

Kinder Academy, Inc. / Kinder Academy Management Services

APPLICATION FOR ENROLLMENT

CORPORATE OFFICES • 7332 Elgin Street, Philadelphia, PA 19111
215-677-9656 • FAX 267-839-0039

- ☐ **Kinder Academy Parkwood** • 3001 Byberry Road, Philadelphia, PA 19154 • 215-612-1776
- ☐ **Kinder Academy Rhawnhurst** • 7922 Bustleton Ave., Philadelphia, PA 19152 • 215-728-7700
- ☐ **Trinity Church Oxford Child Development Center** • 6901 Rising Sun Ave., Phila., PA 19111 • 267-839-0039
- ☐ **Kinder Academy Castor** • 7332 Elgin Street, Philadelphia, PA 19111 • 267-571-6800
- ☐ **Oxford Circle CCDA Child Care Center** • 900 E. Howell Street, Philadelphia, PA 19149 • 267-571-5661

CHILD'S FIRST NAME | *CHILD'S LAST NAME*

CHILD'S HOME ADDRESS

CITY | *STATE* | *ZIPCODE*

CHILD'S BIRTHDATE | *DATE OF APPLICATION*

CHILD'S START DATE

SEX ○ Male ○ Female | *CHILD'S END DATE*

GUARDIAN I FIRST NAME | *GUARDIAN I LAST NAME*

GUARDIAN I HOME ADDRESS

CITY | *STATE* | *ZIPCODE*

GUARDIAN I MAIN PHONE

GUARDIAN I EMAIL ADDRESS

GUARDIAN II FIRST NAME | *GUARDIAN II LAST NAME*

GUARDIAN II HOME ADDRESS

CITY | *STATE* | *ZIPCODE*

GUARDIAN II MAIN PHONE

GUARDIAN II EMAIL ADDRESS

GUARDIAN I EMPLOYER

GUARDIAN I BUSINESS ADDRESS

CITY | *STATE* | *ZIPCODE*

GUARDIAN I BUSINESS PHONE

GUARDIAN II EMPLOYER

GUARDIAN II BUSINESS ADDRESS

CITY | *STATE* | *ZIPCODE*

GUARDIAN II BUSINESS PHONE

NAME OF PERSON TO CALL IN AN EMERGENCY SITUATION (AFTER ATTEMPTS MADE TO GUARDIANS)

ADDRESS OF PERSON TO CONTACT IN EMERGENCY SITUATION

EMERGENCY CONTACT MAIN NUMBER

This does not grant permission to depart with the child

NAME OF YOUR CHILD'S PERSONAL PHYSICIAN/PEDIATRICIAN (PRIMARY)

ADDRESS OF YOUR CHILD'S PERSONAL PHYSICIAN

PHYSICIAN'S TELEPHONE NUMBER

PLEASE LIST ANY SPECIAL MEDICAL CONDITIONS (i.e. ALLERGIES, ASTHMA, etc.)

PLEASE LIST ALL MEDICATIONS YOUR CHILD IS CURRENTLY TAKING

PLEASE LIST ANY ADDITIONAL SPECIAL NEEDS YOUR CHILD HAS)

DOES YOUR CHILD HAVE AN IEP? ○ Yes ○ No

DOES YOUR CHILD HAVE AN IFSP? ○ Yes ○ No

HEALTH INSURANCE COMPANY NAME | *HEALTH INSURANCE GROUP NUMBER* | *HEALTH INSURANCE POLICY NUMBER*

SIGNATURE OF GUARDIAN

INITIAL SIGNATURE OF GUARDIAN — DATE

SIGNATURE AT 6 MONTH REVIEW — CHANGES TO THIS APPLICATION? ○ Yes ○ No — DATE

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215-677-9656 • 267-839-0038 FAX

CHILDS FIRST NAME | *CHILDS LAST NAME* | *NICKNAME*

GUARDIAN I FIRST NAME | *GUARDIAN I LAST NAME*

GUARDIAN II FIRST NAME | *GUARDIAN II LAST NAME*

OTHER HOUSEHOLD MEMBERS	*RELATIONSHIP*	*AGE*

BIRTH TYPE

◯ Normal ◯ Premature ◯ Overdue ◯ Caesarian ◯ Complication

BIRTH WEIGHT

_____ *LBS* _____ *OZ(S)*

ANY PAST SERIOUS ILLNESS

SPECIAL BEHAVIORAL CONCERNS

PREVIOUS PRESCHOOL? ◯ Yes ◯ No

LOCATION	*ATTENDED FROM:*	*TO:*

ADDITIONAL INFORMATION

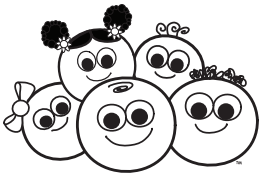
I HEREBY GIVE KINDER ACADEMY STAFF AND AGENTS PERMISSION AND CONSENT FOR THE FOLLOWING:

		INITIAL
SUPERVISED WALKING TO AND FROM FACILITIES AND IN LOCAL NEIGHBORHOOD:	☐ *YES* ☐ *NO*	_____
SPRINKLER, WADING AND OTHER OUTDOOR WATER PLAY:	☐ *YES* ☐ *NO*	_____
TRANSPORTATION TO AND FROM FACILITIES FOR SCHEDULED EVENTS AND/OR EMERGENCIES:	☐ *YES* ☐ *NO*	_____
PHOTOGRAPHS AND VIDEO TAKEN BY AUTHORIZED KINDER ACADEMY STAFF/AGENTS FOR PROMOTIONAL PURPOSES:	☐ *YES* ☐ *NO*	_____
APPLICATION OF SUNSCREEN (SUPPLIED BY FAMILY) AS REQUIRED:	☐ *YES* ☐ *NO*	_____
OBSERVATION AND EVALUATION OF EDUCATIONAL AND BEHAVIORAL DEVELOPMENT:	☐ *YES* ☐ *NO*	_____
PERMISSION TO SHARE EVALUATIONS/OBSERVATIONS WITH EXTERNAL AGENCIES & PROFESSIONALS AS REQUIRED:	☐ *YES* ☐ *NO*	_____
PERMISSION FOR MEDICAL SCREENINGS INCLUDING VISION, HEARING AND DENTAL:	☐ *YES* ☐ *NO*	_____

_____ _____
SIGNATURE OF GUARDIAN DATE

_____ CHANGES TO THIS APPLICATION? ◯ Yes ◯ No _____
SIGNATURE AT 6 MONTH REVIEW DATE

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FIRST AID PERMISSION & EMERGENCY INFORMATION

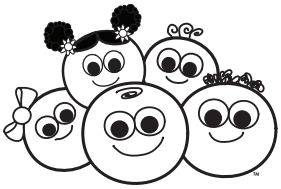
Child's Name: _____ Date of Birth: _____

I give Kinder Academy, Inc. and Kinder Academy Management Services permission to administer first aid to my child. In case of emergency, the school staff promptly contacts the parents. If neither parent nor the emergency contact can be reached, and in case of surgical emergency, I hereby give permission to the physician selected by the Kinder Academy Director-In-Charge, to hospitalize and secure proper treatment for my child named above.

Signature _____ (Guardian) Date: _____

First aid treatment can include the following:

- Cleaning and bandaging of simple wounds
- Application of ice to any wound when necessary
- Administer any other necessary, basic first aid treatment to ensure the safety and comfort of the child
- Staff will use all necessary, sanitary precautions to reduce the chance of infection



Waiver of Liability

I,_____, on behalf of my child understand that participation in all the activities and events at Kinder Academy, Inc. (owned or managed sites) is voluntary. I am aware of the nature of the activities and events for which I am registering my child and I understand that accidents and injuries may occur as a result of participation in such activities and events.Therefore, on behalf of myself and my child, I hereby agree to assume all risk related to said participation. I hereby waive, release, indemnify and hold harmless Kinder Academy, Inc., its agents, employees, and officers, from any and all liability for personal injury, or property damage which I or my child may have, or which may hereafter accrue to me or my child as a result of participation in any of the activities or events conducted by, on the premises of, or for the benefit of Kinder Academy, Inc. even though that liability may arise as a result of Kinder Academy's or its employee's negligence or carelessness. I further agree that this waiver, release and assumption of risk shall be binding upon my and my child's heirs and assigns. I also herby agree to indemnify and hold harmless Kinder Academy, Inc. its agents, employees and officers against all claims, damages, losses and expenses, including attorney's fees, which they may incur as a result of my child's participation in the said activities/events. This waiver of liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct. Any and all actions shall be governed by the laws of the Commonwealth of Pennsylvania.

Signature _____ (Guardian) Date: _____

Kinder Academy, Inc.
Child Care Center Agreement

7332 Elgin Street, Philadelphia, PA 19111

Name _____ Application date_____Start date_____
A fee of _____ per will be paid by _____. This fee will include care, snacks, information regarding growth and development, and other program activities for the above named child. Transportation to and from the facility will be provided by the parents. All medical care, if required, will be paid by parents/guardians . Your child is scheduled to arrive on M T W R F at _____.

Your child is scheduled to depart with _____ at _____.

A fee of $1 per every minute over this departure time will be applied directly to your bill. Families are responsible for payment of fees on time. All fees are to be paid upon arrival on the first day of each week. Children with outstanding tuition or late fee balances will not be allowed in care. A late fee of $20 per week will be charged for all outstanding tuition. Changes to this agreement must be made a minimum of two weeks prior to the change and in writing, by completing a new Agreement Form.

I also grant permission to allow my child to depart with the following individuals (be specific):

Name: _____Relationship: _____ Parental notification needed? Y N Initial _____
Name: _____Relationship: _____ Parental notification needed? Y N Initial _____
Name: _____Relationship: _____ Parental notification needed? Y N Initial _____
Name: _____Relationship: _____ Parental notification needed? Y N Initial _____
Name: _____Relationship: _____ Parental notification needed? Y N Initial _____
Name: _____Relationship: _____ Parental notification needed? Y N Initial _____
Name: _____Relationship: _____ Parental notification needed? Y N Initial _____
Name: _____Relationship: _____ Parental notification needed? Y N Initial _____
Name: _____Relationship: _____ Parental notification needed? Y N Initial _____
Name: _____Relationship: _____ Parental notification needed? Y N Initial _____
Name: _____Relationship: _____ Parental notification needed? Y N Initial _____
Name: _____Relationship: _____ Parental notification needed? Y N Initial _____

_____ _____ _____ _____
Signature - Guardian Date Signature - Kinder Academy Director Date

_____ _____ _____ ___
Updated Signature - Signature - Guardian Date Kinder Academy Director Date



Nondiscrimination Policy Statement

Admissions, the provisions of services, and referrals of clients shall be made without regard to race (to include hair type, hair texture, or hair style), color, religious creed (to include all aspects of religious observances and practice, as well as belief), disability, ancestry, national origin (including Limited English Proficiency), age (40 and over), or sex (to include pregnancy status, childbirth status, breastfeeding status, sex assigned at birth.

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 aides and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/patient/student (and/or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

Facility Contact Information
Kinder Academy (Corporate)
7332 Elgin Street
Philadelphia PA 19111
215-677-9656
267-839-0038
lspina@kinderacademy.com

Commonwealth of Pennsylvania Department of Human Services
Bureau of Equal Opportunity
Room 225, Health & Welfare Building
P.O. Box 2675
Harrisburg PA 17120
Inquiries: (717) 787-1127
Email: RA-PWBEOAO@pa.gov
(Within 90 days from the date of incident)

U.S. Equal Employment Opportunity Commission
801 Market Street, Suite 1000
Philadelphia PA 19107
Inquiries: (800) 669-4000
TTY users only: (800) 669-6820
https:/www.eeoc.gov/filing-charge-discrimination
Email: PDOCContact@eeoc.gov
(Within 30 days from the date of the incident)

Office for Civil Rights
U.S. Department of Health and Human Services
Centralized Case Management Operations
200 Independence Avenue, S.W.
Room 509 HHH Bldg.
Washington, D.C. 20201
Customer Response Center: (800) 368-1019
TDD: (800) 537-7697
https://www.hhs.gov/ocr/complaints
Email: ocrcomplaint@hhs.gov
(Within 180 days from the date of incident)

Pennsylvania Human Relations Commission
333 Market Street, 8th Floor
Harrisburg, PA 17101
https://www.phrc.pa.gov/Complaints/Pages/How-to-File-a-Complaint.aspx
Inquiries:(717) 787-4410
TTY users only: (717) 787-7279
(Within 180 days from date of incident)

Limited English Proficiency Policy Statement

It is our responsibility to ensure that all clients have meaningful and equal access to services. This responsibility encompasses the most basic of human needs, the need for communication and understanding.

In order to ensure effective communication Kinder Academy staff will make every effort to ensure communication and understanding for those clients or their immediate families who are identified as having Limited English Proficiency (LEP).

In addition, the public offices have been equipped with universal symbols for bathrooms, exits and water fountains.

Once a client or their family has been identified as needing translation or interpretive services, Kinder Academy staff will contact the corresponding appropriate agency.

_____

Guardian Signature Date

_____

Staff Signature Date

Kinder Academy Child Development Center-Policy Checklist

In order to assure that the new parents clearly understand the procedures and policies of Kinder Academy, we ask you to review the Family Handbook included with the application packet and also to initial the following important items:

____ 1. Parents are responsible for payment of fees on time. All fees are to be paid upon arrival on the first day of each week. Children with outstanding tuition or late fee balances will not be allowed in care. A late fee of $20 per week will be charged for all outstanding tuition.

____ 2. Parents are expected to pick up students on or before their scheduled departure time. There will be an overtime charge of $1 per minute for pick up after the scheduled time. You will be required to pay the full amount of the late charge before your child can be readmitted for care.

____ 3. There is no reduction in fees for absences or vacations except in the case of an extended illness of the child. The director should be notified if such a situation occurs.

____ 4. The director is to be notified TWO WEEKS IN ADVANCE before a child is to be withdrawn. Families are required to pay for those two weeks regardless of when the child leaves Kinder Academy. No refunds will be given.

5. I understand that:

____ a) I, or a responsible, previously designated, adult must walk my child into the building each day, sign in and utilize the badge system.

b) I, or a responsible, previously designated, adult will walk into the building to pick-up my child(ren), sign out and utilize the badge system. Only siblings over the age of 18 may pick-up students and only when prior arrangements have been made with the director.

____ 6. Children riding in vehicles other than city buses must be transported to and from school in an age appropriate child restraint system.

____ 7. Keep children home with the following conditions: those with fever, diarrhea or vomiting in a previous 24 hour period. Children too sick to participate in full program, including outside play, also need to be kept at home.

____ 8. All children need a complete change of clothing and a blanket at school at all times, labeled accordingly with name.

____ 9. Families need to inform Kinder Academy of changes in addresses, phone numbers, employment, emergency information or any changes in family situations.

____ 10. No medication can be administered to your child without written consent and instructions from the child's physician made out directly to Kinder Academy. The Medication Log must be filled out each time medications are to be administered. Medications can be no older than 30 days and must be in the original packaging with the prescription.

____ 11. If, after a reasonable period of time, it is found that a child is unable to adjust to the program, Kinder Academy, reserves the right to request the withdrawal of child. This decision is left to the sole discretion of the Director(s) and staff of Kinder Academy.

____ 12. Families can request a transfer of records for their child. All requests must be made in writing.

____ 13. I understand that Kinder Academy is a cell phone free zone and I must refrain from using my cell phone on the premises.

____ 14. I have read and understand the Kinder Academy policy on Mandated Reporting located in the Family Handbook. I understand that all of Kinder Academy's employees are Mandated Reporters.

____ 15. I have read and understand the Kinder Academy policy on SIDS (Sudden Infant Death Syndrome) / Safe Sleep, Shaken Baby Syndrome, and abusive head trauma.

____ 16. I have read and agree to abide by these rules and policies and those outlined in the Family Handbook.

Signature of Guardian: _____ Date: _____