

ST. STEPHEN'S DAY CARE & AFTER SCHOOL PROGRAM

(An outreach ministry of Grace Neighborhood Development Corporation)

4201 Princeton Ave. Philadelphia, PA 19135

(215)624- 3262; FAX: (215)624-2368

ststephensdaycare@gmail.com

Welcome



CENTER APPLICATION
FOR
YOUNG TODDLERS, OLD TODDLERS, AND AFTERSCHOOLERS



Reaching higher for
quality early learning



pennsylvania
PRE-K COUNTS

For A Brighter Future



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BACKGROUND:

St. Stephen's Day Care is an outreach ministry of Grace Neighborhood Development Corporation. The day care center, prominently located in the Mayfair community, will address the care needs of parents by providing a safe, affordable, stable, care in an enriching educational environment for the children in the community.

SERVICES DAILY SCHEDULE:

St Stephen's 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 for Old Toddler and Preschool; Before/After School for School Age students **ONLY** and Summer Camp programs from June through August. The center will offer full day care for the school age students in accordance with the calendar days provided by the director for public school and/or charter schools.

St Stephen's will be open from 7:00 a.m. through 6:00 p.m. The daily schedule will include: breakfast, teacher directed activities, child directed activities, large, small and/or individual group time, **lunch – CBS Food Program** age-appropriate nap time, and gross motor outdoor/indoor activities.

The daily schedule for after 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 RESET TIME BEDDING:

Children are expected to arrive at the center dressed in appropriate play clothing and sneakers or any closed toe shoe. CHILDREN MAY NOT WEAR SANDALS, FLIP-FLOP, CLOGS OR CRESS SHOES-TOE MUST BE COVERED. If your child wears diapers or pull-ups, you are responsible for supplying at least (5) days diapers or pull-ups and a container of baby wipes. Your child's teacher will inform you when more diapers or pull-ups are needed. Every toddler and preschool need to keep **at least one complete change of seasonally appropriate clothing** in their cubbies. These items need to be stored in a closed container the size of a shoe box with the child's name on it for storage. **All clothing including jackets, hats, boots, etc. MUST be labeled with the child's first name and INITIA of the last name.** If your child naps at the center he/she will need to have **1 crib sized sheet and 1 small blanket** for rest 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 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. Illnesses include vomiting, diarrhea, 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. Administration for Medication form will be given and Medication logs must also be completed.

SUPERVISION:

Children will be supervised at all times, both indoors and outdoors. Staff/ child ratio will be maintained.

TRANSPORTATION & PICK UP ARRANGEMENT:

The parents will provide transportation to and from the center and all students will be dropped-off in their classrooms 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 authorized escort based on the most recent Emergency Contact on file with the director or a verbal release form is completed. All parents/guardians and/or escorts must have proper ID.

After school students will be picked from their schools and escorted by staff members back to the center at 4201 Princeton Ave. 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 UPDATE IN CASE OF AN EMERGENCY. THE STAFF NEEDS TO BE ABLE TO REACH YOU AT ALL TIMES.

The weekly cost is as follow for FULL – TIME and SCHOOL AGE ONLY effective January 1, 2025

Young Toddler	Old Toddler	Preschool	Full Day After School
(Ages 13 months -2yrs.)	(Ages 2-3yrs.)	(Ages 3-5yrs.)	(Ages 5-12yrs.)
\$325/ Weekly	\$300/ Weekly	\$290/ Weekly	\$250/ Weekly

The cost for before & after school is as follows:

\$90/ Weekly Before School (7AM-8:30AM)

\$150/ Weekly After School (3PM- 6PM)

\$225/ Weekly = Before/After School and ½ days

We do accept all forms of child care subsidies.

PAYMENT POLICY: Tuition or co-payments are expected due in full by Monday morning prior to service. Full tuition or ELRC family copayment is due regardless of illness, holidays, or inclement weather that center is closed, **no pro-rated rates will be given at any time.** Each family will be given (1) one-week vacation credit per academic year, if tuition payments are CURRENT, and two weeks written notice. Payments may be made in the office or left in the locked box located inside the Director's office. Please make checks and money orders payable to: 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: St. Stephen's Day Care will be closed for the following 1 Federal holidays: All classrooms, parents bulletin board, and copies will be provided upon request.

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

NONDISCRIMINATION POLICY: St Stephen's Day Care & After School Program 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 (preschool and afterschool)

Contact Address: 4601 Market St, Philadelphia, PA 19139 Email: ELRC18@PHMC.ORG.

Phone: (888) 535-2209 (610) 480-3190

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EMERGENCY CONTACT/ PARENT CONSENT FORM

CHILD'S NAME		BIRTHDAY
MOTHERS NAME/ LEGAL GUARDIAN		HOME PHONE
ADDRESS		
E-MAIL		CELL PHONE
BUSINESS NAME		BUSINESS PHONE
BUSINESS ADDRESS		
FATHER'S NAME/ LEGAL GUARDIAN		HOME PHONE
ADDRESS		
E-MAIL		CELL PHONE
BUSINESS NAME		BUSINESS PHONE
BUSINESS ADDRESS		
EMERGENCY CONTACT PERSON(S) (LIST BELOW)		TELEPHONE NUMBER (WHEN IN CARE)
1.		
2.		
3.		
PERSONS MY CHILD MAY BE RELEASED TO (LIST BELOW) (Name and Address)		TELEPHONE NUMBER (WHEN IN CARE)
1.		
2.		
3.		
NAME OF CHILD'S PHYSICIAN/ MEDICAL CARE PROVIDER		PHYSICIAN'S PHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALL ALLERGIES
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATIONS
ADDITIONAL INFORMATION SPECIAL NEEDS CHILD		
HEALTH INSURANCE COVERAGE OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER
PARENT SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE X	ADMIN OF MINOR FIRST- AID PROCEDURES X	
TRANSPOTATION BY THE FACILITY IN CASE OF EMERGENCY X	WALKS X	
I ALLOW MY CHILD ON SWIMMING/ SPRINKLER X	I ALLOW PHOTOS/ VIDEOS X	
SIGNATURE OF PARENT GUARDIAN X		DATE X
SIGNATURE OF PARENT GUARDIAN X		DATE X

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Victoria Vazquez, Director

GENERAL INFORMATION

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

Admissions Date: _____ Withdraw Date: _____

TUITION AGREEMENT CONDITIONS

1. Services to be provided as part of tuition include: SEE PARENT HANDBOOK.
2. Extra services to be provided at an additional fee, if applicable are: N/A.
3. I agree to pay a Registration Fee of \$25.00 at the time of enrollment. I understand this is a non-refundable fee and not applicable toward tuition.
4. I understand that a deposit of _____ must accompany the approved enrollment application and will be applied to the child's first week's co-pay/tuition payment, if applicable.
5. I agree to pay by the preceding Friday, the sum of _____. I will automatically include a late fee of \$10.00 to the tuition payment when made after Monday at Noon. Should tuition remain unpaid, I will be asked to withdraw my child until the outstanding balance is paid in full. All legal and collection fees incurred in the collection of tuition are the responsibility of the parent/guardian.
6. If additional time or a change in schedule days is required during any given week, I understand that after prior approval is given, I may be required to pay an additional rate. If an occasion arises where fewer days are needed during the week, my usual week's tuition is still required.
7. I agree to pay a \$25.00 processing fee for any check that is returned by my bank for any reason. If more than two checks are returned, money orders or cash will be required.
8. I understand that in order for accurate emergency and bookkeeping records to be maintained, it is crucial that I sign my child in and out daily.
9. I understand that my child will only be released to the following individuals: - _____.
10. I understand that if my child remains at the Center past the designated closing time, I will be charged and agree to pay an additional fee of \$1.00 for each additional minute after 6:05pm, or any part thereof, he/she remains.
11. I understand there will be no reduction in tuition for holiday's, vacations (NO more than 1 week), illness, inclement weather, or any other absences from school. In the event my child contracts a contagious and/or infectious illness, I must notify the school and make alternative arrangements for my child's care until the danger to others has passed. I agree to notify the Center whenever my child is absent.
12. I understand the Center is opened all year, except for holidays declared by the Center Director.
13. I do _____ do not _____ give permission for my child to be *photographed/videotaped and the photos/tape to be displayed in the school.*
14. I agree to give two weeks written notice before withdrawing my child from the school or changing my guaranteed days. My account must be current.
15. I consent to all terms of this Agreement and have received a signed and dated copy of this contract. I have read, understand, and accept the conditions of this tuition agreement as school policy and realize that these fees and conditions may be revised as necessary without prior notice. The school further reserves the right to dismiss the named student if it is determined that the school's program does not benefit the child or in the event of non-payment of fees.

Parent/Guardian's Name (Print)

Parent/Guardian's Name (Signature & Date)

Director's Name (Print)

Director's Name (Signature & Date)

Attachment 6- CHILD PICK UP AUTHORIZATION

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

Child's Name: _____

Designated Custodian (s) : (Name & Relationship)

Print Name

Street Address

City, State, Zip Code

(Home Phone) _____ (Work Phone) _____ (Cell Phone) _____

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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"GETTING TO KNOW YOU"

Child's Name: _____

Enrollment Date: _____

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

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

3. Does your child visit this parent?

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

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

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

7. Does your child have an IEP (Individualized Education plan) or 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 these allergies treated?

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

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

13. Is your child toilet trained?

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

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



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Victoria Vazquez, Director

IEP/IFSP PARENT SIGN-OFF SHEET

Child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

The information found on an IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPAA). Releases of information may also be required to speak to members of a child's treatment team. Professional development regarding privacy issues, and HIPAA in particular, is highly recommended.

_____ I am providing a copy of my child's IEP or IFSP

_____ I am not providing a copy of my child's IEP or IFSP and/or this is not applicable to my child.

Parent's Signature: _____ Date: _____

Printed Name: _____



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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:

St. Stephen's Day Care
Victoria Vazquez, Director
4201 Princeton Ave.
Philadelphia, PA 19135

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 & 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

Child's Name: _____

Parent / Guardia Signature

Date

Director Signature

Date

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Dear Parents/ Guardians,

This letter is to assure you of our concern for the safety and welfare of children attending **St. Stephen's Day Care & After School Program.** Our Emergency Operations Plan provides for response to all types of emergencies. Depending on the circumstances of the emergency, we will use one of the following protective actions:

- Immediate evacuation: Students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc.
- In-place Sheltering: Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.
- Evacuation: Total evacuation of the facility may become necessary if there is a danger in the area. In this case, children will be taken to Relocation Facility at **Over the Rainbow Preschool 4301 Tyson Ave. Philadelphia, PA 19135**
- Modified Operation: May include cancellation/ postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems that make it unsafe for students (such as utility disruptions), but may be necessary in a variety of situations.

Please listen for school number #3004 on KYW News Radio 1060AM; website kyw1050.com; or phone: (215)224-1060 for announcements relating any of the emergency actions listed above.

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

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

The form designated persons to pick up your child is included with this letter for you to complete during time of enrollment. This form will be used every time your child is released. Please ensure that only those persons you list on the form attempt to pick up your child.

I specifically urge you not to make different arrangements during an emergency. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to ensure 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 **Victoria Vazquez, Director at (215)624-3262.**

Sincerely,
Victoria Vazquez

Child Health Assessment

Parents & Child Care Providers 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:

To Parents: Submission of this form to the child care provider implies consent for the child care provider to discuss the child's health with the child's clinician.

PA child care providers must document that enrolled children have received age appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics 141 Northwest Point Blvd., Elk Grove Village, IL 60007. The schedule is available at <www.aap.org> or Faxback 847/758-0391 (document #9535 and #9807). Print copies provided by DPW have the schedule on the back of the form.

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> NONE	Date of most recent well-child exam:
Allergies to food or medicine (describe, if any): <input type="checkbox"/> NONE	Do not omit any information. This form may be updated by health professional. (Initial and date new data.) Child care facility needs 2 copies.

LENGTH/HEIGHT	WEIGHT	HEAD CIRCUMFERENCE	BLOOD PRESSURE
IN/CM % ILE	LB/KG % ILE	(Birth to Age 2) IN/CM % ILE	(Beginning at age 3) /

PHYSICAL EXAMINATION	<input checked="" type="checkbox"/> NORMAL	IF ABNORMAL - COMMENTS
Head/Ears/Eyes/Nose/Throat		
Teeth		
Cardiorespiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurologic & Developmental		

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
DTaP/DTP/Td						
POLIO						
HIB						
HEP B						
MMR						
VARICELLA						
PNEUMOCOCCAL						
OTHER						

SCREENING TESTS	DATE TEST DONE	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL
LEAD		
ANEMIA (HGB/HCT)		
URINALYSIS (UA) (at age 5)		
HEARING (subjective until age 4)		
VISION (subjective until age 3)		
PROFESSIONAL DENTAL EXAM		

Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (attach additional sheets if necessary)

<input type="checkbox"/> NONE Medical care Provider: Address:	NEXT APPOINTMENT - MONTH/YEAR: Signature of Physician or CPNP: License Number:
Phone:	Date Form Signed:

Parents may write immunization dates, health professionals should verify and complete all data.