

Soans Christian Academy

7912 Dungan Road

Philadelphia PA 19111

Telephone: 267-388-7648

Fax: 267-731-1857

Soanschristianacademy7912@gmail.com

Kristen L. Domico, Director

Checklist for Required Documents

- ☐ **Emergency Contact/Consent Form**
- ☐ **Copy of State Issued ID of Parent/Guardian**
- ☐ **Health Assessment/Physical**
- ☐ **Immunization Records**
- ☐ **Copy of Medical Card**
- ☐ **Request for Medication Administration**
- ☐ **Child Pick-Up Authorization**
- ☐ **Tuition Agreement (Signed and Dated)**
- ☐ **Payment Receipt# _____ Date _____**
- ☐ **Parent Handbook (Signed and Dated)**
- ☐ **“Getting to Know You”**
- ☐ **C.B.S. Child Enrollment Form (CACFP)**
- ☐ **Website Picture Form**

Soans Christian Academy



7912 Dungan Road Philadelphia PA 19111

267-388-7648

Kristen L. Domico, Director

(An outreach ministry of Grace-Trinity United Church of Christ)

BACKGROUND:

Soans Christian Academy is an outreach ministry of Grace-Trinity United Church of Christ. The facility, located at 7912 Dungan Road in Northeast Philadelphia, will address the childcare needs of parents by providing safe, affordable, and stable care in an enriching educational environment for the children in the community.

SERVICES DAILY SCHEDULE:

The Academy offers several types of programs, all of which will be exciting as well as educational. There will be an emphasis on social skills as the children are engaged in hands-on activities that will include math, science, language development, art, music, and more. The program will include full-time and part-time for Old Toddler and Preschool; Before/After School for School Age students **ONLY** and Summer Camp programs from June through August. The Academy will offer full day care for the school age children in accordance with the calendar days provided by the director for public school and/or charter schools.

The Academy will be open from 7a.m. through 6p.m. The daily schedule will include: breakfast, teacher directed activities, child directed activities, large, small and/or individual group time, **lunch-all meals are included upon completion of the C.B.S. Meal Application with a minimum of a 2 week waiting period to be placed on the "Roster" and fees for meals will be billed directly to the families by C.B.S. and is not part of the tuition fees. Fees apply only if C.B.S. determines the family qualifies as REDUCED or PAID.** Monthly food menus are posted in all classrooms, parent bulletin board, and copies will be provided upon request, age appropriate nap time, and gross motor outdoor/indoor activities. The daily schedule for school age children will include: snack time, homework assistance, teacher directed activities, child directed activities, large, small and/or individual group time and gross motor outdoor/indoor activities.

CLOTHING AND REST TIME BEDDING:

Children are expected to arrive at the Center dressed in appropriate play clothing and sneakers. CHILDREN MAY NOT WEAR SANDALS, FLIP-FLOPS, CLOGS, OR DRESS SHOES. Baseball caps are also not recommended. If your child wears diapers or pull-ups, you are responsible for supplying at least (5) five days of diapers or pull-ups and a container of baby wipes. Your child's teacher will inform you when more diapers or pull-ups and wipes are needed. Every Toddler and Preschool child needs to keep **at least one complete change of seasonally appropriate clothing** in their cubbies. These items need to be stored in a closed container the size of a shoe box with the child's first and last name on it for storage. **All clothing including jackets, hats, boots, etc. MUST be labeled with the child's FIRST name and INITIAL of the LAST name.** Every Toddler and Preschool child needs to have **1: crib size sheet** and **1: small blanket** for our age appropriate nap time. Bedding will be sent home every Friday to be laundered and returned on Monday morning.

HEALTH POLICIES:

Children need to be able to fully participate in the indoor and outdoor program each day that they attend school. If a child becomes ill while at school, you will be notified and asked to pick up your child at that time. Illness includes vomiting, diarrhea, and fever of 100.4 or higher or any contagious condition.

Medication will be administered only with written permission from a licensed physician and all medication must be in its original container from the pharmacy.

SUPERVISION:

Children will be supervised at all times, both indoors and outdoors. Appropriate staff/child ratios will be maintained at all times.

TRANSPORTATION & PICK UP ARRANGEMENTS:

The parents will provide transportation to and from the Center and students will be dropped-off in their classroom and signed in. Please be sure that your child's teacher or assigned teacher is aware of their arrival. Children will only be released to a parent/guardian or someone who is an authorized escort based on the most recent Emergency Contact form on file with the Director or a Verbal Release form is completed. All parent/guardian and/or escorts must have proper ID.

After school children will be picked up from their grade school and escorted back to the Center at 6537 Rising Sun Avenue by a minimum of (2) two staff members

The Classroom Staff and Director must be notified about: (1) Change of home address or phone number; (2) Change of employment, school or training program; (3) Change of emergency contact information; and/or (4) Change of person to whom child may be released. ***IT IS IMPORTANT TO KEEP YOUR INFORMATION UPDATED IN CASE OF AN EMERGENCY. THE STAFF NEEDS TO BE ABLE TO REACH YOU AT ALL TIMES.***

The WEEKLY cost is as follow for FULL-TIME and SCHOOL AGE ONLY effective July 1, 2019:

<u>School Age</u>	<u>Preschool</u>	<u>Old Toddler</u>	<u>Young Toddler1 & 2</u>
(Kindergarten-6 th Grade)	(Age: 3yrs. - 5yrs.)	(Age: 24mos. - 36mos.)	(Age: 13mos. - 24 mos.)
<i>\$170/Week*</i>	<i>\$180/Week*</i>	<i>\$190/Week*</i>	<i>\$200/Week*</i>

The cost for Before/After School is as follows: \$40/Week* =Before School (7a.m.-9:00a.m.); \$80/Week* =After School (3p.m.-6p.m.); AND/OR \$120/Week =Before/After and 1/2 days ONLY and we accept all forms of child care subsidies.

PAYMENT POLICY:

Tuition or co-payments are due in full by Monday morning prior to services. Full tuition or CCIS family co-payment is due regardless of illness, holidays, or inclement weather that Soans Christian Academy is closed, ***no pro-rated rates will be given at any time.*** Each family will be given (1) one week vacation credit per academic year, if tuition payments are CURRENT, and two weeks written notice. Payments may be made in the office or left in the locked box located inside the Director's office. Please make checks and money orders payable to: Soans Christian Academy OR GNDC. ***There is a \$35.00 service charge on all returned (bounced) checks and payments will no longer be accepted in a check form once this occurs.***

HOLIDAYS:

Soans Christian Academy will be closed for the following holidays: ***all classrooms, parent bulletin board, and copies will be provided upon request.***

WITHDRAWAL AND DISENROLLMENT:

Two weeks written notification is required for any schedule change or withdrawal. The center reserves the right to dis-enroll a child if deemed necessary for the safety of others. This may be done with written notification.

NONDISCRIMINATION POLICY:

Soans Christian Academy does not discriminate on the basis of a person's religion, color, sex, age, national origin or disability regarding considerations such as enrollment and hiring.

ELRC SUBSIDY CONTACT INFORMATION:

For childcare subsidies please contact Early Learning Resource Center at 2361-2373 Welsh Road Philadelphia PA 19114. 215-382-4762. Please provide them with our ***Provider#: 6111432143-4, Name: Grace Neighborhood Development Corporation- Soans Christian Academy; Phone#: (267) 388-7648 or Fax #: (267) 731-1857, if necessary, to complete your enrollment and expedite your start date.***

Soans Christian Academy

7912 Dungan Road

Philadelphia, PA 19111

Phone: (267) 388 - 7648 · Fax: (267) 731-1857

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: <i>(As it APPEARS on child's state/ government issued "Birth Certificate")</i>		Date of Birth: <i>(Required)</i>
MOTHER'S NAME/LEGAL GUARDIAN: <i>(Required: Unless Court Order, Incarcerated or Deceased, please specify):</i>		Home Phone: <i>(Required)</i>
ADDRESS: <i>(Required)</i>		
CITY, STATE, and 5- DIGIT ZIP CODE: <i>(Required)</i>		E-mail: <i>(Required)</i>
Business Name: <i>(Required if Employed)</i>		Cell Phone: <i>(Required)</i>
Address, City, State, and 5-Digit Zip Code: <i>(Required if Employed)</i>		Business Phone: <i>(Required if Employed)</i>
FATHER'S NAME/LEGAL GUARDIAN: <i>(Required: Unless Court Order, Incarcerated or Deceased, please specify):</i>		Home Phone: <i>(Required)</i>
ADDRESS: <i>(Required)</i>		
CITY, STATE, and 5-DIGIT ZIP CODE: <i>(Required)</i>		E-mail: <i>(Required)</i>
Business Name: <i>(Required if Employed)</i>		Cell Phone: <i>(Required)</i>
Address, City, State, and 5-Digit Zip Code: <i>(Required if Employed)</i>		Business Phone: <i>(Required if Employed)</i>
EMERGENCY CONTACT PERSON (s) (list below) <i>(Minimum of (3) Individuals Over 18 yrs. Old)</i>		Telephone Number (when in care) <i>(Required)</i>
1		
2		
3		
Person (s) Whom Child May Be Released and Address (list below) <i>(Min. (3) Over 18 yrs. Old)</i>		Telephone Number (when in care) <i>(Required)</i>
1		
2		
3		
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER: <i>(Required)</i>		Phone Number + Area Code: <i>(Required)</i>
ADDRESS, CITY, STATE, and 5-DIGIT ZIP CODE: <i>(Required)</i>		
Special Disabilities: <i>(Copy of IFSP or IEP Required, if applicable)</i>		All Allergies <i>(Listed on Health Assessment)</i>
Medical or Dietary Information necessary in an emergency situation <i>(Dietary Form Required)</i>		Medications <i>(List Medications Taken Daily)</i>
Additional Information on Special Needs of Child <i>(Copy of IFSP or IEP Report Required, if applicable)</i>		
Health Insurance Coverage or Medical Assistance Benefits		Policy Number <i>(Required)</i>
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE <i>(Required)</i> X	ADMIN. OF MINOR FIRST - AID PROCEDURES <i>(Required)</i> X	
TRANSPORTATION BY THE FACILITY IN CASE OF EMERGENCY <i>(Required)</i> X	WALKS <i>(Required)</i> X	
I allow child in <i>(Swimming: 3rd – 6th/Sprinkler-YT-PKC)</i> <i>(Required)</i> X	I allow Photos/Video Used for Classrooms ONLY <i>(Required)</i> X	
Signature of Parent or Guardian <i>(Required)</i>		X Date: <i>(less than 6-months)</i>

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 checked="" 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)
☒ YES ☒ 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/ID						
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.

REQUEST FOR ADMINISTRATION OF MEDICATION OR USE OF SUCTION, OXYGEN OR OTHER EQUIPMENT IN SCHOOL

(PLEASE SEE MESSAGE TO PHYSICIAN AND PARENT ON BACK OF FORM)

PHYSICIAN, PLEASE NOTE: Fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication / treatment. A separate request is needed for each medication.

NAME OF PATIENT/STUDENT		ADDRESS/ZIP		ROOM/BOOK NO.	
DATE OF BIRTH		SCHOOL/ORG.#		REGIONAL OFFICE	
DATE OF BIRTH		SCHOOL/ORG.#		PID	
DIAGNOSIS:					
REASON MEDICATION MUST BE GIVEN IN SCHOOL:					
NAME OF MEDICATION/EQUIPMENT/TREATMENT:		DOSE:			
TIME(S) TO BE GIVEN IN SCHOOL:		TOTAL DOSAGE PER 24 HRS:			
DATE BEGIN:		DATE END:			
INSTRUCTION FOR ADMINISTRATION/UTILIZATION:					
CONTRAINDICATIONS:					
SIDE EFFECTS:					
TREATMENT OF SIDE EFFECTS/ACTION TO BE TAKEN:					
IS ANY RESTRICTION ON ACTIVITY NECESSARY:		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
IF YES, DESCRIBE:					
IS STUDENT TAKING ANY OTHER MEDICATION?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
IF YES, NAME OF MEDICATIONS:					
IS SIMILAR EQUIPMENT KEPT BY THE CHILD'S FAMILY AT HOME?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
PRINT NAME OF HEALTH CARE PROVIDER/CREDENTIALS		TELEPHONE			
ADDRESS		EMERGENCY NUMBER			
SIGNATURE OF HEALTH CARE PROVIDER		DATE SIGNED			

I

To The Principal

I authorize selected school personnel to administer the indicated medication, or to use the equipment or machinery as prescribed by my child's health care provider, whose signature appears on this form.

My child may self-administer medication/equipment as determined appropriate by the school nurse.

I authorize the school nurse to communicate with my child's health care provider, and my health care provider to reply, as needed regarding this medication/equipment and/or my child's response.

PARENT SIGNATURE _____ TELEPHONE NUMBER _____

DATE SIGNED _____ EMERGENCY NUMBER _____

II

IN ACCORDANCE WITH CURRENT SCHOOL DISTRICT PROCEDURE, THE ADMINISTRATION OF THIS MEDICATION WAS APPROVED ON _____

DATE _____

(RETAIN IN SCHOOL)

SIGNATURE OF SCHOOL NURSE _____

TELEPHONE NUMBER OF SCHOOL NURSE _____

Soans Christian Academy

7912 Dungan Road

Philadelphia PA 19111

Tel: (267) 388-7648

Fax: (267) 731-1857

Email-soanschristianacademy7912@gmail.com

I, _____, authorize **Soans Christian Academy** to release my child (ren) to the person(s) designated. This is in consonance with the **Soans Christian Academy** Emergency Plan.

Child's
Name

Designated Custodian (s)
Name & Relationship

Your Signature

Relationship

Date

Print Name

Street Address

City, State, Zip Code

(Home Phone)

(Work)

(Cell)

NOTE: Parents and guardians should designate themselves as designated custodians, friends, neighbors, and other relatives may also be designated.

PLEASE PRINT CLEARLY.

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GENERAL INFORMATION

Child's Name: _____ Child's Birth Date: _____

Admissions Date: _____ Withdraw Date: _____

Hours of Operation: 7:00 AM to 6:00 PM

(Circle One): Young Toddler Older Toddler Preschool
Before School-ONLY After School-ONLY Before & After School Summer Camp: June - August ONLY

TUITION AGREEMENT CONDITIONS

1. Services to be provided as part of tuition include: SEE PARENT HANDBOOK.
2. Extra services to be provided at an additional fee, if applicable are: N/A.
3. I agree to pay a Registration Fee of \$25.00 at the time of enrollment. I understand this is a non-refundable fee and not applicable toward tuition.
4. I understand that a deposit of _____ must accompany the approved enrollment application and will be applied to the child's first week's co-pay/tuition payment, if applicable.
5. I agree to pay by the preceding Friday, the sum of _____. I will automatically include a late fee of \$10.00 to the tuition payment when made after Monday at Noon. Should tuition remain unpaid, I will be asked to withdraw my child until the outstanding balance is paid in full. All legal and collection fees incurred in the collection of tuition are the responsibility of the parent/guardian.
6. If additional time or a change in schedule days is required during any given week, I understand that after prior approval is given, I may be required to pay an additional rate. If an occasion arises where fewer days are needed during the week, my usual week's tuition is still required.
7. I agree to pay a \$25.00 processing fee for any check that is returned by my bank for any reason. If more than two checks are returned, money orders or cash will be required.
8. I understand that in order for accurate emergency and bookkeeping records to be maintained, it is crucial that I sign my child in and out daily.
9. I understand that my child will only be released to the following individuals:-

10. I understand that if my child remains at the Center past the designated closing time, I will be charged and agree to pay an additional fee of \$1.00 for each additional minute after 6:00pm, or any part thereof, he/she remains.
11. I understand there will be no reduction in tuition for holiday's, vacations (NO more than 1 week), illness, inclement weather, or any other absences from school. In the event my child contracts a contagious and/or infectious illness, I must notify the school and make alternative arrangements for my child's care until the danger to others has passed. I agree to notify the Center whenever my child is absent.
12. I understand the Center is opened all year, except for holidays declared by the Center Director.
13. I do _____ do not _____ give permission for my child to be *photographed/videotaped and the photos/tape to be displayed in the school.*
14. I agree to give two weeks written notice before withdrawing my child from the school or changing my guaranteed days. My account must be current.
15. I consent to all terms of this Agreement and have received a signed and dated copy of this contract. I have read, understand, and accept the conditions of this tuition agreement as school policy and realize that these fees and conditions may be revised as necessary without prior notice. The school further reserves the right to dismiss the named student if it is determined that the school's program does not benefit the child or in the event of non-payment of fees.

Parent/Guardian (Print)

Parent/Guardian (Signature & Date)

Kristen L. Demico

Director's (Signature & Date)

Periodic Review (Parent/Guardian Signature & Date)



For A Brighter Future



Soans Christian Academy

Toddlers, Preschool, Pre-k and Afterschool

7912 Dungan Road, Philadelphia, PA 19111

(267)388-7648, (267)538-2446; Fax: (267)731-1857 soanschristianacademy7912@gmail.com

"GETTING TO KNOW YOU"

Child's Name: _____

Enrollment Date: _____

1. Tell me about your household. (Neighborhood, who lives there, names, and relationship to child)?

2. Does your child have any parents that do not live in the home?

3. Does your child visit this parent?

4. Are there any custody issues that we should discuss?

5. Does your child have any siblings (names and ages)?

6. Does your child have any special needs and do any of these needs require special care by our teachers?

7. Does your child have an IEP (Individualized Education plan) or IFSP (Individualized Family Service Plan)?

NOTE - if yes, we would like a copy of the plan, so we can provide the best possible learning experience for your child.

8. What program or individuals work with your child in regard to these special needs? Would you sign a release of information form with them, so they can speak with us about how to provide enhanced support to your child?

9. Does your child have any allergies?

- a. Food Allergies
- b. Environmental Allergies?
- c. Allergies to any Medication?

10. How are these allergies treated?

11. Do you have any special medical or dietary information for management in an emergency (medicine to keep on hand, people to call, etc.)?

12. Describe your child's schedule:

- a. Normal bedtime, waking time, nap time, and duration?
- b. Mealtimes?

13. Does your child have a different schedule at any other child care setting (babysitter, relative/ neighbor are, and/or school)?

14. Regarding toilet habits, what words does your family use for bowel movements and urination?

15. Any special terminology for private parts?

16. Is your child toilet trained?

17. Does your child need to be reminded to go to the toilet during waking hours?

18. Other required DPW (or other agency) required forms and signatures will be used in conjunction with some of these questions. Is there any other information that will help us make the first few days in our program easier for your child?

19. Is there other information you would like to share?

CACFP Meal Benefit Income Eligibility Form
Sharing Information with Medicaid and SCHIP

Children who get Child and Adult Care Food Program (CACFP) free or reduced-price meals may also qualify for low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP).

We may share your child's CACFP eligibility information with Medicaid or SCHIP, *unless you tell us not to*. Medicaid and SCHIP ONLY use the information to find out if children are eligible for their programs. Their staff may contact you to offer to enroll your children in these health insurance programs.

If you **do not** want us to share your information with Medicaid or SCHIP, fill out this page. You should send this page with your *CACFP Meal Benefit Income Eligibility* form when you apply. Sending in this page will not change your child's eligibility for free or reduced-price meals.

☐ **No! I do not** want my child's CACFP eligibility information shared with Medicaid or SCHIP.

If you checked no, fill this out:

Child's Name:

Child's Name:

Child's Name:

Child's Name:

Today's Date:

Print Your Name:

Address:

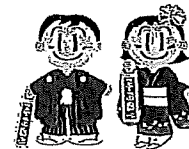
Signature of Parent or Guardian:

If you have questions or need help, please contact **CBSStaff** at 215-938-0201 or **INFO@CBSFOODPROGRAM.COM**.

This institution is an equal opportunity provider.



C.B.S.



Kosher Food Program
85 Suite F Tomlinson Road • Huntingdon Valley, PA 19006
Phone: 215-938-0201/ FAX: 215-938-0205

Medical Plan of Care for Child and Adult Care Food Program (Children with Disabilities and Non-Disabling Special Dietary Needs)

PAGE 1 of 2

The following child is a participant in the United States Department of Agriculture (USDA) Child and Adult Care Food Program.
USDA regulations 7CFR Part 15B require substitutions or modifications in program meals for children whose disability restricts their diet and is supported by a statement signed by a licensed physician. Food allergies which may result in a severe, life-threatening (anaphylactic) reaction may meet the definition of "disability."
The child care facility may choose to accommodate a child with a non-disabling special dietary need that is supported by a statement signed by a recognized medical authority (physician, physician assistant or nurse practitioner).

Part 1: To be completed by Parent/Guardian (all requests for special dietary needs)

Fill out all FIELDS (*) in PRINT with Black Ink if left blank forms will NOT be processed-child(ren) will NOT be placed on roster to receive meals

*Child's Name		*Date of Birth		M	F
*Name of School/Center/Program <u>SOANS CHRISTIAN ACADEMY 5000006655 (267) 388-7648</u>		*Grade Level/Classroom			
*Parent's/Guardian's Name		*Address, City, State, Zip Code			
* Home Phone		* Work Phone			
() -		() -			

*Part 2: To be completed by Physician/Medical Authority

Disability/Special Dietary Needs

*Does the child have a disability? Yes ☐ No ☐

If Yes,

Please describe the major life activities affected by the disability.

*Does the child's disability affect their nutritional or feeding needs? Yes ☐ No ☐

If the child does not have a disability, does the child have special nutritional or feeding needs? Yes ☐ No ☐
(*These accommodations are optional for child care facility to make)

If the child has a disability or special dietary/feeding need, please complete Part 3 of this form and have it signed and stamped with the office name and address of a licensed physician/recognized medical authority

*Part 3: To be completed by Physician/Medical Authority

Diet Order

*List any dietary restrictions, such as food allergies, intolerances or restrictions:

*List specific foods to be substituted (Substitution cannot be made unless section is completed):

*List foods that need the following change in texture. If all foods need to be prepared in this manner, indicate "All".¹

*Cut up/chopped into bite sized pieces:

*Finely Ground:

*Pureed:

MEDICAL FROM Page 1 of 2

January 2010

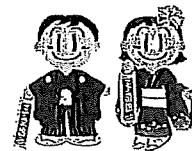


C.B.S.

Kosher Food Program

85 Suite F Tomlinson Road • Huntingdon Valley, PA 19006

Phone: 215-938-0201/ FAX: 215-938-0205



PAGE 2 of 2

Fill out all FIELDS (*) in PRINT with Black Ink if left blank-forms will NOT be processed-child(ren) will NOT be placed on roster to receive meals

*List any special equipment or utensils needed:

*Indicate any other comments about the child's eating or feeding patterns:

*Physician's Name and Office Phone Number

*Office Stamp

*Physician/Medical Authority's Signature

*Date

*Part 4: Parent Signature

*Date

*Part 5: Child Care Facility Signature

*Date

SOANS CHRISTIAN ACADEMY 5000006655 (267) 388-7648

Signing this section is optional, but may prevent delays by allowing us to speak with the physician.

In accordance with the provisions of the Health Insurance Portability and Accountability Act of 1996 and the Family Educational Rights and Privacy Act, I hereby authorize _____ (medical authority) to release such protected health information of my child as is necessary for the specific purpose of Special Diet information to _____ (center/facility) and I consent to allow the physician/medical authority to freely exchange the information listed on this form and in their records concerning my child with the school program as necessary. I understand that I may refuse to sign this authorization without impact on the eligibility of my request for a special diet for my child. I understand that permission to release this information may be rescinded at any time except when the information has already been released. My permission to release this information will expire on _____ (date).

This information is to be released for the specific purpose of Special Diet information.

The undersigned certifies that he/she is the parent, guardian or representative of the person listed on this document and has legal authority to sign on behalf of that person.

*Parent/Guardian Signature: _____

*Date: _____

MEDICAL FROM Page 2 of 2

Please have parent/guardian review form annually and initial/date if no changes are required. Any changes require submission of a new form signed by the Physician/Medical Authority.

*Parent confirmed no change in diet order. Date _____
Date _____

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

Soans Christian Academy
7912 Dungan Road
Philadelphia PA 19111
Tel: (267) 388-7648
Fax: (267) 731-1857
Email: soanschristianacademy7912@gmail.com
Kristen L. Domico, Director

Permission Form for Use of Student Participation on Center Website

This letter is to both inform you and request for your child's picture, voice, video, and/or name to be published on the center's website.

Center images are used on the internet to promote student activities and celebrate your child's work and participation. The website is meant to serve as an interactive resource for the entire Trinity Christian Academy community to stay better connected.

Rest assured, the center will safeguard all content and will not share/release any information without prior written consent from you the parent or legal guardian. Furthermore, you may withdraw your consent at any time by sending a written notice, along with a new form, to the director.

Please return this form to your child's teacher or the center's director to indicate if your child's participation may be used on the website. Thank you for your cooperation.

Check one of the following options:

- ☐ I/We GRANT permission for use of picture, voice, video, name, work and participation of this child/student to be published on the center's website.*
- ☐ I/We DO NOT GRANT permission for use of picture, voice, video, name, work and participation of this child/student to be published on the center's website.

Student Name: _____

Printed Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian: (sign) _____ Date: _____

*Permission will be applicable until consent is withdrawn and, in addition, I agree to release and hold harmless all center personnel from and against any and all claims, demands, actions, complaints, suits or other forms of liability that may arise out usage of my child's picture, voice, name, work or participation on the internet.

Soans Christian Academy

7912 Dungan Rd

Philadelphia PA 19111

Telephone: 267-388-7648

Fax: 267-538-2446

Soanschristianacademy7912@gmail.com

Kristen Domico, Director



Parent/Guardian Handbook
Early Childhood Educational Center
Young Toddlers through School Age

PARENT HANDBOOK

MISSION STATEMENT

Soans Christian Academy is a Faith based Christian School, an outreach ministry of the Grace-Trinity United Church of Christ. We believe that all people are God's wonderful children, and each child is a precious gift of God.

Soans Christian Academy exists to address the childcare needs of the working parents. It is committed to provide a safe, affordable, stable care in an enriching educational environment. It is committed to provide a holistic development to the child, which includes spiritual, social, physical, and intellectual growth.

Our Goal is to provide a foundation to support all children in their development as lifelong learners and contributing members of the community, and supports families in their essential work as parents and caregivers.

Soans Christian Academy is licensed by the Pennsylvania Office of Child Development and Early Education with Department of Human Services and meets all state and local safety and sanitation requirements. Safe, healthful, nurturing child care is provided to all children enrolled. Each child is encouraged to develop physically, emotionally, socially, mentally, and creatively through age, individual, social or cultural appropriateness in a learning environment that forms a partnership with parents and families. All families and their children deserve the best possible care and education.

The administration and teachers of Soans Christian Academy want to build a relationship with parents and families by working together in a partnership in determining what is best for your child (ren).

A Keystone STARS Center

Keystone STARS is a state-wide quality rating system designed for participating centers to improve the quality of care for children beyond the already existing regulations set by Department of Public Welfare (DPW). Each STAR designation has its own research-based performance standards. The standards make a difference in the quality of care your child receives. The three areas of child care that are measured are the staff that we employ, the environment your child is in every day, and the way we run our business. Soans Christian Academy is currently a STAR 3 and working towards a 4!!

PROGRAM PHILOSOPH

We believe in valuing each child's uniqueness and respect diverse learning styles, personalities, and intelligences.

We believe education and guidance decisions for children must be based on a collaborative partnership between parents and families with a collective knowledge of child development.

We believe in caring and educating all children in positive emotional and social environments that are cognitively stimulating and that support each child's culture, language, ethnicity and family structure which is recognized and valued in the program.

We believe in utilizing assessment instruments to support children's development and learning, to support curriculum and to support parent's relationships with their children.

We believe in establishing and maintain relationships of respect, trust, confidentiality, collaboration, and cooperation with parents and families.

We believe in understanding and respecting the diversity of families and communities so learning experiences are meaningful and relevant for all children regardless of race, color, religious creed, disability, ancestry, national origin, Limited English Proficiency (LEP), age or sex.

We believe in advocating for all children including those with special needs to play and learn in an inclusive environment and to have access to the support services needed to be successful.

We believe in building a support networks for families by providing them with opportunities to interact with staff, other families, community resources, and professional services.

We believe it is necessary for continuous staff development to support the high-quality care which equals long-term results in our investment in the program, children, and their families.

CURRICULUM STATEMENT

Soans Christian Academy goals and objectives are guided by “The Creative Curriculum for Young Toddler’s, Two’s, Preschoolers, and School Ageds.” The Creative Curriculum has been cross-walked and developed with close alignment to “The Early Learning Standards” curriculum used by PA Pre-K Counts. In addition, it has been aligned with and the National Association for the Education of Young Children (NAEYC) Program Standards. To achieve our goals and objectives, Soans Christian Academy will do the following:

1. The staff will use Early Learning Standards Curriculum and best practices to provide opportunities to support child development.
2. Implement our “Program Philosophy,” which revolves around our respect and deep belief in the value of diversity, to ensure that all families and children will be accepted regardless of race, color, religious creed, disability, ancestry, national origin, Limited English Proficiency (LEP), age or sex.
3. Teachers will create individualized goals for each child. The child’s individualized goals will be based upon ongoing observation and assessments throughout the year.
4. Take advantage of the natural diversity found in our center. The Soans Christian Academy program is comprised of children from diverse cultures and backgrounds from 13 months through 12 years of age. Generally, children are from local surrounding neighborhoods: Northeast Philadelphia area. Specifically, we have children who are of all different cultures and backgrounds. To ensure that our children are aware of various cultures and ethnicities, the curriculum includes culture specific instruction and activities.
5. Ensure that the children at Soans Christian Academy will have opportunities to experience a variety of developmental activities. Soans Christian Academy’s instructional program will develop varied experiences and a variety of activities that will explore the “Key Learning Areas” of development; additionally, these activities will be targeted to help develop gross motor skills, emotional development and creativity.
6. Provide opportunities for self-initiated and teacher directed activities by using a daily schedule to facilitate the learning and growing process. We believe that by utilizing a daily schedule we help to ensure that the classroom daily activities foster intentional teaching; as opposed to simple or natural exposure to the learning goals and Key Learning Areas. An additional benefit of our daily schedule is to provide structured learning, as well as consistency.
7. Continually assess classrooms to make sure that they contain age appropriate materials. Soans Christian Academy classrooms and center environment provide a wide range of materials and equipment to promote safety, new interests, new skills, and the individual needs of each child. Our classrooms contain the necessary materials and are arranged such that they provide maximum support for multiple Key Learning Areas. Our teachers, utilizing principles from “The Creative Curriculum” together with the Pennsylvania Learning Standards, seek to take a holistic approach to plan activities that while enjoyable, help to develop a well-rounded child.

8. Reinforce the importance of the staff utilizing learning standards that are designed to incorporate an age-appropriate curriculum utilizing best practices and Early Learning Standard's principles.
9. Take full advantage of one of our primary resources, "The Creative Curriculum," which is aligned with Pennsylvania Learning Standards for Early Childhood. It will be implemented to create a lesson plan that will expose children to a variety of opportunities to gain proficiency in all of the Key Learning Areas.
10. Support the development of our staff. Soans Christian Academy will provide opportunities and resources for the continuing professional development for our staff at every level. This support includes but is not limited to ongoing certifications and continuing educational opportunities.
11. Work closely with our families. The program believes that a child's interests and successful development should be guided by the partnership between families and staff. To that end, our staff interacts with parents and family at every opportunity. Our parent teacher conferences are just one aspect of our partnership efforts.
12. Create ongoing lines of communication and partnerships with community leaders, agencies, other childcare programs and stakeholders in the development of continuous improvement and support of our children's educational experiences at Soans Christian Academy.
13. Utilize a variety of tools to assist in the ongoing assessment of our children. Some of the tools utilized are Ages & Stages and Work Sampling System. Further, teachers will use assessments and ongoing observation to assess a child's interests, needs and strengths. Once an assessment is performed, the staff will utilize findings to help create goals, plan activities and individualize a curriculum through our Creative Curriculum and teaching strategy for each child with their parent/guardian's assistance.
14. Continually strive to provide an environment that is appropriate for children of diverse needs. Where appropriate, we will make referrals to external resources when a child requires additional assistance to reach their full potential for their stage of development.

By adhering to our guiding principles and by following our Program Philosophy, we believe that Soans Christian Academy's goals and objectives will be met, resulting in an outstanding learning environment for our children.

Soans Christian Academy

Daily Schedule for Toddler Classroom

7:00 a.m. – 8:30 a.m.	Arrival/Hand Washing/All Centers-Free Choice (Small Groups)
8:30 a.m.- 9:00 a.m.	Hand Washing/Breakfast
9:00 a.m. – 10:00 a.m.	All Centers – Free Choice (Small Groups) Circle Time (Large Group)
10:00 a.m. - 11:00 a.m.	Outdoor/ Indoor Play**
11:00 a.m. - 11:30 a.m.	Teacher Directed Activities/All Centers – Free Choice (Large Group/Small Groups)
11:30 a.m. - 1:00 p.m.	Set Tables/Hand Washing/ Lunch/ Clean Up/Toileting
1:00 p.m. - 3:00 p.m.	Music Appreciation/Story Time/Circle Time/ Naptime
3:00 p.m. – 3:30 p.m.	Put Mats/Blankets Away/Toileting/ Snack
3:30 p.m. – 4:30 p.m.	All Centers – Free Choice (Small Groups) Teacher Directed Activities
4:30 p.m. – 5:30 p.m.	Outdoor/Indoor Play**
5:30 p.m. – 6:00p.m.	Preparing for Dismissal

***Hand Washing/Toileting/Diapering Continuously Throughout the Day**

*****Outdoor Play-temperature/wind chill are above 25 degrees, the forecast temperature/heat index is less than 90 degrees, there is no precipitation falling, and there is not current air quality alert.***

Soans Christian Academy

Daily Schedule for Preschool

7:00 a.m. - 9:00 a.m.	Arrival/ All Centers/Free Play Hand Washing/
9:00 a.m. - 9:30 a.m.	Hand Washing/Breakfast /Clean Up/Toileting/Hand Washing
9:30 a.m. - 10:00 a.m.	Circle Time (Large Group)/ Prayer
10:00 a.m. - 11:00 p.m.	All Centers/Free Play/ Small Group Activities*
11:00 a.m. – 11:30 a.m.	Outdoor/Indoor Play**
11:30 p.m. - 12:45 p.m.	Hand Washing/Set Tables/ Lunch Clean Up/Toileting/Hand Washing
12:45 p.m. - 2:45 p.m.	Music Appreciation/Story Time/ Naptime/
2:45 p.m. - 3:15 p.m.	Put Blankets and Cots Away/Toileting/ Hand Washing/ Snack/Clean Up
3:15 p.m. – 4:00 p.m.	All Centers/Free Play/ Teacher Directed activities
4:00 p.m. – 5:30 p.m.	Outdoor/Indoor Play**/ All Centers/Free Play
5:30 p.m. – 6:00 p.m.	Preparing for Dismissal

Note: Hand Washing Continuously Throughout the Day

***Small Group Activity is Teacher Directed for no more than 20 minutes.**

****Outdoor Play-temperature/wind chill are above 25 degrees, the forecast temperature/heat index is less than 90 degrees, there is no precipitation falling, and there is not current air quality alert.**

Soans Christian Academy

Daily Schedule for School Age Children (Grades: K-6)

Before School Care:

7:00 a.m. - 7:30 a.m.	Arrival/ Open Centers/ Breakfast
7:30 a.m. – 8:00 a.m.	Free Choice
8:00 a.m	Departure

After School Care:

3:30 p.m. - 4:30 p.m.	Arrival & Snack
4:30 p.m.-5:00 p.m.	Homework & Study Hour
5:00 p.m.-6:00 p.m.	Individual Activity, Group Activity, Outdoor Play and Departure

Hand Washing Continuously Throughout the Day

*****Outdoor Play-temperature/wind chill are above 25 degrees, the forecast temperature/heat index is less than 90 degrees, there is no precipitation falling, and there is not current air quality alert.***

Soans Christian Academy

Daily Schedule for School Age Full Day

7:00 a.m. - 9:00 a.m.	Arrival/ All Centers (Small Groups)/ Hand Washing
9:00 a.m. - 9:30 a.m.	Breakfast
9:30 a.m. - 10:00 a.m.	Circle Time (Large Groups)
10:00 a.m. - 12:00 p.m.	Teacher Directed Activities/All Centers (Large Groups)/ Outdoor/Indoor Play**
12:00 p.m. - 1:00 p.m.	Set Tables/Hand Washing/ Lunch Clean Up/Toileting
1:00 p.m. - 2:30 p.m.	Music Appreciation/Story Time/ Rest Time/ Put Mats/Blankets Away/Toileting
2:30 p.m. - 3:00 p.m.	Snack
3:00 p.m. – 6:00 p.m.	All Centers (Small Groups)/ Outdoor/Indoor Play**/ Preparing for Dismissal

***Hand Washing Continuously Throughout the Day**

****Outdoor Play-temperature/wind chill are above 25 degrees, the forecast temperature/heat index is less than 90 degrees, there is no precipitation falling, and there is not current air quality alert.**

CENTER SCHEDULE

Closure and Early Dismissal Days

2019 - 2020

DAY OF THE WEEK	DATES	CLOSED DAYS
1. 4 th of July - Thursday	07/04/2019	CLOSED
2. Staff PD Training - Wednesday	08/28/2019	CLOSED
3. Staff PD Training - Thursday	08/29/2019	CLOSED
4. Company Debriefing Day - Friday	08/30/2019	CLOSED
5. Labor Day - Monday	09/02/2019	CLOSED
6. Thanksgiving Day - Thursday	11/28/2019	CLOSED
7. Thanksgiving Break - Friday	11/29/2019	CLOSED
8. Christmas Eve- Tuesday	12/24/2019	CLOSE AT 2:00pm
9. Christmas Day - Wednesday	12/25/2019	CLOSED
10. New Year's Eve- Tuesday	12/31/2019	CLOSE AT 2:00pm
11. New Year's Day - Wednesday	01/01/2020	CLOSED
12. MLK Holiday - Monday	01/20/2020	CLOSED
13. Staff PD Day - Thursday	04/09/2020	CLOSED
14. Good Friday Holiday - Friday	04/10/2020	CLOSED
15. Memorial Day - Monday	05/25/2020	CLOSED
16. SNOW DAY*	*TBA	CLOSED
17. SNOW DAY*	*TBA	CLOSED

**Unused "SNOW DAYS" will be used for Camp Orientation.*

Soans Christian Academy

7912 Dungan Road

Philadelphia PA 19111

Telephone: 267-388-7658

Fax: 267-538-2446

Dear Parent/Guardian:

This letter is to assure you of our concern for the safety and welfare of children attending **SOANS CHRISTIAN ACADEMY**. Our Emergency Operations Plan provides for response 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-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 Relocation Facility- **Gloria Di Estates, 1304 Rhawn St., Philadelphia PA 19111.**
- 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 that make it unsafe for students (such as utility disruptions), but may be necessary in a variety of situations.

Please listen for **school number #(TBD-Paper will be given out)** on KYW News Radio 1060AM; website: kyw1060.com; or phone: (215) 224-1060 for announcements relating any of the emergency actions listed above.

We ask that you not call during the emergency. This will keep the main line telephone free to make emergency calls and relay information. We will call you to let you know that we've taken one of these protective actions. We will also call you when we've resolved the situation and it's safe for you to pick up your child.

The facility director may provide an alternate phone number (i.e. cell phone number, etc.) to call in an emergency event

The form designated persons to pick up your child is included with this letter for you to complete during time 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 specifically urge you not to attempt to make different arrangements during an emergency. 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 ***Kristen Domico, Director at 267-388-7648.***

Sincerely,

Kristen Domico, MsEd

GENERAL INFORMATION

Hours of Operation: 7:00 a.m. to 6:00 p.m., Monday through Friday
Meals Served: Breakfast, Lunch and Afternoon Snack (Once Implemented)
Ages Served: 13 months through 12 years
Programs Offered: Young Toddler, Older Toddler, Preschool, and School Age: Before/After Care and Summer Camp.

All children should be in the building by 9:00 a.m. to participate in all planned activities. ***If children are not in their assigned classrooms by 9:20a.m., breakfast will not be provided.*** If your child arrives after 9:30 a.m. they will be marked late for that day. If your child has more than (5) five unexcused absences in a month, you will be required to meet with the director, provide a written explanation and work out an action plan. ***The latest that any child will be accepted is 11a.m. with an official stamped excused note.*** The Center must be notified whenever a child is absent or late for any reason. If your child is absent for (3) three consecutive days or more, a doctor's note will be required.

A complete change of clothing must always be in your child's cubby labeled with his/her name. The clothing should be appropriate for the season.

Children are expected to arrive at the Center dressed in appropriate play clothing and sneakers. CHILDREN MAY NOT WEAR SANDALS, FLIP-FLOPS, CLOGS, OR DRESS SHOES. Baseball caps are also not recommended.

Monthly food menus are posted in all classrooms, parent bulletin board, and copies will be provided upon request. Once the meal plan is implemented.

If your child wears diapers or pull-ups, you are responsible for supplying at least (5) five days of diapers or pull-ups and a container of baby wipes. Your child's teacher will inform you when more diapers or pull-ups and wipes are needed.

The Classroom Staff and Director must be notified about:

- Change of home address or phone number
- Change of employment, school or training program
- Change of emergency contact information
- Change of person to whom child may be released

IT IS IMPORTANT TO KEEP YOUR INFORMATION UPDATED IN CASE OF EMERGENCY. THE STAFF NEEDS TO BE ABLE TO REACH YOU AT ALL TIMES.

If you have a day off from work, please make sure that you let a staff member know where you can be reached in case of an emergency.

Parents are required to attend back-to-school night in September, parent meetings, and the parent-teacher conferences. Please read all bulletin boards for important information.

No smoking is permitted in the building, in the yard at Soans Christian Academy or in front of the building.

Please DO NOT send the following items to school with your child: money; toys; candy; or jewelry. This includes "Show and Tell" days please bring in a picture of the item as a replacement. Soans Christian Academy will not be responsible for the loss or damage of any of the above items or any item that your child brings to the center.

Please keep in mind that jewelry and small toys can cause serious injuries to young children and are choking hazards.

Please attempt to keep your child's fingernails trimmed short. This will help to prevent scratching and helps with cleanliness.

Soans Christian Academy will announce closings and/or early dismissals by the school number on KYW News Radio 1060AM; website: KYW1060.com; or phone: (215) 224-1060

ADMISSION POLICY

All children will be admitted to Soans Christian Academy on a first come, first serve basis according to age and classroom availability. If space is not available for a child, that child will be placed on our waiting list for services. No child will be enrolled at Soans Christian Academy without an interview between the Director and the parent or legal guardian of the child.

The following items must be presented before any child will be enrolled into Soans Christian Academy: child's health insurance card; child's immunization and health assessment record; parent photo ID; custody paperwork (if applicable); a copy of the IEP/IFSP (if applicable); **your child's registration fee and your first week's tuition fee.**

ATTENDANCE POLICY

If a child is absent for ten consecutive days or more without any explanation, the child will be dropped from our program. The child may be re-enrolled if the child's tuition is paid up to date, an additional registration fee of \$25 will be required, and if space is available. Children are expected to arrive in the classroom no later than 9:30am. Children arriving after 9:30 will be marked late. Excessive lateness may affect your child's enrollment in the program.

BEHAVIOR PROBLEMS POLICY

Soans Christian Academy strives to provide a safe, healthy and nurturing educational environment for your children. The behavior problems policy is in place because children with behavior problems disrupt the educational environment for both him/her and the entire class.

A child's behavior is considered problematic when the child either exhibits a pattern of repeated or escalating negative behaviors that disrupt the classroom environment or when a child exhibits one single negative behavior that is disruptive to the classroom environment.

The teachers will attempt to deal with any problematic behavior within their classrooms by using the appropriate means i.e. temporary relocation, redirection, restraint to avoid injury to themselves and/or others, etc. If the teachers cannot stop the problematic behavior from disrupting the classroom environment, the parent will be contacted to discuss the child's behavior. Once the teachers have exhausted all possible means of dealing with problematic behavior, the child's parents will be called and asked to attend a meeting with the classroom teacher and Director to

discuss the behavior and to work toward a resolution. If necessary, a referral will be made for an early intervention evaluation. If early intervention is not appropriate, parents will be asked to seek therapeutic services outside of our program.

If the problematic behaviors continue after all therapeutic measures are in place, another meeting with the Executive Director, Director and classroom teacher will be held with the child's parents to discuss whether the staff of Soans Christian Academy is able to meet the child's needs.

Termination from Soans Christian Academy will occur if:

1. The child's problematic behavior is a threat to the safety of the other children or staff within the building.
2. The child's parents are unwilling to take an active role in dealing with the child's problematic behavior.
3. Soans Christian Academy is unable to provide the best educational environment for the child.

CAR SEATS

In the State of Pennsylvania, all children up to the age of eight must use a car seat or booster seat. Infants and all children under 2 should be in appropriate size rear facing car seat. Children, over 2 must be restrained in a forward-facing car seat, although the longer a child can stay rear facing the more safe they are. Children ages 4 through 7 and over 40 pounds, may use a booster seat with a shoulder belt. The safest place for all children is in the back seat. Please remember to wear your seat belt also.

CHILD ABUSE MANDATE

Any staff person at Soans Christian Academy, who has reason to believe that a child is being abused or neglected, is legally obligated to report the suspected abuse or neglect to the appropriate authorities.

CHILD HEALTH ASSESSMENT

All children must have a well child exam performed by their doctor **annually**. A complete health assessment form is required upon your child's admission and will be due on a yearly basis. Failure to submit a completed health assessment form will result in your child's suspension from Soans Christian Academy.

COMMUNITY RESOURCES AND SOCIAL SERVICES

Community resource information is located brochure cabinet in the lobby of the main entrance cross from the Afterschool classroom. All local community resource information, as well as all appropriate health and human service information received will be made available to our families.

The Director is available to any families that require social services. They will assist you with any social, mental, health, educational or medical issues that your family is facing by distributing information about social service agencies and making referrals if desired. You may schedule an appointment to meet with the Director to discuss any issues that you would like assistance with.

CONFIDENTIALITY

Information regarding any child's records will be considered confidential and any information to be disclosed to anyone other than a parent or legal guardian needs prior authorization. "Consent to Release Information to 3rd Party" must be submitted with parent/guardian's authorization.

DISCIPLINE POLICY

No staff member is allowed to physically discipline any child at Soans Christian Academy. No parent is allowed to physically discipline his or her child or any child while at Soans Christian Academy.

EARLY INTERVENTION SERVICES

If your child's teacher is concerned about your child's development, they will re-score the Ages & Stages Assessment tool, gather at a minimum two months' worth of observations, review your child's physician's annual health assessment to see where we can help. Once this process has been completed the teacher will setup a time to meet with you to discuss referring your child for an early intervention evaluation from ChildLink (students under 3yrs. old) or Elwyn (students ages 3 and up). The evaluation may be completed at the Center or at the agency and is at no cost to the family depending on medical coverage. If your child qualifies for early intervention services, ChildLink or Elwyn staff will service the child here at the center during normal school hours. **Early Intervention Services can be provided by other designated and reputable agencies.**

EMERGENCY PROCEDURES

If a child becomes sick or injured while at Soans Christian Academy, the staff will contact the child's parents or legal guardians. If the staff cannot reach the parents or legal guardians, the child's emergency contacts will be called. The parents or guardians are expected to make arrangements for their child to be picked up immediately. If no one can be reached and medical treatment is necessary, the child will be taken to the closest hospital (Jeanes Hospital, 7600 Central Ave., Philadelphia PA 19111 (215 0 728-2000) by the staff of Soans Christian Academy.

ESCORT POLICY

A parent or approved person must escort your child to and from the building. **All children escorted by anyone under the age of eighteen (18) and at least thirteen (13) years of age, MUST have a waiver in the child's file signed by the child's Parent or Guardian.**

All escorts are expected to walk into the building to drop off or pick up a child. Children are not to be left unattended in the entranceway, office, hallway, stairwells or empty classrooms. Please do not leave other children unattended in parked vehicles or strollers outside of the building. ***All children must be signed in/out by their escort when picked up.*** If any member of the staff is unfamiliar with your child's escort, a valid state ID or school ID will be required to release your child.

All parents are required to escort their children ***at least once a week in order to pick up mail, discuss their children's progress, etc.*** Any child will be released to their natural parent, unless a certified copy of custody papers is on file restricting the natural parent's rights.

Soans Christian Academy reserves the right to NOT release a child to an approved escort if that escort appears intoxicated or appears threatening to the child in any way.

Children will not be allowed to leave with anyone other than their parent, legal guardian or an approved escort.

Any staff member of Soans Christian Academy can be permitted to escort children to and from the center with written approval from parent, Director, and Executive Director.

EVACUATION PROCEDURES

Fire Drills: Fire Drills are conducted monthly in accordance with the state regulations.

- Natural Disasters: (for example, hurricanes and tornadoes). Appropriate action will be taken to ensure the safety of the children and staff. Children will be moved to one of the rooms in the basement or the closest fallout shelter at **Gloria Di Estates, 1304 Rhawn St., Philadelphia PA 19111.**

Terrorism: In the event of a terrorist threat or action, every effort will be made to contact the parents as soon as possible. Cooperative decision-making and common sense among the center staff and the parents will determine the response to the situation. The safety of the children and staff is always our utmost concern.

EVALUATIONS

Families and staff will evaluate the Programs performance through surveys on an annual basis to be used for continuous quality improvement.

FAMILY PARTNERSHIP

Soans Christian Academy encourages parent engagement and family partnerships with Family Survey's, Suggestion Box, Parent Shared Activities and Volunteering in the classrooms. Soans Christian Academy will involve parents and stakeholders with regard to the child's transition to another classroom or educational settings.

FUND RAISING ACTIVITIES

Soans Christian Academy has several fund-raising activities throughout the year. The money generated from these fundraisers is used to pay for field trips for the children and to buy additional teaching resources to the classrooms. All families are asked to participate in all fund-raising activities sponsored by Soans Christian Academy. We need every family to participate in order to be successful.

GRIEVANCE PROCEDURE

Any parent or legal guardian who has a grievance should schedule a meeting to discuss the grievance with the Director.

HOLIDAYS AND BIRTHDAYS

The staff and children of Soans Christian Academy celebrate holidays and birthdays during the year. All children in attendance on birthday and holiday party days will be included in our celebrations. The teachers will notify parents in advance of upcoming holiday celebrations.

At your request, we will not celebrate your child's birthday. Parents are welcome to bring in a birthday cake or treat for your child's class on your child's birthday. We do NOT allow birthday parties with entertainment, balloons, soda, candy or excessive amounts of food. Parents are welcome to attend their child's birthday celebration, but we do NOT allow friends and other family members to attend.

HOURS OF CARE

Soans Christian Academy is open from 7:00 a.m. to 6:00 p.m., Monday through Friday. Children are entitled to a *maximum* ten (10) hours of care daily. Parents/ legal guardians and/or approved escorts are permitted to visit the Center during hours of operation at any time.

LATE PICK-UP POLICY

Any escort, who arrives after 6:00 p.m., according to the office clock, is considered late. Late fees are as follows: \$5.00 for late pick-up from 6:05 p.m. until 6:10 p.m. and \$1.00 for each additional minute after 6:10 p.m. The minimum late fee collected will be \$5.00.

The time clock in the director's office will be used to determine lateness. Late fees will be paid to the staff person on duty. Late fees must be paid before your child will be admitted to school the following day. If your child is continuously picked up late, your child's hours will be shortened, or termination may occur.

If any child is not picked up by 7:00 p.m., the afternoon staff will call the Philadelphia Police to pick up your child, under the direction of the Director and Executive Director.

LIMITED ENGLISH PROFICIENCY POLICY

If a parent cannot complete the application and interview process for enrollment, if possible, a staff member will be provided or the parent will be referred to a community service agency which offers language translation services.

The parent is also encouraged to provide a competent translator of their choice to assist with the enrollment process.

DAILY REPORTS AND GENERAL INFORMATION

Daily Reports are sent home for Young, and Old Toddlers; and weekly for Preschoolers to update parents on their child's progress; this is our primary way of communicating with parents. If someone other than the parent or guardian is picking up the child, it is his or her responsibility to take home any Daily Reports and deliver it to the parent or guardian. If confidential information needs to be sent home to the parent or guardian, you will be notified via phone that you must pick up the information from your child's teacher. General information sent home with the child is also

usually posted in the classroom and/or main parent bulletin board. It is the responsibility of the parent or guardian to be aware of happenings in the center.

MEDICATION POLICY

The staff of Soans Christian Academy will administer prescription medication to a child, if the following requirements are met:

1. The prescription medication must be in its original container with its original label intact. Administration for medication form needs to be filled out by a Doctor in order for child to receive medication at Soans Christian Academy!
2. The label must specify: your child's name, the date prescribed, the doctor's name, the doctor's phone number and instructions for administering the medication.
3. Soans Christian Academy will NOT administer ANY medications without a DOCTOR'S NOTE.
4. The parent must complete the "Medication Log" form giving permission before any child will be given medication.
5. Soans Christian Academy will NOT administer non-prescription (over-the counter) medications under any circumstances. It is the parent's responsibility to take the medication home each night with the child.

NON-VIOLENCE POLICY

The staff of Soans Christian Academy has NO tolerance for any parent, escort or child who inflicts bodily or verbal harm, in any way, to any staff member, parent, escort, child, visitor, volunteer or delivery persons. Immediate suspension of service will be put into action and possible dismissal will follow. Soans Christian Academy reserves the right to dismiss any child who threatens or hurts any other child or staff member while attending Soans Christian Academy.

PUBLICITY AND PROCEDURES

On occasion, outside agencies i.e., (United Way) may ask permission to come into the Center to photograph or videotape the children in their classrooms. These photographs and videotapes may be used for publicity purposes. Each classroom is also equipped with a camera for photographing the children participating in various activities. Your permission for photographs and videotaping is included in the initial paperwork upon enrolling your child.

REGISTRATION FEE

Registration Fee is \$25.00, per family and is due upon enrollment to the Center. No readmission Registration will be charged for the subsequent year for admission. However, registration fee will be charged for children who have been withdrawn or dismissed.

SICK CHILDREN POLICY

Sick children are not allowed to attend Soans Christian Academy. Your child should not attend Soans Christian Academy if your child has the following symptoms:

- Fever of 100 degrees or more within the past 24 hours (without Tylenol or other anti-fever medication);
- Vomiting or diarrhea within the past 24 hours;

- When strep throat is suspected, but the results of a throat culture are not yet known.
- When the results of a throat culture for strep is positive (the child should be on antibiotics for 24 hours before returning to the center);
- Any symptoms of illness such as persistent cough or runny nose if accompanied by body aches;
- A red eye with crust, mucous, swelling or excessive tearing (until diagnosed by a physician and treated with medication for 24 hours, if medication is required);
- A wavy, ring-shaped skin lesion which may be clear in the center and may be ringworm (until diagnosed by a physician and treated with medication for 24 hours, if medication is required);
- Any pain requiring medication stronger than Tylenol or Ibuprofen.

Your child should look and acts like himself/herself for 24-48 hours before returning to the Center after being sick. We reserve the right to send children home if they arrive at Soans Christian Academy with any of the above conditions or if we suspect that they are becoming ill. We reserve the right to request a doctor's note for re-admission to Soans Christian Academy for any of the above conditions or prolonged absence due to illness.

STAFF- PARENT RELATIONSHIPS

Staff members are not permitted to fraternize with parents and their children. Staff members are permitted to baby-sit for parents or to escort children to and from Soans Christian Academy with written permission from Director and Executive Director. Staff-Parent relationships should remain professional at all times.

SUPERVISION POLICY

All staff of Soans Christian Academy will follow the Child Care Licensing Rule pertaining to supervision of children 3270.4 and 3270.113(a). Defined as follows: To be physically present with a group of children. In which the staff can see, hear, direct, and assess the activity of the children. Children on the facility premises shall be supervised at all times. Outdoor play space used by the facility is considered part of the facility premises. Supervision of Toddlers, Preschoolers, and School Ageds in the care of Soans Christian Academy staff shall be by sight and sound at all times.

TEACHER CONFERENCES

Parent Teacher Conferences will be held in the winter and spring terms and if requested by a parent/guardian. The term conferences will be used to discuss the child's developmental progress resulting from observations and assessments performed by the child's teacher. The two term conferences will be offered in the following formats: appointment ONLY.

TRANSITION TO ANOTHER CLASSROOM OR SETTING, AND TRANSFER OF RECORDS

Young Toddlers and Older Toddlers will remain with the teacher for at least 12-24 months, regardless of enrollment date. Soans Christian Academy will hold an annual transitioning week for Young Toddler, Older Toddler and Summer Camp children the last week of the summer program where the children will be able to spend a half a day in their new classrooms with their guardian/parent and new teacher. For Head Start and Pre-K Counts the children will stay with their teachers or 24 months or longer. Parents whose children will be transitioning into Kindergarten are encouraged to have their child visit their new school and classroom prior to the

beginning of the school year. In addition, parents/guardians will be provided with resources such as "Getting School Ready", a copy of "Kindergarten is Key" a Kindergarten Transition Handbook for Early Childhood Professionals both provided by United Way, and a flyer with the dates, times and locations of the "Kindergarten Open House Sessions. The Director shall share progress reports for the child and parent/guardians within the realm of confidentiality guidelines and upon written consent from the parent/guardian.

TERMINATION AND WITHDRAWAL

Two weeks written notice is required for all withdrawals from Soans Christian Academy regardless of reasoning. Soans Christian Academy reserves the right to terminate any child for the following reasons: Non-Payment of Tuition Fees; Late Pick-Ups; Behavior displayed by a child that endangers him/her, staff or another child(ren); A parent's disregard for the policies, philosophies and mission of Trinity Christian Academy; and the inability of the staff of Trinity Christian Academy to meet the child's needs.

TUITION AND CO-PAYMENTS

Tuition or co-payments are due in full by FRIDAY morning prior to services. Full tuition or co-payments is due regardless of whether your child is excluded due to vacations, illness, or suspended from Soans Christian Academy. Full tuition or co-payment is due regardless of holidays, or inclement weather that Soans Christian Academy is closed. Each family will be given (1) one-week vacation credit per academic year, if tuition payments are CURRENT, and two weeks written notice.

Tuition or co-payment must be paid with exact change, check or money order. Payments may be made in the office or left in the locked box located inside the Director's office. Please make checks and money orders payable to: Grace Neighborhood Development Corporation or "GNDC". **There is a \$30.00 service charge on all returned (bounced) checks.**

If your tuition or your co-payment becomes 4 weeks' delinquent, your child will be suspended from attending Soans Christian Academy. THERE WILL BE NO EXCEPTIONS TO THIS POLICY. Late tuition or co-payment notices will be sent weekly.

Soans Christian Academy
7912 Dungan Rd
Philadelphia, PA 19111
Telephone: 267-388-7648
Fax: 267-731-1857

To: Parents/Guardians
From: Kristen Domico, Director
Re: **Nondiscrimination in Services**

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin, Limited English Proficiency (LEP), age or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aids and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any student, parent and/or guardian who believes they have been discriminated against may file a complaint of discrimination with:

Soans Christian Academy
Kristen Domico, Director
1912 Dungan Road
Philadelphia, PA 19111

Commonwealth of Pennsylvania
Department of Human Services
Bureau of Equal Opportunity
Southeast Regional Office
801 Market Street, Suite #5034
Philadelphia, PA 19107

DHS-BEO
Room #223, Health & Welfare Building
P.O. Box # 2675
Harrisburg, PA 17105

Office of Civil Rights
U.S. Department of Health and
Human Services
Suite 372, Public Ledger Building
150 S. Independence Mall West
Philadelphia, PA 19106-9111

PA Human Relations Commission
Philadelphia Regional Office
110 North 8th Street
Suite #501
Philadelphia, PA 19107

Soans Christian Academy
7912 Dungan Rd
Philadelphia, PA 19111
Telephone: 267-388-7648
Fax: 267-731-1857

CIVIL RIGHTS COMPLIANCE
Parents/Guardians

In accordance with applicable Federal and State Civil Rights laws and regulatory requirements, you as a resident of this agency, have the right:

to be provided services at this agency and to be referred for services of other agencies without regard to your race, color, religious creed, disability, ancestry, national origin, including Limited English Proficiency, 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 filed with any of the following:

Soans Christian Academy
Kristen Domico, Director
7912 Dungan Rd
Philadelphia PA 19111

Commonwealth of Pennsylvania
Department of Human Services
Bureau of Equal Opportunity
Southeast Regional Office
801 Market Street, Suite #5034
Philadelphia, PA 19107

DHS-BEO
Room #223, Health & Welfare Building
P.O. Box # 2675
Harrisburg, PA 17105

Office of Civil Rights
U.S. Department of Health and
Human Services
Suite 372, Public Ledger Building
150 S. Independence Mall West
Philadelphia, PA 19106-9111

PA Human Relations Commission
Philadelphia Regional Office
110 North 8th Street
Suite #501
Philadelphia, PA 19107

Parent/Guardian Signature Date

Kristen Domico

Director Signature Date

Child's Name _____

PARENT/GUARDIAN AGREEMENT FORM

FOR

SOANS CHRISTIAN ACADEMY PARENT/GUARDIAN HANDBOOK

1. I/We agree to comply with the rules and regulations of the Soans Christian Academy.
2. I/We will immediately notify the Soans Christian Academy if my child/children will be absent or lateness.
3. I/We agree to give two weeks written notice to Soans Christian Academy if my child/children will be withdrawing from the program.
4. I/We agree to pick up my child at the agreed upon dismissal time designated on the enrollment form. Failure to do so will result in late fee charges and possible termination from the program.
5. I/We understand that tuition payments can be paid in advance, on Thursday and no later than Friday by 5:00 p.m. for the following week of care. Tuition payments are due no later than Monday morning for the current week.
6. I/We agree to cooperate with Soans Christian Academy staff to ensure that my child/children will have a rewarding learning experience.

I/We understand that my/our failure to comply with any of the above statements could jeopardize my/our child's/children's enrollment at Soans Christian Academy.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Director Signature: Kristen Domico Date: _____

ORIGINAL of the Parent/Guardian Agreement Form and the Acknowledgement of Handbook is given to the PARENT/GUARDIAN. **COPY** is kept in the CHILD'S FILE.

Child's Name _____

ACKNOWLEDGMENT OF HANDBOOK

I acknowledge by my signature that I have received a copy of the Soans Christian Academy Parent/Guardian Handbook. I also acknowledge that it is my responsibility to read this handbook, to ask questions if I do not understand, to observe and follow the policies and procedures as outlined herein. I understand further that from time to time the contents herein may change and that I will be responsible for keeping abreast of the changes as they occur after I have been informed of the changes.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Director Signature: Kristen Domico _____ Date: _____

Note: Both forms (Parent/Guardian Agreement and Acknowledgment of Handbook) must be signed and returned for your child/children's file.

Soans Christian Academy
7912 Dungan Road
Philadelphia, PA 19111
(267) 388-7648 Fax: (267) 731-1857
Kristen Domico, Director

Transportation, Sprinkler & Sunscreen Permission Form

Each child must have their own form (no siblings on the same form.)

Child's Name _____

Class Name _____ Date _____

Parent's Name (PRINT) _____

Transportation Permission

I understand that my child will be transported by a school bus on field trips. I give permission for my child to take the school bus to go on trips such as the movie theater, bowling, roller skating, sprinkler, etc... I give permission to my child to use the transportation provided by **Soans Christian Academy**.

Parent's Signature _____ Date _____

Sprinkler Permission

I give permission for my child to participate in the sprinklers activities during the summer camp programs provided by **Soans Christian Academy**.

Parent's Signature _____ Date _____

Sunscreen Permission

Appropriate sunscreen use is important to prevent skin damage and skin cancer. If your child is able to apply his or her own sunscreen, we strongly suggest that they do so. We remind them to re-apply their sunscreen throughout the day.

Please complete the following information for your child to use sunscreen at camp:

Brand of Sunscreen and SPF (provided by parent) _____

My child may need help applying his or her sunscreen. Please circle one: YES or NO

If YES, I give **Soans Christian Academy** staff permission to apply sunscreen to my child(s). Please circle one: YES or NO

Parent's Signature _____ Date _____