

KIDDIE KAMPUS LEARNING CENTER
APPLICATION FOR EXTENDED CARE

PLEASE PRINT LEGIBLY

Child's Full Name _____
Child's Address _____
City/State/Zip _____
Home Phone Number _____
Child's birth date _____ Exact Age _____ Sex _____
Dietary Information/Allergies _____

Mother's Name _____ Mother's Home Phone # _____
Mother's Address _____
City/State/Zip _____
Cell # _____ Work# _____
Mother's Employer _____ E-mail Address _____

Father's Name _____ Father's Home Phone# _____
Father's Address _____
City/State/Zip _____
Cell # _____ Work# _____
Father's Employer _____ E-mail Address _____

Persons to Whom the Child May Be Released:

_____ relationship _____
_____ relationship _____
_____ relationship _____
_____ relationship _____

In the event of accident or injury, when the parents cannot be reached, please contact:

Emergency Contact #1 _____
Relationship to Child _____ Home Phone _____
Work Phone _____ Cell Phone _____

Emergency Contact #2 _____
Relationship to Child _____ Home Phone _____
Work Phone _____ Cell Phone _____

Starting Date _____ School _____

*A school calendar for the 2018-2019 academic year must be attached to this application.

EXTENDED CARE CIVIL RIGHTS COMPLIANCE

In accordance with applicable Federal and State Civil Laws, regulatory requirements, the parents and your child, as a client of WOF, I have the right to:

- Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.
- Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.
- Any individual/client/patient/student (and /or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

Kiddie Kampus Learning Center
4150 Market St.
Aston, PA 19014

Department of Human Services
Bureau of Equal Opportunity
Room 223, Health & Welfare Building
PO Box 2675
Harrisburg, PA 17105

PA Human Relations Commission
Philadelphia Regional Office
110 N. 8th Street
Suite 501
Philadelphia, PA 19107

U. S. Department of Health and Human Services
Office for Civil Rights
Suite 372, Public Ledger Bldg.
150 South Independence Mall West
Philadelphia, PA 19106-9111

Commonwealth of Pennsylvania
Department of Human Services
Bureau of Equal Opportunity
Southeast Regional Office
801 Market Street, Suite 5034
Philadelphia, PA 19107

KIDDIE KAMPUS LEARNING CENTER EXTENDED CARE AGREEMENT/SERVICE CONTRACT

- Extended care is defined as services provided Monday through Friday for all regular in-school days and certain holidays. Care does not cover Spring or Christmas breaks.
- Morning extended care will begin in the breakfast room. The extended care staff will provide games, puzzles, crafts, etc... Your child has the option to participate or sit quietly with a book, but must follow all program rules. Breakfast is served from 7:20am until 7:50 am.
- Afternoon extended care will include many activities such as: fine and gross motor skill activities, arts and crafts, homework assistance, etc . . .
- Arrival and departure times are monitored electronically by the staff.
- I am/We are contracting with Kiddie Kampus Learning Center (KKLC), regardless of attendance or illness, at a monthly rate of THREE HUNDRED (\$300.00) for extended morning (6:30am-8:30am) and/or afternoon (3:00pm-6:00pm) care for my child attending a school in the Chichester School District and provides school bus service. The monthly rate is FOUR HUNDRED (\$400.00) for students of Penn Delco School District or others needing private transportation. **A \$25 registration fee applies to all.**
- Monthly tuition must be paid on or before the 1st of each month.
- Full, monthly payments are required regardless of closings for holidays, snow days, vacations, illnesses; withdrawals or other emergency situations. A late fee of \$35.00 will be charged for payments received after the 10th of the month as well as for checks returned from the bank for non-sufficient funds, stop payment, etc.
- Services will not be rendered without a signed agreement on file.
- The agreement may be cancelled by a parent or guardian with a **notice in writing** to KKLC. KKLC may withdraw or change the agreement at any time.
- By law, a completed health appraisal must be submitted within 30 days of the start date. Children may not attend the extended care program without proper immunizations as required by the State.
- KKLC has formulated policies for dealing with child discipline problems which include redirecting the child's interest to another area of activity; separation from the situation under direct staff supervision for a period of time; requesting a parent conference concerning behavior; and as a last resort termination of services.
- Parents/Guardians are responsible for paying all fees that may be incurred due to a late pick-up. The rate of those fees is \$1.00 PER MINUTE PER CHILD beginning at 6:01 pm. These fees are to be paid in cash at the time of pickup and may not be included with tuition payments.

Signatures are required for each item below indicating parental consent.

KKLC is authorized to seek medical attention in the event of accident or emergency	
Mother_____	Father_____
KKLC is authorized to administer prescription medication supplied by parent/guardian, in its original container, with Physician's instructions attached.	
Mother_____	Father_____
KKLC is authorized to provide minor first-aid to my child.	
Mother_____	Father_____
KKLC is authorized to evaluate my child on the basis of illness/health, as it relates to daily attendance.	
Mother_____	Father_____

I have read and fully understand the meaning of this agreement. I am the natural parent or legal guardian of the student listed above.

Mother Signature_____ Date: _____

Father Signature_____ Date: _____

Director/Representative_____ Date: _____