

Dear Parent(s) or Guardian(s):

Thank you for your interest in the Lititz recKids Programs! We have been providing a safe, active and developmentally appropriate experience for children ages 3 years to 6th grade for the last 34 years. All before and after school care sites are licensed by the Department of Human Services and our staff meet or exceed state qualifications.

Before school care is provided at each of the Warwick Elementary Schools onsite for K-6th grade starting at 6:40am. After school care is at the elementary school for K-3rd grade and at the Lititz recCenter 4th-6th grade (bussing provided) up until 6pm. Part-time, full-time and flex options are available. Our Preschool Academy is for children 3-5 years of age (and completely toilet trained).

Summer Camp is for children age 3-entering 7th grade. Each week, activities are based on a fun theme and include art, literacy, science, music, swimming and walking trips. Optional paid field trips are also offered. Part-time, full-time and flex options from 6:40am-6pm, M-F.

Snowy and Special Day Camps run during non-major holidays, school in-service days and school cancellations due to inclement weather. These camps are available for a daily fee and must be registered for ahead of time (except for weather related).

Our programs are operated and administered by the Lititz recCenter, which is solely responsible for the program content and management. School facilities are provided by the Warwick School District as part of the mutual use of facilities agreement between the Lititz recCenter and the District.

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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 \$ 2 ⁰⁰ /minute	PER MIN-HR After 6pm	
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 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

Lititz recKids Registration

How did you hear about the recKids Program: Returning Parent Referral Newspaper Ad
 recCenter Website recCenter Program Guide Flyer around town Digital Social Media
Other _____

Child's Name _____ Birth Date _____ Gender _____ School Attending _____ Grade 2019/20
School Year _____

REGISTERING FOR SCHOOL YEAR PROGRAMS:

Select Program(s): Preschool Academy Before School After School (K-3rd grade)
 Older Kids Club (4th-6th grade) Snowy/Special Day Camps

Date Starting Program(s): _____ Full-Time/Part-time: _____
Program: _____ Days of Attendance: M T W Th F Flex
Program: _____ Days of Attendance: M T W Th F Flex
Estimated Daily Drop-Off Time: _____ Estimated Daily Pick-Up Time: _____
Registration Fee Amount Due: _____ Registration Fee Paid: _____

REGISTERING FOR SUMMER CAMP: *Minimum 3-week consecutive enrollment*

Date Starting: _____ Date Ending: _____
Days of Attendance: M T W Th F Flex
Full-Time/Part-Time: _____
Estimated Daily Drop-Off Time: _____ Estimated Daily Pick-Up Time: _____
Registration Fee Amount Due: _____ Registration Fee Paid: _____

T-SHIRT SIZE (for Summer Camp only):

Youth S Youth M Youth L Adult S Adult M Adult L

Municipality Lived in (check one):

Lititz Borough Warwick Twp Penn Twp Elizabeth Twp Other _____

Are there Custody/PFA Court Documents for the registering child? Yes No

Please Note: If Applicable, all Custody/PFA Court Documents must be turned in prior to your child's first day of attendance (all information is confidential).

If there are any persons the child may **NOT** be released to please list them here:

Please Note: If court documents are available supporting this restriction, please provide them.

Does your child have an IEP (Individual Education Program)? Yes No

Please Note: If Applicable, a copy of the full IEP must be turned in at least 5 days prior to your child's first day of attendance and may require meeting with the onsite staff before care begins.

A paper copy of the recKids Parent Handbook was offered to me: Yes No

CHILD LIVES WITH:

Parent/GuardianName _____
Middle Name _____ Date of Birth _____
Relationship to Student _____
Address _____
Email(s) to be included on parent correspondence list: _____

Parent/GuardianName _____
Middle Name _____ Date of Birth _____
Relationship to Student _____
Address _____

Please list phone numbers in order of priority to call during daytime hours and label cell, home, work:

#1: _____
#2: _____
#3: _____

#1: _____
#2: _____
#3: _____

OTHER HOUSEHOLD MEMBERS AT STUDENT'S ADDRESS BESIDE PARENTS:

First and Last Name _____ Relationship to Child _____

PERSONAL INSIGHTS:

We want to provide the best care possible to your child. Please take a moment to fill out the information below to give us some personal insight to your child. *All information remains confidential.*

What name does the child go by? _____

What is your child excited about doing in our program this year?

Are there any personal characteristics we should know about?

Would you as a parent be interested in sharing your job or visiting our program with a hobby?

Are there any family issues we should know about?

Are there any childhood fears we should know about?

Are there any activities your child feels uncomfortable doing?

What forms of discipline work best for your child?

What is your child's favorite snack? _____

What extracurricular activities does your child participate in? _____

What does your child like to do during free time? _____

Do you mind your child playing video games? _____

Anything else you would like us to know? _____

All information listed on these forms is true and complete to the best of my knowledge

Parent or Guardian Name (Printed)

Parent or Guardian (Signature)

Date

INSTRUCTIONS FOR THE NEXT 3 PAGES:

Emergency Contact/Parental Consent Form:

This is a state mandated form and every line must be filled out completely. Ditto marks and “same as above” are not accepted. Please make sure the sections asking for addresses are filled out completely, including for the persons to whom the child may be released.

There must be **3 people listed for emergency contacts and 3 people to whom the child may be released.** The mother and father listed at the top of the form are assumed, but they may be listed again under the emergency contact and pick up persons if you do not have 3 other people to list outside of the parents for either section.

There are **6 signatures** required at the bottom of the form. The blocks with Emergency Medical Care and Minor First Aid are often missed.

Child Health Report:

The state requires a copy of your child’s most current Health Assessment and Immunization Records within 30 days of enrollment. The form that comes back to us may look different than the one attached, but it needs to cover the same basic health information and full immunizations and be authorized by a physician. You are also able to ask the nurse at your child’s school for a copy of their kindergarten or 6th grade physical and immunizations and we are able to use this. These are the only grades that require updated physicals and our program adheres to the same policy.

recKids EFT (Electronic Funds Transfer Agreement):

Automatic withdraws are made early each Friday morning for the following week of care. This is your only payment option. You must provide either debit or credit card information or a voided check for a checking account withdraw.

Child's Name: _____ Person Filling Out Form: _____

Physical, Medical & Dietary Individual Action Plan

If your child has any **physical, medical, dietary** or other special needs, please note them on this form. If these needs require specific care, we need a copy of the script from, the doctor's office before your child starts the program. **If this form does not pertain to your child, please write "none" under each item and sign & date the bottom of the form.**

1. Please state the nature of the physical, medical, dietary or other special need:

2. Please provide signs/symptoms of the need and the course of action to be taken if symptoms are exhibited:

3. In case of an emergency, does your insurance require a specific hospital in the area for treatment? If so, please specify. We will do our best to comply.

4. Please list any medications your child takes on a regular basis. If they need to be administered by our staff, please include a doctor's instructions along with the **original container of medication**. Any prescribed medication, including inhalers and EpiPens, **must be turned in prior to the child's first day of attendance**, along with a script from the provider who prescribed the medication or we have the right to refuse care until those items are received. *We do not provide ANY medication including Benadryl, Tylenol, etc. and cannot administer ANY medication without a doctor's script.*

PARENT SIGNATURE _____ Date _____

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		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
1.		
2.		
3.		
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
1.		TELEPHONE NUMBER WHEN CHILD IS IN CARE
2.		
3.		
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
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)
PARENTS 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

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:
<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/ID						
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:

Health care professionals should verify and complete all data.



OFFICE USE ONLY:
 Child's Name: _____
 Child's Name: _____
 Child's Name: _____
 Primary Parent Name: _____
 Unit #: _____

recKids EFT AGREEMENT

I authorize the LrC to debit the account indicated for recKids Children Services fees (as described below).

I understand it is my responsibility to be sure funds are available in my account for the weekly withdraws done on the Friday of each week.

Weekly Withdraw \$ _____ _____ Sept. – June School Year Date of 1 st Deduction _____	Weekly Withdraw \$ _____ _____ Summer Camp Date of 1 st Deduction _____
Circle one: Checking Account Savings Account Routing #: _____ Accounting # _____ Bank Name: _____	CREDIT CARD TYPE: _____ Name on Card: _____ Card Number: _____ Security Code: _____ Expiration Date: _____

Please Read and Initial

_____ I agree to provide the Lititz recCenter with a *voided check, savings withdraw slip with routing number and account number* or a *valid credit card*.

_____ I am aware that the deductions will take place *every Friday at 1:00am* for my contracted weekly amount *prior* to the week of care.

_____ I understand that if I decide to use the Special or Snowy Day Camp, the Day Camp fee of \$20 for part time or \$40 for full time will automatically be deducted

5 DAY PROGRAM ONLY

_____ I understand that any vacation/sick days I use will be credited to my account within 7 business days of the recKids program receiving my voucher.

Parent Name Printed

Parent Signature

Date

Phone: () _____

E-Mail: _____

**WARWICK SCHOOL DISTRICT
TRANSPORTATION REQUEST FORM**

New for 2019-2020

ALL Elementary Students Must Have a 2019-2020 School Year Transp. Request Form On File

** Please read important information on the reverse side before completing this form**

Student(s) Name _____ Grade _____

Student(s) Name _____ Grade _____

(Family members can be placed on one form as long as their child care arrangements are the same. Otherwise, please complete separate forms).

Address _____

Phone Number _____ E-mail Address _____

Child Care Provider or Parent Child Care Provider (not in same household) _____

Address _____

Phone Number _____ E-mail Address _____

Week Day	Transport TO SCHOOL FROM:	Transport FROM SCHOOL TO:
Monday	<input type="checkbox"/> home <input type="checkbox"/> care provider	<input type="checkbox"/> home <input type="checkbox"/> care provider
Tuesday	<input type="checkbox"/> home <input type="checkbox"/> care provider	<input type="checkbox"/> home <input type="checkbox"/> care provider
Wednesday	<input type="checkbox"/> home <input type="checkbox"/> care provider	<input type="checkbox"/> home <input type="checkbox"/> care provider
Thursday	<input type="checkbox"/> home <input type="checkbox"/> care provider	<input type="checkbox"/> home <input type="checkbox"/> care provider
Friday	<input type="checkbox"/> home <input type="checkbox"/> care provider	<input type="checkbox"/> home <input type="checkbox"/> care provider

Schedule MUST be consistent each week

Comments: _____

Printed Name of Parent: _____

Signature of parent or guardian: _____

Requested Start Date: _____ (Requests received after July 19 will be effective 1 week after school starts, September 11, NO exceptions. Requests received during the school year require 5 days for processing from when the transportation office receives this request. Please plan accordingly.)

**TRANSPORTATION PROCEDURE
WARWICK SCHOOL DISTRICT**

- Transportation request forms can be found at each elementary building, the district office as well as on the Warwick School District website: www.warwickisd.org under the transportation section.
- Requests for Warwick School District bus transportation from locations other than the student's home will be **considered** only if the location is in the same school attendance area as the student's home and is on an established bus route. New stops will not be added for a transportation request form.
- Students will be assigned to bus stops only on a **consistent basis**. For example: parent works Wednesdays, Thursdays and Fridays. Student will be brought home on Mondays and Tuesdays and taken to the additional parent and/or child care provider on Wednesdays, Thursdays and Fridays. This schedule **MUST** be consistent. We cannot honor requests for transportation that will vary each week.
- Exceptions to assigned transportation may be granted by building principals for emergencies such as illness in the family, parents out of town, etc. Requests for transportation changes for non-emergency reasons (working on school projects, staying overnight with a friend, scout meetings, parent going shopping, student working, parent working, etc.) **will NOT be accepted**. Telephone requests will be taken in case of emergency only. Notes requesting transportation changes signed by parents will **NOT** be accepted by the bus drivers. Please do not give any documentation to bus drivers.
- Notes sent to student's teachers regarding transportation changes will only be accepted for parent pick up requests for that day. Notes will not be accepted for riding a bus home that is not part of the student's regular weekly schedule, or riding a different bus home with another student. Please abide by your student's schedule you are submitting on the front of this form. Please know these policies are set forth for safety reasons.
- Students will be permitted to ride only the bus to which they are assigned. In addition, for safety reasons, they will be permitted to get on or off the bus only at the stop to which they are assigned.
- **Requests received after July 19 will be effective 1 week after school starts, September 11, no exceptions. Requests received during the school year require 5 days for processing from when the transportation office received this request. Please plan accordingly.**

**Return to: Transportation Office
Warwick School District
301 W Orange Street
Lititz, PA 17543
Phone: (717) 626-3734 ext. 3880
Fax: (717) 626-3850
Email: jgrove@warwickisd.org**