



MT AIRY
AFTERSCHOOL
ENROLLMENT PACKET

Dear Families:

Attached is our enrollment packet for the 2018-2019 school year. The schedule for school closings and dates for early closings is part of the information you are receiving, remember to make note of these dates. Please read the Enrollment Agreement carefully and complete the Application Form, the Enrollment Contract Agreement and the Emergency Contact/Parental Consent Form. A current health appraisal, including immunizations and screenings must also be a part of your child's file. When completing the Emergency Contact/Parental Consent Form, be sure to sign at the bottom where your signature is required. We know that completing this paperwork seems tedious, but we must have this information to comply with state licensing regulations and to ensure your child's safety.

We also want to make you aware of the work of our Parent Advisory Committee. This committee plans special events, fund raisers and works to facilitate communication between families, the director, and the non-profit board. All parents are invited to be a part of the committee. At the back of this packet you will find a Parent Advisory Committee Survey, and a form to fill out if you are interested in being included in a Parent Directory. These forms can be returned to the office with your enrollment packet. Please be on the look-out for an announcement regarding our first Parent Advisory Committee Meeting

Our School-Age Program provides a nurturing and stimulating environment. We are proud of the fact that our center has a **4 STAR RATING** in **PENNSYLVANIA'S KEYSTONE STARS PROGRAM**. At Childspace, we are committed to providing quality care to the children we serve, and our accreditation reflects this commitment.

As always, we appreciate your continued support. If you have any questions about the enrollment packet, please call our office at 215-248-3080 ext. 3.

Eddie Appel

Director

7500 Germantown Avenue, Smith Building – Philadelphia, PA 19119

(215)-248-3080 * Fax (215)-242-2356 * E-mail: Childspacemtairy@aol.com

Website: www.Childspacedaycarecenters.org

CHILDSPACE DAY CARE CENTER

7500 Germantown Avenue

(Smith Building)

Philadelphia, PA 19119

(215) 248-3080

School Age Program

Statement of Operating Procedures

1. CHILDSPACE provides transportation to and from Henry and Houston Schools. The Childspace bus leaves for school drop offs by 8:00 am each morning. If your child arrives at CHILDSPACE after 8:00 am and the bus has already departed, CHILDSPACE is not responsible to provide transportation to school for your child.
2. When you drop your child off at CHILDSPACE in the morning; you must walk your child into the building and deliver him/her to the staff person responsible for the before-school program. When picking your child up in the afternoon, you must enter the building and accompany your child from the classroom to your home.
3. CHILDSPACE provides “door-to-door” transportation for all children enrolled in kindergarten at all schools. Older children are responsible to meet CHILDSPACE staff at the Childspace meeting place in the afternoon immediately after school. Please remind your children to come to the Childspace meeting place as soon as they are dismissed from school.
4. It is your responsibility to call and notify CHILDSPACE staff if your child will not attend our After-School program. Call the office no later than 12 noon the day of the child’s absence to let us know that your child will not attend CHILDSPACE so that staff don’t spend a great deal of time trying to locate your child at the school when they are absent, or you have made other arrangements for them for the day.
5. **Food:** CHILDSPACE provides snack, including a beverage. We encourage children to eat healthy food, please do not send snacks of candy and junk food.

6. **Alternative Escorts:** If someone other than the child's parent is to pick up the child, that person should be listed on the parental consent form and classroom staff informed. Permanent changes in designated escorts may be made on your consent form at any time. If it is necessary in an emergency to send an escort not on your list, you must call us in advance to give us this information. The escort will be asked for photo identification before the child is released.
7. **Illness:** Your child should not be sent to CHILDSPACE if not able to participate fully in all activities, including outdoor play. In particular, your child may not attend CHILDSPACE if s/he has a fever, diarrhea or vomiting. If a child becomes ill while attending CHILDSPACE, staff may request parents to arrange to pick up the child early. It is important that you have a back-up plan for childcare when your child is ill. **IN CASE OF AN EMERGENCY,** we will try to reach you (the Parent or Guardian). If unable to reach you CHILDSPACE will call Nine-One-One (911) to transport your child to the hospital
8. **Medication:** If your child is on medication at any time during the year, you must complete consent forms in order for staff to administer medication. You will be required to provide specific written information. All medicine must be delivered to CHILDSPACE in its original container. In order for non-prescription medication to be administered it must come with written instructions from your child's health care provider detailing dosage and time intervals. Prescription medication is to be brought in with the instructions on the label. Whenever medicine is sent in the family must send it with their own medicine spoon or cup. Never send medicine in your child's lunchbox.
9. **Visits:** Parents are welcome to visit children any time. Please do not send non-parents' visitors to classrooms without previous clearance from classroom staff or the Director.
10. **Questions:** Any questions and/or concerns should be addressed to the staff. If you have a concern or problem which cannot be resolved at the classroom level, please see the Director.
11. **Cooperation:** CHILDSPACE encourages children to develop the ability to cooperate with their peers. Physical and emotional aggressive behavior is not permitted and will not be tolerated in the program. If a child engages in aggressive behavior following a verbal warning and parent/teacher conference. They may be expelled from the program.

CHILDSPACE DAY CARE CENTER

7500 Germantown Avenue
(Smith Building)
Philadelphia, PA 19119
(215) 248-3080

School Age Program





2017-2018 Enrollment Agreement

1. **Enrollment Year:** The enrollment year begins September 5, 2018. All enrollment agreements effective on or after August 27, 2018 are considered valid through June 12, 2019, except as indicated in item 5.
2. **Schedule:** CHILDSPACE will be closed on the following days during 2018-2019:
Monday, September 3, 2018: Labor Day
Tuesday, September 4, 2018: Staff In-Service Day
Thursday, November 22 and Friday, November 23, 2018: Thanksgiving
Monday, December 24, 2018 through January 1, 2019: Winter Break
Monday, January 21, 2019: Martin Luther King, Jr. Day
Wednesday, May 1, 2019: Staff In-Service Day
Monday, May 27, 2019: Memorial Day
Thursday, July 4, 2019: Independence Day

In addition, CHILDSPACE will close at 4:00 pm on the following dates:

Tuesday, October 23, 2018
Wednesday, February 27, 2019
Tuesday, April 16, 2019
Wednesday, June 5, 2019

3. **Hours:** Supervised care for children will be provided until 6:00 pm. **Late Fees** will be charged to parents arriving after 6:00 pm at the following rates:

 **6:11 – 6:20.....\$15.00**
 **6:21 – 6:30.....\$20.00**
 **6:31 – 6:41.....\$25.00**
 **6:46 – 7:00.....\$30.00**

Parents arriving after 6:00 PM will sign a late slip and be billed for late fees incurred on a monthly basis.

CHILDSPACE DAY CARE CENTER

7500 Germantown Avenue
(Smith Building)
Philadelphia, PA 19119
(215) 248-3080

School Age Program

Enrollment Contract Agreement

CHILDSPACE agrees to enroll _____ for the 2018-2019 school year, beginning September 5, 2018 and ending on June 12, 2019. S/he is scheduled to attend CHILDSPACE on:

Monday: Tuesday: Wednesday: Thursday: Friday:

AM Hours: Arrival, 7:30 am – mini bus departs, 8:00 am

PM Hours: School dismissal to departure, 6:00 pm

Tuition of _____ will be paid on a monthly basis.

Person(s) designated by parent to whom child may be released (Please Print) _____

I, the parent/guardian:

_____ received complete written program information at the time of enrollment (3270.121)

_____ agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (3270.124)

_____ have read the Enrollment Agreement and Operating Procedures and agree to all terms and conditions listed therein.

Signature-Operator

Date

Signature-Parent or Guardian

Date

Date of Child's Admission

Date of Withdrawal

Periodic Review

Signature of Parent or Guardian

Date

Childspace Day Care Center

7500 Germantown Avenue
(Smith Building)
Philadelphia, PA 19119
(215) 248-3080

School Age Program

Application Form

Date: _____

Child's Full Name: _____

Sex: _____ Date of Birth: _____ Grade: _____

School: Houston Henry

Home Address: _____

City/State: _____ Zip Code: _____

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

PARENTS' WORK INFORMATON

_____ NAME _____

_____ SOCIAL SECURITY # _____

_____ EMPLOYER _____

_____ WORK ADDRESS _____

_____ WORK PHONE # _____

_____ OCCUPATION _____

Person to contact about this application: _____

Probable days you would need care: _____

Full Days or Half Days: _____ Beginning what date? _____

Present child care arrangements: _____

Upon notification of an available opening, a deposit of one-half month's tuition is required to hold the space.

Childspace affirms its commitment to admit children of any race, color, national or ethnic origin.

CIVIL RIGHTS COMPLIANCE

PARENT AWARENESS

In accordance with applicable Federal and State Civil Rights laws and regulatory requirement, you as client of this agency, have the right.

To be provided services at the agency, and to be referred for services of other agencies without regard to your race, color, religious creed, disability, ancestry, national origin, age or sex.

To file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color religious creed, disability, ancestry, national origin, age or sex.

Complaints of discrimination may be filled with any of the following:

Provider's Name & Address:

Office for Civil Rights Commission

U.S. Department of Health
Suite 372, Public Ledger Bldg
150 S. Independence Mall West
Philadelphia, PA 10106-9111

Pennsylvania Human Relations

Philadelphia Regional Office
110 North 8th Street, Suite 501
Philadelphia, PA 19107

Commonwealth of Pennsylvania
DPW Bureau of Equal Opportunity
Southeast Regional Office
801 Market Street, Suite 5034
Philadelphia, PA 19107

Commonwealth of Pennsylvania
Department of Human Services
Room 223, Health & Welfare Building
P.O. Box 2676
Harrisburg, PA 17105

American with Disabilities Act Director

Governor's Office
Room 238 Main Capitol
Harrisburg, PA 17120

Child's Name (Please Print)

Date

Parent/Guardian Signature

Date

Staff Signature

Date

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270 124 (a) (b) 3270 Idl & 3230 124 (a) 3280.181 -182; 3290.124 (a) 3290 181 & 182

CHILD'S NAME	BIRTHDAY	
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 IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER	TELEPHONE NUMBER	
ADDRESS		
SPECIAL DISABILITIES (F ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL SITUATION	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFIT	POLICY NUMBER (REQUIRED) INDICATE	
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO		
OBTAINING EMERGENCY MEDICAL CARE	PARENTAL CONSENT	
WALKS AND TRIPS	ADMIN. OF MINOR FIRST-AID PROCEDURES	
TRANSPORTATION BY THE FACILITY	SWIMMING	
	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

SIGNATURE OF PARENT or GUARDIAN

DATE

DATE

AGREEMENT

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

NAME		
FEE AMOUNT	NUMBER OF DAYS	PAYMENT DUE DATES
Services to be provided as part of the day care fee (examples: transportation. care, meals, etc.)		
CHILD'S ARRIVAL TIME	CHILD S DEPARTURE TIME	PERSONS DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE	PER MIN-HR	
Extra services to be provided at an additional fee if applicable		
<p>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 minimum. (§ 3270.124. 3280.124. 3290.124</p>		
_____ SIGNATURE - OPERATOR	_____ DATE	_____ SIGNATURE - PARENT OR GUARDIAN
_____ DATE		

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
_____ SIGNATURE - PARENT OR GUARDIAN	_____ DATE

CHILDSPACE DAY CARE CENTER

7500 Germantown Avenue

Smith Building

Philadelphia, PA 19119

(215) 248-3080

ALLERGY RELEASE

I give Childspace Day Care Center permission to post a listing of my child's allergies in an area of the classroom where it is accessible to all staff.

CHILD'S NAME _____

DATE _____

PARENT SIGNATURE _____

PHOTO RELEASE

I, the parent/guardian of _____,
hereby consent that photographs, videotapes, and/or electronic images of my
child can be used by Childspace Day Care Center for news and publicity
purposes.

NAME OF CHILD _____

DATE _____

NAME OF PARENT/GUARDIAN _____

SIGNATURE OF PARENT/GUARDIAN _____

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:		

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) <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:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

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

CHILDSPACE

2018-2019

FEE SCHEDULE FOR AFTERSCHOOL

MONTHLY RATE

(Due 1st of The Month)

Number of Days Weekly	Kindergarten Monthly	Afterschool Monthly
2	\$250.00	\$250.00
3	\$378.00	\$378.00
4	\$485.00	\$485.00
5	\$600.00	\$600.00

FEES INCLUDE ALL ADDITIONAL FULL DAYS THAT SCHOOL IS CLOSED, AND CHILDSPACE IS OPEN AS WELL AS ANY EARLY DISMISSAL DAYS - PARENTS ARE RESPONSIBLE FOR ANY FIELD TRIP COST

Please note that all payments not received by 6:00 P.M. on the 1st business day of the month will be ineligible to receive the prepayment discount and will be charged the full cost of tuition listed above. This fee schedule is based on a yearly contract. Monthly payments must be paid regardless of absence due to illness or vacations.

EARLY PAYMENT DISCOUNTS UP TO \$ 180.00 PER MONTH IS AVAILABLE - PLEASE SEE THE OFFICE FOR DETAILS

PREPAYMENT DISCOUNT - AFTERSCHOOL PROGRAM

Number of Days Weekly	Kindergarten Monthly	Afterschool Monthly
2	NOT AVAILABLE	NOT AVAILABLE
3	NOT AVAILABLE	NOT AVAILABLE
4	\$ 81.00	\$ 81.00
5	\$180.00	\$180.00

Afterschool tuition prepayment discount - All fees must be received in advanced in order to receive the discount. Full tuition will be charged if fees are not paid in full by 6 pm on the 1st of every month. If the 1st falls on a Saturday, payment is due by Friday at 6pm. If the 1st falls on a Sunday, payment is due the proceeding Monday at 6pm. There are no sibling discounts offered in the Afterschool Program.

**PARENT'S WHO ARE ELIGIBLE FOR TUITION ASSISTANCE
OUT OF POCKET EXPENSE WOULD BE:**

Number of Days Weekly	Kindergarten Monthly	Afterschool Monthly
2	\$250.000	\$250.00
3	\$378.00	\$378.00
4	\$404.00	\$404.00
5	\$420.00	\$420.00

