

(A comprehensive program of school-age child care services)

## **Pennridge School District**

## Civil Rights Compliance/Parent Awareness - Form 4

Directions: Please print and complete all information and si	ign at the bottom.
Student's Name	Program Location
In accordance with applicable Federal and State civil rights as a client of this facility, have the right:	s laws and regulatory requirements, you and your children,
<ul> <li>To be provided services at this facility and to be re- race, color, religious creed, handicap, ancestry, na</li> </ul>	eferred for services at other facilities without regard to your ational origin, age, or sex.
<ul> <li>To file a complaint of discrimination if you have be religious creed, handicap, ancestry, national origin</li> </ul>	een discriminated against on the basis of your race, color, n, age, or sex.
Complaints of discrimination may be filed with any of the fo	ollowing:
<b>KidsCare</b> 5175 Cold Spring Creamery Road, Box 16 Doylestown, PA 18902	
Commonwealth of Pennsylvania Department of Human Services Bureau of Equal Opportunity Room 225, Health and Welfare Building PO Box 2675 Harrisburg, PA 17110	
U.S. Department of Health and Human Services Office for Civil Rights Suite 372, Public Ledger Building 150 South Independence Mall West Philadelphia, PA 19106	
Pennsylvania Human Relations Commission Philadelphia Regional Office 110 North 8 <sup>th</sup> Street, Suite 501 Philadelphia, PA 19107	
Commonwealth of Pennsylvania Department of Human Services Bureau of Equal Opportunity Southeastern Regional Office 801 Market Street, Suite 5034 Philadelphia, PA 19107	
Parent/Guardian Signature	Date