ACTIVE LEARNING CENTERS
& Lehigh Valley Martial Arts

Enrollment Application
Date: _____
Registration Fee: _____ **Start Date:_____**

Name:_____Age:_____D.O.B.:_____
Address: _____
City:_____ State :_____ Zip:_____
School District: _____

Parent or Guardian:_____
Address: _____
City:_____ State :_____ Zip:_____
Home Phone: (____) _____ ☐ please check if this is your preferred method of contact
Cell Phone: (____) _____ ☐ please check if this is your preferred method of contact

Email Addresses: _____
Email Addresses: _____

I am interested in:

Active Learning Center

__ Infant __ Toddler __ Preschool __ Pre-K
__ Certified Kindergarten
__ Before School Care __ After School Care __ Before and After School Care
__ Virtual Learning School Facilitation __Summer Camp

Elementary/Virtual School_____ Current Grade_____

Care is needed: __ Monday __Tuesday __ Wednesday __Thursday __ Friday

Lehigh Valley Martial Arts

__ Little Ninjas (2 year olds) __ Little Ninjas (Preschool/Pre-K)
__ Beginner Program

Parent or Legal Guardian Signature: _____ Date:_____



www.alcchildcare.com
www.lvmartialarts.com

ACTIVE LEARNING CENTERS
& Lehigh Valley Martial Arts

LVMA Application/Registration Form Date: _____

Name:_____Age:_____D.O.B.:_____
Address:_____City:_____
State:_____ Zip:_____ Phone:(___) _____
E-Mail Address:_____

Parents or Guardians:_____
Address:_____ City:_____
State:_____ Zip:_____ Phone:(_____) _____Cell ( ) _____
Place of Employment: _____Phone:(_____) _____
How did you hear of us?_____

___ **LVMA Please Select Program:** __ **Children's Program** __ **Adult Program**
__ **Kung Fu** __**Karate** __**Tai Chi** __ **Healing Arts**

Reasons for Interest: Please select your top three in numerical order. Thanks.
__ **Physical Conditioning** __ **Self Defense** __ **Confidence** __ **Coordination** __ **Flexibility** ____ **Respect**
__ **Weight Loss/Gain** __ **Strength Training** __ **Attention Span** __ **Self- Discipline** __ **Stress Relief**
__ **Character Development** ___ **Self- Esteem** ___ **Deal with Bullies** ___ **Balance**

Does the student have any physical or learning challenges we should know about? Yes or No
If yes, please explain: _____

Release

The student or legal guardian understands that such activity involves the potential for injury, which is inherent in Martial Arts activities. The undersigned student and/or legal guardian releases and agrees to hold Lehigh Valley Martial Arts, Inc., its principles and it's instructors not responsible for any claims for injuries before, during, and after training or traveling to and from Lehigh Valley Martial Arts, Inc. **I also give permission for my child to be released to Lehigh Valley Martial Arts to participate in classes.**

Student Signature:_____ Date:_____

Parent/Legal Guardian Signature:_____ Date:_____



www.lvmakungfu.com
www.alcchildcare.com

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	BIRTHDATE
ADDRESS	
MOTHER'S NAME/LEGAL GUARDIAN	HOME TELEPHONE NUMBER
ADDRESS	
BUSINESS NAME	BUSINESS TELEPHONE NUMBER
ADDRESS	
FATHER'S NAME/LEGAL GUARDIAN	HOME 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 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	**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

ATTACHMENT 6 – CHILD PICK-UP AUTHORIZATION

I, _____, authorize Active Learning Centers, to release my child(ren) to the person(s) designated. This is in consonance with the Active Learning Centers' Emergency Plan.

Child's Name	**Designated Custodian (s) Name & Relationship**
_____	_____
_____	_____
_____	_____

_____

Your Signature Relationship Date

_____

Print Name

_____

Address

_____

Address

(Home Phone)_____(Work)_____(Cell)_____

NOTE: Parents and guardians should designate themselves as designated custodians. Friends, neighbors and other relatives may also be designated. PLEASE PRINT CLEARLY.

Fee Agreement

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

Name of Child:	Current Grade & School (If Applicable):

Fee Amount $	PER-DAY-WEEK	DAY PAYMENT TO BE MADE **Friday before week of care**

Additional services that may be provided as part of the day care fee (examples: transportation, care, meals, etc.)

Snack

Homework Assistance

Before/After School Activities

CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE **$25 per 15 min**	PER 15 MIN FEE **After 6:00pm**	

Extra services to be provided at an additional fee if applicable:

***Martial Arts Program:** Agreement made with LVMA

*** Extracurriculars such as Parkettes, Computer Explorers, Soccer Shots** (dependent upon location and age)

School Holiday/ Inclement Weather Closing Fee $ _____ School Delay/Early Dismissal Fee $ _____

You will be charged for any days that you sign up for in advance regardless of attendance. If you do not sign up in advance, space is not guaranteed, and you will be charged double the fees above.

I, the parent/guardian, intending to be legally bound, acknowledge and confirm I: (Please initial below)

_____received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 32990.121)

_____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)

_____have read and agree to the Vacation Policy, Registration and Payment Procedures and Withdrawal Policy as stated in the provided Parent Handbook

_____ Understand that registration and first week's tuition is non-refundable.

_____ understand that I must have a valid payment method on Procare. If the card on file declines 3 consecutive weeks, a new card must be presented by Friday on week 3.

_____ understand admissions, the provision of services and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin, including limited English proficiency, age or sex. Program services shall be made accessible to eligible persons with disabilities through the most practical methods available. As safety is our top priority, Active Learning Centers reserves the right to refer you to higher services and/or refuse services.

_____ understand a gas surcharge of $2 per child per week will be added if gas goes to $4 and $3 per child per week if gas goes to $5.

_____ have been made aware of opportunities available to me at Lehigh Valley Martial Arts

_____ I hereby give Lehigh Valley Martial Arts, INC and Active Learning Centers the absolute right and permission to publish, copyright and use pictures, videos, audios, renderings and/or images of any kind and likeness of me/my child in which I/we/he/she may be included in whole or in part, composite or retouched in character or form, in conjunction with the advertising and promotion of Lehigh Valley Martial Arts and Active Learning Centers.

Sunscreen Permission: I give permission for my child to use the sunscreen provided from home. _____

_____ _____ Signature- Operator Date	_____ _____ Signature Parent or Guardian Date
Date of Child's Admission	**Periodic Review**
Date of Withdrawal	_____ _____ Signature Parent or Guardian 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:

☐ 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):
☐ 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

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.



Active Learning Centers

Individualized Education Plans (IEP) or

Individualized Family Service Plans (IFSP) Request

Child's Name: _____

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

- ☐ I am providing a copy of my child's IEP or IFSP.
- ☐ I am not providing a copy of my child's IEP or IFSP.
- ☐ This is not applicable to my child.

Signature: _____ Date: _____

Printed Name: _____

Active Learning Centers

Custody Waiver and Notification Policy

Child's Name: _____

I understand and agree that if such an order or agreement is currently applicable or in the future, put into place that I will immediately deliver a copy of said Custody Order or Agreement to Active Learning Centers to be placed in my child's file in accordance with Pennsylvania State Law.

I also agree to supply Active Learning Centers with contact information for my child's biological or adoptive parent if applicable so that Active Learning Centers may comply with the right to information if so ordered by the Custody Order or Agreement.

- ☐ I am providing a copy my family's custody order
- ☐ There is a mutual agreement between parents but no custody order exists at this time
- ☐ This is not applicable to my child.

Signature: _____ Date: _____

Printed Name: _____

Active Learning Centers

Challenging Behavior Policy

Child's Name: _____

I understand that Active Learning Centers takes every necessary step to provide a high level of care to all children, including those with challenging behaviors by taking measures within reason to accommodate them. I understand that the policies for items such as Inclusion and Suspension and challenging behaviors were provided to me in the Parent Handbook supplied to me at enrollment.

I also understand that additional supplemental policies related to challenging behaviors are reviewed with parents when circumstances for behaviors that exceed our ability to manage or create ongoing difficulties for our teachers or staff to manage. These policies outline the steps necessary to manage the behaviors successfully and safely, outline our limitations in doing so and outline the expectations of parents and the children in situations that exceed our threshold of management.

Signature: _____ Date: _____

Printed Name: _____

Nondiscrimination in Services

To: Parents/Clients
From: Center Director

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.
Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.
Any individual/client/student (and /or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

Active Learning Centers
7200 B Windsor Dr.
Allentown, PA 18106
Tel. 610-366-8084

Active Learning Centers
7150 Hamilton Blvd.
Trexlertown, PA 18087
Tel. 484-557-2839

Active Learning Centers
2910 Easton Avenue
Bethlehem, Pa 18017
Tel. 610-984-1025

Lehigh Valley Martial Arts, Inc
544 Jubilee St.
Emmaus, PA 18049
Tel. 610-966-2234

Palmer ALC, LLC
3601 Nazareth Rd
Easton PA, 18045
Tel. 610-829-1818

Commonwealth of PA
Department Human Services
Bureau of Equal Opportunity
Room 225, Health & Welfare Building
PO Box 2675
Harrisburg, PA 17110

PA Human Relations Commission
Harrisburg Regional Office
333 Market Street, 8th Floor
Harrisburg, PA 17110-2123

U.S. Department of Health and Human Services
Office for Civil Rights
Suite 372, Public Ledger Bldg.
150 South Independence Mall West
Philadelphia, PA 19106-9111

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

ACTIVE LEARNING CENTERS
& Lehigh Valley Martial Arts

Together We Build Strong Families

Handbook Acknowledgement
Active Learning Centers

I have received, read, and understand the Parent Handbook. I agree to follow the rules, guidelines, and policies of Active Learning Centers and Lehigh Valley Martial Arts, Inc.

_____ _____
Parent Signature Date

_____ _____
Director Date

www.alcchildcare.com
www.LVMAnow.com

3601 Nazareth Road
Easton, Pa 18045
610.829.1818

544 Jubilee Street
Emmaus, PA 18049
610.966.2234

7200B Windsor Drive
Allentown, PA 18106
610.366.8084

9999 Hamilton Blvd.
Breinigsville, PA 18031
484.397.4095

1044 Trexlertown Road
Suite 101
Breinigsville, PA 18031
610.841.4333



"GETTING TO KNOW YOU"

This form is an ongoing effort to get to know our families, help the teachers to comfort the child, and learn a little about your expectations. We are asking that you take the time to answer the questions and share with us. The front section is geared towards the children, so please involve them or let them fill this out themselves if they are old enough. The back should be filled out by the parents. Thank you so much for your involvement!

My name is _____.

I was born on _____.

I am _____ years old.

My nickname is _____.

These are the people who live in my house (names, relationship and, birthdays) …



I have _____ pets at home.
They are …



My favorite activities, games, books and toys …



This calms me when I am scared, upset, frustrated or angry …



My favorite and least favorite foods …



What makes you excited about coming to ALC?



Describe your child's schedule …
(Wake up, activities, bedtime)



How do you help your child to learn something new …



Three things I hope for my child to learn …



5 words that best describe your child.



Child History

1. Has your child ever been in a child care program? Yes / No
2. Does your child have any special needs we should be aware of?

_____

If so, please provide a copy of the evaluation and IFSP or IEP

Family History

1. Is there any additional information about your family that you would like to share?

_____

_____

2. Are there any custody issues? Yes / No

If yes please provide a copy of a Court Order so that we can support your legal custody agreements.

3. Is there any information about your family's culture, ethnicity, language or religion that is important for us to know? Would you and/or family like to be a resource for any cultural awareness activities? _____

_____

4. Are any members of your family interested in volunteering in the classroom? If so, what talents or interests would you like to share? _____

_____

ACTIVE LEARNING CENTERS
& Lehigh Valley Martial Arts

Transportation Release Form

I, _____, authorize Active Learning Centers to release my child(ren) to drivers from ALC/LVMA Management Company, who will be operating center vehicles and busses. I authorize Active Learning Centers to allow these drivers to transport my child(ren) to and from school, to and from playgrounds and parks, to and from field trips, in the event of an emergency situation that requires evacuation or for any other transportation needs that arise in the course of my child's care.

_____ _____

Print Name Relationship

_____ _____

Signature Date

544 Jubilee Street
Emmaus, PA 18049
610.966.2234

7200B Windsor Dr
Allentown PA, 18106
610.366.8084

7150 Hamilton Blvd
Trexlertown PA 18087
484.460.1806

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