



A Place Where
Neighbors Meet

ADVENTURES IN WELLNESS

PARENT HANDBOOK 2020

*Serving Manayunk, Roxborough, Wissahickon and
surrounding neighborhoods since 1936*

We would like to take this opportunity to welcome you and your children to the *North Light Community Center Summer Camp Program*. This year's theme is *Adventures in Wellness*, where the children will develop their social, emotional, and physical well-being through FUN structured activities and curriculum. This Parent Handbook outlines what you may expect from *Summer Camp* and outlines our policies and procedures including expectations for parents, staff, volunteers and children in an effort to work as a team.

Summer Camp Goals & Educational Philosophy

The goal of the *Summer Camp* is to provide a safe and healthy environment for children, ages 4 through 12 years of age develop social and emotional intelligence through play and structured activities. Our program focuses on age appropriate activities that will help develop the individual child's esteem, critical thinking skills, and resilience to stressors. A central goal is the promotion of children's self-confidence and building healthy and strong relationships with peers and staff.

To meet the physical, intellectual, social, emotional and recreational needs of children, our program will:

- ❖ Offer fun, enriching, academic and recreational activities that help promote confidence, self-esteem, and responsibility
- ❖ Provide children a safe and secure environment staffed by kind, friendly child care professionals
- ❖ Provide a supportive atmosphere where child can socialize and make new friends
- ❖ Provide nutritional breakfast, lunch, and dinner

At *Summer Camp*, we view ourselves as an extension of each child's family. As such, we strive to develop supportive relationships with families throughout their involvement with the program.

Roles & Responsibilities of Parents

Parents and guardians are responsible for:

- ❖ Picking up their child/children by their scheduled dismissal time of the program
- ❖ Abiding by the payment schedule of the program
- ❖ Ensuring that children have needed physical exams and immunizations
- ❖ Regular participation with Summer Camp events
- ❖ Notifying the program if:
 - Any information on the registration form changes – telephone, addresses, pick up information including approval of the person picking up the child
 - Child will be absent on a given day
 - Child schedule changes and with withdrawal from the program must be two week prior via email
 - Child's participation in the program is limited due to health of other challenges
 - Child is on medication which must be dispensed while their child is in the program or has any allergies (see pages 19 & 20)
 - Child has any other special conditions or situations that staff must be aware of

Parents will be expected to communicate any issues or problems that arise with their child at the program with staff in a respectful, courteous manner. Parents are encouraged to meet with the director of *Adventures in Wellness: Summer Camp* to discuss any issues including discipline issues. Our intention is to work cooperatively with parents to ensure that their children have a positive learning experience.

A child may be expelled from the program if a parent does not meet the above responsibilities and expectations on a consistent basis.

MISSION AND PROGRAMS

For over 75 years, North Light has evolved from a drop-in center for boys into a multi-service community based organization with an ever-increasing mix of services. Today, North Light serves some 4,000 community members of all ages in the Philadelphia neighborhoods of Manayunk, Roxborough, Wissahickon, Andorra and the greater northwest area of Philadelphia. North Light is committed to keeping programs affordable for all community members and no one is ever turned away due to inability to pay.

We offer services such as an afterschool program for school-aged children, a summer camp, on-site tutoring, scholarship programs, teen employment, a computer lab with public access, community organizing, arts and recreation for children and adults. All of these services make a positive difference in the community and in the lives of those who participate in them.

BOARD OF DIRECTORS

North Light Community Center is governed by a Board of Directors who sets policy, prepares and approves the annual budget, approves staffing, oversees building maintenance and guides curriculum development. A list of the current board is available in the main office or on the website. The Executive Director, Krista Wieder, oversees the daily operation of North Light.

SUPERVISION

Children in the facility are supervised at all times. Outdoor play space is considered part of the facility. Facility persons may not use any form of physical or psychological punishment. Facility persons may not single out a child for ridicule, threaten harm to the child and not specifically aim to degrade the child. A facility person may not use harsh, demeaning or abusive language in the presence of the children.

STAFFING

Qualified teachers, well-trained group supervisors and aides in accordance with the requirements of the Department of Public Welfare staff North Light Community Center. The staff members meet all licensing requirements. They are required to maintain confidentiality and conduct themselves in a professional manner. All employees are required to provide clearance for Child Abuse, National Sex Offender Registry, FBI fingerprinting and criminal histories. Fire training, first aid training, water safety and CPR are required and must be kept current. Each staff member is required to complete 12 hours of additional training each year in areas relating to childcare. At least two staff persons are on site whenever any children are in care. The staff to child ratio is one adult to 10 children ages 4-5, one adult to 12 children ages 6-8, and one adult to 15 children ages 9-12.

ADMISSION

Applications for admission are available from the program office. After the completed application is received by the Director of Education/Childcare Services there is an admission interview. At the time of the interview the director will review with you the general schedule, hours for which care is to be provided, fees and your responsibilities with regard to your child(ren). During this interview, you and your child may tour the facilities. At this time you must be prepared to complete the emergency contact form including assigning your child a "code number." This is an extra security procedure. You will also be given a health assessment that must be on file within two weeks of your child starting the program. The health assessment must be dated and signed by a Physician or Certified Register Nurse Practitioner. If you are bringing in an existing health assessment, it may not be older than eleven months.

Prior to admission, the following documents must be in possession of North Light **June 22, 2020 (or the assigned due date) before the start of programming:**

- Signed general disclaimer and waiver
- Signed parental consent for emergency medical care
- Signed parental consent for administration of medications or dietary needs
- Signed parental consent for administration of minor first-aid procedures
- Signed parental consent for transportation, excursions or trips
- Signed Fee Agreement
- Signed Emergency Plan

At this time you will also receive a tuition agreement, a copy of this Parent Handbook and an agreement stating that all fees and procedures have been discussed with you. Please note that the tuition agreement and emergency contact form must be updated every six months. The health assessment must be renewed every 12 months.

Services are provided and admissions are made without regard to race, color, religious creed, ancestry, sex, disability or national origin. Complaints of discrimination may be filed with the Office of Civil Rights, U.S. Department of Health and Human Services, Bureau of Civil Rights compliance, Department of Public Welfare, and/or the Pennsylvania Human Relations Commission.

SECURITY

When you enroll your child, you will be asked to provide a 4-digit security code, as well as a list of persons other than yourself who are allowed to pick up your child. If, in an emergency, you or one of these other persons is unable to come and retrieve your child, whoever comes to do so **MUST** know the 4-digit "secret code" and show proper identification. **No child will be dismissed to a pick-up person without identification and knowledge of the child's secret code number.** If you know of someone who may try to gain access to your child that you do not want to, please inform the staff at the time of enrollment. We must have a copy of restraining orders or other court orders to deny access to a parent other than you. With these documents, we can call the police and have the person removed from the premises.

VISITATION

Parents and/or guardians of program participants may schedule a visit to observe the workings of a program during regular operational program hours, but must sign in and produce identification at the program office.

PARKING FOR DROP OFF/PICK UP

You must enter main entrance located at in the yard closest to the gate and sprinkler turtles to pick up your child. To park your vehicle, please always park in the parking lot located on Carson Street. **Do not park in the private lot located across from North Light on Green Lane. Your vehicle may be towed, even if you are only planning on taking "a second."**

DISMISSAL OF CHILDREN

Children will be dismissed only to **authorized pick up persons** indicated on the Emergency Contact Form, although a child may be able to leave by themselves if permission is granted by parent. Please keep this information current. You **MUST** sign your child out, noting the time, in the Sign-Out Book located with the Group Supervisors. Please do not be late. Camp ends at 3:00 pm and Aftercare ends at 6:00 pm

CHILD PROGRAM PAYMENT POLICY-UPDATED 02/2020

A registration deposit of \$35.00 is required to secure your child(ren)'s spot in the program. The only exception to that fee is if the student is enrolled in ELRC, in which case the registration fee is waived. Once the registration fee is collected and your child(ren)'s spot is secured, a meeting will be set with either the Bursar or the Director of Childcare Services to fill out the Parent Handbook. During that meeting your weekly deposit, child(ren)'s health assessment with shot records, and all documentation signed and completed, unless discussed with the Bursar or Director. Please remember, you are responsible for paying for what you registered for (see signed payment agreement).

- North Light payments are due by Friday at 6:00PM. This payment is for the upcoming week.
- If payment is not made by 12:00PM on Monday morning, a \$5.00 fee for late payment is charged.
- If payment has still not been made by 12:00PM on Tuesday morning, another fee of \$5.00 is charged.
- Payments should be made directly to the Bursar, the Director of Childcare Services, or a Childcare Group Supervisor. (*We do not send weekly invoices; parents are responsible for making payments on time.*)
- Payments can be made by cash, check (in person or mail), Credit Card (in person or over the phone only).
 - If calling in a payment please ask to speak to Renée, Jon, or Theresa Monday-Friday 9am-5pm.
- We will be sending a written notice by email when payments are behind more than 1 week.
 - If payment is not made by 12:00PM on Friday morning, \$15.00 fee is charged.
- **All payments and past balances MUST be paid in full in order for your child(ren) to re-enroll in Summer Camp.**
 - Unless a payment plan is made and approved by Jon or Renée.

PICKING UP LATE FEES-UPDATED 04/2020

Please be on time picking up your child(ren) at their respective pick up time. A late fee of \$5.00 per child will be charged for every five minutes that you are late. The late fee must be paid by the end of the week in cash to Renee Branson or Jon Thornton. If you are late more than 5 times throughout the camp, your child's continued participation in the program will be in question.

ATTENDANCE

NON-ATTENDANCE POLICY

Regular tuition/fees will be charged for absences. This policy has been adopted because costs for staff and programs remain the same when children are absent. If your child(ren) are absent for a week without notice, your child(ren) spots will be terminate and replace to the next available child(ren) on our waiting list. You will still be responsible for making payments for those days your child(ren) is absent without notification. If your child(ren) have inconstant attendance, your child(ren) enrollment will be questioned or forfeited.

ABSENCE POLICY

If your child(ren) will be absent, you must update your child's attendance on brightwheel if you are schedule a vacation your child is sick and you must notify North Light via email to Jon Thornton at jthornton@northlightcommunitycenter.org and Renee Banson at rbanson@northlightcommunitycenter.org, as soon as possible. A note signed by the parent may also be left in the office notifying us of an absence. It is the parent's responsibility to notify the office. Staff are not expected to convey messages about absences to the office.

TERMINATION POLICY

Parents may terminate their child(ren) enrollment at any time, provided they give two weeks written notice in advance of the termination day. Failure to give proper notice will result in parents being responsible for the payment of those two-week fees. This will be enforced unless the reason for the termination is beyond the control of the parents (e.g., lay off, birth of new baby, etc.).

EXPULSION POLICY

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know that we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center:

IMMEDIATE CAUSES FOR EXPULSION

- The child is at risk of causing serious injury to other children or him/herself.
- Parent threatens physical or intimidating actions towards staff members.
- Parents exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child. Verbal abuse to staff.

CHILD'S ACTIONS FOR EXPULSION

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive elopement (running away from group).

Prior to expulsion, a parent will be called and correspondence will be sent home indicating what the problem is, and every effort will be made by both North Light and the parent to correct the problem. If, after one or two weeks, depending on the risk to other children's welfare or safety, behavior does not improve, and that North Light finds that they can no longer accommodate the child, the parent will be asked to remove their child.

KEYSTONE STARS 12.2013

North Light Community Center is a Keystone Star's approved Keystone STARS is an initiative of the Office of Child Development and Early Learning (OCDEL) to improve, support, and recognize the continuous quality improvement efforts of early learning programs in Pennsylvania. North Light is at a Star 2 level.

The Keystone STARS Performance Standards provide the foundation for the program. The Performance Standards are grouped into four levels: STAR 1, STAR 2, STAR 3, and STAR 4.

Each level builds on the previous level and utilizes research-based best practices to promote quality early learning environments and positive child outcomes. The standards address staff qualifications and professional development, the early learning program, partnerships with family and community, and leadership and management.

Keystone STARS is managed through a partnership of the Office of Child Development and Early Learning (OCDEL) and the Pennsylvania and Regional Keys.

As part of the Keystone Stars requirements a parent teacher conference will be made available within 90 days of program entry. As a team, we will discuss overall progress including academic and social development. Additionally, one family conference will be offered annually to discuss your child's behavioral, academic, and social needs. If for some reason you cannot attend, a copy of the observation will be provided to parents.

Transitioning: The process of moving from one classroom or educational setting to the next. Transitioning involves the cooperation of children, their families, and our staff. North Light allows for children of all ages to get to know each other each day through the activities offered, creating an easier transition for the children. During the change children will meet the new teacher, become accustomed to the new classroom setting, learn self-care skills, as well as meet the other students. When children and families experience smooth transitions, they have a more positive attitude about the new classroom, thus enhancing school success and social interaction among their peers. When applicable, students will be required to transition to the next age group depending on their current age. Students remain with their age group until they reach their max age. Parents will be notified of any transition and provided details of how and when the transition will occur.

If a student is leaving for another educational setting, records can be transferred at the parents request; all documents will be submitted to the parent to bring to their new school.

Ages & Stages Developmental Tool: Within 45 days after the start of programming all children ages 3-5 will be assessed with the Ages of Stages Screening Tool.

EMERGENCY MEDICAL CARE

If emergency care (serious) is needed for a child, the parent will be contacted as soon as possible while operating in the best interest of the child. If the parents cannot be reached, the emergency contact person/persons will be notified. A staff person will accompany the child to the source of the emergency care and will remain with the child until the parent or emergency contact person assumes responsibility for the child. **Emergency information should be kept current every six months and must include your health insurance coverage, policy number, physician's name and phone number.**

MEDICATIONS AND DIET

North Light agrees to administer medications at your request. You must complete the medication consent form indicating the name of the medication, the dosage, the time to be given, refrigeration requirements if necessary and your signature (see pages 16 & 17). Every time the medication is dispensed, the assigned North Light staff member will record it in the medication log. All medication must be in the original bottle with the prescription label included. A dosage spoon marked appropriately is required for liquid medication. Never give your child any medications to take by themselves, no matter what their age. Please include on the Emergency Contact/Parental Consent form any food allergies, special diet or special conditions your child has, so that we may take it into consideration for snack. On brightwheel there is an option to set up medication schedule and meal times for your child's specialized dietary needs.

GENERAL DAILY SUMMER SCHEDULE

7:30 to 8:30 a.m.	Low organized games and simple craft activities
8:30 to 9:15 a.m.	Breakfast
9:15 to 11:30	Various departmental activities including recreation, arts and crafts, dance/movement, reading, drama, music and cooking, swimming
11:30 a.m. to 12:30 p.m.	Lunch
12:30 to 3:00 p.m.	Various departmental activities including recreation, arts and crafts, dance/movement, reading, drama, nap, music and cooking
3:00 p.m. to 3:30 p.m.	Afternoon snack
3:30 p.m. to 6:00 p.m.	Various departmental activities including recreation, arts and crafts, dance/movement, reading, drama, music and etc.

Please pick your children up promptly at or by 6:00 pm.

ILLNESS POLICY

The following illness policies will be strictly enforced, for the health, well-being and safety of all concerned.

Sick Child Policy: Under no circumstances may a parent bring a sick child to North Light Childcare Programs, if the child shows any signs of illness see (SYMPTOMS REQUIRING REMOVING OF CHILD FROM NORTH LIGHT CHILDCARE PROGRAMS), or is unable to participate in the normal routine and regular day. Sick children will expose all children and staff members who they come in contact with. These people can in turn expose the other children. If other children become ill due to exposure to your sick child, either because he/she was returned to North Light Childcare Programing before full recovery or because he/she was not picked up promptly upon notice of becoming ill, other parents will be unnecessarily inconvenienced. Because this is disruptive to other children and their families, your cooperation on this issue is extremely important.

In the event a child becomes ill and needs to be picked up, the parent(s) will be called and are expected to come pick the child up within one hour (60 minutes). If the parent(s) cannot be reached, or have not arrived within an hour, the emergency contact person will be called and asked to come pick the child up. In the event a child complains about not feeling well during North Light Childcare programing, the parent will be contacted.

Symptoms requiring removal of child from North Light Childcare Programs:

- Fever: Fever is defined as having a temperature of 100°F or higher taken under the arm, 101°F taken orally (a child needs to be fever free for a minimum of 24 hours before returning to North Light Childcare Programs, that means the child is fever free without the aid of Tylenol®, or any other fever reducing substance.)
- Fever AND sore throat, rash, vomiting, diarrhea, earache, irritability, or confusion.
- Diarrhea: runny, watery, bloody stools, or 2 or more loose stools within last 4 hours.
- Vomiting: 2 or more times in a 24 hour period. Note: please do not bring your child if they have vomited in the night.
- Breathing trouble, sore throat, swollen glands, loss of voice, hacking or continuous coughing.
- Frequent scratching of body or scalp, lice, rash, or any other spots that resemble childhood diseases, including ringworm.
- Child is irritable, continuously crying, or requires more attention than we can provide without hurting the health, safety or well-being of the other children in our care.

If the child is no well enough to attend school, the child will not be allowed to attend North Light Childcare Programs.

EMERGENCY PLAN

North Light has established a basic emergency plan that is meant to address extraordinary circumstances that could threaten lives or property. The procedures outline a plan for temporary measures that will be taken to provide the best available protection for everyone under our care. The intent of the plan is to anticipate and provide ways of doing things during high-stress or emergency situations. This plan is posted in the foyer and in each "child room." A "shelter in place" has been established in the basement of North Light, in the Assembly Room. Please refer to the Emergency Plan Notification letter.

NORTH LIGHT'S EMERGENCY CLOSING PROCEDURES 2.25.2020

Summer Camp will be open through all summer weather conditions as we have adequate heating and cooling systems. If there are unique events that force the organization to close, parents will receive notification via email on the timeline of when we will be closed and reopen.

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin, limited English proficiency, sexual orientation, 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.

CONSENT TO TREATMENT AND OTHER MEDICAL SERVICES

Please read and understand the following information regarding non-emergency and emergency medical situations. Be assured that under no circumstances except for number 4, will any of the following measures be enacted until all persons on your lists, including your, your spouse's numbers, their numbers at work and all emergency contacts have been exhausted.

- 1) I authorize all treatment and/or medical services to be performed under the direction of Roxborough Memorial Hospital Emergency Department or the closest Medical Facility.
- 2) I consent to the performance of treatments or medical services in addition to or different from those now contemplated whether or not arising from presently unforeseen conditions which may become necessary or advisable.
- 3) I consent to the administration of such anesthetics, x-ray studies or treatments, or laboratory studies as may be considered necessary or advisable by the physician responsible for this service.
- 4) I authorize the administration of minor first aid procedures such as washing and dressing a small wound or abrasion and the application of sunscreen at appropriate times on an as needed basis.

CIVIL RIGHTS COMPLIANCE

In accordance with applicable Federal and State Civil Rights laws and regulatory requirements, you as resident of this agency, have the right:

To be provided services at this agency and to be referred for services of other agencies without regard to your race, color, religious creed, disability, ancestry, national origin, age or sex.

To file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color, religious creed, disability, ancestry, national origin, age or sex.

Complaints of discrimination may be filed with any of the following:

North Light Community Center
175 Green Lane
Philadelphia, PA 19127

Department of Human Services
Bureau of Equal Opportunity
Room 223, health & Welfare Building
P.O. Box 2675
Harrisburg, PA 17105-2675

U.S. Department of Health & Human Services
Office of Civil Rights
Suite 372, Public Ledger Bldg.
150 S. Independence Mall West
Philadelphia, PA 19106-3499

Commonwealth of Pennsylvania
DHS Bureau of Equal Opportunity
Southeast regional office
801 Market Street, Suite 5034
Philadelphia, PA 19107

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

COMPUTER LAB ACCEPTABLE USE POLICY

EDUCATIONAL PURPOSE

- ❖ North Light Community Center's Computer Lab (NLCC) has been established for a limited educational purpose. The term "educational purpose" includes NLCC program activities, career development, and limited high-quality self-discovery activities.
- ❖ NLCC's Computer Lab has been established as a public access service, but not a public forum or for commercial purposes.

STUDENT INTERNET ACCESS

- ❖ Students will not be provided with individual (personal) Internet e-mail accounts under any circumstances
- ❖ Participants and parent(s)/legal guardian, if participant is under 18 years of age, must sign an Account Agreement to be granted an Internet browser access (WWW). Your parent/legal guardian can withdraw their approval at any time.

UNACCEPTABLE ACTIVITIES

- ❖ You may not use the Internet connection without the expressed permission of a North Light staff member or computer room personnel.
- ❖ North Light staff **MUST be present** at all times when the computer lab is in use.
- ❖ Students **may not** send or receive any e-mail unless work or school related.
- ❖ Students **may not** enter any 'chat room' (Facebook, Twitter, YouTube, etc....) or participate in any 'instant messaging', unless access is an expressed part of North Light Community Center activity directly supervised by a North Light staff member who is present.
- ❖ Students **may not** download any files from the Internet or install any software on any computer without first receiving permission from the staff member or computer room personnel supervising their use.
- ❖ You will not post personal contact information about yourself or other people. Personal contact information includes your address, telephone, North Light address, work address, etc.
- ❖ You will not agree to meet with someone you have met online. You will promptly disclose to a staff member or another NLCC employee any message you receive that is inappropriate or makes you feel uncomfortable.
- ❖ You may not use NLCC's computers for political lobbying.
- ❖ You will not attempt to gain unauthorized access to NLCC's computers, to any other computer system through NLCC, or go beyond your authorized access. This includes attempting to log in through another person's account or access another person's files. These actions are illegal, even if only for the purposes of "browsing".

LIMITATION OF LIABILITY

- ❖ North Light Community Center makes no guarantee that the functions or the services provided by or through NLCC will be error-free or without defect. NLCC will not be responsible for any damage you may suffer, including but not limited to, loss of data or interruptions of service. NLCC is not responsible for the accuracy or quality of the information obtained through or stored on the system. NLCC will not be responsible for financial obligations arising through the unauthorized use of the system.

PERSONAL RESPONSIBILITY

- ❖ Using integrity, transparent with required information, honesty, effective communication, and being responsible with your obligations at North Light is your duty as a member of the North Light family. **Appropriate disciplinary actions will be applied to commensurate any infraction of the rules. You are also expected to follow the rules set forth in NLCC's rules and regulations governing conduct, disciplinary code, and the law in your use of NLCC's computers.**

WELCOME TO NORTH LIGHT

At this time, the staff and I would like to welcome you and your family to North Light Community Center and thank you for enrolling your child(ren) in our program. It is our sincere desire your experience here will be a pleasant one and your child will enjoy the program, participate with enthusiasm and feel enriched for having done so.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Krista Wieder', written in a cursive style.

Krista Wieder
Executive Director

NORTH LIGHT COMMUNITY CENTER GENERAL DISCLAIMER AND WAVIER

I agree that I will not hold the Board of Directors or any staff member, volunteer or other persons acting on behalf of North Light responsible for any accident, illness or injury that may occur during the above activity or program. Additionally I, the undersigned, do hereby release and hold harmless North Light from any and all obligations and claims of any nature whatsoever, on my part or the part of my heirs or assigns, which may arise now or in the future, from the use of any photographs, audio or video tape or film in which a likeness or representation of myself and my child(ren) shall appear or of my voice or a characterization in which I shall participate and acknowledging that the use of said photograph, tapes and promotional material attendant thereto may be edited and used at the absolute discretion of North Light Community Center.

I have read or have had read to me the information contained in this document and have understood its contents. Any information with which I have had a concern has been crossed out and initialed by me, and I have had explained to me and understand the implications of that change. I also acknowledge receipt of a copy of this document on the date noted below my signature or mark.

Child's Name _____

Parent's Name _____

Date _____

Signature _____

VAN AND SHORT TRIP PERMISSION

I give my child _____ permission to ride in North Light's vehicles to and from school and to walk or ride with North Light to short trips and events.

COMPUTER LAB/ACCEPTABLE USE POLICY

I have read or have had read to me the information contained in this document and have understood its contents. Failure to comply with this policy will result in and not limited to suspension from the computer lab, the program and or North Light Community Center. I also acknowledge receipt of a copy of this document on the date noted below my signature or mark.

Printed Name: _____ Date: _____

Signature: _____

Request for Individual Education Plans (IEP) & Individual Family Service Plans (IFSP)

Your child's growth and development is measured with development assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy so that we can provide service similar to their current plan. Providing this information is optional, but in your child's best interest.

I am providing a copy of my child's IEP or IFSP

I am not providing a copy of my child's IEP or IFSP and or this is not applicable to my child.

Signature: _____ Date: _____

Printed Name: _____

PARENT QUESTIONNAIRES/SURVEYS

I, _____, hereby agree to complete ALL survey or questionnaire at the end of each current program. All survey's/questionnaires help with program planning and when reporting to donors and funders who help us keep the program affordable for everyone.

I, _____, agree to follow the terms for SUMMER CAMP 2020. Services in addition to regular childcare can be, but are not limited to; enrichment activities (Literacy, Music & Art), recreational activities, access to the computer lab, short trips to the park system and local places, basic cleaning task, scheduled and bussed field trips, and the provision of breakfast and lunch provided through the Archdiocese of Philadelphia Nutritional Development Services.

SUMMER CAMP TERMS OF AGREEMENT 2020

Child's Name _____ Parent's Name _____
Child's School _____ Child's Grade _____
Home Phone _____ Cell _____ Work _____
E-Mail _____ E-Mail _____

You will need one of the following documents as proof of annual household income: 1040, 1040EZ or 1040A. We will no longer accept W-2's, 1099's or paystubs as proof of annual household income.

Person to whom child may be released:

Name _____ Cell or work Phone _____

Name _____ Cell or work Phone _____

Four digit security code: () () () ()

Person(s) to whom the child may NOT be released:

Name _____ (Attach acceptable proof)

Name _____ (Attach acceptable proof)

Parent/Guardian Signature _____

North Light Representative Signature _____

GETTING TO KNOW YOU

1. Has your child attended another program before North Light? _____
 - a. When: _____ Where: _____
How long? _____
2. Is your child comfortable riding in the van/school bus for long trips? _____
3. Do both parents have legal custody? _____

If not please explain?

4. Tell us about your child's interest or hobbies

5. My child's strengths are

6. My child needs support with

7. Is there any other important information you would like to share about your child?

brightwheel

Overview: Using brightwheel as a Parent, Family, or Approved Pickup

Getting started using brightwheel as any contact type.

Brightwheel users will have different permissions on their account based on their relationships with students.

Parents are granted the most control over their child's account and can get started on brightwheel by responding to an invitation from the North Light. Once a parent account is created, the North Light can provide a 10-digit code that is unique to each student. Parent permissions include the ability to send and receive messages, check their children in and out, see their child's profile and daily feed, add family & pickups, as well billing access.

It is possible for a parent to give their family members access to their child's brightwheel account so they can also stay updated on the child's daily activities. Family members can sign up with their email address or phone number! Approved family members will be able to see the child's feed of daily activity, however they will not have access or ability to edit the child's personal information such as their homeroom, allergies, birthday, medications, etc. Family members will also automatically have the ability to drop off/pick up a student. They are also able to send messages to the school in case they need to communicate a quick update that is related to picking up or dropping off a child. Approved Pickups will not see any child information on the brightwheel app and can only use pickup/drop-off actions.

Another profile type that can be utilized by parents is an emergency contact. Parents have the ability to add emergency contacts to their student's profile in the event a parent cannot be reached in an emergency situation. Emergency contacts no access to the brightwheel app and cannot check a child in/out, they simply serve as an additional contact in case of an emergency.

Once your child's account is setup you will be given an invitation and you are required to set up an account so that we can communicate with you and any approved family member.

Brightwheel logon website: <https://schools.mybrightwheel.com/sign-in>

EMERGENCY PLAN

North Light's philosophy is to keep our children safe at all times when they are in our care. With recent world and local events, we have developed an emergency plan that will be put into place in the event special circumstances require a different type of care. Plans for these special circumstances are reviewed annually. Staff is trained in the appropriate response and local emergency management is aware of these plans. The specific type of emergency will guide where and what special care will be provided.

- **Immediate Evacuation** – This plan would be put into place in the event of a fire or unsafe interior condition (ex: gas smell) or threat. In this plan, children will evacuate to a safe area on the grounds of the facility or immediate surrounding area.
- **Shelter at the Site** – This plan would be put into place in the event of weather emergency or unsafe outside conditions or threats. In this plan, children will be cared for indoors at the center and the center may be secured or locked to restrict entry or egress. We will notify parents if they need to pick up their child before their regular time.
- **Evacuation to another Site** – This plan would be put into place in the event that it is not safe for the children to remain at the center. In this situation, we will relocate children to the alternative site of the *Tiny Tots Day Care Center located at 4556 Wilde Street 19127. If Tiny Tot's is unavailable, we have designated St. Josaphat's Roman Catholic Church (124 Cotton St. 19127) is our second relocation designation.*
- **Methods to contact parents** – In the event of an emergency, all parents will be called, a note will be placed on the door, and radio/TV stations will be alerted to provide more specific information. Please listen to KYW 1060 am or Channel 6 for announcements relating to any of the emergency actions listed above.
- **Emergency ends/Reuniting with Children** – When the emergency ends, parents will be notified and reunited with their children as soon as possible. The contact methods listed above will be used to inform parents.

MEMO

DATE: February 2, 2020

TO: Parents of Program Participants

FROM: Jon Thornton, Director of Childcare Services

RE: Emergency Plan

As per our policy with the Pennsylvania Department of Public Welfare, we are informing you of our *Statement of Policy* regarding our *Emergency Plan*. A copy of the plan is attached for your reference. Please sign and date this memo signifying that you have received the same.

Parent Signature

North Light Staff Member Signature

Date: ___/___/___

PROCEDURES FOR DISPENSING MEDICATIONS AND CONSENT FORM

- 1) The medicine **MUST** be in its original container with the dispensing orders (as issued by the physician) on the label. If not issued by the physician, a parent or guardian must indicate in writing how and when the medication will be dispensed.
- 2) The label must state the medication and the child's name. If there is no label, their first and last name must be written on the medicine or the parent or guardian can apply their own label.
- 3) The medicine, consent form, instructions from the parents, medication log and health record will be stored in a Ziploc bag in the file cabinet in the main office (lockable).
- 4) A parent shall supply written consent to dispense the medication.
- 5) The persons authorized to dispense medications at this time are Jon Thornton or any North Light Summer Camp Staff. If this changes, everyone will be notified and this procedure will reflect the change.
- 6) The Medication Log will be filled out every time a medicine is given out.
- 7) Parents are asked to update their brightwheel medication times under the feed section.
- 8) The Medication Log should have a copy of the child's health record attached and the log must be kept in the cabinet with the medications. **THIS INFORMATION IS HIGHLY CONFIDENTIAL.**

MEDICATION CONSENT FORM



A Place Where
Neighbors Meet

PARENTS/GAURDIANS: Please sign and return the following form consenting to North Light's Procedures for Dispensing Medication, and acknowledging receipt of a copy of the written procedures.

I, _____, have received a copy of North Light Community Center's Procedures for Dispensing Medication and hereby consent to these procedures in the event that my child _____ is in need of medication while at North Light.

Parent Signature

North Light Staff Member Signature

Date: ___/___/___



A Place Where
Neighbors Meet

PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below. For my participation in activities to be conducted by North Light Community Center, I hereby give my permission and consent, now and for all time, to NORTH LIGHT COMMUNITY CENTER and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

_____ (initials) Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to NORTH LIGHT COMMUNITY CENTER and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;

_____ (initials) Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by NORTH LIGHT COMMUNITY CENTER and collaborating third parties;

_____ (initials) NORTH LIGHT COMMUNITY CENTER and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and

_____ (initials) NORTH LIGHT COMMUNITY CENTER and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge NORTH LIGHT COMMUNITY CENTER and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Signature (if over 18): _____ Date: _____

Printed Name: _____ Age: _____

Address: _____

For persons under 18 years old, please complete below:

I am the Mother/Father/Legal Guardian of (Child's name) _____.

For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Drexel University – Non-Academic/Academic Programs

Informed Consent, Assumption of Risk and Release of Liability Form

IMPORTANT – READ ENTIRE FORM BEFORE SIGNING

Participant Name: _____ Phone: _____

Address of Participant or Parent/Guardian (if Participant is under 18): _____

Program Description/Location ("Program"): Summer Camp at North Light Community Center, located at 175 Green Lane, Phila, PA 19127

Program Date (s): June 29th, 2020 to August 21st 2020

Drexel University and its trustees, officers, employees, volunteers, students, and participating organizations, agents and assigns are collectively referred to herein as "Drexel".

I understand that this Program is completely voluntary, and I freely choose to participate in this Program. I understand that Program activities will include, but are not limited to (see additional space on last page):

I understand that participation in the Program exposes me to risks, including, but not limited to (see additional space on last page):

CONSENT TO PARTICIPATE

I recognize that there are both foreseeable and unforeseeable risks of injury or death that may occur as a result of my participation in the Program that cannot be specifically listed. I acknowledge that I am responsible for making sure that my health is adequate to participate in the activities involved in the Program.

I agree that participating in any activity is an acceptance of some risk of injury. I agree that my safety is primarily dependent upon my taking proper care of myself. I understand that it is my responsibility to know what I will need for the Program and to provide what I will need. I agree that I must have my own health insurance and that I am responsible for the cost of any medical treatment required during the Program. I agree to fully comply with applicable laws, policies, rules, regulations, Drexel's Student Code of Conduct, and any supervisor's instructions or posted warnings regarding participation in this Program. I agree to stop and seek assistance if I do not believe I can safely participate or continue in any activity. I agree to wear or use proper protection or gear as dictated by the activity. I will not wear or use or do any thing that would pose a hazard to myself or others, including using or ingesting any substance which could pose a hazard to me or others. I agree that if I do not act in accordance with this agreement I may not be permitted to continue to participate in the Program.

I understand that Drexel is not an agent of, and has no responsibility for, any third party including without limitation any entity which may provide any services including food, lodging, travel, or any equipment associated with the Program.

Despite precautions, accidents and injuries can occur. I understand that travel and other activities connected with the Program may be potentially dangerous and that I may be injured and/or lose or damage personal property, or suffer financial loss, as a result of participation in the Program. Therefore, for myself, **I ASSUME ALL RISKS RELATED TO THE ACTIVITIES**, including, but not limited to:

- Death, injury or illness from accidents of any nature whatsoever, including but not limited to bodily injury of any nature whether severe or not which may occur as a result of or arising from: participating in an activity or contact with persons or physical surroundings, including animals, insects or plants; travel by air, car, bus, subway or any other means; illness including food poisoning arising from the provision of food or beverage by restaurants or other service providers.
- Loss or injury as a result of a crime or criminal act, terrorism, war, civil unrest, riot, detention by a foreign government, arrest or other act of any government or authority including, without limitation, any loss resulting from the cancellation or delay of the Program.
- Exposure to chemicals, hazardous materials or other potentially harmful substances or animals in research facilities or laboratories.
- Theft or loss of my personal property during the Program.
- Loss or injury as a result of natural disaster or other disturbances.

I further acknowledge that the above list is not inclusive of all possible risks associated with the Program and that I am aware of the risks involved whether described or not. I further understand that participating in the Program is an acceptance of risk of injury, death or financial loss.

Drexel University – Non-Academic/Academic Programs

Informed Consent, Assumption of Risk and Release of Liability Form

MEDICAL TREATMENT AUTHORIZATION

I authorize and give my consent to Drexel to act on my behalf, or on behalf of my child (who is under 18), in any medical emergency, including, if necessary, emergency medical treatment and admission to an accredited hospital or emergency care center. I understand and acknowledge that Drexel does not provide health and accident insurance for the Program participants, and I agree to be financially responsible for any medical bills incurred as a result of medical treatment rendered to me (or to my child).

For residential programs only: Meningococcal disease is a rare, but potentially fatal, bacterial infection, and research has shown that persons residing in dormitories appear to be at higher risk for the disease. A meningococcal vaccine is available that provides protection against the most common strains of the disease. I understand the risks of meningococcal disease as well as the benefits of immunization. I also understand that there may be participants in the Program that have not been immunized.

Emergency Contact Name: _____ **Phone #:** _____

PHOTO RELEASE

I grant permission for me/my child to be photographed and/or recorded on audio tape, video tape or film, while participating in the Program, and for such photograph(s), recording(s), tape(s) and/or film(s) to be used for promotional and educational purposes of Drexel University. (Check one) Yes No

RELEASE OF LIABILITY

In consideration of Drexel providing me the opportunity to participate in this Program, I voluntarily remise, release and forever discharge Drexel, its affiliated entities, successors, assigns, trustees, officers, students, employees and agents from any and all personal injuries, damages, losses, claims, causes of action, or lawsuits of any kind (a "Loss") whatsoever arising out of or in any way relating to my participation in the Program, including, without limitation, a Loss resulting in whole or in part from the negligence of Drexel or its affiliated entities, trustees, officers, agents, faculty, staff or students.

My signature below indicates that I have read, understood, and freely signed this document. I understand that I have given up important rights by signing this document. This document is made in sole consideration of Drexel supporting my participation in the Program and my use of facilities, equipment, or services associated with the Program. This document shall be construed and enforced in accordance with the laws of the Commonwealth of Pennsylvania, and I consent to the jurisdiction of said state.

Signature: _____ Date: _____

(If participant is under 18 years of age, a parent or legal guardian MUST sign this document - see below)

PARENTAL CONSENT (must be signed if Participant is under 18 years of age)

I am the parent or legal guardian of the individual identified at the beginning of this document who will participate in the Program. I acknowledge that my child is attending the Program voluntarily with my permission and that I have read, understand and accept the rules and standard(s) of conduct for the Program. I have reviewed the information provided relating to potential risks involved in the activities and Program. By my signature below, I assume all risks on behalf of my child related to the activities and the Program. I have had an opportunity to ask questions about this document. I understand that I have given up important rights for myself and for my child by signing it. This document is made in sole consideration of Drexel providing the opportunity for my child to participate in the Program and my child's use of facilities, equipment or services associated with the Program.

Signature Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

ADDITIONAL INFORMATION (IF NECESSARY)

Interns: _____

School: _____

AUTHORIZATION AND RELEASE

Bridging the Gaps is a program of several Universities/Academic Institutions/ Academic Health Centers* (hereinafter both collectively referred to as "Bridging the Gaps").

I, _____, on behalf of my minor child, _____, hereby agree to allow Bridging the Gaps, its sponsoring Universities/Academic Institutions/ Academic Health Centers and any of its authorized agents or contractors to record, video and/or photograph my child's likeness and voice. I understand that any such recording, video and/or photograph belong to Bridging the Gaps and that neither I, nor my child will receive any payment or other compensation in connection with such recording, video or photograph. I also consent to my child being interviewed and I authorize the use of any information disclosed during such interview.

I hereby give Bridging the Gaps its sponsoring Universities/Academic Institutions/ Academic Health Centers, its students, employees, agents, successors, assigns, and those acting with its permission or on its behalf, the right and permission to use, copyright, publish, republish and distribute any such recording, video, photograph or interview of my child. I understand that said recording, video, photograph or interview may be used in any media, including reproductions on the World Wide Web, in conjunction with any printed or electronic matter, and in connection with any efforts publicizing, promoting or otherwise directly related to the objectives of Bridging the Gaps.

I understand that I may revoke this authorization at any time, in writing, and that no further recording, video, photographs or interview of my child will be taken. However, such revocation will have no effect on any recording, video, photograph or interview already taken, which may still be used for the purposes described above.

I agree that personal satisfaction is sufficient consideration for this authorization and release and, on behalf of myself and my child, I waive any payments, royalties or other compensation. Intending to be legally bound, for myself, my child and our respective heirs and assigns, I hereby release Bridging the Gaps and the participating Universities/Academic Institutions/Academic Health Centers, and their respective trustees, officers, employees, students, agents and assigns from any and all liability, and waive any and all claims or demands that I may have against any of them for damages or remuneration, in connection with the use of my minor child's likeness in the manner and for the purposes described in this authorization and release.

I represent and warrant that: I have read the foregoing authorization and release, I fully understand its contents I have the authority to contract on behalf of the minor named below for purposes of this authorization and release, and I am signing it voluntarily.

Signature (Parent or Guardian)

Date

Print Name: _____

Child's Name: _____

*Participating Universities/Academic Institutions/Academic Health Centers: Bryn Mawr College, De Sales University, Drexel University, Lake Erie College of Osteopathic Medicine, Lehigh Valley Health Network, Philadelphia College of Osteopathic Medicine, Temple University, Thomas Jefferson University, Rutgers, The State University of New Jersey, University of Pennsylvania, University of Pittsburgh, University of the Sciences.

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		BIRTH DATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE 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 REACTIONS)	
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)	
PARENTS 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

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) <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
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/ID						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

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

PARENT ACKNOWLEDGEMENT

- I understand that my child will not be allowed to attend the program, if payments are outstanding and a written agreement is not made with the Bursar after one will after delinquent payment.
- I agree to update the emergency contact/parent consent form, child health form and fee agreement form whenever changes occur or every six months. {PA Code: 3270.124; 3290.124}
- I understand and will comply with the withdrawal and enrollment change policies.
- I understand that my child will be evaluated periodically and the results will be shared with me.
- I have received and read the complete written program information in the Summer Day Camp Family Handbook including the statement regarding child care licensing requirements, the Discipline Policy, the Policy on the Release of Children, the Policy on the Management of Communicable Diseases and the Parent Statement of Understanding either electronically or hardcopy at time of enrollment, and agree to follow the procedures listed with-in. {PA Code: 3270.121; 3280.121; 3290.121}
- I understand that my child will not be allowed to leave the program with any unauthorized person. Any person authorized to pick up my child other than a parent or guardian, including older siblings or other relatives, must be listed and know my child's pen number with the NORTH LIGHT COMMUNITY CENTER and must be over the age of 14.
- I understand that if a person arrives to pick up my child and appears to be under the influence of drugs or alcohol, for the safety of my child, staff may have no recourse but to contact the police for safety concerns.
- I understand that NORTH LIGHT COMMUNITY CENTER is mandated by the state to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that the NORTH LIGHT COMMUNITY CENTER staff and volunteers are not allowed to babysit or transport my child at any time outside the NORTH LIGHT COMMUNITY CENTER program.
- I understand in the case of an emergency, my child may be relocated, taken to the hospital and treated by emergency room physicians, or the facility will be on lockdown.
- As the guardian of the above named child, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise indicated in the medical information provided above or an attached Universal Health Record or a Care Plan for Children with Special

ACKNOWLEDGMENT OF RECEIPT OF FAMILY HANDBOOK

This is to acknowledge that I have received a copy of North Light Community Center Camp Family Handbook. I understand that the handbook is intended to serve as a guide of the NORTH LIGHT COMMUNITY CENTER's policies and procedures as well as a program overview and resource. I acknowledge that I have read the information herein and understand that it describes the responsibilities of both the parents/guardians and North Light Community Center's camp program.

Parent/Guardian Signature

Date

Child's Name

Date

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

PAYMENT SCHEDULE SUMMER CAMP 2020

Week of Camp	Dates of Camp	Payment Due Date
Week 1	6/29/2020 to 7/3/2020	6/26/2020
Week 2	7/6/2020 to 7/10/2020	7/3/2020
Week 3	7/13/2020 to 7/17/2020	7/10/2020
Week 4	7/20/2020 to 7/24/2020	7/17/2020
Week 5	7/27/2020 to 7/31/2020	7/24/2020
Week 6	8/3/2020 to 8/7/2020	7/31/2020
Week 7	8/10/2020 to 8/14/2020	8/7/2020
Week 8	8/17/2020 to 8/21/2020	8/15/2020

Payments are due 1 week prior to the first day of the camp session. All major credit cards, cash, checks, debit, and EFT payments are accepted. **Credit Card or Debit Card Payments are accepted via brightwheel; please ask the Bursar, Director of Childcare Services, or ELRC if you are having trouble logging on to or making payments. Parents who receive subsidy payments through ELRC or sliding scale** Failure to make payment will result in the forfeiture of your camp deposit in addition to losing your child(ren)'s spot in camp.

I AGREE TO PAY: _____ TO NORTH LIGHT COMMUNITY CENTER FOR THEIR SUMMER CAMP PROGRAMING FOR THE 2020 SEASON.

WELCOME TO NORTH LIGHT

At this time, the staff and I would like to welcome you and your family to North Light Community Center and thank you for enrolling your child(ren) in our program. It is our sincere desire your experience here will be a pleasant one and your child will enjoy the program, participate with enthusiasm and feel enriched or having done so.

Sincerely,



Krista Wieder
Executive Director
kwieder@northlightcommunitycenter.org
P 215.483.4800, x101
F 215.483.6728

Jon Thornton



Director of Children's Services
jthornton@northlightcommunitycenter.org
P 215.483.4800, x108
F 215.483.6728

Renée Banson



Community Outreach, Volunteer Coordinator, Bursar
rbanson@northlightcommunitycenter.org
P 215.483.4800, x105
F 215.483.6728