Elite Scholar's Preparatory Academy

"Achieving Success for Diverse Learners"

Enrollment Application Checklist!!

- Enrollment Application
- Tuition and Fee Policy
- Activity Authorization
- Emergency Permission Card
- Health Policy
- Nutrition Assessment
- Emergency Contact (state form updated every 6 months)
- Child Pick up Authorization
- Request IEP or IFSP
- Water Play and Pool Permission
- Child Abuse Reporting
- External Preparations
- Agreement (state form updated once a year)
- Child Health Report (state form updated once a year)
- Permission to photograh
- Influenza refusal

Please be sure to check that each form is filled out in its entirety including

Elite Scholar's Preparatory Academy LLC

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information

Full Name: _____

Date of Birth: _____ Sex: ____ Date of Enrollment: _____

Primary Hours of Care: From: _____ To: _____

Days of the Week in Care: M T W Th F Sa Su

Family Information:

Mother's Name: _____

Address: _____

Contact Phone: _____

Employer: _____ Work Phone: _____

Father's Name: _____

Address: _____

Contact Phone: _____

Employer: _____ Work Phone: _____

_____

Parent/Guardian Signature Date:

ELITE SCHOLAR'S PREPARATORY

"Achieving Success for Diverse Learners"

Tuition and Fee Policy

Fees and Co-Payments:

Private fees and co-payments are due each Friday before the week care will be accommodated. Any payments made after Monday will be subject to a $5.00 late fee in addition to the weekly co-payment or fee. **Full weekly payment is due despite the number of days attended. Payment is required for Holidays and In-Service days. Families that have been enrolled for 6 constant months are eligible for 1 vacation week per calendar year. You must notify administration 1 week in advance to utilize your vacation week.**

Private care will be terminated if the client has not paid for two weeks.

CCIS clients will be reported to their CCIS office for non-payment of weekly co-payment.

Returned Checks Fee:

Checks returned for insufficient funds, closed accounts or stopped payments will result in a $35.00 returned check charge. Future payments and the $35.00 fee will need to be made by cash, or money order.

Late Policy Fee:

There is a $1.00 per minute late fee assessed after the designated closing time per child.

I have received, read, and fully understand Elite Scholar's Preparatory Academy LLC Tuition and Fee Policy and that this is a legal binding document.

Parent/Guardian: (Print)_____

Signature: _____ Date: _____

Elite Scholar's Prep _____ Date: _____

Elite Scholar's Preparatory Academy LLC

Activity Authorization Form

I hereby grant permission for my child/children named below to use all the play equipment, supplies, and participate in all the activities at the **Elite Scholar's Preparatory Academy**.

Name of child: _____ **Age:** _____

This following restriction/s excepted: _____

_____

_____

This is a legal binding document so, I understand that rides, toys, chairs, the entire playground set, sandboxes and other toys are used on a regular basis.

I also understand that helmets, along with knee and elbow pads, will not be provided by Elite Scholar's Prep, but are encouraged to be provided by me for activities that do not have three/four wheels.

I will not hold Elite Scholar's Prep responsible for injuries occurred while my child/children are using equipment at the facility, the children are supervised, and the equipment is in good repairs.

Mother/Guardian's Signature

_____

Date: _____

Father/Guardian's Signature

_____

Date: _____

Elite Scholar's Preparatory Academy

_____ **Date:** _____

Elite Scholar's Preparatory Academy

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EMERGENCY - PERMISSION CARD

Child's Name: _____
Hair Color: _____

Eye Color: _____

Birthdate: _____

Address: _____ Home Phone_____

Mother's Name: _____ Work Phone: _____

Father's Name: _____Work Phone: _____

Emergency Contact: _____

Phone: _____

Address: _____

Child's Doctor: _____ Phone: _____
Insurance Provider#_____ Insurance ID#_____
Allergies: _____
Medication: _____
Medical Condition: _____

It is the childcare provider's policy to notify a parent when a child is ill or in need of medical attention. Occasionally we are unable to contact parents, and we need to get immediate help for the child.

Our procedure is to have the child taken to the nearest emergency service by ambulance. (Ambulance fee is the parent's responsibility.)

If an ambulance is not available, a staff member of Elite Scholar's Prep will transport the child

I _____ hereby give permission to Elite Scholar's Prep staff members to make necessary transportation arrangements for my child _____ who has become ill or injured.

_____ Date: _____
Signature of Parent/Guardian

Elite Scholar's Preparatory Academy Health Policy

Illnesses
All children will be visually screened as they arrive. This information is also located in our Parent Handbook.

The Health Department regulations prohibit the admittance of any child into a childcare facility that exhibits any of the following symptoms, but not limited to:

Fever- (100°f or higher) – child needs to be fever free for 24 hours without the aid of medication before returning

Diarrhea- child must be symptom free for 24 hours without the aid of medication before returning

Vomiting- child must be symptom free for 24 hours without the aid of medication before returning

Runny nose with color discharge- check with doctor

Rash- must be gone before returning

Discharge from eyes or ears- must be gone before returning

Lice- child needs to be treated and nits removed before returning

Asthma flare up and no medication provided

Too tired or ill to participate in normal activities

Communicable Diseases – chicken pox, measles, mumps, conjunctivitis (pink eye), influenza etc. The child may return when the incubation and contagious period is passed, and the child is well enough to resume normal childcare activities.

Medication

If your child is on antibiotics, he/she continues to be contagious for 24 hours after the first dose of medication and cannot return to ESPA until this time period has passed.

Childcare Regulations prohibit me from giving your child medication of any kind unless you have filled out and signed a permission to administer medication form. All medication must be in the original and labeled bottle.

By signing this document, you acknowledge and agree to abide by the Health Department regulations and Elite Scholar's Preparatory Academy LLC Health Policy.

_____

Parent/Guardian Signature:

_____

Date:

_____

Elite Scholar's Prep **Date:**

Elite Scholar's Preparatory Academy

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Nutrition Assessment

Dear Parent/Guardian:

Nutrition is a very important part of **Elite Scholar's Prep** program. In order for us to plan an appropriate nutrition-education activities and menus to meet your child's needs, we need to know your child's eating patterns. Please take the time to fill out this questionnaire providing us with the needed information. This information will also help us obtain an overview of the eating habits of children by age group.

Name: _____ Age: _____ Gender: _____ DOB: ____/____/_____

How many days a week does your child eat the following meals or snacks?

A morning meal _____ a mid-afternoon snack _____

A lunch/mid-day meal _____ an evening snack _____

An evening meal _____ snack during the night _____

When is your child most hungry? _____ Morning _____Noon _____Evening

What food does your child dislike? _____

_____

Is your child on a diet? Yes_____ No _____

If yes, why? _____+

Describe diet: _____

Diet prescribed by whom? _____

Does your child eat things not usually considered food (paste, dirt, paper)? _____

If yes, how often? _____

What is eaten? _____

Does your child have any food or non-food Allergies? Yes _____ No _____

If yes, please listed_____

_____

Is your child taking a vitamin or mineral supplement? Yes ____ No ____

If yes, what kind? _____

Does your child have any dental problem that might create a problem when eating certain foods? Yes_____ No _____

If yes, what? _____

Has your child ever been treated by a dentist? Yes _____ No _____

If yes, dentist visit ____/____/____ .

Does your child have any diet-related health problem?

Diabetes ____ Other ____ (Explain): _____

_____

Is your child taking any medication for a diet-related health problem? Yes_____ No_____

How much water does your child normally drink throughout the day? _____

Please list as accurately as possible what your child eats and drinks in a typical day. If yesterday was a typical day, you may use food and drinks consumed

Time Food Amount

_____

_____

_____

_____

Thank you for taking the time to fill out this questionnaire. You have been most helpful!

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & .182

CHILD'S NAME | BIRTHDATE

ADDRESS

MOTHER'S NAME/LEGAL GUARDIAN | HOME TELEPHONE NUMBER

ADDRESS

BUSINESS NAME | BUSINESS TELEPHONE NUMBER

ADDRESS

FATHER'S NAME/LEGAL GUARDIAN | HOME TELEPHONE NUMBER

ADDRESS

BUSINESS NAME | BUSINESS TELEPHONE NUMBER

ADDRESS

EMERGENCY CONTACT PERSON(S) NAME | TELEPHONE NUMBER WHEN CHILD IS IN CARE

PERSON(S) TO WHOM CHILD MAY BE RELEASED NAME | ADDRESS | TELEPHONE NUMBER WHEN CHILD IS IN CARE

NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER | TELEPHONE NUMBER

ADDRESS

SPECIAL DISABILITIES (IF ANY) | ALLERGIES (INCLUDING MEDICATION REACTION)

MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION | MEDICATION, SPECIAL CONDITIONS

ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD

HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS | POLICY NUMBER (REQUIRED)

PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES
WALKS AND TRIPS	SWIMMING
TRANSPORTATION BY THE FACILITY	WADING

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN _____ DATE _____

SIGNATURE OF PARENT or GUARDIAN _____ DATE _____

03891A

ORIGINAL

CY 867 - 1/93

Elite Scholar's Preparatory Academy LLC

Child Pickup Authorization

Child's name: _____

_____

Pick Up Person Name:

Address: _____

Relationship: _____

Phone#: _____

CODE WORD: _____

_____

Pick Up Person Name:

Address: _____

Relationship: _____

Phone: _____

Is custody established: Yes____ No_____

Who has custody: Mother_____ Father_____ Both _____

Any person(s) NOT authorized to pick up my child/children:

_____

_____

Note: Each additional person listed above MUST show proof of identification(state) and know the CODE WORD. Under NO circumstances will the child/children be released to anyone other than those listed above.

In custody situations please submit a copy of all awarded documents to be filed in child/children folder.

By signing this you agree that this form is legally binding and by signing it, you agree that all the information provided herein is correct.

Mother/Guardian's Signature _____ **Date:** _____

Father/Guardian's Signature _____ **Date:** _____

ESPA: _____ **Date:** _____

Elite Scholar's Preparatory Academy

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Request for IEP or IFSP

I will provide **Elite Scholar's Prep** with a copy of my child(ren)'s IEP or IFSP before enrolling them in the school. I also agree to meet with the program administration, my child(ren)'s teacher (s) and my child before beginning childcare to review the plan and develop a Special Care Plan for my child(ren) if necessary.

Child name

_____

____My Child does not have an IEP or IFSP

_____

Parent/Guardian Print Name:

_____

Parent/Guardian Signature:

_____

Date:

_____

ELITE SCHOLAR'S PREPARATORY ACADEMY LLC: **DATE:**

Elite Scholar's Preparatory Academy LLC

Water Play and Pool Permission

Elite Scholar's Prep have many activities involving water these included, but not limited to:

- **Water (Sand) Sensory Table**
- **Water Bottles**
- **Sprinkler Play**
- **Bathing a soiled child**

Child's name _____ Age _____

to participate in water activities

( ) I approve

( ) I do not approve

By signing below, you agree that this is a legally binding form and upon signing this form you agree to permit your child/children in water play.

_____

Parent/Guardian Print name:

_____

Parent/Guardian Signature:

_____

Date:

_____

Elite Scholar's Preparatory Academy LLC **Date:**

Elite Scholar's Preparatory Academy

"achieving success for diverse learners"

CHILD ABUSE REPORTING

All staff at Elite Scholar's Prep are trained mandated reporters. We are required by state law to report incidences of suspected child abuse and or neglect. Our first concern is for the safety of your child/children and if we suspect he/she has been subjected to abuse or neglect in anyway, we will file a report to the proper authorities.

By signing this form, you agree that it is in the best interest of your child/children.

Mother/Guardian's Signature _____

Date _____

Father/Guardian's Signature _____

Date _____

Elite Scholar's Preparatory Academy LLC _____

Date: ____/____/____

External Preparations Form

Child's Name		Date:
Child's DOB		Weight
Height	Hair Color	Eye Color

I hereby give Elite Scholar's Preparatory Academy permission to apply one or more of the following external preparations, in accordance with the directions for use on the container.

( ) Baby wipes

( ) band-aids

( ) Neosporin, bacitrician, or similar ointment

( ) bactine or similar first-aid spray

( ) Sunscreen

( ) insect repellent

( ) non-prescription ointment (such as A & D, Desitin, Vaseline)

( ) Other: (please specify) _____

* Must be provided by the parent.

I hereby request that Elite Scholar's Prep administer one or more of the above external preparations in accordance with the directions on the container as needed.

I release Elite Scholar's Preparatory Academy from any liability for administering these preparations.

By signing below, you agree that this is a legally binding form. Providing false information could result in termination of childcare services, forfeiture or retainer, or both.

Mother/Guardian's Signature	Date
Father/Guardian's Signature	Date
Elite Scholar's Prep	Date

AGREEMENT

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

NAME OF CHILD		
FEE AMOUNT $	PER-DAY-WEEK	DAY PAYMENT TO BE MADE

Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)

CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE $	PER MIN-HR	

Extra services to be provided at an additional fee if applicable

I, the parent/guardian;

☐ received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

☐ agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minumum. (§ 3270.124, 3280.124, 3290.124)

SIGNATURE-OPERATOR DATE

SIGNATURE-PARENT OR GUARDIAN DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW

SIGNATURE-PARENT OR GUARDIAN DATE

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CY 321 - 12/99

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:

☐ 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.

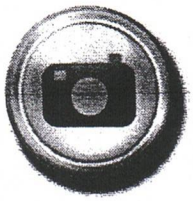
VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

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/TD						
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.



Permission to Photograph

I, _____, give permission for _____ to
(Parent or Guardian name) (Child Care Provider)

photograph my child, _____, for the following purposes:
(Child's name)

Type of Use:	(Please check one) Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	☐	☐
Give photographs possibly containing your child to current clients	☐	☐
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	☐	☐
Display still photos on child care website*	☐	☐
Post photos on child care's Facebook page	☐	☐
Other:	☐	☐
Videos:		
Give video to current parents	☐	☐
YouTube™ promotional video	☐	☐
Other:	☐	☐
Other (please list):		
	☐	☐
	☐	☐
	☐	☐
	☐	☐

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

_____ _____
(Parent or Guardian signature) (Date)

ELITE SCHOLARS PREPARATORY ACADEMY

I (Parent/Guardian) _____ am signing this letter regarding the refusal of the Influenza shot for my child listed below.

Child Name _____

_____
Parent Signature

Date: _____

_____
Elite Scholar's Preparatory Academy LLC

Date: _____