

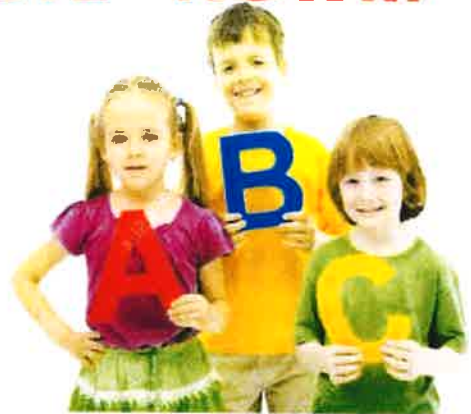
MARPLE AFTERCARE

VIRTUAL SCHOOL CAMP

Space is Limited-REGISTER NOW!!!

Marple Aftercare LLC is excited to announce our new Virtual Learning School Camp!

- Monday thru Friday- 8:30am-3:30pm
Before and after care available
- Children Placed In School Groups
- Virtual Learning Time, Open Play Time, Snacks and Lunch provided
- Creative, Fun-Filled, Enriching Experience
- Must bring device and headphones & submit schedule
- VIRTUAL MODEL, HYBRID MODEL AND HALF DAY MODEL AVAILABLE –SEE ATTACHED RATE SHEET



**CALL FOR INFO:
610-338-0111x 1
info@marplesportsarena.com**



Virtual Model 8:30am-3:30pm	\$225/week or \$810/month
Add Before Care (open 7am)	\$25/week or \$90/month
Add After Care (close at 6:30pm)	\$50/week or \$180/month
Add All Above	\$300/week or \$1080/month
Daily Rate- Minimum of 6 day blocks	\$270 (per 6 days) w/before care \$30 w/after care \$60



You may be eligible for financial assistance and Marple Aftercare is a provider.
For further info contact: The Early Learning Resource Center
610-713-2115 or 800-831-3117.

Apply online: <https://www.compass.state.pa.us/compass.web/CMHOM.aspx>

611 South Parkway, Broomall, PA 19008 Phone: 610-338-0111 ext 1
www.marplesportsarena.com

Marple Aftercare 2020-2021 Tuition Options

Contracted rates remain the same regardless of attendance
There will be no credit for days your child does not attend

Before & After Care Includes Transportation to and from participating schools		
Item	Weekly	Monthly
Before Care	N/A	\$199
After Care	N/A	\$260
Before & After Care	N/A	\$429

Virtual Model Includes lunch and time for school work (Must provide schedule)		
Item	Weekly	Monthly
8:30a-3:30p	\$225	\$810
Add Before Care	\$25	\$900
Add After Care	\$50	\$990
All Offerings	\$300	\$1,080

1/2 Day Model Mid-Day Transportation Included Lunch Not Provided (Kids eat at School)		
Item	Weekly	Monthly
5 Days, 8:30a-3:30p	\$145	\$522
Add Before Care	\$25	\$612
Add After Care	\$70	\$774
All Offerings	\$240	\$864

Hybrid Model 3 Virtual Days and 2 In School Includes Transportation on School Days		
Item	Weekly	Monthly
3 Days (Virtual)	\$150	\$540
Add Before Care	\$15	\$594
Add After Care	\$30	\$648
2 Days Before Care	\$20	*
2 Days After Care	\$30	*
2 Days Before & After	\$50	*
All Offerings	\$245	\$882

Daily Model	
Daily Rate (Must buy 6 at a time)	\$270
Add Before Care	\$30/\$60
Add After Care	\$60/\$90

*Monthly Pricing Available based on options you add on

Transportation can be provided in all models to participating districts/schools**

Marple Newtown School District (Loomis, Russell)
Haverford School District (Chatham Park, Manoa, Lynnewood)
Upper Darby School District (Hillcrest, Garrettford)
Parochial Schools: Sacred Heart, St. Bernadette's

**If your school is not listed, please contact us to check availability

Subsidized Child Care Information

You may be eligible for Financial Assistance and
Marple Aftercare is an ELRC provider.

For further information contact:

The Early Learning Resource Center Region 15 (ELRC)
20 South 69th Street, 4th Floor
Upper Darby, Pa 19082
610-713-2115 or 1-800-831-3117

Apply Online:

<https://www.compass.state.pa.us/compass.web/CMHOM.aspx>

Marple Aftercare Fee Agreement and Attendance Schedule
 55 PA CODE CHAPTERS 3270.123 & 181 (C); 3280.123 & 181(C); 3290.123 & 181 ©

Name of Child: _____ School: _____

Attendance Schedule

Please check the appropriate boxes. This information will be used to calculate tuition and is critical for scheduling purposes. Should your needs change, you must complete a new form for approval.

Before & After Care	
Before School Session: 7:00am - 9:00am	
After School Session: 3:00pm - 6:30pm	
<input type="checkbox"/>	Before Care \$199/month
<input type="checkbox"/>	After Care \$260/month
<input type="checkbox"/>	Both \$429/month

Virtual Model	
Main Session: 8:30am - 3:30pm	
<input type="checkbox"/>	8:30am - 3:30pm \$225/week
<input type="checkbox"/>	Add Before Care \$250/week
<input type="checkbox"/>	Add After Care \$275/week
<input type="checkbox"/>	All Offerings \$300/week

1/2 Day Model	
Mid-Day Transportation Included	
<input type="checkbox"/>	8:30am - 3:30pm \$145/week
<input type="checkbox"/>	Add Before Care \$170/week
<input type="checkbox"/>	Add After Care \$215/week
<input type="checkbox"/>	All Offerings \$240/week

Hybrid Model	
Virtual Model Days	
<input type="checkbox"/>	3 Days Virtual \$150/week
<input type="checkbox"/>	Add Before Care \$15/week
<input type="checkbox"/>	Add After Care \$30/week

Daily Model	
Must buy 6 at a time at \$270	
<input type="checkbox"/>	Dates: _____

Add Before and/or After Care to School Days	
<input type="checkbox"/>	Before Care \$20/week
<input type="checkbox"/>	After Care \$30/week
<input type="checkbox"/>	Before and After \$50/week

Child's Arrival Time: _____ Child's Departure Time: _____ Attending School Start and Dismissal Times: _____

Fee Agreement and Payment Schedule

Payments are due the 1st of every month, a late fee will be assed on the 6th of the month.
 One month notice is required to cancel services.
 Failure to report your child's absense: \$10 Fee
 Late Fee: \$25 if tuition is not paid by the 5th of the month
 All Tuition Fees are Non-Refundable _____ (Parent's Initial)

Tuition Schedule: Weekly Monthly Weekly Fee \$ Monthly Fee \$
 (Circle One)

I, the parent/guardian, have read and fully understand the tuition rates and have submitted the Fee Agreement and Attendance Form. At the time of signing, I have received and reviewed Program Information and agree to update the Emergency Contact and Parental Consent Form whenever changes occur or every 6 months. All conditions are clear to me and I understand that by signing this form I acknowledge my responsibility to abide by all policies & procedures concerning payment of tuition and to follow the Attendance and Payment Schedule I have designated.

Parent Signature: _____ Date: _____
 Updates when necessary: Parent Signature: _____ Date: _____
 Parent Signature: _____ Date: _____



Marple Sports Arena
 611 S. Parkway Blvd. Broomall PA 19008
 610-338-0111 X1

AFTERSCHOOL ENROLLMENT



Pick Up	Yes	No
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FAMILY INFORMATION

Parent/Guardian #1			Parent/Guardian #2		
Last Name	First Name	Mi	Last Name	First Name	Mi
Relation			Relation		
Address			Address		
City	State	Zip	City	State	Zip
Home Phone		Work Phone	Home Phone		Work Phone
Cell Phone		Email	Cell Phone		Email

CHILD INFORMATION

First Child			Second Child		
<u>School</u>			<u>School</u>		
Months After School Care Needed (circle)			Months After School Care Needed (circle)		
S	O	N	S	O	N
D	J	F	D	J	F
M	A	M	M	A	M
J			J		
Last Name	First Name	Mi	Last Name	First Name	Mi
Gender	Grade	Birth Date (m/d,/y)	Gender	Grade	Birth Date (m/d,/y)
Emergency Contact 1 (other)	Phone	Pick Up	Emergency Contact 1 (other)	Phone	Pick Up
		Y N			Y N
Emergency Contact 2 (other)	Phone	Pick Up	Emergency Contact 2 (other)	Phone	Pick Up
		Y N			Y N
Dr.'s Name	Phone		Dr.'s Name	Phone	
Insurer Provider	Policy #		Insurer Provider	Policy #	
Last Phys.	Allergies/Spec. Accomodations		Last Phys.	Allergies/Spec. Accomodations	

* If additional people are authorized to pick up your child/children, please attach a list. It is your responsibility to notify your child(ren)'s school of the days that your child(ren) will be attending MSA. You also must notify MSA when your child(ren) will be absent from Marple Sports Arena.

EMERGENCY AUTHORIZATION

State law requires that we have written authorization from a child's legal guardian to seek medical help in the event of a medical emergency. Signing the statement at the bottom of this letter will provide us with that authorization. Our policy, in the event of a medical emergency, is to contact you first. If we can't contact you, we will try to contact any others you may designate. In the event that we are unable to contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act on your behalf and in the best interest of the child. By signing below, I agree that I have received and read a Marple Sports Arena handbook. I further agree to follow the policies, procedures, and practices placed before me within the Marple Sports Arena Handbook.

Please Sign Here: _____ Date: _____

OFFICE USE ONLY

Reg. Fee \$ _____	First Day School: _____	Time School Dismissed: _____
Tuition \$ _____	Enrolled By: _____	Grade: _____

EMERGENCY CONTACT and PARENTAL CONSENT FORM

CHILD'S NAME		BIRTHDATE	M	F
HOME ADDRESS				
MOTHER'S NAME / LEGAL GUARDIAN			HOME PHONE	
ADDRESS			CELL PHONE	
BUSINESS NAME			WORK PHONE	
BUSINESS ADDRESS		EMAIL		
FATHER'S NAME / LEGAL GUARDIAN			HOME PHONE	
ADDRESS			CELL PHONE	
BUSINESS NAME			WORK PHONE	
BUSINESS ADDRESS		EMAIL		
EMERGENCY CONTACT PERSON(S)				
NAME		RELATIONSHIP TO CHILD	PHONE	
NAME		RELATIONSHIP TO CHILD	PHONE	
PERSON(S) TO WHOM CHILD MAY BE RELEASED <i>If necessary, indicate additional names on reverse.</i>				
NAME		RELATIONSHIP TO CHILD	PHONE	
NAME		RELATIONSHIP TO CHILD	PHONE	
NAME		RELATIONSHIP TO CHILD	PHONE	
<input type="checkbox"/> Check here if additional names are listed on back				

CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER		PHONE
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING ALLERGIC REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HAS CHILD BEEN IDENTIFIED BY SCHOOL DISTRICT FOR SPECIAL PROGRAMING?		<input type="checkbox"/> YES <input type="checkbox"/> NO <small>If "YES", please submit a copy of child's IEP / 504 plan</small>
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT	
EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST AID PROCEDURES
WALKS AND TRIPS	USE OF HAND SANITIZER
TRANSPORTATION BY THE FACILITY	

SIGNATURE OF PARENT or GUARDIAN	DATE
SIGNATURE OF PARENT or GUARDIAN	DATE

PERIODIC REVIEW	
SIGNATURE	REVIEW DATE

Marple Aftercare Parent Agreement

(Please Read and Initial Each Item)

FEES

_____ **ALL TUITION FEES ARE NON-REFUNDABLE** – Registration is paid in advance so that Marple Aftercare can properly staff and equip the program. Tuition fees are charged based on the fee agreement, not attendance. There are no credits or discounts allowed for scheduled days in which your child does not attend.

_____ **Registration Fee:** \$49. The registration fee is due at the time of registration and is non-refundable.

_____ **Contracted Monthly Tuition** is due by the 5th of each month and is paid to reserve an entire month of child care, regardless of actual child attendance. There is no credit given for missed days. Monthly tuition not received by the 6th of the month will automatically be assessed a \$25 late fee.

_____ **Contracted Weekly Tuition** is due by the Thursday of the week prior to attendance and is paid to reserve that week's childcare, regardless of actual attendance.

_____ **ELRC (Formerly CCIS) Subsidy:** All co-pays must be kept current. Failure to do so will result in adverse action by ELRC.

_____ **Returned Check Fee:** \$35 This fee is direct from our bank. Following two returned checks, payments will no longer be accepted by check (cash, credit card or money order will only be accepted)

_____ **Late Pick Up Fee:** Marple Aftercare closes at 6:30pm, please arrive at the facility prior to closing to allow for timely pickup. A fee of \$1 per minute after 6:35pm will be assessed.

_____ The parent signing the Fee Agreement and Parent Agreement shall be the responsible party in all matters relating to tuition payments.

General Information

_____ I agree to update the emergency contact/parental consent form, child health form and fee agreement form whenever changes occur or every 6 months. {PA Code: 3270.124; 3290.124}

_____ I understand and will comply with all fee, withdrawal and enrollment change policies.

_____ I have received and read the complete written program information in the Parent Handbook, including the statement regarding child care licensing requirements, the discipline policy, the technology policy, the policy on the release of children, the policy on the management of communicable diseases and agree to follow the procedures listed within. {PA Code: 3270.121; 3280.121; 3290.121}

_____ As the guardian of the child named below, I certify that he/she is in good physical health and may participate in the normal activities of the program and has no conditions or specific needs that require specific accommodations, unless otherwise noted in the medical information provided on the attached Health Record or Emergency Contact and Parental Consent Form.

_____ Children must be reported absent (by 8am for Before Care or Virtual Support or by 3pm for After Care) if they will not be attending on any scheduled attendance day.

_____ Marple Aftercare is not responsible for items lost or stolen. Personal items from home are not encouraged and only allowed out at designated times.

_____ Continuous disruptive behavior will result in conference, suspension or expulsion.

_____ By registering your child for Marple Aftercare you give us the permission to use your child's photo for marketing purposes and parent involvement/communication. During the year, staff members may take photos in which we will use for the above stated purposes. Parents/Guardians who wish to refuse the use of these photos may do so with a written request, please also include a current photo of the child.

Illness and Sick Children

_____ Children with fevers (100.4 degrees or greater) or communicable diseases will not be admitted to the facility. If a child becomes sick during the day, parents will be notified to take the child home when necessary. **Children must be free of fever, vomiting and diarrhea for 24 hours without medicine before returning to Marple Aftercare.**

_____ Parents must follow the Medication Policy requiring full documentation of illness and treatment prior to Marple Aftercare administering any medication.

_____ I have received and read Marple Aftercare's Covid-19 Safety Plan and understand it's requirements.

Child's Name:	Date Submitted:
Parent / Guardian's Name:	Office Staff Initials:
Parent / Guardian's Signature:	

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/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER: ADDRESS: PHONE:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT TITLE: LICENSE NUMBER: _____ DATE FORM SIGNED: _____
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Parents may write immunization dates; health professional should verify and complete all data.