



**Request for Proposal:
Extended Day Licensed
Childcare Provider
at Pittsburgh Colfax
TIMELINE REVISED 5/3/18**

ISSUED: Monday, April 16, 2018; **TIMELINE REVISED 5/3/18**

SUMMISSIONS DUE: ~~Friday, May 4, 2018 at 5:00 PM~~ **Friday, May 11, 2018 at 5:00 PM**

Program details outlined in this RFP are subject to change.

Section 1: General Information

Introduction

The School District of Pittsburgh (herein referred to as “the District”) is seeking proposals from qualified firms or individuals (herein referred to as “Proposer”) to provide extended day childcare at Pittsburgh Colfax Elementary School, as described in Section 2: Scope of Services.

Previously this service has been provided by the District's Early Childhood Education department.

Proposals are solicited which demonstrate the qualifications, expertise, and capacity to provide safe and engaging programming.

The successful proposer’s program shall demonstrate evidence of the following:

- A nurturing and educational program which ensures the optimal physical, social, emotional, and intellectual development of each enrolled child.
- A safe, healthy and nurturing environment;
- A clear and measurable philosophy which reflects the best practices in early care and education; and
- The ability to develop and maintain appropriate partnerships with school leadership, families, and other community stakeholders.

Timetable/Response Submittal

Proposals will be accepted through Friday, May 4, 2018 at 5:00 PM. No proposals shall be accepted after this time. A timetable for the selection process is outlined below.

Activity	Date
Request for Proposal (RFP) Issued	Monday, April 16, 2018
Optional Site Visit	Tuesday, April 24 th between 3:30 – 4:30 pm
<i>Proposals Due</i>	<i>Friday, May 4, 2018 at 5:00 PM</i> <i>Friday, May 11, 2018 at 5:00 PM</i>
Possible Interviews With Selected Proposers	Week of May 14, 2018
Potential Award Date	May 21, 2018
Proposed First Date of Childcare Services	August 24, 2018

Upon release of this RFP and until the conclusion of the selection process, there shall be no communication between any prospective respondents and/or their lobbyist(s) or agent(s) with any staff of the District, or any elected representatives or other appointed official of the District and/or their staff, **regarding content in this RFP, except for as provided for in this RFP**. Any violation of this provision by any prospective organization and/or its agent(s) shall be grounds for immediate disqualification of the application.

Section 2: Scope of Services

Who May Apply

Proposers must be licensed entities currently operating a program that is accredited through a recognized accrediting organization.

Proposers must have the ability to accept payment through the Child Care Works Subsidized Child Care Program (commonly referred to as CCIS).

Term and Options Period

The initial term shall be for one (1) year with the possibility of two (2) successive one (1) - year renewals – for a total term not to exceed three (3) years.

Building Permits and Fees

The selected provider is required to follow the permit and board policy procedural guidelines as outlined by the District and the selected provider will work through the Operations Department to coordinate the permit. The selected provider will agree to the parameters of the permit and policy, and if applicable, agree to the payment of all rental fees associated with the permit. Permit fees, if applicable, are calculated based upon the District administrative regulations, hours of use per day and total number of days used.

Optional Site Visit

Proposers are invited to visit the site prior to submitting a proposal in order to determine all requirements. This will take place on Tuesday, April 24th between 3:30 – 4:30 pm at Pittsburgh Colfax, 2332 Beechwood Blvd, Pittsburgh, PA 15217.

Please indicate your intention to attend the site visit by contacting Christine Cray at 412-529-3931 or ccray1@pghboe.net no later than noon on Tuesday, April 24th.

Program Timeline and Requirements

The provider shall operate between the hours of 2:51 PM – 6 PM daily on days when school is in session for the full day (excluding all scheduled half-days). See Appendix A for the 2018-2019 School Year Calendar. Provider staff shall be on site by 2:30 PM in order to ensure that programming can begin smoothly upon dismissal of students.

The provider shall effectively transition students upon the end of the school day and shall effectively supervise students until they are picked up by a parent/guardian.

The provider shall have the capacity to serve at least 40 students in grades K-5, and shall accept and serve students who are currently enrolled in the extended day program as it currently operates.

The District shall provide space at Pittsburgh Colfax Elementary School, including adequate access to restrooms and other necessary facilities. Said use shall be coordinated with the Pittsburgh Colfax Elementary School Principal (herein referred to as “Principal”).

Mandatory Staffing Requirements

The provider’s full time program director shall have demonstrated experience and training in child care and development and child care administration.

The provider is responsible for hiring and training qualified and competent staff, and shall ensure compliance with all applicable regulations relating to required clearances, licenses, compensation, payment and benefits.

The provider is required to ensure an adequate staff: student ratio as required by licensing agencies.

Required Deliverables and Meetings

The provider is required to meet with the Principal in late May or early June to ensure effective communication and collaboration, especially with respect to the use of school facilities, policies, and procedures. The provider is also required to meet with families whose students are currently enrolled in the Extended Day program in late May or early June to begin the process of ensuring effective parent engagement, and to share information regarding the process for enrolling in the program for the next school year.

Further, the provider shall submit written policies and procedures, including but not limited to a family handbook, to the Principal for review by July 15, for dissemination to families by August 15 in advance of the start of services.

During the school year, the provider shall be available for monthly meetings with the Principal to provide updates on programming and address any areas of concern by either party.

The provider shall also host monthly meetings with families of enrolled students, to ensure meaningful and effective parent engagement and to provide relevant updates.

Employee Roster and Staff Clearances – by August 1, 2018

The provider shall submit their employee roster and copies of clearances for all employees who will have direct contact with children no later than Wednesday, August 1, 2018. This roster shall list the name of each staff member who will be working with students.

The required clearances are: Act 34 (Criminal Record Check in Pennsylvania), the Act 151 (Child Abuse History), and the Act 114 of 2006 (FBI Federal Criminal History through the Department of Education).

The provider shall update the employee roster and submit applicable clearances each time there is a change in program staffing.

Proof of Insurance – by August 1, 2018

The provider shall submit proof of insurance to the District by Wednesday, August 1, 2018 for the minimums stated below. The provider shall maintain a minimum of \$1,000,000 of General Liability insurance coverage and additional coverage as follows:

- **Workers Compensation and Employers Liability:**
 - i. Workers Compensation: Statutory Limits
 - ii. Employers Liability: \$100,000 Each Accident – Bodily Injury by Accident; \$100,000 Each Employee – Bodily Injury by Disease; and \$500,000 Policy Limit – Bodily Injury or Disease
 - iii. Other States Coverage and Endorsement
- **Umbrella Liability:** \$1,000,000 per occurrence combined single limit for bodily injury (including death), property damage liability, professional liability, automobile liability and Employer's Liability excess of the underlying primary policies.
- **Additional Insured Status:** "The School District of Pittsburgh" shall be added as an additional insured for the General Liability and Umbrella Liability policies under a Blanket Additional Insured Endorsement on the referenced policies.

Section 3: Proposal Requirements

All proposers shall be accorded fair and equal treatment with respect to the selection process. Discussions may be conducted between the District and prospective proposers, or with proposers who have submitted proposals. During these discussions, there shall be no disclosure of information derived from proposals submitted by other proposers.

Contents of Proposal

1. **Cover Page:** Please include a cover page listing the proposer's name or organization and the submission date, as well as the name, phone number, e-mail address, and mailing address for both the proposer and a primary contact person. **The primary contact person identified on the cover page will receive all relevant communication regarding the status of the proposal.**
2. **Cover Letter:** Please submit a cover letter, of up to two (2) pages, describing the proposer. This letter should briefly explain why the proposer is submitting the proposal and how the programming is aligned with the description of what is being sought. This letter should also include background information on the mission, vision, and/or goals of the proposer, and how they are aligned with the needs of the District.
3. **Program Description:** Please submit a program description, not to exceed ten (10) pages, addressing the components below.

Program

- Please describe the educational philosophy and curriculum of your current programming. How does this apply in the proposed after-care program to be operated at Pittsburgh Colfax?
- Please provide a sample calendar and daily schedule demonstrating activities in the proposed after-care program.
- Will any food be provided to participants?
 - If so, please describe what will be provided and when it will be provided. Will it meet federal Food and Nutrition guidelines?
 - If not, please describe the policy for students to bring food from home.
- Please describe the space and equipment requirements necessary to implement the proposed programming, and explain general plans for obtaining any required materials or supplies.
- How many students do you propose to serve? *(Note that all proposers shall have the capacity to serve at least 40 students in grades K-5, and shall accept and serve students who are currently enrolled in the extended day program as it currently operates.)*
- Please describe the steps that you would take to develop comprehensive behavior and disciplinary procedures.

Staff

- Please describe the titles, roles, and responsibilities of planned program staff, including the program director.
- Please share the group staffing ratios as planned based on the number of students and staff proposed. Please describe how these ratios align to requirements by relevant licensing agencies.
- Please describe your process for recruiting, selecting, and training new staff members.
- Please describe any ongoing training or professional development offered to staff members.
- Please describe your employee evaluation process.
- Please describe your process for ensuring adequate coverage in the event that a staff member calls off.

Operations

- Please describe the enrollment procedure that you would utilize.
- Please describe the procedure that would guide student transition to programming at the end of the school day, the procedure that would be utilized for tracking student attendance, and the policies and procedures you would employ for departure and emergency release of students.
- Please describe the steps that you would take to develop comprehensive safety and security procedures that are aligned with the school's existing policies and procedures, and the building crisis plan.
- Please describe the steps that you would take to develop comprehensive emergency procedures that are aligned with the school's existing policies and procedures, and the building crisis plan.
- Please describe the hours of operation for the proposed program, including a statement certifying that you will be able to operate between the hours of 2:51 PM – 6 PM daily on days when school is in session for the full day (excluding all scheduled half-days). See Appendix A for the 2018-2019 School Year Calendar.
- Please describe your fee structure and payment policies. Will you accept payment through the Child Care Works Subsidized Child Care Program (commonly referred to as CCIS)? *(Note that the current annual cost for after-care is \$2,750.00 per child per year - \$290 per month from September – May and \$140 for the month of June. Proposers are strongly encouraged to match this cost or to provide services at a cost that is lower than what is currently being charged to families.)*
- Please describe your family/community engagement policies, including how you communicate with and engage families.
- Please describe how you would develop and maintain an effective partnership with school and District leadership, to ensure smooth operation of the proposed programming.
- Please affirm your ability to meet the requirements outlined in "Required Deliverables and Meetings" above, specifically with respect to meetings. Who will be the representative for each of the specified meetings?

4. **Qualifications and Experience:** Please describe relevant qualifications (including licenses/accreditations), achievements, and accomplishments/awards that demonstrate the quality and experience of the proposer as it relates to the proposal. Please specifically describe current experience providing childcare services, including a description of where the services are provided, to whom, and for how long the proposer has been providing services.
5. **References:** Please provide a minimum of three (3) references. For each reference, please include the individual's name, title, and organization, relationship to the proposer, e-mail address, and phone number. The District reserves the right to contact these references and to request additional references.
6. **Work History with the District:** Please list and describe any past work history with Pittsburgh Public Schools, if applicable. For past work performed in a Pittsburgh Public Schools building, please include a letter of recommendation from the building principal.
7. **Legal Actions:** Please list and describe any and all legal actions for the past three (3) years in which the proposer has been a defendant in a lawsuit for inadequate performance under a contract or agreement, a debtor in bankruptcy, or a defendant in a criminal action, if applicable.
8. **Financial Statements:** Please provide copies of the proposer's audited financial statements for the two (2) prior fiscal years, if applicable, or a reasonable alternative.

- 9. Insurance Requirements:** Please provide evidence of current insurance coverage. If current coverage does not meet minimum requirements outlined in *Required Deliverables and Meetings* above, please include a statement of commitment to acquire required coverage should proposer be selected to provide services.
- 10. Licenses:** Please provide copies of the proposer's City of Pittsburgh and/or State of Pennsylvania licenses and all other licenses, certifications, and accreditations relevant to the performance of duties within the proposal.
- 11. Joint Venture:** Please provide a copy of any executed joint venture agreement(s), if applicable. Examples include any partnership between two or more organizations in order to provide the services outlined in this proposal. Even if no legal partnership is formed, a letter of intent signed by all parties involved should be included if two or more organizations plan to work together.
- 12. W-9 Form Request for Taxpayer Identification Number and Certification:** Please submit a signed W-9 form. This form can be accessed online at <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.
- 13. Organization Information/Equal Opportunity Employment:** Please submit the Organization Information/Equal Opportunity Employment information described below:
- Describe the proposing organization's equal employment opportunity policies and programs.*
 - Has the proposing organization or any of its employees, or anyone acting on its behalf, ever been convicted of any crime or offense arising directly or indirectly from the conduct of the organization's business or have any of the organization's officers, directors, or persons exercising substantial policy discretion ever been convicted of any crime or offense involving financial misconduct or fraud? If so, please describe any such convictions and surrounding circumstances in detail.*
 - Has the proposing organization, or any of its employees, or anyone acting on its behalf, been indicted or otherwise charged in connection with any criminal matter arising directly or indirectly from the conduct of the proposing organization's business which is pending or have any of the proposing organization's officers, directors, or persons exercising substantial policy discretion been indicted or otherwise charged in connection with any criminal matter involving financial misconduct or fraud which is still pending? If so, please describe any such indictments and surrounding circumstances in detail.*
 - Please describe (i) any material financial relationships that the proposing organization or any organization employee has with any financial advisory firms, investment banks or law firms or other persons or entities that may create a conflict of interest in acting as a provider to the School District; (ii) any family relationship that any employee of the proposing organization has with any public servant that may create a conflict of interest, or the appearance of a conflict of interest in acting as a provider to the District; and (iii) any other matter that the proposing organization believes may create a conflict of interest or the appearance of a conflict of interest in acting as a provider to the District. Please describe any procedures the proposing organization either has adopted, or would adopt, to assure the District that a conflict of interest would not exist for the proposing organization in the future.*

General Submission Requirements

In an effort to conserve resources and to aid in a more efficient submission process, the District strongly encourages proposers to submit electronic proposals to outofschooltime@pghboe.net. See below for contact information and submission requirements.

Contact Information: Christine Cray, Director of Student Services Reforms School District of Pittsburgh 341 South Bellefield Avenue, Room 428 Pittsburgh, PA 15213 ccray1@pghboe.net 412-529-3931	
Electronic Submissions	Hard Copy Submissions
All electronic submissions must be created using 12-pt font, on 8 ½" x 11" paper with 1-inch margins, be page-numbered and include separate, marked sections for each item listed in Section 3 above. All electronic submissions must be sent as a single PDF attachment to outofschooltime@pghboe.net Information included in the body of the e-mail message will not be considered in the evaluation of proposals submitted electronically.	All hard copy proposals must be created using 12-pt font, on 8 ½" x 11" paper with 1-inch margins, be page-numbered and fastened (stapled or inserted into a presentation cover or binder), submitted with section dividers for each item listed in Section 3. One (1) copy of the proposal shall be prepared and submitted to the District at the contact information above. The District discourages the use of expensive paper and bindings as no material will be returned to proposers.
All submissions (electronic or hard copy) must be received by 5 PM on Friday, May 4, 2018 Friday, May 11, 2018.	
Confirmation of Receipt: Confirmation of receipt of proposals submitted in hard copy and electronically will be sent via e-mail to the primary contact listed in the proposal no later than noon on Monday, May 7, 2018 May 14, 2018.	

The District reserves the right to (i) select one or more providers to provide the services outlined herein; (ii) reject any and all proposals; (iii) identify any areas where a conflict of interest may exist; and (iv) utilize existing District staff and/or existing District resources without required submission of a proposal.

Section 4: Evaluation Criteria

Proposals will be reviewed by an evaluation committee. Submissions from qualified proposers will be reviewed using the evaluation criteria below. The District reserves the right to request presentations or conduct interviews with proposers determined to be in the competitive range and shall use the information derived from these presentations and/or interviews, if applicable, in the evaluation. The District anticipates selecting a single provider.

All proposals will be evaluated based on the following criteria:

Category	Percentage Weight
Program Description	60%
Qualification and Experience	30%
Overall Proposal	10%
Total Percentage	100%

Section 5: Appendices

Appendix A - 2018-2019 School Year Calendar

2018

August 20	Monday	School-Based Clerical Day
August 21	Tuesday	District-Wide Professional Development (PD)
August 22	Wednesday	School-Based Clerical Day
August 23	Thursday	School-Based PD

First Day of School

August 24	Friday	First Day Of School - All Grades except Kindergarten, grades 10 & 11
August 24-28	Friday – Tuesday	Kindergarten Assessments
August 27	Monday	First Day of School for grades 10 & 11
August 29	Wednesday	First Day of Kindergarten

No School/Early Dismissal for Students

September 3	Monday	NO SCHOOL- Labor Day
September 10	Monday	NO SCHOOL (School Only)
September 19	Wednesday	NO SCHOOL (School Only)
September 28	Friday	EARLY DISMISSAL - 1/2 day – Teacher PD
October 8	Monday	Parent Teacher Conferences/ NO SCHOOL for Early Childhood, PreK-5, PreK-8, 6-8 Schools
October 12	Friday	Parent Teacher Conferences/ NO SCHOOL for 6-12, High School and Special Schools
October 26	Friday	EARLY DISMISSAL - 1/2 day – Teacher PD
November 6	Tuesday	NO SCHOOL- Election Day
November 12	Monday	NO SCHOOL - Veteran's Day Observation
November 22-26	Thursday - Monday	NO SCHOOL- Thanksgiving Vacation
December 14	Friday	EARLY DISMISSAL - 1/2 day – Teacher PD
December 24-31	Monday- Monday	NO SCHOOL- Winter Vacation

Appendix A - 2018-2019 School Year Calendar CONTINUED

2019

January 1	Tuesday	NO SCHOOL- Winter Vacation
January 21	Monday	NO SCHOOL- Dr. Martin Luther King Day
January 28- 29	Monday – Tuesday	NO SCHOOL- Teacher PD
February 1	Friday	EARLY DISMISSAL - 1/2 day – Teacher PD
February 22	Friday	EARLY DISMISSAL - 1/2 day – Teacher PD
March 8	Friday	EARLY DISMISSAL - 1/2 day – Teacher PD
March 22	Friday	EARLY DISMISSAL - 1/2 day – Teacher PD
April 15-22	Monday-Monday	NO SCHOOL- Spring Vacation
May 10	Friday	EARLY DISMISSAL – 1/2 day – Teacher PD
May 27	Monday	NO SCHOOL – Memorial Day Observance

Last Day of School/High School Commencement

June 8 & 9	Saturday-Sunday	High School Commencements
June 11	Tuesday	Last Day for Students
June 12 & 13	Wed. & Thursday	Teacher In-Service Days *
June 13	Thursday	Last Day of School for Teachers

Program Overview

Enrollment Procedure and
Notification of Changes

Hours, Days, Months of
Operation

Closings, Delays, Early Release
Procedures

Arrival, Attendance, Departure
and Emergency Release
Procedures

Health, Safety and Wellness
Policies

Communication Policy

Meal Policy

Homework Policy

Emergency Preparedness Plan

Payment Policy

Behavior and Disciplinary
Policies

Who to Call and Important
Phone Numbers



After School Program Parent Handbook

Early Childhood Education

**Conroy Early Childhood Center
1398 Page Street
Pittsburgh, PA 15233
412.529.4291**

Program Overview

Enrollment Procedure and
Notification of Changes

Hours, Days, Months of
Operation

Closings, Delays, Early Release
Procedures

Arrival, Attendance, Departure
and Emergency Release
Procedures

Health, Safety and Wellness
Policies

Communication Policy

Meal Policy

Homework Policy

Emergency Preparedness Plan

Payment Policy

Behavior and Disciplinary
Policies

Who to Call and Important
Phone Numbers



Expect
great
things.



Pittsburgh
Public Schools

After School Program Parent Handbook

Early Childhood Education

Conroy Early Childhood Center
1398 Page Street
Pittsburgh, PA 15233
412.529.4291

Early Childhood Education After School Program Parent Handbook

PROGRAM OVERVIEW

The Pittsburgh Public Schools, Early Childhood Education After School Program, serves children in grades Pre-K through 5th Grade in a balanced and structured after care program. Students participate in age-appropriate activities that are designed to encourage and promote positive values, social skills, independent thinking and creativity. Qualified staff members ensure that children are engaged and focused. After school programming occurs within your child's school cafeteria, gymnasium or classrooms.

The components of the program include nutritional meals/snacks, homework help, gross motor activities, arts education, special thematic programming from community partners such as the America Reads Tutoring Program, Carnegie Science Center, Gateway to the Arts, and the Carnegie Library BLAST Program.

Group supervisors will notify parents when in-class presentations or walking field trips are scheduled. A signed field trip form will be on file for each child.

ENROLLMENT PROCEDURE

Enrollment applications and payment information forms can be accessed online at <http://www.pghboe.net> or by calling (412) 529-4297 to request a copy by mail. All sections of the enrollment application and payment information form must be completed in its entirety before a child is accepted in the after school program. Please note that it may take up to 48 hours for paperwork to be processed. Completed applications can be e-mailed to dmcintosh1@pghboe.net, e-faxed to (412) 224-4937 or mailed to: Conroy Early Childhood Center, 1398 Page Street, Building A, Room 226, Pittsburgh, PA 15233, Attn.: Darlene McIntosh, Special Projects Coordinator.

Enrollment Paperwork

The following documents must be completed prior to enrollment or re-enrollment in the program:

1. Program Application and Payment Agreement Forms
2. Emergency Contact/Parental Consent Form
3. Child Health Report (dated no later than 1 year from enrollment date) signed and dated by physician
4. Most recent immunization record

PROGRAM OVERVIEW

ENROLLMENT PROCEDURE

HOURS, DAYS AND MONTHS OF OPERATION

Early Childhood Education After School Program Parent Handbook

5. Childcare Agreement
6. Photo/Video Release
7. Medical Consent Authorization (if applicable)
8. Parent Handbook Acknowledgement

The Emergency Contact/Parental Consent Form and the Childcare Agreement must be updated every 6 months by parent signature/date.

If these forms are not in your child's file and updated periodically as required by the PA Department of Human Services (DHS), we reserve the right to discontinue services and withdraw your child from the program.

HOURS, DAYS AND MONTHS OF OPERATION

The After School Program operates from school dismissal until 6:00 p.m., Monday through Friday. The program operates during the normal school year (August through June) and follows the Pittsburgh Public Schools calendar.

CLOSINGS, DELAYS, AND EARLY RELEASES

Please listen to local television/radio stations for up-to-date information on school closings and/or delays. Also keep e-mail addresses and emergency contact phone numbers up-to-date. The School District's directive regarding delays and/or cancellations will also be followed in the after school program. Parents/guardians can also check the Pittsburgh Public Schools web site at <http://www.pghboe.net> for updates. Also check the Pittsburgh Public Schools calendar for non-school days. The after school program will not operate on early release days, holidays, half-days, school delays/cancellations, or staff professional development days.

ARRIVAL, ATTENDANCE, DEPARTURE AND EMERGENCY RELEASE PROCEDURES

Arrival

The After School Program staff's responsibility for your child begins when:

- Your child enters the after school program space and is marked present by a group supervisor; or when

CLOSINGS, DELAYS, AND RELEASE
PROCEDURES

ARRIVAL, ATTENDANCE, DEPARTURE AND
EMERGENCY RELEASE PROCEDURES

Early Childhood Education After School Program Parent Handbook

- Your child is brought into the after school program space by a teacher or other school personnel and is marked present by a group supervisor.

Attendance and Late Pick-Up

Parents must notify the Group Supervisor or Program Coordinator if their child will be absent. This is for the safety of the child. If the child is registered to attend the afterschool program and does not show up, we will first check with the school to see if the child was absent, then we will call the parent(s)/guardian(s) and/or emergency contact(s) to locate the child.

Please call the Group Supervisor or Program Coordinator if an unexpected emergency will cause you to be late picking up your child. There is a \$5.00 charge for children not picked up within 15 minutes of the program's closing time (6:00 p.m.). In the event that a child has not been picked up within ½ hour of the stated closing time, Group Supervisors and the Program Coordinator have been instructed to contact children protective services. In the event that a child is repeatedly left past the closing hour, we reserve the right to terminate enrollment in the after school program.

Departure and Emergency Release

Children will only be released to the parent/guardian or to others adults identified on the emergency contact information form. It is the responsibility of the parent/guardian to update this information when changes occur. Any changes must be submitted in writing. No verbal request to changes in contact information will be permitted. If a parent/guardian is not authorized to pick up a child, the group supervisor must have a copy of the signed court order. Without this documentation, we are obligated to release a child to the parent or guardian.

Parents must physically enter the afterschool program space and sign their child out. For the safety and well-being of your child, we strongly recommended that you do not allow a minor under the age of 12 to pick-up/sign-out your child from the after school program. When signing children in and out, the person must sign his or her legal name, not just "mom", "dad", "cousin", etc.

In emergency situations, the parent/guardian **must** call the group supervisor with the name and a physical description of the person

Early Childhood Education After School Program Parent Handbook

picking up child if they are not listed on the emergency contact form. The person picking the child up **must** present photo identification to the group supervisor before a child will be released in their custody.

HEALTH, WELLNESS AND SAFETY POLICIES

Immunizations and Physical Exams

In order to participate in the after school program, children are required to have a physical examination signed by a licensed physician and dated not more than one year from the time of enrollment or re-enrollment. In addition, immunization records must be current and on file.

Illness

It is in the best interest of your child and other children if you keep your child at home when he or she is ill. Children with fever, diarrhea, or vomiting will not be admitted to the program. If a child becomes ill while at the program, the parent/guardian will be notified immediately to pick up the child.

No program fees will be refunded for days missed due to illness, doctor appointments or extracurricular sports, clubs, or activities.

Medication

In accordance with state law, we will not dispense any medication to a child without advance written consent from the parent or guardian. Prescription medication may be given only to the child for whom it is prescribed. Over-the-counter medication must have the child's name clearly printed on the container. The parent must complete a [Parent Permission to Administer Medication](#) form and give the form and the medication directly to the group supervisor. All medication must be in its original container. If these steps are not completed, medication will not be administered.

Medical Emergency

In the case of a medical emergency, we will call 911 and contact the child's parent(s)/guardian(s). Responding emergency medical personnel will make appropriate determinations if child should be transported to a hospital. We will provide medical emergency personnel with contact information from your child's record if the child needs to be transported to the nearest hospital.

HEALTH, WELLNESS AND SAFETY POLICY
(CONT'D.)

COMMUNICATION POLICY

MEAL POLICY

Early Childhood Education After School Program Parent Handbook

COMMUNICATION POLICY

Open communication is very important to the success the after school program. Parent notifications may be communicated in writing through letters or e-mails, or through automated phone calls/messages, or in person by site staff. Activity schedules and other pertinent information will be available online or in the after school room for parents to view. Conferences may be requested at any time by the group supervisor or parent/guardian.

MEAL POLICY

A light meal and/or snack and water or juice is provided each day. All food that is served meets USDA requirements. In accordance with Pittsburgh Public Schools' healthy food policy and due to the number of food allergies (both diagnosed and undiagnosed) in children, we discourage outside food/refreshments being brought into the after school program to be shared with other students unless pre-approved by the group supervisor or program coordinator. This includes items for special celebrations such as birthdays, holidays, and other important events.

HOMEWORK POLICY

Group Supervisors will provide assistance and remind/encourage students to do their homework, but will not force children to complete homework. Approximately 30-45 minutes of the program day will be allotted for children to complete their homework. Children that do not complete homework in that time period must move on to the next scheduled activity. If your child needs additional help with their homework such as a one-on-one tutor, we encourage you to work directly with your child's school to secure those services.

EMERGENCY PREPAREDNESS PLAN

An Emergency Plan for the afterschool program is on file onsite and in the main office. In the event of an emergency, your child will be relocated to the nearest evacuation building and you will be notified immediately where to pick up your child. See notification letter attached to this handbook. If inclement weather occurs while the program is in session, we ask that you make arrangements to pick up your child as soon as possible.

HOMEWORK POLICY

EMERGENCY PREPAREDNESS PLAN

Early Childhood Education After School Program Parent Handbook

PAYMENT POLICY

The cost to attend the after school program is \$2,750 for the academic school year (August through June). If your child is not starting at the beginning of the school year, the total cost to attend is based on the month in which your child's date of enrollment begins. All payments are due by the first day of each month beginning September 1 and will be deducted for the entire month. The monthly payment schedule is as follows:

September 1	\$	290.00
October 1	\$	290.00
November 1	\$	290.00
December 1	\$	290.00
January 1	\$	290.00
February 1	\$	290.00
March 1	\$	290.00
April 1	\$	290.00
May 1	\$	290.00
June 1	\$	140.00
TOTAL	\$	2,750.00

If a child is enrolled or withdraws in the middle of the month, the monthly fee is prorated. When withdrawing from the program, a written one week notice, prior to your child's last day, must be submitted to the Special Projects Coordinator. There is no proration of fees for early pick-ups or missed days.

Payment Options

Automatic draft from the debit/credit card you designate is the only method of payment accepted for after school program fees. Your payment will be deducted from your account on the first day of each month for the entire month. A \$25 charge will be assessed for the first declined draft and \$15 for each declined draft thereafter.

BEHAVIOR AND DISCIPLINARY PROCEDURES

All children will be exposed to a pleasant and safe environment while participating in the after school program. We expect all children to:

- Be responsible for personal belongings;
- Participate in all activities;
- Follow proper safety procedures at all times, including:
 - Never opening outside doors
 - No fighting or using foul language

PAYMENT PROCEDURES

BEHAVIOR AND DISCIPLINARY POLICIES

Early Childhood Education After School Program Parent Handbook

- No running in school
- No playing in the restrooms
- No playing on or under tables
- Using good table manners;
- Respect fellow students and staff;
- Listen to Group Supervisors at all times

Disciplinary Procedure

First Incident - Discussion with student about behavior and steps for corrective action.

Second Incident - Parent will be notified verbally and or in writing.

Third Incident – Action is at the discretion of the Group Supervisor, Program Coordinator, Special Projects Coordinator and/or Executive Director for Early Childhood Education and may result in program termination.

No fees will be refunded for suspensions or termination from the program.

WHO TO CALL AND IMPORTANT PHONE NUMBERS

We encourage a collaborative relationship between staff, parents and students to maximize enjoyment of the program for all. Should parents have a concern, we strongly encourage you to contact the Group Supervisor, Program Coordinator, or Special Projects Coordinator. Contact information is located at the next page of this handbook.

In addition, Pittsburgh Public Schools has established a Parent Hotline that can be accessed for concerns, complaints, questions, and information. The phone number is 412-529-7920.

COLFAX K-8 ELEMENTARY AFTERSCHOOL PROGRAM

2322 Beechwood Boulevard, Pittsburgh, PA 15217
Located in Annex Building Cafeteria

AFTERSCHOOL PROGRAM CELL - (412) 867-8922

COLFAX SCHOOL, MAIN OFFICE - (412) 529-3525

MARLA DIXON-SMITH, PROGRAM COORDINATOR
(412) 606-2027

mdixonsmith1@pghboe.net

**Early Childhood Education
After School Program
Parent Handbook**

DARLENE MCINTOSH, SPECIAL PROJECTS COORDINATOR
(412) 529-4297

dmcintosh1@pghboe.net

EARLY CHILDHOOD PROGRAM, MAIN OFFICE - (412) 529-4291

earlychildhood@pghboe.net

**WHO TO CALL AND IMPORTANT PHONE
NUMBERS (cont'd.)**



1398 Page Street | Building A, Room 226 | Pittsburgh, PA 15233
Phone: 412-529-4297 | Fax: 412-325-0702
Carol Barone-Martin, Executive Director, Early Childhood Education

ATTACHMENT 7- COMMUNICATION WITH PARENTS/GUARDIANS

To the Parent (s)/Guardian (s):

This letter is to assure you of our concern for the safety and welfare of children attending **Colfax K-8 Elementary Afterschool Program**. Our Emergency Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- *Immediate evacuation:* Students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc. In case of inclement weather, we may then proceed indoors at the relocation facility.
- *In-place sheltering:* Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.
- *Evacuation:* Total evacuation of the facility may become necessary if there is a danger in the area. In this case, children will be taken to a relocation facility at: Allderdice High School, 2409 Shady Avenue, Pittsburgh, PA 15217.
- *Modified Operation:* May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for children, but may be necessary in a variety of situations.

If you're not sure how to get there, please ask for directions before there is an emergency.

If it ever becomes necessary to relocate, a sign will be posted on the door stating where we've gone to.

Please listen to your local radio or television station for announcements relating any of the emergency actions listed above.

We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information.

The Program Coordinator may provide an alternate phone number (i.e. cell phone number, etc.) to call in an emergency event.

The form designating persons to pick up your child will be used every time your child is released. Please ensure that only those persons you list on the form attempt to pick up your child.

We realize that emergency circumstances may require changes to your plans, but I urge you to not attempt to make different arrangements if at all possible. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to assure the safety of your children and our staff, we ask your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, contact Marla Dixon-Mason, Afterschool Program Coordinator at (412) 606-2027 or Darlene McIntosh, Special Projects Coordinator at (412) 529-4297, or Kimberly Dellefemine, Program Officer for Early Childhood Education at (412) 952-1308.

Sincerely,

Carol Barone-Martin
Executive Director
Early Childhood Education

Early Childhood Education
1398 Page Street, Building A, Room 226
Pittsburgh, PA 15233
412.529.4291 (Main Office)

COLFAX K-5 AFTER CARE PROGRAM APPLICATION PACKET

Thank you for your interest in the program!

Please complete the attached paperwork and e-mail all documents to dmcintosh1@pghboe.net or fax to 412-224-4937.

Please note: Your child's application will be considered incomplete without the attached documentation fully completed.

Your paperwork will be reviewed and processed in the order in which it was received and you will receive notification within 1-2 business days to confirm your child's enrollment in the aftercare program for the 2017-18 school year.

For additional inquiries, questions can be directed to Darlene McIntosh at (412) 529-4297.



Early Childhood Education
Afterschool Program Application
Colfax Elementary School
(Please Print)

Child's/Applicant's Legal Name (Last)	First	Gender	Date of Birth	Current Grade
		Male		
		Female		

Race (Check all that apply):			
African-American	American Indian or Alaska Native	Asian	Bi-Racial
Hawaiian/Pacific Islander	Hispanic	Other	White

Does your child have any dietary restrictions? If yes, please list:	Does your child have any allergies? If yes, please list:	Does your child have an IEP?
		Yes No

Primary Parent/Guardian Name:	Relationship to Child	Phone
Mr.		Work
Ms.		Cell
Mrs.		Other

Living Address	E-mail Address	
City	State	Zip

Secondary Parent/Guardian Name:	Relationship to Child	Phone
Mr.		Work
Ms.		Cell
Mrs.		Other

Living Address	E-mail Address	
City	State	Zip

Emergency Contact Information				
Name	Relationship to Child	Permission to release child to this person?		
		Yes No		
Address	City	State	Zip	Phone Number
Name	Relationship to Child	Permission to release child to this person?		
		Yes No		
Address	City	State	Zip	Phone Number

Certification: The undersigned certifies that the information above is true and correct. If any part is false, participation in this program may be terminated. The undersigned also understands that the information will be held in strict confidence within the agency and is accessible to undersigned during normal business hours.

Parent/Guardian Signature: _____ Date: _____

DO NOT WRITE BELOW THIS SECTION/FOR STAFF USE ONLY

Application Complete?	Yes No	Payment Authorization Complete?	Yes No
Start Date	End Date	First Month's Payment Submitted?	Yes No
		Staff Signature:	Date



Early Childhood Education
Afterschool Program
Payment Authorization Form



PAYER INFORMATION (PLEASE PRINT)

Name of person authorizing payment

Address

City, State Zip

DEBIT/CREDIT ACCOUNT INFORMATION (PLEASE PRINT)

Cardholder Name (Exactly as it appears on card)

Card Billing Address

Card Billing City, State, Zip

CARD INFORMATION

Card Type (Circle One):

Visa

Mastercard

AMEX

Discover

Card Number

Expiration Date

VID Code (3-digit number on back of card)

PAYMENT AUTHORIZATION

The total cost of the afterschool program is \$2,750/academic school year payable in 10 monthly installments from September to June. By completing and executing this form, the account holder or cardholder acknowledges and agrees that Pittsburgh Public Schools is authorized, as of the date set forth on the application and the first day of every month thereafter until this agreement is terminated by either party, to charge the debit/credit card specified above for the agreed upon amount billed to the account holder or cardholder above for services rendered. The account holder or cardholder also agrees to promptly notify Pittsburgh Public Schools of changes in account information, such as expiration dates.

Signature of Cardholder

Authorization Date

FOR STAFF USE ONLY

Child's Name

Current Grade

Classroom

Start Date

End Date

Staff Signature

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 NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME	EMAIL ADDRESS	WORK NUMBER
FATHER'S NAME/ LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME	EMAIL ADDRESS	WORK NUMBER
EMERGENCY CONTACT PERSON(S)		PHONE NUMBER WHEN CHILD IS IN CARE
1		
2		
3		
PERSON(S) TO WHOM CHILD MAY BE RELEASED	ADDRESS	PHONE NUMBER
1		
2		
3		
NAME OF CHILD'S PHYSICIAN/ MEDICAL CARE PROVIDER		PHONE NUMBER
PROVIDER ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTIONS)
MEDICAL/ DIETARY INFO NECESSARY IN EMERGENCY SITUATION		MEDICATIONS/SPECIAL CONDITIONS
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT 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 FACILITY		WADING

SIGNATURE OF PARENT OF GUARDIAN

DATE

SIGNATURE OF PARENT OF 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:
<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:		

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

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 WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> 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:						
		PHONE:		LICENSE NUMBER:		DATE FORM SIGNED:

AGREEMENT

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

NAME OF CHILD		
FEE AMOUNT \$ See pay authorization	PER-DAY-WEEK Month	DAY PAYMENT TO BE MADE First day of each month starting in September
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.) The Pittsburgh Public Schools Early Childhood Afterschool Program will provide afterschool care during the regular school year (August to June) until 6:00 p.m. daily, Monday through Friday. The afterschool program will be staffed by qualified, dedicated staff with appropriate child-staff ratios. Students enrolled in the program will receive a light meal each day. Researched-based resource materials will be used during group activities. Students will participate in age-appropriate activities, gross-motor time, and receive homework help. Special thematic programming and in-class presentations with Gateway to the Arts, Carnegie Science Center and Carnegie Library BLAST Program, etc., will occur throughout the school year. Walking field trips may occur at the discretion of the group supervisor and if conveniently located in proximity to the school.		
CHILD'S ARRIVAL TIME 2:51 p.m.	CHILD'S DEPARTURE TIME 6:00 p.m.	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED (PLEASE COMPLETE)
LATE FEE \$ N/A	PER MIN-HR N/A	
Extra services to be provided at an additional fee if applicable N/A		

I, the parent/guardian;

☐ received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

☐ agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minumum. (§ 3270.124, 3280.124, 3290.124)

SIGNATURE-OPERATOR

DATE

SIGNATURE-PARENT OR GUARDIAN

DATE

DATE OF CHILD'S ADMISSION

DATE OF WITHDRAWAL

PERIODIC REVIEW

SIGNATURE-PARENT OR GUARDIAN

DATE



2017-2018 PHOTO AND VIDEO RELEASE FORM

From time to time during the school year, your child may be interviewed, videotaped and or photographed by representatives of the external news media and representative from the Division of Communications and Marketing. Your child's image, name, work product and school may be used and or published on the Pittsburgh Public Schools internet sites, publications, brochures, newsletters, social media sites, videos, and calendar used for professional development or educational purposes and/or for internal and external promotion of the Pittsburgh Public Schools. Students will not be paid or compensated by the District or any person/entity in any way for use of their image, likeness or commentary. Authorization grants the District rights to use of the material in perpetuity. All photography/video is property of Pittsburgh Public Schools and may be used beyond the 2017-18 school year. Please sign the form below and return it to your child's school.

- ☐ I/we grant permission to have our child photographed/videotaped as described in the above letter.
- ☐ I/we do not grant permission to have our child photographed/videotaped as described in the above letter.

Student Name: _____

Parent Signature: _____

Date: _____

2017-2018 Field Trip Permission Form

The students in the Pittsburgh Public Schools go on various field trips during the school year to reinforce and enhance their learning. Before each field trip, a notice will be sent home informing parents of the upcoming trip.

- ☐ I/we give my child permission for _____ to go on any school related trips during the 2017-18 school year.
- ☐ I/we do not give my child permission for _____ to go on any school related trips during the 2017-18 school year.

Student Name: _____

Parent Signature: _____

Date: _____

The Pathway to the Promise.™
PITTSBURGH PUBLIC SCHOOLS
CONSENT FOR ADMINISTRATION OF MEDICATION AND MEDICAL ORDER

Your patient has requested that a PRESCRIPTION or an OVER THE COUNTER (OTC) MEDICATION be taken at school. Most medications should be taken at home unless there is a specific lunchtime dose or the medication is an emergency or PRN medication like asthma or migraine medications.

ALL MEDICATIONS TAKEN AT SCHOOL MUST HAVE PARENTAL CONSENT FOR ADMINISTRATION, A MEDICAL ORDER AND BE IN THE ORIGINAL PHARMACY LABELED CONTAINER. A PHOTO OF THE STUDENT WILL BE TAKEN AND ATTACHED TO THE STUDENT'S MEDICINE LOG

***** TO BE COMPLETED BY PARENT *** PLEASE PRINT CLEARLY**

	MONTH	DAY	YEAR		
STUDENT'S NAME	DOB			SCHOOL	GR

I understand fully the directions that have been given to the school by the physician and agree to permit the school to administer the medication as directed or to monitor the self-administration of the medication by my child. In consideration of the School District's agreement to use good faith efforts to follow the physician's instructions, the District is hereby relieved from liability for any failure to properly administer or to monitor the self-administration of the medication.

I hereby authorize the School District Health Staff to contact the medical provider (named above) regarding this medication and to release information regarding my child (named above) to said provider. I hereby authorize the medical provider to release information about my child and this medication to the School Health Staff regarding any medical concerns about this medication order.

I understand that in order to protect the limited confidentiality of medical information, my agreement to release information is necessary and that this permission is limited for the purpose and to the person or entity listed above, and will be effective for the present school year. I understand that the disclosed information will be kept confidential and the releasing facility will not be responsible for re disclosure of the information. I also understand that this consent is revocable with written, or if necessary, verbal notice, except to the extent that action has been taken in reliance thereon.

X **X**
SIGNATURE PARENT/GUARDIAN/LEGAL REP. PRINT PARENT/GUARDIAN/LEGAL REP. DATE

PHONE: ALT. PHONE:

***** TO BE COMPLETED BY PHYSICIAN *** PLEASE PRINT CLEARLY**

Diagnosis:	Length of treatment:
Medication:	
Dose, Route, Schedule	
PRN (indications and timing):	
List serious reactions to the medication:	
List appropriate response to above reactions:	

PHYSICIAN'S SIGNATURE	PRINT NAME	DATE
ADDRESS & ZIP	PHONE:	
	FAX:	

ACKNOWLEDGMENT OF REVIEW OF PARENT HANDBOOK FOR COLFAX AFTERSCHOOL PROGRAM

My signature below acknowledges I have read the contents of the parent handbook found online at <http://www.pps.k12.pa.us/Page/3968> for the afterschool program at Colfax Elementary School and will be responsible for reviewing it periodically for updates/revisions.

Child Name(s)

Child Name(s)

Parent Signature and Date

**Please return to Darlene McIntosh at dmcintosh1@pghboe.net or fax to (412) 224-4937*