



UPDATE CONTACT PACKET



******THESE FORM ARE TO BE COMPLETED TWICE A YEAR ONCE IN JANUARY AND AGAIN IN JULY***

THIS IS A REQUIREMENT FOR YOUR CHILD TO CONTINUE TO HAVE CARE***



Hush Little Angels LLC.



1036 N. Godfrey Street * Allentown, PA 18109 * Ph: 610-351-8048/ 610-435-0454 F: 610-435-0547

EMERGENCY CONSENT FORM UPDATE

CHILD'S NAME: _____ D.O.B: _____

DATE OF ENROLLMENT: _____

ADDRESS: _____

MOTHER'S NAME/ GUARDIAN: _____
HOME/CELL PHONE NUMBER _____
BUSINESS PHONE NUMBER _____
EMAIL ADDRESS TO RECEIVE CORRESPANCE _____

FATHER'S NAME/ GUARDIAN: _____
HOME/CELL PHONE NUMBER _____
BUSINESS PHONE NUMBER _____
EMAIL ADDRESS TO RECEIVE CORRESPANCE _____

PERSON(S) TO WHOM CHILD MAY BE RELEASED:
EMERGENCY CONTACT PERSON(S) PHONE NUMBER

- 1) _____ () _____
- 2) _____ () _____
- 3) _____ () _____
- 4) _____ () _____



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NAME OF CHILD'S PHYSICIAN/MEDICAL PROVIDER UPDATE:

BUSINESS NAME: _____

ADDRESS : _____

BUSINESS PHONE NUMBER: _____

SPECIAL DISABILITIES (IF ANY): _____

DOES YOUR CHILD HAVE AN IEP / IFSP: YES OR NO

() SPEECH THERAPY () PHYSICAL THERAPY

HEALTH CARE PROVIDER (REQUIRED): _____

POLICY NUMBER: _____

ALLERGIES (INCLUDING FOOD/MEDICATION REACTION):

*MEDICATION 'S (IF ANY):

1) _____ 2) _____

*ALL MEDICATIONS MUST BE GIVEN WITH PRESCRIBED LABELS FROM HEALTH CARE PROVIDER, WITH SPECIFIC WRITTEN CONSENT FOR TIME AND ADMINISTRATION.

PERMISSION IS GRANTED FOR THE FOLLOWING:

**PARENT OR GUARDIAN MUST SIGN:

- **OBTAINING EMERGENCY MEDICAL CARE
- **ADMIN OF MINOR FIRST-AID PROCEDURE
- **TRANSPORTATION BY THE FACILITY
- **WADING PHOTO RELEASE
- **WALKS AND TRIPS



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PAYMENT AGREEMENT UPDATE

Admission requirements and enrollment procedures:

Child Name: _____ Date of Admission: _____

Co Payment: \$ _____ Full Tuition: \$ _____

Case worker _____

Arrival time _____ pick up time: _____

Please circle one: part-time full-time drop-in before/after care

Please circle your coverage days:

MON. TUES. WED. THURS. FRI. SAT.

Allergies: _____

All meals (including formula/baby food) are provided by Hush Little Angels. Two changes of clothing including undergarments must be bought in. Bedding should be brought in on the first day of care each week and taken home at the end of the week. Blankets, sheets, and or sleeping bags must be supplied by parent or guardian.

Meal times are as follows:

Breakfast: 7:30am-8:30am Lunch: 11:30am-12:30pm Dinner: 6:00pm-7:00pm

Sick care:

Children are not to be brought or left in care with the following symptoms:

Excessive Runny Noses Excessive coughing Diarrhea Sneezing Temperature 101+

(Other illness/symptoms are listed in Parent Handbook)

1 of 2-Enrollment

As this is contagious and a sign of infection. Your child must remain out of care a full 24 hours and return with a doctor's note of clearance. **Hush Little Angels does** not have the ability to take care of sick children with other children who are non-symptomatic. Please do not bring your child as you will be called to pick them up. Children on medication must bring instructions from the doctor or a form will be provided to the parent to list permission, dosage, and times medicine is to be administered. Immunization records and the date of your child's last physical examination must be kept up to date. Parents are required to review and update the records for accuracy at least once in a six-month period. Please notify us of any health problems or concerns regarding your child or family.



EMERGENCY EVACUATION UPDATE-(EOP)

To the parent (s)/ Guardian of _____

This letter is to assure you of our concern for the safety and welfare of children attending HLA. Our Emergency Operations Plan provides for response to all types of emergencies. Depending on the circumstances of the emergency, we will use one of the following protective actions:

() **Immediate Evacuation**

Students are evacuated to a safe area of the grounds of the facility in the event of fire, etc.

() **In- Place Sheltering**

Sudden occurrences, weather or hazardous materials related, 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. In this case, children will be taken to a "Relocation Facility" at:

**Dieruff High School
815 Irving St.
Allentown, PA 18109**

() **Modified Operations**

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 students (such as utility disruptions) but may be necessary in a variety of situations.

Please listen to **channel 69 News** for announcements relating any of the emergency actions listed above. We will call you to let you know that we've taken one of these protective actions. We will also call you when we've resolved the situation and it's safe for you to pick up the 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.

I certify that all emergency contacts are listed on the Emergency Consent form. Child physician/ Medical Provider are current. Fee agreement is current and I am aware of the Emergency Evacuation procedure.

Parent/Guardian

Date

Intake Staff

Date