

ANN KIDS

Day Care Center

Child's Name: _____

DOB: _____

Documents to Bring:

☐ Emergency Contact Form

Date: _____

☐ SSN Form

☐ Food Program Form

Date: _____

☐ Copy of Birth Certificate

☐ Copy of Parents' Photo ID

Type: _____

☐ Medical Assessment & Immunization Record

Date: _____

☐ Medicine Permission Form

Date: _____

☐ Dental Assessment (3+ years old)

Date: _____

☐ Photo Permission

Granted: Yes ☐ No ☐

Do you have ELRC (formerly known as CCIS):

Yes ☐ No ☐

Annual Contract (read and signed upon receiving
all the above paperwork)

Date: _____

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		BIRTH DATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE 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
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTIONS)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENTS 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

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:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

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

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): <input type="checkbox"/> 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. <input type="checkbox"/> NONE						
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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) <input type="checkbox"/> YES <input type="checkbox"/> 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:						
		PHONE:		LICENSE NUMBER:		DATE FORM SIGNED:



Day Care Center

10100 Jamison Avenue,
Philadelphia, PA 19116
215-869-0207

Permission to Administer Medications

Date:	
Child's Name:	
Child's DOB:	
Child's Address:	
Child's 4 Last Digits of Social Security	
Doctor's Name:	
Prescription for or fever higher than _____:	
Tylenol (Dosage: _____)	
Other: _____	
Prescription for light scrapes and bruises:	
Thin layer of Neosporin	
Prescription for scrapes that cause light bleeding:	
Peroxide to stop the bleeding and disinfect. Call 911 if bleeding does not stop within _____	
Doctor's Signature:	Office Stamp:
<p>I, (parent's name) _____ give permission to Ann Kids Child Day Care Center to administer medication prescribed by the doctor if my child, (child's name) _____, has fever. I will pick up my child within an hour from the phone call. I understand that if no one comes to pick up my child within an hour and the fever does not go down, then Ann Kids will have to take him or her to the emergency room at my expense. I must pick up my child within an hour even if the fever does go down and come back with a doctor's note that my child does not have any contagious diseases and can come back to the center.</p>	
Parent's Name:	Parent's Signature:



Day Care Center

10100 Jamison Avenue,
Philadelphia, PA 19116
215-869-0207

PHOTOGRAPHY CONSENT FORM

As the parent of a child/children at Ann Kids Child Day Care, I understand that my child(ren) whose name(s) are listed below may be photographed at Ann Kids Child Day Care Center during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet. I give permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting our child care services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation.

Parent/Guardian Full Name:

Relationship To Child:

Child(ren)'s Full Name(s):

Address:

City

State:

Zip:

Parent/Guardian Signature:

Date:

Ann Kids Food Program Enrollment Form Packet Directions:

We are excited to have your child join Ann Kids Food Program – a USDA funded CACFP sponsor! Our meals are both healthy and delicious, made by a professional chef with over thirty years of experience. We deliver hot USDA-approved meals daily, as well as infant formula, pureed food and chopped food. Our goal is to make children healthy, parents happy, and centers proud.

To make it easier and speed up the enrollment process, below are the directions for filling out the Enrollment Form Packet:

- ***Child Enrollment Form*** must be submitted for every child. Every sibling must have an individual form. One Income Eligibility Form may be submitted for children enrolled in same Child Care Center that live in one household. ***Infant Enrollment Form*** must be submitted for every infant in addition to the Child Enrollment Form. We provide formula, pureed, and chopped food, but to do that we must have both forms. Additionally, ***Permission Slip*** must be submitted for every 6 – 11 months old infant. Permission Slip must be filled in order for us to provide baby food.
- Please, complete every field on the Child Enrollment Form neatly, please print. All fields on the form are required. To speed up the enrollment process and ensure your child receives nutritious meals the soonest, please make sure you filled out the form correctly. If you have any questions, please ask your child care Director for assistance.
- Please follow the instruction on “2019-2020 Letter to the Parents” to fill out the ***Meal Benefit Income Eligibility Form*** correctly. Ann Kids Food Program will not be able to determine the eligibility without a correctly filled out form. To speed up the enrollment process and ensure your child receives nutritious meals the soonest, please make sure you filled out the form correctly. If you have any questions, please ask your child care Director for assistance.
- ***Participation in this program will NOT affect any other subsidy that you currently receive.***

Thank you for your cooperation!

We look forward to putting a smile on your children’s faces!

CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).



APPLY ONLINE:
Insert URL Here

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	Foster Child	Migrant	Runaway	Homeless	Head Start
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income How often? ☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Bi-Monthly

B. All Household Members that were not listed in STEP 1 (all persons living in your household not listed in STEP 1, for example: older children, grandparents, partners, etc.)

List all Household Members not listed in STEP 1 (including yourself) **even if they do not receive income.** For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Full Name of a Household Member (even if does not receive income)	Earnings from Work	How often?				Welfare/Child Support/Alimony	How often?				Pensions/Retirement/Social Security/SSI/VA Benefits	How often?			
		Weekly	Bi-Weekly	Monthly	2x Month		Weekly	Bi-Weekly	Monthly	2x Month		Weekly	Bi-Weekly	Monthly	2x Month
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member Check if no SSN ☐

STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Adult Signing the Form	Signature of Adult	Today's Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State Zip Phone/Email

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none">A child has a regular full or part-time job where they earn a salary or wages
Social Security <ul style="list-style-type: none">- Disability Payments- Survivors Benefits	<ul style="list-style-type: none">A child is blind or disabled and receives Social Security benefitsA parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	<ul style="list-style-type: none">A friend or extended family member regularly gives a child spending money
Income from any other source	<ul style="list-style-type: none">A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none">Salary, wages, cash bonusesNet income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none">Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)Allowances for off-base housing, food, and clothing	<ul style="list-style-type: none">Unemployment benefitsWorkers compensationSupplemental Security Income (SSI)Cash assistance from State or local governmentAlimony paymentsChild support paymentsVeterans benefitsStrike benefits	<ul style="list-style-type: none">Social Security (including railroad retirement and black lung benefits)Private Pensions or disability benefitsIncome from trusts or estatesAnnuitiesInvestment incomeEarned interestRental incomeRegular cash payments from outside household

OPTIONAL

Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL*:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov.

This institution is an equal opportunity provider.

***Only use this address if you are filing a complaint of discrimination.**

DO NOT FILL OUT

For official use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income

How often?

Weekly

Bi-Weekly

Monthly

2x Month

Household size

Categorial Eligibility

☐

Eligibility

Free

Reduced

Denied

Determining Official's Signature

Date

Confirming Official's Signature

Date

Follow-up Official's Signature

Date

Child Enrollment Application and Agreement

For Administrative Use Only:

Application Date: _____

- ☐ A slot is currently not available
☐ A slot is available

Enrollment Date: _____

Enrollment:

I, _____, would like to enroll my child
Parent's Name

_____, at Ann Kids Center in
Child's Name *DOB*

the following program:

Mark one:	Program:	Age on September 1 st of the Current School Year:	Time of Operation:	Weekly Fee (subject to change with prior notice)
	Young Toddler Care Program	1 year old	7:30am – 6:00pm	\$220
	Older Toddler Care Program	2 years old	7:30am – 6:00pm	\$215
	Preschool Program	3 – 4 years old	7:30am – 6:00pm	\$210
	PHLPreK Program	3 – 4 years old	8:30am – 2:00pm (180 days/year)	Free
	PHLPreK Program and Full-Time Full School Year (Summer Not Included)	3 – 4 years old	7:30am – 6pm	\$110
	PreK Counts Program	3 – 4 years old	8:30am – 2:00pm (180 days/year)	Free
	PreK Counts Program and Full-Time Full School Year Attendance (Summer Not Included)	3 – 4 years old	7:30am – 6:00pm	\$110
	Kindergarten	5 years old	7:30am – 6:00pm	\$200
	School Age Full Day Program	5 – 12 years old	7:30am – 6:00pm	\$200
	After-School Program	5 – 12 years old	3:00pm – 6:00pm	\$135
	Summer Camp (5+ weeks)	4 – 12 years old	7:30am – 6:00pm	\$250
	Summer Camp (less than 5 weeks)	4 – 12 years old	7:30am – 6:00pm	\$270

Services

- ◇ Highest quality of education based on research-proven forward-thinking curriculum and Pennsylvania Learning Standards
- ◇ Beautiful rooms in accordance with the highest standards for educational facilities
- ◇ 24-hour camera surveillance and excellent security system¹
- ◇ Big and fun outdoor playgrounds
- ◇ Professional multilingual teachers with degrees in Education and other related fields
- ◇ Individualized approach
- ◇ Exceptional preparation for school
- ◇ Tasty and healthy homemade style meals
- ◇ A variety of subsidy programs to help qualified parents pay for the center
- ◇ Discount and referral programs
- ◇ Amazing shows and entertainment during the summer
- ◇ Great multilingual customer service

Child(ren)'s Release

- I understand that my child(ren) will only be released to myself and the authorized persons whom I listed in the Emergency Contact Form; however, unless I provide a child custody decision by court that limits another parent's rights, my child(ren) will have to be released to the other parent when requested if he or she is listed on the original birth certificate that I provided.
- I accept that in emergency situations my child(ren) will have to be released to a custodian whether listed on application or not if requested by the local authorities.
- I understand that my child will not be released to an authorized pick-up person or myself should the center staff suspect this person to be under the influence of drugs or alcohol. Any fees incurred as a result of the above stipulations will be billed to me.

¹ Camera surveillance and video recordings are for security purposes only, caregivers cannot be granted with remote or direct access. Recordings are saved for up to three days only.

Parent's Signature _____

Holidays and Early Dismissals

Ann Kids will observe the following holidays during which the center will be closed but I am still responsible for the full weekly attendance fee:

- ◇ New Year's Day
- ◇ 1st Day of Passover
- ◇ Memorial Day
- ◇ Independence Day
- ◇ Labor Day
- ◇ 1st Day of Rosh Hashanah
- ◇ Thanksgiving Day
- ◇ Black Friday
- ◇ Yom Kippur
- ◇ Christmas Day
- ◇ New Year's Eve Day

If these holidays fall on a weekend, Ann Kids reserves the right to close on a different day.

Also, I am aware that Ann Kids closes up to two hours early several times a year for the following reasons:

- ◇ Professional Development of the Staff
- ◇ Halloween
- ◇ A Day before the Aforementioned Holidays

Paperwork

It is agreed that I will return all the required forms (new and renewed) when they are due, or I may be asked to keep my child at home until all required forms are submitted. I will be responsible for tuition fees incurred during this time. It is Center's responsibility to remind me of the form expiration dates. It is my responsibility to update the forms and to make sure that my child(ren)'s medical appointments are scheduled in advance before the forms expire.

Parent's Signature _____

Attendance

- I understand that while there is flexibility with attendance for Toddler Care Program, Summer Camp, and After-School Program, I will still be responsible for the full amount of the Weekly Fee outlined in section “Payment of Fees”.
- I understand that Ann Kids is strict about the attendance of all the PreK programs (including PHLPreK and PreK Counts) and Kindergarten program. By enrolling into such programs, I agree to comply with attendance requirements in full in order to keep my child(ren) slot(s).
- I am aware that unexcused PreK/Kindergarten absences that total more than 10 days over the course of the school year or overall absences that total more than 20 days over the course of the school year, are grounds for withdrawal of a child from the program so that the next child on the waiting list can benefit from the full-time access to education. I will provide excuse notes in writing, signed by me and/or stamped by a physician.

Ann Kids Family Philosophy

I expect that at Ann Kids everyone is treated like family and diversity is celebrated. This means that employees and families alike are treated with respect and kindness without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age or sex. Ann Kids may withdraw any family who engage in any disrespectful, aggressive, or discriminatory behavior.

Communication

- I must provide a working phone number and email address to be contacted in a timely matter with important updates and in emergency situations. I agree to check the email address provided on daily basis for any communication from Ann Kids. Also, I am responsible for checking Ann Kids Facebook Page for any important updates:
www.Facebook.com/AnnKidsCenter
- I understand, that if emergency medical care is needed, I shall be contacted as soon as practical in the best interest of my child(ren). If I cannot be

Parent's Signature _____

reached, the next person on the Emergency Contact Form will be called. If none of the adults listed on the Emergency Contact Form can be reached, local authorities will be contacted.

Payment of Fees

- I am responsible for the weekly fees associated with the program that I selected for my child. I understand that the Weekly Fee is a flat rate and does not depend on the number of days attended during the week.
- I understand that weekly fee must be paid every Friday (Monday, if Friday falls on a day off) with no deduction for any absences, vacations, holidays, early dismissals, delays in opening, or closures due to inclement weather, power outages, professional development of the teachers, or any situations beyond Ann Kids control.
- After 6 months of consistent attendance, I may use up to 10 weekdays per year for a vacation without having to pay tuition. A two-week written notice must be provided.
- If the center closes for a period of a full week or longer due to pandemic, emergency building renovations, or other situations beyond the control of the center, I am responsible for 50% of my weekly fee in order to keep my child's slot.
- I agree to pay a late fee of \$10/day if tuition is not paid on time.
- If the outstanding balance is late by more than two weeks, a collection agency will be involved in retrieving the payment and immediate withdrawal of my child will be requested until the entire overdue balance is paid in full. I understand that my child(ren) may lose the slot(s) at Ann Kids.
- I agree to pay a \$35 processing fee for any bounced check or rejected payment.
- If my child remains at Ann Kids past the designated closing time, I agree to pay \$1/minute late pick-up fee. After five late pick-ups, I agree to pay \$2/minute late pick-up fee. After ten late pick-ups, I agree to pay \$5/minute late pick-up fee.

◇ Discounts:

Discounts cannot be combined and are not applicable for subsidized programs.

Parent's Signature _____

- Sibling Discount: 10% Off the Sibling Rate
- Military Discount: 10% Off the Total Rate
 - To qualify, parents must provide a valid government-issued military ID card. Discount is only valid when at least one of the parents listed on the birth certificate of the child or one of the legal guardians qualifies. Extended family does not make parents eligible for this discount.
- Ann Kids Employee Discount: 40% Off the Total Rate

◇ **Referral Program:**

- For every child referred by me, who attends for 3 months, I get 1 free week for 1 child.
- Referral must be noted upon enrollment.
- Number of referrals is unlimited.
- Slots are subject to availability.
- Earned free week credits may be transferred as a gift to another Ann Kids Family member.

◇ **Private Pay Families:**

I agree to pay the flat rate of \$_____ every Friday for the upcoming week for my child(ren)'s attendance.

During school breaks, I agree to pay an additional \$_____/week for the trips, transportation and special events, if applicable.

◇ **Families with ELRC (CCIS) Subsidy:**

I agree to pay every Friday for the upcoming week any balance of the full cost of the services that is not covered by ELRC, also known as Co-Pay. I understand that the Co-Pay is determined by ELRC and it may change. Upon receipt of communications from ELRC of any changes in Co-Pay amount, Ann Kids will update the balance due on my account, and I agree to pay any such balances in full.

Parent's Signature _____

If my child attends Kindergarten, I agree to pay the full day school age fee of \$_____ in addition to my ELRC Co-Pay of \$_____. I am aware that ELRC only covers the After-School portion of the day.

During the summer, I agree to pay the summer entertainment fee of \$_____ in addition to my ELRC Co-Pay of \$_____.

During school breaks, I agree to pay an additional \$_____/week for trips and special events, if applicable.

◇ Families Enrolled into PreK Counts or PHLPreK and Full Day Attendance Programs:

I agree to pay the flat rate of \$_____ every Friday for the upcoming week for my child(ren)'s Full Day Attendance Program. I understand that this fee only pertains to the hours of care outside of the 5.5 instructional hours provided for free by PHLPreK or PreK Counts programs. I understand that Full Day Attendance Program is a full school year commitment and is not subject to changes during the year.

I know that PHLPreK and PreK Counts programs do not cover summer:

☐ My child(ren) will stay for the summer and I agree to pay the flat rate of _____ every Friday for the upcoming week for my child(ren)'s summer camp attendance.

☐ My child(ren) will stay for the summer. We have ELRC (CCIS) and I agree to pay the following balance of the full cost of the services that is not covered by ELRC:

\$_____ (ELRC Co-Pay) + \$_____ (Summer Entertainment Fee)

☐ I am not sure whether my child(ren) will stay for the summer

☐ My child(ren) will not stay for the summer

Health

I will not bring my child(ren) with any signs of illness. I understand that if my child(ren) appear(s) ill upon drop off, my child(ren) will not be admitted at the

Parent's Signature _____

Center. If my child(ren) become(s) ill at the center, I or a person listed in the Emergency Contact form must take my child(ren) home within one (1) hour. During this hour, my child will be isolated from other children. If neither I nor any of the emergency contacts listed for my child can pick up my child within an hour, emergency services will be contacted at my expense. I understand this is a necessary measure to protect other children at the Center.

Withdrawal

Ann Kids provides a safe learning environment in which all children under care have an equal opportunity to explore, to participate in a meaningful way, and to interact with other children and adults in the care setting. If Ann Kids Administration determines that my child(ren) present(s) danger to others or do(es) not benefit from the program and need(s) a different setting that will better cater to my child(ren)'s needs, my child(ren) will be withdrawn after two weeks' notice and this agreement will be terminated. Ann Kids will assist my family with finding a better fitting setting. A child may also be withdrawn for the following reasons:

- ◇ Rude, aggressive, disrespectful or discriminatory behavior of parents towards staff or other families
- ◇ Failure to follow the rules listed in the Ann Kids Family Handbook
- ◇ Failure to pay the childcare fees, as described in Section 9
- ◇ Failure to submit the required paperwork
- ◇ Failure to comply with Attendance requirements

Release from Liability

Ann Kids will not be responsible or held liable for:

- ◇ Items brought from home that are lost, stolen or damaged. I am urged not to send valuables, money, jewelry, or toys to the Center with my child(ren).
- ◇ Contagious diseases: I understand that even with strict health policies, there is always a risk of contracting a contagious disease, such as, but not limited to, flu and stomach bug.

Parent's Signature _____

- ◇ Allergic reactions to anything not listed. I understand that I must let the center know if my child(ren) ha(s)(ve) any allergies.
- ◇ Consequences of any health preconditions, such as, but not limited to, asthma, seizures, and diabetes.
- ◇ Scrapes, scratches, bruises, bites, and other common physical damages that happen as a result of participating individually or with other children in games, entertainment programs (including but not limited to horseback riding), and other activities, given that there was effective supervision, incident report, administered first aid, and parents' notification.
- ◇ Inability to serve the needs of children who make the educational environment at Ann Kids unsafe for other children. I understand that unless I provide a full-time one on one assistant either through private pay or through related agencies, I will receive guidance from Ann Kids on which center would better serve my child's needs.
- ◇ Cancellation by summer camp entertainer: in such rare instances, Ann Kids finds replacement entertainment or brings the same entertainer on a different day.

By placing my signature below I fully agree to all provisions in this agreement, and I have read and agree with Ann Kids Family Handbook and all Ann Kids Policies and Procedures that were provided to me in electronic format on www.annkids.com.

Parent's Name (Please Print):

Parent's Signature _____ Date ____/____

Form Renewal:

Parent's Name (Please Print):

Parent's Signature _____ Date ____/____

Parent's Signature _____