

Somerset Academy Early Learning Center

Enrollment Packet

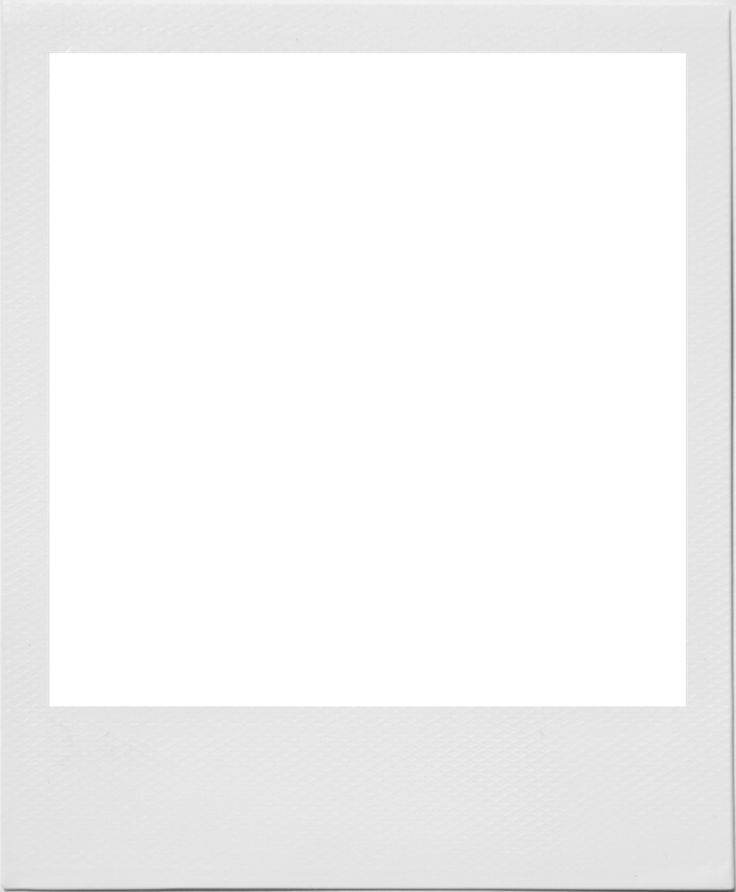


Somerset Academy Early learning Center

719 West Girard Avenue, Philadelphia PA 19123

267-639-9664 – tchavous@somersetacademypa.org

www.somersetacademypa.org



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Email: [tchavous@somersetacademypa.org](mailto:tchavous@somersetacademypa.org)

[www.somersetacademypa.org](http://www.somersetacademypa.org)

Dear Parents and Guardians:

Welcome to Somerset Academy Early Learning Center!

Thank you for considering SAELC for your child’s educational, after school and/or summer camp needs. SAELC provides a safe, engaging and nurturing environment for families requiring a quality education, care for after school and summer vacation. We believe that learning opportunities can happen anywhere and at any time. Our award-winning curriculum allows children to organize new information and create a growing mental schema for preschool success. Beginning with our youngest children and carrying over to our After School and Summer Camp program, SAELC’s mission emphasizes creating an atmosphere that balances students learning math, science, art, and language, to name a few, all while engaging in physical activity, and free time in a stimulating and enjoyable setting.

Our hands-on approach ensures that children spend each day exploring, experimenting, playing and growing in a warm creative environment. During After School and the summer months, we promote socialization, and problem solving while developing student’s skills in martial arts, music, boxing, dance, computers and much more. SAELC provides parents with safe, convenient, reliable and affordable out-of-school time care for their children.

Many thanks to the staff of SAELC for their energy and the outstanding job they do with the children each and every day, and to the parents and guardians of the children for the continued support and encouragement. The children benefit greatly from the many special qualities contributed to SAELC by so many wonderful and caring people!

If you have any questions about the content of this book, please feel free to call me at 267-639-9664. I look forward to the time that we will be spending together.

Best regards,

Barbara Chavous-Pennock

**SAELC’S ENROLLMENT APPLICATION**

AGREEMENT

55 PA CODE CHAPTERS 3270.123 & 181(C); 3280.123 & 181(C); 3290.123 & 181(C)

|  |  |  |  |
| --- | --- | --- | --- |
| **Today’s Date:**  Click or tap here to enter text. | | **Desired Start Date:**  Click or tap here to enter text. | **Actual Start Date:** |
| Child’s Full Name: Last, First, Nickname  Click or tap here to enter text. | | | Date of Birth:  Click or tap here to enter text. |
| FEE AMOUNT  $ Click or tap here to enter text. | | PER-DAY-WEEK  Click or tap here to enter text. | DAY PAYMENT TO BE MADE  Click or tap here to enter text. |
| Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)  all day care  part-time care  meals  transportation | | | |
|  | CHILD’S DEPARTURE TIME | PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED  Click or tap here to enter text. | |
| LATE FEE  $ | PER MIN-HR. |
| Gender Male Female | | | |
| Extra services to be provided at an additional fee if applicable  after care  before care  trips  other \_\_\_\_\_\_ | | | |
|  | | | |
| 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)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Click or tap here to enter text.  SIGNATURE-OPERATOR DATE SIGNATURE-PARENT OR GUARDIAN DATE | | | |
| DATE OF CHILD’S ADMISSION | | . PERIODIC REVIEW .  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  SIGNATURE-PARENT OR GUARDIAN DATE | |
| DATE OF WITHDRAWAL | |
| Parent/Guardian Name: Click or tap here to enter text. | | | |
| Address (including city, state and zip): Click or tap here to enter text. | | | |
| Home Phone:  Click or tap here to enter text. | | Cell Phone:  Click or tap here to enter text. | Work Phone:  Click or tap here to enter text. |
| Email Address:  Click or tap here to enter text. | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Scheduling: Day(s) & Hours of Care: | | | | | |
|  | |  |  |  |  |
|  | Monday | Tuesday | Wednesday | Thursday | Friday |
| Drop  Off | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Pick  Up | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Is your child a **school age** child?  Yes  No (please check) **If yes, please indicate**: | | | | | |
| **School Name & Address:** Click or tap here to enter text. | | | | | |
| Grade: Click or tap here to enter text. | | Room #: Click or tap here to enter text. | | Teacher’s Name: Click or tap here to enter text. | |
| My child needs:  Before Care Only  After Care Only  Before and After Care | | | | | |
| Funding Information:  (please check)  **Private Pay**  **CCIS**  **DHS** | | Private Pay Weekly Fee $ \_\_\_\_\_\_\_\_  Weekly CIS Co-Pay $ \_\_\_\_\_\_\_\_\_  Family Record # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CCIS/Case Worker’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  District Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

*All Families MUST give a 2 week notice in advance of withdrawal of services or those days will be invoiced as if attended.*

*\*If you are interested in Summer Camp, please request additional information.*

Early Learning Center – Walking,

Transportation and Media Consent Form

***Please print all information clearly***

|  |  |
| --- | --- |
| **Child’s First Name** | **Child’s Last Name** |
| Click or tap here to enter text. | Click or tap here to enter text. |

**WALKING AND TRANSPORTATION PERMISSION**

Children enrolled in Somerset Academy Early Learning Center Inc may be taken on **frequent walking trips** to various locations or parks in the area. Since many of these outings are impromptu, it is not always possible to notify parents.

**Children aged 2 – 5 may also take field trips to locations in the city or region.** Transportation may be by hired bus or public transportation (such as a city bus or train).

Please sign and return this permission slip below so that your child may be able to take full advantage of Center activities. Children who do not have permission will be kept at Somerset Academy.

I give my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, permission to take walking field trips in the area. My child also has my permission to travel on a school or public bus or hired transportation. I understand that Somerset Academy Early Learning Center rules and regulations will be in effect throughout the journey and that appropriate safety precautions will be taken. I accept that Somerset Academy ELC or any individual employed by Somerset Academy ELC, cannot be held responsible for events or accidents occurring which are beyond their control.

|  |  |
| --- | --- |
| **Parent/Guardian Signature** | **Date Signed** |
| Click or tap here to enter text. | Click or tap here to enter text. |

**MEDIA CONSENT FOR:**

Somerset Academy Early Learning Center, often takes photographs and video of children/students involved in Center activities for publicity purposes. These images may appear in printed publications, advertising campaigns, the Academy’s website, or social media sites. Photos of children/students may also be shared with the news media for promotion. These images will not be sold or shared otherwise. I give permission for my child(ren)’s image to be used in the promotion of Somerset Academy Early Learning Center, in any form of media.

|  |  |
| --- | --- |
| **Parent/Guardian Signature** | **Date Signed** |
| Click or tap here to enter text. | Click or tap here to enter text. |

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Getting to Know Your Family

Date Click or tap here to enter text. Child’s Name:Click or tap here to enter text.

Mother’s Name: Click or tap here to enter text. Father’s Name: Click or tap here to enter text.

**Tell Us About Your Child and Family**

1. What do you feel are your child’s unique/spiritual gifts, strengths and talents?

1. What are your child’s favorite games/toys/activities?

1. Favorite likes and dislikes?

1. Fears?

1. What are your family’s expectations of our program?

1. Has your child ben in an early learning program/childcare before? **Yes  No**

If so… When? From Click or tap here to enter text. to Click or tap here to enter text.

Where?Click or tap here to enter text.

1. Are there custody issues that we should discuss?  **Yes  No**
2. Does your child have any siblings?  Yes  No If yes, what are their names:

1. a. Are there any special needs (Medical, Developmental, Social, Mental Health, etc.) your child has been observed or is receiving treatment for?  **Yes  No**

If Yes, please explain:

If No, please skip to QUESTION 10.

b. If Yes, does your child have an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP)?  Yes  No (If Yes, please bring us a copy of the plan so we can provide the best possible learning experience for your child.)

c. What services/program/individuals are working with your child to meet your child and family’s needs? Click or tap here to enter text.

d. Would you be willing to sign a release of information so this program may speak with us about what we can do to provide additional support for your child while in our care?  Yes  No

1. Does your child have any allergies?  Yes  No If Yes, please specify:

Food:

Seasonal/Environmental:

Medicine:

1. Please describe your child’s schedule at home:

Morning Wake Up Time:Click or tap here to enter text. Bed Time: Click or tap here to enter text.

Nap Time & Duration: Click or tap here to enter text. Meal Time: Click or tap here to enter text.

1. Toilet Use: (Please check the one that best describes your child)

My Child:

Uses the toilet on his/her own without help

Uses the toilet on his/her own but needs help

Beginning to use the toilet and still wears pampers

Uses pampers only

1. What is important for your child/family to have in an educational program?

1. Is there any information about your family’s culture, ethnicity, language or religion that is important for us to know?  Yes  No If Yes,

1. What would you most like to see happen for your child while he/she attends SAELC?

1. Is there anything else that you would like to share with us?

**Thank you for helping us get to know your child and family!**

**Photograph and Publicity Release Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give Somerset Academy Early Learning Center (SAELC), permission to use my child(ren)’s name, likeness, image, voice and/or appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of SAELC activities. I agree that SAELC have complete ownership of such pictures, etc, including the entire copyright, and may use them for any purpose consistent with the SAELC’s missions. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the internet. I acknowledge that I will not receive any compensation, etc for the use of such pictures, etc., and hereby release SAELC from any and all claims which arise out of or are in any way connected with such use.

I have read and understood this consent and release.

***I give my consent*** to SAELC to use my name and likeness to promote SAELC’s program, and/or their activities.

Click or tap here to enter text. Click or tap here to enter text.

Signature Date

Parent/legal guardian

***I do not give my consent*** to SAELC to use my name and likeness to promote SAELC’s program, and/or their activities.

Click or tap here to enter text. Click or tap here to enter text.

Signature Date

Parent/legal guardian

**Somerset Academy Early Learning Center**

Parent Handbook Overview

We, the parent(s)/guardian(s) of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand the contents of Somerset Academy’s Parent Handbook and agree to follow the policies outlined within the parent handbook. We recognize the right and responsibility to discuss the rules and policies with our child(ren) and understand it is the right and responsibility of the staff and teachers to make the rules and reinforce them.

Click or tap here to enter text. Click or tap here to enter text.

Signature Date

Parent/legal guardian

**Somerset Academy Early Learning Center**

Emergency Preparedness Plan Overview

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand the contents of Somerset Academy’s Emergency Preparedness Plan. I also understand that I will be fully responsible to uphold all of the policies and procedures that are contained within the Plan.

Click or tap here to enter text. Click or tap here to enter text.

Signature Date

Parent/legal guardian

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CHILD’S NAME: Click or tap here to enter text. | | | | BIRTH DATE: Click or tap to enter a date. |
| ADDRESS: Click or tap here to enter text. | | | | |
| MOTHER’S NAME/LEGAL GUARDIAN:  Click or tap here to enter text. | | | | HOME TELEPHONE NUMBER:  Click or tap here to enter text. |
| EMAIL ADDRESS:  Click or tap here to enter text. | | | | MOBILE TELEPHONE NUMBER:  Click or tap here to enter text. |
| ADDRESS: Click or tap here to enter text. | | | | |
| BUSINESS NAME:  Click or tap here to enter text. | | | | BUSINESS TELEPHONE NUMBER:  Click or tap here to enter text. |
| ADDRESS: Click or tap here to enter text. | | | | |
| FATHER’S NAME/LEGAL GUARDIAN:  Click or tap here to enter text. | | | | HOME TELEPHONE NUMBER:  Click or tap here to enter text. |
| EMAIL ADDRESS:  Click or tap here to enter text. | | | | MOBILE TELEPHONE NUMBER:  Click or tap here to enter text. |
| ADDRESS: Click or tap here to enter text. | | | | |
| BUSINESS NAME:  Click or tap here to enter text. | | | | BUSINESS TELEPHONE NUMBER:  Click or tap here to enter text. |
| ADDRESS: Click or tap here to enter text. | | | | |
| **EMERGENCY CONTACT PERSON(S)** | | | | |
| NAME: | | | | TELEPHONE NUMBER WHEN CHILD IS IN CARE: |
| Click or tap here to enter text. | | | | Click or tap here to enter text. |
| Click or tap here to enter text. | | | | Click or tap here to enter text. |
| Click or tap here to enter text. | | | | Click or tap here to enter text. |
| **PERSON(S) TO WHOM CHILD MAY BE RELEASED** | | | | |
| NAME: | ADDRESS: | | | TELEPHONE NUMBER WHEN CHILD IS IN CARE: |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | | | Click or tap here to enter text. |
| SPECIAL DISABILITIES (IF ANY): Click or tap here to enter text. | | | | ALLERGIES (INCLUDING MEDICATION REACTIONS):  Click or tap here to enter text. |
| MEDICAL OR DIETART INFORMATION NECESSART IN AN EMERGENCY SITUATION:  Click or tap here to enter text. | | MEDICATION, SPECIAL CONDITIONS:  Click or tap here to enter text. | | |
| ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD: Click or tap here to enter text. | | | | |
| HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS:  Click or tap here to enter text. | | | POLICY NUMBER (REQUIRED):  Click or tap here to enter text. | |
| **PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT** | | | | |
| OBTAINING EMERGENCY MEDICAL CARE: Click or tap here to enter text. | | ADMIN. OF MINOR FIRST AID PROCEDURES: Click or tap here to enter text. | | |
| WALKS AND TRIPS: Click or tap here to enter text. | | SWIMMING: Click or tap here to enter text. | | |
| TRANSPORTATION BY THE FACILITY: Click or tap here to enter text. | | WADING: Click or tap here to enter text. | | |

**PERIODIC REVIEW**

**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

Click or tap here to enter text.Click or tap here to enter text.

**SIGNATURE OF PARENT OR GUARDIAN DATE**

Click or tap here to enter text.Click or tap here to enter text.

**SIGNATURE OF PARENT OR GUARDIAN DATE**

**03891A ORIGINAL CY867 – 1/93**

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|  |  |  |
| --- | --- | --- |
| HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS: Click or tap here to enter text. | | POLICY NUMBER (REQUIRED):  Click or tap here to enter text. |
| PARENT’S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT | | |
| OBTAINING EMERGENCY MEDICAL CARE  Click or tap here to enter text. | ADMIN OF MINOR FIRST – AID PROCEDURES  Click or tap here to enter text. | |
| WALKS AND TRIPS  Click or tap here to enter text. | SWIMMING  Click or tap here to enter text. | |
| TRANSPORTATION BY THE FACILITY  Click or tap here to enter text. | WADING  Click or tap here to enter text. | |

Click or tap here to enter text. Click or tap here to enter text.

SIGNATURE OF PARENT OR GUARDIAN DATE

Click or tap here to enter text.Click or tap here to enter text.

SIGNATURE OF PARENT OR GUARDIAN DATE

**Agreement Form**

Congratulations on your decision to enroll your child/ren into Somerset Academy Early Learning Center (SAELC)! Below, you will find a condensed version of our policies. All parent will receive a parent handbook that will discuss all our policies in full detail. Our policies have been put in place to assure that we provide your child/ren with the utmost quality care.

**HOURS OF OPERATION INITIALS**Click or tap here to enter text.

SAELC Preschool is open during the hours of 6:30 am – 6:30 pm

SAELC After School (The Clubhouse) is open from 3:00 pm – 7:00 pm

SAELC Super Summer Camp is open from 8:00 am – 5:00 pm

**HOLIDAYS & IN-SERVICE INITIALS** Click or tap here to enter text.

SAELC is closed the following holidays: New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving, Friday after Thanksgiving, Christmas Day. In order to ensure that our employees are equipped to provide a safe and stimulating learning environment for our students, 2 days (Fridays) are reserved for In-Service so that teaching staff is able to receive additional training and professional development. You will be notified of those days at least 30 days in advance.

**SECURITY INITIALS** Click or tap here to enter text.

For security reasons, parents are required to sign your child/ren in and out upon arrival and departure each day. A parent/guardian must accompany your child to his/her designated classroom. Children will only be released to his/her parent/guardian, individuals who are written on the Emergency Contact Form, or those who are listed as authorized sponsors.

**PHOTO RELEASE INITIALS** Click or tap here to enter text.

I hereby give permission for my child’s picture to be used by SAELC for video programs, educational literature, or marketing material.

**LIABLE POLICY INITIALS** Click or tap here to enter text.

Parents are urged not to send valuables, money, jewelry, toys to the Academy with their child/children. SAELC will not be responsible nor held liable for items brought from home that may be stolen, lost or damaged.

**SICK POLICY INITIALS** Click or tap here to enter text.

Our goal is to prevent children from getting sick. There are precautions we must take to prevent the spread of illness. Therefore, parents will be notified and required to pick up their child if they exhibit any of the following symptoms (refer to parent handbook for details):

Fever of 101.4 or higher

Vomiting

Excessive Diarrhea

Symptoms of contagious illness conditions, unexplained rashes and/or any other illnesses

Symptoms of illness which preclude the child from participation of daily activity

**EMERGENCY CONTACTS INITIALS** Click or tap here to enter text.

Parents must provide current telephone information where they can be reached during the time their child is in care. At least one alternative contact is required as well. This information must be updated every 6 months. Parents must notify a director as soon as possible whenever there is a change.

**HEALTH ASSESSMENT INITIALS**Click or tap here to enter text.

A physician’s health assessment must be completed prior to your child/ren start date and again for:

Infants 12 months

Toddler 15, 18 and 24 months

Preschoolers Every year on their birthday

Kindergarteners Every year on their birthday

**TERMINATION POLICY INITIALS** Click or tap here to enter text.

You must provide the Center Director a minimum of 2 weeks notice of your intent to withdraw your child/ren from SAELC for any reason other than funding termination. Failure to comply with the termination policy will result in an additional 2-week tuition charge.

**TUITION, FEES AND LATE FEES INITIALS**Click or tap here to enter text.

All tuition is due in full on Friday evenings, no later than Monday morning prior to your child being taken to class. Tuition can be paid weekly, bi-weekly or monthly. Unless waived, a registration fee of $50.00 per student and $75.00 per family (with families registering more than 1 child) is due at the time of registration. There will be a $10.00 late fee charged added to your bill if your account is not kept current. Payment arrangements must be made with the Center Director and written on the family payment Agreement Form to avoid a late fee.

A $40.00 fee will be charged for non-sufficient funds. Checks will be presented once and fees must then be paid by money order, cash and Visa/Master Card.

For all students that are picked up late, families will be charged a $1.00 per minute fee.

**ELRC(CCIS)/DPW INITIALS** Click or tap here to enter text.

It is understood that ELRC(Formerly CCIS)/DPW may not pay the full amount of tuition. Should CCIS/DPW not pay the full amount of tuition, it is the responsibility of the family to pay the difference and a co-payment if applicable.

**REFUNDS INITIALS** Click or tap here to enter text.

I understand and agree that there are NO REFUNDS made for any days missed due to ILLNESS, SNOW and VACATION DAYS (other than a planned vacation week) TEACHER IN-SERVICE DAYS or HOLIDAYS CLOSED. The full tuition is payable each week that my child/ren are enrolled.

**VACATION INITIALS** Click or tap here to enter text.

Families are entitled to one consecutive week of non-paid absence during each calendar year. It is understood that for my family to receive a vacation credit, written notification must be submitted to the center director at least two weeks prior to using the vacation week.

**PARENT’S ACCOUNTABILITY INITIALS** Click or tap here to enter text.

Parents are responsible for providing diapers, wipes, blanket and complete set of extra clothing that is appropriate for the season. Staff will send all soiled clothing home and ask that you replace them the following day. I agree to bring my child/ren to school dressed in appropriate and comfortable clothing (please see parent handbook). Parents will send child/ren to SAELC with empty pockets. Parents will pick up their child/ren after 10 hours of service per day unless additional arrangements have been made.

INDIVIDUALIZED EDUCATION PLANS (IEP)

& INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP)

INFORMATION SHEET

Because of the diverse set of needs of the children in our program, it is important to gather as much information regarding the best ways to educate each child. At SAELC, your 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 that we can work together to ensure that the guidelines are put in practice. You are not obligated to provide this information.

*The information found on an IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPAA).*

Child’s Name: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

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

This is not applicable to my child

Parent Signature: Click or tap here to enter text.

Parent Name (Please print): Click or tap here to enter text.

Date: Click or tap here to enter text.



**Back To School**

**Supply List**

1. 2 Composition Books
2. Folders
3. Crayons (Big/Fat)

\*

\*

\*

1. Glue Sticks
2. Colored Pencils (Big/Fat)
3. Pencils (Big/Fat)
4. Play-Doh
5. Storage Bags (Small/Large)
6. 2 Sets - **Season Appropriate** Change of Clothes
7. Cot Sheet & Blanket for Naptime
8. Diapers/Pull-ups *(To be left in classroom)*
9. Wipes *(To be left in classroom)*
10. 2 Boxes of Tissues

\*Big/Fat for Toddlers/Preschool

Somerset Academy Early Learning Center

October 4, 2016

SUBJECT: Nondiscriminition in Servicees

TO: Parents and Guardians

FROM: Barbara Chavous-Pennock/Director

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

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:

**Somerset Academy Early Learning Center**

719 West Girard Avenue

Philadelphia, PA 19123

**Commonwealth of Pennsylvania**

**Department of Human Services**

**Bureau of Equal Opportunity**

Room 225, Health & Welfare Building

P.O. Box 2675

Harrisburg, PA 17110

**Commonwealth of Pennsylvania**

**Department of Human Services**

**Bureau of Equal Opportunity**

Southeast Regional Office

801 Market Street, Suite 5034

Philadelphia, PA 19107

**PA Human Relations Commission**

**Philadelphia Regional Office**

110 N. 8th Street

Suite 501

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

TO: Parents

FROM: Barbara Chavous-Pennock CEO, SAELC

RE: Somerset Academy Early Learning Center 719 West Girard Avenue

DATE: May 11, 2017

Parents, please be advised, you are required to use the rear parking area off Franklin Street for the discharge and pick up of your child(ren). If you are walking to the school, you are only to cross at the intersection or light. Please make sure you are holding the hand of your child(ren) when walking to the school. As well, make sure you look both ways before crossing all streets and observe all traffic signs and regulations. Parents may only use the entrance in the rear of the building off Franklin Street.

Parents, escort your child(ren) into the building whether you are walking or driving. Children are not permitted to enter Preschool unless they are escorted by a parent, guardian or caregiver. Children are not permitted to cross the street unless they are escorted by a parent, guardian or caregiver. Children may not exit the car unless the car is in park and the ignition is turned off.

Upon entering the building, parents will deliver his/her child to the care of the assigned staff person in the school, sign the child in on the sign-in sheet and may at that time, leave the building. It is expected that all parents, guardians and caregivers will follow and adhere to the policies as communicated. We strive to provide a safe environment for the children and are concerned that their commute to and from our program is safe.

These policies are clearly communicated to our parents and are expected to be followed. We strive to provide a safe environment for the children in our care. We are concerned that their commute to and from our school is safe.

Thank you for your cooperation.

Somerset Academy Early Learning Center

719 West Girard Avenue, Philadelphia, PA 19123

267-639-9664

Email: [info@somersetacademypa.org](mailto:info@somersetacademypa.org)

Web: [www.somersetacademypa.org](http://www.somersetacademypa.org)

**Social Services for Families**

While there are many resources within the community to assist families, SAELC has prepared a very small directory of agencies that may be beneficial to parents.

CCIS (Child Care Works Subsidized Child Care Program)

The subsidized child care program helps low-income families pay their child care fees. The state and federal governments fund this program. If you meet the guidelines, CCIS will pay a part of your child care cost (this is called a subsidy payment). You will pay a part of the cost. This is called the family co-pay. The subsidy payment and the family co-pay go directly to the child care program.

|  |  |  |
| --- | --- | --- |
| North Philadelphia  CCIS of North Philadelphia  642 N Broad Street, Suite 601  Philadelphia, PA 19130-  (t) 215-763-0100  (f) 215-763-2035  Serves the following zip codes:  19121,19122,19123,19125,19126,  19130,19132,19133,19141 | Northeast Philadelphia  CCIS of Northeast Philadelphia  1926 Grant Avenue  Philadelphia, PA 19115  (t) 215-333-1560  (f) 215-333-1472  Serves the following zip codes:  19111,19114,19115,19116,19019  19120,19124,19134,19135,19136  19137,19140,19149,19152,19154,19155 | Northwest Philadelphia  CCIS of Northwest Philadelphia  6350 Green Street, Ground Floor Office  Philadelphia, PA 19144  (t) 215-842-4820  (f) 215-842-4826  Serves the following zip codes:  19118,19119,19127,19128,19129,  19138,19144,19150,19160 |
| South and Southwest Philadelphia  CCIS of Philadelphia – South and West  5548 Chestnut Street, 2nd Floor  Philadelphia, PA 19131  (t) 215-382-4762  (f) 215-382-1199  Serves the following zip codes:  19101,19102,19103,19104,19105,19106,19107,19112,19131,19139,19142,19143,19145,19146,19147,19148,19151,19153 | | |

*For more information please visit:* [*http://www.dhs.pa.gov/citizens/childcareearlylearning/childcareworkssubsidizedchildcareprogram/index.htm*](http://www.dhs.pa.gov/citizens/childcareearlylearning/childcareworkssubsidizedchildcareprogram/index.htm)



The Children and Youth Division (CYD) provides child and family-centered services to nearly 20,000 children and their families each year. These services are strategically designed to ensure the safety, permanency, and overall well-being of the Department of Human Services clients.

DHS, 1515 Arch Street, Philadelphia, PA 19102 | (t) 215-683-4DHS

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267-639-9664

Email: [info@somersetacademypa.org](mailto:info@somersetacademypa.org)

Web: [www.somersetacademypa.org](http://www.somersetacademypa.org)

**Pennsylvania’s Promise For Children**

Pennsylvania’s Promise for Children is a campaign to raise awareness about the importance of providing Pennsylvania’s young children with access to quality early learning opportunities. Sponsored by the PA Build Initiative, Pennsylvania Early Learning Keys to Quality, The Grable Foundation, The Heinz Endowments, and William Penn Foundation, in partnership with the Pennsylvania Office of Child Development and Early Learning (OCDEL).

(t)717-213-2074 | Website: [www.papromiseforchildren.com/contact-us](http://www.papromiseforchildren.com/contact-us)

Email: [kelswa@berskiu.org](mailto:kelswa@berskiu.org)



The Supplemental Nutrition Assistance Program is the new name for the Food Stamp program. These benefits are used to buy food and help eligible low-income households in Pennsylvania obtain more nutritious diets by increasing their food purchasing power at grocery stores and supermarkets. If you are eligible, you will receive a Pennsylvania Electronic Benefits Transfer (EBT) ACCESS Card which is used to make food purchases at grocery stores and supermarkets



You can apply for or renew your SNAP benefits online by using COMPASS. COMPASS is the new name of the website where you can apply for the SNAP program and many other services that can help you make ends meet. It is an online application for Pennsylvanians to apply for many health and human service programs. By using COMPASS you can apply at any time during the day or night from home, a library or any location with Internet access. You can also file an application at your local county assistance office.

Website: [www.compass.state.pa/us/compass.web/CMHOM.aspx](http://www.compass.state.pa/us/compass.web/CMHOM.aspx)



SAELC is a Keystone STARS facility. As such, we are committed to providing the highest standards in childcare quality possible. Keystone STARS is an initiative of the Office of Child Development and Early Learning (OCDEL) to improve, support and recognize the continuous quality improvement efforts of early learning programs in Pennsylvania. The Keystone STARS Performance Standards provide the foundation for our educational program. CCIS and Keystone STARS are both state funded programs.