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: _____

☐ PreK Counts Application

☐ Income (pay-stubs, pay-checks, Tax Return form)

☐ 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: _____

☐ PHLpreK Application

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	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 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:

☐ 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.

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:**

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.

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

Day Care Center

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

Dear Parents!

Will you please provide the last 5 digits of your **child's** social security number for our office's administrative records:

Child's Name:

____

Child's SSN Number (last five digits): _ _ _ _ _

◊◊

Helpful Tips:

Are you familiar with ELRC (formerly known as CCIS) program that helps cover child care expenses at day care centers? You can find more information on http://www.philadelphiachildcare.org and check whether your family is eligible. ELRC helps cover tuition throughout the whole year (PHLPreK and PreK Counts programs cover only 5.5 hours of educational time during the school year and doesn't cover summer and holidays).

Does your family currently receive ELRC (formerly known as CCIS) (check all that apply)?

∆ Yes, we do have ELRC

∆ No, we don't have ELRC and plan to apply

∆ No, we don't have ELRC and do not plan to apply

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.
- 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 "2022-2023 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 Form
Sharing Information with Medicaid and SCHIP
July 1, 2022-June 30, 2023

Children who get Child and Adult Care Food Program (CACFP) free or reduced-price meals may also qualify for low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP).

We may share your child's CACFP eligibility information with Medicaid or SCHIP, *unless you tell us not to*. Medicaid and SCHIP *only* use the information to find out if children are eligible for their programs. Their staff may contact you to offer to enroll your children in these health insurance programs.

If you **do not** want us to share your information with Medicaid or SCHIP, fill out this page. You should send this page with your *CACFP Meal Benefit Income Eligibility* form when you apply. Sending in this page will not change your child's eligibility for free or reduced-price meals.

☐ **No! I do not** want my child's CACFP eligibility information shared with Medicaid or SCHIP.

If you checked no, fill this out:

Child's Name:
_____

Child's Name:
_____

Child's Name:
_____

Child's Name:
_____

Today's Date:
_____

Print Your Name:
_____

Address:
_____

Signature of Parent or Guardian:
_____

If you have questions or need help, please contact **[Name]** at **[Phone Number]** or **[Email Address]**.

This institution is an equal opportunity provider.

Ann Kids Food Program
info@annkidsfoodprogram.com
10100 Jamison Avenue,
Philadelphia PA 19116

Child and Adult Care Food Program

Child Enrollment Form

ANNKIDS
AnnKidsFoodProgram.com

Dear Parents: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). **Federal CACFP Regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter.** This information will help ensure all children receive appropriate meals during their care.

Section 1: Family information *Please print*

Child First Name _____ Child Last Name _____

Child Date of Birth ___/___/_____ Age ____

Parent/Guardian Full Name(s) _____

Address: _____ City _____ State _____ Zip _____

Tel. (Home) ___-_____ (Cell) ___-_____ (Work) ___-_____

A representative from Ann Kids Food Program and/or the State Agency may contact you to verify your child's participation in CACFP. Please place a check mark next to the time and method of contact you prefer.

☐ - During Day ☐ - During Evening ☐ - U.S. Mail ☐ - Telephone (Home) ☐ - (Cell) ☐ - (Work)

Section 2: Organization Information

Agreement # _____

Sponsoring Organization:
Ann Kids Inc.
10100 Jamison Avenue
Philadelphia, PA 19116

Participating Location / Center (please circle one):

Ann Kids Jamison
10100 Jamison Ave.,
Philadelphia, PA 19116

Ann Kids Palmetto
6200 Palmetto Street
Philadelphia, PA 19111

Section 3: Expected Daily Hours of Service

Please mark the times for each week day that your chlid is expected to attend the facility, please specify AM or PM.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Time In:							
Time Out:							

Section 4: Expected Daily Meal Service

☐ ***AM Snack*** ☐ ***Lunch*** ☐ ***Supper***

Is the child of school age? ☐ Yes ☐ No
If yes, will additional meals be providedwhen school is not in session? If yes, please specify the meal:
☐ AM Snack ☐ Lunch ☐ Supper

Section 5: Signature of Parent/Guardian

The information provided on this Child Enrollment Form accurately represents my family's expected participation in the CACFP. When changes occur, I agree to inform Ann Kids Food Program.

_____ ___/___/_____
Signature of Parent/Guardian ***Date***

Section 6: For Child Care Representative Use Only

_____ ___/___/_____ ___/___/_____
Signature Child Care Representative ***Date*** ***Enrollment Date***

Section 7: For Ann Kids Food Program Use Only

_____ ___/___/_____ ___/___/_____
Received by, Signature ***Effective Date*** ***Withdrawal Date***

NONDISCRIMINATION STATEMENT:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or

fax:
(833) 256-1665 or
(202) 690-7442; or

email:
program.intake@usda.gov

This institution is an equal opportunity provider.

Let's make this world a better place
And put a smile on every face!

CACFP Meal Benefit Income Eligibility (Child Care)

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

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
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐

Check all that apply

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 Children listed in STEP 1 here.

Child Income	How often? Weekly	Bi-Weekly	Monthly	Bi-Monthly
$	○	○	○	○

B. All Household Members (Including yourself)
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.

Name of Household Members (First and last)	Earnings from Work	How often? Weekly	Bi-Weekly	Monthly	2x Month	Welfare/Child Support/Alimony	How often? Weekly	Bi-Weekly	Monthly	2x Month	Pensions/Retirement/ Social Security/SSI/ VA Benefits	How often? Weekly	Bi-Weekly	Monthly	2x Month
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member X X X X X

Check if no SSN ☐

STEP 4 Contact information and adult signature. This form is not valid without signature and date of adult household member

"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."

Print Name of Adult Signing the Form

Signature of Adult

Today's Date

Address

City

State

Zip

Phone/Email

Source of Income for Children	
Sources of Child Income	**Examples**
Earnings from work	• A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	• A friend or extended family member reguarly gives a child spending money
Income from any other source	• 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**
• Salary, wages, cash bonuses • Net income from self-employment (farm or business) **If you are in the U.S. Military:** • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular 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.**

For Official CACFP Sponsor Use Only NOT VALID WITHOUT DETERMINING OFFICIAL'S SIGNATURE AND DATE

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 (second check)

Date

Follow-up Official's Signature (For Pricing Institutions - Verification Official)

Date

Effective Date: If the Institution is using the parent/guardian signature date as the effective date, the form must have been signed by the Institution representative within the same month the parent signed the form or the immediately following month.

Ann Kids Client Agreement

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

please use black ink only to fill out in paper form

Enrollment Date _____ Start Date _____ Fee Amount $_____/ per week

This Agreement is made between _____

***First Name**, please print (of Parent or Legal Guardian)*

_____

***Last Name**, please print (of Parent or Legal Guardian)*

hereafter referred as "Client", and Ann Kids Inc, hereafter referred to as "Center" or "Ann Kids",

for the care of

_____ _____

***Child's First Name**, please print* ***Child's Last Name**, please print*

_____/_____/_____, _____

Child's Date of Birth ***Last five (5) digits of Child's Social Security Number** (Ann Kids needs the number for identification purposes),*

hereafter referred to as "Child". *(Each child must have an individual agreement)*

PERSONS DESIGNATED BY PARENTS TO WHOM CHILD MAY BE RELEASED:

_____

_____

_____

_____

_____

Section 1. Services

Ann Kids provides childcare services governed by Pennsylvania Code 55 Pa. Code, Chapter 3270, Child Care Centers, hereafter called "Services".

Section 2. Programs

Ann Kids offers Programs that have specific eligibility criteria and service hours listed in the table below.

_____

Client's initials

Program:	Age by September 1st of the Current School Year:	Time of Operation:
Young Toddler	1 year old	7:30am – 6:00pm, Ann Kids Calendar*
Older Toddler	2 years old	7:30am – 6:00pm, Ann Kids Calendar*
Preschool	3 – 4 years old	7:30am – 6:00pm, Ann Kids Calendar*
PHLpreK-only PreK Counts-only Head Start-only	3 – 4 years old	8:15am – 2:15pm, (180 days/year per specific program Calendar**)
PHLpreK Wrap Around PreK Counts Wrap Around Head Start Wrap Around	3 – 4 years old	7:30am – 6:00pm, Ann Kids Calendar*
School Age Full Day Program	5 – 12 years old	7:30am – 6:00pm, Ann Kids Calendar*
After-School Program	5 – 12 years old	3:00pm – 6:00pm, Ann Kids Calendar*

Enrollment into Wrap Around Care program, along with PHLpreK, PreK Counts, and Head Start allows children to attend Ann Kids from 7:30 AM until 6:00 PM according to Ann Kids Calendar* instead of PHLpreK, PKC Calendar, or Head Start program calendars.

* Ann Kids Calendar varies by specific location, listed in Appendix II

** PHLpreK and PreK Counts Programs are subject to program specific calendars of operation that differ from Ann Kids Calendar.

Section 3. Enrollment and Location

Client agrees to enroll Child into the following **Program**:

- ☐ Young Toddler
- ☐ Older Toddler
- ☐ Preschool
- ☐ PHLpreK-only
- ☐ PHLpreK Wrap Around
- ☐ PreK Counts-only
- ☐ PreK Counts Wrap Around
- ☐ Head Start-only
- ☐ Head Start Wrap Around
- ☐ School Age Full Day Program
- ☐ After-School Program

_____
Client's initials

Client agrees to enroll Child into the following **location** *(please check the appropriate box)*:

☐ Ann Kids Jamison	Address: 10100 Jamison Avenue, Philadelphia, PA 19116
☐ Ann Kids Palmetto	Address: 6200 Palmetto Street, Philadelphia, PA 19111
☐ Ann Kids Haines	Address: 2036 Haines Street, Philadelphia, PA 19138
☐ Ann Kids Bustleton	Address: 11750 Bustleton Avenue, Philadelphia, PA 19116

Selection of a specific Program by Client in this agreement may not guarantee enrollment and is subject to availability and satisfying individual Program Requirements that are listed in individual Program Applications.

Section 4. Tuition Fees and Payments

Flat Rate: Ann Kids does **not** offer flexible or part time rates. Client agrees that the weekly tuition fee does not depend on actual attendance during the week and is considered a "flat rate" that holds the spot for your child at Ann Kids. **Current Ann Kids Tuition Fees are listed in Appendix I of this agreement.**

"Vacation" Weeks: Client may use two "vacation" weeks (up to 10 days) during the year with no weekly tuition fee: After consistent attendance during the first 3 months, Client may use 1 week without having to pay the weekly tuition fee. After another 3 months, Client may use another 1 week without having to pay the weekly tuition fee. The total number of releases from weekly payments is **limited to two** during the school year. **In order to use a "vacation" week Client must notify Ann Kids one week in advance via email to billing@annkids.com**

Client understands that in case of absences in excess of the limits mentioned above without timely payment of tuition fee, enrollment may be terminated and the slot given to the next child on Ann Kids' waiting list.

Change of Tuition Fees: Client understands and acknowledges that Ann Kids at its sole discretion may change the Tuition Fees during the term of this agreement without prior notice.

Registration Fee: The Registration Fee is ***non-refundable***, unless listed otherwise below. To complete enrollment into a Program (excluding PHLpreK-only, PreK Counts-only, and Head Start-only), Client is responsible to pay a $75 fee for each enrollment (including re-enrollment). ***Registration fee applies for Wrap Around Care*** *since it is outside the hours of PHLpreK-only, PreK Counts-only, or Head Start-only.*

For CCW (aka ELRC, CCIS) enrollees, the Registration fee will be refunded once Ann Kids receives it from CCW.

Non-Refundable Deposit: To complete Child's enrollment into chosen Program (excluding PHLpreK-only, PreK Counts-only, Head Start-only), **Client is responsible to pay a non-refundable deposit** equaling two

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Client's initials

weekly Tuition Fees for the chosen program. This Non-Refundable Deposit will cover Child's first and last weeks of care. Client will not be billed for the last week of care.

Due Dates: Client understands that all weekly payments are **due every Friday** for the upcoming week. (or next business day in case of a closure)

Client's Signature:

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Rejected payments: Should there be **more than three** occurrences of rejected payments, such as bounced checks, chargebacks, declined payments, insufficient funds for ACH transactions, **Client understands and agrees to pay the fees for rejected payments listed in Appendix I** and to only make payments in cash, using certified checks, or money orders.

Overdue Balances: Client understands that enrollment of Child is subject to termination in case of an outstanding balance of more than two weeks. **Overdue accounts will be referred to a collection agency.** Client is responsible for all account balances, **plus reasonable collection and attorney fees** associated with the collection of the account.

Repeat Late Payments: Client understands that should there be 5 or more late payments in Client's account history, Ann Kids may **request payments for two weeks in advance** to continue providing childcare services to Client.

Late Payment Fee: a $5 fee per day will be assessed for unpaid balances under $500. For balances between $500 and $1,000 the Late Payment Fee will be $10 per day.

Client's Signature:

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Acknowledgements:

PRICES FOR SERVICES PROVIDED BY ANN KIDS ARE LISTED IN THE ATTACHED "APPENDIX I, FEE SCHEDULE". BY PLACING A SIGNATURE BELOW, CLIENT ACKNOWLEDGES REVIEW OF THE FEE SCHEDULE ATTACHED TO THIS AGREEMENT AND AGREES TO PAY APPLICABLE TUITION FEES AND OTHER APPLICABLE FEES.

Client UNDERSTANDS AND AGREES THAT BY SIGNING THIS AGREEMENT, Client TAKES THE ULTIMATE RESPONSIBILITY TO PAY ALL AMOUNTS DUE ON CHILD'S ACCOUNT.

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Client's signature

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Client's initials

CLIENT UNDERSTANDS AND AGREES THAT ALL TRANSACTIONS INITIATED IN PROCARE BY THE CLIENT OR THROUGH AUTOPAY BY THE CLIENT ARE UNDERSTOOD TO BE MADE BY THE CLIENT WITH THE INTENTION TO PAY FOR THE SERVICES PROVIDED BY ANN KIDS. CLIENT ACKNOWLEDGES THAT SUCH TRANSACTIONS ARE LAWFUL PAYMENTS FOR SERVICES PROVIDED BY ANN KIDS.

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Client's signature

Procare: Ann Kids utilizes a childcare specific program called Procare that provides families with options to pay Fees electronically: authorize one-time payments, and set up automatic payments.

Automatic Payments (AutoPay) in Procare: Client hereby is informed that once a payment method (credit card, debit card, or ACH) is set up in Porcare by Client, automatic payments are being switched on for that payment method in Procare.

Client may always request the automatic payments to be switched off by contacting Ann Kids via billing@annkids.com or contacting Procare directly.

Client understands that each transaction made through automatic payments in Procare is initiated and authorized solely by Client. Ann Kids bears no responsibility for authorization or initiation of such transactions.

Wrap Around Care Program: Client understands and agrees that should Client not pay Tuition Fees for Wrap Around Care on time, and/or should Client not adhere to Ann Kids Family Handbook and other applicable policies and procedures, Child will be removed from Wrap Around Care Program, and Client would follow strict hours of operations and calendars of PHLpreK-only, PreK Counts-only, or Head Start-only programs.

Child Care Works (aka ELRC, CCIS) **Co-Pays:** Client understands and agrees that, pursuant to CCW Program rules, should Client not make their payment of the Co-Pay by the due date, **Ann Kids must report the delinquency to CCW the next business day, which may lead to loss of CCW subsidy by Client.**

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Client's initials

Section 4. Release of Child

Client agrees to fill out the Emergency Contact Form in its entirety and update the form as needed to avoid problems with Child's pick-up. The Emergency Contact Form is attached to this Agreement as Appendix III.

Client agrees and understands that Ann Kids is authorized to release Child to Client and to the authorized persons whom Client listed in the Emergency Contact Form; however, unless Client provides a child custody decision by court that limits another parent's rights, Child will have to be released to the other parent when requested if he or she is listed on the original birth certificate that Client provided.

In a rare occurrence that none of the authorized persons are available, Client will be responsible for arranging Child's pick-up by another trustworthy person over the age of 18 whom Child knows and feels comfortable with. For staff to release Child to the adult not listed on the emergency contact form, Client will have to give a written permission stating their full name, Child's full name, the pick-up person's full name that matches the name on the brought government ID, and Client's formal permission for pick-up. Client may also have to send a video of themselves stating the above permission to info@annkids.com. Without this formal permission, Child will not be released, and authorities will be contacted.

Client accepts that in emergency situations Child will have to be released to a custodian whether listed on application or not if requested by the local authorities.

Client understands that their child will not be released to an authorized pick-up person or Client, should the center staff suspect this person to be under the influence of drugs or alcohol. Any fees incurred due to the above stipulations will be billed to Client.

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Client's signature

Section 5. Client's Responsibilities – Miscellaneous

Adhering to Ann Kids Calendar: Client understands and agrees to adhere to Ann Kids School Year Calendar attached to this agreement as "Appendix III"

Ann Kids observes certain holidays on which Ann Kids is closed without any effect on the flat rate Tuition Fee - it remains Client's responsibility to pay the Tuition Fee in full.

Client understands that Ann Kids may close up to two hours early for professional development of staff (once a month) and before the observed holidays.

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Client's initials

Paperwork: It is agreed that Client will return all the required forms (new and renewed) when they are due, or Client may be asked to keep their Child at home until all required forms are submitted. Client will be responsible for tuition fees incurred during this time. It is Client's responsibility to update the forms and to make sure that their Child's medical appointments are scheduled in advance before the forms expire.

Attendance: Client understands that Ann Kids is strict about the attendance of all the PreK programs. By enrolling into such programs, Client agrees to comply with attendance requirements in full in order to keep their Child's slot.

Client understands that unexcused PreK 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 a program so that the next child on the waiting list can benefit from the full-time access to education. Client agrees to provide excuse notes in writing, signed by Client and/or stamped by a physician.

Communication: Client must provide a working phone number and email address to be contacted in a timely manner with important updates and in emergency situations.

Client agrees to check their phone, email, and Procare application several times a day for any communication from Ann Kids.

Client understands that if emergency medical care is needed, Client shall be contacted as soon as practical in the best interest of their Child. If Client cannot be 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.

Personal Items: Client understands and agrees that Ann Kids is not responsible for items brought from home that are lost, stolen or damaged. Client is urged to not send valuables, money, jewelry, or toys to the Center with their Child.

Contagious diseases: Client understands that even with strict health policies, there is always a risk of contracting a contagious disease, such as, but not limited to, COVID-19, flu, and stomach bug.

Behavior-Related Dismissal & Emergency Response Policy:

To ensure the safety and well-being of all children and staff, Ann Kids Educational Centers maintain a zero-tolerance policy for violent or uncontrollable behavior that poses a threat to others.

If a child exhibits aggressive, destructive, or dangerously uncontrollable behavior, and all reasonable redirection and de-escalation efforts by staff have been exhausted:

- Parents or guardians will be contacted immediately and are required to pick up the child within one hour.
- If a parent or authorized pickup person fails to arrive within one hour, the center reserves the right to contact ChildLine or the Department of Human Services (DHS) as required by state safety protocols.

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Client's initials

- The parent or guardian will be held responsible for any damages caused by the child to school property, as well as any medical expenses incurred by other children or staff as a result of the incident.
- Repeated or extreme behavioral incidents may result in temporary or permanent suspension from the program, at the discretion of center leadership.

Ann Kids must ensure the safety of all children in care and take appropriate action when behavior poses risk to others.

Section 6. Child's Health

Client agrees to provide a current physician's report confirming good health and verifying required immunizations.

Client understands that each day upon arrival Ann Kids staff check children for signs of illness. If a child appears ill when arriving, client must take them home and return with a doctor's note. The main reasons for not admitting children to Ann Kids upon arrival include:

- The child appears ill and exhibits symptoms resembling those of contagious illnesses.
- A child returns to class after an illness lasting more than three days without a written statement from a certified physician confirming the absence of a contagious disease and specifying the date the child can safely return.
- The child's presence poses an increased risk to others they may come into contact with.
- A temporary illness requires more care than our staff can accommodate without compromising the needs of other children in the group, and no one-on-one staff is available.

Client understands that children must stay home if they meet any of the following exclusion criteria:

- Temperature of 99.4°F or higher within the past 24 hours.
- Cough that is not related to any previously diagnosed noncontagious conditions (e.g., asthma).
- Conjunctivitis ('pink eye'), characterized by redness of the eye and/or lids, usually with yellow discharge and crusting.
- Bronchitis, starting with hoarseness, cough, and a slight temperature elevation, which may progress from dry and painful to productive.
- Unidentified rash that has not been diagnosed.
- Impetigo, presenting as red pimples that develop into small vesicles surrounded by redness and weeping when blisters break. Typically found on the neck, creases, groin, underarms, face, hands, or diaper area.
- Cold symptoms including fever, sneezing, and nasal drainage.
- Unexplained illness with symptoms such as unusual paleness, irritability, tiredness, or lack of interest.
- Contagious diseases like measles, chickenpox, mumps, roseola, strep throat, etc.
- Fever (above 100°F under the arm, above 101°F in the mouth, above 102°F in the ear) accompanied by other symptoms.

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Client's initials

- Diarrhea with stools containing blood or mucus, or uncontrolled, unformed stools that cannot be contained in a diaper or toilet, occurring three or more times within 24 hours (watery or greenish bowel movements that are more frequent and different from usual).
- Vomiting, particularly if green or bloody, occurring two or more times in the previous 24 hours.
- Mouth sores from drooling.
- Head lice, until treatment and removal of all nits.
- Scabies, until 24 hours after treatment.
- Pertussis (Whooping Cough), until completing 5 days of antibiotics.
- Hepatitis A virus, until one week after receiving immune globulin.

The child must be free of all symptoms for 24 hours before returning to the Center (this includes abstaining from Tylenol/Motrin during this period).

Client agrees that in the event of an injury or medical emergency, trained staff will administer first aid immediately and inform Center Administration. If deemed necessary for parent involvement or professional medical attention, Ann Kids will attempt to contact a parent or authorized emergency contact as soon as practical. If unable to reach a parent, staff will document attempts made and reasons for emergency care. In serious cases, 911 will be called for EMT response or the child will be transported to a hospital Emergency Room. Staff will complete accident reports, and a staff member will accompany the child to emergency care and remain until the parent assumes responsibility for further care.

Client understands that if a child becomes ill while at the Center, Ann Kids staff will promptly contact parents to pick them up within one hour. For a child with a fever over 100°F, if parents want them to receive Tylenol while waiting for pick-up, there must be a signed permission form on file or a stamped note from the doctor. If a child remains at the Center beyond one hour, they will be taken to the emergency room at the client's expense. When returning to the Center, the child must have either a doctor’s note or be symptom-free for 24 hours. When in doubt about readmitting a child receiving treatment who still appears ill, Ann Kids staff prioritize caution.

Client must administer medication outside the Center whenever possible. If necessary, a Center staff member may administer medication under the Director's discretion, provided all required forms are completed. Medication must be in the original prescription container labeled with the child's name, date, and usage instructions, placed in a labeled plastic (zip-locked) bag.

Client must provide written verification from a physician, physician’s assistant, CRNP, the Department of Health, or a local health department confirming the dates (month, day, and year) that a child has received immunizations according to the ACIP recommendations. Client understands that Ann Kids strictly adheres to the national vaccination schedule for all children. Exemptions can be granted with a doctor's note citing the child's medical condition, or with a note from the head of the congregation citing religious beliefs.

Client must provide updated written verification of ongoing vaccinations administered according to the ACIP schedule. If a child is not up-to-date on immunizations, the Center reserves the right to deny care until vaccinations are current, except when a formal request from a physician to postpone immunizations is provided. During any period of deferred care, the client remains responsible for tuition.

Client understands that In the event that a child is not immunized and there is an outbreak of a vaccine-preventable disease, the child will be required to stay home for the incubation period. Family will still be responsible for the weekly fee to keep the slot.

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Client’s initials

Client must provide a current health report written and signed by a physician, physician's assistant, or a CRNP upon enrollment. The initial health report for an infant must be dated no more than 3 months prior to the first day of attendance at the facility. For young toddlers, the initial health report must be dated no more than 6 months prior to their first day of attendance. Older toddlers, preschoolers, kindergarteners, and after-school children must have an initial health report dated no more than 1 year prior to their first day of attendance.

Client understands that an updated health report must be provided:

- Every 6 months for infants and younger toddlers.
- Every 12 months for older toddlers, preschoolers, kindergarteners, and after-school children.

These reports must be written and signed by a physician, physician's assistant, or a CRNP.

Client must notify Ann Kids of any food and environmental allergies their children have. For children with diagnosed allergies, client must provide a doctor's report (Medical Plan of Care Form) detailing symptoms, reactions, treatments, and care instructions. Additionally, client must provide an inhaler, epipen, or any other prescribed emergency medication for their child.

When a child enrolled at Ann Kids or an employee of the center is diagnosed with or suspected to have a reportable disease, Ann Kids must notify the local Board of Health or Department of Public Health and promptly inform families about potential exposure so that children can receive necessary preventative treatments.

Reportable illnesses include, but are not limited to:

- COVID-19
- Bacterial Meningitis
- Botulism
- Chickenpox
- Diphtheria
- Haemophilus Influenzae (invasive)
- Measles (including suspected cases)
- Meningococcal Infection (invasive)
- Poliomyelitis (including suspected cases)
- Rabies (human only)
- Rubella (Congenital and Non-congenital, including suspected cases)
- Tetanus (including suspected cases)
- H1N1 Virus
- Any cluster or outbreak of illness

Client understands that these are all necessary measures to protect their Child and other children at the Center.

By placing signature below, Client agrees to follow the provisions in this Health section, as well as other health and wellbeing related provisions in Ann Kids Family Handbook and other applicable policies and procedures, that are available at www.annkids.com and upon request.

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Client's signature

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Client's initials

Section 7. Termination of Services

All 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.

Client understands that Ann Kids may terminate services to any family who engage in any disrespectful, aggressive, or discriminatory behavior.

Ann Kids committed to providing 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 determines that Client's Child presents danger to others or Child does not benefit from the program and Child needs a different setting that will better cater to Child's needs, Child will be withdrawn after two weeks' notice and this agreement will be terminated. Ann Kids will provide reasonable assistance to Client's family with finding a better fitting setting for their Child.

Additionally, services may be terminated for the following reasons:

- Rude, aggressive, disrespectful, threatening or discriminatory behavior of Client or other affiliated with the Client individuals towards staff or other families and children
- Failure to follow the rules listed in the Ann Kids Family Handbook and policies and procedures
- Failure to make timely payments
- Failure to submit the required paperwork at requested time frame
- Failure to comply with Attendance requirements

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Client's signature

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Client's initials

Section 8. Release from Liability

The Client hereby releases, waives, discharges and covenants not to sue the provider for any liability, claims, demands, losses or damages arising out of the provider's care of the child, unless caused by the gross negligence or intentional act of Ann Kids.

The Client agrees to indemnify and hold harmless Ann Kids from any and all liability, claim, demand, damage, cost and expense arising out of the Ann Kids' care of the child, including attorney's fees and costs, unless caused by the gross negligence or intentional act of Ann Kids.

The Client acknowledges that there are certain risks involved in the activities included in the child's care routine and voluntarily assume full responsibility for any loss, property damage, expenses, liability, personal injury or death that may result from the child's participation in such activities, unless caused by the gross negligence or intentional act of Ann Kids.

This release is binding on the Client, parents of Child and their personal representatives, heirs, assigns and next of kin. The Client hereby authorizes Ann Kids, in the event of an emergency, to obtain medical treatment for the child as deemed appropriate by Ann Kids.

The Client represents that they have adequate insurance to cover any injury or damage the child may suffer or cause while participating in the activities related to the Ann Kdis' services, or else the Client agrees to bear the costs of such injury or damage themselves.

This release from liability shall survive the termination of this childcare agreement.

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Client's signature

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Client's initials

Section 9. Family Handbook

Ann Kids requires all Clients to make themselves familiar and follow the policies and rules described in the Ann Kids Family Handbook.

Clients may access the Family Handbook by following the link below, scanning QR code, or asking for the handbook at any Ann Kids Center's office.

https://docs.google.com/document/d/1sgJMrIXyvAJaAErlml9PMwDF8x6BIFq4ADf9G4yKIjs/edit?usp=sharing

By signing below Client acknowledges that Client has read, understands, and agrees to follow the rules and regulations described in Ann Kids Family Handbook.

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Client's signature

_____

Client's initials

ANNKIDS

Signature Page

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/Parent Consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

Client:

Full name _____
Signature _____
Date _____

Ann Kids:

Employee name _____
Employee signature _____
Date _____

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Client's initials

Appendix I - Ann Kids Tuition Fees

Appendix II - Ann Kids Calendars

Appendix III - Emergency Contact Form

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Client's initials

Appendix I, Tuition Fee Schedule

School Year 2025-2026

Age Group *(by September 1st)*	Tuition Fee	Child Care Works (ELRC, CCIS)	Hours of Operation *(see Program Specific Calendars)*
Young Toddler (1 year olds)	$ 320.00	CCW Co-Pay	7:30 AM - 6:00 PM
Older Toddler (2 year olds)	$ 300.00	CCW Co-Pay	7:30 AM - 6:00 PM
Preschool (3 and 4 year olds)	$ 285.00	CCW Co-Pay	7:30 AM - 6:00 PM
PHLpreK-only	Free		8:15 AM - 2:15 PM
PreK Counts-only (PKC)	Free		8:15 AM - 2:15 PM
Head Start-only (select centers)	Free		8:15 AM - 2:15 PM
Wrap Around PHLpreK or PKC	$ 180.00	CCW Co-Pay	7:30-8:15 AM; 2:15-6:00 PM
School Age Part Time	$ 200.00	CCW Co-Pay	3:00 PM - 6:00 PM
School Age Full Time	$ 230.00	CCW Co-Pay	7:30 AM - 6:00 PM

Late Payment Fee:	
Balances under $500	$5 per day
Balances between $500 and $1,000	$10 per day

Rejected Payment Fees *(per occurance)*:	
Failed ACH	$15
Stop Pmt, Returned Check	$35
Chargeback	$35

Non-refundable Deposit of two weeks of Tuition Fee required upon enrollment, excluding PHLpreK and PreK Counts Programs, Applies to Wrap Aroud

Registration Fee of $75 applies to all enrollments, excluding PHLpreK and PreK Counts Programs, Applies to Wrap Around

Discounts on Tuition Fees	
Sibling Discount	10% off **younger** sibling's fee
Military, Police, Firefighters Discount*	20% off **all** tuition fees
Employee Discount	40% off **all** tuition fees

Late Pickup Fee	
Up to 5 pick up occurances	$1 per minute
Between 5 and 9 late pickup occurances	$2 per minute
More than 10 late pickup occurances	$5 per minute

Referral Program
For every child referred attending for 3 months, Client gets **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

** To qualify for the MIlitary Discount, 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.*