



LITTLE BIBLE BUDDIES

Pre-School, Before & Afterschool Program

500 Midvale Rd.

Upper Darby, PA, 19082

www.LittleBibleBuddies.com

610-734 5900

ADMISSION APPLICATION

**BEFORE/AFTER SCHOOL BEFORE (ONLY) AFTER (ONLY)

DAYCARE

Full Time

Part Time

CHILD'S NAME _____ D.O.B. _____

**SCHOOL _____ GRADE _____ ROOM# _____

ENROLLMENT DATE _____ START DATE _____

PARENT INFORMATION

MOTHER'S NAME _____ DL# _____

HOME ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL ADDRESS _____

PLACE OF EMPLOYMENT _____

ADDRESS _____ CITY _____ ZIP _____

FATHER'S NAME _____ DL# _____

HOME ADDRESS _____ CITY _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL ADDRESS _____

PLACE OF EMPLOYMENT _____

ADDRESS _____ CITY _____ ZIP _____

MEDICAL INFORMATION

DOCTOR'S NAME _____ DOCTOR'S PHONE# _____

CHILD'S PHYSICAL, MENTAL, EMOTIONAL, OR ALERGIC LIMITATIONS

EMERGENCY CONTACT PERSON(S)

1. NAME _____ RELATIONSHIP _____

HOME _____ CELL _____ WORK _____

2. NAME _____ RELATIONSHIP _____

HOME _____ CELL _____ WORK _____

HOW DID YOU HEAR ABOUT LITTLE BIBLE BUDDIES?

CONTRACTUAL AGREEMENT

- ✦ Children must be dropped off no later than 8:45am. The only exceptions are doctor appointments or if there is an emergency that makes you late. Please give us a courtesy call if this is the reason. Parents/Children will not be permitted entry into the building.
- ✦ See attached food program information that must be completed.
- ✦ We would appreciate any parent volunteers or donations
- ✦ Under this contract, a child enrolled must stay a minimum of one month. A TWO WEEK NOTICE IS REQUIRED FOR TERMINATION.
- ✦ I agree to pay first weeks & last week's tuition prior to my child's first day of school. Last week's tuition will be refunded with two weeks' notice of withdrawing from the program.
- ✦ If tuition is late and not paid by the end of the day on Monday at 6pm, your child may not return to school until the tuition is paid in full.
- ✦ All tuition must be paid directly to the office. No other staff person
- ✦ All emergency contact information must be kept current.
- ✦ If your child's health assessment expires, your child will not be permitted to return until an updated health assessment is provided. No exceptions!
- ✦ Please read and sign behavior contract
- ✦ I agree to pay for all trips and extracurricular activities, center or classroom related.

- ✦ I agree to pay tuition regardless of sick days, holidays, snow days, vacation, etc., this applies to all programs. Please review our vacation/holiday closing schedule.
- ✦ If my child has a temperature of 100.5 degrees or higher or displays any other symptoms that are considered contagious or unhealthy, you must retrieve your child from the center within the hour. Once a child is sent home with a suspected contagious illness, then they must return with a note from the doctor's. Please do not bring your child to school with a fever or diarrhea. They will be sent home immediately!!
- ✦ If your child needs medication, parents must sign a medication log daily and give medication directly to a teacher. We cannot administer medication with verbal permission. Children cannot carry their own medication or administer medication to their selves.
- ✦ Children should be dressed appropriately daily.
- ✦ Children may not walk through the building unattended. Children must be dropped off to a teacher.
- ✦ All children in the after school program must come prepared with their supplies and homework.
- ✦ All daycare children must have two sets of labeled change of clothes inside of a labeled book bag to be kept at the center for emergencies and a laundry bag for their naptime sheet and blanket that we provide. You are responsible for replacing change of clothing that is used. Clothing should be appropriate for the current season. If the items are not labeled, they can become misplaced. No plastic bags.
- ✦ Each family is permitted a one week vacation in which they do not have to pay tuition. A two week notice is required.
- ✦ I agree to give Little Bible Buddies two weeks' notice if my child will not be returning, either temporary or permanently.

- ✦ I agree to bring in a doctor's note stating when my child can return to school for any illness beyond a minor cold. Please view our sick policy
- ✦ I agree not to bring my child to school with any illness without notifying the office first. I understand that if I violate this agreement, my child may be permanently terminated from this program.
- ✦ Children in the after school program must come directly to the school bus or van after school. Our driver will wait approximately 10 minutes at each school. If your child misses our transportation, the responsibility is now on the parent to pick up the student from school.
- ✦ Under this contract all parents must participate in our 2 fundraisers per school year. It is mandatory that each family sells a minimum of \$50 in merchandise or donate a minimum of \$50 during each fundraiser.
- ✦ I agree to pay an annual non-refundable \$40.00 registration fee at the time of registration.
- ✦ I agree to pay a \$40.00 processing fee for any check that is returned by our bank for any reason and to replace the fee of the check in cash. Daily late fees will be assessed for the returned check also. If one check is returned, money order or cash will be required for all future payments. The first 90 days of enrollment parents must pay in cash & money order.
- ✦ Any tuition received after; there will be a \$5 late fee assessed per day until tuition is paid in full.
- ✦ All tuition is due on Friday before the week of provided service.
- ✦ There will be a \$1.00 late fee assessed for every minute for anyone who is picked up after 6:00 PM. The payment will be due at the time of pick-up! If you do not have it then payment is required the next day. (NO LATER) *We are required to notify the authorities after 20 minutes of child not being picked up.

✦ I agreed to pay the tuition of \$ _____ per week due every Friday for my (please check one)

_____ infant _____ early toddler _____ toddler
_____ preschool _____ school age _____ middle school age

✦ Please provide the name of the person responsible for payment. In January this person will be the only party to receive tax information
(Name) _____

✦ Any additional costs not covered by subsidy shall be paid by the parent.

I have read, understood and received the original copy of this contractual agreement. By signing this contract below you are in complete agreement & understanding with our policies @LBB & will at all-time stay in compliance

Child's name _____ Child's DOB _____

Parent's Name (print) _____ Parent's ID # _____

Parent's signature _____ Date _____

Director's signature _____ Date _____

Hours of operation: Monday-Friday 6:45-6:00 pm.

PARENT TEACHER CONFERENCE

There are *two* parent/teacher conferences conducted each school year. The conferences are held the *first week in November and the second week in April*.

Parents will receive *notice 10 days prior* to each conference. The notice will include the date and time of the conference. If you are unable to attend a face to face conference then a *phone conference* would be an option.

Please sign below that you have read and understood the terms of the "Parent/Teacher Conference".

Parent/Guardian Signature _____ Date _____

Director's Signature _____ Date _____

"GETTING TO KNOW YOU" MEETING

A "Getting to Know You" meeting is offered to parents *60 days after being enrolled* in the program. Parents will *receive notice 10 days prior* to the meeting. This notice will include the date and time of the getting to know you meeting. The "Getting to Know You" meeting should last approximately no more than *15-20 minutes*.

This meeting will allow the teacher to get to better know the family and the child. We look forward to having these meetings and find them to *very useful and insightful*.

Please sign below that you have read and understood the terms of the "Getting to Know You" meeting.

Parent/Guardian Signature _____ Date _____

Director's Signature _____ Date _____

Behavior Contract

- I. I will **not** hit, kick, bite, scratch, or put my hands on others in a harmful manner.
- II. I will participate in **all** activities that are set up by the Teachers/Counselors.
- III. I will make proper use of all of the facilities including the restrooms and classrooms.
- IV. I will **never** walk away from Teachers/Counselors without permission.
- V. I will **always** treat others with respect and never use foul language.
- VI. I will use materials, supplies, and indoor and outdoor equipment, properly.
- VII. I will **not** steal, destroy, or touch other people's property.
- VIII. I will stay with our assigned group and in our assigned area without complaining.
- IX. I will never call others names, tease or pick on others.
- X. I will **not** be disrespectful by making faces, talking back, being mouthy, etc.
- XI. I will **not** bring expensive electronics to camp from Monday-Friday.
- XII. I will **not** bring my cell phone any day.
- XIII. I will treat **all** Teachers/Counselors with absolute respect.
- XIV. I will greet **all** Teachers/Counselors with (Mr.) or (Ms.).
- XV. I will treat my sibling(s) as I treat my peers, with respect.
- XVI. I will inform my counselor when my parent arrives and not walk away.

***** We are guests in the facility we are using. Children will receive one warning. On the second warning, parents will be called for a conference. Any further violations, child will be dismissed from our program for that school year. Tuition and trip payments are non-refundable. *****

I know that participating in Childcare/Before and after school program is a privilege; I _____ will follow the rules stated above.

(Student Name)



(Parent/Guardian) I have read the rules/behavior contract and will discuss it with my child. I agree to abide by this contract and to support the staff as it may pertain to these rules and expectations.

(Students) I agree to follow the expectations and rules of LBB Daycare/Before and After School Program and will follow the directions of the Teachers/Counselors.

(Parent/Guardian Signature/Date)

(Student Print/Date)



Sick Child Policy



Please, keep your child at home if they have any of the following signs or symptoms/conditions:

Fever: -Temperature by mouth is 99.6 degrees and child is not feeling well, or has a temperature by mouth of 101 degrees or higher. Children with a fever need to remain home until temperature is normal.

Pink-Eye (conjunctivitis): (Eye is red, and there is a discolored discharge from the eye) Child will need to have a note from the doctor before returning to school.

Diarrhea: If child has more than one loose stool, the child needs to remain home until stools are normal.

Head Lice (Pediculosis): Until it is documented, the child has to been treated, and all nits have been removed from hair. Re-check in 10 days.

Impetigo: Until treatment is started- a doctor's note is needed. Loosely cover exposed lesions with bandage.

Ringworm (Tinea): Until 24 hours after treatment has started. A doctor's note is needed. Check again in one week. If no improvement, refer to doctor to be re-checked. Area should be covered, if possible, while child is in class.

Strep Throat: Child needs to remain home until a full 24 hours after treatment has started and there is no fever for 24 hours. A doctor's note is needed.

Cold: If temperature by mouth is 99.6 degrees and above, and other symptoms are present: severe cough, discolored mucous, wheezing, or child does not feel well enough to participate in classroom activities.

Open or oozing wounds: Which cannot be covered, or appear infected.

Vomiting: If child appears ill and vomits once- child needs to remain home. (Some children vomit in the morning because of mucous in their stomach). If your child vomits more than once, child needs to remain home until child has not vomited for 24 hours.

Have your child remain home if they have any other symptoms which would keep him/her from participating in classroom activities. Some of these symptoms would be: earache, toothache, headache, or other moderate to severe pain.

PARENTS WITH CHILDRENN THAT HAVE IEP/IFSP

We request that each parent provide a copy of your child's IEP/IFSP to the office of Little Bible Buddies to be placed in the file of your child's permanent record

We ask that a copy of the IEP is provided within 10 days of the child's enrollment in the program although we would like to have IEP/IFSP your child begins to insure a successful start.

We would like to work with each family to provide quality care and support and having this information is a great start in insuring that we do that.

If there are any questions, please feel free to speak with the child's teacher or the director (Ms. Tamika).

By signing this document you will be giving us permission to speak, communicate and share information with your child's specialist team.

Date _____ Date IEP/IFSP is due _____

Parental permission to provide, share and release IEP/IFSP to Little Bible Buddies

I _____ give permission to Little Bible Buddies obtain a copy of

an IEP/IFSP for my child _____. The record of the IEP/IFSP will be kept confidential and maintained as a matter of record in my child's file at Little Bible Buddies.

Permission granted YES or NO Permission denied YES or NO

Child's name _____

Parent(s) print name _____

Parent(s) Signature _____

** This information will be shared with the child's teacher, appropriate staff and specialist.*

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