must disclose allergies and dietary restrictions before the child begins care.
- **Hip-hop dance and movement.** Age-appropriate movement activities support coordination, confidence, and self-expression.
- **Sports and organized games.** Activities may take place indoors or outdoors when appropriate.
- **Arts, crafts, and Creative Studio projects.** Projects rotate throughout the year.
- **Leadership and social development.** Children practice teamwork, communication, responsibility, and respect.

Sample After-School Schedule

Time	Activity
2:30-3:15 PM	School pickup, arrival, attendance, and snack
3:15-4:00 PM	Homework, reading, and academic support
4:00-4:45 PM	Dance, sports, fitness, or movement
4:45-5:30 PM	Creative Studio, arts and crafts, games, or enrichment
5:30-6:00 PM	Group activity, cleanup, and parent pickup

Schedule Note

The daily schedule may change because of school dismissal times, transportation, special projects, trips, performances, weather, or the needs of the group.

Eligibility and Enrollment

The program serves children enrolled in kindergarten through age 15. Enrollment is not complete until all required records, agreements, authorizations, and payments have been received and the child's school-pickup plan has been approved.

Required Before the First Day

- Completed child application
- Completed Child Care Agreement
- Completed Emergency Contact / Parental Consent Form (CY 867)
- Proof of date of birth
- Completed Pennsylvania Child Health Report (CD 51) and immunization record
- Health-insurance information
- Parent or guardian photo identification
- Authorized-pickup list and custody documents, when applicable
- Signed transportation and transfer-of-care authorization
- Allergy, medication, medical, behavioral, IEP, 504, or accommodation information needed for safe care
- Child Care Works authorization, when applicable
- Registration payment and private-pay deposit, when applicable

Regular Program Hours

Monday-Friday: 2:30 PM-6:00 PM

Children may attend only on approved days and during authorized hours. Care outside the approved schedule must be requested in advance and is not guaranteed.

Early-Dismissal Days

On a scheduled early-dismissal day, I Am Phresh will pick up enrolled children from their approved school at the school's dismissal time. Care continues until 6:00 PM. There is no additional early-dismissal care charge for a child already scheduled to attend that day. A separate trip or special-activity fee may apply when announced in advance.

Scheduled No-School Days

On approved non-holiday school closings, I Am Phresh may provide full-day care from 8:00 AM-6:00 PM. Examples include professional-development days, staff-development days, and teacher workdays. Advance registration is required, space is limited, and each date will have a separate trip or activity fee based on the destination and planned activity.

Holidays and Emergency Closings

The program does not provide full-day care on designated holidays. I Am Phresh may close, delay opening, cancel transportation, or end care early when weather, building conditions, transportation conditions, public emergencies, or other safety concerns make operation unsafe. Families will be contacted as quickly as reasonably possible.

SCHOOL PICKUP & TRANSPORTATION

Pickup Service Area

Pickup is available from select schools in and around Northeast Philadelphia. A school is not guaranteed until I Am Phresh confirms the route, dismissal time, capacity, and transfer location in writing.

Schools in the Current or Potential Service Area

- Stephen Decatur School
- A. L. FitzPatrick School
- MaST Community Charter School III
- St. Martha Parish School
- Our Lady of Calvary School
- Saint Anselm Catholic School
- Other nearby schools approved according to route demand and transportation capacity

Transfer of Care

For afternoon pickup, I Am Phresh becomes responsible for supervision when the child enters the I Am Phresh vehicle, is released directly to an I Am Phresh staff member at the school, or is received at another location identified in the signed transportation agreement. The school remains responsible until that transfer occurs, unless a different written arrangement is signed by the parent or guardian.

Children may not walk independently from school, a school-bus stop, or another location to I Am Phresh unless the parent or guardian and the program sign a specific written plan. Parents must inform both the school and I Am Phresh of all approved transportation arrangements.

Family Transportation Responsibilities

- Send a text message to 215-758-3461 at least 24 hours in advance when your child will be absent from school, leave school early, or will not need pickup. For an unexpected illness or emergency, text the program as soon as possible and before the school's dismissal time.
- Keep school dismissal information and emergency contacts current.
- Tell the school that I Am Phresh is authorized to pick up the child.
- Provide any school-required pickup card, identification, or dismissal authorization.
- Immediately report a change in school, dismissal time, custody, address, or transportation needs.
- Ensure the child understands the approved meeting point and follows staff directions.

Missed Pickup

If a child is not at the approved pickup location, staff will contact the school and parent or guardian. The route may need to continue to protect the safety and timely supervision of other children. The family may be required to arrange alternate transportation to I Am Phresh.

TUITION & PAYMENT POLICIES

Private-Pay Rates

Enrollment Option	Private-Pay Rate	Notes
After-school, 1-4 days	$40 per child, per day	2:30 PM-6:00 PM; approved school pickup included.
After-school, 5 days	$200 per child, per week	Monday-Friday; tuition reserves the child's scheduled space.
Scheduled no-school day	$65 per child, per day	8:00 AM-6:00 PM; trip or special-activity fee is additional.
Early-dismissal day	Included for scheduled children	Pickup occurs at the school's early-dismissal time; care continues until 6:00 PM.
Private-pay sibling discount	50% off one additional sibling	Applied to the lower regular tuition amount; registration, trip, late-pickup, and other fees are not discounted.

Registration fee: $20 per child for private-pay enrollment.

Private-pay sibling discount: When two or more siblings are enrolled at the same time, one additional sibling receives 50% off regular private-pay tuition. The discount applies to the lower tuition amount and does not apply to registration, trip, late-pickup, or other additional fees.

Private-pay deposit: A two-week deposit is due before the first day. The deposit is applied to the first and final scheduled weeks of care, provided the family gives the required withdrawal notice and the account is paid in full.

Payment Due Dates

- Weekly tuition and family copayments are due each Monday unless a written agreement states otherwise.
- Tuition reserves the child's scheduled space and remains due when the child is absent, except where Child Care Works rules require different treatment.

- Trip and special-activity fees are due by the announced deadline and are not included in regular tuition.
- Accepted payment methods will be listed on the invoice or family agreement.

Late Payments

A late fee of $10 may be assessed for each day a private-pay balance or required copayment is late. After three consecutive days of nonpayment, care may be suspended until the account is brought current or a written payment arrangement is approved.

Late Pickup

The program closes at 6:00 PM. A late-pickup fee of $1 per minute, per child, is due at pickup. Repeated late pickup may result in a required meeting, schedule change, suspension, or termination of enrollment.

Rate Changes

Rates and fees may change. Families will receive written notice before a new private-pay rate takes effect. Published private-pay rates are also reported to the ELRC when required for Child Care Works payment processing.

CHILD CARE WORKS (CCW)

CCW Families

I Am Phresh accepts Child Care Works, formerly known as CCIS, for eligible families with an approved authorization. The Early Learning Resource Center pays all or part of the authorized child-care cost, and the family pays the assigned copayment directly to the program.

Family Responsibilities

- Provide a valid authorization before subsidy payments can be applied.
- Pay the assigned family copayment by the due date.
- Pay trip fees, special-activity fees, late-pickup fees, unauthorized care, and other charges not covered by CCW.
- Promptly report employment, training, schedule, address, household, or eligibility changes to the ELRC as required.
- Ensure that the authorized days and hours match the child's actual enrollment schedule.
- Cooperate with attendance verification and sign records when required.

CCW provider payments are based on the family's authorization, the program's verified private-pay rates, and the applicable state payment rules. The CCW payment amount is not the same as the parent's tuition bill. If the subsidy and copayment do not cover the program's published charge, the family may be responsible for an allowable difference when disclosed in the family agreement and permitted by current CCW policy.

Authorization Changes

A change or interruption in CCW authorization does not automatically cancel the family's financial responsibility. Families should contact the ELRC and I Am Phresh immediately to prevent an unpaid balance.

FULL-DAY CARE, TRIPS & ATTENDANCE

Full-Day Care

Full-day care is offered only on announced, approved non-holiday school-closing dates. Hours are 8:00 AM-6:00 PM. Families must register by the stated deadline. A child is not reserved for a full-day date until registration and required payment or authorization are confirmed.

Trips and Special Activities

- Each announced no-school day may include a trip or special activity.
- The trip fee varies based on admission, transportation, staffing, supplies, and the destination.
- Families receive the destination, schedule, clothing or lunch requirements, and fee before the date.
- A signed permission form may be required for each trip.
- If a family chooses not to participate, alternate care may not be available.
- Trip fees are generally nonrefundable after tickets or transportation have been purchased.

Attendance and Absences

- Parents must send a text message to 215-758-3461 at least 24 hours in advance when a child will be absent from school, leave school early, or will not need pickup. For an unexpected illness or emergency, notify the program as soon as possible and before the school's dismissal time.
- Children may attend only on contracted or authorized days unless additional care is approved.
- Repeated unexplained absences may affect transportation routing and continued enrollment.
- Private-pay tuition remains due for reserved days. CCW attendance and absence payments follow current program rules and the child's authorization.

Arrival and Departure

Children arriving for full-day care must be signed in by an authorized adult. At departure, children are released only to adults listed in the child's record. Staff may request government-issued photo identification. Parents must provide court orders or custody documents that limit pickup rights; verbal instructions alone cannot override a valid custody order.

Independent Departure

No child will leave I Am Phresh independently unless the parent or guardian and the program sign a separate written authorization that identifies the days, time, destination, and conditions. The program may deny or revoke independent-departure permission when safety concerns exist.

HEALTH, MEDICATION & WELLNESS

Health Records

Families must provide a completed Pennsylvania Child Health Report (CD 51), including the child's immunization record, before care begins. Families must also provide current insurance, allergy, medication, and emergency-contact information. Records must be updated whenever information changes or a new health report is required.

Illness

Children must be healthy enough to participate in the regular program. A child may be excluded or sent home when symptoms prevent participation, require more individual care than staff can safely provide, create a health risk to others, or meet an exclusion requirement from public-health or child-care guidance. The parent or emergency contact must arrange prompt pickup when called.

Medication

- Medication will be administered only when required forms and written instructions are complete.
- Medication must be in the original labeled container and must match the written authorization.
- Parents are responsible for replacing expired medication and updating instructions.
- Emergency medication must be available whenever the child attends, including trips and transportation when required.

Allergies and Special Needs

Parents must disclose allergies, asthma, seizure conditions, diabetes, behavioral or developmental needs, dietary restrictions, and other information necessary for safe care. I Am Phresh will discuss reasonable accommodations with the family and may request a written care plan from a licensed health professional.

Food and Snack

An afternoon snack is provided during regular after-school care. Children may need to bring lunch, additional snacks, and a refillable water bottle on full-day dates. All food restrictions and allergies must be documented in writing.

SAFETY, EMERGENCIES & BEHAVIOR

Emergency Medical Response

In a medical emergency, staff will provide appropriate first aid, contact 911 or local emergency services when needed, and notify the parent or guardian. If transport is necessary, the child may be taken to the nearest appropriate medical facility. The program's identified nearby hospital is Jefferson Torresdale Hospital, 10800 Knights Road, Philadelphia, PA 19114, 215-612-4000.

The parent or guardian is responsible for medical costs not covered by insurance. A signed emergency-medical authorization is required in the child's file.

Emergency Operations

- Children and staff may shelter in designated interior areas when remaining inside is safest.
- When evacuation is required, children and staff will use the safest available exit and move to the designated assembly or relocation location.
- The designated nearby relocation location is in the adjacent complex at Groomers Choice, 2800 Black Lake Place, Philadelphia, PA 19154, unless emergency officials direct otherwise.
- Families will receive reunification instructions by phone, text, email, or another available communication method.
- No child will be released during an emergency except through the program's authorized release process.

Emergency Plan Review

The facility maintains a more detailed emergency plan, drill records, emergency contacts, and route information. The relocation location and procedures are reviewed periodically and may change when safety conditions require it.

Positive Behavior Guidance

Staff use clear expectations, redirection, problem-solving, positive reinforcement, restorative conversations, and age-appropriate consequences. Discipline will never include corporal punishment, humiliation, threats, withholding basic needs, abusive language, or punishment for accidents or disability-related behavior.

Unsafe or Repeated Behavior

When behavior creates a safety concern or repeatedly disrupts care, the program will communicate with the family and may develop a written support plan. Serious incidents may require immediate pickup. Enrollment may be suspended or ended when the program cannot safely meet the child's needs after reasonable communication and planning.

FAMILY COMMUNICATION & PROGRAM POLICIES

Communication

Families are expected to keep phone numbers, email addresses, emergency contacts, school information, and authorized-pickup information current. Program notices may be sent by email, text message, phone, paper notice, or the program's enrollment platform.

Personal Belongings

- Label backpacks, coats, water bottles, electronics, and other belongings with the child's name.
- Do not send weapons, unsafe items, illegal substances, or valuables.
- Personal electronics may be limited during homework, activities, trips, and group time.
- I Am Phresh is not responsible for lost, stolen, or damaged personal property unless required by law.

Photos and Media

I Am Phresh may photograph or record program activities only according to the family's signed media authorization. A family may decline public promotional use without affecting enrollment. Images needed for internal safety, documentation, or legal compliance are handled separately.

Confidentiality

Child and family records are treated as confidential and are shared only with authorized persons, staff who need the information to provide care, government or licensing agencies, emergency personnel, or others as required or permitted by law.

Withdrawal and Termination

Private-pay families should provide at least two weeks' written notice before withdrawal. Accounts must be paid in full. I Am Phresh may suspend or terminate enrollment for nonpayment, repeated late pickup, failure to provide required records, unsafe conduct, inability to maintain a safe placement, repeated violation of program policies, loss of required authorization, or other serious operational reasons. When possible, the program will communicate concerns and provide written notice before termination.

Concerns and Questions

Families are encouraged to raise questions early. Contact the program owner or director at 215-758-3461 or Phreshcenter@gmail.com. Emergencies and urgent pickup changes should be communicated by phone.

ENROLLMENT CHECKLIST & ACKNOWLEDGMENT

Family Enrollment Checklist

☐ Completed child application

☐ Completed Child Care Agreement

☐ Completed Emergency Contact / Parental Consent Form (CY 867)

☐ Emergency contacts

☐ Proof of birth date

☐ Completed Pennsylvania Child Health Report (CD 51) and immunization record

☐ Health-insurance information

☐ Allergy/medication plans

☐ Authorized-pickup list

☐ Custody documents, if applicable

☐ Transportation and transfer-of-care form

☐ Emergency-medical authorization

☐ Media-consent selection

☐ Child Care Works authorization, if applicable

☐ Registration fee/deposit, if applicable

☐ Signed handbook acknowledgment

Parent/Guardian Acknowledgment

I acknowledge that I received the I Am Phresh After-School Program Parent Handbook. I understand that I am responsible for reading the handbook, following program policies, providing accurate and updated information, and asking questions when clarification is needed. I understand the school-pickup and transfer-of-care policy, including the time and location at which I Am Phresh assumes responsibility for my child.

Child name: _____

Parent/guardian printed name: _____

Parent/guardian signature: _____

Date: _____

Program representative: _____

Date: _____

CHILD ENROLLMENT APPLICATION

Child Information

Child's full legal name: _____

☐ Kindergarten ☐ Grade 1 ☐ Grade 2 ☐ Grade 3 ☐ Grade 4 ☐ Grade 5 ☐ Grade 6 ☐ Grade 7 ☐ Grade 8 ☐ Age 14-15

Date of birth: _____

Home address: _____

City/State/ZIP: _____

Child's school: _____

School address: _____

Regular dismissal time: _____

Early-dismissal time: _____

Parent/Guardian Information

Adult 1 name: _____

Relationship: _____

Mobile phone: _____

Email: _____

Adult 2 name: _____

Relationship: _____

Mobile phone: _____

Email: _____

Requested Schedule

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

☐ Private Pay ☐ Child Care Works ☐ School Pickup Requested ☐ Full-Day Care Interest

Requested start date: _____

Emergency Contacts Other Than Parent/Guardian

Contact 1 name and relationship: _____

Phone: _____

Contact 2 name and relationship: _____

Phone: _____

Health and Support Information

Allergies: _____

Medications: _____

Medical conditions: _____

Dietary restrictions: _____

IEP/504/accommodations or support needs: _____

Child's physician and phone: _____

Insurance provider/member number: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

I give I Am Phresh permission to obtain emergency medical evaluation and treatment for my child when I cannot be reached or when delaying care could endanger my child. This authorization includes transportation by emergency services and treatment recommended by a licensed medical professional, including anesthesia or surgery when medically necessary.

Child's full name: _____

Insurance provider: _____

Policy/member number: _____

Preferred hospital or treatment center: _____

Child's physician: _____

Physician phone: _____

I understand that I am financially responsible for medical treatment, transportation, and related expenses not covered by insurance.

Parent/guardian printed name: _____

Parent/guardian signature: _____

Date: _____

SCHOOL PICKUP & TRANSPORTATION AUTHORIZATION

Child's name: _____

School: _____

School dismissal location/door: _____

Regular dismissal time: _____

Early-dismissal time: _____

☐ Pickup Monday ☐ Pickup Tuesday ☐ Pickup Wednesday ☐ Pickup Thursday ☐ Pickup Friday

Transfer of Care Selection

☐ I Am Phresh assumes supervision when my child enters the program vehicle.

☐ I Am Phresh assumes supervision when my child is released directly to program staff at the school.

☐ A different arrangement is approved below.

Different arrangement: _____

Independent Travel

☐ My child is NOT permitted to walk independently to or from school, a bus stop, or I Am Phresh.

☐ I request an independent-travel plan and understand that a separate written approval is required.

I authorize the child's school to release my child to I Am Phresh on the approved days. I agree to send a text message to 215-758-3461 at least 24 hours in advance whenever my child will be absent from school, leave school early, or will not need pickup. If the change is caused by an unexpected illness or emergency, I will text I Am Phresh as soon as possible and before the school's dismissal time.

Parent/guardian name: _____

Signature: _____

Date: _____

Program approval: _____

Effective date: _____

AUTHORIZED PICKUP & MEDIA CONSENT

Authorized Pickup Persons

List every person who may pick up the child. Photo identification may be required.

1. Name / relationship / phone: _____

2. Name / relationship / phone: _____

3. Name / relationship / phone: _____

4. Name / relationship / phone: _____

Persons Not Authorized to Pick Up

Name(s): _____

Attach any current custody or protective order that affects pickup. I Am Phresh cannot enforce verbal restrictions that conflict with a valid court order.

Media Consent

☐ YES - I authorize photos/video for the I Am Phresh website, social media, flyers, and program promotions.

☐ YES - I authorize photos/video only for private family communication and internal program use.

☐ NO - I do not authorize promotional photos/video of my child.

Child's name: _____

Parent/guardian signature: _____

Date: _____

Required Child Health Report (CD 51)

A completed Pennsylvania Child Health Report must be returned before your child begins care. The parent or provider completes the top section, and a physician, CRNP, or physician assistant completes and signs the medical section. Include immunization dates or attach a copy of the immunization record. Do not omit any information.

The official CD 51 Child Health Report, Child Care Agreement, and CY 867 Emergency Contact / Parental Consent Form are included on the following pages.

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.

CD 51 09/08

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	DAY PAYMENT TO BE MADE

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

CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE $	PER MIN-HR	

Extra services to be provided at an additional fee if applicable

I, the parent/guardian;

☐ received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

☐ agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minumum. (§ 3270.124, 3280.124, 3290.124)

SIGNATURE-OPERATOR DATE

SIGNATURE-PARENT OR GUARDIAN DATE

DATE OF CHILD'S ADMISSION	PERIODIC REVIEW
DATE OF WITHDRAWAL	SIGNATURE-PARENT OR GUARDIAN DATE

03892A

CY 321 - 12/99

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

CHILD'S NAME	DATE OF BIRTH
ADDRESS	
PARENT'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER ( )
ADDRESS	
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
ADDRESS	
PARENT'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
ADDRESS	
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
ADDRESS	

EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE

PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	TELEPHONE NUMBER
ADDRESS	

SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL SITUATION
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD	
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)

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

OBTAINING EMERGENCY MEDICAL CARE	**ADMIN. OF MINOR FIRST-AID PROCEDURES**
WALKS AND TRIPS	SWIMMING
TRANSPORTATION BY THE FACILITY	WADING

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN _____ DATE _____

SIGNATURE OF PARENT or GUARDIAN _____ DATE _____

WHITE COPY (Original) **YELLOW COPY** (Child Care Space) **PINK COPY** (Excursion) CY 867 10/22

PROGRAM REFERENCES

This handbook was prepared to align with the program decisions communicated by I Am Phresh and current publicly available Pennsylvania guidance. The signed family agreement and current law, regulations, ELRC authorization, and certification requirements control if a conflict exists.

- Pennsylvania Department of Human Services - Child Care Works
- Pennsylvania Department of Human Services - Child Care Regulations
- Pennsylvania Key - Maximum Child Care Allowance Daily Rates
- OCDEL Announcement C-25-03 - Transfer of Care Between Facility and School
- Jefferson Torresdale Hospital

I AM PHRESH AFTER-SCHOOL PROGRAM

Learn. Move. Create. Grow.