

New Student Enrollment Packet



Castle  Academy
early childhood learning

3935 Ashland Drive – Harleysville - Pennsylvania – www.castleacademychildcare.com – (610) 222-2100



I, _____, the parent/guardian of _____,
confirm my understanding of the following:

- ~Enrollment Agreement
- ~School Policies
- ~Tuition Obligation
- ~Responsibility of Payment of Fees
- ~All Various Release and Waiver Forms
- ~Civil Rights Compliance Parent Awareness Form
- ~All Information in The Castle Academy Parent Handbook

Signature of Parent/Guardian

Date



EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTER 3270.181 & 182: 3280.181 & 182: 3290.124 (a)(b), 3290.181 & .182

CHILD'S NAME		BIRTHDAY
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		E-MAIL ADDRESS
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		E-MAIL ADDRESS
EMERGENCY CONTACT PERSON(S)	NAME	ADDRESS 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		Allergies (including medication reaction)
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

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 service report every 6 months		
Care, Lessons Activities		
snacks and lunch		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME.	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$ 2.00	PER MIN-HR per minute after close	
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 minimum. (§ 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

Monthly Tuition Rates Effective September 2019

Annual Registration for 1 Child is \$75.00
Annual Registration for Family is \$125.00

Classrooms		5 Days	4 Days	3 Days	2 Days
Storks Landing	Full Day	\$1,343.33	N/A	N/A	N/A
Roley Poley Room	Full Day	\$1,278.33	\$1,135.33	\$983.67	\$784.33
Caterpillar Room	Full Day	\$1,248.00	\$1,105.00	\$944.67	\$758.33
	Half Day	\$1,161.33	\$1,040.00	\$875.33	\$693.33
Butterfly Room	Full Day	\$1,183.00	\$1,061.67	\$905.67	\$715.00
	Half Day	\$1,083.33	\$988.00	\$832.00	\$671.67
Ladybug Room	Full Day	\$1,152.67	\$1,022.67	\$879.67	\$684.67
	Half Day	\$1,053.00	\$957.67	\$810.33	\$641.33
Bumblebee Room	Full Day	\$1,126.67	\$988.00	\$871.00	\$663.00
	Half Day	\$1,027.00	\$931.67	\$797.33	\$611.00
Dragonfly & Grasshopper Rooms	Full Day	\$1,126.67	\$988.00	\$871.00	\$663.00
	Half Day	\$1,027.00	\$931.67	\$797.33	\$611.00
KINDERGARTEN (Licensed with PA Department of Education)	Full Day 9:00 am - 3:00 pm	\$1,018.33	N/A	N/A	N/A
KINDERGARTEN ENRICHMENT		\$888.33	\$823.33	\$706.33	\$541.67
Public School Vacation / Snow Days are \$25.00 additional per Day					
SCHOOL AGE (1st through 5th Grades)		\$650.00	\$576.33	\$507.00	\$390.00
AM Only		\$381.33	\$351.00	\$316.33	\$251.33
PM Only		\$424.67	\$390.00	\$351.00	\$268.67
Public School Vacation / Snow Days are \$50.00 additional per Day					
**Half Days are 8:30 am to 12:00 pm. (mornings only)					

Fee Schedule Options & Details

- Upon enrollment a non-refundable annual registration of \$75 for 1 child and \$125 for a family is due.
- Any child picked up late will be charged \$2 per minute after close (6:00pm).
- Weekly tuition is due on Monday morning for that week.
- A late fee of \$25.00 per day will be charged for payments made after the close of business on Monday.
- All checks returned from the bank will be charged a \$35 service fee. All subsequent payments MUST be paid in cash.
- A sibling discount of 10% for families enrolling two or more children. The discount applies to the oldest child enrolled. To qualify for the discount, both children must be enrolled full-time.
- Morning snack included with part-time program.
- Morning snack, lunch & afternoon snack are included in full day sessions.
- To add an additional Full day if available is \$75.
- Missed days are not refunded.
- Any discount or coupons MUST be presented at the time of enrollment.
- One month written notice and payment is required when withdrawing.
- Families attending year round (12 consecutive months) can receive two half priced vacation weeks each anniversary year. These may be used for a whole week your child is out. Must be used as an entire week.
- See Enrollment Agreement and Parent Handbook for details.

PLEASE CIRCLE & INITIAL ABOVE WEEKLY TUITION RATE FOR YOUR CHILD

Child's Name _____

Signature of Parent or Guardian _____ Date _____

Administrator _____ Date _____

Signature of Parent or Guardian _____ Date _____

* All fees are non-refundable and rates are subject to change without notice.*

Weekly Tuition Rates Effective September 2019

Annual Registration for 1 Child is \$75.00
Annual Registration for Family is \$125.00

Classrooms		5 Days	4 Days	3 Days	2 Days
Storks Landing	Full Day	\$310	N/A	N/A	N/A
Roley Poley Room	Full Day	\$295	\$262	\$227	\$181
Caterpillar Room	Full Day	\$288	\$255	\$218	\$175
	Half Day	\$268	\$240	\$202	\$160
Butterfly Room	Full Day	\$273	\$245	\$209	\$165
	Half Day	\$250	\$228	\$192	\$155
Ladybug Room	Full Day	\$266	\$236	\$203	\$158
	Half Day	\$243	\$221	\$187	\$148
Bumblebee Room	Full Day	\$260	\$228	\$201	\$153
	Half Day	\$237	\$215	\$184	\$141
Dragonfly & Grasshopper Rooms	Full Day	\$260	\$228	\$201	\$153
	Half Day	\$237	\$215	\$184	\$141
KINDERGARTEN (Licensed with PA Department of Education)	Full Day 9:00 am - 3:00 pm	\$235	N/A	N/A	N/A
KINDERGARTEN ENRICHMENT		\$205	\$190	\$163	\$125
Public School Vacation / Snow Days are \$25.00 additional per Day					
SCHOOL AGE (1st through 5th Grades)		\$150	\$133	\$117	\$90
AM Only		\$88	\$81	\$73	\$58
PM Only		\$98	\$90	\$81	\$62
Public School Vacation / Snow Days are \$50.00 additional per Day					
***Half Days are 8:30 am to 12:00 pm, (mornings only)					

Fee Schedule Options & Details

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- See Enrollment Agreement and Parent Handbook for details.

PLEASE CIRCLE & INITIAL ABOVE WEEKLY TUITION RATE FOR YOUR CHILD

Child's Name _____

Signature of Parent or Guardian _____ Date _____

Administrator _____

Date _____

Signature of Parent or Guardian _____ Date _____

* All fees are non-refundable and rates are subject to change without notice.*

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 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) <input type="checkbox"/> YES <input type="checkbox"/> NO	<p>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.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
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.

ATTACHMENT 5- COMMUNICATION WITH PARENTS/GUARDIANS

To the Parent(s)/Guardian(s) of _____

This letter is to assure you to our concern for the safety and welfare of children attending Castle Academy. Our Emergency 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 safe area on the grounds of the facility in the event of a fire, etc. Initial safe zones are the basketball court or grass area in back of parking lot.
- *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 at First Niagara Bank.
- *Modified Operation* May include cancellation/postponement or rescheduling of normal activities. These actions are normally take in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for children but may be necessary in a variety of situations.

Please listen to KYW NEWS RADIO 1060/CHANNEL 10 NEWS for announcements relating any of the emergency actions listed above.

We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information. We will call parents on the onset of the emergency and when it has ended.

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

The form designating persons to pick up your child is included with this letter for you to complete and have returned to the day care facility no later than 1 **WEEK AFTER YOUR START DATE.** This form will be used any time your child is released in an emergency. 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 Carrie Huffman (Director) 610-222-2100

Sincerely,

Carrie Huffman

ATTACHMENT 6- CHILD PICK-UP AUTHORIZATION

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

Child's Name

Designated Custodian(s)

Name & Relationship

Your Signature

Relationship

Date

Print Name

Address

Address

(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.



Nondiscrimination in Services

All Parents of Castle Academy

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, age, sex, nation origin (including limited English proficiency).

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 (and/or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with any of the following.

Castle Academy
3935 Ashland Drive
Harleysville, Pa 19438

Department of Public Welfare
Bureau of Equal Opportunity
Room 223, Health & Welfare Building
PO Box 2675
Harrisburg, PA 17105-2675

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

U.S. Dept. of Health and Human Services
Office of Civil Rights
Suite 372, Public Ledger Building
150 South Independence Mall West
Philadelphia, PA 19106-3499

Commonwealth of Pennsylvania
DPW Bureau of Equal Opportunity
Southeast Regional Office
Suite 5034-5th Floor
801 Market Street
Philadelphia, Pa 19107

Parent Signature and Date

Director Signature and Date



early childhood learning

Castle Academy 3935 Ashland Drive Harleysville, Pa 19438

Limited English Proficiency Policy Statement (LEP)

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, Castle 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 and exits.

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

Name of Parent or Guardian (Please Print)

Parent or Guardian Signature and Date

Director Signature and Date



Parking Lot Policy

Dear Parent:

The children's safety and those that are with them are our highest priority. It is necessary to have and enforce parking lot policies that will allow all families to attend Castle Academy under the safest conditions possible.

Each parent/guardian must sign and date this policy. Anyone in violation of this policy will be turned in to the police. Repeat offenders may be asked to leave Castle Academy.

- 1. ONE-WAY driving in parking lot, please see attached diagram for details**
- 2. 5mph speed limit**
- 3. Park only in designated parking spaces**
- 4. Do not park in the handicap spots without a handicap license**
- 5. Turn your vehicle off when you park**
- 6. Do not leave children unattended in the vehicle**
- 7. Hold your child's hand at all times while in the parking lot**
- 8. No cell phones to be used while driving in or out of the parking lot**
- 9. No smoking**
- 10. Be courteous and cautious of others**
- 11. Be patient**

Parent/Guardian Name

Parent/Guardian Signature

Date

Parent/Guardian Name

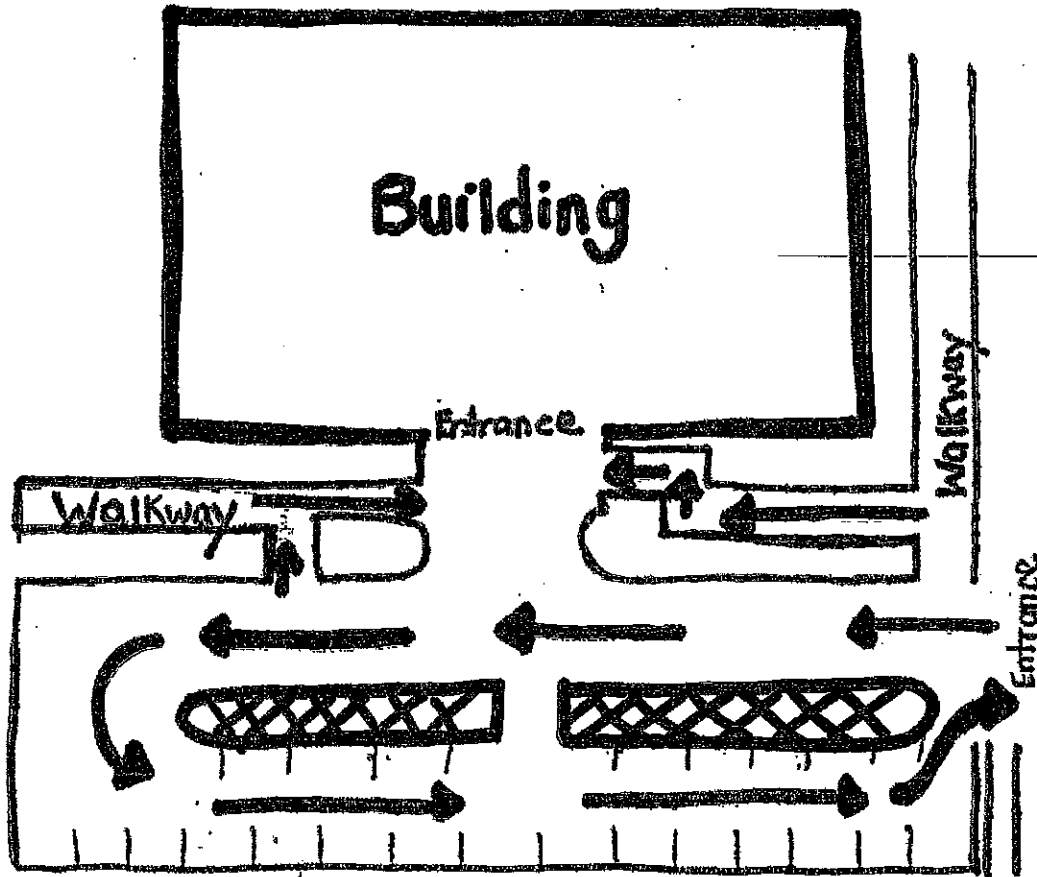
Parent/Guardian Signature

Date

Thank you!
Castle Academy

Parking Lot Directions

Below is the diagram and explanation of the entering and exiting of the Castle Academy parking lot and building.



Vehicles will enter through the entrance of the parking lot and stay to the right going around the center island to park in the parking lot and follow arrows for proper exit. Parents will walk their children from the parking lot to either of the pedestrian walkways (handicap access walkway or the main walkway entrance). If parents are walking their children to school they may use the walkway access from the entrance of the parking lot to the front door.

- ✓ Pedestrian
- ✓ Vehicle



Photo Consent

On various occasions, your child may be photographed while at Castle Academy. Children of Castle Academy may use these photographs in program planning and or public relations. They may also be used in various types of advertising, newspapers, magazines and electronic or digital communications.

We request that each parent sign the following release:

I hereby give, Castle Academy, the absolute right and permission to copyright and/or publish, or use any photographic portraits of my child, or reproduction thereof in color or otherwise, made through any media for art, advertising, trade electronic or digital communications or any other lawful purpose whatsoever. These pictures may be used in conjunction with his/her own or fictitious name.

_____ No, I DO NOT Grant Full Permission

_____ Yes, I DO Grant Full Permission

_____ Yes, I grant Permission for INTERNAL USE ONLY.

Print Child's Name _____

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Witness

Date



POSITIVE DISCIPLINE POLICY

It is the policy of Castle Academy to keep disciplinary issues to a minimum and to help children monitor their own behavior. The staff presents and models age-appropriate guidelines and uses thoughtful communication to encourage children to express their feelings. The staff encourages group problem solving so that children learn to help each other, encourage each other, learn communication skills, develop their judgment and wisdom and create a sense of belonging.

Aggressive physical behavior is not acceptable at Castle Academy. Should this occur on a consistent basis a parent/teacher conference may be necessary to brainstorm ideas to help the child through this difficult time. It is important for parents and staff to have open lines of communication to help guide the child's behavior with consistency. Castle Academy reserves the right to remove a child from the school should the child's behavior be uncontrollable, disruptive, and harmful to himself/herself or others.

At no time will any child be subject to corporal punishment at Castle Academy. The staff will also never discipline a child for sleep habits, toileting accidents, food consumption or lack of participation in an activity. Castle Academy uses the technique of redirection when a child's behavior is unacceptable in a certain situation. The staff will try to redirect the child to another area or activity to promote positive behavior. Depending on the age level of the child a discussion period with the teacher about proper behavior and alternative reactions may be a part of the redirection. "Time Out" is used minimally and only in the case of reoccurring injury to another child or teacher.

I have read and understand the discipline policy of Castle Academy.

Signature

Date

Items To Bring To School



Please be sure all items are labeled with first and last name

Storks Landing Room

- Plastic Bottles only (Pre-mix formula) **Labeled**
- Extra Formula or Breast Milk to keep in storage
- Food (In plastic containers ready to eat)
- Binky/Pacifier **Labeled**
- Diapers & Wipes / Diaper cream
- Portable Crib Sheets (24" X 38")** and Blanket
- Sippy Cup -if applicable (all parts labeled)
- 2 Sets of extra clothes (season appropriate)

Roley Poley Room

- Diapers & Wipes / Diaper cream
- 2 Sets extra clothes (season appropriate)
- Sippy Cup (all parts labeled)
- Fitted Sheet & Blanket / Binky for naptime if needed

Caterpillar & Butterfly Rooms

- Sippy cup (all parts labeled) (N/A after age 2)
- Diapers/Pull ups & Wipes Please purchase pull-ups with Velcro type sides
- (5) Extra underwear if potty training
- (2) Extra Set of Clothes (season appropriate)
- Fitted Sheet & Blanket

Ladybug, Bumblebee, Dragonfly & Grasshopper Rooms

- Fitted Sheet & Blanket
- Extra set of clothes and underwear

Kindergarten, Kindergarten Enrichment & Young School Age Rooms

- Extra set of clothes including underwear (Season appropriate)

The children will go outside during the winter months (N/A for Storks Landing)

Please be sure your child has a winter coat, gloves and a hat.