

# Titi's Learning Academy

4632 N. 5<sup>th</sup> St. Philadelphia PA 19140 – Tel # 267-437-4359  
1562 E. Wadsworth Ave. philadelphia19150 – Tel # 215-242-3164

## CHILD ENROLLMENT CHECK LIST

Child's Name: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

### I Part

- \_\_\_\_\_ Parent ID
- \_\_\_\_\_ Emergency Contact Sheet
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Health Insurance Card
- \_\_\_\_\_ Agreement Form
- \_\_\_\_\_ Shot Record
- \_\_\_\_\_ Physical
- \_\_\_\_\_ Food Program Forms
- \_\_\_\_\_ Child Service Reports

### II Part

- \_\_\_\_\_ Application Form
- \_\_\_\_\_ Enrollment Agreement
- \_\_\_\_\_ Civil Rights Compliance
- \_\_\_\_\_ Child Custody Information
- \_\_\_\_\_ Password Form
- \_\_\_\_\_ Policy and Photo Release
- \_\_\_\_\_ Communicable Disease Policy
- \_\_\_\_\_ Acceptance of Terms and Conditions
- \_\_\_\_\_ Student Health Insurance Verification Form
- \_\_\_\_\_ Authorization For Medical Treatment
- \_\_\_\_\_ Medication Policy
- \_\_\_\_\_ Allergy Action Plan
- \_\_\_\_\_ Permission to Administer Hand Sanitizer
- \_\_\_\_\_ Receipt of Parent Handbook

### III Part

- \_\_\_\_\_ Verbal Request Form
- \_\_\_\_\_ Medication Log
- \_\_\_\_\_ Emergency Plan Letter

# Titi's Learning Academy

4632 N. 5<sup>th</sup> St. Philadelphia PA 19140 – Tel # 267-437-4359  
1562 E. Wadsworth Ave. Philadelphia 19150 – Tel # 215-242-3164

## Application Form For School Year 2016-2017

Child's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Child's D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

Child's Nickname: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_

Child's Likes: \_\_\_\_\_

Child's Dislikes: \_\_\_\_\_

What are your child's fears? \_\_\_\_\_

What are your child's strengths? \_\_\_\_\_

Your Child's Interest? \_\_\_\_\_

Things the teacher should know about your child: \_\_\_\_\_

Does your child currently take naps? \_\_\_\_\_ YES \_\_\_\_\_ NO Time: \_\_\_\_\_

Does your Child have any allergic reactions or Intolerance to food, Medications, etc...?  
\_\_\_\_\_

Action to Take in an Emergency? \_\_\_\_\_

Has your child been in Day Care Before? \_\_\_\_\_ YES \_\_\_\_\_ NO

Where? \_\_\_\_\_

Why left previous Day Care? \_\_\_\_\_

When/How soon would you like Day Care services to begin? \_\_\_\_\_

Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Private Pay? \_\_\_\_\_ YES \_\_\_\_\_ NO Subsidy Care? \_\_\_\_\_ YES \_\_\_\_\_ NO

# Titi's Learning Academy

4632 N. 5<sup>th</sup> St. Philadelphia PA 19140 – Tel # 267-437-4359  
1562 E. Wadsworth Ave. Philadelphia 19150 – Tel # 215-242-3164

## ENROLLMENT AGREEMENT AND FINANCIAL TERMS AND CONDITIONS

Name of Child: \_\_\_\_\_ Enrolling Date: \_\_\_\_\_

\_\_\_\_\_ 1. I agree to pay a registration fee at the beginning of enrollment, as stated below. This fee is non-refundable or transferable.

\_\_\_\_\_ 2. I agree to Pay Weekly, Bi-weekly or Monthly. A tuition Fee, as stated below, with NO DEDUCTIONS FOR ABSENCE, VACATIONS OR HOLIDAYS. If tuition is not paid prior to the close of business on Friday, a LATE PAYMENT FEE, as stated below, will be added to my child's tuition. The Late Fee must be paid prior to my child beginning the next week. All tuition must be paid by Monday morning or your child will not be admitted on Tuesday.

\_\_\_\_\_ 3. The Center is open whenever possible, but should it be absolutely necessary to close because of severe weather conditions, the closing will be announced by calling the Center.

\_\_\_\_\_ 4. I agree to pay any LATE PICK-UP FEE that I may be charged, as stated below, per child, for each period my child is not picked-up from the center on time.

\_\_\_\_\_ 5. In case of withdrawing my child from the center, I agree to give the center TWO WEEKS WRITTEN NOTICE prior to withdraw. If a two weeks notice is not given, I the parent will be subject to pay a fee equaling two weeks of my child's current tuition.

\_\_\_\_\_ 6. This agreement is subject to change in whole or in part by the center with two weeks notice.

1. Registration Fee: \$40 per first child, Second child or more \$15 per child
2. Weekly Tuition \$ \_\_\_\_\_
3. Monthly Tuition \$ \_\_\_\_\_
4. Late Payment Fee \$ 20.00 per day
5. Late Pick-up Fee \$15.00 after 6:01 for every 15 minutes.
6. Date of Admission: \_\_\_\_\_
7. Date of Withdraw: \_\_\_\_\_
8. Days of Enrollment: M T W TH F
9. Drop off time: \_\_\_\_\_
10. Pick up time: \_\_\_\_\_

I certify that I have received, read and understood the information contained in the parent handbook, and in Enrollment Agreement. I agree to the financial Terms and Conditions and to the free schedule listed above. I agree to update the EMERGENCY CONTACT/PARENTAL CONSENT & AGREEMENT FORMS whenever changes occur or every six months at a minimum. I also agree to a period review of parent child

Parent/Guardian /Signature (Date)

Director/Manager Signature (Date)

# Titi's Learning Academy

4632 N. 5<sup>th</sup> St. Philadelphia PA 19140 – Tel # 267-437-4359  
1562 E. Wadsworth Ave. philadelphia19150 – Tel #215-242-3164

## CIVIL RIGHTS COMPLIANCE (PARENT AWARENESS)

Name of Child: \_\_\_\_\_ Enrolling Date: \_\_\_\_\_

In accordance with the applicable Federal and State Civil Rights Law and Regulatory requirements, you and your children, as a client of Titi's Learning Academy have the right:

- To be provided services at this facility and to be referred for services at other facilities without regard to race, color, religion, 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 race, color, religious creed, handicap, ancestry, national origin, age, or sex. Complaints of discrimination may be filed with any of the following:

### PROVIDER

Titi's Learning Academy  
4632 N. 5<sup>th</sup> St.  
Philadelphia PA 19140

Department Of Public Welfare  
Civil Rights Compliance Unit  
1400 Spring Garden Street  
State Office Building-Room 502  
Philadelphia PA 19130

Office of Civil Rights  
US Department of Health & Human  
Services Region III  
PO Box 13716

PA Human Relations Commissions  
711 Philadelphia State Office Building  
Broad & Spring Garden Streets  
Philadelphia

**Parent/Guardian /Signature (Date)**

\_\_\_\_\_  
Director/Manager Signature (Date)

# Titi's Learning Academy

4632 N. 5<sup>th</sup> St. Philadelphia PA 19140 – Tel # 267-437-4359  
1562 E. Wadsworth Ave. philadelphia19150 – Tel # 215-242-3164

## CHILD CUSTODY INFORMATION

Name of Child: \_\_\_\_\_ Enrolling Date: \_\_\_\_\_

Titi's Learning Academy implements the following policy with respect to custody arraignments of any enrolled child whose parents are legally separated, divorced or otherwise NOT living together. For Titi's Learning Academy purposes, the custodial parent is define as the parent whom the child primary resides with.

Titi's will release the child to either parent (custodial-non custodial) except when a court order denies the non custodial parent access to the child or otherwise restricts the contact between the child and the non-custodial parent. The custodial parent must provide a certified copy of the court order to Titi's Learning Academy before the center will deny the non-custodial parent access to the child.

With respect to center record, non-custodial parents will be afforded access to their children's school records upon written request to Titi's Learning Academy. These records will be available for inspection at Titi's Learning Academy and will not otherwise be directly provided to the non-custodial parent. When a court order prohibits records access to the non-custodial parent, the custodial parent must provide a certified copy of the court order to Titi's Learning Academy, before Titi's Learning Academy will deny the non-custodial parent access to records.

Name of Custodial Parent: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Non-Custodial Parent: \_\_\_\_\_

Address: \_\_\_\_\_

- Do you as a custodial parent have legal custody through a court order?
  - Yes \_\_\_\_\_ No \_\_\_\_\_ Pending \_\_\_\_\_
- Does the court order limit the non-custodial parent's right to access to the child?
  - Yes \_\_\_\_\_ No \_\_\_\_\_
- Does the court order limit the non-Custodial Parent's access to school records?
  - Yes \_\_\_\_\_ No \_\_\_\_\_
  - If Yes, Explain \_\_\_\_\_

Please provide any additional Custody Information of which the center should be aware

By signing this document, I acknowledge that I have read the child custody policy of Titi's Learning Academy and I understand its terms. Having read and understood the child custody policy, I hereby release and discharge Titi's Learning Academy and their respective officers, directors, and employees from all claims, actions or cause of action relating to the implementation and enforcement of the child custody

**Parent/Guardian /Signature (Date)**

\_\_\_\_\_  
Director/Manager Signature (Date)

# Titi's Learning Academy

4632 N. 5<sup>th</sup> St. Philadelphia PA 19140 – Tel # 267-437-4359  
1562 E. Wadsworth Ave. philadelphia19150 – Tel # 215-242-3164

## PASSWORD FORM

Name of Child: \_\_\_\_\_ Enrolling Date: \_\_\_\_\_

It is part of our security policy to have a password that is given to anyone whom you designate as an authorized pick-up for your child. Your child will be released to this authorized person only if the following conditions have been met:

\_\_\_\_\_ 1. The Director must be notified in writing, either at the time of enrollment, or in advance of the pick-up, that you are authorizing someone other than yourself to pick-up your child. If you call Titi's Learning Academy to authorize a pick-up, be prepared to receive a return phone call to verify that it was truly you (the parent) who placed the phone call.

\_\_\_\_\_ 2. At the time of notification, you will need to give us the authorized individual's full name and his/her approximate time of arrival so we can then notify the staff

\_\_\_\_\_ 3. The authorized individual must show a picture ID during pick up time and/or say the password you have designated below

\_\_\_\_\_ 4. The authorized individual will be responsible for signing your child out of the building

The password is an added measure of security for your family. This information will be kept in your child's folder in case of emergency.

Password \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian /Signature (Date)**

\_\_\_\_\_  
Director/Manager Signature (Date)

# Titi's Learning Academy

4632 N. 5<sup>th</sup> St. Philadelphia PA 19140 – Tel # 267-437-4359  
1562 E. Wadsworth Ave. philadelphia19150 – Tel # 215-242-3164

## POLICY AND PHOTO RELEASE

Name of Child: \_\_\_\_\_ Enrolling Date: \_\_\_\_\_

My signature below confirms my understanding of the agreement, center policies, my tuition obligation, my responsibility for the payment of the fees and confirms that I have received and read a copy of the Parent Handbook.

**Parent/Guardian /Signature (Date)**

\_\_\_\_\_  
Director/Manager Signature (Date)

\*\*\*\*\*

I \_\_\_\_\_ PARENT OF \_\_\_\_\_

GIVE permission to Titi's Learning Academy to publish pictures of my child on their Facebook Page , Instagram Page, Website or any other Social Media. For value received and without further consideration, I herby consent that all photographs and or video footage of my child may be used by Titi's Learning Academy for the purpose of illustration, advertising or publication in any manner.

I \_\_\_\_\_ PARENT OF \_\_\_\_\_

DO NOT GIVE permission to Titi's Learning Academy to publish pictures of my child on their Facebook Page , Instagram Page, Website or any other Social Media. For value received and without further consideration, I herby consent that all photographs and or video footage of my child may be used by Titi's Learning Academy for the purpose of illustration, advertising or publication in any manner.

**Parent/Guardian /Signature (Date)**

\_\_\_\_\_  
Director/Manager Signature (Date)

# Titi's Learning Academy

4632 N. 5<sup>th</sup> St. Philadelphia PA 19140 – Tel # 267-437-4359  
1562 E. Wadsworth Ave. philadelphia19150 – Tel # 215-242-3164

## COMMUNICABLE DISEASE POLICY

Name of Child: \_\_\_\_\_ Enrolling Date: \_\_\_\_\_

Parents will inform Titi's Learning Academy within 24 hours or the next business day after their child or any member of the immediate household has developed any reportable communicable disease, as define by the State Board of Health, except for life treating disease, which must be reported immediately.

\_\_\_\_\_  
**Parent/Guardian /Signature (Date)**

\_\_\_\_\_  
Director/Manager Signature (Date)



# Titi's Learning Academy

4632 N. 5<sup>th</sup> St. Philadelphia PA 19140 – Tel # 267-437-4359  
1562 E. Wadsworth Ave. philadelphia19150 – Tel # 215-242-3164

## ACCEPTANCE OF TERMS AND CONDITIONS

Name of Child: \_\_\_\_\_ Enrolling Date: \_\_\_\_\_

I have read Titi's Learning Academy Parent Handbook in full and Policies. I accept all the terms and conditions set forth within.

\_\_\_\_\_  
**Parent/Guardian /Signature (Date)**

\_\_\_\_\_  
Director/Manager Signature (Date)

# Titi's Learning Academy

4632 N. 5<sup>th</sup> St. Philadelphia PA 19140 – Tel # 267-437-4359  
1562 E. Wadsworth Ave. philadelphia19150 – Tel #215-242-3164

## STUDENTS HEALTH INSURANCE VERIFICATION

Name of Child: \_\_\_\_\_ Enrolling Date: \_\_\_\_\_

Name Of Insurance Co: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent Signature/Date: \_\_\_\_\_

\*\*\*\*\*

### DOCTORS INFORMATION

#### Pediatrician Information

Dr. Name and Last Name: \_\_\_\_\_

Office/Hospital/Clinic Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

#### Dentist Information

Dr. Name and Last Name: \_\_\_\_\_

Office/Hospital/Clinic Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

#### Other Special Dr.

Dr. Name and Last Name: \_\_\_\_\_

Office/Hospital/Clinic Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\_\_\_\_\_  
**Parent/Guardian /Signature (Date)**

\_\_\_\_\_  
Director/Manager Signature (Date)

# Titi's Learning Academy

4632 N. 5<sup>th</sup> St. Philadelphia PA 19140 – Tel # 267-437-4359  
1562 E. Wadsworth Ave. philadelphia19150 – Tel #215-242-3164

## AUTHORIZATION FOR MEDICAL TREATMENT

Name of Child: \_\_\_\_\_ Enrolling Date: \_\_\_\_\_

I \_\_\_\_\_ hereby give consent to Titi's Learning Academy staff member who will be caring for my child \_\_\_\_\_ to arrange for emergency medical, surgical, or dental care and treatment in my absence. This includes diagnostic procedures necessary to preserve the health of my child. YES \_\_\_ NO \_\_\_

THIS CONSENT DOES NOT EXPIRE!

**I acknowledge that I am responsible for ALL cost in connection with any care or treatment rendered.**

### Child's Information

Child's D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medications \_\_\_\_\_

Chronic Conditions \_\_\_\_\_

### Insurance Information

Name of Insurance Co: \_\_\_\_\_

Policy Number: \_\_\_\_\_

### Pediatrician Information

Dr. Name and Last Name: \_\_\_\_\_

Office/Hospital/Clinic Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

MOM'S CELL \_\_\_\_\_ MOM'S WORK \_\_\_\_\_

DAD'S CELL \_\_\_\_\_ DAD'S WORK \_\_\_\_\_

**Parent/Guardian /Signature (Date)** \_\_\_\_\_

Director/Manager Signature (Date) \_\_\_\_\_

# Titi's Learning Academy

4632 N. 5<sup>th</sup> St. Philadelphia PA 19140 – Tel # 267-437-4359  
1562 E. Wadsworth Ave. philadelphia19150 – Tel #215-242-3164

## MEDICATION POLICY

Name of Child: \_\_\_\_\_ Enrolling Date: \_\_\_\_\_

When medications, prescription or over the counter cream, is to be administered to the child while under Titi's Learning Academy care, the parent must bring in the following:

1. Medication in original container, appropriately label by the physician.
2. Written order or prescription slip given by physician where it provides the name of medicine, dosage, time and directions to be given and reason/diagnostic medication is being prescribed.
3. Written Permission from parent/guardian for Titi's Learning Academy to comply with the physician's order.

Student \_\_\_\_\_ Teacher \_\_\_\_\_

I authorized Titi's Learning Academy personal to administer the following medicine:

Medicine: \_\_\_\_\_ Dosage: \_\_\_\_\_

How many times: \_\_\_\_\_ Other: \_\_\_\_\_

Dr. Name: \_\_\_\_\_

**\_\_\_\_\_ ALL MEDICATIONS TO BE ADMINISTERED MUST FIRST BE SIGNED IN ON THE MEDICATION LOG AT THE FRONT DEST. ALL MEDICATIONS WILL BE KEPT IN THE MEDICATION CABINET OR REFRIGERATOR IF NEED IT. TITI'S PERSONEL WILL NOT ADMINISTER ANY MEDICATION WITH OUT ANY OF THE ABOVE. WE WILL NOT ADMINISTER NON-PRESCRIBE/OVER THE COUNTER MEDICATION TO YOUR CHILD.**

\_\_\_\_\_ I release Titi's Learning Academy personnel from any liability should reactions result from this medications.

\_\_\_\_\_  
**Parent/Guardian /Signature (Date)**

\_\_\_\_\_  
Director/Manager Signature (Date)

# Titi's Learning Academy

4632 N. 5<sup>th</sup> St. Philadelphia PA 19140 – Tel # 267-437-4359  
 1562 E. Wadsworth Ave. Philadelphia 19150 – Tel # 215-242-3164

## ALLERGY ACTION PLAN

Name of Child: \_\_\_\_\_ Enrolling Date: \_\_\_\_\_  
 D.O.B: \_\_\_\_\_ Teacher: \_\_\_\_\_

ALLERGIC TO: \_\_\_\_\_

Asthmatic: Yes \_\_\_\_\_ No \_\_\_\_\_ \*Higher Risk for Severe Reaction

### ► STEP 1: TREATMENT ◀

#### Symptoms:

#### Give Checked Medication\*\*

(To be determined by physician authorizing treatment)

- |   |                                      |  |
|---|--------------------------------------|--|
| 1. If exposed to an allergen, but no symptoms:  | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| 2. Mouth Itching, tingling or swelling of lips, tongue, mouth   | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| 3. Skin Hives, itchy rash, swelling, or face or extremities   | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| 4. Gut Nausea, abdominal cramps, vomiting, diarrhea   | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| 5. Throat † Tightening of throat, hoarseness, hacking cough   | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| 6. Lung † Shortness of breath, repetitive coughing, wheezing  | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| 7. Heart † Thready pulse, low blood pressure, fainting, pale, blueness  | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| 8. Others † _____   | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |
| 9. If reactions is progressing ( several of the above areas affected) give<br>The severity of symptoms can quickly change. † potentially life-threatening | <input type="checkbox"/> Epinephrine | <input type="checkbox"/> Antihistamine |

#### Dosage:

Epinephrine: Inject intramuscularly (circle one)

EpiPen®      EpiPen®      Jr. Twinject™      0.3 mg Twinject™      0.15mg

Antihistamine: Give: \_\_\_\_\_ medication/dose/route

Other: Give: \_\_\_\_\_ medication/dose/route

### ► STEP 2: EMERGENCY CALLS ◀

1. Call 911 (or Rescue Squad: \_\_\_\_\_) State that an allergic reaction has been treated, and additional epinephrine may be needed.
2. Call Dr. \_\_\_\_\_ at \_\_\_\_\_
3. Emergency Contacts:

| Name  | Relationship | Phone Numbers |
|-------|--------------|---------------|
| _____ | _____        | _____         |
| _____ | _____        | _____         |
| _____ | _____        | _____         |

EVEN IF PARENT/GUARDIAN CANNOT BE REACHED, DO NOT HESITATE TO MEDICINE OR TAKE CHILD TO MEDICAL FACILITY

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Titi's Learning Academy

4632 N. 5<sup>th</sup> St. Philadelphia PA 19140 – Tel # 267-437-4359  
1562 E. Wadsworth Ave. philadelphia19150 – Tel # 215-242-3164

Name of Child: \_\_\_\_\_ Enrolling Date: \_\_\_\_\_

## PERMISSION to ADMINISTER HAND SANITIZER

Child and adult hand washing is required by regulation before meals and snack, after toileting and after diapering. Hand sanitizer may be used to supplement hand washing outside the regulatory requirements, for example: using a hand sanitizer after blowing one's nose, before and after handling toys, while at playground or on a field trip. A staff member will supervised a child who is using hand sanitizer.

### Steps for using Hand Sanitizer:

- Apply an appropriate amount of the product to the palm of the hand
- Rub hands together
- Rub the hand sanitizer all over surfaces of hand and fingers until hands are dry

(Refer to the directions on the label of the product if have any question)

I \_\_\_\_\_ authorized Titi's Learning Academy Staff to administer Hand Sanitizer to my child \_\_\_\_\_. I release the Staff from liability should reactions result from use of Hand Sanitizer.

**Parent/Guardian /Signature (Date)** \_\_\_\_\_

\_\_\_\_\_  
Director/Manager Signature (Date)

# Titi's Learning Academy

4632 N. 5<sup>th</sup> St. Philadelphia PA 19140 – Tel # 267-437-4359  
1562 E. Wadsworth Ave. philadelphia19150 – Tel # 215-242-3164

Name of Child: \_\_\_\_\_ Enrolling Date: \_\_\_\_\_

## PARENT HANDBOOK

The Parent Handbook is an important document intended to help you become familiar with Titi's Learning academy. This handbook will serve you as a guide. It is NOT the concluding word in all cases. Individual circumstances may call for individual actions/attention. The content of this handbook may be change at any time at the discretion of Titi's Learning Academy.

I \_\_\_\_\_ have read Titi's Learning Academy handbook and I have been advised of all policies and procedures.

\_\_\_\_\_  
**Parent/Guardian /Signature (Date)**

\_\_\_\_\_  
Director/Manager Signature (Date)

# Titi's Learning Academy

1562 E. Wadsworth Ave. philadelphia19150 – Tel # 215-242-3164

## EMERGENCY PLAN

Parents and guardians need to be informed of the provisions in the EMERGENCY PLAN. This letter will provide the information necessary. A copy of this letter is provided to the parents of all newly enrolled children and at least once per year to all parents.

To the parent(s)/Guardian(s) of: \_\_\_\_\_

This letter is to assure you of our concern for the safety and welfare of children attending TITI'S LEARNING ACADEMY. Our Emergency Plan provides for responses 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 neighbor's.
- 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. We currently have 2 available, they are:
  - A. Emergency Relocation Facility A: John F. McCloskey 8500 Pickering Street, Philadelphia PA 19150 PHONE:215-248-6600
  - B. Emergency Relocation Facility B: Free Library Wadsworth Branch. 1500 Wadsworth Ave. Philadelphia PA 19150 PHONE: 215-685-9293

If it ever becomes necessary to relocate, a sign will be posted on the door stating which facility we've gone to (A or B).

IF YOU ARE NOT SURE HOW TO GET THERE, PLEASE ASK FOR DIRECTIONS BEFORE THERE IS AN EMERGENCY.

- 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.



Please listen to KYW1060 for announcements relating any of the emergency actions listed above.

We ask that you DO NOT CALL during the emergency. This will keep the main telephone line free to make emergency calls and relay information. The facility Director 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 is included with this letter for you to complete and have returned to TITI'S LEARNING ACADEMY no later than FIRST DAY OF ENROLLMENT. This form 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.

I realized 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, I ASK YOUR UNDERSTANDING AND COOPERATION. SHOULD YOU HAVE ADDITIONAL QUESTIONS REGARDING OUR EMERGENCY OPERATING PROCEDURES, CONTACT SHEYLA REYES @ 215-617-3998.

Sincerely,

Brenda L. Reyes  
Director

Center copy

Parent received a copy

# 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 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 IS IN CARE |
|  |   |  |
| 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)               |
| <b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b> |   |  |
| 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

# AGREEMENT

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

|   |                        |  |
|---|------------------------|--|
| NAME OF CHILD   |                        |  |
| FEE AMOUNT<br>\$  | PER-DAY-WEEK           | DAY PAYMENT TO BE MADE                                       |
| Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.) |                        |  |
|   |                        |  |
|   |                        |  |
|   |                        |  |
|   |                        |  |
| CHILD'S ARRIVAL TIME  | CHILD'S DEPARTURE TIME | PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED |
| LATE FEE<br>\$  | PER MIN-HR             |  |
| Extra services to be provided at an additional fee if applicable                                  |                        |  |
|   |                        |  |
|   |                        |  |
|   |                        |  |

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 contract/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 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  |

Child Enrollment Form (Sample)

Agreement #: \_\_\_\_\_

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE (SAMPLE)

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

PARENTS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care. Please complete all areas to include signing and dating same.

| FULL NAME OF ENROLLED CHILD<br>(Include Birth Date/Age) | DAYS OF WEEK BY ATTENDANCE  | TIMES CHILD NORMALLY ATTENDS DURING WEEK   |   |      |          |    |      | MEALS RECEIVED |   |
|---|---|--|---|------|----------|----|------|----------------|---|
|   |   | TIME-IN  |   |      | TIME OUT |    |      |                | TIME CHILD ATTENDS SCHOOL   |
|   |   | AM   | PM  | TIME | AM       | PM | TIME |                | LEAVES CENTER   |
| FIRST CHILD   | <input type="checkbox"/> MONDAY<br><input type="checkbox"/> TUESDAY<br><input type="checkbox"/> WEDNESDAY<br><input type="checkbox"/> THURSDAY<br><input type="checkbox"/> FRIDAY<br><input type="checkbox"/> SATURDAY<br><input type="checkbox"/> SUNDAY   | <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours<br>Other:   | Enrollment Date: _____ Withdrawal Date: _____ |      |          |    |      |                | <input type="checkbox"/> BREAKFAST<br><input type="checkbox"/> A.M. SNACK<br><input type="checkbox"/> LUNCH<br><input type="checkbox"/> P.M. SNACK<br><input type="checkbox"/> SUPPER<br><input type="checkbox"/> EVENING SNACK   |
| SECOND CHILD  | <input type="checkbox"/> Same as Above<br><input type="checkbox"/> MONDAY<br><input type="checkbox"/> TUESDAY<br><input type="checkbox"/> WEDNESDAY<br><input type="checkbox"/> THURSDAY<br><input type="checkbox"/> FRIDAY<br><input type="checkbox"/> SATURDAY<br><input type="checkbox"/> SUNDAY | <input type="checkbox"/> Same Times as Above<br><input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours<br>Other: | Enrollment Date: _____ Withdrawal Date: _____ |      |          |    |      |                | <input type="checkbox"/> Same Meals as Above<br><input type="checkbox"/> BREAKFAST<br><input type="checkbox"/> A.M. SNACK<br><input type="checkbox"/> LUNCH<br><input type="checkbox"/> P.M. SNACK<br><input type="checkbox"/> SUPPER<br><input type="checkbox"/> EVENING SNACK |
| THIRD CHILD   | <input type="checkbox"/> Same as Above<br><input type="checkbox"/> MONDAY<br><input type="checkbox"/> TUESDAY<br><input type="checkbox"/> WEDNESDAY<br><input type="checkbox"/> THURSDAY<br><input type="checkbox"/> FRIDAY<br><input type="checkbox"/> SATURDAY<br><input type="checkbox"/> SUNDAY | <input type="checkbox"/> Same Times as Above<br><input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours<br>Other: | Enrollment Date: _____ Withdrawal Date: _____ |      |          |    |      |                | <input type="checkbox"/> Same Meals as Above<br><input type="checkbox"/> BREAKFAST<br><input type="checkbox"/> A.M. SNACK<br><input type="checkbox"/> LUNCH<br><input type="checkbox"/> P.M. SNACK<br><input type="checkbox"/> SUPPER<br><input type="checkbox"/> EVENING SNACK |

Signature \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number of Parent or Guardian \_\_\_\_\_

CHILD CARE REPRESENTATIVE USE ONLY: \_\_\_\_\_ Date \_\_\_\_\_  
 Name of Representative/Signature \_\_\_\_\_  
 The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at \_\_\_\_\_, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at \_\_\_\_\_

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

## Child and Adult Care Food Program Child Care Center Meal Benefit Income Eligibility Form

### Part 1. All Household Members

| Name of Enrolled Child(ren):                                 | CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT)<br>* IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM. | CHECK IF NO INCOME       |
|--|--|--------------------------|
| Names of all household members (First, Middle Initial, Last) | <input type="checkbox"/>   | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> |
|  | <input type="checkbox"/>   | <input type="checkbox"/> |

**Part 2. Benefits:** If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.  
 NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**Part 3.** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [Your center director, Homeless Liaison, Migrant Coordinator at Phone #] Homeless  Migrant  Runaway

### Part 4. Total Household Gross Income—You must tell us how much and how often

| Name<br>(List only household members with income)<br><i>(Example) Jane Smith</i> | B. Gross income and how often it was received |                                    |  |                     |
|--|---|------------------------------------|--|---------------------|
|  | 1. Earnings from work before deductions       | 2. Welfare, child support, alimony | 3. Pensions, retirement, Social Security, SSI, VA benefits | 4. All Other Income |
|  | \$200/weekly                                  | \$150/twice a month                | \$100/monthly  | \$ ____ / ____      |
|  | \$ ____ / ____                                | \$ ____ / ____                     | \$ ____ / ____   | \$ ____ / ____      |
|  | \$ ____ / ____                                | \$ ____ / ____                     | \$ ____ / ____   | \$ ____ / ____      |
|  | \$ ____ / ____                                | \$ ____ / ____                     | \$ ____ / ____   | \$ ____ / ____      |
|  | \$ ____ / ____                                | \$ ____ / ____                     | \$ ____ / ____   | \$ ____ / ____      |

**Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)**  
 An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_-\_\_\_\_  I do not have a Social Security Number

**Part 3. Participant's ethnic and racial identities (optional)**

Mark one ethnic identity:

- Hispanic or Latino  
 Not Hispanic or Latino

Mark one or more racial identities:

- Asian  
 White  
 Black or African American  
 American Indian or Alaska Native  
 Native Hawaiian or Other Pacific Islander

**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied (Paid) \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Reason for Denied: \_\_\_\_\_  
 Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

| Household size          | Yearly   |
|-------------------------|----------|
| 1                       | \$21,775 |
| 2                       | \$29,471 |
| 3                       | \$37,167 |
| 4                       | \$44,863 |
| 5                       | \$52,559 |
| 6                       | \$60,255 |
| 7                       | \$67,951 |
| 8                       | \$75,647 |
| Each additional person: | +\$7,696 |

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C., 20250-9410, or fax (202) 690-7442, or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing, or have speech disabilities, may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

# VERBAL REQUEST FOR RELEASE OF CHILD

55 PA CODE CHAPTERS 3270.117(c) and 3280.117(c) and 3290.116(c)

THIS FORM MUST BE COMPLETED TO DOCUMENT THE VERBAL REQUEST BY A PARENT FOR THE  
RELEASE OF A CHILD TO A PERSON(S) NOT INDICATED ON THE AGREEMENT  
(CHAPTERS 3270.123(a)(5), 3270.124(b)(7); 3280.123(a)(5), 3280.124(b)(7); 3290.123(a)(5), 3290.124(b)(7)).

|   |  |      |
|---|--|------|
| NAME OF CHILD   | DATE                                       | TIME |
| NAME OF REQUESTING PARENT   | TELEPHONE NO. FROM WHICH PARENT IS CALLING |      |
| NAME OF INDIVIDUAL TO WHOM THE CHILD IS TO BE RELEASED <span style="float: right;">➤</span> |  |      |
| NAME OF STAFF PERSON TAKING THE CALL <span style="float: right;">➤</span>                   |  |      |

CALL THE ENROLLING PARENT BACK TO CONFIRM THE INFORMATION IF POSSIBLE

|   |      |
|---|------|
| CONFIRMING PARENT                           | DATE |
| NAME OF STAFF PERSON CONFIRMING INFORMATION | TIME |

|   |               |
|---|---------------|
| _____<br>NAME OF STAFF PERSON RELEASING CHILD | _____<br>DATE |
|---|---------------|

**BE SURE TO ASK FOR IDENTIFICATION WHEN THE INDIVIDUAL ARRIVES TO PICK UP THE CHILD**