

PHILLY KIDZ INITIATIVE MORNING/AFTER SCHOOL REGISTRATION

55 PA CODE CHAPTERS 3270.123 &.181(C); 3280.123 &.181(e); 3290.123 &.181(e)

NAME OF CHILD AND SCHOOL ATTENDING		WHAT GRADE IS YOUR CHILD ATTENDING	BIRTH DATE AND AGE OF CHILD
FEE AMOUNT \$ VARIES	PER-DAY-WEEK MONTHLY	DAY PAYMENT TO BE MADE BEFORE THE 1ST OF EVERY MONTH	
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)			
AFTER SCHOOL AND AM SERVICES PROVIDED BY SCHOOL DISTRICT TEACHERS AND STAFF. SERVICES INCLUDE HOMEWORK ASSISTANCE, ENRICHMENT CLUBS AND AFTERNOON MEALS.			
CHILD'S ARRIVAL TIME DISMISSAL	CHILD'S DEPARTURE TIME 6:00 PM	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED	
LATE FEE \$ 2.00	PER MIN-HR MINUTE		
Extra services to be provided at an additional fee if applicable PLEASE CHECK THE APPROPRIATE BOX BELOW			
<input type="checkbox"/> AM CARE SERVICE NEEDED (\$10/DAY)			
<input type="checkbox"/> AFTER SCHOOL SERVICES NEEDED (\$20/DAY)			
ALL RATES ARE BILLED MONTHLY FOR ALL AVAILABLE SCHOOL ATTENDANCE DAYS			

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)

ELRC CASE NUMBER AND COPAY _____



SIGNATURE-OPERATOR

DATE

SIGNATURE-PARENT OR GUARDIAN

DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
_____ SIGNATURE-PARENT OR GUARDIAN	_____ DATE

PHILLY KIDZ INITIATIVE After School Program

EMERGENCY CONTACT / PARENTAL CONSENT FORM

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

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		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 CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

PHILLY KIDZ INITIATIVE After School Program

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:		WORK PHONE:
FACILITY PHONE:	COUNTY:	
<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)

YES 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:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

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

Pennsylvania Code §23.84 Exemption from Immunization

a.) **Medical Exemption.** Children need not be immunized if a physician or the physician's designee provides a written statement that immunization may be detrimental to the health of the child. When the physician determines that immunization is no longer detrimental to the health of the child, the child shall be immunized according to this subchapter.

b.) **Religious Exemption.** Children need not be immunized if the parent, guardian or emancipated child objects in writing to the immunization on religious grounds or on the basis of strong moral or ethical conviction similar to religious belief.

Source

The provisions of §23.84 amended through September 17, 1982, effective August 1, 1983, 12 PA.B. 3288; amended August 22, 1997, effective August 23, 1997, 27 PA.B.4317. Immediately preceding text appears at serial pages (164332) to (164333) and (129145) .

Cross References

This section cited in 22 PA Code§ 11.20 (relating to non-immunized children); 22 PA Code§ 51.13 (relating to immunization); 28 PA Code§ 23.85 (relating to responsibilities of schools and school administrators); and 28 PA Code§ 27.77 (relating to immunization requirements for children in child care group settings).

Chapter 23 School Health, Subchapter C Immunization

<http://www.pacode.com/secure/data/028/chapter23/chap23toc.html#23.2>

For more information on Pennsylvania state laws regarding vaccinations go to

<http://www.vaclib.org/exempt/pennsylvania.htm>

Statement of Exemption to Immunization Law Commonwealth of Pennsylvania

Name _____

Address _____

Phone _____ Present Grade _____ Date of Birth _____

Signature Parent/Guardian _____ Date _____

Parent or guardian of the above name child adheres to a religious belief whose teachers are opposed to such immunization OR holds strong moral or ethical conviction similar to a religious belief that is opposed to such immunizations.

My child is exempt from the following immunizations:

All Students

- 4 doses of Tetanus and Diphtheria (1 dose on or after the 4th birthday)
- 4 dose of polio (last dose on or after the 4th birthday)
- 2 dose of Measles, Mumps, Rubella (usually given as MMR)
- 3 doses of hepatitis B
- 2 doses of Varicella (chickenpox) or history of disease
- All vaccines listed above

Students in 7th Grade

- 1 dose of Tetanus, Diphtheria, Pertussis (Tdap)
- 1 dose of meningococcal conjugate vaccine (MCV)

Students in 12th Grade

- 2 dose of MCV (1 dose for 7th grade, 2nd dose for 12th grade entry)

PHILLY KIDZ INITIATIVE RELEASE OF LIABILITY

READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in any form of Physical Activity including, but not limited to Zumba Dance Lessons/Hip Hop Dance Lessons/General Sports Activities organized by Northeast Conservatory of Performing Arts ("Philly KiDZ Initiative"), of 2000 Bowler Street, Philadelphia PA 19115, and/or use of the property, facilities and services of Philly KiDZ Initiative After School Program operated by Northeast Conservatory, I agree for myself and for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by Philly KiDZ Initiative, or the employees, representatives or agents of Philly KiDZ Initiative.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge Philly KiDZ Initiative for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of Philly KiDZ Initiative, whether caused by the fault of myself, my family, Philly KiDZ Initiative or other third parties.
3. I agree to indemnify and defend Philly KiDZ Initiative against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of Philly KiDZ Initiative.
4. I agree to pay for all damages to the facilities of Philly KiDZ Initiative caused by my or my family's negligent, reckless, or willful actions.
5. I consent to the participation of my Child/Children, named in this contract, in Zumba Dance Lessons/Hip Hop Dance Lessons, General Sports Activities, and agree on behalf of the minor to all of the terms and conditions of this Agreement. By signing the Release of Liability and Consent Form, I represent that I have legal authority over, and custody of

Enter Child Name _____.

6. In the event of an injury to the above minor during the described activities, I give my permission to Philly KiDZ Initiative, or to the employees, representatives or agents of Philly KiDZ Initiative to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin on the first day of attendance, and will remain in effect until terminated by writing by the undersigned.

7. Philly KiDZ Initiative will have the following powers:

- a) The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or Hospital
- b) The power to authorize medical treatment or medical procedures during an emergency situation.
- c) The power to make appropriate decisions regarding clothing, bodily nourishment and shelter in an emergency situation.

8. Philly KiDZ Initiative will not provide transportation to any off-site facility and all agents/employees/contractors of Northeast Conservatory will not be held liable for any discourse and adverse physical bodily injury resulting in said transportation from Philly KiDZ Initiative After School Program occupied facility to any designated location by the parent/guardian. Any legal or equitable claim that may arise from participation in the above shall be resolved under Pennsylvania Law.

9. Northeast Conservatory of Performing Arts/Philly KiDZ Initiative LLC and all of the agents associated with the aforementioned entity, be it through contracting or employment duties, will not be held responsible under any legal consideration of Discriminatory Liable should a child/adult/persons in their care, their presence or on the campus premises, be tested positive for any form of communicable diseases posing a health risk to the community, whether vaccinated or NOT vaccinated. Neither will they be held liable for any child/adult/persons who voluntarily and of their own volition refuse to undergo proper medical care and select NOT to vaccinate against known communicable diseases, including any COVID strains present at the time.

10, Northeast Conservatory of Performing Arts/Philly KiDZ Initiative LLC under the guise and Constitutionally Protected rights of self-preservation and well being, and following the CDC Guidelines and State and Local Municipality Health Mandates, reserves the right to refuse care and services, as well as access to the campuses and facilities, to any individual or group who do not wish to participate/follow the CDC Guidelines and Local Municipality Health Mandates, including COVID and barring any and all communicable diseases.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS

Dated: _____

Signature: _____

Participant: _____

Address: _____

_____, _____

In case of an emergency, please call _____

(Relationship: _____) at _____ Ext.
_____ (Day), or _____ Ext. _____ (Evening).

Parental Acknowledgement Form

Child's Name: _____

Date: _____

I understand that the Philly KiDZ Initiative policies have been developed to ensure the safety and well-being of all children attending the Philly KiDZ Initiative after school program. I have RECEIVED AND READ the Parent Handbook and understand the program policies and procedures. I have discussed the rules of the program with my child.

I understand that failure to return this acknowledgement will not relieve me from knowing and following the policies and procedures brought forth in this Handbook.

Parent(s)/Guardian(s) Name(s):

IGIVE permission to the Philly KiDZ Initiative to use my Child's Image for Promotional Services Only.

Parent(s)/Guardian(s) Name(s):

IDO NOT give permission to the Philly KiDZ Initiative to use my Child's Image for Promotional Services Only.

Parent(s)/Guardian(s) Name(s):