



Anointed Child Development Center

3120 Willits Road  
Philadelphia, PA 19136  
(P) 215.464.2637  
(F) 215.673.3591

E-mail: [anointedhandscdc@gmail.com](mailto:anointedhandscdc@gmail.com)

**Weekly Tuition Rates**

***Full-time (5 days a week) Part-time (less than 5hrs/day)***

**INFANT (0-18 months)**

Full-time \$400/week

Part-time \$340/week

**YOUNG TODDLER (18-24 months)**

Full-time \$340 week

Part-time \$300 week

**OLDER TODDLER (24-36 months)**

Full-time \$295/week

Part-time \$227/week

**PRESCHOOL (3-5 years)**

\$275 Full-time

\$217 Part-time

**BEFORE AND AFTER CARE/SUMMER CAMP (6 years—14 years)**

Full-time \$222/ week

**Registration Fee: \$75 (for private pay families only\*\* due at the time of enrollment and every year on September 1<sup>st</sup>)**

**Tuition is still due even if your child is not in attendance.**

**There is a \$10 a day late fee if tuition is not paid on Mondays by 12pm. After two weeks of nonpayment, services will be suspended and reported.**



# Anointed Hands Child Development Center

## Application for Enrollment

Application Fee: \$75

### Child Information:

Full Name: \_\_\_\_\_ Nick Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Allergies: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Parent Information:

#### Mother/Guardian Information

#### Father/Guardian Information

Full Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

### **PERSON TO NOTIFY IN CASE OF EMERGENCY/ILLNESS (IF PARENT CANNOT BE REACHED)**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Administration Signature \_\_\_\_\_

### **FOR OFFICIAL OFFICE USE ONLY (Do not write below this line)**

Tuition/Co-pay: \_\_\_\_\_ €Full Day €Half Day Classroom: \_\_\_\_\_

Yearly Review: Date: \_\_\_\_\_ Date: \_\_\_\_\_ 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

<b>CHILD'S NAME</b>		DATE OF BIRTH
ADDRESS		
<b>PARENT'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER (   )
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>PARENT'S NAME/LEGAL GUARDIAN</b>		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
<b>EMERGENCY CONTACT PERSON(S)</b>	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	NAME	ADDRESS
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL SITUATION
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>		<b>ADMIN. OF MINOR FIRST-AID PROCEDURES</b>
WALKS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING

**PERIODIC REVIEW**

SIGNATURE OF PARENT or GUARDIAN	DATE
SIGNATURE OF PARENT or GUARDIAN	DATE

**WHITE COPY** (Original)

**YELLOW COPY** (Child Care Space)

**PINK COPY** (Excursion)

## Anointed Hands Child Care Agreement

Name of Child(ren):		
Tuition/Co-pay Amount:	# Days per week	<b>Payment Due Date: Every Friday the week prior to service, no later than Monday the week of service.</b>
Child's Start Date:	Child's Arrival Time:	Child's Departure Time:
<b>Late Fee: Services are only rendered during the times mentioned above. If you fail to adhere to the <u>departure time</u> mentioned above, a late fee will apply. There will be a <u>\$10.00 charge for the 1<sup>st</sup> minute late, in addition to a \$1.00 charge thereafter.</u> Please be on time to avoid these charges.</b>		
Person(s) authorized by parent to whom child can be released (please list below & to the right)		

Services to be rendered as part of the child care fee: (please check all that apply)

- Child Care
- Child Service Report (Ages & Stages)
- Meals
- Extended Care (additional fee)

**I, the parent/ guardian: (please check box, sign and date)**

- I have received a complete written program enrollment packet at the time of enrollment.
- I have agreed to update the emergency contact/parental consent/child care agreement forms whenever changes occur and/or every 6 months, minimum.

X

X

Administration

Date

Parent/Guardian

Date

Child's Start Date	Withdrawal Date

Periodic Review Signature : (Please sign and date)

# ANOINTED HANDS CHILD DEVELOPMENT CENTER



3120 WILLITS ROAD  
PHILADELPHIA, PA 19136  
PHONE: 215.464.2637  
FAX: 215.673.3591  
EMAIL: [ANOINTEDHANDSCDC@GMAIL.COM](mailto:ANOINTEDHANDSCDC@GMAIL.COM)

## CIVIL RIGHTS COMPLIANCE PARENT AWARENESS

In accordance with applicable Federal and State civil rights laws and regulatory requirements, you and your children, as a client of the facility have the right:

To be provided services at this facility and to be referred for services at to other facilities without regard to your race, color, religious creed, handicap, ancestry, national origin, 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, handicap, ancestry, national origin, age or sex. Complaints of discrimination may be filed with any of the following agencies:

**Department of Public Welfare  
Bureau of Equal Opportunity  
Room 223, Health & Welfare Building  
P.O. BOX 2675 Harrisburg, PA 17105-2675**

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

**U.S. Department of Health & Human Services  
Office of Civil Rights  
Suite 372, Public Ledger Building  
150 South Independence Mall West  
Philadelphia, PA 19106-9111**

**Commonwealth of Pennsylvania  
DPW / Bureau of Equal Opportunity  
Southeast Regional Office  
Suite 5034, 801 Market Street  
Philadelphia, PA 19107**

By signing this form below I indicate I have received a copy for my records.

Parent Signature \_\_\_\_\_

Director's Signature \_\_\_\_\_

# ANOINTED HANDS CHILD DEVELOPMENT CENTER

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To: Parents

Subject: Nondiscrimination In Services

From: Christina Humphrey, Owner

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, age, sex, national origins or Limited English Proficiency (LEP).

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:

Anointed Hands Child Development Center  
3120 Willits Road  
Philadelphia, Pa 19136

Commonwealth of Pennsylvania  
Department of Human Services  
Bureau of Equal Opportunity  
Room 225, Health & Welfare Building  
P.O. Box 2675  
Harrisburg, PA 17105

PA Human Relations Commission  
Philadelphia Regional office  
110 N. 8<sup>th</sup> Street  
Suite 501  
Philadelphia, PA 19107

Commonwealth of Pennsylvania  
Department of Human Services  
Bureau of Equal Opportunity  
Southeast Regional Office  
801 Market Street, Suite 5034  
Philadelphia, PA 19107

U.S. Department of Health and Human Services  
Office for Civil Rights  
Suite 372, Public Ledger Building  
150 South Independence Mall West  
Philadelphia, PA 19106-9111

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Parent Signature and Date

# Anointed Hands Child Development Center

3120 Willits Road, Philadelphia, PA 19136 Tel: 215.464. 2637 Fax: 215-673-3591

## Parental Agreement

**Starting Date:** \_\_\_\_\_ **Arrival** \_\_\_\_\_ **Departure** \_\_\_\_\_

**Category:** Day \_\_\_\_\_ Extended \_\_\_\_\_ Weekend \_\_\_\_\_

Anointed Hands Child Development Center., is a child facility offering full day and part day programs for infants, toddlers, preschool and school age children. Children are accepted for enrollment without regard to race, color or religious creed, handicap, ancestry, national origin, limited English proficiency or sex.

**Monday through Sunday from 6:30a.m. to 5:30p.m.**

The center shall provide care for:

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**NAME OF PARENT/GUARDIAN** \_\_\_\_\_

### **SERVICES:**

1. Child care services between the hours of **6:30 a.m. and 5:30 p.m.** for \_\_\_\_\_ days per week. **PLEASE BE ADVISED!! Parents who exceed the 10 hour maximum of care regulation and/or exceed their scheduled departure/pickup time will be assessed a late fee and could possibly lose their child care services.**
2. The child shall be furnished breakfast, lunch, snack and/or dinner (Parents have the option of providing children with meals).
3. The child will be given assistance with personal care as needed.
4. The child shall be provided with an opportunity to receive down time between the hours of 12:00 pm-3:00 pm when children are at the center for a full day. (FOR INFANTS: A daily schedule, written by the parent/guardian, must be presented upon enrollment along with sleep safe material needed); (FOR TODDLERS/PRESCHOOLERS: Please refer to the Supply List located in your enrollment packet for down/nap time materials that is needed).
5. The child shall be placed in a group of peers based on a age and/or

- special needs as determined by the staff.
6. The child shall be involved in a program of play and learning experiences that are age appropriate for the child. A balance of active and quiet play is provided with individual and group activities that are geared toward the emotional, social, physical and individual growth of young children.
  7. As per State Regulations, your child will play outside every day, in the yard or playground, if weather permitting per State Regulations.
  8. Anointed Hands will assume responsibility for the child after the child arrives at the center and will remain responsible until the child is picked up by the parent/guardian.\
  9. **Medications** – The child shall be administered **ONLY** if medication is current, prescribed by a physician AND parent has filled out a Medication Log Form, located at the front desk. The center shall have no responsibility of any kind whatsoever for failure to provide the medication nor for any adverse reactions caused by the medication.
  9. **First Aid** – The center shall provide first aid to any hurt child. A parent/guardian shall be called if immediate attention is needed. If the injury is of an emergency nature, paramedics shall be called and the Director shall accompany the child. The parents/guardians shall be Notified immediately.
  10. **ILL Child** – a sick child shall be isolated and given appropriate care until picked up by the parent/guardian.
  11. **Communicable Diseases** – The center shall notify parent/guardian of a suspected exposure to communicable disease.
  12. **Personal Belongings** – The center shall make every effort to safeguard personal belongings brought by the child, but shall not be held responsible for lost or broken items. *Please mark your child's name on everything sent in to us including their lunch.*
  13. **Should the management of Anointed Hands CDC** determine in its sole discretion, that a child has not adjusted to the daily program, the child dismissed and this agreement will be terminated at the option of Anointed Hands Too CDC. Parents will be given one week's notice of their child's termination.
  14. **The center will issue a report** describing your child's growth and development in the context of the services provided by our facility. The areas of observation in each area align with Pennsylvania's Early Childhood Standards and will be issued in January and June.

#### **Obligation of Parent/Guardian**

1. Parent/guardian are encouraged to visit the center at any time.
2. Parent/guardian shall furnish requested medical and immunization material within 30 days of enrollment. **Yearly appraisal is needed thereafter**

3. *The Emergency Contact/Parental Consent Form must be updated every 6 months OR when any information has changed.*
4. *The parent/guardian shall notify the center when someone else is picking up the child if the person is not listed on the Child-Authorization Form. This person must have a photo identification. A Verbal Consent Form will be filled out by Administration. If the designated persons does not present photo identification, the child will not be released.*
5. **Communicable Diseases** – The parent/guardian must notify us of the child's possible exposure to a communicable disease.
6. **Absences** – Please call the center when the child is absent.
7. **Termination of Services** – Please give the center two weeks notice.
8. **Late pick up** – The parent/ guardian shall notify the center. If you pick up the child after closing time, you must pay the late fee of \$10.00 for the 1st minute and \$1.00 per minute thereafter.
9. **Late Payment** – Payments are due on Friday no later than the following Monday 12pm for daycare services for the following week. If payment is not received by the due date a \$10/per day late payment penalty will be applied.

**Payment Provisions:**

1. A non-refundable registration fee of \$35.00 is due upon enrollment.
2. Tuition/Co-payments for your child will be \$ \_\_\_\_\_ to be paid every Friday, no later than Monday by 12 noon, with **NO DEDUCTION FOR ABSENCES, HOLIDAYS OR EMERGENCY WEATHER CLOSINGS.**
3. I agree to pay one half of the week's tuition if child is absent for an entire week. **(5 days in a row)...** This refers to full time children **ONLY.**

This agreement may be modified whenever any of the circumstances covered by this agreement changes.

\_\_\_ I have read the above information completely and understand the terms and conditions of Anointed Hands Child Development Center tuition policies. (please initial)

\_\_\_ I also agree to cooperate with the general policies of the center to perform the obligations of Parent/guardian set forth in this agreement and to abide by the rules and regulations. (please initial)

**SIGNATURE REQUIRED**

X

X

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Director



ANointed HANDS CHILD DEVELOPMENT CENTER



**CHILD PICK-UP AUTHORIZATION FORM**

**Child's name:** \_\_\_\_\_

**Main pick-up person:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Additional persons who may pick up child/children on a less frequent basis:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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

\_\_\_\_\_

**Note: Any person unfamiliar to staff will be required to show proof of identification. Under NO circumstances will the child be released to anyone other than those listed above without WRITTEN or VERBAL permission from the parent.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Permission to Photograph

I, \_\_\_\_\_, give permission for **ANOINTED HANDS CDC** 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
<b>Still Photographs:</b>		
Display in teacher personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other: Child's Portfolio/Daily Report	<input type="checkbox"/>	<input type="checkbox"/>
<b>Other (please list):</b>		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

\*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)



## Anointed Hands Child Development Center Supplies List

Infants	Toddlers	Preschool & Pre-k
<p>Change of clothes (2)</p> <p>Extra socks</p> <p>Jacket/sweater (seasonal)</p> <p>Crib sheet (if applicable)</p> <p>Diapers</p> <p>Wipes</p> <p>Diaper cream (labeled, if used)</p> <p>4 Empty Bottles</p> <p>Spill-Proof Cup (2) (10 months and up)</p> <p>Bibs</p> <p>Comfort Item</p> <p>Tissues</p> <p>Disinfectant Wipes</p> <p>Family Photo</p>	<p>Change of clothes (shirt, pants, underwear)</p> <p>Extra socks</p> <p>Jacket/sweater (seasonal)</p> <p>Crib sheet or nap blanket (if applicable)</p> <p>Diapers or pull-ups (please only send pull-ups that unsnap on the side) (if applicable)</p> <p>Wipes</p> <p>Diaper cream (labeled, if used)</p> <p>Spill-Proof Cup (2) (one for milk and one for juice and water)</p> <p>Family Photo</p> <p>Tissues</p> <p>Disinfectant Wipes</p>	<p>Change of clothes (shirt, pants, underwear)</p> <p>Extra socks</p> <p>Jacket/sweater (seasonal)</p> <p>Nap Blanket (if applicable)</p> <p>Pull-Ups (if applicable)</p> <p>Wipes</p> <p>Water Bottle</p> <p>Composition Book</p> <p>Folder</p> <p>Tissues</p> <p>Disinfectant Wipes</p> <p>Family Photo</p>

### Notes for Families

- Please label all items with your child's name
- Supplies may need to be replenished throughout the year
- Seasonal updates will be sent home as needed

Thank you for supporting a safe, clean, and engaging learning environment at Anointed Hands Child Development Center.