



**PARENT HANDBOOK**  
Before and After School Program  
2025-2026

**Hempfield recCenter**  
1251 Stony Battery Road  
Landisville, PA 17538  
717-898-3102  
[www.hempfieldrec.com](http://www.hempfieldrec.com)

Dear Parent or Guardian:

Welcome to the Hempfield recCenter's School-Age Childcare Program! We are pleased to offer you our SAC Program. Developed as a community service, the SAC program is funded by fees paid by parents every four weeks. Since its inception in 1988 at the Landisville Elementary School, the SAC Program has grown to offer quality school-age childcare in six elementary schools in the Hempfield School District over the course of the past 37 years.

We are staffed with individuals who are credentialed through the Commonwealth of Pennsylvania with updated clearances and annual and continuous training surrounding new and updated workshops in the field of childcare under the auspices of the Pennsylvania Department of Human Services. The Hempfield recCenter staffs and operates the SAC program in conjunction with the Hempfield School District. However, it is important that parents understand that the Hempfield recCenter alone is responsible for providing and administering the childcare program, while the school district provides the programs' facilities. Thus, any concerns and comments should be directed to the specific SAC Site Supervisor or to the Director of School Age Childcare at the Hempfield recCenter.

This handbook and the information it holds is a guide to help you understand our policies and procedures. Please read it carefully and contact the Hempfield recCenter (717-898-3102) with any questions. Our ultimate goal is the total well-being and safety of your children at the before and after school program, while providing quality activities and mentorship in a nurturing environment.

We look forward to building and continuing a partnership between the Hempfield recCenter and all of our families as we look toward a wonderful new school year.

All the Best,

Jennifer and Matt

**Jennifer Browne**

School Age Childcare Director  
Hempfield recCenter  
(717) 898-3102 ext. 133  
[jbrowne@hempfieldrec.com](mailto:jbrowne@hempfieldrec.com)

**Matthew Charles**

School Age Childcare Assistant Director  
Hempfield recCenter  
(717) 898-3102 ext. 143  
[mcharles@hempfieldrec.com](mailto:mcharles@hempfieldrec.com)

## **Hempfield recCenter General Information**

The Hempfield recCenter is the organization that runs the before and after school programs at the six elementary schools in the Hempfield School District.

We are a nonprofit organization committed to providing positive, fun experiences and value through a variety of relevant wellness programs and events inclusive to all members of the community. Our programs are offered to Hempfield School District residents and non-residents, Hempfield recCenter members and non-members.

***DISCOVER*** Our goal is to enhance the lives of our community through fitness, wellness, and enrichment programs. Our high-quality programs and inviting social atmosphere are designed to get you motivated, fit, and involved.

***CONNECT*** Each and every one of our programs is offered to the local Hempfield community as well as Lancaster County residents and beyond. No matter your address, the recCenter can connect you to wellness services, activities, and like-minded individuals to enrich your life.

***BELONG*** Membership means more than access to fitness equipment. It means being part of a community excited about wellness and getting to know you. At the recCenter, you don't just go here, you belong here.

## **SAC Mission Statement**

The purpose of the School Age Childcare (SAC) program is to meet the needs of the local community by offering working parents an engaging and safe environment for their Kindergarten through sixth grade children during hours that extend beyond the school day.

## **Pennsylvania State License**

Our program must maintain a license by the Department of Human Services. Licensed facilities and programs must meet minimum standards in space, staff-to-child ratios, and qualifications of staff members. A copy of regulations pertaining to the operation of our program is available upon request to parents at the site. DHS regulations are available upon request and are found on their [website](#). Child Service Reports will be completed once every 6 months as per DHS regulations. Please see important DHS regulations below.

### *§3270.113. Supervision of Children*

A staff person shall supervise children on the facility premises and on facility excursions off the premises at all times. Outdoor play space used by the facility is considered part of the facility premises.

- Each staff person shall be assigned the responsibility for supervision of specific children. The staff person shall know the names and whereabouts of the children in his/her assigned group. The staff person shall be physically present with the children in his/her group on the facility premises.
- The requirement for supervision on and off the facility premises includes compliance with the staff: child ratio requirements in § 3270.51—3270.55 (relating to staff: child ratio).
- A facility person may not use any form of physical punishment, including spanking a child.
- A facility person may not single out a child for ridicule, threaten harm to the child or the child's family and may not specifically aim to degrade the child or the child's family.

### *Child Abuse Mandated Reporter*

A facility person is mandated by the Department of Human Services to report to Childline any and all cases of suspected child abuse.

### *Non-Discrimination Clause*

The Hempfield recCenter in the determination of eligibility or admission of any participant does not discriminate on the basis of race, sex, religion, creed, color, national origin, disability, age, or ancestry.

## **Enrollment Policy**

The program is open to children in Kindergarten through sixth grade at one of the Hempfield School District schools. Students remain in their specific elementary schools to participate. Participants who are children of working parents/students whose work/class schedules do not permit them to be with their children during program hours will be given priority.

## **Clearances and Trainings**

Department of Human Services requires that all staff members of childcare programs be on the lookout for, and report to the state, any suspected cases of child abuse. The Hempfield recCenter SAC program staff are trained in mandated child abuse reporting. All staff are required to have FBI, child abuse, National Sex Offender, and criminal background checks in addition to on-going training.

### **Shaken Baby Syndrome, Abusive Head Trauma and Child Maltreatment:**

Children are observed for signs of abusive head trauma including crying, difficulty staying awake/lethargy or loss of consciousness, difficulty breathing, seizures, lack of appetite, vomiting, bruises, no smiling or vocalization, decreased muscle tone, or bruises.

If SBS/AHT/CM is suspected, staff will:

- Call 911 immediately upon suspecting SBS/AHT/CM and inform the director
- Call the parents/guardians
- If child has stopped breathing, trained staff will begin pediatric CPR

Instances of suspected SBS/AHT/CM are reported to **Child Line at 1-800-932-0313** or online at [www.compass.state.pa.us/cwis/public/home](http://www.compass.state.pa.us/cwis/public/home). All staff take training that must be completed before staff can care for children unsupervised. Training includes recognizing, responding to and reporting child abuse, neglect or maltreatment as well as the brain development of children.

## **Resources**

- American Academy of Pediatrics: [www.healthychildren.org/English/safetyprevention](http://www.healthychildren.org/English/safetyprevention)
- National Center on Shaken Baby Syndrome: <http://dontshake.org/familyresources>
- Shaken Baby Syndrome: [www.mayoclinic.org/diseasesconditions/shaken-baby-syndrome/basics/symptoms/con-20034461](http://www.mayoclinic.org/diseasesconditions/shaken-baby-syndrome/basics/symptoms/con-20034461)
- American Red Cross: [www.redcross.org/images/MEDIA\\_CustomProductCatalog/m4240175\\_Pediatric\\_ready\\_reference.pdf](http://www.redcross.org/images/MEDIA_CustomProductCatalog/m4240175_Pediatric_ready_reference.pdf)

## **Continuity of Operations**

The physical quality of the program's sites are routinely checked for any safety issues, potential hazards, and anything that could be deemed a threat to the health and safety of the children within the program.

## **Contact Information**

Please direct all questions, concerns, and comments to the SAC Director and/or SAC Assistant Director.

SAC Director: Jennifer Browne  
(717)898-3102 ext. 133  
[jbrowne@hempfieldrec.com](mailto:jbrowne@hempfieldrec.com)

SAC Assistant Director: Matthew Charles  
(717)898-3201 ext. 143  
[mcharles@hempfieldrec.com](mailto:mcharles@hempfieldrec.com)

**Parents may call the sites during the hours of 6:30 AM – 8:40 AM and 3:00 PM – 6:00 PM at the following numbers:**

Site	Phone	Email
Centerville (CARE)	717-682-1322	<a href="mailto:care@hempfieldrec.com">care@hempfieldrec.com</a>
East Petersburg (EPIC)	717-682-0885	<a href="mailto:epic@hempfieldrec.com">epic@hempfieldrec.com</a>
Farmdale (FASER)	717-682-4025	<a href="mailto:faser@hempfieldrec.com">faser@hempfieldrec.com</a>
Landisville (LASER)	717-682-5734	<a href="mailto:laser@hempfieldrec.com">laser@hempfieldrec.com</a>
Mountville (MASER)	717-682-7673	<a href="mailto:maser@hempfieldrec.com">maser@hempfieldrec.com</a>
Rohrerstown (RASER)	717-682-8677	<a href="mailto:raser@hempfieldrec.com">raser@hempfieldrec.com</a>

## **Hours of Operation**

Our program will operate beginning with the first day of school through the end of the school year. Childcare will be provided during the hours of 6:30 AM - 8:40 AM and 3:30 PM - 6:00 PM on Mondays through Fridays, as per the school cafeteria clocks. Our staff are not prepared to accept students any earlier than 6:30 AM. **In the mornings, all students must arrive to the programs by 8:00 AM and no later. We cannot accept students after 8:00 AM.** The after-school program operates during scheduled early dismissals from 1:00 PM - 6:00 PM. The program will **not** run on:

- 1) Holidays and full-day teacher in-services (see school calendar)
- 2) Two-hour delay days (this affects only AM care)
- 3) Early dismissals due to inclement weather (this affects only PM care)
- 4) Any other unplanned school closings or whenever the school buildings are closed

## **Inclement Weather Policy**

Our AM program will not operate if Hempfield School District has a delayed start. Our PM program will not operate if Hempfield School District has an unexpected early dismissal due to weather or emergency. On a day that inclement weather is forecast, it is your responsibility to stay informed about any Hempfield School District delays/closings. We encourage you to visit the WGAL website: [www.wgal.com/weather](http://www.wgal.com/weather). There, you can sign up to receive notifications of school closings and delays.

Please be sure to check your emails on days when there is inclement weather but Hempfield does not dismiss early. We will remain open, but if the inclement weather increases, we may close the after school program early or choose not to run the program at all if we feel the conditions have worsened. **All information will be sent out via email.**

## **Registration**

Registration is not a guarantee upon submission of the packet. SAC Directors review paperwork and make decisions on availability based on the volume of students registered and number of staff hired. Your child may start the SAC program five business days after all paperwork has been completed and returned and the registration fee has been paid and confirmed by the Directors.

REGISTRATION FEE is \$75.00 per child by June 30, 2025 and \$90.00 per child after that. Registration fee is valid for one school year. Registration fees cover program start-up, supplies, and administrative costs. Fees are non-refundable. All portions must be completed before being submitted. Incomplete forms will delay registration and start dates. The Child Health Report/Immunization Record, which is required by the Department of Human Services, must be submitted before your child attends the program. It is essential that you remember to update your forms when you have a job change, new home, cell phone number, email address, change in payment information or any information that we would need in case of an emergency. *Parents are required to sign emergency contact information, fee sheet, and program information every six months.*

## Legal Document Policy

If applicable, we require parents of children under joint custody in divorce/separation situations to provide staff with a copy of any pertinent legal documents. Please discuss information with your child's supervisor. All documents will remain confidential. This information must be received prior to your child's first day of attendance and updated when needed.

## Contract Policy

You must specify which days per week they will use the program. For part-time students, you must specify which days per week they plan to attend. Once your days are selected, they must remain consistent unless prior SAC Director approval is received. Occasionally adding days over your contracted amount is allowed and will be billed accordingly. It is essential that you receive SAC Directors approval ahead of time.

## Child Attendance

Your child is expected at our program on their contracted days. If your child will not attend care on a day they are normally scheduled to attend, please contact the site's email directly to inform them. Contact information is located in the handbook. Each site has a direct line and email. Sites must be contacted by 1:00 PM for after school care. It is important to contact school teachers for any changes in your schedule. This policy is especially important for the after-school programs. Schools do not inform us if a child is absent. It is imperative that you contact the site **directly** if your child will not attend after school care. We are legally responsible for your child during contracted days. A fine of \$25.00 per child will result for each instance of not notifying the staff of a change to the schedule.

## Schedules

You may choose a part-time schedule (which allows up to 3 days of care) or a full-time schedule (which allows up to 5 days of care). Due to staffing requirements, we are unable to accommodate any other type of schedule including varying schedules.

## Drop-off & Pick-up Procedures and Transportation

**For morning drop-off: Parents must drop off by 8:00 AM.** This allows our staff to stay with groups, for children to eat breakfast, and for a more cohesive morning. Our job is to keep children safe. Unauthorized persons are not permitted to take children without being listed on the Emergency Contact form or receiving written and/or verbal permission from parents ahead of time. Staff may request photo ID for all persons picking up, *including parents*, until they know everyone.

## Personal Items Policy

The Hempfield recCenter is not responsible for lost or stolen items. Personal items such as cell phones, smart watches, toys, trinkets, and other belongings should stay at home, as they serve to distract and undermine the program and staff. Students are not permitted to be on cell phones or personal devices including but not limited to smart watches and tablets while at SAC. SAC reserves the right to hold personal items or electronic devices if a student is unable to keep their personal items in their backpacks. Please help us by checking your child's book bags and keeping personal items at home. Students have iPad time built into the schedule. If a parent needs to speak with their child during the program, they may call the site phone and staff will facilitate the connection, if possible.

## Transportation

Parents are responsible for transporting their children to and from the SAC program. Car motors must be turned off while a parent is dropping off or picking up children, as required by the Department of Human Services (DHS).

Upon arrival at the site, parents should adhere to the following protocol:

1. Please call the site when you arrive if you do not see a staff member at the door.
2. Parents are **not** permitted in the building during program hours, unless told otherwise.
3. Please end all phone calls prior to dropping off and picking up your child.
4. Please do not leave any children in the car unattended when dropping off or picking up your child.

## Adults Under the Influence of Drugs or Alcohol

Staff are required to make every effort to keep a child from getting into a car with an adult who is under the apparent influence of drugs or alcohol. We will call an emergency contact to give the child and adult a ride home. Staff may not provide transportation to an adult who appears to be under the influence, nor can staff give the child a ride in their own vehicles. Adult will be told that staff must call 911 if pick-up person attempts to drive, with or without the child in the car.

## Protocol for Wrap-Around, BHT, or Additional Support Services

If a child has additional support services, parents must provide advance information to Directors. Any parent meeting must be pre-arranged and occur during program hours.

## **Late Pick-Up Policy**

Your child **MUST** be picked up by 6:00 PM, according to the facility clock. If you will be late, please call the site phone to notify staff with as much notice as possible. Picking up after our program closes at 6:00 PM will incur a \$2/minute charge. Please note that this charge will be enforced during inclement weather. The parent's responsibility is to have alternate pick-up persons in place who can arrive by 6:00 PM if they cannot. Late fees will be automatically deducted. After the third occurrence, the situation will be reviewed by the Director. If a parent continually arrives late, the participant could be suspended or removed from the program completely.

## **Health and Emergency Policy**

Children exhibiting signs of illness may not attend the program. Parents will be notified and asked to pick up their child immediately. In cases of severe illness or injury, we will use emergency transportation by dialing 911. Parents sign an emergency treatment consent form included in registration. Medications must be listed in the event of a hospital visit. Staff cannot dispense medications. Please arrange with the school nurse to dispense medication to students before they arrive for the PM session. If a child must miss SAC due to illness or quarantine/isolation (COVID-19 or other), Hempfield recCenter will not refund tuition for days missed, nor will future tuition payments be prorated, per our policy. We are staffed and prepared for each child each day, whether or not the child attends.

## **Behavior Procedure & Policy**

It is important that students have fun at SAC, but we also expect cooperation and respect. We take a proactive approach to negative behaviors. We encourage students to behave in ways that are positive and promote good relationships. Staff individualize responses to behaviors for each student, taking a holistic approach when possible. The best way to help a student succeed is to see that child, parent, and staff are all working in unison to find the best actions and create long-lasting and positive results.

Staff communicate with parents to keep them informed of any difficulties. If a child experiences unusual/repetitive difficulties, parents will receive a report highlighting behaviors observed and procedures used. SAC Director can make discretionary calls if the situation merits a different approach. SAC reserves the right to ask for reimbursement for damages that may occur for destruction of property. Participation in SAC is a privilege and not a guarantee. Staff expect children to follow a Code of Behavior that emphasizes respect, responsibility, kindness, and safety. Staff will not tolerate a child who inflicts physical, verbal, or emotional abuse to other children or staff, requires one-on-one care, is unwilling to stay with the group, or is unable to conform to the rules and guidelines.

## **Hempfield Rec SAC Behavior Matrix**

*SAC children are expected to follow school rules while in the before and after school program.*

	<b><u>Program Wide</u></b>	<b><u>Bathroom</u></b>	<b><u>Cafeteria</u></b>	<b><u>Gym/Outside</u></b>
<b>BE RESPECTFUL</b>	Treat others the way you want to be treated Be a good listener Be respectful	Respect privacy of yourself and others Flush the toilet Keep bathroom clean	Use good manners Be respectful of others Be a good listener Use inside voices	Play fair/follow rules Include everyone Follow directions Take care of equipment
<b>BE RESPONSIBLE</b>	Follow directions the first time given Follow procedures	Keep it clean Paper towels in trash Be quick	Follow directions Use kind words Clean up after yourself	Return equipment Use the bathroom before going outside
<b>BE SAFE</b>	Walk quietly Keep hands, feet, and objects to yourself No bullying	Walk in the bathroom Wash hands with soap and water Flush the toilet	Sit with feet on floor Keep hands and feet to yourself No bullying	Keep hands to yourself Use equipment appropriately Stay with group

*Director reserves the right to determine the severity of a behavior issue. Once the decision has been made, it is final. If your child is dismissed from the program due to behavior, this may affect eligibility in future recCenter youth programs.*

## **Payment Policies**

Payments are made every 4 weeks for the following month of care. If you wish to change the billing method being used, we require a 5-business day notice. Please refer to the SAC Fee Agreement page for more details. **Credit card only. We do not accept checks.**

**If your monthly method of payment declines, the following will occur:** A \$25 late fee will be assessed to your account after two email/phone calls. This includes if payment information changes and you do not notify us before payment is due. If account is behind by one payment or more, this may result in suspension or termination of services. If services are terminated, you may re-enroll two months after the date of your last decline, if the remaining balance is paid and space allows.

Before School Program <i>Rates are monthly</i>			After School Program <i>Rates are monthly</i>		
1 CHILD	3 DAYS	4-5 DAYS	1 CHILD	3 DAYS	4-5 DAYS
	\$255.00	\$293.00		\$262.00	\$309.00

All fees for services are paid by automatic withdrawal via credit card. You must provide a current credit card along with your registration forms. There is a discount for the second sibling or more.

## Daily Rates

If your child attends part-time and needs to attend for extra days, there are rates for the before and after school programs. If your child attends the AM program and would like occasional PM care (or vice-versa) and if space allows, you may take advantage of the extra day rate. Parents must arrange in advance. Sibling rates do not apply in these instances. The daily rates are as follows:

AM	\$25
PM	\$25
Early Dismissal	\$45

## Receipts and Tax Information

You will receive emailed monthly receipts after each tuition payment is processed. For tax purposes and FSA reimbursement forms (or similar forms), parents are **required** to save these receipts. For your tax information, Hempfield recCenter's **EIN is 23-2469241**. Hempfield recCenter does not provide any additional information. If sending reimbursement forms of any kind, please allow 3-5 business days for return. Directors will not provide information for future tuition payments.

## Financial Aid

Early Learning Resource Center (ELRC) helps families with state-subsidized tuition funding. Contact this agency if looking at financial assistance first at 717-393-4004 to see if you qualify. The Hempfield recCenter's Financial Aid is available based on financial need and funding. Parents must apply with ELRC before requesting paperwork for Hempfield recCenter's financial aid.

## Payment/Scheduling Procedure

You may switch between full- or part-time to allow for more flexibility for varying schedules. We cannot make special arrangements or alternate rates for varying schedules other than what is offered. Once you commit to a schedule for a month, that payment is final. Per our policy, there will not be credits or refunds issued for changes made after a payment is complete. If a child is part-time and needs to add extra days, extra day rate will be applied and charged. If there are changes to a child's schedule for an upcoming payment period, changes must be sent to the Directors by the dates listed in the fee schedule. These due dates are listed BEFORE payments are due. If changes are not sent by the due date, you will be charged per your signed Fee Agreement without refund or credit.

## 2025-2026 SAC Tuition Schedule

SAC Fee	Payment Period	Changes to Schedule due by:	Charge Date
Fee #1	August 20 — September 12	Monday, August 4	Thursday, August 7
Fee #2	September 15 — October 10	Monday, September 8	Thursday, September 11
Fee #3	October 13 — November 7	Monday, October 6	Thursday, October 9
Fee #4	November 10 — December 13	Monday, November 3	Thursday, November 6
Fee #5	December 15 — January 16	Monday, December 8	Thursday, December 11
Fee #6	January 19 — February 13	Monday, January 12	Thursday, January 15
Fee #7	February 16 — March 13	Monday, February 9	Thursday, February 12
Fee #8	March 16 — April 10	Monday, March 9	Thursday, March 12
Fee #9	April 13 — May 8	Monday, April 6	Thursday, April 9
*Fee #10	May 11 — Last day of School	Monday, May 5	Thursday, May 8

**\*If no additional days are added to the end of year, Fee 10 will be prorated. \***

## Withdraw Policy

Two weeks' written notice of withdrawal from the SAC program and full payment is required. After you have withdrawn, you may reregister for the same program during the same school year with ample notice and if space is available. Only one cancellation of contract and reenrollment is allowed per year. Withdrawals may not be made for the final fee period (Fee #10).

## Putting Childcare on Hold Policy

You may put care on hold for up to two payment periods. During this time, you will be required to pay 50% of the total tuition to hold your child's spot in the program while not attending. Refunds will not be given to those who put care on

hold halfway through a payment period. Once two periods are over, you must choose to pay the monthly fee or withdraw your child from the SAC program. Please speak to the SAC Director for more information.

### **Transfer of Records Policy**

If child transfers to another childcare during the school year, we can provide copies of your child's paperwork for a smooth transition.

### **Publicity/Photographs**

Photos may be taken of your children from time to time. Photos may appear in newspapers, social media, or other publicity materials. Please alert SAC Directors with any questions or concerns.

### **2025-2026 HSD Scheduled Early Dismissals and No School Dates**

Please refer to Hempfield School District's 2025-2026 school calendar for early dismissal and no school dates.

### **Sample Schedules**

<b>AM Schedule</b>		<b>PM Schedule</b>	
<b>6:30 AM – 7:30 AM</b>	<b>Free Play &amp; Table Games</b>	<b>3:30 PM – 3:50 PM</b>	<b>Free Play &amp; Table Games</b>
<b>7:30 AM – 8:00 AM*</b>	<b>Gym Time</b>	<b>3:50 PM – 4:20 PM</b>	<b>Gym / Outside Play</b>
<b>8:00 AM – 8:10 AM</b>	<b>Wash Hands</b>	<b>4:20 PM – 4:30 PM</b>	<b>Wash Hands</b>
<b>8:10 AM – 8:40 AM</b>	<b>Table Games</b>	<b>4:30 PM – 6:00 PM</b>	<b>Free Play &amp; Student Pick-Up</b>
<b>*Must be dropped off by 8:00 AM</b>		<b>*Must be picked up by 6:00 PM</b>	

# EMERGENCY CONTACT / PARENTAL CONSENT FORM

<b>CHILD'S NAME</b>		BIRTHDATE
ADDRESS		
<b>MOTHER'S NAME /LEGAL GUARDIAN</b>		HOME PHONE#
ADDRESS (IF DIFFERENT FROM ABOVE)		CELL PHONE #
BUSINESS NAME		BUSINESS PHONE # / EXT.
ADDRESS		E-MAIL
<b>FATHER'S NAME /LEGAL GUARDIAN</b>		HOME PHONE #
ADDRESS (IF DIFFERENT FROM ABOVE)		CELL PHONE #
BUSINESS NAME		BUSINESS PHONE # / EXT.
ADDRESS		E-MAIL
<b>EMERGENCY CONTACT PERSON(S)</b>		
NAME	PHONE # WHEN CHILD IS IN CARE	NAME
NAME	PHONE # WHEN CHILD IS IN CARE	NAME
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED (OTHER THAN PARENTS):</b>		
NAME	ADDRESS	PHONE # WHEN CHILD IS IN CARE
NAME	ADDRESS	PHONE # WHEN CHILD IS IN CARE
NAME	ADDRESS	PHONE # WHEN CHILD IS IN CARE
NAME	ADDRESS	PHONE # WHEN CHILD IS IN CARE
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		PHONE #
ADDRESS		
<b>NAME OF CHILD'S DENTIST</b>		PHONE #
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICAL 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)
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
OBTAINING EMERGENCY MEDICAL CARE	TRANSPORTATION BY THE FACILITY	SWIMMING N/A
WALKS AND TRIPS	ADMIN. OF MINOR FIRST AID PROCEDURES	WADING N/A
CLASSROOM TEACHERS, ADMINISTRATIVE PERSONNEL AND REGULATORY OFFICIALS ARE AUTHORIZED TO ACCESS MY CHILD'S HEALTH AND PERSONAL FILES ON AN AS-NEEDED BASIS		THE ABOVE PARENT/GUARDIAN CONTACT INFORMATION (EXCLUDING BUSINESS) MAY BE INCLUDED IN A PARENT DIRECTORY

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN / DATE

\_\_\_\_\_  
SIGNATURE OF Director / DATE

\_\_\_\_\_  
UPDATE: SIGNATURE OF PARENT or GUARDIAN / DATE

\_\_\_\_\_  
UPDATE: SIGNATURE of Director or Supervisor / Date

## 2025-2026 SAC FEE AGREEMENT

Name of Child/Children: \_\_\_\_\_ Site Location: \_\_\_\_\_ Grade: \_\_\_\_\_

**Please Circle:**      **AM 6:30 - 8:40**      **PM 3:30 - 6:00**      **Both**  
Care provided      Care Provided

\*Children may be dropped off in the mornings between 6:30 AM – 8:00 AM. At 8:40 AM, children will be dismissed to their classrooms. At 3:30 PM, children arrive at the PM site from their classrooms. They may be picked up anytime between the hours of operation in the PM. No extra services are charged other than what is listed above and below.

**Please Circle:**    **AM:**    **3 Days \*\***    **4-5 Days**      **PM:**    **3 Days \*\***    **4-5 Days**

**Please Circle:**    **Mon**    **Tue**    **Wed**    **Thurs**    **Fri**      **Mon**    **Tue**    **Wed**    **Thurs**    **Fri**

AM			PM			EXTRA DAY RATES*	
1 CHILD	3 DAYS	4-5 DAYS	1 CHILD	3 DAYS	4-5 DAYS	AM RATE	\$25.00
	\$255.00	\$293.00		\$262.00	\$309.00	PM RATE	\$25.00
Sibling Rate	\$229.00	\$264.00	Sibling Rate	\$236.00	\$278.00	EARLY DISMISSAL	\$45.00

\*Extra Day Rates are based on each child as an additional day added to an already existing participation (sibling rate does not apply). Extra days and early dismissals must be coordinated ahead of time with the SAC Directors and will depend on availability.

\*\* Must specify a consistent 3-day schedule

**Total Monthly Fee Amount: \$** \_\_\_\_\_

\*Child Service Reports will be completed every six months if the child is enrolled more than 15 hours per week.

\*Children will only be released to parents and persons listed on the Emergency Contact Form.

A \$75.00 registration fee will be charged for each child at time of registration. Registration packets submitted after June 30, 2025, will incur a \$90.00 registration fee. Early Dismissal Days are \$45.00 as an additional day if space allows. Requests must be made to the SAC Directors. There is no additional charge for Early Dismissal days for those already scheduled for those days in the PM. There is a \$2/minute late fee for each child not picked up by 6:00 PM. There is a \$25.00 fee added to the account if your balance is not paid within 3 business days of the scheduled due date. For PM care, you must notify the site if your child will not attend for a scheduled afternoon. Failure to do so will result in a \$25.00 fine per incident. Please note that we cannot make special arrangements or alternate rates for varying schedules.

I, \_\_\_\_\_, give the Hempfield recCenter permission to charge my credit card for fee payments for School Age Childcare (SAC). I have read the current Parent Handbook and Parental Contract, and all information held within at time of enrollment and agree to be responsible for the full school year (August through end of school year). I will notify Hempfield recCenter SAC Director immediately of any changes to my credit card. If I choose to discontinue use of my credit card, written notice (via email) must be given at least one week prior to the due date of the next fee. I understand that a fee of \$25.00 that will be added to my balance for any expired or declined credit card charges.

### Credit/Debit Card Information

Credit Card Type: **(circle one)**    Visa    MC    Discover      Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code (on back): \_\_\_\_\_ Name (as it appears on card): \_\_\_\_\_

Billing address: \_\_\_\_\_ (include zip code)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Six-Month Review: \_\_\_\_\_ Date: \_\_\_\_\_

SAC Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SAC Director Six-Month Review: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only:

### 2025-2026 SAC Tuition Schedule

SAC Fee	Payment Period	Changes to Schedule due by:	Charge Date	Date Paid
Fee #1	August 20 — September 12	Monday, August 4	Thursday, August 7	
Fee #2	September 15 — October 10	Monday, September 8	Thursday, September 11	
Fee #3	October 13 — November 7	Monday, October 6	Thursday, October 9	
Fee #4	November 10 — December 13	Monday, November 3	Thursday, November 6	
Fee #5	December 15 — January 16	Monday, December 8	Thursday, December 11	
Fee #6	January 19 — February 13	Monday, January 12	Thursday, January 15	
Fee #7	February 16 — March 13	Monday, February 9	Thursday, February 12	
Fee #8	March 16 — April 10	Monday, March 9	Thursday, March 12	
Fee #9	April 13 — May 8	Monday, April 6	Thursday, April 9	
*Fee #10	May 11 — Last day of School	Monday, May 5	Thursday, May 8	

\*If no additional days added to end of year, Fee 10 will be prorated. \*

Child/Children's Start Date: \_\_\_\_\_

Child/Children's Withdrawal Date: \_\_\_\_\_

Child's Name(s): \_\_\_\_\_

School: \_\_\_\_\_

## **FINANCIAL INFORMATION**

1. At time of enrollment, a registration fee of \$75.00 is required for each child for the 2025-2026 school year. This fee is non-refundable.
2. I understand that my credit card will be billed monthly, according to the schedule. It is my responsibility to review all correspondence. I understand that all payments made are final and non-refundable. Parents must alert directors of any changes to their contract by the due dates listed in the SAC Fee chart (see Rates form, Parent Handbook, SAC Fee Agreement) in order for a change to be honored.
3. I understand that billing is based on full- or part-time enrollment for which I have contracted and not for actual attendance. I understand that special arrangements or rates cannot be made for varying schedules. I understand that no fees will be credited to my account if my child is ill or fails to attend. This includes days missed due to vacations, weather-related cancellations, quarantine/isolation stemming from COVID-19, or any other illness/communicable disease. SAC is staffed and prepared for each child each day, whether or not the child attends.
4. I agree to pay the late fee of **\$2.00/minute** if my child is not picked up by 6:00 PM.
5. I understand that failure to pay my contracted fees or an unpaid balance will result in my childcare services being interrupted until the balance is settled. I understand that there is a **\$25.00 fee for expired and declined payments**.
6. I understand that there is a **\$25.00 fee** added to my account if my balance is not paid **within 3 business days** of the scheduled due date.

## **PROGRAM INFORMATION**

1. All designated individuals understand that my child may not be left on school grounds without supervision. I understand that staff are not prepared to accept my child until 6:30 AM. I understand that the program will not be in operation on days that school is closed. AM SAC will not be in operation when there is a 2-hour delay. PM SAC will not be in operation if the school closes early due to weather-related emergencies and any other occurrence. I understand that payments will not be prorated in the event of any closings whatsoever.
2. In the event of an emergency, parents will be notified by phone and email for details on how and when they will be reunited with their children.
3. I understand that I must sign my child in/out daily and I must walk my child to the building to do so.
4. I understand that my child may not attend the program with any illness that threatens the health of others. I will be asked to pick up my child immediately from the program if child has a suspected contagious illness or is running a fever. If my child has a fever, I understand that my child may not return to the program for at least 24 hours of being fever-free.
5. I understand that no medication is administered unless I fill out the medication log completely. Written instructions from the physician are required for medication administration. All medications must be in the original prescription bottle.
6. I understand that staff must release children to parents unless a court order indicating sole custody is provided to the Director in advance. I understand that I must give written permission allowing staff to release my child to any individual other than the parent or those persons listed on the Emergency Contact Form. I understand that staff may not transport my child or sign them out in the absence of a parent.
7. I understand that the School Age Childcare Program is state licensed and regulated and that the staff are mandated reporters who are required to report any evidence of suspected abuse/neglect to ChildLine.
8. I understand that the Site Supervisor and the SAC Director reserve the right to dismiss my child from the program if they believe the individual needs of the child cannot be reasonably accommodated.
9. I understand that my child may be suspended or dismissed from the program due to chronic disruptive behavior and/or physical/verbal abuse to the staff or other children (by child or parent). I understand that my child may be permanently dismissed if a parent or other pick-up person displays onerous or abusive language and/or behavior to staff or in the presence of other children.
10. I understand that I must notify the site if my child will not attend the PM session by 1:00 PM on a day that my child is scheduled to attend. Failure to do so will result in a **\$25.00 fine** per incident. I understand that I must notify the school of changes in attendance for SAC.
11. I will notify SAC Directors of any changes to enrollment forms and will verify by signature that all information is correct semiannually.
12. In accordance with the applicable Federal and State Civil Rights laws and regulatory requirements, you and your child, as clients of the Hempfield School Age Childcare Program, have the right:

*-To be provided services by the Hempfield recCenter School Age Childcare Program and to be referred for services at other facilities without regard to your race, sex, color, sexual orientation, religious creed, disability, ancestry, national origin, or age. Program services shall be made accessible to persons with disabilities through the most practical and economically feasible methods available. These methods are but not limited to equipment redesign, the provision of aids, and the use of alternative services delivery locations. Structural modifications shall be considered only as a last resort among the available methods. If you feel you have been discriminated against on the basis of your race, color, religious creed, disability, ancestry, national origin age or sex, complaints may be filed with any of the following:*

<b>Hempfield recCenter</b> 1251 Stony Battery Road Landisville, Pa 17538	<b>PA Human Relations Comm.</b> Harrisburg Regional Office 333 Market Street 8 <sup>th</sup> Floor Harrisburg, PA 17101	<b>Dept. of Human Services Bureau of Equal Opportunities</b> Room 223, Health Bldg. P.O. Box 2675 Harrisburg, PA 17105	<b>US Dept. of Health and Human Services Office for Civil Rights</b> Suite 372, Public Ledger Bldg. 150 S. Independence Mall West Philadelphia, PA 19106
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\_\_\_\_\_  
Primary Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
SAC Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Six-Month Review Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Six-Month SAC Director Signature

\_\_\_\_\_  
Date

# 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): <input type="checkbox"/> 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. <input type="checkbox"/> NONE
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> ) <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>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.</b> <table><tr><td>VISION (subjective until age 3)</td><td></td></tr><tr><td>HEARING (subjective until age 4)</td><td></td></tr><tr><td>LEAD</td><td></td></tr></table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
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:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

Start Date: \_\_\_\_\_

Site: \_\_\_\_\_

## GETTING TO KNOW YOU FORM

### Basic Information

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

What time do you expect to drop off/pick up? \_\_\_\_\_

Are there any custody agreements that we should be aware of? \_\_\_\_\_

### Illness or Injury Contact

If your child becomes ill, who would you prefer us to call?

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

When do you wish to be informed on a minor injury or illness (i.e. scratch, headache, etc.?)

- ☐ Immediately by phone
- ☐ At pick up
- ☐ Other: \_\_\_\_\_

### Food and Allergy Information

Food Allergies: \_\_\_\_\_

Favorite Foods: \_\_\_\_\_

### Special Information:

What are your child's strengths? \_\_\_\_\_

\_\_\_\_\_

What skills do you want to see your child develop? \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

\_\_\_\_\_

Please provide any other information that will be helpful for our staff to know that we did not cover on this paper: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **SAC 2025 – 2026 RATES**

\*Rates are every four weeks

<b>AM – Before School Program</b>	<b>3 DAYS</b>	<b>4-5 DAYS</b>
<b>1 CHILD</b>	\$255.00	\$293.00
<b>Sibling Rate</b>	\$229.00	\$264.00

<b>PM – After School Program</b>	<b>3 DAYS</b>	<b>4-5 DAYS</b>
<b>1 CHILD</b>	\$262.00	\$309.00
<b>Sibling Rate</b>	\$236.00	\$278.00

**Extra Day Rates (Sibling discounts do not apply)**

<b>AM</b>	\$25.00
<b>PM</b>	\$25.00
<b>Early Dismissal</b>	\$45.00

The SAC Rates are as shown above. Please understand that the Hempfield recCenter's SAC program cannot make special arrangements or alternate rates for varying schedules. Sibling Rate applies to the second child or more in a family.

Registration Fee is \$75.00 per child and is due at time of registration. After June 30, 2025, a late registration fee of \$90.00 will be applied per child.

Early Dismissal Days are \$45.00 as an additional day not already scheduled. There is no additional charge for Early Dismissal Days for those already scheduled in the PM program. Extra Day Rates are based on each child as an additional day added to an already existing registration. Requests and payments must be made prior to attendance.

The Extra Day option is not created to be an alternative to registration. Extra Day Rate is only available to those who are currently registered.

Please contact Jen Browne for any questions 717-898-3102 ext. 133 or [jbrowne@hempfieldrec.com](mailto:jbrowne@hempfieldrec.com).

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### **2025-2026 SAC Tuition Schedule**

<b>SAC Fee</b>	<b>Payment Period</b>	<b>Changes to Schedule due by:</b>	<b>Charge Date</b>
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Fee #9	April 13 — May 8	Monday, April 6	Thursday, April 9
*Fee #10	May 11 —Last Day of School	Monday, May 5	Thursday, May 8

\* If no additional days added to end of year, then Fee 10 will be prorated.\*