

# 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	ELEMENTARY SCHOOL SITE

MOTHER'S NAME/LEGAL GUARDIAN	HOME NUMBER
E-MAIL ADDRESS	MOBILE NUMBER
ADDRESS	
BUSINESS NAME	BUSINESS NUMBER
BUSINESS ADDRESS	

FATHER'S NAME/LEGAL GUARDIAN	HOME NUMBER
E-MAIL ADDRESS	MOBILE NUMBER
ADDRESS	
BUSINESS NAME	BUSINESS NUMBER
BUSINESS ADDRESS	

EMERGENCY CONTACT PERSON(S)	ADDRESS	TELEPHONE NUMBER
PERSON(S) TO WHOM CHILD MAY BE RELEASED	ADDRESS	TELEPHONE NUMBER

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)

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT	
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES
WALKS AND TRIPS	SWIMMING
TRANSPORTATION BY THE FACILITY	WADING

SIGNATURE OF PARENT OR GUARDIAN	DATE
SIGNATURE OF PARENT OR GUARDIAN	DATE

**KinderHaus Child Care Learning Center Contract**  
**428 Ranck Road, New Holland, PA 17557 (717)355-7801**

**AGREEMENT**

**I. GETTING ACQUAINTED**

Name of Child \_\_\_\_\_ Admission Date \_\_\_\_\_  
Birth date \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_ Church affiliation? \_\_\_\_\_  
Does your child attend church? \_\_\_\_\_ Sunday School? \_\_\_\_\_  
How did you hear about Kinder-Haus? \_\_\_\_\_

**II. FAMILY COMPOSITION**

Parents are: Together \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Deceased \_\_\_\_\_  
Child lives with: Mother \_\_\_\_\_ Father \_\_\_\_\_ Stepmother \_\_\_\_\_ Stepfather \_\_\_\_\_  
Other \_\_\_\_\_

**I understand that Kinder-Haus keeps legal documents (i.e. custody papers, PFA, etc.) on file for one session only and that it is my responsibility to provide such documents at the beginning of each Fall and Summer session.** \_\_\_\_\_ initial

**III. Person(s) designated to be released as per the Emergency Card...** \_\_\_\_\_

**IV. CONTRACT**

**1. A fee of \_\_\_\_\_ will be paid weekly (due by Friday prior to the week of care) by \_\_\_\_\_.**

**Days and hours your child will be attending Kinder-Haus: (write in times)\***

Monday	Tuesday	Wednesday	Thursday	Friday
Start: _____	Start: _____	Start: _____	Start: _____	Start: _____
End: _____	End: _____	End: _____	End: _____	End: _____

My child is a part of the Before and After School Program my child leaves the center for school at \_\_\_\_\_ and returns to the center from school at \_\_\_\_\_. KinderHaus assumes responsibility for your child until they board the school bus, at which time they are under the supervision of the school. KH takes responsibility once again when they return on the bus in the afternoon.

**Daily Expected Meal Service Participation (please check) Breakfast - \_\_\_\_\_ Lunch - \_\_\_\_\_ PM Snack - \_\_\_\_\_**

**V. Services to be provided as part of the day care fee: (ex-transportation, care, meals, etc.)** Care, meals, transportation for field trips ages 3 through completed 5<sup>th</sup> grade.

An initial Enrollment Fee of \$75.00 per family will be charged. An annual Enrollment Fee of \$35.00 per family will be charged. An additional Enrollment Fee will be charged for each enrollment.

**VI. Extra Services to be provided at an additional fee if applicable:** transportation for field trips ages 3 through completed 5<sup>th</sup> grade.

**I hereby agree to abide by the regulations as stated in the Kinder-Haus contract agreement and will pay required tuition by Friday prior to the week of care. Parents may disenroll their children but are required to give a TWO week notification through a written statement to the office.**

I, parent/guardian; ☐ received complete written program information at the time of enrollment. (3270.121, 3280.121, 3290.121)  
☐ agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (3270.124, 3280.124, 3290.124)

**KH Office Use Bi-Annual Time Period Covered by Signature:** \_\_\_\_\_ to \_\_\_\_\_

Signature of Parent/Guardian _____	Application Date _____	Signature of Director _____	Date _____
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**Periodic Review date and signature:**

**KH Office Use Bi-Annual Time Period Covered by Signature:** \_\_\_\_\_ to \_\_\_\_\_

Signature of Parent/Guardian _____	Date _____	Signature of Director _____	Date _____
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**KH Office Use Bi-Annual Time Period Covered by Signature:** \_\_\_\_\_ to \_\_\_\_\_

Signature of Parent/Guardian _____	Date _____	Signature of Director _____	Date _____
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## Photo/Video Permission Form

Dear Kinder-Haus Families,

Thank you for entrusting your children to us! We strive to provide a happy, healthful environment that promotes learning and growth. Kinder-Haus/New Holland Church of the Nazarene would like your permission to photograph and/or videotape your child(ren) at Kinder-Haus to document our activities and for informational and educational purposes. Some examples of the activities we would photograph and/or videotape include:

Field Trips \* Big Truck Day \* Playground Play \* Craft Activities \* Reading Time \* Chapel Services \* Holiday Programs \* Learning Time

Names of children in photos or videos will never be published on our website, Facebook (or any other social media), the newspaper, or any other type of communication with public access.

Please complete the bottom portion of this sheet and return it to the Kinder-Haus office. If you have questions, please feel free to contact the Kinder-Haus office at 717-355-7801.

Sincerely,

Kinder-Haus Director

Child's Name \_\_\_\_\_

### PLEASE CHECK ONLY ONE STATEMENT BELOW

\_\_\_\_\_ I give full permission to Kinder-Haus/New Holland Church of the Nazarene staff to take photos and/or videos of my child and publish the photos and/or videos on the website, Facebook/other social media, in the newspaper, and any other type of public communication.

\_\_\_\_\_ I give permission to Kinder-Haus/New Holland Church of the Nazarene staff to take photos of my child; however, photos may only be used in-house (on Kinder-Haus bulletin boards, in the classrooms, etc.); however, I realize that groups of children are often photographed at Kinder-Haus. I understand that if my child is part of a group that is photographed, my child's face in the photograph will be digitally edited so that he/she is completely unrecognizable.

\_\_\_\_\_ My child's photo may not be taken by Kinder-Haus/New Holland Church of the Nazarene staff; however, I realize that groups of children are often photographed at Kinder-Haus. I understand that if my child is part of a group that is photographed, my child's face in the photograph will be digitally edited so that he/she is completely unrecognizable.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
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:		

## 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](http://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/ID						
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.





**KinderHaus Child Care Learning Center**  
**A Ministry of the New Holland Church of the Nazarene**

☎ 717-355-7801

Fax 717-355-7810

428 Ranck Road, New Holland, PA 17557  
[www.nhcnazarene.org](http://www.nhcnazarene.org) (KinderHaus Link)

Dear KinderHaus Families,

Welcome to the KinderHaus Family! We are happy to offer you a convenient way of taking care of automated tuition fees and payments.

Tuition Express, part of our ProCare Software management system, allows us to process tuition and fee payments safely, quickly and efficiently. It streamlines and tracks carefully and allows us to access information and answer questions that might arise throughout the year.

Once enrolled in Tuition Express, your tuition and fee payments will be paid automatically and on a schedule, either a weekly or monthly basis. Your personal account information is safe with Tuition Express and your information WILL NOT be shared outside of KinderHaus.

You may also pay your tuition ONLINE. 1) Go to [myprocare.com](http://myprocare.com); 2) Take a minute to set up an account; 3) Choose the option to pay online and follow the prompts.

KinderHaus will still be accepting checks and cash payment at our service windows. Also, once you have completed the required forms, you have the option of using your debit or credit card at the check in/check out computer located outside the KinderHaus office. You will receive a receipt via email.

Please look over the attached Frequently Asked Questions sheet. There you will find answers to questions you may have about Tuition Express or automated payments in general. If you have further questions, please don't hesitate to ask.

It is a quick and easy process to enroll in Tuition Express. 1) Complete the attached Automated Payment Processing Form. 2) Also, complete the short form at the bottom of this letter. Return them both to the KinderHaus office as soon as possible. We will take care of things from there. We will also be there to answer any questions you may have along the way.

We believe you will be pleased with this payment option. Thank you.

Sincerely,  
The KinderHaus Administration

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Date: \_\_\_\_\_

Name of Child/Children: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

# Tuition®

# Express

*Automated Payment Processing*  
*Safe - Convenient - Easy*

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

#### SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



**Tuition®**

**Express**

*Convenient and Safe  
On-time Payments*



## Frequently Asked Questions by Parents

We are excited to offer automatic payments through Tuition Express. With this service it is no longer necessary for you to write a check for tuition and fees. Payments will be automatically debited from your bank account or charged to your credit card. All payments are secure and you can even choose to have a receipt emailed to you after each transaction. It's easy to sign up—just ask your child care provider.

**When I pay my tuition automatically, how secure is my account information?**

Very secure—more secure than when you write checks. The checks you write every day have your name, address, phone number, and sometimes your driver's license number on them. With this information, criminals have all they need to access your account, or worse, steal your identity. Automatic payments greatly reduce this potential by limiting the amount of information available and the number of people who have access to it. Tuition Express also incorporates additional security procedures, utilizing 128-bit encryption.

**What if the child care provider makes a mistake and takes out too much money?**

Report the error immediately—it was likely an honest mistake. The child care provider will adjust your account accordingly.

**What if my child care center and I disagree about a payment?**

If you feel that the payment should not have been made, you have the right to dispute the charge. Contact your bank or credit card company. Tuition Express and your child care provider will work closely to resolve the issue in a timely manner.

**Does this form of payment give the child care center access to my account?**

Nobody at the child care center has access to your account. When you sign up for Tuition Express, you only authorize your bank or credit card company to release the exact amount owed to your provider, when it is due and payable.

**How will I know when a payment is taken out of my account?**

Payments will be taken out of your account on a schedule that you and the child care provider agree upon. Your provider has the ability to email (or print) statements for your records prior to the withdrawal of any money. Additionally, charges will show up on your monthly statement under "Tuition Express".

**When I sign up for Tuition Express, how will this help my child care provider?**

Your child care provider has chosen to offer automatic payments for several reasons. First, it will give you the convenience of not having to write a check every time tuition and fees are due. Second, it allows regular scheduling of your payments. Third and most importantly, automatic payments reduce the amount of time your child care provider spends on administrative tasks, giving staff more time to spend with the children.

**How do I get started?**

Simply complete the "Payment Authorization" form and return it to your child care provider. They will do the rest!

**Where can I learn more?**

For more information on the benefits of Tuition Express, please visit us at [tuitionexpress.com](http://tuitionexpress.com).

**Kinder-Haus Nursery Day Care**  
**Permission Notice**

I give permission for \_\_\_\_\_  
to use the following items as needed:

_____ Lotion	_____ Brand
_____ Toothpaste	_____ Brand
_____ Lip Balm	_____ Brand
_____ Diaper Ointment	_____ Brand
_____ Sun Block	_____ Brand
_____ Other	_____

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date