

MARPLE AFTERCARE SCHOOL AGED PROGRAMS

2025-2026



WHO WE ARE?

Marple Aftercare is excited to announce open registration for our School Aged Programs starting in September.

- Monday - Friday (September - June)
- Before & After School Care
- Kindergarten Enrichment
- Daily Schedule Includes: Homework Time, Open Play, Electives, Snacks and Drinks provided
- Creative, fun-filled, enriching experiences
- Pick up on Early Dismissal Days & Half Days INCLUDED!
- Before Care: 7am-9am
- After Care: School Dismissal - 6pm

PRICING

Before Care: \$250/month*

After Care: \$325/month*

Before & After Care: \$525/month*

*Includes half days, early dismissals & transportation (eligible for reduced rates for school holiday camps)

Kindergarten Enrichment: \$525/month with discounted options to add on before or after care



TRANSPORTATION INCLUDED

We offer transportation to and from school based on school availability. Currently we have runs to Russell, Loomis, Hillcrest, Garrettford, Manoa, Lynnewood, and Drexel Middle (call about other schools). Before Care may be different.



SNACKS PROVIDED

Daily snack and drinks provided.



HOURS

Before Care: 7am - 9am

Kindergarten Enrichment: 9am - Mid Day

Transport or Mid Day Transport - 3:30pm

After Care: School Dismissal - 6pm



CCW ACCEPTED

Contact the Early Learning Resource Center for more information and to find out if your family is eligible.

CALL US FOR MORE INFO



610-338-0111 X 1

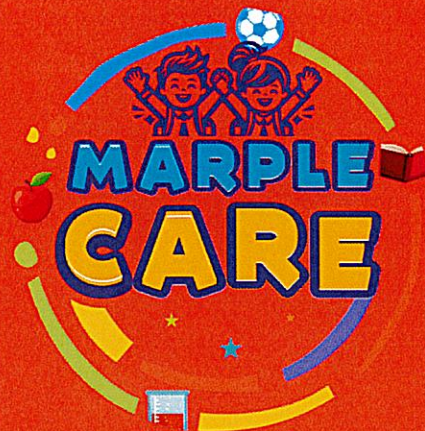
611 South Parkway Drive, Broomall Pa 19008

info@marplesportsarena.com

www.marplesportsarena.com

MARPLE AFTERCARE KINDERGARTEN ENRICHMENT

2025-2026



WHO WE ARE?

Marple Aftercare is happy to announce the return of our Kindergarten Enrichment Program. With the success of our well-established before and after school offerings, we had noticed the demand for a quality Kindergarten program. This supplemental program provides school day enrichment activities for children enrolled in half-day school district kindergarten programs.

Marple Aftercare's Kindergarten Enrichment Program combines hands-on learning, one-on-one instruction and small group activities in language arts, math, science, art, and physical education. Our goal is to support the curriculum used in Marple Newtown and other neighboring districts. We engage students in a wide variety of educational activities to provide a rich and fulfilling balance to their kindergarten day.

PRICING

Kindergarten Enrichment: \$525/month*

Before Care: \$150/month*

After Care: \$225/month*

*Includes half days, early dismissals & transportation (eligible for reduced rates for school holiday camps)



TRANSPORTATION INCLUDED

We offer transportation to and from school based on school availability. Currently we have runs to Russell, Loomis, Lynnewood and Manoa



SNACKS PROVIDED

Daily snack and drinks provided.



HOURS

Before Care: 7am - 9am

Kindergarten Enrichment:

9am - Mid Day Transport or

Mid Day Transport - 3:30pm

After Care: School Dismissal - 6pm



CCW ACCEPTED

Contact the Early Learning Resource Center for more information and to find out if your family is eligible.

CALL US FOR MORE INFO



610-338-0111 X 1

611 South Parkway Drive, Broomall Pa 19008

Marple Aftercare 2025 - 2026 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 | \$325 |
| Both | \$525 |
| UD After Care 3pm-6pm | \$350 |

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 \$525 | School Dismissal-3pm \$525 | After School \$225 |
|------------------------|---------------------------|-------------------------------|-----------------------|

Registration Fee

One time fee for all children

\$50

Transportation can be provided 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: St. Bernadette's, St. Pius

**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 - 6:00pm | | |
| <input type="checkbox"/> | Before Care | \$250 |
| <input type="checkbox"/> | After Care | \$325 |
| <input type="checkbox"/> | Both | \$525 |
| <input type="checkbox"/> | UD After Care | \$350 |

| Kindergarten Enrichment | | |
|--|--|-------|
| AM Session 9:00am - School Start | | |
| PM Session - School Dismissal - 3:30pm | | |
| <input type="checkbox"/> | AM with Marple (9am-School Start) | \$525 |
| <input type="checkbox"/> | Plus 7am-9am | \$675 |
| <input type="checkbox"/> | PM with Marple (School Dismissal-3pm) | \$525 |
| <input type="checkbox"/> | Plus 3pm-6pm | \$750 |

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 assessed 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 | If "YES", please submit a copy of child's IEP / 504 plan |
| 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 Sports Arena** 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 by **email** or call 610.338.0111 x1

Patricia Henning

phenning@marplesportsarena.com

| |
|---|
| <p style="text-align: center;">Marple Aftercare Individualized Education Plan Statement</p> |
|---|

Marple Aftercare works in cooperation with families and outside agencies to facilitate the provision of intervention services for children in need.

An EISP (Early Intervention Services Plan) generally refers to individualized plans for infants, toddlers, preschoolers and can include kindergarten students.

An IEP (Individualized Education Plan) for school-aged and kindergarten children generally refers to specialized plans created for elementary students.

While it may seem that an education plan for a school-aged child does not need to be shared with the child's before and after school program, understanding the ways each child learns and functions during the school day is critical to providing an appropriate before/after school experience for the child.

Has your child been identified by the school district for special programming? If yes, please submit a copy of the IEP. Because of the importance of the IEP/EISP to a child's experiences, **Marple Aftercare should have a copy before the child begins to attend.** Updated versions should be submitted as necessary.

Note: The information found on an IEP/EISP is protected by privacy laws.

- ☐ My child DOES NOT have an IEP or EISP currently in place.
- ☐ My child has an IEP/EISP

| My child is currently receiving: | Agency Providing Service |
|----------------------------------|--------------------------|
|----------------------------------|--------------------------|

- | | |
|--|-------|
| <input type="radio"/> Speech Therapy | _____ |
| <input type="radio"/> Physical Therapy | _____ |
| <input type="radio"/> Occupational Therapy | _____ |
| <input type="radio"/> Behavioral Services | _____ |
| <input type="radio"/> _____ | _____ |
| <input type="radio"/> _____ | _____ |

Additional details or information you feel may be relevant:

Child's Name

Signature of Parent or Legal Guardian

Date

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