



Anointed Hands Child Development Center

Application for Enrollment

Application Fee: \$35

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

CHILD'S NAME		BIRTH DATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE 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 REACTIONS)
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)
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
TRAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST - AID PROCEDURES
BOATS AND TRIPS		SWIMMING
TRANSPORTATION BY THE FACILITY		WADING
PHYSICIAN REVIEW		

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

ORIGINAL

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

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)

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
EP-B						
OTAVIRUS						
TAP/DTP/TD						
B						
IEUMOCOCCAL						
ILIO						
FLUENZA						
IR						
RICELLA						
P-A						
NINGOCOCCAL						
IER						

CLINICAL CARE PROVIDER: ADDRESS: PHONE:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT TITLE: LICENSE NUMBER: _____ DATE FORM SIGNED: _____
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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: _____

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. The center is open year round **Monday through Sunday from 7:00a.m. to 5:00p.m.**
(Holiday closing schedule is attached)

The center shall provide care for:

NAME: _____ DATE OF BIRTH: _____

NAME OF PARENT/GUARDIAN _____

SERVICES:

1. Child care services between the hours of 7:00 a.m. and 5:00 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, HOILDAYS OR EMERGENCY WEATHER CLOSINGS.** (see attached Holiday closing schedule)
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



3120 WILLITS ROAD
PHILADELPHIA, PA 19136
PHONE: 215.464.2637
FAX: 215.673.3591
EMAIL: 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

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. 8th 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

Parent Signature and Date

Anointed Hands Child Care Agreement

Name of Child(ren):		
Tuition/Co-pay Amount:	# Days per week	Payment Due Date: Every Friday the week prior to service, no later than Monday the week of service.
Child's Start Date:	Child's Arrival Time:	Child's Departure Time:
<p>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 \$10.00 charge for the 1st minute late, in addition to a \$1.00 charge thereafter. Please be on time to avoid these charges.</p>		
<p>Persons authorized by parent in whom child can be released (please list below & to the right):</p>		

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)**

- have received a complete written program enrollment packet at the time of enrollment.
- 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 Name	Witness's Name

Periodic Review Signature : (Please sign and date)



Permission to Photograph

I, _____, give permission for **ANOINTED HANDS C. D. C.** 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 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"/>
Other (please list):		
	<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



Hand Sanitizer Parent Permission Form

Dear Parents,

ANOINTED HANDS is required by law to have in our files your permission to administer hand sanitizer. Hand sanitizer would be used after blowing one's nose, before and after handling toys etc. Regular hand washing will continue before and/or after meals/snack and after toileting etc.

I / We give permission for _____ to receive hand sanitizer in the event there is no water to use for hand sanitizing.

Signature _____

Date _____

AN OINTED HANDS CHILD DEVELOPMENT CENTER

Supply List

All supplies must be labeled with your child's name. We utilize the Brightwheel APP to notify when materials are running low.

POTTY TRAINED CHILDREN:

- ** 1 complete change of clothing (more if we are toilet training) to be left here. Please make sure they are season appropriate. Soiled clothing will be sent home and a new change of clothes will need to be brought back the next day.
- ** 1 Blanket OR 1 Sheet (This will be sent home every Friday to be washed)
- ** 1 yoga mat
- ** 1 Pocket Folder (This is used for artwork/forms/homework)
- ** 1 Notebook
- ** Two #2 Pencils
- ++ 1 Box of Kleenex Tissue
- ** 1 Lysol wipes or Spray (This is for their sleeping mat)

CHILDREN NOT YET POTTY TRAINED:

- ** 2 complete change of clothing (more if we are toilet training) to be left here. Please make sure they are season appropriate. Soiled clothing will be sent home and a new change of clothes will need to be brought back the next day.
- ** Diapers or pull-ups - 1 full package.
- ** 1 box of baby wipes - at least 80 to 100 count
- ** 1 yoga mat
- ** 1 Blanket OR 1 Sheet (This will be sent home every Friday to be washed)
- ++ 1 Box of Kleenex Tissue
- ** 1 Lysol wipes or Spray (This is for their sleeping mat)

~Any specialized creams, powders, ointments, etc., that needs to be applied to your child's skin, must be prescription AND a medication log form must be FILLED-OUT AND SIGNED.

Thank you for your cooperation!

Anointed Hands Child Development Center

Parents please note that in order for us to comply with State Regulations and Guidelines we have to provide our Staff with Training and Professional Development and in order for us to do so, we close our Center the 3rd Friday of every month and if there are any changes to the 3rd Friday, we will notify you in advance. Also, late fees will apply when your child is not picked up by the 3pm closing time.

We Thank You For Your Understanding!

Please sign below showing that you understand this policy.

Parent Signature _____

Admin Signature _____

ANOINTED HANDS CHILD DEVELOPMENT CENTER

******HOLIDAY CLOSINGS******

JULY 1, 2021 - JUNE 30, 2022

INDEPENDENCE DAY

Thursday, July 1- Friday July 2 and Monday July 5, 2021 **CLOSED**

LABOR DAY

Monday September 6, 2021 - **CLOSED**

THANKSGIVING

Wednesday, November 24, 2021 – **CLOSE AT 12 PM**

Thursday, November 25 and Friday November 26, 2021 - **CLOSED**

CHRISTMAS/NEW YEARS

Wednesday, December 22 - Friday December 24, 2021 – **CLOSED**

Thursday, December 30 – Monday January 3, 2021 - **CLOSED**

MARTIN LUTHER KING DAY

Monday January 17, 2022 – **CLOSED**

GOOD FRIDAY/EASTER

Friday April 15, 2022 – **CLOSED**

Monday April 18, 2022 - **CLOSED**

MEMORIAL DAY

Friday May 27th, 2022 - Monday, May 31st, 2022 – **CLOSED**

Juneteenth – Monday June 20th - CLOSED

PLEASE TAKE NOTE OF THE ABOVE CLOSED DAYS AND MAKE THE NECESSARY ARRANGEMENTS TO PROVIDE YOUR CHILD WITH ALTERNATE CARE ON THOSE DAYS..

PLEASE BE MINDFUL THAT WE WILL CLOSE ADDITIONAL DAYS FOR SNOW DAYS AS NEEDED

CENTER WILL BE CLOSING EVERY 3RD FRIDAY OF THE MONTH AT 12:00PM FOR PROFESSIONAL DEVELOPMENT... PLEASE BE PROMPT WHEN PICKING UP YOUR CHILDREN OR YOU WILL ACCESS A LATE FEE!!!! (DAYS AND TIMES ARE SUBJECT TO CHANGE)