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	SCHOOL DISTRICT
MOTHER'S NAME/LEGAL GUARDIAN	BIRTHDATE
HOME ADDRESS	HOME/CELL PHONE NUMBER
BUSINESS NAME	WORK TELEPHONE NUMBER
WORK ADDRESS(required)	
EMAIL ADDRESS	MAY WE CONTACT YOU AT WORK FOR NON-EMERGENCY MATTERS? ____YES ____NO
FATHER'S NAME/LEGAN GUARDIAN	BIRTHDATE
HOME ADDRESS	HOME/CELL PHONE NUMBER
BUSINESS NAME	WORK TELEPHONE NUMBER
WORK ADDRESS(required)	
EMAIL ADDRESS	MAY WE CONTACT YOU AT WORK FOR NON-EMERGENCY MATTERS? ____YES ____NO

EMERGENCY CONTACT PERSON(S) (Parents do not have to be listed in this section)

NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
1	
2	
3	

PERSON(S) TO WHOM CHILD MAY BE RELEASED (address must be provided)

NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
1		
2		
3		
4		
5		
6		
7		

CONTINUED ON BACK

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 **N/A**
TRANSPORTATION BY THE FACILITY	WADING **N/A**
PHOTOS FOR CLASSROOM OR CENTER PURPOSES ONLY	PHOTOGRAPHED FOR WEBSITE/FACEBOOK

Because of the diverse set of needs of the children in our program, it is important that we gather as much information on each child. 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 the child's needs are met.

_____I am providing a copy of my child's IEP or IFSP _____This does not apply to my child

I give permission for Hart to Hart Staff to apply sun screen and diaper cream that my child may need administered throughout the day.
Parents must provide their own sun screen and diaper creams. They must all be in the original container with labels intact and cannot be expired.

_____ YES I give my permission _____ NO I do not give my permission _____ SPECIAL CIRCUMSTANCE

At Hart to Hart Childcare Center we use a digital media program called Brightwheel to inform you about your child's day. Do you have access to a smart phone or a computer with internet access? _____ YES _____ NO

SIGNATURE OF PARENT OR GUARDIAN	**DATE**

AGREEMENT—Childcare Center Copy

55 PA CODE CHAPTERS 3270.123 & .181©; 3280.123 & .181©; 3290.123 & .181©

Child Information

Full Name: _____

Admission Date: _____

Person(s) Designated by Parent to Whom Child May be released:

_____

_____

Child's Scheduled Arrival/Departure Time: _____

ALL PAYMENTS MUST BE MADE IN ADVANCE OF SERVICE

There will be a $15.00 fee for every 15 minutes your child/children are in attendance before or after their scheduled time. If you arrive after 5:30 pm, there is a $20.00 fee for every 15 minutes past 5:30 pm. I acknowledge that I will be responsible for paying this fee if we are early or late. **Initials**:_____

Schedule Information

THERE IS A $35.00 LATE FEE IF PAYMENT IS NOT MADE BY CLOSING TIME OF YOUR FIRST DAY OF SERVICE

Fees to be Charged:

Registration:_____ Second Child Registration:_____

Part-time:_____ Days: Mon Tues Wed Thur Fri

Full-time:_____ Family Discount:_____

School Age:_____ Time: Morning/Afternoon/Both

ELRC Payment:_____ Employee Child: _____

Choose to pay one of the following two ways.

I will be paying by: Check or Cash

Your payment schedule will be: Weekly Bi-Weekly Monthly

OFFICE USE ONLY

$_____ Date: _____ **Initials:** _____

$_____ Date: _____ **Initials:** _____

$_____ Date: _____ **Initials:** _____

$_____ Date: _____ **Initials:** _____

$_____ Date: _____ **Initials:** _____

$_____ Date: _____ **Initials:** _____

You must stick with the payment schedule that you choose, but if you need to change it, please give administration at least two weeks to adjust. **Initials**:_____

Services

Services to be provided by Hart to Hart Childcare Center:

Licensed by DHS care_____ Keystone Stars Quality_____ Annual Developmental Screenings_____

Breakfast and Snacks_____ Preschool Program_____ 2-3 Quarterly Assessments_____

Other_____

I, the parent/guardian, received all the information needed for the programs rules and regulations online at harttohartchildcare.com at the time of enrollment. (3270.121, 3280.121,3290.121) **Initials**:_____

I, the parent/guardian, agree to update the Emergency Contact/Parental Consent Form information whenever changes occur or at least every 6 months at a minimum. (3270.124,3280.124, 3290.124) **Initials**:_____

Director's Signature/Date: Parent Signature/Date:

_____ _____

AGREEMENT—Parent Copy

55 PA CODE CHAPTERS 3270.123 & .181©; 3280.123 & .181©; 3290.123 & .181©

Child Information

Full Name: _____

Admission Date: _____

Person(s) Designated by Parent to Whom Child May be released: _____

_____

Child's Scheduled Arrival/ Departure Time: _____

There will be a $15.00 fee for every 15 minutes your child/children are in attendance before or after their scheduled time. If you arrive after 5:30 pm, there is a $20.00 fee for every 15 minutes past 5:30 pm. I acknowledge that I will be responsible for paying this fee if we are early or late. **Initials**:_____

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THERE IS A $35.00 LATE FEE IF PAYMENT IS NOT MADE BY CLOSING TIME OF YOUR FIRST DAY OF SERVICE

Fees to be Charged:

Registration:_____ Second Child Registration:_____ Family Discount:_____

Part-time:_____ Days: Mon Tues Wed Thur Fri

Full-time:_____ Employee:_____ ELRC Payment:_____

School Age:_____ Time: Morning/Afternoon/Both **Initials**:_____

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I, the parent/guardian, agree to update the Emergency Contact/Parental Consent Form information whenever changes occur or at least every 6 months at a minimum. (3270.124,3280.124, 3290.124) **Initials**:_____

Director's Signature/Date: Parent Signature/Date:

_____ _____

Getting To Know You

Child's Name:_____Date:_____

Enrollment Date:_____

	YES	NO
Was your child born premature? If yes, please put due Date here_____		
Are there any health problem that we should know about? Ex: Ezcema, Allergies_____		
Is there any foods that your child will absolutely not eat? _____		
Is your child attached to any items? Blanket, binki, cup, stuffed animal_____		
Does your child have any parents that do not live with them and are there any custody issues? _____		
Does your child have any nicknames you want us to use? _____		
Has your child attended an early learning program before? If so, Where? _____		
Is there a reason you left this program? _____		

In one word describe your child's personality:

_____

Describe your child's schedule:

_____

_____

_____

_____

Is there anything else you feel we should know about your child?

_____

_____

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:

☐ 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.ARP.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.

Brightwheel Policy

Hart to Hart Childcare Center, LLC. has chosen to use the Brightwheel App to enhance the communication between the parents and the staff. This app can be a wonderful tool but we have a few requests to make everything flow as easily as possible.

- Every family that has access to a smart phone or the internet will need to have an email so you can be signed up to participate in the Brightwheel app. If you do not have access to a smart phone or internet, you can request a paper copy of how your child's day went at the center.
- Any pictures that are added to Brightwheel cannot be used on any social media source other than Brightwheel unless your child is the only one in the picture. If Hart to Hart is made aware that you are using pictures with other children your Brightwheel privileges will be suspended.
- The staff will do their best to keep the information entered into the app. But please be patient for each teacher needs to wait for "down time" to enter the information on each child for the day.
- Please update your emergency information any time things change. The phones numbers inside Brightwheel need to be the best way to contact you or your designated emergency contact people.
- Please make sure anyone that you invite to use Brightwheel for your child are aware of these rules and will follow the picture policy.

Email you would like to use for Brightwheel:_____

Second email you would like to invite to Brightwheel:_____

Parent's Signature/Date:_____

Parent's Signature/Date:_____

3949 Patterson Road
Patterson Pointe, Suite 290
Aliquippa, PA 15001

Phone: (724)203-3049
Email: hart_to_hart@verizon.net

Contract of Diminished Capacity

In the response to the growing focus on child care issues, specifically concerning liability and insurance, Hart to Hart Childcare Center has expanded the Department of Public Welfare's policy concerning the release of children to parents or other designated adults who appear to the Center's staff to be in an impaired condition.

An impaired condition specifically relates to alcohol, mind-altering chemicals or other medical conditions that render a person unable to operate a motor vehicle and therefore endanger the safety of a child who would be transported by the impaired person.

If in the judgment of the responsible personnel at the center, a parent or designated person appears to be unable to safely transport a child, the Hart to Hart personnel will ask the parent or designated person to arrange for alternate transportation. If the person is unwilling to provide such transportation, the matter will be referred to the Hopewell Township Police before the child is released.

Hart to Hart Childcare Center recognizes that this is a stringent policy, but as a mandated report of child abuse we are unable to release a child to an impaired person.

Hopefully, the necessity to implement this policy will not arise, but should it, the parents or designated person must be apprised of the policy.

This will be a page in the Parent Handbook for Hart to Hart, but please sign and return as soon as possible to be added to your child's file.

Mother	Father
_____	_____
(signature)	(signature)
_____	_____
(date)	(date)

Updated Photo Permission

We are currently updating our photo permission policies for Brightwheel and Facebook. These permissions will be shared with our staff to facilitate communication regarding your child's photos.

Please indicate below whether you give permission for your child's photos to be posted in our **private** Parents' Survival Group on Facebook. These photos will only be visible to current families enrolled in our center.

_____ YES, I give my permission OR _____NO, I do not give my permission

Please indicate below whether you give permission for your child's photos to be posted on Brightwheel.

_____ YES, I give my permission OR _____NO, I do not give my permission

Additionally, please indicate whether you give permission for your child's photos to be posted on our **public** Facebook page, Tik Tok, Instagram, and our website. Please note that these will be public!

_____ YES, I give my permission OR _____NO, I do not give my permission

Childs Name: _____

Parents Signature: _____ Date:_____