

DEPARTMENT OF SPECIAL SERVICES
Township of Union Public Schools
M - E - M - O - R - A - N - D - U - M

TO: Gregory Tatum
C: Pat Ditri
FROM: Joseph Seugling *JS*
RE: Board Agenda
DATE: 01/06/2015

The committee recommends and I so move that the board approve the following certified teacher employed through Children's Hospital of Philadelphia School Program (CHOP), 3401 Civic Center Blvd., Philadelphia, PA 19104 to provide bedside instruction for district students on an "as needed" basis for the school year 2014-2015 in an amount not to exceed \$3100.00 in accordance with the information in the hands of each board member. 7693/11-150-100-320-01-19

- Colleen M. Cerebe

**GUARANTEE OF PAYMENT AGREEMENT
FOR HOSPITAL SCHOOL SERVICES
2014-2015 SCHOOL YEAR**

Institution: CHILDREN'S HOSPITAL OF PHILADELPHIA
SCHOOL PROGRAM
3401 CIVIC CENTER BOULEVARD
PHILADELPHIA, PA 19104
215-590-2001

Name of Child:

Date of Birth:

Initial Hospital Admission Date: 12/9/2014

Anticipated Duration of Admission: intermittent admissions expected throughout 2014-15 school year

Parent/Guardian Name and Address:

District: Township of Union Public Schools

School:

Grade:

District / Name and Title of Party Responsible For Payment: Township of Union Public Schools/
Kim Conti, Director of Special Services

Rate: \$51.25/hour per eligible day of service. Student will be offered a maximum of one hour a day for 5 sessions per week.

All invoices submitted by CHOP shall be paid within thirty (30) days of their submission date.

Signature of Party Authorized
and Responsible For Payment: _____

(Signature)

(Date)

(PRINT NAME AND TITLE)

Please sign and send immediately to: Lauren Case
casel@email.chop.edu
fax: 215-590-0992