

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 | | DATE OF BIRTH |
| ADDRESS | | |
| PARENT'S NAME/LEGAL GUARDIAN | | HOME TELEPHONE NUMBER () |
| ADDRESS | | |
| BUSINESS NAME | | BUSINESS TELEPHONE NUMBER |
| ADDRESS | | |
| PARENT'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 SITUATION |
| 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

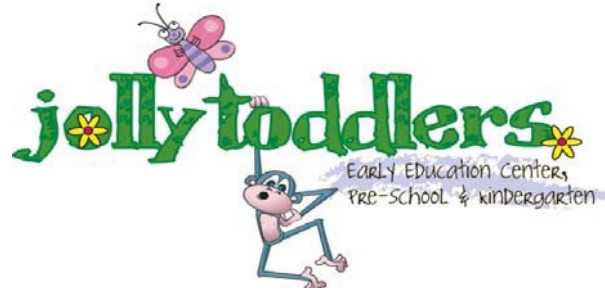
SIGNATURE OF PARENT or GUARDIAN

DATE

WHITE COPY (Original)

YELLOW COPY (Child Care Space)

PINK COPY (Excursion)



Child Care Agreement

This is a contract between _____ (herein called Parent(s)) and Jolly Toddlers Early Childhood Education Center (herein called Provider).

1. Services.

- a. Services will be provided by Jolly Toddlers for (name of child) _____ based on the following schedule:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------------|--------|---------|-----------|----------|--------|
| Drop-off | | | | | |
| Pick-up | | | | | |

My child won't come during the summer 2026 Anticipated Last Day of School in 2026: _____

Part Time Only: M T W TH F

- b. If there are any changes to be made to the hours or days provided above, two weeks written notice and approval is required before such changes may go into effect.
- c. Parent agrees to provide 2-week written notice of termination of the Childcare Contract. Parent(s) agree(s) that if the 2-week written notice is not given to Provider prior to withdrawal of the child from Jolly Toddlers, the fees for the final two weeks of services shall remain payable to Provider.

2. Fees.

- a. Jolly Toddlers accepts cash, check, money orders, cashier's checks, major credit cards (+2.9% fee), and ACH (+0.60 fee). We DO NOT accept debit cards or American Express—a retroactive 2.9% will be applied to any debit.
- b. A non-refundable \$165 registration fee and (1) one week security deposit are due upon registration.
- c. An annual \$50.00 activities fee is due each September.
- d. The tuition for childcare for your child/ren will be \$____per week payable on the Friday prior to service being provided. Invoices are generated on the Wednesday prior to service. All payments are automatically drawn from the payment method on file. You are responsible for all payments from your account and will notify JOLLY TODDLERS of any changes to your account.
- e. Parent(s) must have a valid payment method on file in our billing system (Lillio) at all times.
- f. Parent(s) must sign PAD (Pre Authorized Debt) agreement on our billing system (Lillio).
- g. Provider has the right to increase tuition at anytime.
- h. Tuition must be paid regardless of absence, for any reason, including illness, an extended vacation, weather, power outage, forced closure, or Act of God.
- i. Jolly Toddlers does not credit nor refund for events considered outside of our control, which cause closure of services (weather, power outage, Act of God, COVID forced closure, etc.).
- j. For all cash and paper check payments, we suggest paying the Thursday prior to service being provided to avoid any late fees applied should you forget your Payment on Friday. Any payment not received by Friday at 6pm is considered late.

- k. If your tuition payment is not made by the Friday prior to service being provided, a ten-dollar (\$10.00), per day, late fee will be added to your account. After one (1) late tuition payment, Jolly Toddlers requires payment going forward by credit card or bank account for the total amount past due, including late fees, and any convenience fees in accordance with the attached ACH/Credit Card Payment Authorization Form.
 - l. All cash payments must be put into the tuition lock box by the Friday prior to service. We suggest paying by Thursday to avoid late fees should you forget your payment on Friday. Your account will not be credited until your payment has formally been acknowledged and entered into the Jolly Toddlers tuition records. If you require a receipt, please indicate your request on your payment. All receipts will be available (1) one week after your written request for a receipt has been received.
 - m. If tuition is made via check and such check is returned for insufficient funds there will be a forty-five (\$45) dollar insufficient funds fee. After one (1) insufficient funds tuition payment, Jolly Toddlers requires payment going forward by credit card or bank account for the total amount past due, including late fees, insufficient check fees, and any convenience fees in accordance with the attached ACH/Credit Card Payment Authorization Form.
3. Term
- a. Parent(s) agree(s) that if 7 days passes without payment made, childcare services may be terminated and the collection's process begun. Parent(s) agree(s) to pay all costs associated with collection of any unpaid debt to Provider.
 - b. Parent(s) agree(s) to provide all supplies requested by Provider. Parent(s) understand(s) if required items are not supplied, Jolly Toddlers may purchase them and Parent will reimburse Provider for the full cost.
 - c. Parent(s) agree(s) to be responsible for all payments from their account and will notify Jolly Toddlers of any changes to their account.
 - d. Parent(s) agree(s) to give authority to JOLLY TODDLERS to use the information provided or currently on file to charge their credit card or bank account for tuition due on the published due date.
4. Holidays.
- a. Jolly Toddlers will observe various holidays per year, which will be paid holidays, including, but not limited to: New Year's Eve and/or New Year's Day, the Friday before Easter, Easter, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve and/or Christmas Day, as well as, various paid In Service Days, usually in February, March/April, and October.
 - b. Each family will be permitted to take a non-paid vacation week per school year during the summer months only provided that (i) the child(ren) are attending full time (i.e., five (5) full days per week, including summers), (ii) tuition is paid in accordance with this Agreement, (iii) two week written notice is provided, (iv) the child(ren) have been enrolled full time and attending Jolly Toddler continuously for no less than 6 (six) months (v) vacation is 5 consecutive days.
5. Termination
- a. If the 2-week written notice of termination of the Child Care Contract, as required by §1.c. above, is not given to Provider prior to withdrawal of the child from Jolly Toddlers, the fees for the final two weeks of services shall remain payable to Provider. Should Parent(s) fail to pay such fees, Jolly Toddlers reserves the right to (1) keep all or a portion of the security deposit paid upon registration, and/or (2) charge your credit card or payment method on file for the total amount payable, including late fees and convenience fees in accordance with the attached ACH/Credit Card Payment Authorization Form.
6. General
- a. Parent(s) agree(s) to complete all forms required and given by Jolly Toddlers.
 - b. Parent(s) agree(s) to update personal information as it occurs.
 - c. Parent(s) understand(s) that child cannot remain in care without proper documentation on file.
 - d. Parent(s) agree(s) to update physicals, emergency contact information, an immunization information every 6months or sooner if applicable.

3. Waiver & Release

- a. In consideration of my/our participation in the activities of the JOLLY TODDLERS, I/we do hereby hold free from any liability JOLLY TODDLERS, it's directors, officers, employees and members, including but not limited to its (or their) own negligence, and do hereby for myself/ourselves, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I/we may have or which may hereafter accrue to me/us arising from my/our use of or connected with my/our participation in any of the activities of JOLLY TODDLERS it's facilities, equipment or program activities.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Provider Signature _____ 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 |
| <p>_____</p> <p>SIGNATURE-PARENT OR GUARDIAN DATE</p> |

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:

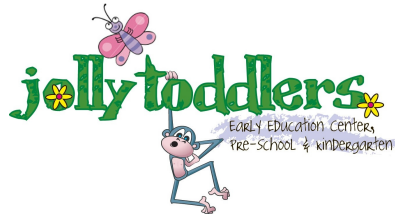
| | | | | | | | |
|--|---|---------------------------------|--|----------------------------------|--|------|--|
| HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO | 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. | | | | | | |
| | <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/TD | | | | | | |
| HIB | | | | | | |
| PNEUMOCOCCAL | | | | | | |
| POLIO | | | | | | |
| INFLUENZA | | | | | | |
| MMR | | | | | | |
| VARICELLA | | | | | | |
| HEP-A | | | | | | |
| MENINGOCOCCAL | | | | | | |
| OTHER | | | | | | |

| | |
|-------------------------------|--|
| MEDICAL CARE PROVIDER: | SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT |
| ADDRESS: | TITLE: |
| Date of Last Physical: | PHONE: _____ LICENSE NUMBER: _____ DATE FORM SIGNED: _____ |

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



Consent for Water Table Play

Dear Families,

On the State Emergency Contact form, which needs to be updated every 6 months on Five Star, you are asked to consent to 6 items. Many families with infants or young toddlers wish not to consent to one or two activities. Usually those activities are: (1) Swimming, and/or (2) Wading. Please note: Children do not swim or wade at Jolly Toddlers. You can either sign your name or, if you wish not to consent, **please be sure to put "N/A" in the blank space on that form every six months.** This is very important. **It cannot be left blank. Either sign your name or put N/A.**

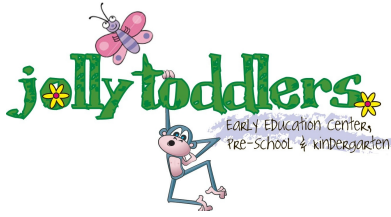
While children do not swim or wade at Jolly Toddlers, during the summer months Jolly Toddlers utilizes water play tables outside. The children dress up in their swimsuits and occasionally cool off with a light hose spray. Please indicate whether your child will participate in water table play & hose activities below:

My child is permitted to participate in water table play & hose activities at Jolly Toddlers

My child is NOT permitted to participate in water table play & hose activities at Jolly Toddlers.

Signature of Parent/Guardian

Date



Consent for Child Care Program Activities

Name of Facility: Jolly Toddlers

Address of Facility: 275 Second Street Pike Southampton PA 18966

Name of Child: _____

Initial to give consent or write "N/A" to decline consent. Cannot be left blank.

1. WALKING TRIPS

_____ Walking trips to the following locations: Around the center's property.
INITIAL

2. MOTOR VEHICLE TRANSPORTATION

_____ Trips by the program in Yellow School Bus to the following locations:
INITIAL VEHICLE

Announced field trips for PreK in Fall or Campers in the Summer

**Children will be restrained during vehicular transport by use of: Seatbelts

***Special needs of the child during transport: No Yes, _____

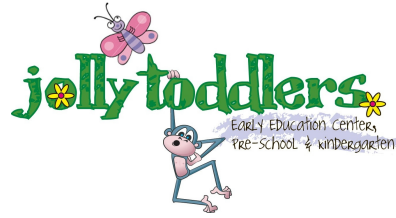
3. WATER TABLE PLAY

_____ Water table play at/on: JT Playground/Property
INITIAL

4. OTHER ACTIVITIES (e.g. trips to neighborhood playgrounds, special trips)

Signature of Parent/Guardian

Date



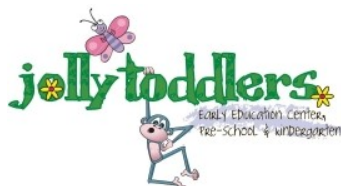
Consent for Administration of Medications or Special Dietary Needs

Per 55 Pa Code § 3270.182 (4) signed parental consent for administration of medications or special dietary needs is required for a child's record.

Jolly Toddlers is permitted to administer medications or special dietary needs to my child.

Signature of Parent/Guardian

Date



CIVIL RIGHTS COMPLIANCE

SUBJECT: Civil Rights Compliance
TO: Families
FROM: Nancy Thompson, Director

In accordance with applicable Federal and Pennsylvania civil right laws and regulatory requirements, you have the right to:

1. To be provided services at this facility, including any applicable referrals, without regard to race, color, religious creed, disability, ancestry, national origin, age, or sex.
2. 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, and sex.

Commonwealth of Pennsylvania
Department of Human Services Bureau of
Equitable Opportunity
Room 225, Health & Welfare Building
P.O. Box 2675
Harrisburg, PA 17105

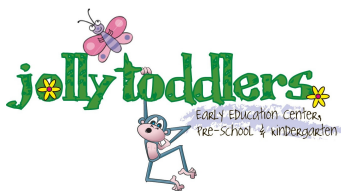
PA Human Relations Commission
Philadelphia Regional Office
110 N. 8th Street
Suite 501
Philadelphia, PA 19107

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

Guardian Signature: _____ Date: _____

Administrator Signature: _____ Date: _____

Jolly Toddlers
275 2nd Street Pikes
Southampton, PA 18966



NON-DISCRIMINATION IN SERVICES

SUBJECT: Nondiscrimination in Services

TO: Families

FROM: Nancy Thompson, R.N. (Director)

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:

Commonwealth of Pennsylvania
Department of Human Services
Bureau of Equal Opportunity
Room 225, Health & Welfare Building
P.O. Box 2675
Harrisburg, PA 17105

PA Human Relations
Commission Harrisburg
Regional Office
333 Market Street, 8th Floor
Harrisburg, PA 17101

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

Guardian Signature: _____

Date: _____

Administrator Signature: _____

Date: _____

Jolly Toddlers
275 2nd Street Pikes
Southampton, PA 18966