Spring 2017

Dear Penn Alumni,

Thank you for choosing Penn’s Children Center for your child’s care during the Alumni weekend. We are located conveniently on campus and have our own parking lot, so drop off and pick up should be an easy transition. The Alumni Weekend Program begins at 6:00pm and ends at 12:00. All parents need to arrive by 11:45 to pick up their children.

In the packet provided you will find an Emergency Contact Form, Health Form, Medical Release Form, and a brochure about our center. Please complete all forms and return to:

PENN CHILDREN’S CENTER
3160 CHESTNUT STREET SUITE 100
PHILADELPHIA, PA 19140
ATT: CONNIE LYDON
Fax (215) 573-2111

All forms must be filled out and returned by Friday, May 5, 2017 by 5 pm. Your reservation will not be considered finalized until the deposit has been paid online and the forms have been returned to the office.

* Please remember to include cell phone numbers, so that you can be reached while on campus.

The charge will be $20/hour for the first child and $5/hour for the second child. A $20.00 non-refundable deposit is required by May 5, 2017 at 5PM, which can be paid through the Alumni Weekend online registration site via credit card at www.alumni.upenn.edu/alumniweekend. The remainder of the fee should be paid at the time you drop off your child. Forms of payment we accept are: Cash, Check or MO made out to The Trustees of the University of Pennsylvania. Please note that we cannot accept credit card payments.

We will be having dinner, a puppet show, doing art projects and watching a movie during the time your child is here; younger children will be invited to relax on cots beginning at 8:30 pm (or earlier if the parent requests). Please note all these activities will take place at the center.

If you have any questions you can reach us at (215) 898-5268.

Thank you,

Connie Lydon
Associate Director
About Penn Children's Center

The University of Pennsylvania's child care center is for children ages three months to five years. Located on the University campus, the Center is administered by the Department of Business Services at Penn. Enrollment in the Center is open to all members of the University and surrounding communities with preference given to faculty, staff and students of the University. Penn Children's Center is one of the few centers in the area accredited by the National Association for the Education of Young Children (NAEYC).

Overall Educational Focus
The basic philosophy of the Penn Children's Center is learning through play. Programs for each age group are carefully designed to be developmentally appropriate and lots of fun.

We foster the cognitive, social, emotional and physical development of each child. Learning activities are incorporated into traditional playtime through stories, arts and crafts, music and movement, physical fitness, sciences, cooking projects, computers, and field trips. The Center promotes a positive self-image and sense of worth within each child with special emphasis on cultural awareness.

Penn Children's Center has well-equipped classrooms, indoor gym, outdoor playground, and computers in the classrooms.

Teaching Staff
Teachers for each of the age groups hold degrees in Early Childhood Education or a related field. Assisted by classroom aides and University students, this team of educational professionals works closely with parents to assure the most effective use of the Center and its services.

Staff also receive regular, specialized training in first aid, CPR, health and safety, child development, and other areas of continuing education, consistent with NAEYC guidelines.

PCC Parent Network
An active PCC Parent Network meets regularly to plan and implement general parental programs and activities. The Board also organizes an Orientation for New Parents featuring an international potluck dinner and fundraising events. All parents are encouraged to become involved in the Center through this organization.

Temporary Child Care
The Penn Children's Center provides temporary care for children of visiting faculty, lecturers, conference and seminar attendees, international guests, and University staff and students, as space permits. To arrange for temporary services, contact the Center at least 24 hours in advance.

Penn Children's Center is open Monday through Friday, from 7:00 am to 7:00 pm. Parents are welcome to arrange appointments for facility tours, specific programmatic information, and question-and-answer sessions. Children are invited to attend and spend some time in the classroom. For more information or to arrange an appointment, contact the Executive Director at (215) 898-5268.
Schedule for
Alumni Weekend

6:00 – 6:30 pm    Arrival and greeting
6:30 – 7:00 pm    Dinner (pizza, nuggets, mac & cheese, and milk or juice)
7:00 – 8:00 pm    Playground / Games
8:00 – 8:30 pm    Arts and Crafts
8:30 – 9:00 pm    Puppet show
9:00 – 9:30 pm    Make your own sundae!
9:30 – 10:00 pm   Gym time / Games
10:00 – 12:00 midnight Movie / Quiet time

In case you need to reach us, our number is:

(215) 898-5268

Thank you!

We hope you enjoy your events.
CONSENT TO ADMINISTER MEDICATION
Medical Release Agreement
Alumni Weekend

I hereby give consent for the Penn Children's Center on behalf of my child to obtain emergency medical procedures, first aid or other services as the circumstances require in the event that I cannot be reached, should my child become injured or ill while participating in the program. I also permit the Center to obtain emergency transportation to approved medical facilities.

I hereby release the Center, their staff and other employees from liability for any damages or injuries of any nature except in the case of negligence resulting from administering or not administering first aid or other medical services.

I give permission for medication to be administered or for emergency services to be obtained for my child while attending Penn Children's Center.

Child's Name: ________________________________________________

Signature of Parent: ____________________________________________

Signature of Parent: ____________________________________________

Date: ____________________________
CHILD HEALTH REPORT
(59 PA CODE §§3270.131, 5280.131 AND 3290.131)

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<th>CHILD'S NAME: [LAST]</th>
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<th>PARENT/GUARDIAN:</th>
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<td>DATE OF BIRTH:</td>
<td>HOME PHONE:</td>
<td>ADDRESS:</td>
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<td>CHILD CARE FACILITY NAME:</td>
<td>FACILITY PHONE:</td>
<td>COUNTY:</td>
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<td>WORK PHONE:</td>
<td>☐ 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.</td>
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<td>PARENT'S SIGNATURE:</td>
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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

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MEDICAL CARE PROVIDER:
SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT

ADDRESS:
PHONE:
LICENSE NUMBER:
DATE FORM SIGNED:

CD 51 08/05
# Emergency Contact / Parental Consent Form

**Child's Name**

- Home Address, City, State, Zipcode
- Birthdate

**Mother/Legal Guardian Name**

- Home Phone
- Cell Phone

**Father's Name/Legal Guardian**

- Home Phone
- Cell Phone

**Emergency Contact Information**

- Emergency Contact #1
  - Phone #1 when child is in care
- Emergency Contact #2
  - Phone #2 when child is in care
- Emergency Contact #3
  - Phone #3 when child is in care

- Person to whom child may be released #1
  - Address #1
  - Phone #1 when child is in care
- Person to whom child may be released #2
  - Address #2
  - Phone #2 when child is in care
- Person to whom child may be released #3
  - Address #3
  - Phone #3 when child is in care

**Name of Child's Physician/Medical Care Provider**

- Address
- Phone Number

- Special Disabilities (if any)

- Allergies (including medication reaction)

- 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)

**Parent's Signature is required for each item below to indicate parental consent:**

- Obtaining Emergency Medical Care
  - Date
- Admin of Minor First Aid Procedures
  - Date
- Walks and Trips
  - Date
- Transportation by the Facility
  - Date

**Signature of Parent or Guardian**

- Date

**Signature of Parent or Guardian**

- Date