Hello and Welcome!

We would like to extend a warm welcome to you from Jolly Toddlers Early Education Center and thank you for choosing us to care for your child(ren). We have been serving Southampton and surrounding communities since 1984 and look forward to having you and your child(ren) become a part of our loving and caring family.

Jolly Toddlers has been Keystone Stars 4 STAR Center since 2005 and involved with Keystone Stars since its inception. This means that our Center has achieved the highest level that Pennsylvania recognizes based on cleanliness, classroom design, and the manner in which our teachers speak with the children. Our classrooms are designed to promote of socio-emotional, physical, and intellectual development. All rooms, including the infant rooms have furniture and toys designed in "centers" to encourage decision-making and independence. The room design and use of the "centers" does actually work and all the children can learn as they play!

All of the staff is trained in infant and child CPR as well as first aid. We have teachers who have been with us for over 20 years, those who have attained MA's, BA's, and specialized certifications through the benefits of our center, as well as those who have just begun their careers and education! Not only are our teachers educated and certified, they continue to grow and learn through continuing education courses and seminars. Most importantly though, our teachers love children! The director/owner, Nancy Thompson is an RN, teacher, and a counselor. She commits herself to the children, their development and education, the center, and her staff.

We incorporate the PA Learning Standards in each of our classrooms, which prepares our students for their entrance into elementary school. These are the same standards utilized by the Pennsylvania public school system. The idea is that the children become used to, and are comfortable with, this way of teaching which helps them enter school with a sense of confidence and familiarity! Specifically in the Pre-K room the children engage in this type of learning. Jolly Toddlers also incorporates Funshine Curriculum into the classrooms.

Additionally, our center utilizes Ages & Stages. Ages & Stages is an age-appropriate assessment tool designed to guide parents and teacher to the areas that a child need guidance, is on track, or excels. The tool is helpful because the teachers and parents are able to work together to develop a plan to best benefit the child. The teachers can use this in the classroom to design the curriculum to incorporate all the students' different abilities within an developmental theme and bring them to where they need to be when entering "the big schools"!

Sincerely,
The Jolly Toddlers Staff

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:

D 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):
D 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.
D NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
D 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.
D 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?
D YES D 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)

D YES D NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

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

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

EMERGENCY CONTACT/ PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124(a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

CHILD'S NAME		**BIRTHDATE**
ADDRESS		
MOTHER'S NAME/ LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME	EMAIL ADDRESS	WORK NUMBER
FATHER'S NAME/ LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME	EMAIL ADDRESS	WORK NUMBER
EMERGENCY CONTACT PERSON(S)		PHONE NUMBER WHEN CHILD IS IN CARE
1		
2		
3		

PERSON(S) TO WHOM CHILD MAY BE RELEASED	**ADDRESS**	**PHONE NUMBER**
1		
2		
3		

NAME OF CHILD'S PHYSICIAN/ MEDICAL CARE PROVIDER	**PHONE NUMBER**
PROVIDER ADDRESS	
SPECIAL DISABILITIES (IF ANY)	**ALLERGIES (**INCLUDING MEDICATION REACTIONS)
MEDICAL/ DIETARY INFO NECESSARY IN EMERGENCY SITUATION	MEDICATIONS/SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD	
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)

PARENT 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 FACILITY	**WADING**

_____ _____

SIGNATURE OF PARENT OF GUARDIAN **DATE**

_____ _____

SIGNATURE OF PARENT OF GUARDIAN **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 minumum (§ 3270.124, 3280.124, 3290.124)

SIGNATURE-OPERATOR DATE SIGNATURE-PARENT OR GUARDIAN DATE

DATE OF CHILD'S ADMISSION	PERIODIC REVIEW
DATE OF WITHDRAWAL	SIGNATURE-PARENT OR 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: _____

Consent is given for the items initialed below:

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. **SWIMMING**

_____Swimming and/or wading at/on: *JT Playground/Property*
INITIAL

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

_____
INITIAL

_____ _____

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

ACH/Credit Card Payment Authorization Form

Here's How Pre-Authorized Payments Work:
You pre-authorize charges to your ACH banking (+0.60) or credit card (+2.9%) for the total weekly tuition due, plus any late fees if tuition payment is not received by the Friday before the week of service. Late fee is $10 per day +3%. A receipt will be printed and made available for your pick-up and the charge will appear on your statement. You agree that no prior-notification will be required.

Please complete the information below:

I, _____, authorize JOLLY TODDLERS to charge my ACH/Credit Card indicated below each week for the payment of weekly tuition, daily late fees in the amount of $10 per day, plus 3% if such payment has not been made in full on the Friday prior to services.

Billing Address_____ Phone #_____

City, State, Zip_____ E-mail_____

Account Type: ☐ Credit Card ☐ ACH Bank #

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV (3 digit number on back of Credit Card) ____

FOR ACH:

Account Number: _____

Routing Number: _____

****NO DEBIT CARD:**
You will be retroactively charged 2.9%

****NO AMERICAN EXPRESS**: +2.9%

SIGNATURE_____ DATE _____

I authorize the above named business to charge the bank account or credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a holiday, I understand that the payments may be executed on the next business day. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 14 days prior to the next billing date. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this bank account or credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

Dear Families Paying by Cash or Paper Check each week:

Please make a plan to pay on Thursdays.

We suggest paying the Thursday prior to services to avoid any late fees accrued should you forget your payment on Friday.

Late payments = payment not received on Friday by 6pm. The fee is $10 per day.

We cannot waive late fees as we have in the past. There is no grace period until Monday.

Please note: If you forget payment one (1) time, we will require all payments going forward to be by credit card or bank account.

Thank you for your understanding.

Please let us know if you have any questions!

Sincerely,

The Jolly Team

Enforced Autopay Pre-Authorized Debit (PAD) agreement with [_____]

Welcome to the Enforced Autopay system. To set up your Enforced Autopay, please review and accept the PAD agreement terms below, authorizing **[**JOLLY TODDLERS**]** (the “Center”) to automatically debit the tuition fee from your account as per the agreed schedule. If you have any questions or concerns, please contact the Center.

Agreement:

The Payer hereby authorizes the Center to debit Payer's account for costs associated with their child's attendance and additional services rendered, such as after-school care or special programs based on the terms and conditions explained in the registration documents provided by the Center. These agreed upon amounts will be debited on a pre-determined schedule, which has been communicated in the registration and/or parent handbook. This agreement will commence from **[_____]** (the "start date") and will continue for the duration of the child's enrolment at the Center, unless terminated by methods below, or until such time that the Payer has fully paid for all services rendered during the period of the child/children's enrolment.

Dispute and Refund: In case of an error or dispute about a debit, the Payer should contact the Center directly and promptly to lodge a dispute and seek potential reimbursement. The Payer is responsible for any fees incurred by the Center in cases of erroneous disputes or holds.

Non-sufficient Funds: If a transaction fails due to non-sufficient funds, the Payer will be responsible for any charges or penalties incurred, including any penalties incurred by the Center which may be passed on by the Center to the Payer.

Changes to the Agreement: The Center reserves the right to change the terms of this Agreement at any time, provided that the Payer is notified at least 10 business days in advance of such changes.

Termination: The Payer may terminate this Agreement at any time by contacting the Center in writing. Termination will take at least 3 business days to become effective. The Center may terminate this Agreement at any time, provided the Center gives notice on how to render payment for monies owed prior to termination.

Account Information: The Payer is responsible for providing complete and accurate bank account and/or payment card information. The Payer is responsible for promptly updating all payment information to avoid interruption of service. If the Payer wishes to remove their payment information, they must contact the Center directly. If the Payer wishes to change payment methods they must also contact the Center directly.

The undersigned Payer is acknowledging and accepting the terms of the PAD agreement and agreeing to HiMama's terms of service.

Signature of Payer

Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger

UNITED STATES 2025

Vaccines and Other Immunizing Agents in the Child and Adolescent Immunization Schedule*

Monoclonal antibody	Abbreviation(s)	Trade name(s)
Respiratory syncytial virus monoclonal antibody (Nirsevimab)	RSV-mAb	Beyfortus
Vaccine	**Abbreviation(s)**	**Trade name(s)**
COVID-19 vaccine	1vCOV-mRNA	Comirnaty/Pfizer-BioNTech COVID-19 Vaccine
		Spikevax/Moderna COVID-19 Vaccine
	1vCOV-aPS	Novavax COVID-19 Vaccine
Dengue vaccine	DEN4CYD	Dengvaxia
Diphtheria, tetanus, and acellular pertussis vaccine	DTaP	Daptacel Infanrix
Haemophilus influenzae type b vaccine	Hib (PRP-T)	ActHIB Hiberix
	Hib (PRP-OMP)	PedvaxHIB
Hepatitis A vaccine	HepA	Havrix Vaqta
Hepatitis B vaccine	HepB	Engerix-B Recombivax HB
Human papillomavirus vaccine	HPV	Gardasil 9
Influenza vaccine (inactivated: egg-based)	IIV3	Multiple
Influenza vaccine (inactivated: cell-culture)	ccIIV3	Flucelvax
Influenza vaccine (live, attenuated)	LAIV3	FluMist
Measles, mumps, and rubella vaccine	MMR	M-M-R II Priorix
Meningococcal serogroups A, C, W, Y vaccine	MenACWY-CRM	Menveo
	MenACWY-TT	MenQuadfi
Meningococcal serogroup B vaccine	MenB-4C	Bexsero
	MenB-FHbp	Trumenba
Meningococcal serogroup A, B, C, W, Y vaccine	MenACWY-TT/ MenB-FHbp	Penbraya
Mpox vaccine	Mpox	Jynneos
Pneumococcal conjugate vaccine	PCV15 PCV20	Vaxneuvance Prevnar 20
Pneumococcal polysaccharide vaccine	PPSV23	Pneumovax 23
Poliovirus vaccine (inactivated)	IPV	Ipol
Respiratory syncytial virus vaccine	RSV	Abrysvo
Rotavirus vaccine	RV1 RV5	Rotarix RotaTeq
Tetanus, diphtheria, and acellular pertussis vaccine	Tdap	Adacel Boostrix
Tetanus and diphtheria vaccine	Td	Tenivac Tdvax
Varicella vaccine	VAR	Varivax
Combination vaccines *(use combination vaccines instead of separate injections when appropriate)*		
DTaP, hepatitis B, and inactivated poliovirus vaccine	DTaP-HepB-IPV	Pediarix
DTaP, inactivated poliovirus, and *Haemophilus influenzae* type b vaccine	DTaP-IPV/Hib	Pentacel
DTaP and inactivated poliovirus vaccine	DTaP-IPV	Kinrix Quadracel
DTaP, inactivated poliovirus, *Haemophilus influenzae* type b, and hepatitis B vaccine	DTaP-IPV-Hib-HepB	Vaxelis
Measles, mumps, rubella, and varicella vaccine	MMRV	ProQuad

*Administer recommended vaccines if immunization history is incomplete or unknown. Do not restart or add doses to vaccine series for extended intervals between doses. When a vaccine is not administered at the recommended age, administer at a subsequent visit. The use of trade names is for identification purposes only and does not imply endorsement by the ACIP or CDC.

Revised 08/07/2025

How to use the child and adolescent immunization schedule

1. Determine recommended vaccine by age **(Table 1)**
2. Determine recommended interval for catch-up vaccination **(Table 2)**
3. Assess need for additional recommended vaccines by medical condition or other indication **(Table 3)**
4. Review vaccine types, frequencies, intervals, and considerations for special situations **(Notes)**
5. Review contraindications and precautions for vaccine types **(Appendix)**

Report

- Suspected cases of reportable vaccine-preventable diseases or outbreaks to your state or local health department
- Clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS) at www.vaers.hhs.gov or 800-822-7967

Questions or comments

Contact www.cdc.gov/cdc-info or 800-CDC-INFO (800-232-4636), in English or Spanish, 8 a.m.–8 p.m. ET, Monday through Friday, excluding holidays.

Download the CDC Vaccine Schedules app for providers at www.cdc.gov/vaccines/hcp/imz-schedules/app.html

Helpful information

- Complete Advisory Committee on Immunization Practices (ACIP) recommendations: www.cdc.gov/acip-recs/hcp/vaccine-specific/index.html
- ACIP Shared Clinical Decision-Making Recommendations: www.cdc.gov/acip/vaccine-recommendations/shared-clinical-decision-making.html
- *General Best Practice Guidelines for Immunization* (including contraindications and precautions): www.cdc.gov/vaccines/hcp/acip-recs/general-recs/index.html
- Vaccine information statements: www.cdc.gov/vaccines/hcp/vis/index.html
- Manual for the Surveillance of Vaccine-Preventable Diseases (including case identification and outbreak response): www.cdc.gov/surv-manual/php/

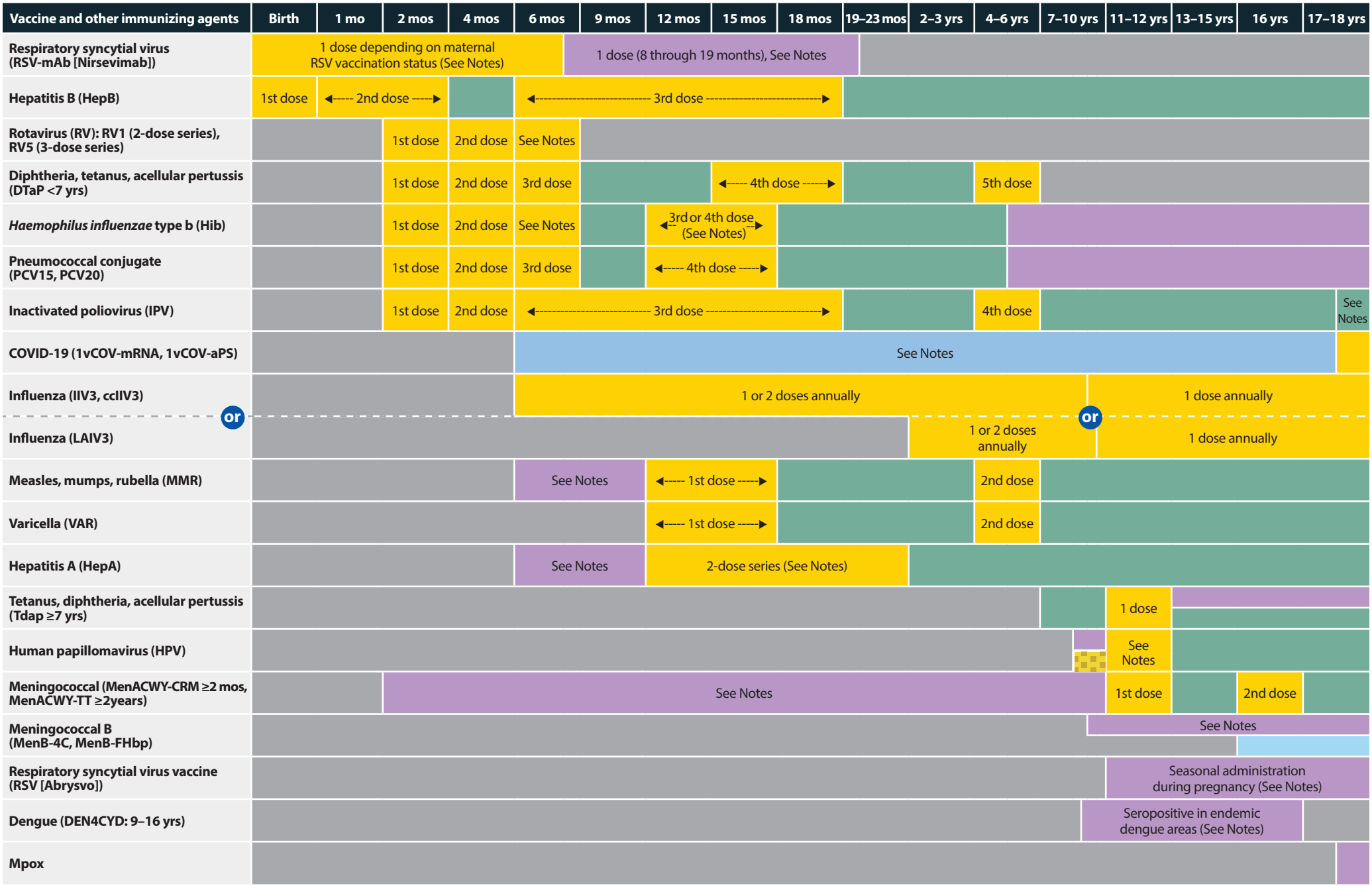
U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION

Scan QR code for access to online schedule

CS310020-E

Table 1 Recommended Child and Adolescent Immunization Schedule for Ages 18 Years or Younger, United States, 2025

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars.
To determine minimum intervals between doses, see the catch-up schedule (Table 2).



Range of recommended ages for all children
Range of recommended ages for catch-up vaccination
Range of recommended ages for certain high-risk groups or populations
Recommended vaccination can begin in this age group
Vaccination is based on shared clinical decision-making
No Guidance/ Not Applicable