

Application for Enrollment (Registration Fee \$80.00)

Today's Date: _____ Date of Admission: _____ Date of Birth: _____

Child's Name: _____

Child's Address: _____

(City): _____ (State): _____ Zip Code: _____

Father's Name: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Address: _____

City: _____ (State): _____ Zip Code: _____

Occupation and Business Address: _____

Name: _____ Phone: _____

Mother's Name: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Occupation and Business Address: _____

City: _____ (State): _____ Zip Code: _____

Name of person(s) to be contacted in case of an emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name, address and phone number of person(s) other than parents who have the authority to pick-up and drop-off your child:

Name: _____ Address: _____

City: _____ (State): _____ Phone: _____

Name: _____ Address: _____

City: _____ (State): _____ Phone: _____

Name: _____ Address: _____

City: _____ (State): _____ Phone: _____

Written consent is given for (please check):

Emergency Medical Care: _____

Administration of Medicine: _____

Minor First Aid: _____

Trips / Walks: _____

Any additional information: _____

Please check the desired schedule:

Full Days:

Half Days:

5 Full Days (Days of the week) _____

5 Half Days (Days of the week) _____

4 Full Days (Days of the week) _____

4 Half Days (Days of the week) _____

3 Full Days (Days of the week) _____

3 Half Days (Days of the week) _____

2 Full Days (Days of the week) _____

2 Half Days (Days of the week) _____

Time child will arrive: _____

Time child will depart: _____

Parents just a reminder...

Lunches, morning and afternoon snack for all children are provided by the parent. Diapers, changes of clothes, and blankets are also to be supplied by parents. Throughout the school year teachers will ask for various items to be supplied by the parents for special activities, parties, crafts, etc.

Our Pennsylvania State License (DPW) and Keystone STARS Accreditation requires Life Discovery School to complete a Child Service Report every six months for children in our care. This form is used to provide the family with information about the child's growth and development in the context of the services being provided. This information will be discussed with parents every six months.

Life Discovery School follows a nondiscrimination policy for student admissions, placement, and all referrals. We are an equal opportunity care provider.

Signature of Parent or Guardian: _____ **Date:** _____

Life Discovery School
 607 W. Springfield Road
 Springfield, PA 19064
 School Office: 610-543-5726
 Fax: 610-549-0065
www.lcfconnect.com
 (Select the Life Discovery School Tab)

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
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

Tuition Agreement

55 PA CODE CHAPTERS 3270.123 & .181©; 3280.123 & .181©; 3290.123&. 181©

NAME OF STUDENT: _____

PARENT(S) NAME: _____

HOME ADDRESS: _____

AMOUNT PER MONTH: \$ _____ AMOUNT PER WEEK: \$ _____

(Check Appropriate Box - Select Either Monthly or Weekly Tuition Payment)

DATE OF BIRTH: _____ HOME TELEPHONE NUMBER: _____

Tuition may be paid on a weekly or a monthly basis. If you choose to pay weekly, the payment is due on the first day of the week that your child attends. If you choose to pay monthly, payments are due on the 1st of each month. Monthly statements are not issued by Life Discovery School unless requested. _____ *(Parent Initials Required)*

It is important to understand that when children are enrolled, schedules are arranged for an entire school year. There will be no tuition adjustments for the holidays that the school is closed, family vacations or sickness when the child does not attend. Tuition for part-time students must be paid for the number of days your child is enrolled rather than the actual number of days your child attends on a weekly basis. _____ *(Parent Initials Required)*

Parents will be contacted if their account becomes one week overdue. If payment is not received and the account reaches two weeks of delinquency, parents will be asked to remove their child from the daycare facility. Children will not be permitted to return to Life Discovery School until tuition fees are current. _____ *(Parent Initials Required)*

Parents are required to pick-up children promptly by 6:00 pm daily. Parents may be charged a late fee if their child is not picked-up by 6:00 pm closing time. _____ *(Parent Initials Required)*

Life Discovery School assumes an active role in guiding children to learn, explore, manipulate, create, experiment, observe and discover! The curriculum and classroom projects are academic based and age appropriate. Our program includes music, dance, exercise, free play and movement activities for all ages. Services to be provided in addition to classroom instruction include: transportation (emergency only), first aid, nurturing child care, playground activities, summer camp program – upon registration, etc.

(Child Arrival Time) (Child Departure Time) (Full-Time / Part-Time) (No. of Days Attending / Week)

I, the parent / guardian, _____ received complete written program information at the time of enrollment (3207.121, 3280.121, 3290.121).

I, the parent / guardian, _____ agree to update the emergency contact/parental consent form information whenever changes occur or every six (6) months as a minimum (3270.124, 3280.124, 3290.124).

Please list those individuals and relationship to you who may pickup your child from the childcare center.

(Signature-Operator / Date)

(Signature-Parent/Guardian / Date)

(Date of Child's Admission)

(Periodic Review-Signature of Parent / Date)

(Date of Child's Withdrawal)

5/19/2011

EMERGENCY OPERATIONS PLAN PARENT NOTICE LETTER

Dear Parent(s):

This letter is to assure you of our concern for the safety and welfare of children attending Life Discovery School. Our Emergency Operations Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- *Immediate evacuation:* Students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc.
- *In-place sheltering* Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.
- *Evacuation:* Total evacuation of the facility may become necessary if there is a danger in the area. In this case, children will be taken to Relocation Facility at Springfield High School, 49 W. Leamy Ave., Springfield, PA 19064.
- *Modified Operation,* May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems that make it unsafe for students (such as utility disruptions,) but may be necessary in a variety of situations.

Please listen to **Channel 3, Channel 6, Channel 10 or KYW News Radio** for announcements relating any of the emergency actions listed above.

We ask that you not call during the emergency. This will keep the main line telephone free to make emergency calls and relay information. We will call you to let you know that we've taken one of these protective actions. We will also call you when we've resolved the situation and it's safe for you to pick up your child.

The facility director may provide an alternate phone number to call in an emergency event. **Please use the below telephone numbers should an emergency arise.**

(610-662-0928 Lisa Kiefner Cell)

(610-662-0914 Robert Novak Cell)

**EMERGENCY OPERATIONS PLAN
CHILD PICK-UP AUTHORIZATION
(Please return immediately)**

I, _____,
(Parent or Guardian)

authorize Life Discovery School to release my child(ren) to the person(s) designated below. This is in consonance with the Life Discovery School Emergency Operations Plan.

Student's Name:
(Indicate Below)

Designated Person Child May be Released
To: (Please Indicate Name & Relationship)

(Parent Signature)

(Relationship to Child)

(Date)

Print Name

Address

Address

Home Phone:

Home Email:

Work:

Work Email:

Cell:



Infant Social Resume

Child's Name: _____

Does your child have a nickname? Yes No

If yes, what is it: _____

Family

Names of brothers & sisters

Birthdate

Names of others living in the home

Relationship to child

What language is spoken in your home: _____

Does your child have pets? Yes No

If yes, what are they _____

Food

Is your child breast-fed? Yes No

If yes:

Do you plan to continue breast feeding? Yes No

If yes, how do you plan to carry this out? _____

What is your child's feeding schedule? _____

Do you supplement? _____

Is your child bottle-fed? Yes No

If yes: What is your child's bottle feeding schedule?

Liquids	Type	Amount	Times
Formula			
Milk			
Water			

What position does your child like to be in while bottle feeding? _____

What position does your child like to be in while being burped? _____

Has your child been introduced to solids? Yes No

If yes, what type? baby food table food

What is your child's feeding schedule:

Solids	Type	Consistency	Amount	Times
Cereal				
Cereal				
Cereal				
Vegetable				
Vegetable				
Vegetable				
Vegetable				
Fruit				
Fruit				
Fruit				
Fruit				
Meat				
Meat				
Snack				
Snack				

Does your child have any food sensitivities? Yes No

If yes, please identify: _____

What foods does your child like/dislike? _____

Sleep

Describe your child's sleep routine (include naps & lengths of naps):

Does your child usually cry when going to sleep? Yes No

If yes, for how long? _____

Where does your child normally sleep? _____

Diapering

What type of diapers does your child use? _____

Describe your child's diapering routine (include double diapering, liners, creams, powders etc.) _____

Is your child prone to diaper rash? Yes No Treatment: _____

Social/Emotional Development

Describe your child's temperament: (i.e. colic, likes to cuddle) _____

What signs does your child give of being hungry, tired or overstimulated? (i.e. pulls at ears, rubs eyes) _____

Does your child separate easily from you? Yes No

Please comment: _____

Is your child afraid of anything? Yes No

Please comment: _____

Does your child have a favorite toy, blanket or soother? Yes No

Please identify: _____

Does your child spend time with other children? Yes No

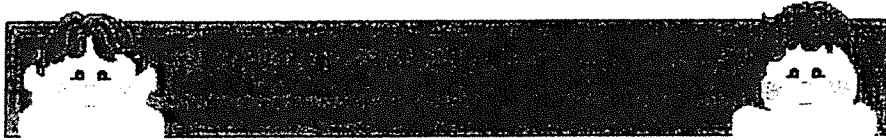
Please comment: (who, when, how much) _____

What activities does your child enjoy? _____

Please provide any other information relating to your child that would be helpful in understanding and caring for your child: _____

Date: / /
 D M Y

_____ Parent/Guardian signature



Child's Name: _____

Does your child have a nickname? Yes No

If yes, what is it: _____

Family

Names of brothers & sisters

Birthdate

Names of others living in the home

Relationship to child

What language is spoken in your home: _____

Does your child have pets? Yes No

If yes, what are they _____

Food

Describe your child's appetite: _____

What foods does your child dislike? _____

What foods does your child like? _____

Does your child feed him/herself? Yes No

Does your child have any food sensitivities? Yes No

If yes, please identify: _____

What time does your child eat: Breakfast ____ Lunch ____ Supper ____

Self-Care

Is your child in diapers? Yes No Comment: _____

Has training begun? Yes No Comment: _____

Is your child trained? Yes No Comment: _____

Does child need help? Yes No Comment: _____

Does your child need any help with dressing? Yes No

If yes, please list: _____

Sleep

Describe your child's sleep routine (include naps & lengths of naps):

Social/Emotional Development

Does your child separate easily from you? Yes No

Please comment: _____

Is your child afraid of anything? Yes No

Please comment: _____

Does your child have a favorite toy, blanket or soother? Yes No

Please identify: _____

Does your child spend time with other children? Yes No

Please comment: _____

How does your child show feelings?

Affection: _____ Fear: _____

Frustration: _____ Anger: _____

Excitement: _____

What activities does your child enjoy? _____

What activities does your child dislike? _____

How do you handle discipline in your home? _____

What characteristics in your child's development would you like:

Encouraged? _____

Discouraged? _____

Please provide any other information relating to your child that would be helpful in understanding and caring for your child: _____

Date: / /
 D M Y

Parent/Guardian signature

Life Discovery School

*607 W. Springfield Road
Springfield, PA 19064*

Dear LDS Families,

As most of you are aware, we are a STARS 1 facility. In order to maintain and move up on the STARS ladder, we are asked to follow certain guidelines and standards. One of the Keystone STARS performance standards requires us to have a, "Family Partnership Meeting" within 45 days of enrollment. This meeting is **optional**, but very pertinent in forming a strong partnership between home and school. Please complete this form and return it to your classroom teacher.

Thank you for choosing Life Discovery School for your child.

FAMILY MEETING GUIDE DOCUMENTATION

(Please complete and return it to your classroom teacher.)

Child's Name: _____

1. Would you like to schedule an optional meeting in 45 days to review your child's development, adjustment to Life Discovery School and any other areas of interest? Yes No

If yes, please indicate the best time to schedule a meeting with your family?
(Indicate the day of the week and approximate time.)

If no, please initial and date to indicate you are not interested in meeting with us.
_____ Parent Initials Date: _____

2. Please list any items you would like to discuss during your meeting.

Life Discovery School

PARENT ACKNOWLEDGEMENT FORM – SCHOOL HANDBOOK

TUITION AND PAYMENT POLICY

I understand there will be no tuition adjustments for the holidays that the school is closed, family vacations or sickness when the child does not attend. Tuition for part-time students must be paid for the number of days your child is enrolled rather than the actual number of days your child attends on a weekly basis. Tuition may be paid on a weekly or a monthly basis. If you choose to pay weekly, the payment is due on the first day of the week that your child attends. If you choose to pay monthly, payments are due on the 1st of each month. All cash payments will be given directly to the school director and a receipt issued for the amount of payment.

Parent Initials _____

NON-PAYMENT OF TUITION

Parents will be contacted if their account becomes one week overdue. If payment is not received and the account reaches two weeks of delinquency, parents will be asked to remove their child from the daycare facility. Children will not be permitted to return to Life Discovery School until tuition fees are current. Parent Initials _____

HOURS OF OPERATION AND LATE PICK-UP FEE

The school hours of operation are 7:00 AM – 6:00 PM. We do have someone on premises at 6:30 AM should you need to drop-off your child early. Please make every effort to pick-up your child no later than 6:00 PM so our staff members can close the building and get home to their families. If you have an emergency and are not able to pick-up your child by 6:00 PM, please call the school office immediately. A \$10.00 charge will be applied for each fifteen-minute segment a parent is late for child pick-up after 6:00 pm. This fee is to be paid directly to the teacher on duty. Parent Initials _____

WITHDRAWAL

If it is necessary to withdraw your child during the school year, a two-week written notification is required to the school office. Once a child is withdrawn, this opening is offered to other children on our waiting list. A personal family vacation is subject to tuition payments under terms of this enrollment contract. The child's place is kept in the classroom and teachers continue to be paid.

Parent Initials _____

STUDENT WELLNESS POLICY

I understand and will adhere to the student wellness policy and agree to keep required student records current. Parent Initials _____

Parent Name: _____

Date: _____