

Titi's Learning Academy

4632 N. 5th St. Philadelphia PA 19140 – Tel # 267-437-4359
1562 E. Wadsworth Ave. Philadelphia 19150 – Tel # 215-242-3164
4350 H. St. Philadelphia PA 19124 – Tel# 215-214-5144

CHILD ENROLLMENT CHECKLIST

Child's Name: _____

Enrollment Date: _____

I Part

- _____ Emergency Contact Sheet
- _____ Birth Certificate
- _____ Health Insurance Card
- _____ Agreement Form
- _____ Shot Record
- _____ Physical
- _____ 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
- _____ Food Program Forms

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Application Form

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

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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 id 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 S

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 information.

Parent/Guardian /Signature (Date)

Director/Manager Signature (Date)

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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. 5th 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
Philadelphia PA 19101

PA Human Relations Commissions
711 Philadelphia State Office Building
Broad & Spring Garden Streets
Philadelphia PA 191340

Parent/Guardian /Signature (Date)

Director/Manager Signature (Date)

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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 defined 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 policy.

Parent/Guardian /Signature (Date)

Director/Manager Signature (Date)

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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)

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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. I understand no compensation or consideration will be given, I hereby 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. I understand no compensation or consideration will be given, I hereby do not 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)

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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)

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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)

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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)

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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)

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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 medication.

Parent/Guardian /Signature (Date)

Director/Manager Signature (Date)

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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
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: _____

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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 supervise 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)

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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)

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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 neighbors.
- 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: Tierra Columbiana, 4535 N. 5th St. Philadelphia PA 19140
- B. Emergency Relocation Facility B: La Salsa Barbershop, 4634 N. 5th St. Philadelphia PA 19140

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).

Titi's Learning Academy

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,

Sheyla Reyes
Director

Center copy

Parent received a copy