|  |  |  |  |
| --- | --- | --- | --- |
| **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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |