

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
TELEPHONE NUMBER WHEN CHILD IS IN CARE		
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)	
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

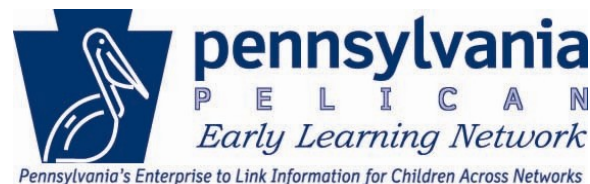
PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE



ELN Data Fields Form

Child and Family Information

Instructions: This form is designed to give programs information on all the data that is being captured in the Early Learning Network (ELN). Programs may use this form to collect information from families or may use it to adapt current program forms. Please capture the Child and Family Information in the fields provided below. Please use one form per Child to collect this information.

Fields marked with an * are required.

Please note: This document contains sensitive personally identifiable information. Please handle / store this information carefully.

Location Name: _____

Child Demographics Information

Last Name:* _____ MI: _____ First Name*: _____

Suffix: _____ (Jr., Sr., I, II, etc.)

Ethnicity:* ☐ Hispanic ☐ Non-Hispanic ☐ Unknown

Race:* (Select all that apply)

<input type="checkbox"/> American Indian or Alaskan
<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American
<input type="checkbox"/> White
<input type="checkbox"/> Native Hawaiian or Pacific
<input type="checkbox"/> Unknown
<input type="checkbox"/> Other

Gender:* ☐ Female ☐ Male

Date of Birth:* _____

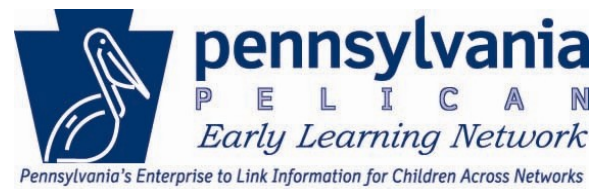
Child's Social Security Number: _____-_____-_____-_____

Programs this child is enrolled in this location: (Select all that apply)

<input type="checkbox"/> Head Start State Supplemental Assistance Program
<input type="checkbox"/> PA Pre-K Counts
<input type="checkbox"/> School District Pre-K
<input type="checkbox"/> Keystone STARS
<input type="checkbox"/> Other

SSN Note: SSN is optional and is only used for the Child Clearance process. Enter all 9 digits or leave the field blank. If you do enter all 9 digits, only the last 5 digits will show in this field. All other digits will be masked.

Is English the 1st language for the Child?: ☐ Yes ☐ No



ELN Data Fields Form

Child and Family Information

Please note: First, complete the Legal Guardian Information for the guardian who resides at the primary residence of the child. All other guardians may also be entered. Copy pages as needed.

Legal Guardian Information

Last Name:* _____ First Name:* _____ MI: _____

Suffix: _____ (Jr., Sr., I, II, etc.)

Gender:* ☐ Female ☐ Male

Relationship to Child: ***Per Act 24, this field is not required. Please select "Not Required".**

☐ Father ☐ Mother ☐ Grandparent ☐ Guardian ☐ Other ☐ **Not Required**

Secondary Relationship to Child: **Per Act 24, this field is not required. Please select "Not Required".**

☐ Biological ☐ Foster ☐ Adoptive ☐ Step Parent ☐ Other ☐ **Not Required**

Role: **Per Act 24, this field is not required. Please select "Not Required".**

- | | |
|----------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Primary Guardian | <input type="checkbox"/> Representative Payee |
| <input type="checkbox"/> Secondary Guardian | <input type="checkbox"/> Personal Guardianship |
| <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Substitute Decision Maker |
| <input type="checkbox"/> Caregiver | <input type="checkbox"/> Child Care Worker |
| <input type="checkbox"/> Support Team Member | <input type="checkbox"/> Case Worker |
| <input type="checkbox"/> Power Of Attorney | <input type="checkbox"/> Primary Care Physician |
| <input type="checkbox"/> Living Will | <input type="checkbox"/> Specialist |
| <input type="checkbox"/> Fiscal Guardianship | <input type="checkbox"/> <u>Not Required</u> |

Address Line 1:* _____

Address Line 2: _____

City:* _____ State:* _____

Zip Code:* _____

County:* _____

School district of Residence:* _____

☐ Check here if the School District of Residence is out of state.

☐ Send Correspondence to this legal guardian

☐ Primary address of the child

Phone: _____ Email: _____

AGREEMENT

55 PA CODE CHAPTER 3270.123 & 181(C); 3280.123 & 181(c); 3290.123 & 181(c)

*Please fill in highlighted areas. Thank you!

Name of Child <div style="background-color: yellow; height: 1.2em; width: 100%;"></div>		
Fee Amount \$ _____	Days- Per-Week: 5 Days	Day Payment to be Made: 1st of Each Month
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.) 8a-5:30p attendees: Breakfast, lunch and two snacks		
All attendees: Once a week specialists and care		
Child's Arrival Time: __8-9am__	Child's Departure Time: 2:30-5:30pm	Person(s) designated by parent to whom child may be released: On emergency contact form
	Late Fee: \$25.00 Per 15 minutes after 5:30 pm	
Extra services to be provided at an additional fee, if applicable:		
Private swim lessons, sports classes, dance class		
<p>I, the parent/guardian</p> <p style="margin-left: 40px;"><div style="background-color: yellow; width: 100px; height: 1.2em;"></div> received complete written program information at the time of enrollment (§ 3270.121, 3280.121, 3290.121)</p> <p style="margin-left: 40px;"><div style="background-color: yellow; width: 100px; height: 1.2em;"></div> agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum.(§ 3270.124, 3280.124, 3290.124)</p>		
Signature – Operator Date	<div style="background-color: yellow; display: inline-block; padding: 2px;">Signature- Parent or Guardian</div> <div style="background-color: yellow; display: inline-block; padding: 2px;">Date</div>	
Date of Child's Admission	Periodic Review	
Date of Withdrawal		

Signature-Parent or Guardian
Date