

New Enrollment Packet – (Due by June 2, 2017)

Camp Calvary's Summer Camp program offers a quality experience for 6-12 year olds with caring staff and a program that includes water fun, field trips, special guests, and an exciting theme. Our camp provides a well-rounded experience which includes a week of mixed martial arts and weekly culinary arts. Campers will make new friends, learn new skills, and enjoy activity filled days beginning **June 19, 2017 – August 11, 2017!**

Our program at Camp Calvary is developed to help children develop new skills, explore new interests, interact in positive ways, and engage in healthy lifestyles with strong adult role models. We are sure your child will enjoy his or her experience at Camp Calvary's Summer Camp and that we will meet their needs and create lasting memories.

Summer camp at Camp Calvary is about friendship, team building skills and discovery in a distinctly Christian environment.

2017 Weekly Rates

Registration Fee \$60.00 per child ~ **Non-refundable** ~
One-Week Security Deposit Required ~ Credited to last week of camp attended
Full Time – 5 days per week = **\$155.00 per week**
Part Time – 4 days per week = **\$130.00 per week**
Part Time – 3 days per week = **\$100.00 per week**
Late Fees: \$1.00 per minute after 6pm
Field Trips are additional
***Scholarship Available**
***15% Sibling Discount Available**

This Summer's Theme: Partying Across the USA



The States We Will Be
"Visiting"!

Partying across the USA will allow campers to explore rich history, places of interest and facts pertaining to six (6) different states in the USA.

The Environment

The entire environment will take on the names and activities of the particular state being visited for that week. Everything will be labeled and decorated to reflect a party atmosphere.

The Itinerary

The parties will begin in our home state of **Pennsylvania**, then we will visit five other states as pictured to the left. The parties will celebrate the theme of a different state each week complete with invitations and party favors.

The Curriculum

The children will learn some basic information about the state they are visiting. This will include state facts such as the nicknames of each state, how the state earned that nickname, the state flower, state songs, state birds, and state trees. The meaning of the symbols in the coat of arms of each state, foods that are famous in each state studied etc.

Add to that two out of state field trips and Camp visits by our special guest mentioned above and your child(ren) will have an unmatched summer camp experience!



3436 Winchester Road
Allentown, PA 18104-2299

Welcome parents to Camp Calvary's Summer Camp 2017. We hope you had a great school year. As summer soon approaches, we would like to inform you of some important information that you and your child(ren) will need to know before starting camp.

General Information

- We provide care to **children aged 6-12**
- Camper must have completed one full school year of Kindergarten.
- **Camp Hours: 8:00 am – 6:00 pm.** During these hours, children will be involved in various age appropriate activities and centers. (If you are unable to arrive by 6 pm, please ensure that you have alternate pick up arrangements in place for your child by a person on your emergency contact form. Said person must show a photo I.D.)
- Sneakers must be worn to camp at all times.
- Breakfast and afternoon snacks are provided daily at no additional cost!
- Packed lunches are required, a microwave is available for anything that needs heating. Please label lunches with your child(ren)'s name. Please pack an icepack in lunch box if needed.
- Children are recommended to pack a labeled water bottle daily.
- It is a good idea to pack a change of clothes for outside water activities or in case of an accident.
- Please **DO NOT** bring toys from home, especially electronics.
- Camp Calvary reserves the right to modify activities, the daily schedule, special events, and location based on weather conditions, and facility availability.

Field Trip Information

- All trips need to be paid in full by Friday, May 26, 2017. Payments must be provided in a separate payment from tuition and deposit.
- Please plan to arrive no later than 8:00 am on field trip day to avoid departure delays.
- Children must have a bagged lunch labeled with their name and grade. **NO GLASS.**
- Sneakers and camp shirt must be worn on the scheduled trip day unless directed otherwise.
- Any parents/guardians that would like to come on the field trips as a chaperone needs to pick up a chaperone packet, complete their clearances, and sign a waiver. Chaperones will also need to pay the trip fee of the trip that they plan on attending a minimum of 2 weeks in advance prior to the trip.
- All clearances are required by the Department of Public Welfare (DPW). Clearances include: PA Criminal Record, PA Fingerprint, and PA Child Abuse History. Clearances need to be turned in no later than May 26, 2017.

Financial Assistance

Camp Calvary strives to serve all members of our communities. To that end we offer financial assistance in the form of scholarship for families in need, because we know the impact our summer program can have, and we do not want anyone to miss out on that experience due to finances.

2 Reasons Why Children Should Experience Camp Calvary

- 1) Experiences- Explore the outdoors, new friendships, and leadership.
- 2) Personal Growth- Learn new responsibilities and challenges.

Dear Parent,

Please help me help your child through orientation by completing this form.



Child's Name _____

Please list your child's favorite...

Breakfast food _____

Lunch food _____

Snack food _____

Song _____

Books _____

Videos _____

Toy or stuffed animal _____

Cartoon character _____

Game _____

Inside activity _____

Outside activity _____

If my child has trouble falling asleep I usually: _____

My child is afraid of: _____

Other people who have regular contact and are involved with my child's care (grandparents, step parents, siblings, friends, etc.)...

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Anything else you would like to share about your child to help him/her feel more comfortable (especially in the first week when we are brand new to each other)...

Camp Calvary

Application

Child's Name _____ Age _____

Grade completed _____ School Attended _____

Parent/ Guardian Name(s) _____

Home Address _____

Home phone number _____ Work phone number _____

Cell phone number _____ E-mail address _____

Camp Start Date: _____ Camp End Date: _____

Who can we thank for referring you to us? _____

Care Schedule: Full 5-day PT 4-day PT 3-day

Days Attending: Mon Tues Wed Thurs Fri

Hours Attending: _____ to _____ to _____ to _____ to _____ to _____

T-shirt Size (check one) Youth Sizes: S M L Adult Sizes: S M L XL

We recommend that you order one size larger than your child's normal size

Is your child comfortable around water? YES NO

Parent Signature

Does your child burn easily? YES NO

Do you want your child to wear a t-shirt during swimming and/or sun exposure? YES NO

Parental Permission

Signature indicates that permission is granted for all events occurring during the summer camp program.

I, _____ grant permission for my child to do the following:

PLEASE PRINT NAME

- ❖ Use the play equipment and participate in the activities at *Camp Calvary*
- ❖ Be transported by bus for scheduled field trips and off-site events
- ❖ Swim and participate in water activities associated with *Camp Calvary*

Parent/ Guardian Signature

Date



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Definitions

- **Full Time** - A signed agreement for 5 days each week regardless of absenteeism, vacation or holiday. Number of days attended are billed at the same weekly rate.
- **Part Time 4 days** - A signed agreement for 4 days each week regardless of absenteeism, vacation or holiday. Additional days (over 4 weekly) are billed at the drop-in rate.
- **Part Time 3 days** - A signed agreement for 3 days each week regardless of absenteeism, vacation or holiday. Additional days (over 3 weekly) are billed at the drop-in rate.

Any change in scheduled days will require that a new fee agreement will need to be signed. For staffing and planning purposes, please be considerate and let the Director know of any schedule changes as soon as possible.

Billing Procedures

Registration fees are non-refundable. You will be charged a yearly registration fee per child. A security deposit is due for all enrollments prior to their start date. Your deposit will be refunded or used for your child's last week at Camp Calvary, unless it is needed in the event your tuition is not paid.

If payment is not made or a schedule organized with Camp Calvary's billing office is not created, suspension until full payment is made will be required.

Care will be suspended for any family not paying their tuition the Friday before the week of Camp. All families are required to sign up for Tuition Express.

You will be billed your weekly amount in your signed contract on Fridays. Payment is expected for all days contracted **regardless of absence** due to illness, vacation, holiday or weather conditions. All payments will be securely processed electronically through Tuition Express.

Tuition Express offers two methods of payment:

- Weekly withdrawal from a checking or savings account
- Weekly to a debit or a credit card



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Photo Permission Form Camp Galvary

Release Of consideration of my engagement as a model, and for other good and valuable consideration herein acknowledged as received, I hereby grant to Calvary Temple Early Childhood Learning Center, (CTECLC) his/her heirs legal representatives and assigns, those for whom Photographer is acting, and those acting with his authority, and permission the irrevocable and unrestricted right and permission to take, copyright in his own name or otherwise, and use, reuse and republish photographic portraits or pictures of me or in which I may be included in whole or part, or composite or distorted in character or form without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium at his studios or elsewhere, and in any or all media now or hereafter known for illustration, promotion, art editorial, advertising, trade, stock sales, or any other purpose whatsoever, without further compensation. I also consent to the use of any published matter in conjunction therewith.

I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in conjunction therewith or the use to which it may be applied.

I hereby release, discharge and release CTECLC, his/her heirs, legal representatives and assigns, and all persons acting under his permission or authority or those for whom he is acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said photograph or in any subsequent processing thereof, as well as any publication thereof, including without limitations any claims for libel or invasion of privacy.

I hereby warrant that I am of legal age and have the right to contract in my name. I have read the above authorization, release, and agreement, prior to its execution, and am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

I Agree

I Disagree

Child's Name

Date

Parent/Guardian Name

Parent/Guardian Signature

Witness

Camp Calvary

AGREEMENT

55 PA CODE CHAPTERS 3270.123 & .181(c); 3280.123 & .181(c); 3290.123 & .181(c)

NAME OF CHILD:					EFFECTIVE DATE:						
FEE AMOUNT \$			PER: DAY		WEEK		PAYMENTS MADE: WEEKLY				
SERVICES TO BE PROVIDED AS PART OF THE DAY CARE FEE (EXAMPLES: TRANSPORTATION, CARE, MEALS, ETC.)											
FULL TIME (5 DAYS)					PART TIME (3-4 DAYS)						
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY							
A LATE FEE OF \$1.00 PER MINUTE WILL BE CHARGED FOR CAMPERS REMAINING AFTER 6:00 PM											
Approximate Drop off time:					Approximate Pick Up Time:						
EXTRA SERVICES TO BE PROVIDED AT AN ADDITIONAL FEE (IF APPLICABLE)							TUITION RATE:				
REGISTRATION: \$60											
SECURITY DEPOSIT: \$155											
PAYMENT METHOD: Tuition Express											
							TOTAL DUE:				
<p>I, the Parent/Guardian;</p> <ul style="list-style-type: none"> o Received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121) o 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) o Received a copy of the Parent Handbook. o Understand and agree to the terms of the agreement further understand that a two week written notice is required to change or terminate agreement 											
SIGNATURE-COORDINATOR					DATE		SIGNATURE-PARENT/GUARDIAN			DATE	
DATE OF CHILD'S ADMISSION					PERIODIC REVIEW						
DATE OF WITHDRAWAL					SIGNATURE-PARENT GUARDIAN					DATE	



Early Childhood Learning Center

"No Bully" Policy – Parent Sign Off

Calvary Temple ECLC has a "No Bully" policy. There will be zero tolerance for any kind of violence, degradation, harassment, vulgarity, ridicule or obscenity on the part of children, parents, or staff. Violation of this policy will result in immediate dismissal from the center.

I have read and understand the "No Bully Policy" that is in effect for Calvary Temple Early Childhood Learning Center. I agree to follow policies and procedures.

Parent Signature

Date

Sickness Policy – Parent Acknowledgment

If your child has fever of 100.4 or higher, an unknown rash, vomiting, a runny nose (anything but clear), lethargy, the flue, pink eye, diarrhea (2 loose bowel movements in 2 hours) you will be notified that your child must be picked up within the hour. Your child will be removed from his/her room and sent to the Director's Office where he/she will stay until a parent or authorized person arrives. We require a note from a doctor for pink eye and any other contagious illnesses, releasing the child from medical care and allowing the child to return to care. Your child may return to the center after they have been fever or symptom free without the use of medications for at least the duration of 24 hours.

I have read and understand the "Sickness Policy" that is in effect for Calvary Temple Early Childhood Learning Center. I agree to follow policies and procedures.

Parent Signature

Date

I have read and understand the Calvary Temple ECLC Parent Handbook in its entirety. I agree to follow all policies and procedures as defined.

Parent Name

Parent Signature

Date

Witness

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:

Parents may write immunization dates, health professional should verify and complete all data.



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Dear Parent(s),

In order to post medical/allergy information about children, staff must obtain written permission from the parent.

Please sign this form stating that *Camp Calvary* has permission to post your child's name on our medical/allergy posting.

Thank you,
Camp Calvary

Child's Name: _____

Allergy/ Medical Condition: _____

Parent/ Guardian Signature: _____

Date: _____

APPLICATION & EMERGENCY CONTACT/PARENTAL CONSENT FORM

Child's Name: _____ Birth date: _____

Home School District: _____ County: _____

Child Lives with Mom: ___ Dad: ___ Both: ___ Primary Language: _____

Mother's Name/Legal Guardian: _____ Birth date _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: ___ Zip: _____

Employer's Name: _____ Employer's Phone: _____ ext _____

Employer's Address: _____ City: _____ State: ___ Zip: _____

Mother's/Legal Guardian's Email Address: _____

Father's Name/Legal Guardian: _____ Birth date _____

Home Phone: _____ Cell Phone: _____

Address: _____ City: _____ State: ___ Zip: _____

Employer's Name: _____ Employer's Phone: _____ ext _____

Employer's Address: _____ City: _____ State: ___ Zip: _____

Father's/Legal Guardian's Email Address: _____

**PERSON (S) TO WHOM CHILD MAY BE RELEASED AND/OR CONTACTED IN CASE OF EMERGENCY
(OTHER THAN PARENTS): Please complete full address and list ALL phone numbers (home/work/cell)**

Name Address

Phone (H) Phone (W) Phone (C)

Name Address

Phone (H) Phone (W) Phone (C)

Name Address

Phone (H) Phone (W) Phone (C)

Name Address

Phone (H) Phone (W) Phone (C)

NAME & ADDRESS OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER:

Telephone: _____

HEALTH INSURANCE:

Insurance Name _____ Policy # _____ Group # _____

EMERGENCY MEDICAL INFORMATION:

Preferred Hospital: _____

ALLERGIES: _____ DIET RESTRICTIONS: _____

ALLERGIC REACTIONS: _____

IF APPLICABLE,
I GIVE PERMISSION TO THE CALVARY TEMPLE ECLC TO ADMINISTER THE FOLLOWING MEDICATIONS,
SUNSCREEN, AND CREAMS:

SIGNATURE

EPI PEN PROVIDED: _____ EXPIRATION DATE: _____

INHALER PROVIDED: _____

NEBULIZER NEEDED: _____

SUNSCREEN PROVIDED _____ EXPIRATION DATE: _____

DIAPER CREAM PROVIDED _____ EXPIRATION DATE: _____

PARENT INITIAL IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT:

Obtaining Emergency Medical Care: _____ Water Play: _____ Walks: _____

Administration of Minor First-Aid Procedures: _____ Posting of Allergies/Diet Restrictions: _____

Photos of child for use by Center: _____

Transportation by the Facility (School Age ONLY, if needed): _____

Signature of Parent or Guardian

Date

Do Not Sign until REVIEW: (semi-annual review of information)

I reviewed and corrected, if necessary, the above emergency information.

Signature of Parent or Guardian

Date



Email Contact Information

Child's Name: _____

Parent's Name: _____

Email Address: _____

I give my permission for CTECLC to contact me through my email address.

Parent Signature

Date

**Child and Adult Care Food Program
Child Enrollment Form**

Sponsor/Center Name: Calvary Temple ECLC
Agreement #: 376-39-769-2

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

PARENTS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating.

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK						TIME CHILD ATTENDS SCHOOL		MEALS RECEIVED
		TIME-IN			TIME OUT			LEAVES CENTER	RETURNS TO CENTER	
		AM	PM	TIME	AM	PM	TIME			
FIRST CHILD	<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY									<input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours									
BIRTH DATE	Other:									
AGE	Enrollment Date:				Withdrawal Date:					

Signature _____

Signature of Parent or Guardian

Date _____

Telephone Number of Parent or Guardian _____

CHILD CARE REPRESENTATIVE USE ONLY:	_____	_____
	Name of Representative/Signature	Date
The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.		

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

**Instructions For Completing the CACFP
Child Care Center Meal Benefit Income Eligibility Form**

Follow these instructions, if your household gets SNAP, TANF or FDPIR:

Part 1: List all enrolled children and household members.

Part 2: List the case number for any household members (including adults) receiving State SNAP or State TANF or FDPIR benefits.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 6: Answer this question if you choose.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If all children you are applying for are foster children, or if you are only applying for benefits for the foster child:

Part 1: List all foster children. Check the box indicating that the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is **not** necessary.

Part 6: Answer this question if you choose to.

If some of the children in the household are foster children.

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got for the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C., 20250-9410, or fax (202) 690-7442, or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities, may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

Child and Adult Care Food Program Child Care Center Meal Benefit Income Eligibility Form

Part 1. All Household Members		Check if a foster child (the legal responsibility of a welfare agency or court) * If all children Listed below are foster children, skip to Part 5 to sign this form.	Check if NO income
Names of Enrolled Child(ren) (First, Middle Initial, Last)		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Names of all Household Members (First, Middle Initial, Last)			
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
Part 2. Benefits: If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3. NAME: _____ CASE NUMBER: _____			
Part 3. If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [Your center director, Homeless Liaison, Migrant Coordinator at Phone #] Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway <input type="checkbox"/>			
Part 4. Total Household Gross Income—You must tell us how much and how often			
A. Name (List only household members with income)	B. Gross income and how often it was received		
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits
			4. All Other Income
(Example) Jane Smith	\$200/weekly	\$150/twice a month	\$100/monthly
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)			
An adult household member must sign this form. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)			
<i>I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.</i>			
Sign Here: _____	Print Name: _____	Date: _____	
Address: _____	City: _____	State: _____	Zip Code: _____
Phone Number: _____			
Last four digits of Social Security Number: * * * - * * - _____ <input type="checkbox"/> I do not have a Social Security Number			

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities:

- Asian
 White
 Black or African American
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____
 Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied (Paid) _____ Date Withdrawn: _____
 Reason: _____ for _____ Denied: _____
 Determining Official's Signature: _____ Date: _____
 Confirming Official's Signature: _____ Date: _____
 Follow-up Official's Signature: _____ Date: _____

The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Household size	Yearly
1	\$21,775
2	\$29,471
3	\$37,167
4	\$44,863
5	\$52,559
6	\$60,255
7	\$67,951
8	\$75,647
Each additional person:	+\$7,696

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C., 20250-9410, or fax (202) 690-7442, or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities, may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."



3436 Winchester Road
Allentown, PA 18104-2299

Camp Calvary

Registration Fee and Security Deposit

I hereby acknowledge that I have been informed about the \$60 registration fee, as well as the fact that the security deposit of first and last week tuition, is non-refundable and is due before the date of enrollment. The total fee will be \$_____.

Signature: _____

Date: _____



3436 Winchester Road
Allentown, PA 18104-2299

To the Parent(s)/Guardian(s) of *Camp Calvary* Children:

This letter is to assure you of our concern for the safety and welfare of children attending *Camp Calvary*. Our Emergency Plan, which is located in each classroom, provides for complete response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- **Immediate Evacuation:** students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc.
- **In-place Sheltering:** sudden occurrences, such as weather or hazardous materials related incidents, may dictate that taking cover inside the building is the best immediate response.
- **Evacuation:** total evacuation of the facility may become necessary if there is a danger in the area. If requested by local authorities, children will be taken across the street to Aetna Building
- **Modified Operation** - may include cancellation, postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems that make it unsafe for children, but may be necessary in a variety of situations.

Please listen to WFMX/Channel 69 News for announcements relating any emergency actions listed above.

We ask that you do not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information.

The facility director may provide an alternate phone number (i.e. cell phone, etc.) to call in an emergency event.

The form designating persons to pick up your child is included with this packet for you to complete and return no later than three (3) days after registration. This form will be used every time your child is released. Please ensure that only those persons you list on the form attempt to pick up your child.

We specifically urge you NOT to attempt to make different arrangements during an emergency. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to assure the safety of your children and our staff, we ask your understanding and cooperation. Should have any additional questions regarding our emergency operation procedures, contact the center director at 610.841.7988.

Camp Calvary



3436 Winchester Road
Allentown, PA 18104-2299

COMMONWEALTH OF PENNSYLVANIA

TO: Parent(s) and/or Guardian(s)

FROM: Director

SUBJECT: Nondiscrimination in Services

Admissions, the provision 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 provisions of aides, and the use of alternate service delivery locations. Structural modifications shall be considered only as a last resort among available methods. Any parent and/or their guardian, who believes they have been discriminated against, may file a complaint with any of the following:

Calvary Temple Early Childhood Learning Center
3436 Winchester Road
Allentown, PA 18104-2299

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

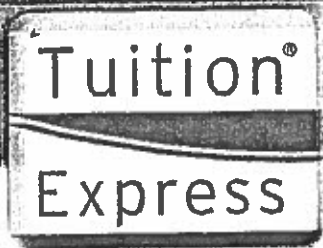
U.S. Dept. of Health and Human Services
Office of Civil Rights
Suite 372, Public Leader Bldg.
150 South Independence Mall West
Philadelphia, PA 19106-9111

PA Human Relations Commission
River Front Office Bldg.
1101 S. Front Street
5th Floor
Harrisburg, PA 17110

Department of Human Services
Bureau of Equal Opportunity
Northern Regional Office
331 Scranton State Office Bldg.
100 Lackawanna Avenue
Scranton, PA 18053

Parent/Guardian Signature

Date



Automated Payment Processing
Safe—Convenient—Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received
Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: <u>Attach Voided Check Here</u> \$		
Deposit slips not accepted Dollars		
1234567891	18003381	0226
Routing Number	Account Number	Check Number

A service of



procare
SOFTWARE®

Tuition
Express

Convenient and Safe
On-time Payments



PARENT FAQs

We are excited to offer automatic payments through Tuition Express. It is no longer necessary for you to write a check for tuition and fees. Your bank or credit card account will be safely and securely debited by Tuition Express. You can be emailed a receipt for each transaction. It's easy to sign-up – just ask us.

Frequently Asked Questions

When I pay my tuition automatically, how secure is my account information?

Very secure – more secure than when you write checks. The checks you write every day have your name, address, phone number, and sometimes your driver's license number on them. With this information, criminals have all they need to access your account or worse, steal your identity. Automatic payments greatly reduce this potential problem by limiting the amount of information available and who has access to it. Tuition Express also incorporates additional security procedures, utilizing 128 bit encryption.

What if the childcare center makes a mistake and takes out too much money?

Report the error to your childcare center immediately – it was most likely an honest mistake. The childcare center will then adjust your account accordingly.

What if my childcare center and I disagree about a payment?

If you feel that the payment should not have been made, you have the right to dispute the charge. Contact your bank or credit card company. Tuition Express and your childcare provider will work closely to resolve the issue in a timely manner.

Does this form of payment give the childcare center access to my account?

Nobody at the childcare center has access to your account. When you sign up for Tuition Express, you only authorize your bank or credit card company to release the exact amount owed to your provider when it is due and payable.

How will I know when a payment was taken out of my account?

Your childcare expenses will be taken out of your account on a schedule that you and the childcare center agree upon. Your childcare center has the ability to print statements for your records prior to the withdrawal of any money. Additionally, the charges will show up on your monthly statement as "Tuition Express".

When I sign up for Tuition Express, how will this help my childcare provider?

Your childcare provider has chosen to offer Automatic Payments for several reasons. First, it will give you the convenience of not having to write a check every time tuition and fees are due. Second, it allows regular scheduling of your payments. Most importantly, Automatic Payments reduce the amount of time your childcare center spends on management activities, giving staff more time to spend with the children.

How do I get started?

Simply complete the "Payment Authorization" form and return it to your childcare provider. They will do the rest! For more information on automatic payments, visit www.directpayment.org. This is an excellent resource explaining the system and its benefits.

Where can I learn more?

For more information on the benefits of Tuition Express, please visit us at www.tuitionexpress.com.



2017 Closings

New Year's Day (observed)	01/02/17
Martin Luther King Day	01/16/17
President's Day (Professional Development)	02/20/17
Good Friday	04/14/17
Friday before Memorial Day (Professional Development)	05/26/17
Memorial Day	05/29/17
4th of July	07/04/17
Friday before Labor Day (Professional Development)	09/01/17
Labor Day	09/04/17
Thanksgiving	11/23/17
Black Friday	11/24/17
Christmas Day	12/25/17

APPLICATION FOR SCHOLARSHIP CALVARY TEMPLE EARLY CHILDHOOD LEARNING CENTER

To apply for Scholarship Assistance, you must complete all questions front and back and sign at the "X". Be sure your correct and complete name and address is entered below. If incorrect, cross out and print correctly in space provided below.

1 Please complete this section:

FIRST NAME	MIDDLE INITIAL	LAST NAME	DATE OF BIRTH
STREET ADDRESS		APARTMENT	
CITY		STATE	ZIP CODE

2 Phone Number () _____ None

3 Does anyone in your household receive financial assistance for a disability? Yes No

4 List the people who live with you. Start with yourself. Include all children and adults. Include related roomers; include all Unrelated roomers who share household expenses.

Use the codes below to help provide the details for all individuals in your household. Use additional sheets if needed. If you do not have or have a reason not to provide a Social Security number, complete the Grant/Scholarship Affidavit in the Certification Section on page 2:

- CITIZENSHIP:** (1) U.S. Citizen; (2) Permanent Alien; (3) Temporary Alien; (4) Refugee; (5) Other-not eligible for benefits (All non-U.S. citizens must provide proof of citizenship status.)
- RACE (optional):** (1) Black or African American; (2) American Indian or Alaskan Native; (3) Asian; (4) White; (5) Other; (6) Native Hawaiian or other Pacific Islander
- ETHNICITY (optional):** (1) Non-Hispanic; (2) Hispanic or Latino

NAME (Last, First, M.I.)	Date of Birth	Sex		Social Security Number	Citizenship	Race (Optional)	Ethnicity (Optional)	Relationship to You
		M	F					
								SELF
Total persons in household								

5 Are You

<input type="checkbox"/> Renting with heat not included	<input type="checkbox"/> An owner or are you buying your home
<input type="checkbox"/> Renting with heat included	<input type="checkbox"/> Renting subsidized housing/Section 8 housing with heat Included
<input type="checkbox"/> An unrelated roomer	<input type="checkbox"/> Renting subsidized housing/Section 8 housing with heat NOT included
	<input type="checkbox"/> Other: _____

IF HEAT IS INCLUDED IN YOUR RENT. ATTACH A NOTE FROM YOUR LANDLORD STATING THAT HEAT IS INCLUDED AS WELL AS WHAT TYPE OF FUEL IS USED.

6 Tell us about income for the people in your household. Please tell us about all income, before taxes and deductions.

Name of person with income	Kind of income	How much each month?
Name of person with income	Kind of income	How much each month?
Name of person with income	Kind of income	How much each month?

Name of person with income	Kind of income	How much each month?
<p>Income includes money from: Employment; Veteran's Benefits; Unemployment Compensation; Black Lung benefits; Social Security; Support; Workers Compensation; Interest/Dividends; Rental Income; Child Support; etc.</p> <p>We will use the income information you send us to see how much you earn in one year. Please send one of the following:</p> <p>SEND PROOF FOR ONE MONTH OF INCOME IF YOUR INCOME IS THE SAME EVERY MONTH (SALARY, SOCIAL SECURITY, PENSION ETC.)</p> <p>IF THE AMOUNT OF YOUR INCOME IS NOT THE SAME EVERY MONTH, PLEASE SEND PROOF OF YOUR INCOME FOR THE LAST THREE MONTHS.</p> <p>IF YOU HAD SIGNIFICANT CHANGES IN INCOME OVER THE PAST 12 MONTHS (PERIODS OF UNEMPLOYMENT, CHANGES IN JOBS, SEASONAL WORK, ETC.), SEND PROOF OF YOUR INCOME FOR THE PAST 12 MONTHS.</p> <p>IF YOU HAVE NO INCOME FOR THE PAST THREE MONTHS OR IF YOUR INCOME IS LESS THAN THE COST OF YOUR MONTHLY BASIC LIVING NEEDS, YOU MUST TELL US IN WRITING HOW YOU ARE PAYING FOR YOUR BASIC LIVING NEEDS (FOOD, SHELTER, PERSONAL ITEMS, ETC.)</p> <p>PROOF OF INCOME INCLUDES PAY STUBS, AWARD LETTERS, EMPLOYER STATEMENTS, ETC.</p>		

<p>7 Is anyone in the U.S. Military, or has anyone been in the U.S. Military? If yes, who? _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Is anyone a widow, spouse of child (under age 18) of anyone in the U.S. Military, or anyone who has been in the U.S. Military? If yes, who? _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

Certification

1. My signature on this application gives my permission to the Winchester Road Day Center or its authorized agent to: (a) check any information I give about where I live, my jobs, income, resources; (b) find out about the costs of my shelter, heating and heating use; and (c) complete any survey in connection with Grant/Scholarship.
2. If you fail to provide a Social Security Number or completed Energy Assistance Affidavit, you will not be eligible for benefits. I certify that: (check all that apply)
 - I provided Social Security Numbers for all household members. To the best of my knowledge, these household members do not have Social Security Numbers.
 - To the best of my knowledge, these household members do not have Social Security Numbers.
 - The following household members are exercising their rights under Section 7 of the Privacy Act of 1974, and refuse to disclose their Social Security Number:

Print Name	Print Name
Print Name	Print Name
Print Name	Print Name
Print Name	Print Name
3. I understand I have the right to appeal any decision or undue delay in decision which I consider improper regarding this application.
4. I affirm that Pennsylvania is my legal residence.
5. I understand any Social Security Number(s) given will be used in the administration of this program, including cross matches with other programs.
6. I understand that I will be sent a notice of eligibility or ineligibility and, if eligible, the notice will state the amount of my Grant/Scholarship.
7. I certify that, subject to penalties provided by law, the information I gave is true, correct and complete to the best of my knowledge.
8. I know that if I give false information, I can be penalized by loss of the Grant/Scholarship.
9. I understand by signing this application, I may not qualify because Grant/Scholarship money has run out.

Please Sign Here - Use Ink

X

Signature

Date