



Welcome to Johnson Childcare Center!!!

We would like to thank you for choosing us to provide high quality care and education to your child(ren). We really appreciate it.

	Document needed
<input type="checkbox"/>	Birth certificate
<input type="checkbox"/>	Photo id ( <b>address must match the application</b> )
<input type="checkbox"/>	Child assessment form and immunizations
<input type="checkbox"/>	Dental record form
<input type="checkbox"/>	Medical health card
<input type="checkbox"/>	
<input type="checkbox"/>	

**\*Steps for submitting your application:**

\_\_\_ Use Adobe Acrobat Software to download applications

\_\_\_ Bringing them into the office or

\_\_\_ [johnsonchildcarecenters@gmail.com](mailto:johnsonchildcarecenters@gmail.com)

# 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

Parent/Guardian 1

HOME TELEPHONE #

Email Address

MOBILE TELEPHONE #

Home Address

BUSINESS TELEPHONE #

BUSINESS NAME

ADDRESS

HOME TELEPHONE #

Parent/Guardian 2

Email Address

MOBILE TELEPHONE #

Home Address

BUSINESS TELEPHONE #

BUSINESS NAME

ADDRESS

Emergency Contact Persons:

TELEPHONE NUMBER WHEN CHILD IS IN CARE

Person(s) to whom child can be released:

NAME

ADDRESS, City, State, Zip

TELEPHONE NUMBER WHEN CHILD IS IN CARE

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER

ADDRESS

TELEPHONE NUMBER

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)

**PARENT SIGNATURE IS REQUIRED FOR EACH ITEM 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

# 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 weekly	DAY PAYMENT TO BE MADE Friday the week before services are provided
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
Childcare services		
Developmental screening		
*See family tuition agreement		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
		X
LATE FEE \$ 1.00	PER MIN HR Minute	X
		X
Extra services to be provided at an additional fee if applicable		
Late fee payments \$15.00		
Early drop off/late pick up fee- \$5.00 for 1st minute and \$1.00 each additional minute		

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



## FAMILY TUITION AGREEMENT

Parent/Guardian name: \_\_\_\_\_

Child Name : \_\_\_\_\_

I, \_\_\_\_\_ (Parent/ Guardian) agree to pay a weekly tuition in accordance with the centers current tuition rates and my child's schedule. The total of which is paid on the first business day of services. To avoid a late charge please ensure tuition is paid Monday morning when the child is dropped off. I understand that I am responsible for **(52) fifty-two weeks** of payments if my child is enrolled in JCC's preschool and school age program and **(40) forty weeks** of payments for my PHL Pre k extended care student. This agreement will remain in force until such time as either party elects to terminate this agreement as outlined below. I understand that JCC typically has one tuition increase annually and I will receive notice of these 30 days prior to them going into effect.

### **I agree to and will comply with the conditions set forth below:**

**Late Departure/Early drop off:** I agree to pay two (\$5) dollars for the first minute/per child and (\$1) dollar additional for each minute/per child for services provided by JCC outside of the regularly selected schedule (i.e. full time schedule or part time schedule). I understand that I am responsible for paying the late fee in full the next day that my child attends any JCC program. I acknowledge the right of the school to notify an appropriate government agency if my child remains at the school an hour or more past the close of business.

**Registration Fee:** I agree to pay a one time annual fee for my child (ren) depending on their age and the fee shown on the tuition sheet. I understand that this fee is non-refundable.

**Discounts:** If two children with the same family are enrolled full day everyday, a 10% discount is applied to the youngest child's tuition depending if the family is approved for a scholarship which is based on financial eligibility.

**Tuition Increases:** A written notice will be given (30) day's prior to tuition increases and/or changes.

**Camp T-shirt Fees:** I agree to (\$6) six dollars/ per t-shirt for my child's camp t-shirt. I understand this is a part of my child's summer camp uniform and failure to purchase and or supply my child with this item may result in immediate suspension of services until a t-shirt is purchased and or worn.

**Sign In / Out:** Department of Human Services requires children to be signed in / out upon arrival / departure. The school will use the sign in / out times to determine the actual hours and days the school has provided services. I understand that I must call the school and have a verbal release form completed in advance to notify administration that someone not on the emergency contact list will be picking up my child. I am responsible for notifying the pick up person not on the list to have photo id at the time up of pick up. Should the person not have



photo id, I will have to describe the person picking up my child and I do not hold JCCC responsible after my child has left any JCC program.

**Sick / Vacation Policy:** Tuition refunds cannot be given for individual days or weeks children are absent or for school holidays. Tuition payments are due each week that the child is enrolled at JCC.

**Late Payments:** Tuition is due on the Friday mornings only before services are provided. I agree to pay a \$15 per day late fee for tuition received after the Monday morning . Should tuition remain unpaid for two weeks for subsidy payments, JCC will withhold services until such time as all tuition and late fees are paid and will report delinquent fees to CCIS (Child Care Information Services). For cash paying parents, should tuition remain unpaid for one week, JCC will withhold services until such time as all tuition and late fees are paid.

**Returned Checks:** JCC does not accept checks or money order.

**Dismissal:** JCC reserves the right to suspend or dismiss students for delinquent payments or non attendance. (See attendance policy)

**Termination:** To terminate this agreement, the parent must submit a written five (5) day notice to terminate or change the schedule.

I understand that this contract with JCC will remain in full force throughout our time at JCCC and supersedes all other agreements.

**Termination or schedule change without (10) days written notice:** In cases where (10) days written notice is not provided, the tuition will be pro-rated for attendance less than a week and you will still be required to pay for the (10) days following the termination or schedule change date, regardless of whether your child is currently active in the program.

**Interest:** If a balance remains owed 30 days after the termination date, I understand an interest fee of 10% will be added each month on the unpaid balance.

**Collection:** Tuition ledgers will be forwarded to collections when accounts reach \$200.00- or 30-days delinquent.

Date

Center Director

Date

Parent / Guardian



## **PARENT/GUARDIAN permission FOR DEVELOPMENTAL SCREENING**

I \_\_\_\_\_ give my permission for

(Parent/Guardian Name)

\_\_\_\_\_ to participate in all screening and

(Child's Name)

assessment for the sole purpose of supporting my child's overall development. I understand the Director of Operations and teachers of the facility are trained and will keep all information confidential. They following screening are in conjunction with meeting the requirements if Keystone Stars as a step in High Quality early care and education. These tools will assist use in developing individualized lesson plans and group planning.

### **ASSESSMENT INSTRUCTION (All ages)**

**CLASSROOM OBSERVATION, PICTURE AND PORTFOLIO**

**INFANT/TODDLER AND TWOS, PRESCHOOL**

**DEVELOPMENTAL CONTINUUM ASSESSMENT SYSTEM**

**AGES AND STAGES AND ASQ QUESTIONNAIRE: SE**

**SCHOOL AGE**

**DEVELOPMENTAL CONTINUUM ASSESSMENT**

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

**Developmental screenings** will be done to make sure that your child's development stands within the expected range. If there are any concerns and further evaluations are recommended, you will be informed and new parent consent will be required, before anything can be done.



Date: \_\_\_\_\_

### Parent Picture Consent Form

I \_\_\_\_\_ give permission for photographs of the persons listed below to be published on:

(Check those that apply)

\_\_\_ website of Johnson Childcare Center, Johnson Childcare Center Instagram/ Facebook & Twitter page and within the facility (bulletin boards, classroom projects)

\_\_\_ I do not give permission for my child's photo to be taken or displayed under any circumstances

I understand that these photos can be viewed by anyone in the world, but no identifying information will be displayed.

Child's Name: \_\_\_\_\_

Parent/Guardian Print Name: \_\_\_\_\_



## Request for Copy of IEP/IFSP

Dear Family,

We both share a common interest in your child's well-being, growth and development. One of the ways we advance this is with developmental plans and assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so. Would you kindly complete the lower part of this form and return to us at enrollment.

Thank you.

Sincerely,

Sheena Ford, M.S  
Executive Director

- 
- ☐ I am enclosing a copy of my child's IEP or IFSP.
  - ☐ I am not providing a copy of my child's IEP or IFSP and understand that the program will not be able to meet my child's individual needs which will result in my child not being accepted into the program.
  - ☐ My child does not have an IEP or IFSP

**Child's Name (please print):** \_\_\_\_\_

**Family's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Johnson Childcare Center Inc.

## Getting to Know You Form

Child's legal name	Date of Birth	<input type="checkbox"/> Boy <input type="checkbox"/> Girl
Does child respond to a nickname? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, state nickname</i>		
Parents are: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Live apart <input type="checkbox"/> Live together <input type="checkbox"/> Widowed <input type="checkbox"/> Never married		
Stepmother/Stepfather name(s)		
If child does not live with parents, who is primary caregiver?		
List others living in child's household		
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
5 words that describe your child's personality...		
These are my child's favorite things:		
What motivates your child?		
What kinds of things upset your child?		
What are 3 goals you have for your child this year?		
We have an established bedtime routine. Bedtime is at:		
We do not celebrate these holidays:		
What are you most hoping that your child takes from the childcare experience?		
List former child care or home day care child attended <i>Please include length of time and age at attendance</i>		
Reasons for leaving previous care:		



## ACKNOWLEDGEMENT OF MANDATED REPORTER STATUS

I, \_\_\_\_\_, understand that the staff at Johnson Childcare Center  
(Guardian Name),

Inc. are mandated reporters under the Federal Child Abuse Prevention and Treatment Act (CAPTA). This means that staff are required to report child abuse or neglect to the Child Abuse Hotline number at (1-800-932-0313) whenever they have reasonable cause to believe that a child known to him or her in their care may be abused or neglected. I understand that the Hotline number operates 24-hours per day, 7 days per week, 365- days per year and staff members are required to make the call as soon as abuse is suspected.

I further understand that the suspicion of abuse is enough information needed to make a report to Childline and a staff member does not need proof of abuse prior to making a report. It is the intent of Johnson Childcare Center staff to protect the children in their care of any act of violence (verbal, physical, emotional or sexual) and we take this responsibility seriously as the lives of the children are on our hands.

I affirm that I have read this statement and have knowledge and understanding of the reporting requirements, which apply to me under the Abused and Neglected Child Reporting Act.

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date

## **Johnson Childcare Center Child Illness Policy**

Our child illness policy is based on the Model Health Care Policies developed the American Academy of Pediatrics.

Johnson Childcare Center understands that it is difficult for a parent/guardian to leave or miss work. We therefore suggest that alternative arrangements be made for occasions when children should remain at home or need to be picked up due to illness. Exclusion from the center is sometimes necessary to reduce the transmission of illness or because the center is not adequately meet the needs of the child.

Mild illness is common among children. Because with many conditions children spread infectious agents before showing any symptoms, exclusion serves no purpose as long as we can keep a child comfortable throughout the day, but will find it necessary to exclude them from the child care setting from the following reasons (this list covers most common illnesses, but is not inclusive for all reasons for exclusion).

### **Guidelines on Child's Exclusion Due to Illness**

- Illness that prevents the child from participating comfortably in program activities
- Illness that results in a greater need for care than faculty can provide without compromising the health and safety of other children
- **Fever** (100° axillary [armpit], 101° orally, 102° aural [ear]) accompanied by other symptoms such as lethargy, irritability, constant crying, difficulty breathing, diarrhea, vomiting
- **Diarrhea** — more watery stools or decreased form of stool that is not associated with change of diet. Exclusion is required for all diapered children whose stool is not contained in the diaper and toilet-trained children if the diarrhea is causing “accidents.” Diapered children with diarrhea will be excluded if the stool frequency exceeds 2 or more stools above normal for that child.
  - Blood or mucus in the stools not explained by dietary change, medication, or hard stools, and/or uncontrolled, unformed stools that cannot be contained in a diaper/underwear or toilet.Special circumstances that require specific exclusion criteria include the following:
- Toxin-producing E coli or Shigella infection, until the diarrhea resolves and the test results of 2 stool cultures are negative for these organisms
  - Salmonella serotype Typhi infection, until diarrhea resolves. In children younger than 5 years with Salmonella serotype Typhi, 3 negative stool cultures are required.
- **Vomiting** — green or bloody, and/or two or more times during the previous 24-48 hours
- **Mouth sores** associated with drooling
- **Rash with fever or behavioral changes**, unless a physician has determined it is not a communicable disease
- **Purulent conjunctivitis** (defined as pink or red conjunctiva with white or yellow eye discharge), until the child has been on antibiotics for 24 hours.
- **Impetigo**, until 24 hours after treatment has begun.
- **Strep throat**, until 24 hours after treatment has begun
- **Head lice** , until after treatment has begun and all nits are removed.



### **Required Conditions for a Child to Return to the Center**

A child who has been excluded due to illness from the Center may return when:

- Documentation with diagnosis on it and medical clearance from the primary care doctor which states that the child can return to school.
- When he or she is free of fever, vomiting, and diarrhea for a full 24-48 hours after the last dose of medication.
- When he or she has been treated with an antibiotic for a full 24 hours (unless otherwise specified).
- When he or she is able to participate comfortably in usual program activities, including outdoor time. The child should be free of open, oozing skin conditions and drooling (not related to teething) unless...
  - A health care provider signs a note stating that the child's condition is not contagious
  - The involved areas can be covered by a bandage without seepage of drainage through the bandage...

If a child has been out of the center due to any of the reasons above or any other reason deemed necessary by the child's medical provider, please let the center know. It may be beneficial to share this information with families in the center. If so, your family information will remain confidential; however, this will help staff and families observe the other children for symptoms and could assist their medical provider in making a diagnosis.

### **Child Illness Policy Acknowledgement**

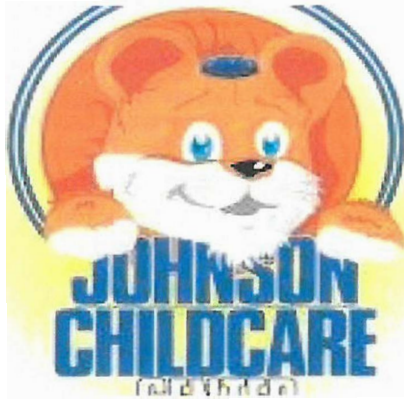
I \_\_\_\_\_, acknowledge that I have received the Johnson Childcare Center policy for illness. I understand after reading these policies that it is the responsibility of the center to insure the health and safety of all of the children enrolled by implementing a health protocol. I agree to follow my child primary care physician's health orders in the event that my child becomes ill. I understand that I am a member of the JCC team and following the illness policy is how I can contribute to keeping all of the children in the program healthy.

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Signature

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Date



### ACKNOWLEDGEMENT OF RECEIPT OF PARENT HANDBOOK

I \_\_\_\_\_ (Parent / Guardian Name) have received and read the Johnson Childcare Center Parent Handbook via email. I understand the policies and procedures given to me and agree to adhere to all school policies. Please note: Johnson Childcare Center policies and procedures are subject to change to reflect the needs of the program, children and families we serve. We may also make changes or modifications in our policies if required by our licensing agencies. Johnson Childcare Center will inform parents of changes taking place whenever possible in a timely fashion.

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Health & Safety Policy Changes in a Child Care Program

Dear Parents and Families,

Given the COVID-19 (Coronavirus) crisis that is spreading through our country, I want to assure you that we are monitoring the situation closely. Based on information we have at this time, we will continue to operate Johnson Childcare Center to minimize disruption to you and your family. If the situation should change, we will notify you immediately.

Effective June 8, 2020 and for the foreseeable future, we will be taking extra precautions to ward off Coronavirus. We are taking these extra steps to support the health and safety of your children, your family and our staff.

Please take note of the following changes to our policies and procedures:

### **Check-In and Pick-Up**

- Families will be greeted at the [DOOR/CURB] where a staff member will greet the child(ren). Parents and other family members will not be allowed inside the child care program. Prior to parents leaving the site, a trained staff member will take the temperature of their child(ren) and ask parents the following questions:

- o Do you live with anyone or have you had close contact with anyone who has been diagnosed with COVID-19 within the past 14 days?

- o Do you or anyone in your household have a fever, cough and/or shortness of breath?

- o Do you or your child(ren) have any other signs of communicable illness such as a cold or flu?

- Children and staff will be required to wash their hands immediately upon entering the building and hourly throughout the day. When children are received for drop-off, they will be escorted into the nearest bathroom where their hands will be washed prior to being brought to their classroom/child care area.

- Upon your arrival to pick up your child, a staff member will bring your child out to you. Doing so will limit direct contact and help us to maintain social distancing.

### **Healthy Environment**

- We will separate children into smaller groups that fall within state or local guidelines.

- We will not share equipment and will clean equipment between uses.

- All classrooms will remain separated to reduce the number of children in one area and to reduce the possibility of viral transmission.

- Staff will disinfect high-touch surfaces, such as door handles, light switches, faucets, toys and games that children play with at least once daily.



- We will perform an enhanced deep cleaning every night in all areas, on all touched surfaces.
- Staff will have access to anti-bacterial hand sanitizers and disposable gloves and use them as needed.
- Staff will wash/scrub their hands and children's hands a minimum of hourly (noted by the CDC as the most effective preventive measure).
- No program tours will be given until further notice to reduce the number of visitors in the building.

### **Meal Preparation & Service**

- All surfaces will be disinfected before meal preparation and feedings using CDC- or EPA approved products.
- All staff will wash hands before and after meal preparation and feeding.
- Each child's meal will be plated and served by staff, instead of served family-style.

### **Child Health**

- Staff will receive education on COVID-19 symptoms as well as preventive measures.
- Children who start to experience symptoms of respiratory illness, including a fever of  $>100.4$  while at child care, will be isolated from other children until they can be picked up.
- Until further notice, all program field trips will be suspended. Staff Health & Wellness
- Staff will receive additional training on infection control and workplace disinfection.
- Staff will not share their phone, devices or meal or utensils with one another or children.
- Staff will check their temperature at the beginning of each shift and notify their supervisor if  $>100.4$  as well as self-monitor for signs and symptoms of COVID-19 and notify their supervisor if any develop (fever or respiratory symptoms).
- Staff will wash their hands immediately upon entering the program and immediately prior to leaving.
- Staff will not be allowed to work if they are feeling ill or experiencing respiratory symptoms.

### **Tuition**

- As long as we are open and your child is in attendance, tuition will be due in full. This includes if we are only open for a portion of a week and need to close for the remainder of the week.
- If you are able to work from home and choose to keep your children at home, you will be required to pay ALL of your normal weekly tuition to retain your spot.
- If you are laid off or are part of a reduction in staffing and choose to keep your child at home, you will be required to pay ALL of your normal weekly tuition. We WILL NOT require proof of reduction from your employer. If ERLC is a funding source, please contact your case worker for next steps.



- If you choose to pull your child out and not pay, there is no guaranteed spot upon a request to return.
- At this time, if the state forces a closure for an extended period of time, NO tuition will be required to retain a spot for your child.

### **Communication**

- If the current situation changes and it becomes necessary to update our procedures or close our program temporarily, we will notify key family contact by email.
- You may stay connected by receiving messages from Brightwheel for late-breaking program updates. Thank you for your understanding and patience as we implement these new procedures. Our goal is to minimize disruption while at the same time keeping you, your family and our staff healthy and well.

Sincerely,

Johnson Childcare Center

Guardian Signature

# Parent/Guardian Agreement

To protect our children and staff, I agree to keep my child at home if he/she has:

- Fever (a temperature of 100.4 or more)
- Cough
- Sore throat
- Chills
- Muscle pain
- Headache
- New loss of taste or smell

If my child has any of these signs of COVID-19, I will not send him/her back to school until:

- My child tested negative for COVID and is otherwise well enough to go back to school  
**OR**
- A healthcare provider has seen my child and documented a reason for the symptoms other than COVID  
**OR**
- All are true: 1) at least 10 days since the start of symptoms AND 2) fever free off anti-fever medicines for 3 days AND 3) symptoms are getting better.

If my child is diagnosed with COVID-19, I will not send him/her back to school until the following:

- It has been at least 10 days since my child first had symptoms **AND**
- My child has had no fever off anti-fever medicines (ex: Tylenol, Ibuprofen) for 3 days  
**AND**
- My child's symptoms are getting better

If someone in my household is diagnosed with COVID-19 or my child is exposed to COVID-19, I will keep him/her home for 14 days.

If someone in my household develops new cough, shortness of breath or two of the following: sore throat, chills, muscle pain, headache, new loss of taste or smell, I will get that person tested for COVID-19. If that person tests positive, I will keep my child home for 14 days.

Child's name: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Parent Health Risk Disclosure Form

I, \_\_\_\_\_, understand that whenever attending/visiting a childcare facility, there is a possibility of exposure to diseases including but not limited to cytomegalovirus, fifth disease, rubella, flu and other viruses. I understand higher risk factors exist that pertain to pregnant women or people with compromised immune systems.

My signature below indicates that I understand the inherent risk of exposure in a childcare setting. My signature further acknowledges I will hold the Johnson Childcare Center Inc, and all of its agents harmless and assume sole responsibility to manage these risks with my personal primary care provider.

_____	_____	_____
Print Guardian Full Name	Guardian Full Signature	Date

_____	_____	_____
Administrator Name	Administrator Signature	Date