|  |  |  |  |
| --- | --- | --- | --- |
| **Child’s Name** |  | **Date of Birth:** |  |
| **Address:** |  | Philadelphia, PA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Mother’s’s Name**   * **Foster Parent** * **Legal Guardian**   **(Relationship to child)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Contact Numbers**  **Cell:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home:** | |
| **Address:** |  | Philadelphia, PA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Father’s Name**   * **Foster Parent** * **Legal Guardian**   **(Relationship to child)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | **Contact Numbers**  **Cell:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home:** | |
| **Address:** |  | Philadelphia, PA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Your Child’s World Learning Center, Inc.**

**School Age Before and After School Program Emergency Contact and Agreement**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Child’s Name** |  | | | **Date of Birth:** |  |
| **Address:** |  | | | Philadelphia, PA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Mother’s’s Name**   * **Foster Parent** * **Legal Guardian**   **(Relationship to child)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | | | **Contact Numbers**  **Cell:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home:** | |
| **Address:** |  | | | Philadelphia, PA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Father’s Name**   * **Foster Parent** * **Legal Guardian**   **(Relationship to child)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  | | | **Contact Numbers**  **Cell:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Work:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Home:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | |
| **Address:** |  | | | Philadelphia, PA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Child’s Physician** |  | | | **Phone Number** | |
| **Address:** |  | | |  | |
| **EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK CHILD:**  Each person you authorize to pick up your child **must be 18 years or older and have a valid ID.**   |  |  |  |  | | --- | --- | --- | --- | | **Contact/Escorts Name** | **Address** | **Phone Number** | **Parent’s Initial and date authorized** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | | | |
| **Allergies:** | | **Medical Conditions/Disabilities:** | | | |
| **Medications taken at home:** | | **Medications given to school with physician request and medication log completed:** | | | |
| **Nutrition/Dietary Restrictions** | | **Health Insurance Name and Policy Number** | | | |
| **Child’s Name:** | | | **Date of Birth:** | | |
| **SIGN BY EACH X BELOW TO GIVE CONSTENT:** | | | | | |
| **Daily Walks** | | **X** | | | |
| **Trips/Outings** | | **X** | | | |
| **Transportation by the facility** | | **X** | | | |
| **Obtaining Emergency Medical Care** | | **X** | | | |
| **Administration of Minor First Aid Procedures** | | **X** | | | |
| **Photos** | | **X** | | | |
| **AGREEMENT** | | | | | |
| **Services provided by Your Child’s World Learning Center, Inc. for the below fee:** | | | | | |
| **($170.00 weekly fee)** 10 hours of care per day | | | | | |
| PLUS Trips/Activity Fee (Determined per trip and parent will be notified in advance.) | | | | | |
| Breakfast, Lunch, PM Snack  (Must complete CACFP form application) | | \*All meals must be eaten at school and cannot be taken off school site excluding trips. | | | |
| **Parent Agrees to the following:** | | | | | |
| Pay weekly fees on the Monday of the service week regardless of the number of days attended or vacation. | | | | | |
| If parent receives child care assistance, parent agrees to pay the total fees owed if CCIS, DHS, or any other funding agency fails to pay. | | | | | |
| Parent received the parent handbook and will review and adhere to all the information. | | | | | |
| Update Emergency Contact and Agreement every 6 months and whenever a change occurs. | | | | | |
| Inform the schools Adm. whenever changes occur and provide proof of change if necessary and when requested. | | | | | |
| Keep your child home if your child has any signs of illness and/or cannot complete regular daily activities for whatever reason. | | | | | |
| Update dental forms every 6 months | | Update health assessment/report forms every 12 months | | | |
| **Drop off child at X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AM** | | **Pick up child by X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PM** | | | |
| Ensure that no outside food is brought to school. | | Label all items sent to school. | | | |
| Call when child is absent. | | If child is absent 2 or more days, provide a Dr. note prior to returning. | | | |
| **Parent’s Full Signature:**  **X** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Print Name:**  **X** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| **Parent Email Address:**  **X** | | | | | |
| **Date:**  **X** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |