



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 & Website Picture Form (Signed and Dated)
 - ☐ Payment Receipt# _____ Date _____
 - ☐ Parent Handbook (Signed and Dated)
 - ☐ "Getting to know You"
 - ☐ C.B.S. Child Enrollment Form (CACFP)

Soans Christian Academy
GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION
7912 Dungan Road Philadelphia PA 19111
267-388-7648
Kristen L. Domico, Director

BACKGROUND:

Soans Christian Academy is an outreach ministry of Grace Neighborhood Development Corporation. 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 Younger and Older Toddler and Preschool; Head Start, Pre-K Counts, and PHL Pre-K; Before/After School for School Age students, 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 that we service.

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 or a sealable bag 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. No over the counter medications are given while at the childcare facility without an administration for medication paper filled out and signed by a physician.

SUPERVISION:

Children will be supervised at all times, both indoors and outdoors. Appropriate staff/child ratios will be maintained at all times. Please remember to sign your child in and out every day, this is very important for ratio and supervision purposes.

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 7912 Dungan Road 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 WEE-KLY cost is as follow for FULL-TIME and SCHOOL- AGE ONLY effective July 1, 2021:

School Age (Kindergarten-6 th Grade)	Preschool (Age: 3yrs. - 5yrs.)	Old Toddler (Age: 24mos. -36mos.)	Young Toddler (Age: 13mos. - 24 mos.)
\$200/Week*	\$225/Week*	\$260/Week*	\$275/Week*

The cost for Before/After School is as follows: \$50/Week* =Before School (7a.m.-8:30a.m); \$100/Week* =After School (2:30p.m.-6p.m.); AND/OR \$140/WeekBefore/After and 112 days ONLY---we accept all forms of childcare subsidies.

PAYMENT POLICY:

Tuition or co-payments are due in full by Friday evening the week 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 on the Procure machine, online through Tuition Express or left in the locked box located in the hall near the office managers' desk. 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 AND CLOSED DAYS:

Soans Christian Academy will be closed for the following holidays: *all classrooms, parent bulletin board, and copies will be provided upon request. Days are subject to change with regards to school district calendar and unforeseen circumstances.*

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 CO1poration-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: (As it APPEARS on child's state/ government issued "Birth Certificate")		Date of Birth: (Required)
MOTHER'S NAME/LEGAL GUARDIAN: (Required: Unless Court Order, Incarcerated or Deceased, please specify):		Home Phone: (Required)
ADDRESS: (Required)		
CITY, STATE, and 5-DIGIT ZIP CODE: (Required)		E-mail: (Required)
Business Name: (Required if Employed)		Cell Phone: (Required)
Address, City, State, and 5-Digit Zip Code: (Required if Employed)		Business Phone: (Required if Employed)
FATHER'S NAME/LEGAL GUARDIAN: (Required: Unless Court Order, Incarcerated or Deceased, please specify):		Home Phone: (Required)
ADDRESS: (Required)		
CITY, STATE, and 5-DIGIT ZIP CODE: (Required)		E-mail: (Required)
Business Name: (Required if Employed)		Cell Phone: (Required)
Address, City, State, and 5-Digit Zip Code: (Required if Employed)		Business Phone: (Required if Employed)
EMERGENCY CONTACT PERSON (s) (list below) (Minimum of (3) Individuals Over 18 yrs. Old)		Telephone Number (when in care) (Required)
1		
2		
3		
Person (s) Whom Child May Be Released and Address (list below) (Min. (3) Over 18 yrs. Old)		Telephone Number (when in care) (Required)
1		
2		
3		
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER: (Required)		Phone Number + Area Code: (Required)
ADDRESS, CITY, STATE, and 5-DIGIT ZIP CODE: (Required)		
Special Disabilities: (Copy of IFSP or IEP Required, if applicable)		All Allergies (Listed on Health Assessment)
Medical or Dietary Information necessary in an emergency situation (Dietary Form Required)		Medications (List Medications Taken Daily)
Additional Information on Special Needs of Child (Copy of IFSP or IEP Report Required, if applicable)		
Health Insurance Coverage or Medical Assistance Benefits		Policy Number (Required)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE (Required)	ADMIN. OF MINOR FIRST - AID PROCEDURES (Required)	
X	X	
TRANSPORTATION BY THE FACILITY IN CASE OF EMERGENCY (Required)	WALKS (Required)	
X	X	
I allow child in (Swimming: 3 rd - 6 th /Sprinkler-YT-PKC) (Required)	I allow Photos/Video Used for Classrooms ONLY (Required)	
X	X	
Signature of Parent or Guardian (Required)		X Date: (less than 6-months)

CHILD HEALTH REPORT

(SS 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:

ADDRESS:

PHONE:

SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT

TITLE:

LICENSE NUMBER:

DATE FORM SIGNED:

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

THE SCHOOL DISTRICT OF PHILADELPHIA
SCHOOL HEALTH SERVICES
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/BOOKING NO.
DATE OF BIRTH	SCHOOL/ORG.#	REGIONAL OFFICE	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		

WED-1 (Rev. 6/03) -- COMM. CODE 61602445400

DISTRIBUTION OF COPIES:

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 _____

WRITE --SCHOOL NURSE; YELLOW - PARENT

SOANS CHRISTIAN ACADEMY
7912 Dungan Road Philadelphia, PA 19111
Phone: (267) 388-7648 | Fax: (267) 731-1857
Email: soanschistianacademy7912@gmail.com

EMERGENCY CHILD RELEASE

I, _____ AUTHORIZE Soans Christian Academy to release my child(ren) to the person(s) designated. This is 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 Date of Birth: _____
Admissions Date: _____ Withdraw Date: _____

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

(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 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 my 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/We _____ Grant 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. (Center images are used on the internet to promote student activities and celebrate your child's work and participation. Rest assured, the center will safeguard all content and will not share/release any information without prior consent from you the parent/ guardian.)
15. 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.
16. 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 Name)

Parent / Guardian (Signature & Date)

Kristen L. Domico

Director's (Signature & Date)

Periodic Review (Parent/ Guardian Signature & Date)



PAPERLESS INCOME & ENROLLMENT IS HERE!

Finally! You asked for it, so we worked hard to make it happen! Your kid's parents can complete & sign their children's enrollment forms 100% online starting TODAY.

Step 1

Parent fills out, digitally signs, and submits an application for their child(ren) on their phone, computer or tablet.

Step 2

You, as the Daycare administrator, will receive an email with a link to review the application, fix any errors, digitally sign, and submit.

Step 3

Daycare, parent, and CBS will receive signed copies of the enrollment forms.

Step 4

Sit back and relax in your paper-free space!

Visit

cbsfoodprogram.com/enrollment

today to get started!



SOANS CHRISTIAN ACADEMY PARENT/GUARDIAN HANDBOOK

PARENT / GUARDIAN AGREEMENT FORM

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.
7. 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

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.

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.

Child's Name: _____

Date: _____

Parent/ Guardian Signature

Parent/ Guardian Signature

Director Signature

Date:



Soans Christian Academy

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Kristen L. Domico, Director

"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 special needs require special care by our teachers?
7. Does your child have an IEP (Individualized Education Plan) or ISFP (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 regards 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?

10.How are your child's allergies treated?

11.Do you have any special medical or dietary information for management in an emergency situation (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 & 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?

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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 _____

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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 _____



GTA and GNDC Pandemic Handbook

This handbook is to help guide in an emergency pandemic. This handbook is very fluid and may be adjusted based on the pandemic and emergency needs of the center. This handbook was written to help guide families and staff with open communication. GTA and GNDC will adjust this handbook as needed due to State and Federal guidelines. We will follow all rules, regulations, and requirements as well as recommendations of the local, state, and federal government for the health and safety of students, families and staff.

Dropping off and Picking up of students

Parents will drop off and pick students up at their assigned locations at all buildings. Parents will not be allowed to enter the main building for drop off or pick up. If parents need to speak with owners/directors they are to enter through the front office door, request a meeting, and wash their hands in the front bathroom, as well as wear a face covering at all times. Parents should have their own pen for signing in and out purposes. Adults dropping off and picking up are required to PRINT their name instead of a signature to ensure the identity of the adult. Due to Covid-19 we are requiring that all ADULTS who are picking up a child bring their ID for identification purposes due to face coverings prohibiting the staff from being able to identify the individual.

Communication with staff should be done via phone or email to allow social distancing. We will make teachers available to keep all families updated and to answer/ address all the needs of the students in our care. It is imperative that you inform the center immediately with any changes regarding your contact information.

Student Supplies

Students should arrive in clean clothing. Students should bring any change of clothes items needed in a disposable shopping bag their first time back at the center. These items will be stored in each child's cubby and will only be sent home when soiled. At that point, a replacement set may come to school in another disposable shopping bag. Designated items will be washed by the center staff and therefore we will not be sending home blankets on Fridays. Please provide your child with nap time items that can be kept at the center until further notice. Students cubbies and bins will be sanitized each Friday, or more often as needed.

Illness Policy and Monitoring

Students will have their temperatures checked daily. Once will be upon arrival at the door while parent is signing-in, then randomly throughout the day. The temperature checks will all be completed by a trained staff member. Any student with a fever of more than 100.0 must remain out of school for 24 hours after the fever has broken without fever reducing medications. We will not allow a doctor's note for returning before the 24 hours. 24 hours is the minimum time, if further time is needed that will be discussed in detail.

Any student showing any concerning signs of a respiratory issues: excessive coughing, running nose, sore throat, tugging in the chest, wheezing, shortness of breath, etc. will be sent home and may not return until that child has no symptoms of concern. If a test is required that will be communicated to the family and that child can not return until that child follows all testing requirements and is cleared to return to the school. If positive, your child will need to remain out for another 10 days until cleared by a medical professional to return to school. Again, if you or your child show any of these symptoms, they MUST HAVE A DOCTOR'S NOTE TO RETURN- NO EXEPTIONS!!

If a doctor has cleared your child to attend sooner, the medical professional MUST in writing state "That (the child) was seen and was evaluated for (medical reason). The child does NOT have Covid-19 and is able to return to childcare without placing another child or adult at risk" We must also have what the child has and why the child is coughing."

If the child or anyone in the home was in direct contact with a potentially infectious person(s) and subsequently has a positive Covid-19 test, families must inform GTA and GNDC via email only ASAP. The child will be required to stay home for 10 days. We require all students that had exposure due to a family member in the same household testing positive to remain home for the 10 day quarantine and only return after that Positive case is symptom free and completed their quarantine time.

Keeping Healthy

GTA and GNDC will take every precaution for your child to stay healthy! Consistent handwashing and cleaning of the center will be performed many times during the day. Students and staff will be required to wash their hands additional times of the day. This may cause a child's hands to become more raw than normal. We ask that you use lotion on their child's hands nightly to help keep the child's hands from becoming overly raw.

We need your help in keeping students' and staff healthy. It is the responsibility of the parents to be open and honest with staff about any illnesses the child or parent may be experiencing. Cooperating and partnering with each other is the best way to navigate these times safely. If we find that this is not the case, students will be asked to not attend school, or will be unenrolled.

Further, traveling outside of the state to any high-risk zones can result in self isolation mandates being upheld upon return as per the State of Pennsylvania's guidelines. We are still requiring testing to return to our school after travel outside of the state, especially if that child was on an airplane.

During the time of a public health crisis and pandemic, GTA and GNDC will only care for allowed and accepted students in accordance with the state, federal and local governments.

In Case of Classroom/Cohort Closure

If a staff member is showing two or more symptoms of Covid-19, the staff will be sent home and will not be able to return until confirmed negative and cleared to return to work by a medical professional. The children in that staff member's cohort as well as other siblings at the center will be dismissed and cannot return for 3 days. If the test is negative, children in that cohort can then return to school. If the test is positive, those children and siblings will follow the specific quarantine guidance recommended from the Philadelphia Department of Health.

If a child or family member tests positive for Covid-19, as recommended by the CDC we will immediately notify local health officials. These officials will help administrators determine a specific course of action for their childcare programs or schools.

We will be working with local health officials to determine the appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of Covid-19.

Tuition Payments during a Pandemic

If children are returning to the center, the parent(s) will be responsible to start paying for tuition beginning on the child's start date. If children are taking time off, tuition will begin on the first day the child/children return to care. If your child/children become ill, or a family member becomes ill, then your tuition will be frozen until they are medically cleared to return to the center with proper medical documentation.

Child/ Children's Name: _____ Parent/Guardian's Name: _____

Primary Parent/Guardian's Signature: _____ Date _____

Management Team Witness: _____ Date _____



Soans Christian Academy

7912 Dungan Road Philadelphia PA 19111 | Phone: 267-388-7648

COVID-19 PUBLIC HEALTH EMERGENCY SPECIAL PROGRAM ATTENDANCE ACKNOWLEDGMENT AND DISCLOSURE

Parent/Guardian VERSION: This should be initialed and signed by the Primary parent and/or guardian.

Please read and initial each statement below and sign at the end.

1. _____ I understand that during this Covid-19 Public Health Emergency I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. Drop off and pick up times will be staggered to help with social distancing measures. I understand that I must follow the drop off and pick up time assigned to my child, otherwise I may be required to wait until a specified time to drop off so the center can ensure safety and proper classroom facilitation. I understand that this procedural change is for the safety of all persons present in the facility and is a means to limit to the extent possible everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein. I understand it is not recommended that persons of high-risk populations (e.g. elderly, health complications, etc.) be responsible for dropping-off/picking-up children.
2. _____ I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST wash my hands before entering the classroom, remove my shoes and wear a mask. While in the facility I must practice social distancing and remain 6ft from all other people, except for my own child.
3. _____ I understand that to enter upon the facility premises I and my child must be free from Covid-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from his/her class and moved to a designated containment area. I will be contacted, and my child MUST be picked up from the facility ≤ 30 minutes of being notified (this will be strictly enforced).

Symptoms include,

- fever of 100.4 degrees Fahrenheit or higher
- dry cough
- Shortness of Breath
- Chills; Nausea/Vomiting
- Loss of taste or smell
- Sore Throat
- Muscle aches

These symptoms typically appear 2-7 days after being infected so please take them seriously. While we understand that many of these symptoms can also be related to non-Covid-19 related issues, we must proceed with an abundance of caution during this Public Health Emergency. If you or your child presents any of the above symptoms, your child will be sent home and may not return while recovering for 7 days plus 3 additional healthy days and must be cleared by a medical professional with a negative test result. If positive, your child will need to remain out for another 14 days until cleared by a medical professional to return to school. Again, if you or your child show any of these symptoms, they MUST HAVE A DOCTOR'S NOTE TO RETURN- NO EXEPTIONS!!

4. _____ I understand that my child's temperature will be taken at arrival and throughout the day while on facility premises. I also understand that the person dropping off the child will have their temperature checked at the time of drop off. I understand that ANYONE that is dropping off or picking up will be REQUIRED to wear a mask.
5. _____ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds. I understand that my child will be required to wear a mask during school hours with specific times for mask breaks.
6. _____ In order to control my child's exposure in the community and therein protect the integrity of this center, I will comply with any and all state, county or local stay-at-home orders and will limit my child's contact outside of care to persons living in my household. I will not take my child out to stores unless it is absolutely necessary and then only to shop for essential items like food, medicines and toiletries. I will follow any recommendations from the CDC that limits my child's risk for exposure including wearing a mask in all public areas and remaining 6ft from all other people.



7. _____ My child and I WILL do our best to not gather with anyone that does not live in our household (i.e. close relatives, housemates). I will only have contact with persons at my place of employment, and there I will practice all recommended social distancing, exposure limiting practices recommended by the CDC and by my employer. My family WILL not travel out-of-state without informing the center and will need to follow the latest information on traveling guidelines (e.g. high-risk areas) including possible self-isolation and other restrictions upon return. My child and I WILL do our best not go to any gym, movie theater, nail or hair salon, park, beach, or other community location that is not for the purpose of getting food, medicines, toiletries or other life sustaining necessities until such time as it is determined by state and local health officials that the public health emergency is over.
8. _____ I will immediately notify Soans Christian Academy management if I become aware of any person with whom my child or I have had contact with exhibits any of the symptoms listed in Number 3 above, is advised to self-isolate, quarantine, or is presumed positive for COVID-19. Further, I will immediately notify Soans Christian Academy management if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether or not I have had direct contact with that person. If that person is tested positive for Covid-19 then my family and I will follow the 14-day self-isolation guidelines and only return when cleared by a medical professional
9. _____ I understand that while present in the facility each day my child will be in contact with children, families and staff who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to Covid-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. (Again, families with at-risk family members please be especially careful.) I understand the risk of possible exposure and infection inherent to attendance and I understand that I play a crucial role in keeping everyone in the facility safe by reducing the risk of exposure by following the practices outlined herein.

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Soans Christian Academy will result in termination of services. I acknowledge that care for my child will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to Covid-19.

Child/ Children's Name: _____

DOB: _____

Primary Parent/Guardian's Signature

Date

Secondary Parent/Guardian's Name: _____

Secondary Parent/ Guardian's Signature

Date

Management Team Witness

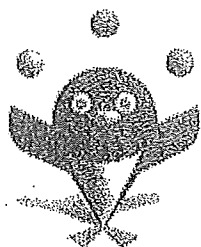
Date

References:

¹ <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

¹ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html>

¹ <https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-during-covid19.html>



myprocare®

Dear parent/guardian,

Soans Christian Academy is pleased to offer **MyProcare**, a free online portal for you to access account information and easily pay tuition. MyProcare is safe, secure and created with your convenience in mind.

Log in today!

1. Go to MyProcare.com.

2. Enter your email address (the email you have on file with Soans Christian Academy) and choose **Secure Login**.

3. Enter the confirmation code sent to your email, choose a password, and press **Submit**.

4. Then you may:

a. View your child's account and more.

b. Use the **Pay** button to make a payment with your card.

Thank you!

Soans Christian Academy and MyProcare