

CREATION ACADEMY PRESCHOOL ENROLLMENT FORMS

305 11TH Street-Conway, Pa 15027

Phone: (724) 467-6834

Email: creationacademyofbc@gmail.com

PAGES

1. TITLE OF FORM
2. REGISTRATION FORM
3. CHILD INFORMATION RECORD
4. CA FINANACIAL AGREEMENT
5. PARENT RELEASE OF INFORMATION
6. PERMISSION TO PHOTOGRAPH
7. FIELD TRIPS/FEE
8. MEDICAL EMERGENCY INFORMATION
9. CA PRESCHOOL STUDENT QUESTIONNAIRE
13. A QUICK CHILD SURVEY
14. HAPPY BIRTHDAY/NOTES
15. RULES OF SCHOOL
16. FOOD POLICY
17. CA RELIGIOUS EDUCATION OPTION

CREATION ACADEMY PRESCHOOL ENROLLMENT FORMS

305 11TH Street-Conway, Pa 15027

Phone: (724) 467-6834

Email: creationacademyofbc@gmail.com

<https://www.creationacademybc.com>

Please fill out completely and print legibly. Thank you.

NAME OF CHILD _____
(please print)

Check one: BOY _____ GIRL _____ DATE OF BIRTH: _____

SCHOOL YEAR OF CHILD'S ENROLLMENT: _____ *

PRESCHOOL PROGRAM ENTERING: *check "preferred"*

3-5 YEAR OLD. A.M. (PT 3 Days) _____
9:00am-4:00 pm

3-5 YEAR OLD A.M. (FT 5 days) _____
9:00am-4 pm

Registration fee of \$ 25.00 (non-refundable) must be received to secure enrollment. \$25 will go towards child's first week of Pre-K.

PARENTS' NAMES: mom: _____ dad: _____

Mailing Address: _____

Physical address (if different from above) _____

TELEPHONE NUMBERS: Home: _____ Work _____ Cell _____

Email: mom: _____ dad: _____

PARENT SIGNATURE: _____ date: _____

CHILD'S INFORMATION RECORD

School year: Sept _____ --June _____

Please fill out completely-include addresses and phone#'s

CHILD'S NAME: _____ **D.O.B.:** _____

ADDRESS (*street, town, state*): _____ **PHONE#:** _____

Starting DATE ENROLLED: _____

Last date of enrollment: _____

MOTHER'S NAME: _____ **FATHER'S NAME:** _____

Address: Street/# _____ **Address: Street/#** _____

_____ **town/city** _____

HOME PHONE#: _____

WORK PHONE#: _____

Place of Employment: _____

Address: Street/# _____

_____ **town/city** _____

CELL PHONE#: _____

and/or PAGER#: _____

_____ **town/city** _____

HOME PHONE#: _____

WORK PHONE#: _____

Place of Employment: _____

Address: Street/# _____

_____ **town/city** _____

CELL PHONE#: _____

and/or PAGER#: _____

Name of person(s) to be reached in case of emergency: (other than parents)/must live locally

Name: _____

Relation to child: _____

Address: _____

Phone #: _____

Cell # _____

Name: _____

Relation to child: _____

Address: _____

Phone #: _____

Cell# _____

Who has permission to pick up child other than parent: (if different from above)

Name: _____

Address: _____

Phone #: _____

Cell# _____

Name: _____

Address: _____

Phone #: _____

Cell# _____

Child's Physician: _____ Address: _____ Phone#: _____

Child's Dentist: _____ Address: _____ Phone #: _____

List any known allergies or health conditions your child may have. Does your child have any special needs?
Please list. Include any important information regarding your child we should know.

Please sign below:

I give Creation Academy Preschool permission to seek medical assistance (*hospital, physician*) if my child needs quick medical attention and no parent, or listed party, is able to be reached. Medical Emergency card offers all pertinent information.

Parent/Guardian signature: _____ date _____

CHILDCARE RATES:

ELRC DAILY RATE:

(We currently only offer childcare and Pre-K for ages 3-5 years old.)

Care Level	Center	
	FT	PT
Infant	39.00	32.00
Young Toddler	38.00	32.00
Older Toddler	37.00	30.00
Preschool	36.00	29.25
Young School-Age	35.00	25.00
Older School-Age	35.00	25.00

ELRC WEEKLY RATES:

Weekly Rate: \$180 (5 Days)
Part-Time Rate: \$87.85 (3 Days)

PRIVATE PAY INDIVIDUALS:

We recommend everyone fill out the ELRC application. If a family does not qualify for the ELRC we will work with them through in-house financing to ensure there out of pocket private childcare cost will not exceed \$150 for a Full Week.

CREATION ACADEMY PRESCHOOL

FINANCIAL AGREEMENT

For the school year: September _____ June _____

CHILD'S NAME: _____

AGE GROUP ATTENDING: (check one) _____ 3-5 YR OLD M-F (FT)

_____ 3-5 YR OLD M-W (PT)

I agree to make monthly payments of (check one):

___ 3 YR OLD

Payment: weekly _____ monthly _____

___ 4 YR OLD

Payment: weekly _____ monthly _____

___ 5 YR OLD

Payment: weekly _____ monthly _____

PLEASE READ CAREFULLY:

The monthly payments run for a 10-month period, from September through June. Regardless of the number of weeks in any given month, the payment is the same (vacations, holidays, partial months). **The payments should be made promptly the according to plan selected.**

There will be a charge of \$25.00 for any returned checks having insufficient funds. Checks are made payable to Creation Academy.

If your child leaves the program after enrollment, the parent will offer a 2-week notice, and be required to uphold the financial requirements during that 2-week period. If you leave in the middle of the month, a full month's payment is required.

I have read the agreement above and understand my financial obligations.

Signature of parent _____

DATE _____

Parent Release of Information

School Year: Sept _____ June _____

Birthday parties and play invitations are some of the times parents need to have a telephone number or address of their child's classmates. Any information regarding your child is confidential unless stated otherwise. Please check your wishes below regarding releasing a class list with telephone number and address of each child. School directories will be offered.

CHILD'S NAME _____

_____ My child's information MAY be published

_____ My child's information MAY NOT be published

E-mail address: _____

Creation Academy uses e-mail for exchange of information, reminders, and monthly information. CHECK EMAILS OFTEN.

_____ keep e-mail address in school file only

_____ you may release e-mail address with child's information

Parent's Signature _____

Date _____

PARENT PERMISSION TO PHOTOGRAPH CHILD

School Year: Sept _____ – June _____

In this day and age with a concern for privacy, we are asking that you sign the following form allowing *Creation Academy* permission to take photographs of your child for the following purposes:

IDENTIFICATION

A photograph of your child is secured on the back of your **child's emergency medical information** cards for added identification of your child.

CRAFTS-SCHOOL PHOTOS/DVD-ADVERTISING-WEBSITE

Pictures may be taken of your child for reasons of identification (as above), **crafts activities, school photo/DVD year-end, advertising, or newspaper articles** reflecting events at the school (on/off campus). Photos will be randomly selected for the **CA website**.

PICTURE DAY with Peter Swett.

Creation Academy has photographed students at *our facility* for nearly 3 years. This photo shoot is optional to parents. You need not have individual shots taken, but can have your child present for the class photo. More information will be offered at Open House and in a handout. This photo event is usually scheduled in March.

If you choose NOT to have your photographed, *Creation Academy* will honor that request. Please check the appropriate box reflecting your wishes: (*read carefully*)

I give permission for *Creation Academy* to take photos of my child for all reasons stated above

I DO NOT want my child photographed for any reason

I DO NOT want my child photographed for the following:

- photo id (medical EM card)
- school photo/DVD year end
- Activities/field trips
- advertising/website
- newspaper articles

Comments:

PARENTS PLEASE NOTE

Re: Field trips

Field trips at Creation Academy are offered as an extension of our curriculum. The trips serve as yet another teaching tool for students to broaden their learning environment. We try to do trips that carry no fee, but there are some that ask for minimal fees up to eight dollars. To avoid the tedious job of accounting for monies each trip, and collect permission slips, and acquire drivers, we are asking you to abide to our system. **We are asking for one small yearly fee to cover the cost of all field trips for the school year.**

We realize that some might ask, “what if my child doesn’t choose to go on the trip? What if we are away and can’t make the trip?” We reference again the reason for the trips—an extension of our curriculum. If your child misses a day at school for whatever reason—sickness, vacation, entertaining visitors—the curriculum remains constant and there is no refund of monies. Field trips follow the same plot. They are intertwined within the curriculum as part of the student’s extended learning experience. We hope your child is able to join us for all trips.

The field trip fee is due with the September’s tuition. If paying the added cost is a burden, please speak to us so that we can work out what works best for you.

Thank you. *C.A Staff*

Note: T-shirts must be worn on off-campus field trips and may be purchased through the school. Speak to us and we’ll see you get one.

MEDICAL EMERGENCY INFORMATION:

Please fill out completely and return to school

SCHOOL YEAR: Sept _____ June _____

NAME OF CHILD: _____

Date of birth: _____

ADDRESS: _____

PARENTS' NAMES:

Mom: _____ Dad: _____

TELEPHONE NUMBERS: Home: _____

Work: _____ Cell: _____

EMERGENCY CONTACTS:

1. Name: _____ Tele #: _____

Relationship to child: _____

2. Name: _____ Tel #: _____

Relationship to child: _____

MEDICAL CONCERNS: Any allergies? _____ no _____ yes

Explain

Other medical needs: _____

INSURANCE INFORMATION:

Name of Insurance: _____

Insurance #: _____

Card holder: _____

Please sign below: *(this info goes with your child on field trips)*

I give Creation Academy Preschool permission to seek medical assistance (*physician/hospital*) if my child needs quick medical attention and no parent, or listed parties, are able to be reached.

SIGNATURE OF PARENT/GUARDIAN: _____

Creation Academy Preschool Student Questionnaire

Please read carefully and answer questions thoroughly

Child's name: _____ DOB _____ age _____

Who, if anyone, takes care of the child other than parent? _____

Relationship to child _____ How many days/week _____

How long has child known caretaker _____ Will he/she be transporting to school _____

List your child's preschool and daycare experience (if applicable)

Name of facility _____ starting date/ending date _____

If you have left previous preschool/daycare, please explain the reason(s) why.

Describe a daily routine your child may experience (common routines, naps, etc.)

Is your child toilet-trained? _____ yes _____ no explain: _____

How many hours of sleep does your child get at night? _____

List 5 adjectives that describe your child:

How would you describe your child's personality?

Does your child have any hobbies, sports, or special interests?

Describe your child's peer relationships:

What types of activities does your child enjoy playing? (circle all that apply):

Dramatic play Puzzles, blocks, Legos Outside play Playing alone Playing with others
Songs Listening to stories Arts & Crafts Dance/movement Helping teacher

Does your child get along with other children and adults? _____

Please list any fears your child may have (ie: thunder, the dark, characters):

Does your child have any allergies? (nuts, chocolate, milk, soy, wheat, bees, etc.)? **Please list:**

Does your child use an EPI pen? Yes _____ No _____ not available _____

Is your child sensitive to anything (odors, light, fabric, etc.)? **Please list/describe:**

The State requires Immunization records. Is your child exempt from immunizations? ___yes___no

List any siblings:

Name	DOB	gender (M/F)
------	-----	--------------

1. _____
2. _____
3. _____
4. _____

Is the child from birth or adoption? _____ Birth _____/_____ Adoption/(date)

Do you have any concerns about your child? Please state any special services (ie Speech, OT, PT) that your child is currently receiving. If child is in service, IEP must accompany this questionnaire.

Are there any special family traditions to be aware of? _____

When you think of your child unique qualities, what comes to mind? _____

What does your child teach you? What makes you laugh? What frustrates you?

How does your child behave when frustrated or angry? What things set your child off? What strategies have you found helpful in dealing with such behavior?

Are there behaviors you would like to see change in your child? _____

Has your child had any recent trauma? (death, huge disappointment, divorce)

How does your child interact with the media? (movies, TV, video games)

Does your child have pets? What kind/names? _____

How does child interact with animals? _____

Please write down any further information you think would benefit us knowing your child better:

Best mode of communicating with you about your child about general class information:

_____ Email _____ Printed material

Best time for a teacher to call: _____ daytime _____ evening (between 6-8)

Are you able to volunteer in classroom/field trips? _____yes _____no _____sometimes

Are you a working parent during your child's school day? _____yes _____no _____sometimes

Why did you choose Creation Academy Preschool?

What are your expectations and goals for your child in preschool?

What are your priorities and/or concerns regarding a preschool facility? (circle all applicable)

Safety/security	furnishings/equipment	Environment	reputation	curriculum
Operating hours	“child/staff ratio	Location	Cleanliness	School policies
Child/teacher ratios	access to director/teacher	State Licensed	Caring Staff	Progress reporting
Teacher/parent conferences				

A QUICKCHILD SURVEY Just circle the best answer

>Answer the following by *circling* the closest answer: **N** never **S** sometimes **M** mostly

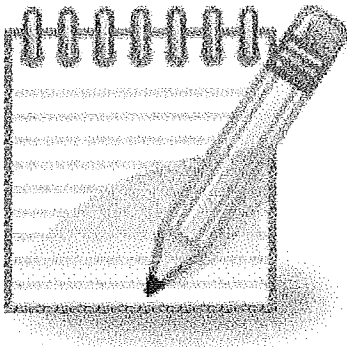
Naps during the day	N	S	M	unable to answer
Likes to do things on own/independent	N	S	M	unable to answer
Willing to try new things	N	S	M	unable to answer
Shows interest in large motor activities	N	S	M	unable to answer
Enjoys coloring and drawing	N	S	M	unable to answer
Can cut with a pair of scissors	N	S	M	unable to answer
Speech is difficult to understand	N	S	M	unable to answer
Has difficulty with transition	N	S	M	unable to answer
Has difficulty sitting still	N	S	M	unable to answer
Accepts correction	N	S	M	unable to answer
Asks for help when needed	N	S	M	unable to answer
Displays good self-control	N	S	M	unable to answer
Will pick up belongings/toys	N	S	M	unable to answer
Is respectful to toys, peers, teachers	N	S	M	unable to answer
Recognizes numbers 1-10	N	S	M	unable to answer
Recognizes letters	N	S	M	unable to answer
Recognizes simple colors and shapes	N	S	M	unable to answer
Recognizes name in print	N	S	M	unable to answer
Can dress and undress (zip, snap, button, Velcro)	N	S	M	unable to answer

Thank you for taking the time to answer the questions honestly. CA staff.

HAPPY BIRTHDAY TO YOU!



Creation Academy wants to celebrate your child's birthday. Our choice of celebration is changing, however, to NOT include cupcakes, special foods or treats. Instead, we are taking time during CIRCLE to set your child aside for SPECIAL PERSON OF THE DAY! The birthday child will be recognized as he/she shares their favorite things—foods, color, animal, activity, etc.—and have an opportunity to choose a gift from the BIRTHDAY BOX. Happy birthday will be sung to every birthday child!



Write your child a note in their lunch box.

Write a rhyme anytime! Write a note to say I love you...have a great day! Write anything you want to say! Riddles are good and fun to read...jokes make us laugh in stitches that split us in half! See, rhyming is not so hard to do! I just did it and so can YOU! We like it when you draw us pictures, too! Will you?

Your child will enjoy getting notes in their snack packs and lunch boxes. It makes them feel special. Anything will do... even a smiley face or special photograph. We take time to read all notes at snack. Make your child's day with a special note from home. We love reading them, too!

RULES OF SCHOOL:

These are the rules we discussed on our first day of school. Help your child remember them by talking about them during dinner tonight. Quiz them and see how many they can remember.

Rules to know: *ask the kids what rules they know*

1. be kind to one another-The Golden Rule—no leaving others out of a game
2. play fairly and share...take turns
3. no spitting, no hitting, no kicking, no wrestling, no biting, no pushing, no tongues, no name calling.
4. ALWAYS use kind words – and encourage each other
5. to be a friend...you must be a friend
6. CHORE CHART—responsibilities in class
7. ALWAYS wash your hands after using the bathroom, before snack...you cannot wash your hands too much!
8. Pick up after yourself. From playing to snacking, it'll be your job to clean up and put things away.
9. **Outside:** same rules apply as well as—NO going UP the slides—only down. FEET FIRST—not head first! NO throwing dirt in the sandbox—keep dirt in the box and not on the ground, please.
10. Listen to your teachers—listen to your classmates.
11. raise your hand to speak...say “excuse me” to interrupt conversation
12. a teacher is always around to help...just ask.
13. **NEVER leave the playground without first telling a teacher.**
14. **When your parents get to school, it will be their job to come to YOU...YOU do not go to them! Safety at all times.**
15. Why do we have rules? Rules are to keep us all safe and healthy. Rules help us to become responsible individuals.
16. If rules are broken there will be a consequence. (perhaps sitting outside the circle, finding something else to do (redirect), apology—we do not use the word *Time Out* in our class, but find a redirection in some way).
17. Come to have FUN and LEARN lots of new things!!!!

Re: Rule #13

We explain to the children that we all have jobs. One of their important jobs is to follow the rules so that they and their classmates stay safe and healthy. BUT parents and teachers have jobs to do, too. **One of the parent's job is rule #13.**

The parent or guardian must come to the child (on the playground or inside the building) and retrieve them personally. No child will be allowed to run to their parent (off the playground or outside the classroom) without permission from an adult. Cars are moving on the road and in the parking lot—this rule keeps all children safe! Thanks for helping to follow this rule.

FOOD POLICY OF CREATION ACADEMY

Because foods have become such issue with nut allergies and childhood illnesses such as diabetes, we have opted to help limit unfavorable food choices by:

- 1) taking away cupcakes during our B-day celebrations and provide a “special” recognition instead
- 2) provide a “healthy” food (fruit, veggies) during holiday celebration along with “treats” foods to allow for good choices
- 3) encourage good healthy choices in snacks with verbal recognition-talking about what good food choices we can make
- 4) limit choices of foods used during special celebration studies and at least making parents aware of the food to be introduced ahead of time
- 5) We do not provide breakfast or lunch. Please make sure your child is fed before you bring them to the program and in addition please pack your child's lunch if they are full-time. We do provide a snacks and water during the day.

The kids don't miss what you don't provide and will eat what you place before them. Help introduce them to a new food every week or every month to encourage their vast healthy choice selections!

RELIGIOUS EDUCATION OPTION
CREATION ACADEMY

Your child will have the option to participate in religious education once per week for 15-30 minutes. This will also include a hands on craft.

During this time, your child will learn:

- 1) HOW TO HONOR FAMILY:
The importance of honoring their mother, father, and siblings.
- 2) HOW TO HONOR AUTHORITY: Teacher, Police, fireman, and etc.
- 3) Garden of Eden: Through hands on gardening.
- 4) Noah's Ark: The importance of family sticking together
- 5) Jonah and the Whale: The importance of listening

If you chose to have your child participate, please sign below!

Parent Permission: _____

Date:

Thank you-CA STAFF

AGREEMENT

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

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN-HR	
Extra services to be provided at an additional fee if applicable		

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

SIGNATURE-OPERATOR

DATE

SIGNATURE-PARENT OR GUARDIAN

DATE

DATE OF CHILD'S ADMISSION

DATE OF WITHDRAWAL

PERIODIC REVIEW

SIGNATURE-PARENT OR GUARDIAN

DATE

CHILD SERVICE REPORT

Child's Name: _____ Birth Date: _____

Facility Name: _____

This report describes your child's growth and development in the context of the services provided by our facility. You are to receive this report about your child every six months. The areas of observation in each area align with Pennsylvania's Learning Standards for Early Childhood and the Pennsylvania Academic Standards.

Your child's strengths, as age appropriate, in the following areas are:

Physical (fine motor and gross motor):
Knowledge and Skills (approaches to learning, math, science and social studies):
Social Emotional (personal-social):
Communication, Language and Literacy:

The next developmental milestones, as age appropriate, we're working on are:

Physical (fine motor and gross motor):
Knowledge and Skills (approaches to learning, math, science and social studies):
Social Emotional (personal-social):
Communication, Language and Literacy:

You can help your child grow and develop, as age appropriate, at home by:

Physical (fine motor and gross motor):
Knowledge and Skills (approaches to learning, math, science and social studies):
Social Emotional (personal-social):
Communication, Language and Literacy:

Facility person who completed this child's report:

Signature: _____

Name: _____

Date: _____

This report was reviewed with and a copy given to the following parent/guardian:

Signature: _____

Name: _____

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)

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:

ADDRESS:

PHONE:

SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT

TITLE:

LICENSE NUMBER:

DATE FORM SIGNED:

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

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		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME 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 REACTION)
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

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

MEDICATION LOG

55 Pa. Code §3270.133; §3280.133; §3290.133

PLEASE PRINT

Page _____ of _____

Child's Name: _____ Medication: _____

Prescription Non-Prescription

Refrigeration Required: YES NO

If Prescription, Prescriber's Name: _____ Telephone: _____

Dosage Amount: _____ Time to Administer: _____ a.m. _____ p.m. _____ times/day

Dates for Administration: From _____ To _____
Date Date

Special instructions i.e., symptoms signaling need for administration, medication indications, reasons to hold medication, contraindications:

I give permission to administer medication to my child as stated above.

Parent Signature _____

Date _____

FACILITY STAFF COMPLETE THIS SECTION

Date Administered (mm/dd/yyyy)	Time Administered (a.m. / p.m.)	Amount of Medication Administered	Comments/Reactions	Staff Initials

This information is confidential and may not be shared or released without the parent's written permission.

MEDICAL EMERGENCY PROCEDURE

PURPOSE: To provide a written procedure to follow in the event that emergency medical care is required by a child using CPR/First Aid

RESPONSIBILITY: The director or acting director will determine if emergency medical care is needed.

PROCEDURE: Upon determining that medical care is needed the necessary first aid will be given and the following procedure will be put into effect.

I. CONTACT

- A. Parent or guardian will be notified if possible
- B. If parent or guardian cannot be contacted
 1. All attempts will be documented
 2. Emergency person(s) will be notified
- C. Provider of emergency care will be contacted

II. TRANSPORTATION

- A. If it is determined to be necessary, an ambulance will be summoned
 1. The director or acting director will accompany the child
- B. If not, the following will take the child for necessary care
 1. Director (to be notified if not on the premises)
 2. Acting Director
- C. The following will be taken with the child
 1. The necessary consent and emergency contact information
 2. The Emergency Services information
 3. Necessary first aid equipment
 4. The child's health assessment

III. THE PERSON ACCOMPANYING THE CHILD WILL REMAIN WITH HIM/HER UNTIL:

- A. The parent of designee arrives
- B. The child is released to return to the Day Care Center

IV. THE PERSON LEFT IN CHARGE AT THE DAY CARE WILL:

- A. Continue to attempt to contact parents or emergency person
- B. Call in help to cover at the Day Care Center using Emergency Call Out List

VERBAL REQUEST FOR RELEASE OF CHILD

55 PA CODE CHAPTERS 3270.117(c) and 3280.117(c) and 3290.116(c)

THIS FORM MUST BE COMPLETED TO DOCUMENT THE VERBAL REQUEST BY A PARENT FOR THE
RELEASE OF A CHILD TO A PERSON(S) NOT INDICATED ON THE AGREEMENT
(CHAPTERS 3270.123(a)(5), 3270.124(b)(7); 3280.123(a)(5), 3280.124(b)(7); 3290.123(a)(5), 3290.124(b)(7)).

NAME OF CHILD	DATE	TIME
NAME OF REQUESTING PARENT	TELEPHONE NO. FROM WHICH PARENT IS CALLING	
NAME OF INDIVIDUAL TO WHOM THE CHILD IS TO BE RELEASED ➤		
NAME OF STAFF PERSON TAKING THE CALL ➤		

CALL THE ENROLLING PARENT BACK TO CONFIRM THE INFORMATION IF POSSIBLE

CONFIRMING PARENT	DATE
NAME OF STAFF PERSON CONFIRMING INFORMATION	TIME

_____	_____
NAME OF STAFF PERSON RELEASING CHILD	DATE

BE SURE TO ASK FOR IDENTIFICATION WHEN THE INDIVIDUAL ARRIVES TO PICK UP THE CHILD



EARLY LEARNING RESOURCE CENTER

OFFICE OF CHILD DEVELOPMENT AND EARLY LEARNING

Serving Armstrong, Beaver, Butler, Indiana and Lawrence Counties

Butler office: 139 Rieger Road | Butler, PA 16001

Beaver satellite office: 303 Beaver Valley Mall Rt.18 | Monaca, PA 15061

Dear Parents:

USE THIS CHECK LIST FOR COMPLETING THE APPLICATION:
(SEE OTHER SIDE)

APPLICATION FORM

- Signed and dated Immunization Certificate – Page 4
- Signed and dated Release of Information by **all** parent/caretakers & spouses in the home – Page 6
- Signed and dated Affidavit by **all** parent/caretakers & spouses in the home – Page 7
- Complete and return all pages of the application

VERIFICATION OF FAMILY COMPOSITION:

(Please provide **ONE** of the following for each child in the household)

- Birth certificate
- Custody order
- Medical record or a written statement from a physician
- School record

EMPLOYMENT OR TRAINING FORMS:

- For yourself
- For your husband, wife, or parent of the child(ren)
- All Employment Verification forms signed by employee and employer
- Training Verification form signed by student and school official
- Computer generated copy of class schedule
- Education form from High School

FOUR CONSECUTIVE WEEKS OF PAY STUBS WITHIN THE LAST SIX WEEKS:

- For yourself
- For your husband, wife, or parent of the child(ren)

SELF-EMPLOYMENT:

- Self –employment verification form
- Self-employment work hours and need for care form
- Federal Tax return with all supporting forms and schedules – required if self-employed in the previous year
- Notarized profit and loss statement – acceptable if no Federal Tax Return was completed

OTHER INCOME:

- Money received for babysitting
- Room and board
- Rent
- Social security or SSI
- Unemployment or workers compensation
- Money for college or training
- Dividends or interest
- Pensions
- Commissions
- Union Pay
- Cash assistance
- Other

ALLOWABLE INCOME DEDUCTIONS:

- Child support or alimony paid out
- Large ongoing medical expenses (being **PAID MONTHLY**)

CHILD SUPPORT:

- Thirteen (13) week printout from Domestic Relations and copy of the latest court order
- If child support is received privately (not through the courts) write a statement declaring the amount received per month
- Other documentation

FOSTER PARENTS:

- Letter stating the foster child is placed in your home and is permitted to attend daycare

OTHER:

- Medical assessment form
- Authorization for information signed by all parent/caretakers or spouses
- Verification of residence (living address) for all parent/caretakers or spouses
- Verification of identity for all parent/caretakers or spouses (ex. Drivers license or Identification card – if these are not available, please call for other acceptable verification)
- _____

Please mail, fax, or bring your application and all required papers to:

~~**Armstrong, Butler, Indiana and Lawrence County Residents:**
Early Learning Resource Center (ELRC)
139 Rieger Road
Butler, PA 16001
Phone: (724) 285-9431 | Fax: (724) 285-7320~~

~~**Beaver County Residents:**
Early Learning Resource Center (ELRC)
303 Beaver Valley Mall Rt.18
Monaca, PA 15061
Phone: (724) 847-0145
Fax: (724) 847-1593~~

PLEASE BE SURE PAGES 4, 6 AND 7 ARE SIGNED

Thank you,

send all docs to Creation Academy for processing, Thank you.

ELRC Representative

In order to meet the standards set by ADA (Americans With Disabilities Act), alternate meeting arrangements can be made when requested.



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Pennsylvania Application for Subsidized Child Care

Child Care
WORKS

If you want help in paying your child care costs, you must complete this application. This is an application for subsidized child care. This application is also available in Spanish. If you need help with reading and/or completing this application, please contact your local ELRC agency.

如果您需要钱用于托儿服务，您必须填写此申请。这是一个育儿补充应用程序。此应用程序也提供西班牙语。如果您需要帮助阅读或完成本申请，请联系您当地的ELRC组织。

បើលោកអ្នកត្រូវការជំនួយបង់ថ្លៃមើលកូន លោកអ្នកត្រូវតែបំពេញក្រដាសដាក់ពាក្យសុំនេះ។ នេះគឺជាក្រដាសដាក់ពាក្យសុំប្រាក់ជំនួយថ្លៃមើលកូន។ បើលោកអ្នកវិបាកក្នុងការជំនួយដើម្បីអាននិង ឬបំពេញក្រដាសដាក់ពាក្យសុំនេះ សូមទាក់ទងអង្គការ ELRC ដែលនៅតាមតំបន់លោកអ្នក។

Если вам требуется помощь в оплате детского сада для вашего ребенка, вы должны заполнить данную форму. Эта форма - заявление на субсидированное обслуживание вашего ребенка в детском саду. Если вам нужна помощь в чтении и/или заполнении данной формы, обращайтесь в бюро ELRC по месту жительства.

Nếu quý vị muốn được trợ cấp để trả chi phí trông nom săn sóc con em quý vị, quý vị cần điền chi tiết vào mẫu đơn này. Đây là mẫu đơn xin hưởng trợ cấp trông nom săn sóc trẻ em. Nếu quý vị cần trợ giúp để đọc/hay điền đơn này, xin liên hệ cơ quan ELRC nơi qui vị cư ngụ.

Si necesita ayuda para pagar los gastos de guardería de su hijo, complete este formulario. Es una solicitud para recibir cuidado infantil subvencionado. Si necesita ayuda para leer o completar esta solicitud, comuníquese con la oficina de ELRC de su localidad.

Subsidized Child Care

The subsidized child care program helps low-income families pay their child care cost. You must live in Pennsylvania; apply in the county where you live and have a child or children who need child care while you are working or attending an education or training program.

By completing this application, the Early Learning Resource Center (ELRC) will be able to determine if you and your family are eligible to receive subsidized funding to help pay for your child care services.

You may submit your completed application by mail, fax or hand-deliver to the local ELRC. If you wish, you may complete a subsidized child care application on-line at www.compass.state.pa.us.

Note: After you submit your completed application, you will be asked to show documents to verify your information. The ELRC will let you know the exact information/documents you need and the time period you will have to submit all required information.

Here are some of the basic requirements:

Residency	Do I have to live in Pennsylvania?	YES
Employment/Training or Education Program	Do I have to work or train a certain number of hours per week?	YES - At least 20 hours per week, which can include 10 hours of work and 10 hours of training.
	I am a teen parent; do I have to be enrolled in school?	If you are a teen parent, you must be enrolled in school full-time.
Income	Are there income guidelines?	Yes - See the inserted chart.
Cost	Do I have to pay for child care services?	YES - The copay is based on your income and family size.

Income Guidelines: The Income Guidelines change every year based on the Federal Poverty Income Guidelines (FPIG). The inserted chart will show you the maximum amount of income by family size for subsidized child care. Some family expenses may be deductible.

If you are not sure you meet the income guidelines, please complete the application and we will let you know if you qualify.

How to complete this application: Please follow the instructions in each section and remember to sign and date the application affidavit on page 7 before you submit your application. **If you need help completing this application, please contact the ELRC.**

Tell us about you: Enter your first and last name, home address, telephone numbers and email address. Please check the box if you are experiencing homelessness, live in temporary housing, or in a shelter. If so, you can give us a location where we can send your information or you can pick it up from the ELRC.

Proof of address can be a lease, utility bill, a deed, a rental agreement, state photo ID, driver's license, voter's registration card, or mail that you have received showing your address.

Benefits Please check yes or no to answer the question if you receive benefits or have received benefits within the last six months such as TANF cash benefits, Supplemental Nutrition Assistance Program (SNAP) benefits, or housing assistance.

What is your first name?		What is your last name?		Middle initial:
What is your address?				Apt. number:
City:	State:	ZIP code:	On what date did you become a resident of PA?	
<input type="checkbox"/> If you are experiencing homelessness, live in a shelter, transitional housing, or share housing because you cannot afford your own housing, check this box.			How can we get information to you if you do not have a permanent address?	
What is the primary language spoken in your home? What is the primary language you read in your home? What language would you like to receive information in? What is your military status? <input type="checkbox"/> Non-veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Active <input type="checkbox"/> National Guard/Reserves			What is your telephone number? Cell: _____ Home: _____ Work: _____ Where should we call you if we have any questions? <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
What is your email address?			What is the best time to call you?	
Benefits: <input type="checkbox"/> Yes <input type="checkbox"/> No Do you currently receive TANF cash assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you received TANF cash within the last six months? If yes, where? <input type="checkbox"/> PA <input type="checkbox"/> Other state: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Do you currently receive SNAP? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you receive Medical Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you receive CHIP? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you currently receive housing assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you receive WIC?				

List all members of your household and their relationship to you. Enter the first and last name including the middle initial of all members of your household for whom you are responsible. Enter their date of birth, their sex M (male) or F (female). If you list your Social Security number (SSN), it will only be used to identify your case. What is the household member's relationship to you? Is this family member related to the second adult? Check the race and ethnicity of each family member; you may select all that apply. (Turn to page 10 to add more names.)

Proof of family composition can include a birth certificate, a custody order, a medical record or a written statement from a physician, or a school record. If you are a foster parent, you must submit a letter from the county Department of Human Service (DHS) or Children Youth and Families (CYF) that approves the foster child to be in care.

FIRST NAME, LAST NAME, MIDDLE INITIAL	DATE OF BIRTH (MM/DD/YY)	SEX (M/F)	OPTIONAL SSN	HOW IS THIS PERSON RELATED TO YOU?	IS THIS PERSON RELATED TO THE SECOND ADULT?	ETHNICITY (CHECK ONLY ONE)
You						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other
Spouse/Parent of child needing care						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other
Child						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other
Child						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other
Child						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other
Child						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other
Child						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other

Tell us about your children who need child care services. List the name of your child or children living in your home who need child care or early learning services. (Turn to page 10 to add more children.)

Check the box **Yes** or **No** to answer if your child is a U.S. Citizen or in the United States lawfully and admitted for permanent residence. Check all days that you need child care services. The ELRC will discuss your child care schedule with you at your face-to-face meeting.

List name of child needing service:	Is the child a U.S. Citizen or in the U.S lawfully?	Check the days that your child needs child care services. The ELRC will discuss your child care schedule to make sure you receive the services you need.							
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	
5.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	

Immunization Certificate:

I certify that my child(ren) listed below has/have received their age appropriate immunizations (shots):

I certify that my child(ren) listed below does/do **NOT** have age appropriate immunizations (shots) because of: Religious beliefs; or A medical condition of the child.

Parent Signature: _____

Date: _____

Additional Information About Your Child: Please check all boxes that may tell us about your child: If your child is learning English as a second language, transfers to different schools because the parent or guardian is a migrant worker, if there is an absent parent who may be incarcerated or deceased, or if the child was referred by a health/mental health service.

Yes No Are any of the above children learning English as a second language?

If yes, what is the child's name? _____

Yes No Have any of the above children attended a Head Start or Early Head Start program?

If yes, what is the child's name? _____

Yes No Have any of the above children been referred to PA Pre-K Counts from another health or mental health agency?

If yes, what is the child's name? _____

Yes No Have any of the above children moved from one school district to another because their parent or guardian is a migrant worker?

If yes, what is the child's name? _____

Yes No If any of the above children have an absent parent, is the parent: Deceased In the military Incarcerated (prison) Not living in the same household Whereabouts unknown

If yes, what is the child's name? _____

Employment/Education/Training: Check Yes or No if you are employed or enrolled in an education or training program. Please check Yes or No if you need child care while you are working or while you are attending the education or training program. You must submit proof of the days and hours you are working or enrolled in an education or training program.

Proof of employment/education or training must include a letter or a form (see enclosed) that shows the name of your employer, school or training program. It should state your actual days and daily schedule (such as Monday - Friday 9 AM - 5 PM) and your total number of hours weekly. If you are employed, the form should also include how often you are paid: weekly, bi-weekly (26 pays), twice a month (24 pays), monthly or annually. The letter or form must be signed and dated by your employer or authorized school representative.

EMPLOYMENT	Is this person employed?	Is this person self-employed?	Place of employment or self-employment:	Does this person need child care while working?
Yourself	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse/Live-In Parent of Child	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
TRAINING	Is this person in a training program?	Place of training:	Does this person need child care while attending the training program?	
Yourself	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Spouse/Live-In Parent of Child	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION - If you are a teen parent:

Yes No Are you enrolled in elementary, middle school, high school, or a GED program?

Yes No Do you need child care while you are attending your education program?

Income and Expenses: Answer the question **Yes** or **No** if you or someone in your home receives income (**do not list the earned income of minor children**). Check all the boxes of income types that are received. If income you receive is not listed, write the source in Other. List the name, type of income, amount, and how often the income is received.

Proof of income may include pay stubs showing your gross earnings, an employer statement showing gross earnings and how often you are paid, a letter from the government agency for SSI or Social Security Benefits, unemployment compensation letter, child support or alimony letter showing the amount and how often it is paid and if you are self-employed, you may submit your tax returns for the previous year and all supporting documentation.

Proof of expenses paid out may include medical bills for the last three month period, a court-order for child support payments paid for a child not living with you or alimony payments.

Yes No Does anyone in your home receive income? If Yes, check all that apply:

Wages SSI Rent Unemployment compensation Child support
 Social Security Room and Board Workers Compensation Spousal support Commission
 Alimony Union pay Interest Other: _____

NAME OF PERSON WHO RECEIVES INCOME:	TYPE OF INCOME:	HOW OFTEN DO YOU RECEIVE INCOME?	HOW MUCH INCOME DO YOU RECEIVE?	DATE LAST RECEIVED:

Yes No Do you or your spouse/live-in parent of the child needing care; have medical expenses that were not paid by insurance within the past 90 days, which will continue for the next six months? Proof of medical expenses may include doctor bills, hospital bills, dental bills, health care premiums, bills for medication, prosthetic devices, and/or bills for durable medical equipment.

Yes No Do you or your spouse/live-in parent of the child needing care, pay child support or alimony to someone who does not live with you? If YES, attach proof of child support or alimony you are ordered to pay.

Yes No **ASSETS:** Do you have assets over one-million dollars?

Voter Registration Preference Question (Optional)

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Yes No OR I am already registered to vote where I live now.

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

To register, you must:

1. Be at least 18 on the day of the next election.
2. Be a citizen of the United States for at least one month PRIOR TO THE NEXT ELECTION;
3. Reside in Pennsylvania and the voting district at least 30 days prior to the next election.

Applying to register or declining to register to vote will not affect the amount of assistance you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. Please contact the ELRC if you would like help. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Secretary of the Commonwealth, PA Department of State, Harrisburg, PA 17120. (Toll-free telephone number 1-877-VOTESPA.)

6 Permission to Share: Your information will be reviewed and a determination of subsidized eligibility will be made. However, if you are not eligible for subsidized child care, you may be eligible for another Pennsylvania early learning program such as Pre-K Counts, Head Start or Early Head Start.

We are asking your permission to share your application with another Pennsylvania early learning program such as Pre-K Counts, Head Start or Early Head Start if you are not eligible for subsidized child care.

By signing below, you are giving us permission to share your application and all documents you submitted with another early learning program that may meet the child care needs of you and your family.

We will discuss this with you before sharing your information.

Yes I give permission to the reviewer of this application to share my application and all documents I have submitted with one or more of the early learning programs to determine if I am eligible for their services.

I understand that my information will be reviewed again and that the program will contact me in writing or by telephone to inform me of my status or if I need to submit additional information.

No I do not give permission to the reviewer of this application to share my application with other early learning programs.

Parent/Caretaker Signature: _____ Date: _____

Parent/Caretaker Signature: _____ Date: _____

7 Release of Information: By my signature below, I am giving the ELRC permission to contact reliable sources to verify information. This release is also permitting the ELRC to contact people on my behalf when they are unable to reach me.

I hereby authorize and request the disclosure to the Early Learning Resource Center (ELRC) to contact reliable sources for knowledge of information pertinent to verification of: identity; residence; employment; education and training activities; family size and composition; care and control of child(ren) residing with a grandparent, aunt or uncle; reasons for subsidy suspension; income; and any additional information pertinent to eligibility for the Subsidized Child Care Program for myself and/or those individuals on whose behalf subsidy benefits are paid. I understand that the information obtained will be used only for purposes directly related to the determination or eligibility for the Subsidized Child Care Program.

Parent/Caretaker Signature: _____ Date: _____

Parent/Caretaker Signature: _____ Date: _____

ELRC Representative Signature: _____ Date: _____

In the event I cannot be reached, I give the ELRC permission to contact the person(s) identified below:

NAME	TELEPHONE NUMBER	RELATIONSHIP TO YOU

The above names shall remain active until I contact the ELRC to remove them from my list of alternate contact names.

Parent/Caretaker Name: _____

ELRC Record #: _____

Affidavit: An affidavit is a sworn statement of fact. By signing this affidavit, you are saying that the information you entered in this form is true. The affidavit is the legal way to swear that your statements are fact. The parent or person applying for the early learning program should sign and date this application. Your signature validates the information you entered into the form.

I affirm that I have read or have had this application read to me in full and that I have received a written copy of my Rights and Responsibilities form on page 8. All information I have given is true, correct and complete to the best of my ability, knowledge and belief. I understand that the information in this application will be used to determine my eligibility for subsidized child care and may be used for Pre-K Counts, Head Start or Early Head Start, if my permission is given. I understand that information contained in this application may be shared with other Department of Human Services programs and the Office of the Inspector General. Further, I understand that I can be penalized by fine or imprisonment or subsidized child care ineligibility for making false statements or for my failure to report a change that I am required to report. I understand that changes are listed on the subsidized child care Rights and Responsibilities form on page 8. I understand that if I receive child care for which I was not eligible, I will be required to pay back the cost of the subsidized child care I received during the period of time when I was ineligible.

Parent/Caretaker Signature: _____ Date: _____

Parent/Caretaker Signature: _____ Date: _____

ELRC USE ONLY

PELICAN Record # _____

Meets subsidy requirements effective: _____ Applicant notified in writing.

Does not meet subsidy requirements effective: _____ Applicant notified in writing.

Reason for ineligibility: _____

ELRC Representative Signature: _____ Date: _____

Date and Time Stamp
Application received in ELRC office:

Rights and Responsibilities: You have the right to be treated fairly and with respect.

Your rights and responsibilities will be reviewed and discussed with you in detail by a person from the ELRC.

I understand that:

- The information in this form will be kept confidential.
- I may pick any **eligible** child care provider for my children. An eligible provider meets the requirements of the Subsidized Child Care Program and agrees to follow the Department of Human Services rules.
- I may need to pick another provider if my provider is not eligible to participate in the Subsidized Child Care Program.
- I will be told in writing when a change causes my family to lose help in paying for child care and that I may ask for hearing if I disagree with a decision that the ELRC has made.
- I must give the ELRC true and complete information and proof of information as requested.
- I must contact the ELRC **within ten days** following the date:
 - My family's gross monthly income exceeds income limits based on the flyer the ELRC provided me for reference;
 - The child no longer has a need for care or is no longer residing in the household.
 - A parent or caretaker in my family becomes an owner or director of a child care facility;
 - My family's assets are over \$1 million; or
 - I adopt my foster child.
- It is important that I contact the ELRC **immediately** if there is a change to:
 - My address;
 - My telephone number;
 - Who is providing child care for my child(ren); or
 - The number of days and hours my child needs care.

After the ELRC has determined you eligible for child care and funds are available to enroll your child(ren) in care, you need to know the following:

1. **You must pay a copayment to your provider every week.** The copayment is due to the provider on the first day of the week that your child(ren) attend(s). It is important that you pay your copayment on time. If you do not pay your copayment on time, you may lose the ELRC's help in paying for your child care.
2. Unless your child is ill, your child must attend the child care program on all the days that you told the ELRC he/she needed child care. If you need to make a change due to your work, education or training schedule, you must call the ELRC. You must report to the ELRC if your child will be absent for more than five days in a row. You could lose the ELRC's help in paying for your child care costs if your child has excessive, unexplained absences.
3. If your child is absent for more than 40 enrollment days between July 1 and June 30, you will be responsible to pay the provider the daily rate for each day of absence beginning with the 41st absence. **You must pay the provider's daily rate in addition to your weekly copayment.** For example, if your copayment is \$20/week and the daily rate is \$20, you must pay \$40 for the week that includes your child's 41st day of absence.
4. The ELRC will pay a child care center, family child care home or a group child care home **for up to 15 days when the facility is not open to care for your child.** The ELRC is unable to pay an alternate child care provider during these 15 days when your provider is not open to care for your child.
5. If the ELRC sends you a Notice of Adverse Action, it means there may be a change in your eligibility for subsidized child care. **If you do not understand what is written in the notice, you should contact the ELRC immediately.** If you disagree with a decision that the ELRC has made, you may ask for a hearing to review the decision. You must inform the ELRC that you do not agree with the decision by doing one of the following: (1) Fill out the bottom part of your notice or write a letter and then mail, fax or take the information to the ELRC; and (2) Call the ELRC to discuss the reason you do not agree with the decision and follow-up by putting your concerns in writing within seven days following the date of your telephone call with the ELRC. If you want the ELRC to continue to help pay for your child care during this process, you must mail, fax or take the bottom part of your notice or the letter that you wrote to the ELRC or call the ELRC on or before the date on the Notice of Adverse Action.
6. You may choose a new provider at any time. However, you must tell the ELRC and the ELRC must issue a new authorization before your child can begin child care with the new provider. The ELRC will authorize the transfer and continue to help pay for your child care after the transfer if: your family copayments are up-to-date **AND** you continue to be eligible for the ELRC's help in paying for your child care **AND** the new provider that you choose meets the requirements of the Subsidized Child Care Program. The new provider must also agree to follow the Department of Human Services rules. **If the ELRC does not authorize the transfer, you will be responsible for paying the total cost of child care at the new provider.**

Date discussed with parent/caretaker: _____ Initials of worker: _____

My signature below confirms that my Rights and Responsibilities were explained to me and that I have received a copy for my records:

Parent/Caretaker Signature: _____ Date: _____

Access to Other Services and Information: By answering these questions, we will be able to send you information about other services you may need.

- Yes No 1. Do you need help finding a quality child care program to meet the needs of your child and family? The ELRC can help you locate a quality child care program.
- Yes No 2. Would you like information about Pre-K Counts? If you have a child between the ages of 3 and 4, you may be eligible for Pre-K Counts. You do not have to be employed to receive Pre-K Counts.
- Yes No 3. Would you like information about Early Head Start or Head Start? If you are pregnant, have a child from birth up to 3 years old, you may be eligible for Early Head Start. If you have a child from 3 to 5 years old, you may be eligible for Head Start. You do not have to be employed to receive Head Start or Early Head Start.
- Yes No 4. Does your child(ren) need health insurance? Pennsylvania's Children's Health Insurance Program (CHIP) provides health insurance to children and teens who are not eligible for or enrolled in Medical Assistance.
- Yes No 5. Would you like information on Pennsylvania's supplemental food program for Women, Infants, and Children (WIC)? If you are pregnant, breastfeeding, not breastfeeding, or have an infant or children under age five, including foster children, you may meet the requirements to receive nutritional support from the WIC program.
- Yes No 6. Do you need dental or vision care?
- Yes No 7. Do you need health insurance?
- Yes No 8. Would you like information about Pennsylvania's Home Visiting Programs? Home Visiting Programs provide resources and skills to help raise children who are physically, socially, and emotionally healthy and ready to learn. If you are: pregnant, an expectant father, a parent, a caregiver of children, or a member of a family that may be considered at-risk, you may be eligible.
- Yes No 9. Would you like information about a child's developmental stages?
- Yes No 10. Are you concerned about your child's development?
- Yes No 11. Would you like information about high quality child care and Keystone STARS?
- Yes No 12. Do you need help paying for food? (SNAP)
- Yes No 13. Would you like information about free and reduced school meals?
- Yes No 14. Do you need help paying for your heating, electric, or gas? The Low Income Home Energy Assistance Program (LIHEAP) helps low income families pay their heating bills. The payments would go directly to the utility company if you qualify.
- Yes No 15. Do you need information about housing or rental assistance?
- Yes No 16. Would you like to take classes to learn English as a second language (ESL)?
- Yes No 17. Would you like to enroll in a program to get your high school equivalency diploma (GED)?
- Yes No 18. Would you like to enroll in a job training program?
- Yes No 19. Would you like information about the Earned Income Tax Credit (EITC)? You may be eligible for an EITC if you work and earn low to modest incomes. If you are eligible, you may pay less federal taxes, no taxes, or get a refund.

Parent/Caretaker Name:

ELRC Record #:

Continued from #2 on Page 3: Use this page to list additional children living with you.

FIRST NAME, LAST NAME, MIDDLE INITIAL	DATE OF BIRTH (MM/DD/YY)	SEX (M/F)	OPTIONAL SSN	HOW IS THIS PERSON RELATED TO YOU?	IS THIS PERSON RELATED TO THE SECOND ADULT?	ETHNICITY (CHECK ONLY ONE)
<input type="checkbox"/> Child						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other
<input type="checkbox"/> Child						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other
<input type="checkbox"/> Child						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other
<input type="checkbox"/> Child						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other
<input type="checkbox"/> Child						<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Unknown	<input type="checkbox"/> Other

Continued from #3 on Page 3:

List name of child needing service:	Is the child a U.S. Citizen or in the U.S lawfully?	Check the days that your child needs child care services. The ELRC will discuss your child care schedule to make sure you receive the services you need.							
6.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	
7.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	
8.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	
9.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	
10.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	

? Did you answer all questions?

? Did you sign and date the Affidavit on Page 7?

**Remember: You can mail, hand-deliver,
or fax this application to the ELRC.**



pennsylvania
DEPARTMENT OF HUMAN SERVICES