
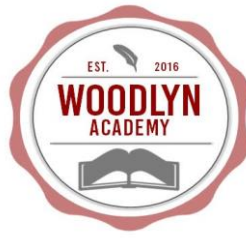




Scheduling: Day/s & Hours of Care:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off					
Pick Up					
Is your child a school age child? <input type="checkbox"/> Yes <input type="checkbox"/> No (please check) If yes, please indicate:					
School Name & Address:					
Grade:		Room#	Teacher's Name:		
My child needs: <input type="checkbox"/> Before Care Only <input type="checkbox"/> After Care Only <input type="checkbox"/> Before and After Care					
Funding Information: (please check) <input type="checkbox"/> Private Pay <input type="checkbox"/> CCIS		Private Pay Weekly Fee \$ _____ Weekly CCIS Co-Pay \$ _____ Family Record # _____ CCIS/Case Worker's Name: _____ District Phone: _____ Fax: _____			

All Families MUST give a 2 week notice in advance of withdrawal of services or those days will be invoiced as if attended.

** If you are interested in Summer Camp, please request and complete a Summer Camp Application.*



Getting to Know Your Family

Date: _____

Child's Name: _____

Mother's Name: _____ Father's Name: _____

Tell Us About Your Child and Family

1. What do you feel are your child's unique / spiritual gifts, strengths, and talents?

2. What are your child's favorite games/toys/activities?

3. Favorite likes and dislikes? _____

4. Fears? _____

5. What are your family's expectations of our program?

6. Has your child been in an early learning program/child care before? Yes / No

If so.... When? from _____ to _____ Where? _____

If you don't mind sharing, what was your reason for leaving? _____

7. Are there custody issues that we should discuss? Yes / No



8. Does your child have any siblings? Yes / No If yes, what are their names? _____
9. Does your family have any pets? Yes / No If yes, what is/are the name/s? _____
10. What nicknames might your child respond to? _____
11. a. Are there any special needs (Medical, Developmental, Social, Mental Health, etc.) your child has been observed or is receiving treatment for? Yes / No If Yes, please explain _____

If No, please skip to QUESTION 12.

- b. If Yes, does your child have an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP)? Yes / No (If Yes, please bring us a copy of the plan so we can provide the best possible learning experience for your child.)
- c. What services/program/individuals are working with your child to meet your child and family's needs? _____
- d. Would you be willing to sign a release of information so this program may speak with us about what we can do to provide additional support for your child while in our care? Yes / No
12. Does your child have any allergies? Yes / No If Yes, please specify:
Food: _____
Seasonal/Environmental: _____
Medicine: _____

13. Describe your child's schedule at home:

Morning Wake up Time: _____ Bed Time: _____
Nap Time & Duration: _____ Meal Time: _____

14. Toilet Use: My child..... (Please Circle the one that best describes your child)

*Uses the toilet on his/her own *without help*

*Uses the toilet on his/her own but *needs help*

*Beginning to use the toilet and *still wears pampers*

*Uses pampers *only*

15. Is any part of our educational program especially important to your child/family? _____



16. Is there any information about your family's culture, ethnicity, language, or religion that is important for us to know? _____

17. Would you and/or your family like to be a resource for any cultural awareness activities? Yes / No

18. Are you willing to: Volunteer in our classrooms? Yes / No Attend field trips? Yes / No

Participate in center activities and events? Yes / No

19. What would you most like to see happen for your child while he/she attends Woodlyn Academy?

20. Is there anything else that you would like to share with us? _____

Thank you for helping us get to know your child and family!



EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270 181 & 182 (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	
1.			
2.			
3.			
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS	TELEPHONE NUMBER WHEN CHILD IS IN CARE
1.			
2.			
3.			
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



Application Agreement Form

Congratulations on your decision to enroll your child/children into Woodlyn Academy! Below, you will find our policies which have been put in place in order to assure that we provide your child/children with the utmost quality care.

HOLIDAYS & IN-SERVICE

INITIALS _____

MECCA is closed the following holidays: New Years Day, Martin Luther King's Birthday, Memorial Day, Independence Day, Labor Day, Thanksgiving, the day after Thanksgiving, and Christmas Day. In order to ensure that our employees are equipped to provide a safe and stimulating learning environment for our students, 3 days will be reserved for In-Service so that teaching staff is able to receive additional training and professional development. You will be notified of those days at least 30 days in advance.

SECURITY

INITIALS _____

For security reasons, parents are **required to clock your child/children in and clock your child/children out upon arrival and departure each day.** You must accompany your child to their designated classroom. Children may **NEVER** be left unsupervised in the school when dropping them off or picking them up. Children are only released to their parents, individuals who are written on the Emergency Contact Form, or those who are listed in our electronic security system as authorized sponsors.

PHOTO RELEASE

INITIALS _____

I hereby give my permission for my child's picture to be used by Woodlyn Academy for video programs, educational literature, or marketing materials.

SICK POLICY

INITIALS _____

Our goal is to prevent children from getting sick. There are precautions we must take to prevent the spread of illness, Therefore, parents will be notified and required to pick up their child if they exhibit any of the following symptoms(refer to family handbook for details):

Fever of 101.5 or higher

Vomiting

Excessive Diarrhea

Symptoms of contagious illness conditions, unexplained rashes and/or any other illnesses

Symptoms of illness which preclude the child from participation of daily activity



LIABLE POLICY

INITIALS_____

Woodlyn Academy will not be responsible nor held liable for items brought from home that are LOST, STOLEN, or DAMAGED. Parents are urged not to send valuables, money, jewelry, or toys to the daycare with their child/ children.

EMERGENCY CONTACTS

INITIALS_____

Parents must provide current telephone information where they can be reached during the time their child is in care. At least one alternative contact is required as well. This information must be updated every 6 months. Parents must notify a director as soon as possible whenever there is a change.

HEALTH ASSESSMENT

INITIALS_____

A physician's health assessment must be completed prior to your child/children start date and again for:

Infants	2, 4, 6, 9, and 12 months
Toddlers	15, 18, and 24 months
Preschoolers+	Every year on their birthday
Kindergarteners	Every year on their birthday

TERMINATION POLICY

INITIALS_____

You must give the Center Director a minimum of 2 weeks' notice of your intent to withdraw your child from Woodlyn Academy for any reason other than funding termination. Failure to do so will result in your family being charged an additional 2 weeks tuition.

Woodlyn Academy reserves the right to suspend or terminate services for:

- Failure to pay weekly fees/co-payments
- Disruptive or inappropriate behavior of the child or parent
- Repeated pick up past the Contract time OR School designated closing time.

TUITION, FEES

INITIALS_____

All tuition is due in full on Friday evenings, no later than Monday mornings before your child is taken to class. Tuition can be paid weekly, bi-weekly, or monthly. Payment arrangement must be made with the school Director and written on your families agreement form. A registration fee of \$25.00; along with a \$75.00 deposit per family is due at the time of registration (deposit fees will be credited to your first week's tuition or co-pay). Registration and deposit fees are (NON-REFUNDABLE). If I withdraw my child for any reason, I understand that it will be necessary to re-register and pay the registration and deposit fee again.



CCIS/DPW

INITIALS _____

I understand that CCIS/DHS may not pay the full amount of tuition so I must pay the difference plus their co-payment each week if applicable.

LATE FEES

INITIALS _____

For all students that are picked up late (**after 10 hour service**), families will be charged \$1.00 per minute for the first 30 minutes; the fee will increase to \$5.00 per minute after the first 30 minutes. If a student/s has not been picked up within one hour of closing, the local authorities will be contacted.

I understand that if tuition is late, there will be a \$10.00 daily late fee. Students will not be permitted to attend class after the third day of unpaid tuition unless other written payment arrangements have been made.

PART-TIME

INITIALS _____

Parents who are provided with part-time care, if your child/ children have not attended child care for five consecutive days as stated in their contracted times, your child/ children will be dropped from the program and the child/ children will have to be reregistered upon return.

VACATION

INITIALS _____

Families are entitled to one consecutive week of non-paid absence during each calendar year. I understand that in order for my family to receive a vacation credit I must inform the center director in writing at least two weeks prior to using the vacation week.

RETURN CHECK FEES

INITIALS _____

I understand and agree there is a \$50.00 processing fee for any check that is RETURNED from the bank. In the event a check is returned for insufficient funds, I agree to pay all future tuition in CASH, MONEY ORDER, and VISA/MASTER CARD.

REFUNDS

INITIALS _____

I understand and agree that there will NO REFUNDS made for any days missed due to ILLNESS, SNOW, and VACATION DAYS (other than a planned vacation week) TEACHER INSERVICE DAYS, or HOLIDAYS CLOSED. The full tuition is payable each week that my child/children are in enrolled.

PARENTS ACCOUNTABILITY

INITIALS _____

Parents are responsible for providing diapers, wipes, blanket, and complete set of extra clothing that is appropriate for the season. Staff will send all soiled clothing home and ask that you replace them the following



day. I agree to bring my child/ children to school dressed in appropriate and comfortable clothing (please see parent handbook).

- Parents will send child/ children to Woodlyn Academy with empty pockets.
- Parents will pick up their child/children after 10 hours of service per-day unless additional arrangements have been made.

CONTRACT RENEWAL

INITIALS _____

All contracts must be renewed every six months. Contracts must be immediately renewed for the following reasons:

- Change of Fees
- Change in schedule
- Change in agency or change in person responsible for payments

MEALS: BREAKFAST, LUNCH & SNACK PROVIDED

INITIALS _____

Breakfast, lunch, and snack are provided daily. Families must complete CACFP enrollment form to receive meals. All families must complete CACFP enrollment forms, completely, accurately, and truthfully. If your student has any allergies, or specific meal restrictions please let the Director know as soon as possible. Breakfast begins at 7:00am. Students that arrive after 8:30am will **not** be served breakfast.

PARTICIPATION IN ACTIVITIES AT WOODLYN ACADEMY

INITIALS _____

All families are required to participate in a minimum of two scheduled activities per school year at Woodlyn Academy **or** six annual hours. At least one activity must be related to a Community Service Event.

HOURS OF OPERATION 6:00-6:00PM

INITIALS _____

Woodlyn Academy is open from the hours of 6:00am and 6:00pm **for 10 hour service per-child, per-day unless other arrangements have been made with the Center Director**. Students will **not** be admitted after 9:00 am. If you are running late, or have a valid reason for lateness such as doctors appointment, let the school office know immediately. If you are aware that you may be late for pick up, you must contact the school office as soon as possible. Late fees will be assessed to the account of families that pick up late. Fees are due immediately.



**INDIVIDUALIZED EDUCATION PLANS (IEP) & INDIVIDUALIZED
FAMILY SERVICE PLANS (IFSP) INFORMATION SHEET**

Because of the diverse set of needs of the children in our program, it is important to gather as much information regarding the best ways to educate each child. Here at Woodlyn Academy, 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 that 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.**

The information found on an IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPAA).

Child's Name: _____ Date of Birth: _____

_____ 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 and/or

_____ This is not applicable to my child.

Parent Signature:

Date:

Printed Name:



Social Services for Families

While there are many resources within the community to assist families, Woodlyn Academy has prepared a very small directory of agencies that may be beneficial to parents.

CCIS (Child Care Works Subsidized Child Care Program)

The subsidized child care program helps low-income families pay their child care fees. The state and federal governments fund this program. If you meet the guidelines, CCIS will pay a part of your child care cost. You will pay a part of the cost. This is called the family co-pay. *For more information please visit:*

<http://www.dpw.state.pa.us/forchildren/childcareearlylearning/childcareworkssubsidizedchildcareprogram/>

CHILDLINK - Anyone who has a concern about a child's development can make a referral for a multi-disciplinary evaluation to determine eligibility for services. Physicians, social workers, case managers and parents can start the process by calling the City of Philadelphia's Early Intervention Intake Department at [215.685.4646](tel:215.685.4646). **ChildLink's** mission is to educate, empower and increase a family's capacity to support its children in reaching their highest potential. Under contract with the City of Philadelphia's Department of Behavioral health and Intellectual disAbility Services (IdS), Public Health Management Corporation administers the **ChildLink**/Philadelphia County program. **ChildLink**/Philadelphia County provides service coordinators who help children, from birth to age three residing in Philadelphia who have developmental delays or disabilities, and their families obtain supports and services. Our staff works in partnership with parents, early intervention specialists and therapists to evaluate each child's needs, identify outcomes, explore options and develop an Individualized Family Service Plan composed of supports and services for each eligible child and family.

Elwyn/SEEDS -Elwyn's Early Childhood Services has contracted with the Pennsylvania State Department of Education through its partnership with the Department of Public Welfare and the Office of Child Development and Early Learning (OCDEL) to provide Preschool Early Intervention to eligible young children in Philadelphia and the Chester-Upland area. This program is referred to as Special Education for Early Developmental Success (SEEDS). SEEDS provides Preschool Early Intervention for eligible children 3 to 5 years of age living in the city of Philadelphia and in the Chester-Upland area of Delaware County. SEEDS coordinates Preschool Early Intervention services, performs multi-disciplinary evaluations, and contracts with provider agencies for ongoing Preschool Early Intervention services. Children are served in the least restrictive environment possible to meet their educational and developmental needs. Locations can include the child's home, a Head Start center, a community day care or nursery school, or a center-based Preschool Early Intervention program. Services include special instruction, occupational therapy, speech therapy, physical therapy, and nursing or any combination of these. Do you think your child needs Early Intervention Services and is between the ages of 3 and 5 years old? Call [215-222-8054](tel:215-222-8054) to make an appointment for an evaluation. Do not hesitate to contact us with any questions, concerns or issues about SEEDS Preschool Early Intervention services.



Pennsylvania's Promise for Children

Because every child is Pennsylvania's future

Pennsylvania's Promise for Children is a campaign to raise awareness about the importance of providing Pennsylvania's young children with access to quality early learning opportunities. Sponsored by the PA Build Initiative, Pennsylvania Early Learning Keys to Quality, The Grable Foundation, The Heinz Endowments, and William Penn Foundation, in partnership with the Pennsylvania Office of Child Development and Early Learning (OCDEL).

(t) 717-213-2074 | Website: <http://papromiseforchildren.com/contact-us/> | Email: kelswa@berksiu.org



The **Supplemental Nutrition Assistance Program** is the new name for the Food Stamp program. These benefits are used to buy food and help eligible low-income households in Pennsylvania obtain more nutritious diets by increasing their food purchasing power at grocery stores and supermarkets. If you are eligible, you will receive a Pennsylvania **Electronic Benefits Transfer (EBT)** ACCESS Card which is used to make food purchases at grocery stores and supermarkets.



You can apply for or renew your SNAP benefits online by using **COMPASS**. COMPASS is the name of the website where you can apply for the SNAP program and many other services that can help you make ends meet. It is an online application for Pennsylvanians to apply for many health and human service programs. By using COMPASS you can apply at any time during the day or night from home, a library or any location with Internet access. You can also file an application at [your local county assistance office](#). | Website: <https://www.compass.state.pa.us/compass.web/CMHOM.aspx>



Woodlyn Academy is a **Keystone STARS** facility and as such we are committed to providing the highest standards in childcare quality possible. **Keystone STARS** is an initiative of the Office of Child Development and Early Learning (OCDEL) to improve, support, and recognize the continuous quality improvement efforts of early learning programs in Pennsylvania. The **Keystone STARS** Performance Standards provide the foundation for our educational program.



CCIS and Keystone STARS are both state funded programs; your votes during election time is crucial. Please inquire with us to obtain information regarding your state representative. Your vote counts!