



**GEARS**

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# GEARS KIDS CENTER 2021/2022 BEFORE & AFTER SCHOOL AGREEMENT

Mailing address: 70 S. Poplar St., Elizabethtown, PA 17022

Phone: 367-0119 E-mail: [kidscenter@GetintoGEARS.org](mailto:kidscenter@GetintoGEARS.org) Hours of Operation 6:30 am to 6:00 pm

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Township in which child resides \_\_\_\_\_ Enrolling Parent \_\_\_\_\_

Current Grade: \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # \_\_\_\_\_

*Services to be Provided - Childcare, Family Contributed Breakfast Program, Afternoon Snack, Desire Results and PATHS Social and Emotional Curriculum.*

\*Additional Emergency Contact and Pick Up Persons are Listed on the Emergency Contact Form\*

### Non-Refundable Registration Fee:

Registration Fee First Child \$50.00

Registration Fee for Second Child or More \$25.00

Registration fees are valid from August 23, 2021 to May 27, 2022

Select the Kids Center site your child attends school at:

\_\_\_\_\_ Bear Creek \_\_\_\_\_ Bainbridge \_\_\_\_\_ East High \_\_\_\_\_ Mill Road \_\_\_\_\_ Rheems

Initial the contract plan you choose for August 23, 2021 - May 27, 2022

\_\_\_\_\_ **Full Time (4-5 days)**

6-10 sessions /week  
\$118.45 per week per child  
(\$115 Base Fee+3% School Surcharge)  
10% disc for additional children  
**No additional fees for Early Dismissal, or No School day**

\_\_\_\_\_ **Part Time**

2-5 sessions/week  
\$97.85 per week per child  
(\$95 Base Fee+3% School Surcharge)  
No disc for additional children  
**Additional Fees:**  
\$10 Early Dismissal fee  
\$10 No School day

\_\_\_\_\_ **Single Session**

0-1 session/week  
\$46.35 per week per child  
(\$45 Base Fee+3% School Surcharge)  
No disc for additional children  
**Additional Fees:**  
\$10 Early Dismissal  
\$10 No School day

Please check the days and sessions your child will be attending:

\_\_\_\_/\_\_\_\_ **Monday**    \_\_\_\_/\_\_\_\_ **Tuesday**    \_\_\_\_/\_\_\_\_ **Wednesday**    \_\_\_\_/\_\_\_\_ **Thursday**    \_\_\_\_/\_\_\_\_ **Friday**  
Before / After    Before / After    Before / After    Before / After    Before / After

Child's arrival: \_\_\_\_\_ Child's departure: \_\_\_\_\_ Date you wish your Child to begin: \_\_\_\_\_

\*Would you like to set up a meeting with your child's leader regarding their development needs in the program?  
Please note, this may be after the start of the program    \_\_\_\_ Yes    \_\_\_\_ No

- \*Are there any court orders/custody papers? \_\_\_\_\_ Yes \_\_\_\_\_ No
- \*Does your child have an IEP, 504 plan, or an IFSP? \_\_\_\_\_ Yes (\_\_\_\_ On File or \_\_\_\_\_ (providing) \_\_\_\_\_ No
- \*Limited Tuition Assistance is available on a case by case basis.

3270.19 DPW regulation: An operator or a staff person who has reason to believe that a child enrolled in the facility has been abused is required to report suspected child abuse to Child Line as mandated by the CPSL.

I, the Parent/Guardian agree, in addition to the other terms, to the following policies: Please Initial

- \_\_\_\_\_ I agree to pay the contracted amount on Monday of each week. In the event of non-payment I understand my contract can be turned over to collections.
- \_\_\_\_\_ Tuition payments that are not received by the Wednesday after the Monday payment is due, will result in a \$20.00 late fee.
- \_\_\_\_\_ I understand I am responsible for any charges if my account has to be turned over for collection and I understand that my child may not return to the Kids Center until my balance is cleared.
- \_\_\_\_\_ If I pick up my child after 6:00 pm, there will be a late fee assessed of \$1.00 per minute late.
- \_\_\_\_\_ If an unforeseen event causes GEARS Kids Center to close, such as COVID, I agree to:
  - \_\_\_\_\_ In the case of short term closures, up to 4 business days, parents will pay their normal rate for each week. For example, if the closure starts on a Thursday and the center reopens after the 4 business days, on the following Wednesday, families will be charged regular tuition for both weeks
  - \_\_\_\_\_ For long term closures extending past the 4 business days, families will be charged the current week they are in plus a holding fee in the amount equal to 1 week normal tuition.
- \_\_\_\_\_ In the event that the school is closed for more than 4 business days, and GEARS Kids Center continues to provide care, this contract will be amended as follows:
  - \_\_\_\_\_ There will be no school surcharge added to tuition
  - \_\_\_\_\_ The rates will increase to full day summer rates-\$180/week for 4-5 days, and \$155/week for 0-3 days.
  - \_\_\_\_\_ A two week notice will still be required to withdraw from the program.
- \_\_\_\_\_ I agree to update all the emergency contact information as soon as it changes, and to update and sign it at least every 6 months.
- \_\_\_\_\_ I agree that a parent or release person must pick up my child within 1 hour of a phone call from a staff member. (sickness or behavior)
- \_\_\_\_\_ I agree to submit a Health assessment and Immunization records within 30 days of my child's starting date. Copies of both documents are required for 6 and 12 years of age or when immunizations are given and updated.
- \_\_\_\_\_ I agree to give a two-week notice if I decide to withdraw my child from the program either in a written note or by phone call directly to the GEARS Kids Center office. If I withdraw from the program before my child's start date, the registration fee is non-refundable and I will pay one week's tuition.
- \_\_\_\_\_ I have reviewed the GEARS Family Handbook available at GetintoGEARS.org (hard copies available upon request). The terms of the GEARS Family Handbook are hereby incorporated by reference.
- \_\_\_\_\_ GEARS Kids Center reserves the right to change the contract at any time.
- \_\_\_\_\_ I understand that my child's enrollment is not completed until I receive a written confirmation letter.
- \_\_\_\_\_ I understand I need to provide a nutritious bagged lunch for my child (microwave available).
- \_\_\_\_\_ I agree to allow GEARS Kids Center to use pictures of my child for marketing and center purposes. This would include websites, social media, newspaper and crafts and such at the centers themselves.

GEARS does not provide accident insurance. GEARS Kids Center participants must provide their own accident insurance.

The terms of this contract are agreed to on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by:

\_\_\_\_\_  
Signature-Parent/Guardian Date



A collective impact partnership powered by United Way, Lancaster County

Receipt of this contract is acknowledged by:

\_\_\_\_\_  
Signature-Director Date

6 Month Update Signature-Parent/Guardian Date

Administration	_____ Paperwork Complete	_____ Registration Fee \$ _____	CC	CK	Cash
Use Only	_____ IEP on file	_____ Custody Paperwork on File			
	_____ Enrolled by Director	_____ Account Set Up			_____ Email Verified

# 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

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

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE



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# ALL ABOUT.....

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

**Tell us about your child – What they like and who they are!**

Describe your child's personality

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What do they enjoy doing most?

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Who lives at home with them? (Include Pets)

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What motivates them?

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Favorite Food? Snack?

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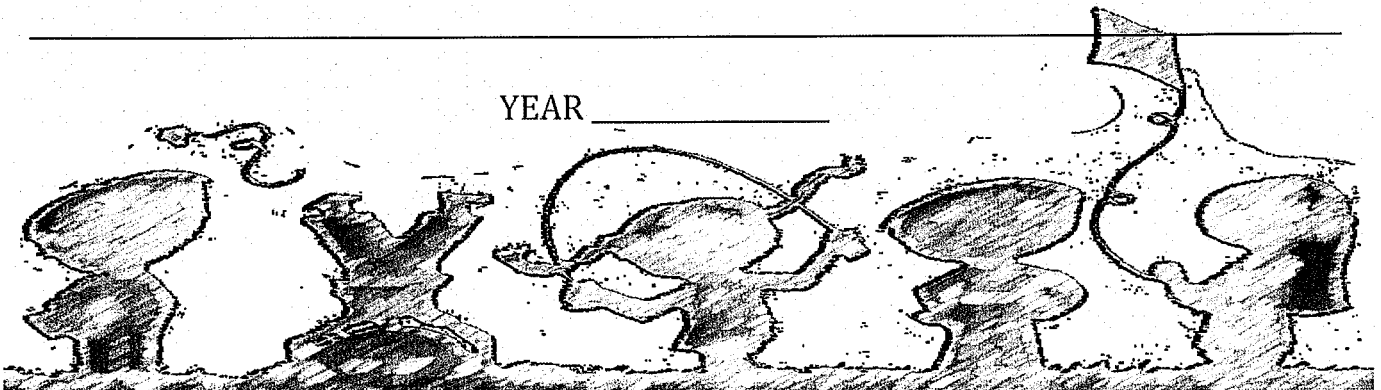
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Is there anything else you would like to share about your child? (Use the back if more room is needed)

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YEAR \_\_\_\_\_



# GEARS Kids Center

## Allergic Reaction and/or Asthma Attack Action Plan

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

List of Allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Allergic Reaction/Asthma:**

Please list any symptoms the child may have so we may take immediate action.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Actions:**

Please list all actions the GEARS Kids Center should take if your child has an allergic reaction or an asthma attack.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Director's Signature**

\_\_\_\_\_  
**Date**

# Special Care Plan

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Times and Days in Child Care \_\_\_\_\_

1. Describe the child's special need during group care: \_\_\_\_\_

\_\_\_\_\_

2. Child's present functional level and skills: \_\_\_\_\_

\_\_\_\_\_

3. What emergency or unusual episode might arise while the child is in care? \_\_\_\_\_

(Prepare and maintain information on the "Emergency Form for Children with Special Needs available from the American Academy of Pediatrics, [www.aap.org](http://www.aap.org).)

4. Accommodation which the facility must provide for this child: \_\_\_\_\_

a.) Are there particular instructions for sleeping, toileting, diapering, or feeding? \_\_\_\_\_

b) Will the child require medication while in care? If so, attach the physician's instructions for use of the child's medication. \_\_\_\_\_

c) Are special emergency and/or medical procedures required? If so, what procedures are required? \_\_\_\_\_

d) What special training, if any, must staff have to provide that care? \_\_\_\_\_

e) Are special materials/equipment needed? \_\_\_\_\_

5. Other specialists working with the child (e.g., occupational therapist, physical therapist): \_\_\_\_\_

Primary Case Manager: \_\_\_\_\_ Phone: \_\_\_\_\_

(usually the doctor in charge)

Address: \_\_\_\_\_

On-site child care facility case manager: \_\_\_\_\_ Phone: \_\_\_\_\_

## **GEARS**

### **Participation Consent and Liability Release for Communicable Diseases**

The COVID-19 Pandemic has presented day care providers and community recreation groups such as GEARS with many challenges concerning this highly contagious illness. Some severe outcomes have been reported in children, and a child with a mild or even asymptomatic case of COVID-19 can spread the infection to others who may be more vulnerable.

While it is not possible to eliminate the risk of COVID-19 spread GEARS will take precautions and endeavor to comply with Federal, State and Local guidelines to reduce risks to all participants in GEARS programming and day care for which you may choose to voluntarily enroll for yourself, your child or on half of someone else that you are considered the responsible adult. As knowledge regarding COVID-19 is constantly changing, GEARS reserves the right to adjust and implement precautionary methods as necessary to decrease the risk of exposure for participants, staff and parents/guardians. The following are among currently intended steps with respect to participation in GEARS programming and day care (which might change or be eliminated in the future as guidelines change):

1. Health screenings (including but not limited to a temperature check) prior to any participation in any program or entrance to day care with participation in the activities being limited and/or prohibited when an individual displays symptoms. Screening will be as determined appropriate for each program or day care, and may include questioning and taking temperature.
2. Within reason, instruct program participants and/or the responsible adult, to perform a self-check for COVID-19 symptoms before attending any program or bringing a minor for whom you are responsible to day care, at any assigned location to include but not limited to any before and/or after school day care, summer playground or programming on property of the Elizabethtown Area School District or any other location at which GEARS operates any program or sponsors any activity or operates a day care.
3. Encourage social distancing and healthy hygiene practices such as hand washing, hand sanitizer, etc. to the extent practical within the day care and programming environments and locations.
4. Intensify cleaning and disinfection of GEARS equipment and facilities.
5. Remind program participants, children in day care and the adults responsible for them of commonly accepted health and safety protocols to prevent the spread of COVID 19.

With full knowledge of risks, by signing this form the undersigned consents for himself or herself and/or on behalf of a minor for whom they have legal responsibility as a parent, guardian or responsible caregiver for participation in any GEARS program, activity or day care and agree to the following release of liability. For ourselves, our heirs, and/or as a parent, legal guardian or responsible caregiver for the minor named below, the undersigned, release all possible liability claims against GEARS, its Board of Directors and their successors, assigns, officers, agents,

employees, and volunteers to the extent such claims arise from COVID-19 or other communicable disease, and from illness or of death to a minor or the undersigned as a result of their own participation in a GEARS program or activity or a minor's for whom they are participating in day care, or a program or activity.

The undersigned further agrees that a program participate or a minor child attending day care will participate in screenings that may occur before any participation or day care attendance may commence and to promptly disclose any COVID-19 symptoms before attending any program or day care.

The undersigned acknowledged that: (1) Participating in a GEARS program or attending day care may include an exposure to communicable diseases included but not limited to MRSA, influenza, and/or COVID-19; (2) They are aware of the risks associated with communicable disease and that certain vulnerable individuals may have greater health risks associated with exposure to communicable disease, including individuals with serious underlying health conditions including, but not limited to: high blood pressure, chronic lung disease, diabetes, asthma, and those whose immune systems that are compromised by chemotherapy for cancer and other conditions requiring such therapy. (3) While following guidelines and personal discipline may reduce the risks associated with participating in such activities, the risk of serious illness, medical complications, and possible death does exist. (4) The undersigned acknowledges this Participation Consent and Liability Release also releases the Elizabethtown Area School District for all such responsibility in the same manner that GEARS is so released for any GEARS sponsored program or day care operated at a location or on grounds owned and/or controlled by the Elizabethtown Area School District.

I/We knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of others and assume full responsibility for illness resulting from participation in such activities for ourselves and/or for the minor child for whom we are responsible and have voluntarily enrolled in GEARS day care or program. I/We also agree to comply with all requirements put forth by GEARS to limit the exposure and spread of communicable diseases. I/We certify that we believe for ourselves and any minor child for whom we are responsible for to be in good physical condition, and I/we participate and/or allow participation at our own risk.

Day Care/Program: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Signature of Participate or Parent/Guardians/legally responsible Caregiver:

\_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Signature of minor (if able):

\_\_\_\_\_ Date: \_\_\_\_\_



## Non-Discrimination in Services Form

To the Parents of: \_\_\_\_\_

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

Director's Signature: \_\_\_\_\_

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin, age or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aids, and the use of alternative delivery locations. Structural modifications shall be considered only as a last resort among available methods.

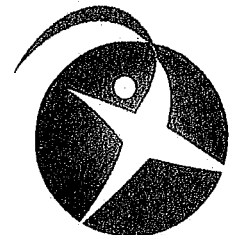
Any parent or child (and/or their legal guardian) who believed they have been discriminated against, may file a complaint of discrimination with the following:

GEARS Kids Center  
Elizabethtown Area Recreation and Community Services  
600 E. High Street  
Elizabethtown, PA 17022

Department of Human Services  
Bureau of Equal Opportunity  
Room 223, Health and Welfare Bldg.  
P.O. Box 2675  
Harrisburg, PA 17105

PA Human Relations Commission  
Harrisburg Regional Office  
333 Market Street - 8<sup>th</sup> Fl  
Harrisburg, PA 17101

U.S. Dept. of Health & Human Services  
Office for Civil Rights  
Suite 372, Public Ledger Bldg.  
150 South Independence Mall West  
Philadelphia, PA 19106-9111



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