

Marple Aftercare 2026 - 2027 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		Monthly
Before Care	7am-9am	\$250
After Care	3pm-6pm	\$350
Both		\$550
UD After Care	3pm-6pm	\$360

Kindergarten Enrichment

If your child is with us for the morning, you can add before care. If they are with us for the afternoon, you can add after care. We can not add both at this time.

Circle all sessions indicating when child is at Marple Aftercare

Before School \$150	9am-School Start \$575	School Dismissal-3pm \$575	After School \$250
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Registration Fee

One time fee for all children

\$50

Transportation can be provided to participating districts/schools**

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

**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)
2098 West Chester Pike, Suite 102
Broomall, Pa 19008
(610) 480-3191 or (888) 5352217

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 - 6:00pm	
<input type="checkbox"/>	Before Care \$250
<input type="checkbox"/>	After Care \$350
<input type="checkbox"/>	Both \$550
<input type="checkbox"/>	UD After Care \$360

Kindergarten Enrichment	
AM Session 9:00am - School Start	
PM Session - School Dismissal - 3:30pm	
<input type="checkbox"/>	AM with Marple \$575 (9am-School Start)
<input type="checkbox"/>	Plus 7am-9am \$725
<input type="checkbox"/>	PM with Marple \$575 (School Dismissal-3pm)
<input type="checkbox"/>	Plus 3pm-6pm \$825

Child's Date of Admission: _____ Person(s) to whom child may be released: _____

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: _____ Monthly Fee \$ _____

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

EMERGENCY CONTACT and 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		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		ADDRESS	PHONE	
NAME		ADDRESS	PHONE	
NAME		ADDRESS	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 <i>If "YES", please submit a copy of child's IEP / 504 plan</i>		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)

*Please mark N/A if an item does not apply to your child.

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	

*Parent Signature required in each box. If you don't consent, mark N/A.

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

PERIODIC REVIEW	
SIGNATURE	REVIEW DATE

Transportation Authorization

Before and/or After School Program:

I hereby grant permission for my child to be transported *to or from* his/her school by *the Marple Aftercare* staff.

(Name of Child)

(Name of School)

(School Dismissal/Pick up Time- After Care only)

(School Start Time-Before Care only)

(Start Date)

(Parent Signature)

After Care only: Please remember that it is your responsibility to notify us before Noon if your child is absent from school. This is important so that our bus drivers do not waste time waiting for your child as they are on a tight schedule.

Please notify us through Brightwheel or by *email* or call 610.338.0111 x1

Kelly Sullivan ksullivan@marplesportsarena.com

Emilie Granato egrinato@marplesportsarena.com

Marple Aftercare Parent Agreement

(Please Read and Initial Each Item)

FEES

- 1) **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.
- 2) **Registration Fee:** \$50. The registration fee is due at the time of registration and is non-refundable.
- 3) **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.
- 4) **ELRC (Formerly CCIS) Subsidy:** All co-pays must be kept current. Failure to do so will result in adverse action by ELRC.
- 5) **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)
- 6) **Late Pick Up Fee:** Marple Aftercare closes at 6:00pm, please arrive at the facility prior to closing to allow for timely pickup. A fee of \$1 per minute after 6:05pm will be assessed.
- 7) 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 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.

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

Marple Aftercare Medication Policy

This facility will administer medication to children for whom a plan has been made, reviewed and approved by the Program Administration. **Because administration of medication in the facility is a safety hazard, families should check with the child's physician to see if a dose schedule can be arranged that does not involve the hours the child is a Marple Aftercare.**

Whenever possible, the first dose of medication should be given at home to see if the child has any reaction. Parents or legal guardians may administer medication to their own child during the childcare day.

Marple Aftercare will administer medication only if the parent or legal guardian has provided written consent, the medication is available in an appropriate labeled and stored container, and the Program has on file the written or telephone instructions of a licensed physician to administer the specific medication.

- 1) For prescription medications, parents or legal guardians will provide caregivers with the medication in the original, child-resistant container that is labeled by a pharmacist with the child's name, the name of the medication, the that the prescription was filled, the name of the health care provider who wrote the prescription, the medication's expiration date and the administration, storage and disposal instructions.
- 2) For over-the-counter medications, parents or legal guardians will provide the medication in the original, child-resistant container. The medication will be clearly labeled with the child's first and last names, specific legible instructions for administration and storage supplied by the manufacturer, and the name of the health care provider who recommended the medication for the child.
- 3) Instructions for the dose, frequency, method to be used, and duration of administration will be provided to the Program Staff in writing (by a signed note or prescription label) or dictated of the phone by a physician or other person legally authorized to prescribe medication. This requirement applies to both prescription and over-the-counter medications.
- 4) A physician may state that a certain medication may be given for a recurring problem, emergency situation or chronic condition. The instructions should include the child's name, the name of the medication, the dose of the medication, how often the medication may be given, the conditions for use, and the precautions to follow.
- 5) A child with a known serious allergic reaction to a specific substance who develops symptoms after exposure to that substance may receive epinephrine supplied by the parent from a staff member who has received training in how to use an auto-injection device (i.e., EpiPen). In the case of severe allergies which require monitoring, special accommodation and/or emergency medication/response, an ANAPHYLAXIS and ALLERGY TREATMENT PLAN must be provided by the child's physician.
- 6) Medication will be kept at the temperature recommended for that type of medication, in a sturdy child-resistant, closed container that is inaccessible to children and prevents spillage.
- 7) Medication will not be used beyond the date of expiration on the container or beyond the expiration of the instructions provided by the physician or other person legally permitted to prescribe medication. Instructions which state that the medication may be used whenever needed will be renewed by the physician at least annually.
- 8) A medication log will be maintained by Program Staff to record instructions for giving medication, consent obtained from the parent or legal guardian, amount, time of administration, and the person who administered each dose of medication. Spills, reactions, and refusals to take medication will be noted on this log.
- 9) Parent or legal guardian will supply all devices or equipment necessary such as medicine spoon or measurement cup.
- 10) **NOTE:** The Program does NOT keep a supply of pain/fever reducers on hand (i.e. Tylenol/Motrin etc.) ***All Medications must be provided by Parent.***

Signature of Parent or Legal Guardian indicating knowledge and understanding of Marple Aftercare's Medication Policy

Print Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date