

THE HARVARD CHILDREN'S ACADEMY (HCA) REGISTRATION PACKET



Background:

The Harvard Children's Academy ("HCA") is a STAR-4 site and its mission is to provide high-quality educational services to children from low/moderate-income families and neighboring communities. This is achieved by developing innovative approaches while partnering with stakeholders and the Philadelphia School District to enhance the quality of the educational services provided to our children.

Nondiscrimination Policy:

HCA does not participate in practices that discriminate against children by denying benefits, giving special advantages, or excluding them from programs or activities on the basis of their sex, race, national origin, religious beliefs, medical condition, disability, or the marital status/family structure, sexual orientation, or religious beliefs or other affiliations of their families.

Curriculum:

The HCA offers a full-time program for our students aged **13 months through entering into Kindergarten** that provide opportunities to experience a variety of developmental activities. HCA's instructional program will develop varied experiences and a variety of activities that will explore the "Key Learning Areas" of development; additionally, these activities will be targeted to help develop gross motor skills, emotional development, and creativity.

Hours of Care and Fees:

HCA provides Breakfast, Lunch, and Snacks through the Child and Adult Care Food Program (CACFP), FULL-TIME and PART-TIME services from the hours of 7:00a.m. – 6:00p.m., for Infant, Young Toddlers, Older Toddlers, and Preschool-Kindergarten students.

TUITION FEES (Fees Subject to Change)*
(Please See the Parent Handbook for additional Tuition and Payment policies.)
Non-Refundable Registration Fee: \$25.00*

AGE GROUP	FULL-TIME DAILY RATES	PART-TIME DAILY RATES* (minimum of 3-days required)	WEEKLY RATES
YOUNG TODDLERS* (13mos.-24mos.)	\$50.00	\$40.00	\$250.00
OLDER TODDLERS* (25mos.-36mos.)	\$45.00	\$35.00	\$225.00
PRESCHOOLERS* (37mos.-Kindergarten)	\$40.00	\$30.00* <small>(BF/AF Rates are the same as PT Rates)</small>	\$200.00

*Early Learning Resource Center (ELRC) subsidy accepted, please provide ELRC with our provider information below:

THE HARVARD CHILDREN'S ACADEMY (HCA)
 Provider #: 6113266386-2
 4900 Baltimore Avenue
 Philadelphia, PA 19143
 Phone: (215) 729-9900 Fax: (215) 729-9901
 Email: hca@thealgenholdingco.org
 Website: www.TheAlGenHoldingCo.org

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		Email Address:	
BUSINESS NAME			BUSINESS TELEPHONE NUMBER
ADDRESS			
FATHER'S NAME/LEGAL GUARDIAN			HOME TELEPHONE NUMBER
ADDRESS		Email Address:	
BUSINESS NAME			BUSINESS TELEPHONE NUMBER
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		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		VIDEOS	
TRANSPORTATION BY THE FACILITY		PHOTOS	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

**Permission Form for Use of Student Picture, Voice, Video, Work and/or Full Name
by the AIGen Holding Company d/b/a AWB Children's
Center, Franklin Day Nursery, Franklin Day Nursery
Northeast, and The Harvard Children's Academy**

This letter is to request permission for your child's picture, voice, video, work and/or full name to be used for the purposes stated below.

Please read the options below and mark those that apply.

I/We GRANT permission for any photo/image, voice, video, work and/or full name of this student to be:

- Published on the AIGen Holding Company's website and/or individual center's Social Media page in order to promote our programs and celebrate student work.
- Published in recruitment flyers, pamphlets and videos for potential students, parents, teachers, and staff.
- Used in presentations, manuals, and handouts for professional development for teachers, directors, and other staff.
- Used during information sessions for students and families.
- Published in an album/collection of student work to be distributed to students, parents, teachers, directors, staff, and/or other employees.

OR

- I/We DO NOT GRANT permission for any photo/image, voice, video, work and/or full name of this student to be used for any of the purposes stated above.

Student's Name: _____

Center Name: The Harvard Children's Academy

Print name of Parent/Legal Guardian: (print) _____

Signature of Parent/Legal Guardian: (sign) _____

Date Signed: _____

Please return this form to your Center Director as soon as possible. Thank you.

CHILD HEALTH ASSESSMENT/PHYSICAL EXAM FORM

Child's Name (Last):		Child's Name (First):		Child's Date of Birth:		
Parent/Guardian Name:		Address:		Contact Phone #:		
<p>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.</p>						
Health history and medical information pertinent to routine care and emergencies (describe, if any): <input type="checkbox"/> NONE				DATE OF MOST RECENT WELL-CHILD/PHYSICAL 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).		
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? <input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PLEASE EXPLAIN YOUR ANSWER:						
LENGTH/HEIGHT		WEIGHT		BLOOD PRESSURE		
_____ IN/CM %ILE _____		_____ LB/KG %ILE _____		(BEGINNING AT AGE 3)		
PHYSICAL EXAMINATION		<input checked="" type="checkbox"/> = NORMAL		IF ABNORMAL - COMMENTS		
HEAD/EYES/EARS/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						
MENINGOCOCCAL						
PNEUMOCOCCAL						
INFLUENZA						
HEP A						
ROTAVIRUS						
OTHER/TB						
SCREENING TESTS		DATE OF TEST	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 CRNP:		
ZIP CODE:		PHONE:		LICENSE NUMBER:		DATE FORM SIGNED:

The Harvard Children's Academy



4900 BALTIMORE AVENUE
PHILADELPHIA, PA 19143

PHONE: (215) 729-9900 FAX: (215) 729-9901

Maria Santos, Director

“GETTING TO KNOW YOU”

Child's Name: _____

Enrollment Date: _____

1. Tell me about your household. (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 special 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. Food Allergies?

11. Environmental Allergies?

12. Allergies to any medicines?

13. How are your child's allergies treated?

14. Do you have any special medical or dietary information for management in an emergency situation (medicine to keep on hand, people to call, etc.)?
15. Any other medical or special needs?
16. Describe your child's schedule:
17. Normal bedtime, waking time, nap time, and duration?
18. Meal times?
19. Does your child have a different schedule at any other child care settings (babysitter, relative/neighbor care, and/or school)?
20. Regarding toilet habits, what words does your family use for bowel movements and urination?

21. Any special terminology for private parts?

22. Is your child toilet trained?

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

24. Other required DPW (or other agency) required forms and signatures will be used in conjunction with some of these questions. Is there information that will help us make the first few days in our program easier for your child?

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