

- **Enrollment Details**

- List of What is needed to enroll
- Agreement
- Emergency Contact Form
- Child Information Sheet
- Informed Consent
- Menu Release / Infant Schedule
- Health Assessment
- Current Tuition Rates
- CCW Information
- How to read statements
- Change of Schedule Request
- Withdrawal Form
- Adjusted agreement
- Summer Absence Form
- Payment Plan Form





## Enrollment Paperwork

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The following paperwork is needed for initial enrollment:

- Agreement - signed by family member and director
- Emergency Contact Form - signed by both guardians, if reside at different addresses
- Non-Refundable Payment for the first week of care

The following paperwork must be handed in by the first day of care:

- Informed Consent
- Menu
- Infant Schedule (if applicable)
- Child Information Sheet
- Permission for ASQ screening
- Individual Care Plan for allergies or special needs (if applicable)

The following paperwork must be handed in within 30 days of enrollment:

- Health Assessment
- Current IEP or IFSP (if applicable)



## K-Prep Learning Center Child Care Agreement

The following are the terms and conditions that apply to all children in care. Please read each line carefully before signing, making sure that each blank space is filled out in ink. By signing, you agree to the childcare policies and to all of the following terms and conditions. By signing, you also agree that it is your responsibility as the parent to follow the childcare policies listed on the back and the terms and conditions below.

Name of child \_\_\_\_\_  
(last) (first) (middle)

Mother/legal guardian 1 \_\_\_\_\_  
(last) (first) (middle)

Father/legal guardian 2 \_\_\_\_\_  
(last) (first) (middle)

1. Services provided as part of childcare will be school activities, lunch and snacks and semi-annual assessments of each child. (3270.123)
2. Payment for care will be \_\_\_\_\_ per week of care. (3270.123)
3. Weekly payment will be due on the Thursday prior to the week of care being paid for. (3270.123)
4. Late payments will result in a \$10 late fee.
5. Your child's scheduled hours will be *(Days & Times)* \_\_\_\_\_. Parents are asked to follow their scheduled times. (3270.123)
6. The parent(s) releases the child for pick-up to those listed on the Emergency contact/consent form. In the event of an emergency, parents will be contacted first, followed by persons listed on emergency contact form. (3270.123)
7. The parent(s) agree to update the emergency contact/consent form information when changes occur or every 6 months at a minimum. (STATE LAW-3270.124)
8. The parent(s) have received complete written program information at the time of enrollment and agree to the expectations of the center and of the family. (STATE LAW-3270.121)
9. The parents have read and agree to the K-Prep Policies.
10. Attendance at K-Prep Learning Center will begin \_\_\_\_\_. (3270.123)

I agree to all of the above terms and conditions. I agree that all blank spaces have been filled out prior to my signing of this contract. I understand my child may be dismissed from childcare at any time for failure to abide by the above agreement and policies/procedures, failure to submit forms as needed, missed/late tuition payments, unacceptable/unsafe behavior, etc.

### Individual Responsible for Payment:

NAME \_\_\_\_\_ PHONE # \_\_\_\_\_  
 COMPLETE ADDRESS \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*Sign and date every 6 months\*\***

**Mother/Legal Guardian 1      Father/Legal Guardian 2      date      Operator**




# K-Prep Learning Center Childcare Policies

## Operation/Enrollment/Dismissal

- K-Prep will be open Monday through Friday from 7AM-6PM. Individual childcare hours will be written on the childcare agreement. Parents are asked to follow their scheduled times.
- Upon acceptance of the childcare application, children will begin a 90 day temporary enrollment period. After the 90 day period, the director and parents may meet to discuss if the child shall be placed on permanent enrollment.
- A child may be dismissed from childcare for any reason during the 90 day temporary enrollment and/or at any time for failure to abide by childcare agreement, failure to submit forms as needed, missed/late tuition payments, unacceptable/unsafe behavior, etc. at director's discretion.
- All parents receive an enrollment packet, which includes K-Prep's mission and goals, as well as detailed information about our philosophy, policies and expectations. By enrolling your child into K-prep's program, you are accepting the expectations of the center and agreeing to the expectations of each family.
- A two-week notice is required before leaving K-Prep. Payment is required during that two-week period regardless of the attendance of your child.
- Any personal items left for more than 30 days after dismissal/withdrawal will become property of K-Prep.

## Costs/Program

- *A child's enrollment space is held when the first week's tuition is paid. This advance payment is non-refundable.*
- Tuition is due in the drop box every Thursday before the week of care being provided and should be labeled with your child's last name. Please do NOT hand tuition payments to any staff. Individual tuition rates will be written on the childcare agreement.
- Any late payment will result in the account being charged a \$10 late fee.
- Payment is required every week regardless of the attendance of your child. (See a director if you plan a leave of absence for 4 or more consecutive weeks)
- A child may be temporarily dismissed if tuition is not paid or is late on multiple occasions.
- A negative tuition account balance for two consecutive weeks may result in temporary/permanent dismissal of child at director's discretion.
- In the event of late pick-up, accounts will be charged \$1 per minute past 6pm.
- K-Prep will provide morning snack, lunch, and afternoon snack each day. A menu is always posted in the classroom.
- Breakfast is NOT included in our program. Please provide breakfast for your child before bringing him/her to school.
- Daily schedules may change according to season. A schedule is always posted in the classroom.
- Transportation is not provided. (Except in the event of an emergency)

## Teacher Responsibilities/Parent Responsibilities

- Children will be supervised at all times while receiving care. (STATE LAW 3270.113)
- K-Prep follows the "golden rule" where children are encouraged to treat friends, teachers, and toys as they would like to be treated. Understanding "testing the limits" is normal, our means of discipline include redirection, age-appropriate time-outs, natural and logical consequences, and giving choices whenever possible.
- To encourage happy play we ask that children do not bring in toys from home. Comfort items needed for rest will be stored in cubbies and/or on child's cot until nap time.
- Parents must provide extra clothing, bedding, diapers, wipes, bottles, formula, baby food, and anything else specific to their child. All items shall be labeled with the child's name or initials. Soiled items will be sent home to be cleaned as needed. Bedding will be sent home to be washed every Friday and should be returned the following Monday.
- Teachers are mandated by the state to report ANY suspicions of child abuse.

## Child Health/Safety

- Health assessments for each child are required upon enrollment and thereafter according to the recommendations of the American Academy of Pediatrics. (2mo, 4mo, 6mo, 9mo, 12mo, 15mo, 18mo, 2yr, 3yr, 4yr, 5yr) (STATE LAW-3270.131)
- Children may not attend school if they show any signs of a contagious illness. Staff will notify parents when a child is ill. Parents have 1 hour to pick up the ill child. Should parents not arrive within the 1 hour period the child's emergency contact person will be notified. Children must be symptom free or no longer contagious to return to school. Children who are sent home due to illness 2 consecutive days with symptoms of a communicable disease or infection will be unable to attend childcare until notification from a physician or CRNP that the child may return to care. 3270.137
- Medications will only be administered for chronic medical conditions and/or for reasons of disability. All medications must be signed on medication log and must include an updated prescription. (STATE LAW-3270.133)
- Staff must be informed if someone other than the parents will be picking up the child. The new pick-up person's name must be on the emergency contact/child release form and must have photo identification with him/her. (STATE LAW-3270.117)
- A child will be released only to the child's parent or to an individual designated in writing on the emergency contact form. Anyone whom the staff does not recognize will be required to show identification. A child may be released to an individual upon the oral designation of the parent, if the identity of the individual can be verified by a staff person. In such case, the child release will be recorded in the child's record. (SATE LAW 3270.117)
- The front door will be locked at all times. Parents and visitors can ring the doorbell and will be buzzed in by a staff person.

\*SEE REVERSE\* updated 8/18

EMERGENCY CONTACT / CHILD RELEASE FORM

CHILD'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

MOTHER'S NAME /  
LEGAL GUARDIAN \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

FATHER'S NAME /  
LEGAL GUARDIAN \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

COMPLETE ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ HOME PHONE # \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

WHAT IS THE BEST PHONE NUMBER TO REACH A PARENT/GUARDIAN DURING THE DAY?

1ST CHOICE \_\_\_\_\_ 2ND CHOICE \_\_\_\_\_ 3RD CHOICE \_\_\_\_\_

EMERGENCY CONTACT PERSON(S) and PERSON(S) TO WHOM CHILD MAY BE RELEASED (not including parents/legal guardians listed above)  
\*By listing an individual on the emergency contact list, the parent is also permitting the child to be released to the said individual

Name	Complete Address (REQUIRED)	Phone # when child is in care
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER \_\_\_\_\_ PHONE # \_\_\_\_\_

ADDRESS \_\_\_\_\_

SPECIAL DISABILITIES (IF ANY) \_\_\_\_\_

ALLERGIES (INCLUDING REACTION TO MEDICATION) \_\_\_\_\_

MEDICAL/DIETARY INFO NECESSARY IN EMERGENCY SITUATION \_\_\_\_\_

MEDICATION, SPECIAL CONDITIONS \_\_\_\_\_

ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD \_\_\_\_\_

HEALTH INSURANCE COVERAGE FOR CHILD \_\_\_\_\_  
or MEDICAL ASSISTANCE BENEFITS

POLICY NUMBER (REQUIRED) \_\_\_\_\_

IT IS VERY IMPORTANT THAT THIS FORM IS FILLED OUT COMPLETELY. IF YOU NEED MORE SPACE, PLEASE USE THE REVERSE SIDE OF THIS FORM TO ELABORATE AS MUCH AS NECESSARY ON ANY OF THE ABOVE ITEMS. PLEASE READ OVER THIS ENTIRE FORM INCLUDING ALL BULLETS ON THE REVERSE SIDE OF THIS SHEET. AFTER READING, COMPLETING, AND UNDERSTANDING ALL INFORMATION ON THIS FORM, BOTH PARENTS'/GUARDIANS' SIGNATURES ARE REQUIRED UPON ENROLLING AND EVERY SIX MONTHS THEREAFTER.

**\*SEE REVERSE\***  
updated 8/18







## CHILD INFORMATION SHEET

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

Current Age: \_\_\_\_\_ DOB \_\_\_\_\_

Siblings names and ages: \_\_\_\_\_

\_\_\_\_\_

Other people living in the child's home: \_\_\_\_\_

\_\_\_\_\_

Are there any other family members, friends or pets that it would be helpful for us to know about? (ex. Involved grandparent, babysitter, step-parent, etc): \_\_\_\_\_

\_\_\_\_\_

Is there anything we should know about any family member that would help us work with your child better? \_\_\_\_\_

\_\_\_\_\_

How does your child respond to new situations/people? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How is your child best comforted?

\_\_\_\_\_

\_\_\_\_\_

Does your child have any strong or unusual fears? \_\_\_\_\_

\_\_\_\_\_

Is your child fully potty trained (including no diaper/pull-up at nap time)? \_\_\_\_\_

Please describe your child's appetite: \_\_\_\_\_

Do you have any concerns about your child's appetite? \_\_\_\_\_

Have there been any recent changes or stressful events that would be helpful for us to know?

\_\_\_\_\_

Has your child had any previous Daycare/Preschool experiences? Explain.

\_\_\_\_\_

\_\_\_\_\_

Are there any concerns you have about your child's development? \_\_\_\_\_ Please explain \_\_\_\_\_

\_\_\_\_\_

Does your child have an IEP or IFSP plan? NO / YES / IN PROCESS  
(If yes, please provide a copy at enrollment)

Please list any medical or developmental concerns and current treatment:

\_\_\_\_\_

\_\_\_\_\_

Please list any allergies your child may have (food, medications, animal hair, bee stings, etc) and any special instructions for allergies:

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*\*All Allergies must have an accompanying Care Plan\**

All information on this form is given to the classroom teachers in order to provide the best care for your child. We encourage you to discuss with your child's teacher the individual goals for your child within your first 45 days of enrollment. Please write any additional comments or concerns you feel are important on the back of this form.

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parent's signatures and date

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parent's signature and date

Updated 5/2019

The following is the current menu for K-Prep Learning Center. Please read over the menu and decide which food items you will allow your child to have. Check one of the two boxes at the bottom of this form and complete the allergy/dietary needs questions. BOTH parents sign and date before returning this form to school.



Monday	Tuesday	Wednesday	Thursday	Friday
Dry Cereal Water  Chicken Dogs on Roll Green Beans Milk  Animal Crackers Water	Dry Cereal Water  Meatballs with Bread Peas Milk  Graham Crackers Water	Dry Cereal Water  Chicken Nuggets Corn Milk  Goldfish Water	Dry Cereal Water  Toasted Cheese Ravioli Carrots Milk  Vanilla Wafers Water	Dry Cereal Water  Cheese Sandwich on Wheat Fruit Variety Milk  Veggie Straws Water

Sometimes our "Creative Learning" time includes experimentation with food items. This includes food being used in an art project, as part of a sensory experiment, etc. This may include food items that are not part of our regular menu. Please indicate if you have any concerns about your child participating in any of these special activities.

I allow my child to be given any of the above items on this menu, as well as any food from home. I also allow my child to participate in "creative learning" that might include food items not on the regular menu. I understand that children are unpredictable and sometimes this menu will vary. I understand it is my responsibility to inform my child's school in writing of any changes that need to be made to this form.

OR

I allow my child to be given only the circled items on this form. I will provide food for my child on the days in which I am not allowing him/her to have school food. I also allow my child to participate in "creative learning" that might include food items not on the regular menu. I understand that children are unpredictable and sometimes the menu may change. I understand it is my responsibility to inform my child's school in writing of any changes that need to be made to this form.

Does your child have any food allergies? YES / NO Please list: \_\_\_\_\_

Does your child have any special dietary needs? YES / NO Please Explain: \_\_\_\_\_

At K-Prep, we try to provide healthy food and encourage healthy eating habits. Our menu follows the health guidelines set by the Department of Public Welfare. In addition, our menu does not include daily desserts. We save cookies, cakes and extra fun food for special occasions, i.e. birthdays. Occasionally, we will include birthday/holiday treats with lunch. Please indicate if you have any concerns about your child receiving any sweet treats (cupcakes, cookies, brownies, etc).

Do you allow your child to participate in birthday/holiday treats? YES / NO Special Instructions: \_\_\_\_\_

\_\_\_\_\_ child's name

\_\_\_\_\_ parent/legal guardian 1 signature and date

\_\_\_\_\_ parent/legal guardian 2 signature and date





**Preschool cafeteria style menu.**

Every day the children have options, and they must choose at least 3 different options for their plate. If your child has a food concern or is *not allowed* to have one of these options for lunch, please indicate which options they can *not* have. Thank you.

Monday	Tuesday	Wednesday	Thursday	Friday
Dry Cereal Water  Chicken Dogs on Roll Green Beans Cheese Stick Fruit cup / Applesauce Water Milk  Animal Crackers Water	Dry Cereal Water  Meatballs Bread / Roll Peas Cheese Stick Fruit cup / Applesauce Water Milk  Graham Crackers Water	Dry Cereal Water  Chicken Nuggets Corn Cheese Stick Fruit cup / Applesauce Water Milk  Goldfish Water	Dry Cereal Water  Chicken noodle soup Carrots Crackers Cheese Stick Fruit cup / Applesauce Water Milk  Vanilla Wafers Water	Dry Cereal Water  Pancakes Breakfast sausage Cheese Stick Fruit cup / Applesauce Water Milk  Veggie Straws Water

I allow my child, \_\_\_\_\_ to be given any of the above items on this menu. I also allow my child to participate in "creative learning" that might include food items not on the regular menu. I understand that children are unpredictable and sometimes this menu will vary. I understand it is my responsibility to inform my child's school in writing of any new food concerns and/or allergies or food sensitivities that may develop in my child.

My child can *not* be offered the following items at school: \_\_\_\_\_

Does your child have any food allergies? YES / NO Please list: \_\_\_\_\_

If Yes to either question, please explain your child's reaction. \_\_\_\_\_

Does your child have any special dietary needs? YES / NO Please Explain: \_\_\_\_\_

Yes to either question, please explain your child's reaction. \_\_\_\_\_

At K-Prep, we try to provide healthy food and encourage healthy eating habits. Our menu follows the health guidelines set by the Department of Public Welfare. In addition, our menu does not include daily desserts. We save cookies, cakes and extra fun food for special occasions, i.e. birthdays. Occasionally, we will include birthday/holiday treats with lunch. Please indicate if you have any concerns about your child receiving any sweet treats (cupcakes, cookies, brownies, etc).

Do you allow your child to participate in birthday/holiday treats? YES / NO Special Instructions: \_\_\_\_\_

\_\_\_\_\_  
parent/legal guardian 1 signature and date

\_\_\_\_\_  
parent/legal guardian 2 signature and date



# Babies grow up so fast!

## Please update us on your infant's schedule.

Thank You!

Child's Name \_\_\_\_\_  
Schedule for the month of \_\_\_\_\_

Current Schedule	K-Prep Recommendations	Updated Schedule Parent's please complete
		<input type="checkbox"/> Keep current schedule  <input type="checkbox"/> Follow K-Prep Recommendations  <input type="checkbox"/> Follow new schedule detailed below:

I allow my child to be given the above named foods/drink as well as any foods I bring from home while in care. I know that the teachers will do the best they can to follow the schedule I have provided. However, I understand that children are unpredictable and cannot always follow the time lines and schedules I have set for them. I understand that it is my responsibility to inform my child's school **in writing** of any changes that need to be made to this form.

Parents' signatures and date:

\_\_\_\_\_





# K-Prep Learning Center Informed Consent

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

Date \_\_\_\_\_

## Days of Operation

K-Prep will be open Monday-Friday from 7am-6pm. K-Prep closes to observe the following holidays: Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day (and the following Friday), Christmas Eve (closing at 1pm), and Christmas Day **through** New Years Day.

K-Prep may delay or close in the event of **severe** weather conditions. In this case, parents are directed to the center web site ([www.k-prep.com](http://www.k-prep.com)) or phone number (717-285-2711) for details on cancellations. Tuition is still charged for weather related closings. In the event of an emergency, K-Prep may close on any given day with no prior notice. In this **emergency** situation, parents will not be charged for each day of closure at a rate of 1/5 their weekly tuition for full-time care, 1/3 their weekly tuition for M/W/F part-time care and 1/2 their weekly tuition for T/TH part-time care.

## Child Photo Release

Photographs of your child taken at K-Prep may be used for advertising purposes within the center, on flyers/brochures to be handed out to the public, and/or displayed on the K-Prep website **or other social media. This includes, but is not limited to, Facebook and Instagram.** If you do not wish to have your child's photo included, please indicate at the bottom of this form. Please understand that your child's name will NOT be **indicated by K-Prep** in any of these advertisements. If you later decided that you no longer want your child's photo to be used, you must inform K-Prep in writing. Upon K-Prep receiving that statement, your child's photo will no longer be used for any future advertising, however, advertisements and/or posters that have already been printed and/or distributed remain the property of K-Prep and will not be destroyed.

## Lotions/Ointments Permission

While in care, K-Prep staff may apply sunscreen, diaper rash ointments, hand/body lotions, baby wipes and hand soaps to your child as directed by you and on an as needed basis. The staff is not responsible for any reaction your child may have to these items. It is your responsibility to inform the staff and update this form if any allergies/reactions become known or if any information on this form changes. Staff may not apply any ointment or cream that contains an antibiotic or other medication.

## Medications/Special Dietary Needs

Our center policy only allows us to administer medication for chronic medical conditions and/or for reasons of disability. If you feel your child is in need of regular medication or special dietary needs, it is the parent's responsibility to inform K-Prep in writing by filling out the MEDICATIONS/SPECIAL DIETARY NEEDS RELEASE FORM to allow us to meet your child's special needs.

## Bed Sheets

Each child is assigned a bed sheet. Sheets are sent home with blankets each Friday and need to be washed returned each Monday. The bed sheet is still property of K-Prep and must be returned to school each week. If your child's sheet is lost and not returned to K-Prep, your account will be charged \$10.00.

## Parent Handbook

A Parent Handbook with detailed information about our center, policies, and procedures is available on the parent table. You are invited to look through it at any time. Please see a director if you would like to receive your own copy of the Parent Handbook.

I have read and understand the K-Prep Days of Operation, Child Photo Release, Lotions/Ointments Permission, Medications/Special Dietary Needs, Bed Sheet Assignment, and Parent Handbook information, as stated above.

\_\_\_\_\_ I agree to all of the above with no exceptions.

OR

\_\_\_\_\_ I agree to all of the above with the **following exceptions:** \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_







**K-Prep Learning Center**  
3943 Columbia Avenue, Columbia PA 17512

## 2018 – 2019 Tuition Information

**Infant Class** 6 weeks to approximately 12 months old

10% Sibling

5 Day Full-Time Care	\$257.00	\$231.30
3 Day Part-Time Care	\$179.00	\$161.10
2 Day Part-Time Care	\$128.00	\$115.20
Additional Day Rate (subject to availability)	\$50.00	\$45.00

**Junior and Primary Class** approximately 1 year to 3 years old

10% Sibling

5 Day Full-Time Care	\$251.00	\$225.90
3 Day Part-Time Care	\$175.00	\$157.50
2 Day Part-Time Care	\$126.00	\$113.40
Additional Day Rate (subject to availability)	\$49.00	\$44.10

**Secondary Class** approximately 3 years to 5 years

*Children must be fully potty-trained*

10% Sibling

5 Day Full-Time Care	\$209.00	\$188.10
3 Day Part-Time Care	\$146.00	\$131.40
2 Day Part-Time Care	\$105.00	\$94.50
Additional Day Rate (subject to availability)	\$41.00	\$37.00

- **Weekly childcare schedule must be consistent** to qualify for part-time rates
- All rates are for full day care during operating hours 7am – 6pm Monday thru Friday
- Lunch & Snacks are provided and included in tuition rates
- 10% Discount on oldest child for sibling groups
- Tuition information is effective September 1, 2018 – August 30, 2019
- CCIS is accepted. Weekly rate includes parent co-pay **and** additional tuition costs



**K-Prep Learning Center**  
 3943 Columbia Avenue, Columbia PA 17512

**2018 – 2019 CCIS Tuition Information**  
**Weekly Rates Do NOT include Parent Copay**

**Infant Class 6 weeks to 12 months old**

	Private Pay Cost	CCIS Cost without Copay
5 Day Full-Time Care	\$257.00	\$61.00
3 Day Part-Time Care	\$179.00	\$61.40
2 Day Part-Time Care	\$128.00	\$49.60
Additional Day Rate (subject to availability)	\$50.00	\$10.80

**Junior Class 1 year to 2 years old**

	Private Pay Cost	CCIS Cost Without Copay
5 Day Full-Time Care	\$251.00	\$64.05
3 Day Part-Time Care	\$175.00	\$62.83
2 Day Part-Time Care	\$126.00	\$51.22
Additional Day Rate (subject to availability)	\$49.00	\$11.61

**Primary Class 2 year to 3 years old**

	Private Pay Cost	CCIS Cost Without Copay
5 Day Full-Time Care	\$251.00	\$75.45
3 Day Part-Time Care	\$175.00	\$69.67
2 Day Part-Time Care	\$126.00	\$55.78
Additional Day Rate (subject to availability)	\$49.00	\$13.89

**Secondary Class approximately 3 years to 5 years**

*Children must be fully potty-trained*

	Private Pay Cost	CCIS Cost Without Copay
5 Day Full-Time Care	\$209.00	\$54.00
3 Day Part-Time Care	\$146.00	\$53.00
2 Day Part-Time Care	\$105.00	\$62.00
Additional Day Rate (subject to availability)	\$41.00	\$10.00

- **Weekly childcare schedule must be consistent** to qualify for part-time rates
- All rates are for full day care during operating hours 7am – 6pm Monday thru Friday
- Lunch & Snacks are provided and included in tuition rates
- Tuition information is effective September 1, 2018 – August 30, 2019





## Child Care Works Subsidized Child Care Program – (formerly CCIS)

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The subsidized child care program helps low-income families pay their child care fees. The state and federal governments fund this program, which is managed by the Early Learning Resource Center (ELRC) office located in your county.

If you meet the guidelines:

- The ELRC will pay a part of your child care cost. This is called a subsidy payment.
- You will pay a part of the cost. This is called the family co-pay.
- The subsidy payment and the family co-pay go directly to the child care program.

**NOTE: *If your child care subsidy does not pay the full amount that your child care program charges, the provider may ask you to pay the difference between the subsidy payment and their private charges.***

### Guidelines

You must submit an application to the ELRC to see if you meet the guidelines for the subsidized child care program.

The following are the basic guidelines:

- You must live in Pennsylvania
- Have a child or children who need child care while you work or attend an education program
- Meet income guidelines for your family size
- Work 20 or more hours a week - or-
- Work 10 hours and go to school or train for 10 hours a week
- Have a promise of a job that will start within 30 days of your application for subsidized child care
- Teen parents must attend an education program
- The child who needs care must be a citizen of the United States or an alien lawfully admitted for permanent residency
- Have proof of identification for each parent or caretaker in the home.

## Income Guidelines

The annual income for a family to be eligible to receive subsidy is 200 percent or less of the Federal Poverty Income Guidelines:

Family Size	Maximum Yearly Family Income (May 2018)
2	\$32,920
3	\$41,560
4	\$50,200
5	\$58,840
6	\$67,480
7	\$76,120
8	\$84,760

(Note: The above information provides only general guidelines. Other conditions may apply. Please contact your county Early Learning Resource Center to apply for assistance.)

## Additional Guidelines

- Each Adult family member must work at least 20 hours a week or work at least 10 hours a week and participate in an approved training program at least 10 hours a week.
- The hours that a child may receive subsidized child care must coincide with hours of work, education, or training.
- Children are eligible for care from birth until the day prior to the date of the child's 13th birthday. Children with disabilities may be eligible through age 18.
- The parent is responsible to help pay for child care. This is called co-payment. The co-payment may be as little as \$5.00 per week and varies according to your income and the number of people in your family.
- The parent may choose the provider of his or her choice. The parent may choose a child care center, a small family day care home, a group day care home or even a relative to care for his or her child.
- The parent who is receiving subsidy must choose an eligible child care provider. Relative providers must complete an Agreement with the ELRC, must comply with the participation requirements listed in the Agreement and must complete CareCheck in order to be eligible to participate in the Subsidized Child Care Program. CareCheck is the Department of Human Services's program that requires background clearances (see below).
- If funding is not available at the time that a low-income, working parent applies for subsidized child care, the child may be placed on a waiting list.

You can also apply for benefits and renew benefits by using COMPASS, the online resource for cash assistance, Supplemental Nutrition Assistance Program (SNAP), child care, health care coverage, home heating assistance (LIHEAP), school meals, SelectPlan for Women and long-term living services.

For more information go to <http://www.dhs.pa.gov> or contact the local Early Learning Resource Center. Lancaster County - (717) 854-2273. York County - Phone: (717) 854-2273



# Statement

## K-Prep Learning Center

3943 Columbia Avenue    Employer Identification Number  
 Columbia, PA 17512                      90-0104071

Date
8/31/2018

To:
Jane Doe 5 Doe Lane Lancaster, PA 17000

Amount Due	Amount Enc.
\$10.00	
Amount	Balance
218.70	0.00
	218.70
-218.70	
218.70	0.00
	218.70
-218.70	
228.70	0.00
	228.70
-218.70	
	10.00

Date	Transaction	Amount	Balance
07/29/2018	Balance forward	218.70	0.00
07/30/2018	INV #6830. Due 08/03/2018. --- Nursery Class 2 Day \$126.00 --- Secondary Class 2 Day Care \$103.00 --- Sibling Discount \$-10.30 --- Childcare Week 8/6/18 - 8/10/18		218.70
08/01/2018	PMT #10001.	-218.70	0.00
08/06/2018	INV #6831. Due 08/10/2018. --- Nursery Class 2 Day \$126.00 --- Secondary Class 2 Day Care \$103.00 --- Sibling Discount \$-10.30 --- Childcare Week 8/13/18 - 8/17/18	218.70	218.70
08/09/2018	PMT #10002.	-218.70	0.00
08/13/2018	INV #6832. Due 08/17/2018. --- Nursery Class 2 Day \$126.00 --- Secondary Class 2 Day Care \$103.00 --- Sibling Discount \$-10.30 --- Childcare Week 8/20/18 - 8/24/18	228.70	228.70
08/19/2018	--- Late Fee \$10.00 PMT #10003.	-218.70	10.00

Explains weekly charges, including discounts and what week of care.

Payment Check number

Any Late Fees incurred

Total Amount Due

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	91-120 DAYS PAST DUE	Amount Due
0.00	10.00	0.00	0.00	0.00	\$10.00





**K-Prep Learning Center**  
**Change of Schedule Request**

Child's Name on Account \_\_\_\_\_

Family Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Child Date of Birth \_\_\_\_\_ Classroom enrolled \_\_\_\_\_

Current Weekly Schedule     M    T    W    R    F    

New Weekly Schedule     M    T    W    R    F    

Date New Schedule to Begin \_\_\_\_\_

Circle one - Permanent or Temporary

Weekly Tuition Cost \_\_\_\_\_

Individual Responsible for payment \_\_\_\_\_

Mailing Address \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Social Security Number \_\_\_\_\_

*Payment must be made in the form of cash, check or money order. Receipt of payment will be sent via email unless otherwise requested.*

\_\_\_\_\_  
Signature of Individual Responsible for Payment      Owner, K-Prep Learning Center      Date

*Any changes to this agreement must be made in writing and signed by both Family Member and Owner.*

## K-Prep Learning Center Withdrawal

Child's Name on Account \_\_\_\_\_

Family Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Child Date of Birth \_\_\_\_\_ Classroom enrolled \_\_\_\_\_

Date of Enrollment \_\_\_\_\_ Current Weekly Schedule \_\_\_\_\_ M T W R F

Last Day Attending \_\_\_\_\_ Circle one - Permanent or Temporary

Reason for Withdrawal \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Temporary Withdrawal

If withdrawal is temporary, space is only reserved for a child with a \$20 weekly fee.

Re-Enrollment Date \_\_\_\_\_ Number of weeks withdrawn \_\_\_\_\_

Total Weekly Withdrawal Fee \_\_\_\_\_

Assumed Classroom at Re-Enrollment \_\_\_\_\_

Weekly Schedule Upon Returning \_\_\_\_\_ M T W R F

Estimated Weekly Tuition Cost \_\_\_\_\_

*Payment must be made in the form of cash, check or money order. Receipt of payment will be sent via email unless otherwise requested.*

\_\_\_\_\_

\_\_\_\_\_

Family Member Signature      Date

Owner, K-Prep Learning Center      Date

*Any changes to this agreement must be made in writing and signed by both Family Member and Owner.*

## K-Prep Summer Camp Schedule 2019

Please complete and hand in by **April 30** to if you would like to take advantage of reduced tuition rate.

Child's Name \_\_\_\_\_ Classroom \_\_\_\_\_

Child's current scheduled (circle) Mon Tues Wed Thurs Fri

**Please complete the reverse side if there is a schedule change.**

You may take advantage of a reduced tuition if:

- The schedule change is 4-14 consecutive weeks between Memorial Day (5/27) & Labor Day (9/2).
- The schedule change is consistent for the entire 4-14 weeks.
- This form has been filled out and signed by the due date: **April 30**
- Students "Not Attending" for the summer must also follow these requirements:
  1. A fee of \$20 per week of absence will be paid. This fee is to reserve the child's spot on the roster for the fall.
  2. The entire summer balance for all *absent* weeks must be paid *prior* to the start of the leave.
  3. The weekly fee to hold a child's spot will increase to \$30/week for any schedule changes made **AFTER** the due date: **April 30**.
  4. Choosing to leave and then re-enroll in September costs a \$280 re-enrollment fee and there is no guaranteed available space.

2019 Tuition Rates		
<u>Nursery</u>	<u>Primary/Junior</u>	<u>Secondary</u>
5 day (\$257)	5 day (\$251)	5 day (\$209)
3 day (\$179)	3 day (\$175)	3 day (\$146)
2 day (\$128)	2 day (\$126)	2 day (\$105)
0 days- Not attending (\$20 x number of weeks absent)		
** Entire summer balance for all <i>absent</i> weeks must be paid <i>prior</i> to the start of the leave**		

DUE BY APRIL 30, 2019

**Please mark the days your child *WILL* attend:**

Schedule change must be consistent for 4-14 consecutive weeks.

OFFICE USE ONLY

	Monday	Tuesday	Wednesday	Thursday	Friday	Schedule	Cost
May	CLOSED	28	29	30	31		
June	3	4	5	6	7		
	10	11	12	13	14		
	17	18	19	20	21		
	24	25	26	27	28		
July	1	2	3	CLOSED	5		
	8	9	10	11	12		
	15	16	17	18	19		
	22	23	24	25	26		
August	29	30	31	1	2		
	5	6	7	8	9		
	12	13	14	15	16		
	19	20	21	22	23		
	26	27	28	29	30		

The above form reflects my child's schedule from Memorial Day until Labor Day.  
I agree to the schedule change conditions.

\_\_\_\_\_ date  
parent signature

**THIS BOX IS FOR OFFICE USE ONLY**  
Payment Details:

- Modified Summer Tuition payment of \$\_\_\_\_\_ is due each week on the following dates:  
\_\_\_\_\_
- Summer "Not Attending" fee of \$\_\_\_\_\_ is due by \_\_\_\_\_

\_\_\_\_\_ date  
director signature



**K-Prep Learning Center Child Care Agreement**  
**Adjusted for Extended Leave**

The following are the terms and conditions that apply to all children in care. Please read each line carefully before signing, making sure that each blank space is filled out in ink. By signing, you agree to the childcare policies and to all of the following terms and conditions.

Name of child \_\_\_\_\_  
(last) (first) (middle)

Mother/legal guardian 1 \_\_\_\_\_  
(last) (first) (middle)

Father/legal guardian 2 \_\_\_\_\_  
(last) (first) (middle)

1. Families may take advantage of a schedule change and guaranteed childcare space if:
  - Schedule Change is 4-14 consecutive weeks.
  - Schedule Change is consistent for the duration of the leave.
  - Payment for leave is paid prior to absence.
  -
2. Payment for care will be \$20.00 per week of absence, and must be paid prior to start of the leave.
3. Missed payments will result in a no guaranteed space.
4. Choosing to leave and re-enroll will cost a \$280 re-enrollment fee.
5. Extended leave is from \_\_\_\_\_ to \_\_\_\_\_.  
These dates are: guaranteed or approximate. (Circle one)
6. Your child's current classroom and scheduled days are:  
\_\_\_\_\_.
7. Upon returning from leave you child's classroom and scheduled days will be:  
\_\_\_\_\_.

I agree to all of the above terms and conditions. I agree that all blank spaces have been filled out prior to my signing of this contract. I understand my child may be dismissed from childcare at any time for failure to abide by the above agreement and policies/procedures, failure to submit forms as needed, missed/late tuition payments, unacceptable/unsafe behavior, etc.

**Mother/Legal Guardian 1    Father/Legal Guardian 2    date    Operator**

\_\_\_\_\_

