

# Recurring Payment Authorization Form

CAMP HILL  
203 House Avenue  
Camp Hill, PA 17011  
Ph: 717-761-7113

HERSHEY  
50 E. Chocolate Ave.  
 Hershey, PA 17033  
Ph: 717-533-1466

MECHANICSBURG  
201 Bryant Street  
Mechanicsburg, PA 17050  
Ph: 717-590-7050

## Here's How Recurring Payments Work:

You authorize regularly scheduled charges to your checking/savings account. You will be charged the amount indicated below each billing period until the designated expiration date. A receipt will be emailed for each payment and the charge will appear on your bank statement. You agree that no prior-notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

## Please complete the information below (please print):

**Child 1:** \_\_\_\_\_ **Child 3:** \_\_\_\_\_  
(Full Name) (Full Name)

**Child 2:** \_\_\_\_\_ **Child 4:** \_\_\_\_\_  
(Full Name) (Full Name)

I \_\_\_\_\_ authorize Tender Years, Inc. to charge my account as indicated below  
(Full Name)

## Select Weekly OR Monthly Option:

Weekly: \$ \_\_\_\_\_ on Wednesday of each **Week** for payment of my Childcare Tuition.

\*Monthly: \$ \_\_\_\_\_ on 1st day of each **Month** for payment of my Childcare Tuition.

\*Calculated by Director: Monthly amount is based on weekly tuition \$ \_\_\_\_\_ multiplied by # of weeks remaining in school year \_\_\_\_\_ divided by # of months \_\_\_\_\_ remaining in school year.

Billing Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

## Checking/Savings Account

Checking  Savings

Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Account Number \_\_\_\_\_

Bank City/State \_\_\_\_\_

Authorization Expiration Date: \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I understand that this authorization will remain in effect until the designated expiration date or until I notify Tender Years, Inc. in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates falls on a weekend or holiday, I understand that the payments may be executed on the next business day. For ACH debits to my checking/savings account I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon as the above noted periodic transaction dates. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Tender Years, Inc. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF, which will be initiated as a separate transaction from the authorized recurring payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and agree not to dispute these scheduled payments with my bank; provided the transactions correspond to the terms indicated in this authorization form.

# One Time Payment Authorization Form

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Camp Hill, PA 17011  
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 Hershey, PA 17033  
Ph: 717-533-1466

MECHANICSBURG  
201 Bryant Street  
Mechanicsburg, PA 17050  
Ph: 717-590-7050

Sign and complete this form to authorize Tender Years, Inc. to make a onetime debit to your bank account.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below (please print):**

**Child(ren) first/last name(s) for point of reference:** \_\_\_\_\_

I \_\_\_\_\_ authorize Tender Years, Inc. to charge my account  
(full name)

indicated below for \$ \_\_\_\_\_ on or after \_\_\_\_\_.  
(amount) (DD/MM/YYYY)

Billing Address \_\_\_\_\_ Phone \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

## Checking/Savings Account

Checking  Savings

Name on Acct \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Routing # \_\_\_\_\_

Account Number \_\_\_\_\_

Bank City/State \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

For ACH debits to my checking/savings account, I understand that because these are electronic transactions, these funds may be withdrawn from my account as soon the above noted transaction date. In the case of an ACH Transaction being rejected for Non Sufficient Funds (NSF) I understand that Tender Years, Inc. may at its discretion attempt to process the charge again within 30 days, and agree to an additional \$25.00 charge for each attempt returned NSF which will be initiated as a separate transaction from the authorized payment. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this bank account and will not dispute this transaction with my bank; so long as the transaction corresponds to the terms indicated in this authorization form.

# EMERGENCY CONTACT PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182, 3280.124(a)(b), 3280.181 & 182, 3290.124(a)(b), 3290.181 & 182

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

**PERIODIC REVIEW**

\_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_

DATE

\_\_\_\_\_

SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_

DATE

# CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		WORK PHONE:
FACILITY PHONE:	COUNTY:	
<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:		

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

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): <input type="checkbox"/> 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. <input type="checkbox"/> NONE						
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> )  <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>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.</b>			
			VISION (subjective until age 3)			
			HEARING (subjective until age 4)			
			LEAD			
RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD						
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						
MEDICAL CARE PROVIDER:				SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT		
ADDRESS:				TITLE:		
				PHONE:		DATE FORM SIGNED:
				LICENSE NUMBER:		



## Permission for Care, Activities, Email & Media

I, \_\_\_\_\_, give Tender Years, Inc. permission for the following purposes...

Care & Activities	Permission Granted	Permission Denied
Apply sunscreen lotion to my child:		
Apply diaper rash ointment to my child:		
Allow my child to take walks and play on the playground*:		

(\*Weather permitting. Children are accompanied by our teachers at all times.)

Email	Permission Granted	Permission Denied
Send me updates, news and other important information by Email:		
Share my Email address with a parent when requested for play dates, etc.:		
Email Address #1:		
Email Address #2:		

### MEDIA

From time to time, Tender Years takes photographs at our centers which may include images of children participating in activities and events. Some of these photographs are considered for use in our publications (family handbooks, brochures, etc.), displays, advertisements, website, or other electronic communications. We will not publish an image of a child without consent from their parent or legal guardian.

Media	Permission Granted	Permission Denied
Allow the use of my child's image as described above*:		
If you are granting permission, but would like to request exceptions, please note them below:		

(\*By granting permission, you also acknowledge that you will not be compensated for these uses, and that Tender Years, Inc. exclusively owns all rights to the images and to any derivative works created from them. You understand also that you waive the right to inspect or approve the uses of any printed or electronic copy, and that you hereby release Tender Years, Inc. and its assigns and licensees from any claims that may arise from these uses, including without limitation, claims of defamation or invasion of privacy, or of infringement of moral rights or rights of publicity or copyright. This Release is binding on me, my heirs, assigns, and estate. Tender Years, Inc. is not obligated to use any of the rights granted under this Release.)

I understand that it is my responsibility to update this form in the event that I wish to change the status of my permission on any of the above items. I agree that this form will remain in effect during the term of my child's enrollment at Tender Years, Inc.

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

Signature of Parent/Guardian: \_\_\_\_\_

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



## Cultural Questions Guide

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

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

Where were you born?

\_\_\_\_\_

Where did you grow up?

\_\_\_\_\_

How would you describe the neighborhood where you were raised?

\_\_\_\_\_

What is your ethnic or racial heritage?

\_\_\_\_\_

What languages or dialects were spoken in your home?

\_\_\_\_\_

Was religion important during your upbringing? If yes, how?

\_\_\_\_\_

Who makes up your family?

\_\_\_\_\_

What traditions does your family follow?

\_\_\_\_\_

\_\_\_\_\_

What values does your family hold dear?

\_\_\_\_\_

\_\_\_\_\_

How do members of your family relate to each other?

\_\_\_\_\_

How is culture expressed in your family?

\_\_\_\_\_

Do you have any family traditions, stories, or songs that you would be interested in sharing with your child's class?

\_\_\_\_\_

\_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

Teacher's signature \_\_\_\_\_ Date \_\_\_\_\_



## Community Stakeholders (Hershey)

Dear Parent,

Welcome to the Tender Years family! Thank you for choosing our center! As part of our enrollment process, we would like to have you fill out the questionnaire(s) and sign the permission slips that precede this page in your packet. This will help your child's teachers and caregivers get to know your child and your family, as well as shape your child's day here at our center.

After your child has joined a classroom (whether initially or following a transition), you will receive information about your child's first Developmental Assessment and be offered a meeting with your child's teacher. This will take place within your child's first 45 days in any program.

It is also your right as a parent to transfer your child's records, at your request, from our center to another educational setting when your child leaves our facility. Please contact the director if you wish to request your child's records.

Tender Years is an integral part of our local community. We establish relationships with local businesses, schools, helping professional organizations, and regularly participate in fundraising ventures for worthy causes. If you would like to contribute the name of a business or organization that you feel would be a worthwhile addition to our stakeholder's list, please let your center director know. Thank you!

The following list of contacts is provided for your information. If there is additional information that you would like to share with us, please feel free to give that information to the director.

### Derry Township School District

Hershey Early Childhood Center	717-531-2211
Hershey Primary/Intermediate Elementary	717-531-2277
Hershey Middle School	717-531-2222
Hershey High School	717-531-2244

### Palmyra School District

Forge Road Elementary	717-838-1843
Pine Street Elementary	717-838-2616
Northside Elementary	717-838-2447
Palmyra Area Middle School	717-838-2119
Palmyra Area High School	717-838-1331

### Lower Dauphin School District

Conewago Elementary	717-533-5361
Londonderry Elementary	717-944-9462
Nye Elementary	717-566-0300
South Hanover	717-566-2564
East Hanover	717-469-2686

### St Joan of Arc

717-533-2854

### Capital Area Head Start

717-939-9489 (Oberlin Center) • 717-274-3625 (Lebanon Center)

### Capital Area Intermediate Unit

717-732-8400 (Summerdale)

### Hershey Pediatrics

717-533-7850

### HMC Cherry Drive Pediatrics

717-531-7300

### WIC

800-942-9467

### CCIS

717-233-8454 (Dauphin County) • 717-274-6552 (Lebanon County)

### CHIP

866-727-5437

### CAO

800-788-5616 (Dauphin County) • 800-229-3926 (Lebanon County)

### Hershey Public Library

717-533-6555

### Emergency Operations Partners

#### Hershey Company

717-534-7082

#### Derry Township School District

717-534-2501

#### Granada Gym

717-533-7757



## Key Code Access (Camp Hill & Hershey Centers)

Dear Parent,

Tender Years, Inc. uses a key code access system for entry into our Camp Hill and Hershey centers. This system is exclusive to staff and family members who are enrolled in our programs. In order to gain admittance, you will be required to use a code that is specific to your family. (You will choose your own four-digit code upon completing your registration paperwork.)

The security system is in place to provide the best possible security for your child/children and our staff. Unauthorized individuals will not be able to gain admittance to the center. It also allows you independent and efficient entry when dropping off and picking up your child(ren) each day.

With the access system, you will be able to open the door any time during normal hours of operation, Monday through Friday, 6:30pm - 6:00pm. Staff members are not expected to assist parents in accessing the facility; parents and guardians should consider the use of the four-digit code as their only means of entrance.

Individuals listed as "Persons to Whom My Child May Be Released" on your Emergency Contact Form may need to access the facility from time to time. We ask that you please do NOT give them your door code. They may ring the doorbell and check in at the front desk. If it is someone's first time at the facility, they will be required to show identification. Upon proof of identification, the Center Director or Assistant Director will allow them admittance to the center.

Thank you in advance for your cooperation as we strive to provide the safest of environments for you and your family!

----- (Please detach and return to office) -----

In order to provide a safe environment for our students and staff, each family has their own pin code to gain access to the building. Please complete this form and return to the office.

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

4 digit PIN: \_\_\_\_\_