

CAMP ADVENTURE



For More Information

How to Enroll

Please contact our administrative office for a registration packet or download it from our website. We encourage you to come to take a tour of our facility during the hours of 10:00am-1:00pm and 3:00pm-5:00pm.

5837 N. 2nd Street
Philadelphia, PA 19120
215-924-4175

7120 N Broad St
Philadelphia, PA 19126
215-924-4195

6595A Roosevelt Blvd
Philadelphia, PA 19149
215-289-2036

1052 Easton Road
Roslyn, PA 19001
215-758-2487

2400 S. 71st Street
Philadelphia, PA 19142
267-233-7031

<http://www.yourchildsworldc.com/>

Once enrolled, each family will receive a detailed Parent Handbook giving a full description of your child's specific program and activities

YCWLC, Inc. is a equal opportunity provider.



Your Child's World Learning Center, Inc.

“Building leaders of tomorrow by positively impacting the lives of our children today”



Summer Enrichment Program

Monday-Friday
7:00am - 5:00pm

June 26, 2017 to August 18, 2017

Additional Programs Available

After School Program
Pre-School/Pre-K Programs

Serving schools throughout the Philadelphia and Abington area



Email: yourchildsworld@aol.com

<http://www.yourchildsworldc.com/>

CAMP ADVENTURE provides children with a variety of activities from which to choose. These may include but are not limited to the following:



Educational Program

Art

Drama and dance classes

Nature exploration

Computer exploration

Literacy activities

Homework support

Math centers

Science experiments

Nutrition & fitness activities

Music program

Family activity nights

Trips

Bible Study

And more!!!!

Meals

A nutritious breakfast, Lunch, PM snack are provided free of charge to all parents that complete and return a CACFP application. Menus are posted on the parent board for your convenience.



Overview

CAMP ADVENTURE Enrichment Programs are owned and managed by Your Child's World Learning Center, Inc. We are licensed through the Department of Education and through the Department of Public Welfare. We focus on the individual child in a supportive environment while meeting the needs of working parents within Philadelphia area.

Our Philosophy

CAMP ADVENTURE provides quality care for children grades Pre-K thru 5th. Our qualified staff members create a safe, caring and supportive environment full of enriching recreation opportunities. Our staff supports the goals of social well-being and growth by meeting the individual development needs of each child.

Tuition

Weekly Fee - \$250.00

Activity Fee - \$200.00

(One-time fee for the duration of camp. Must be paid when registering.

Covers all trips and activities.)

(DHS and CCIS Subsidy Accepted)

Methods of Payment—Payments may be made in cash or money order. All paperwork must be completed before attending the program.

Your Child's World Learning Center, Inc.

"Where Your Child Will Feel Free to Explore All Possibilities."

5837 North Second Street, Philadelphia PA 19120 PHONE: (215) 924-4175

7120 North Broad Street, Philadelphia PA 19126 PHONE: (215) 924-4195

6595A Roosevelt Boulevard, Philadelphia PA 19149 PHONE: (215) 289-2026



Hello:

Thank you for your interest in our summer enrichment program. We have developed a program that will engage your child physically, mentally, and emotionally. Your child will enjoy our newly renovated classrooms, indoor play space, large multi-purpose gym, and computer lab. Please feel free to come and tour our facility at your convenience. Please review the attached brochure, parent handbook, and enrollment application. If you have any questions or concerns, please feel free to contact me at 215-289-2026.

Thank you,
Lisa Robinson
Administrative Director



Your Child's World Learning Center, Inc.
"Where your child will feel free to explore all possibilities."
5837 2nd Street, Philadelphia, PA 19120. PHONE: (215) 924-4175 FAX: (215) 924-6632
7120 N. Broad Street, Philadelphia, PA 19126 PHONE: (215) 924-4195 FAX: (215) 924-6632
6595A Roosevelt Blvd, Philadelphia, PA 19149 PHONE: (215) 289-2026 FAX: (215) 924-6632

Summer Trip Policy

Due to the large number of children in our care, it is imperative that we enforce this policy to ensure a fun and safe trip.

- All children must wear their YCW shirt on all trips even when accompanied by a chaperone. Additional shirts are \$10.00. No loaner YCW shirts will be available. YCW shirts cannot be purchased on the day of trips.
- All trip fees must be paid prior to the first day of camp.
- All children's weekly fees must be paid up to date for the children to attend trips.
- Children will be unable to attend a trip without their YCW shirt and trip fee paid.
- **No care will be available when children are unable to provide alternative care)**
- **Children with behavioral issues may be dismissed from our summer enrichment program. No refunds will be given. Alternative childcare arrangements must be made.**
- **Trips may be cancelled, rescheduled, or relocated due to unforeseen circumstances. Refunds of trip fees will not be given.**

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What You Should Bring To Day Camp

LABEL EVERYTHING!

- ✂ 1 Piece Bathing Suits or Swim Shorts (On swim day ONLY.)
- ✂ Towel (On swim day ONLY.)
- ✂ Flip Flops (On swim day ONLY.)
- ✂ Change of Clothes (just in case)-optional
- ✂ Sunscreen & Bug Spray (Optional to bring, but should at least be applied at home.)
- ✂ Sneakers or Comfortable Shoes (Should be worn to camp every day)
- ✂ Backpack (For Belongings)
- ✂ Bottle of water

The following items should NOT be brought to camp:

- ✂ Electronic Games, Trading Cards, Toys, Water Guns, etc.
- ✂ Jewelry
- ✂ MP3, i-Pods, etc.
- ✂ Cell Phones
- ✂ Any Items of Value

The following items should be worn to camp daily:

- ✂ Sneakers
- ✂ Shorts or pants
- ✂ Camp shirt on ALL trip days (Each child will be given 1 camp shirt, each additional shirt will be \$10)
- ✂ Shirt covering stomach (NO MIDDRIFT SHIRTS)

IF YOUR CHILD REQUIRES MEDICATION, PLEASE COMPLETE THE MEDICATION FORM AND GIVE THE MEDICATION TO YOUR CHILD'S TEACHER. CHILDREN ARE NOT ALLOWED TO ADMINISTER OR CARRY THEIR OWN MEDICATIONS.

Your Child's World Learning Center, Inc. is not responsible for any lost or stolen item

Summer Day Camp

Dear Parents,

We are so happy you have chosen Y.C.W. Summer Day Camp as the day camp option for your child. Our goals this summer are many. Our primary goal is to provide a safe, fun-filled environment in which your child can explore his or her world with confidence. We have put together programs that will stimulate your child mentally, physically and as well as emotionally. Please take time to go over this handbook and discuss appropriate sections with your child. It's important that you both understand all the procedures, schedules and activities prior to beginning the first day of camp. If you are a seasoned camper who has been with us for years, please read the handbook in case of any changes from previous years. We truly believe that each child deserves to be happy and content with their camp experience. Our days are filled with lots of activities and stimulation designed for the k-5th grader. We will provide a mix of unstructured "free choice time" as well as structured activities. In order to provide that environment, there are camp guidelines which all children will be expected to follow. Please review the following pages regarding day camp rules and regulations.

Your Childs World Summer Camp Philosophy is to serve the needs of children between the ages of 5 and 12 by opening doors to the wonders of art, entertainment, culture, nature, technology, and socialization within a university setting. Camp activities are designed to help each camper become more independent, enhance self-confidence, develop self-awareness and develop both mind and body in a fun and safe learning environment.

Camp Goals

- Emphasize the teaching and learning of skills and activities
- Teach and instill the concept of teamwork through planned activities
- Create mutual respect for other people and their ideas, thoughts and actions
- Introduce campers to new activities
- Teach campers the proper way to act during activities, i.e., good sportsmanship
- Maintain a safe and respectful learning environment
- De-emphasize competition and emphasize fun in activities
- **Provide positive role models for the children**

As staff members, we want to have fun with the children enrolled in camp. The camp activities are planned to be interactive between staff and campers. We believe that this interaction will allow staff members to have fun and enjoy work more. We also believe that the campers will enjoy themselves more if they are aware that the staff is also having fun. In summary, the overall theme of the camp is to provide the children with the positive aspects of recreation while at the same time allowing both the campers and the staff the opportunity to interact and learn from each other.

Let's have a great summer!

Check-in/Check-out



Each child's safety is the top priority for the Y.C.W. Summer Camp; therefore, policies that have been established are not subject to change unless the camp director has made prior arrangements with the parent or guardian of the child. It is imperative to our camp's success that campers are here *no later* than 9am daily. Our activity sessions cannot begin until we have all staff and campers present. If you know that you will be running late, please let us know so that we can plan our staffing needs accordingly. Daily check-in/check-out will be fifteen (15) minutes prior to camp and after camp. A **late pick-up fee** will be assessed to parents who do not pick their child up by the designated time. A \$5.00 late fee will be charged for every 5 minutes late, starting five minutes after 5:00 pm. After 1 hour we will call the police department. Payment is due when your child is picked up. Your child will not be able to attend the next session until payment is received. A signed verification by parent or person authorized to pick up the child will accompany your receipt.

All fees are due and payable at the time the child is picked up. Parents may drop their children off at the designated areas and check their child into camp. To pick their child up, the parent, guardian or authorized person must present valid identification before the child will be released. The authorized person must be on the camper enrollment form; otherwise the camper may not be released to the individual.

Daily Camper Supplies

Based on our summer camp calendar the child should bring the following items to camp (please label all items sent to camp with your child's name):

- Swimsuit (1 piece for girls, swim shorts with mesh lining for boys. Please launder after every use)
- Change of clothes
- Towel (washed after every use)
- Squeeze Water Bottle
- Backpack, 1- reading book
- Insect repellent and Sun block (For outdoor activities)



FIELD TRIPS

Field trips are offered on each calendar session. The field trip cost is included in your camp fees. All children enrolled in camp will be attending the field trips. There will be no staff left at the sites on field trip day. Please make sure your child is at camp 30 minutes prior to the departure for the field trip so he/she won't be left behind.



CLOTHING:

Send your child to camp in comfortable clothes, appropriate for the weather. Shorts, T-shirts and sneakers are acceptable. **No Heeleys (shoes with rollers in them).** Please send swim suits and towels for swim times. The registration fee includes one (1) T-shirt per child for the summer. **Campers are required to wear camp t-shirts. Extra shirts will be available to purchase for \$10. Please label all clothing with your child's name. No flip-flops or open toe shoes.**

LOST AND FOUND:

The camp will maintain a lost and found area in our school age classroom. Please follow the following guidelines:

Please label **everything** your child brings to camp, with their full name. Do not send expensive equipment to camp. (No I-Pods, video games, electronics, etc) Have your child leave all toys, games, cards, etc. at home unless otherwise notified. We are not responsible for the loss or damage of any items that your child may bring to camp.

CAMP STORE:

We have a Camp Store that is opened every day at snack time. We have a variety of snacks along with water ice for those very hot summer days.

PARENT INFORMATION

Keeping our parents informed and parents keeping us informed are very important to the success of our Camp Program. Parents must contact the center when:

1. Information on your registration or application card has changed.
2. Someone other than those listed on your child's application will be picking your child up.
3. A child is not able to be picked up on time.
4. An incident or change occurs in your child's life that alters his/her attitude or behavior or causes emotional upset (i.e. divorce, loss of a pet, death in the family).
5. Your child has a contagious disease (i.e. head lice, pink eye, chicken pox).

Parents will be contacted immediately when:

1. Your child has received an injury which could require immediate medical attention and/or paramedics have been called. We ask that if we do have to contact you regarding an emergency that you would immediately come and attend to your child.
2. Your child exhibits a medical condition which could be contagious or threatening to others in the program.
3. Your child is ill and is unable to participate in daily activities.

Camper Illness/Accidents

In the event the camper becomes ill or has an accident, the Program Leader and/or Camp Director will notify the parent or guardian. Due to the large concentration of children, there are circumstances when the Program Leader and Camp Director will ask that children do not attend or must be picked up early from camp. These instances will include; a camper who has two or more episodes of diarrhea, a camper who is running a fever of 100 degrees or more, a camper who has thrown up more than once or the combination of any of the above symptoms. If your child is suffering from any of these or other symptoms (such as pink eye or other contagious illnesses), please call the camp to alert the staff. For minor accidents/illness, the camp staff will provide appropriate first aid and provide the parent/guardian with a copy of the accident/injury report form.

Camper Emergencies

For camper emergencies, the Camp Director or Program Leader (in the absence of the Camp Director) will notify the parent or guardian of the situation. If the parent/guardian is unavailable or cannot be reached, the camp staff will seek emergency medical treatment from qualified medical professionals. *In the event emergency medical treatment is necessary, the physician is authorized to provide necessary medical care as needed unless otherwise indicated on the child's Health History Form.* The parent or guardian if still unable to be reached, the camp staff will notify the authorized emergency contact.

Camper Medication

If a camper is required to take any form of medication during the day, the Health History Form should contain the information. The parent/guardian of the camper should provide the Camp Director with the medication in a clearly labeled container with exact directions for administration. Asthma inhalers, injectable medication must be provided by the parent/guardian, and will be under the direct supervision of the child's counselor. Each counselor will have a copy of each child's medical needs as noted in the Health History Form. **Campers will self-administer inhalers, injectable medication, and apply sunscreen and bug spray when needed unless the parent has made prior arrangements with the Camp Director.** For safety reasons, campers may not maintain possession of their medication while in camp; the direct counselor will assume responsibility for the medication.

SUNSCREEN:

Our goal is to protect each child and prevent any occurrence of sunburn. Please apply sunscreen every day from exposure of the sun, especially on swim days. Sunscreen must be waterproof and labeled.

Camper Discipline

There will be times during camp when it becomes necessary to administer discipline to a camper. The methods of discipline used by this camp are to:

- a. Speak individually with the camper,
- b. Remove the camper from the activity for a short period of time,
- c. Time-Out, and/or
- d. Have the Program Leader speak with the camper, and/or
- e. Have the Camp Director speak with the camper.

If the child meets with either the Camp Director or Program Leader, a Discipline Report will be filed and must be signed by the parent at the end of the day. If any child accrues two Discipline Reports in the same week, the parent will be called and swim time may be lost for the remainder of the week. If the problem persists during the week, under extreme conditions, the parent will be called to pick the child up early from camp. The camp staff does not want to be placed in the position of removing swim time. We ask that the parent speak with the child and let them know the importance of following the instructions of the camp staff. **If a child is sent home early from camp there will be no refund of enrollment fees for the camper.** This camp will be a community of many people working together. If a child threatens the safety or well-being of other campers, the child will not be allowed to return to Y.C.W. Summer Camp.

Children with Special Need

We will work with each family or agency in the best interest of the child in our program on a case-by-case basis. We will make reasonable adjustments in our program to meet the needs of all children, their families and program employees. It is required to communicate your child's special need to us, so that we can better service and provide support and safety for your child.

First Aid

- First aid supplies are provided to all Group Leaders
- First aid supplies are also available at the pool on trip sites
- The emergency consent form will be referred to if the child is injured beyond minor first aid
- If we cannot contact the parent / guardian the emergency contact listed will be called
- Cell phones are used to communicate on the Y.C.W grounds between the directors, group leaders, and counselors
- Someone is always available who is certified in first aid and CPR



Y.C.W. CAMP POLICIES & PROCEDURES

Camper Eligibility

In order to provide activities suited to the varying ages of children, camper will be grouped according to age. Physical, emotional and social maturity varies by age and gender. The Y.C.W Summer Camp is available to children between the ages of 5 and 12. Ages will be grouped as follows:

- ✓ 5-8 years old
- ✓ 9 & 10 years old
- ✓ 11 & 12 years old

Registration Policies

Reservations are accepted on a first-come first-serve basis with a security deposit required to secure a space for their child(ren) in camp. The camp director reserves the right to cancel future reservations for non-payment or children that pose disciplinary problems in camp. All enrollments are on a first-come first-serve basis. All forms are required to be completed and submitted to the camp director prior to the session enrolled if the space has been reserved. Late enrollments require all paperwork and forms be completed prior to the child's participation in the program.

Payment Policies

All payments are due by Monday of each week and paid with cash or money order. If your child's tuition is not paid by Tuesday morning after it is due, he/she will not be permitted to attend. A copy of your child's insurance card must be accompanied with the application in case of emergencies. There is a \$35.00 non-refundable application fee per family that will be collected after the completion of the application, which includes a t-shirt. Any additional t-shirts will be an extra cost of \$10.00 per shirt.

Daily Camp Times

Each session will run from 7:00 am through 5:00 pm, Monday through Friday.

student name: _____

getting to know your child

How would you describe your child's personality? _____

what is your child's favorite subject? _____

does your child enjoy reading? _____

what are your child's strengths? _____

In what area(s) would you like to see your child improve? _____

what are you hoping for your child to learn this year? _____

How would you describe your child's learning style? _____

what motivates your child? _____

what does your child like to do for fun outside of school? _____

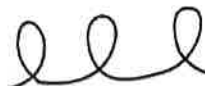
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Is your child involved in any extracurricular activities? If so, please list.

Do you have any concerns you would like to share? If so, please explain.

Please feel free to add any additional information you think would be helpful.

Thank you for taking the time to complete this questionnaire. I'm looking forward to getting to know your child! This is going to be a great year!



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Family Questionnaire for Children "New" to Your Child's World

Please help us to get to know you and your child. We look forward to forming a collaborative relationship; working together, we ensure that your child reaches his/her fullest potential. Thank you for sharing this information with us.

Child's Name _____

Nickname _____ D.O.B _____

Mother's Names _____ Phone: _____

Email Address: _____

Father's Names _____ Phone: _____

Email Address: _____

1. Are there any custody issues? _____
2. Allergies (Food, Medication, Seasonal) _____
3. Health Conditions? _____
4. Current Medication _____
5. Food Preferences _____
6. How will your child normally get home from School? _____
7. What are your family's traditions? _____
8. What language does your family speak at home? _____
9. How can we contact you best? _____
10. Do you have any concerns about your child's development? _____

Parent's Signature: _____

Date: _____

Teacher's Signature: _____

Date: _____

Child Information Form

Child's Name:

D.O.B:

Mom/Guardian:

Dad/Guardian:

Address:

Address:

Phone: (Cell)

Phone: (Cell)

(Work)

(Work)

Email Address:

Email Address:

Who does child live with:

Does anyone have a custody order?

Date the order was issued:

***In order for us to enforce the order we must have a copy of the order in your child's file.**

Is this child a foster child?

***Provider a copy of the child's placement order**

If yes:

What is the name agency that child has direct care of the child?

Agency Social Worker:

Agency Social Worker Phone Number:

Agency Social Worker Email Address:

DHS Social Worker

DHS Social Worker Phone Number:

DHS Social Worker Email Address:

Names and Ages of Siblings living in the home:

Name and relationship of other adults living in the home:

School Age Summer Program Emergency Contact and Agreement

<u>Child's Name</u>		<u>Date of Birth:</u>	
<u>Address:</u>			, PA _____
<u>Mother's Name</u> <input type="radio"/> <u>Foster Parent</u> <input type="radio"/> <u>Legal Guardian</u>		<u>Contact Numbers</u> <u>Cell:</u> _____ <u>Home:</u> _____ <u>Work:</u> _____	
<u>Home Address:</u>			, PA _____
<u>Work Address:</u>			, PA _____
<u>Father's Name</u> <input type="radio"/> <u>Foster Parent</u> <input type="radio"/> <u>Legal Guardian</u>		<u>Contact Numbers</u> <u>Cell:</u> _____ <u>Home:</u> _____ <u>Work:</u> _____	
<u>Home Address:</u>			, PA _____
<u>Work Address:</u>			, PA _____
<u>Child's Physician</u>		<u>Phone Number</u>	
<u>Physician Address:</u>			

EMERGENCY CONTACTS AND PERSONS AUTHORIZED TO PICK CHILD:

Each person you authorize to pick up your child must be 18 years or older and have a valid ID.

<u>Contact/Escorts Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Parent's Initial and date authorized</u>

<u>Allergies:</u>	<u>Medical Conditions/Disabilities:</u>
<u>Medications taken at home:</u>	<u>Medications given to school with physician request and medication log completed:</u>
<u>Nutrition/Dietary Restrictions</u>	<u>Health Insurance Name and Policy Number</u>

Child's Name: _____	Date of Birth: _____
SIGN FULL SIGNATURE IN EACH BOX BELOW TO GIVE CONSENT:	
<u>Daily Walks</u>	X
<u>Transportation by the facility</u>	X
<u>Obtaining Emergency Medical Care</u>	X
<u>Administration of Minor First Aid Procedures</u>	X
<u>Photos</u> (To be use by YCW and Affiliates)	X
AGREEMENT	
Services provided by Your Child's World Learning Center, Inc. for the below fee:	
(\$250.00 Weekly Fee) Care Program for 10 hours a day, Monday-Friday during the summer season.	
<u>PLUS – One time Trip/ Activity Fee for the entire Summer Enrichment Program – June 26 to August 18</u>	
(\$200.00) Trip/Activity Fee	
****Enrolling parent agrees to pay the total amount weekly fee if CCIS or DHS fails to pay.	
Breakfast, Lunch, PM Snack (Must complete CACFP form application)	*All meals must be eaten at school and cannot be taken off school site excluding trips.
Parent Agrees to the following:	
Pay weekly fees on the Monday of the service week regardless of the number of days attended or vacation.	
Parent agree to pay for extra days that CCIS, DHS, or any other funding source fails to pay for any reason.	
If parent receives child care assistance, parent agrees to pay the total fees owed if CCIS, DHS, or any other funding agency fails to pay.	
Parent received the parent handbook and will review and adhere to all the information.	
Update Emergency Contact and Agreement every 6 months and whenever a change occurs.	
Inform the schools Adm. whenever changes occur and provide proof of change if necessary and when requested.	
Keep your child home if your child has any signs of illness and/or cannot complete regular daily activities for whatever reason.	
Update dental forms every 6 months	Update health assessment/report forms every 12 months
X Drop off child at _____ AM	X Pick up child by _____ PM
Ensure that no outside food is brought to school.	Label all items sent to school.
Call when child is absent.	If child is absent 2 or more days, provide a Dr. note prior to returning.
Parent's Full Signature: X _____	
Print Name: X _____	
Parent Email Address:	
X	
Date: X _____	
Director's Full Signature: X _____	
Print Name: X _____	
START DATE: _____	TERM DATE: _____

SCHOOL AGE SUMMER ENRICHMENT Program Emergency Contact and Agreement 2 Pgs. Total

Updated 2/2017

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SUBJECT: Nondiscrimination Policy Statement

Equal Employment Opportunity

TO: All Your Child's World learning Center Parents/Clients

FROM: Margaret Burden

Admissions, the provisions of services, and referrals 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 aids, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/parent (and / or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

Your Child's World Learning Center, Inc.

7120 North Broad Street

Philadelphia, PA 19126

Department of Public Welfare
Bureau of Equal Opportunity
Room 223, Health & Welfare Building
PO Box 2675
Harrisburg, PA 17105

PA Human Relations Commission
Philadelphia Regional Office
711 Philadelphia State Office Bldg
1400 Spring Garden Street
Philadelphia, PA 19130

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

DPW Bureau of Equal Opportunity
Southeastern Regional Office
1105-B Philadelphia State Office
1400 Spring Garden Street
Philadelphia, PA 19130

Revised 3/08

Parent Signature: _____ Date: _____

Parent/Guardian Signature _____ Date: _____

TRIP ESCORT POLICY

Dear Escorts:

In order to ensure your child's safety and promote the best educational trips possible, we are asking your full cooperation with the following trip guidelines:

1. All students that weigh 40 pounds or under must wear a harness on their seat.
2. Everyone must ride the school bus to and from the trip destination
3. Everyone must remain with their class group on the bus.
4. **SMOKING IS NOT ALLOWED AT ANY TIME** while adults are with the children
5. No eating is permitted on the buses
6. Even though every parent may be escorting their child during the trip, teachers are responsible for their entire group of parents and children during school hours.
7. Everyone must remain in contact with their class group
8. All groups must eat lunch at their designated time and place
9. All escorts must cooperate with any additional rules which may be necessary for a trip.
10. Souvenir buying is discouraged because all of the children will not be able to have a souvenir.

We all need to work together in a cooperative manner, so that we will have a successful and enjoyable field trip for all of our children.

Thank You

Director

Teacher

_____ agree to abide by the above guidelines.

Parent Signature



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Late Pick up Fees:

You are scheduled for childcare for the hours listed in your Agreement and because we need to maintain adult/child ratios, children must be picked up and dropped off within the hours agreed upon at the time of enrollment. Any request to extend the arrival or departure time stated in your agreement must be submitted in writing at least one week in advance and will be considered as space is available. Agreements can only be made between the hours of 6:30 AM and 6:00 PM. On early departure days, all agreed departure times will be adjusted to the center's closure time on that day.

The late fees are as follows:

Late fees will begin to be applied 1 minute after your agreed departure time, early closure time, or emergency closure time.

1. \$2.00 per child per minute if you are late. (Example: 1 minute late, you owe \$2.00 per child; 2 minutes late, you owe \$4.00 per child, etc.) Calling to inform us that you will be unavoidably late does not waive your late fees. This is to assure that children are picked up on time. The Center will maintain strict adherence to the departure/closure time.

2. Late drop-off does not constitute late pick-up. Payment for late pick-up is expected before your child returns to the center. These rules will be strictly enforced. Habitual tardiness may result in termination of services.

Late fees will be charged no matter who the person is conducting the pick-up. It is your responsibility to have your child picked up on time. If you know you will be unavoidably late, it is your responsibility to arrange for an authorized alternate person to pick up your child. In cases of extreme bad weather a phone call from you would be appreciated to let us know you are on your way. We do not want you to put yourself in danger in rushing to be on time, but late pick up fees are still due. Continued late pick-ups will mean breach of contract and you will forfeit your child's position in the center.

Child(ren) Name(s): _____

Parent's Signature: _____ Date: _____



Your Child's World Learning Center, Inc.
"Where your child will feel free to explore all possibilities."
7120 N. Broad Street, Philadelphia, PA 19126 PHONE: (215) 924-4195 FAX: (215) 924-6632

Child's Name: _____ Date of Birth: _____

Parent's Name: _____

Permission for Field Trips

FIELD TRIPS: During the course of the school year, trips may be planned for the children. These trips are contingent upon if YCW Administration has enough parent volunteers during the year to ensure that we could have a least 2 responsible volunteers per classroom on the day of the trip. YCW Administration will invite only the parents who volunteer the most in the classroom to volunteer on the trips. It is imperative that all volunteers are very familiar with the children that they are chaperoning. In order for your child to go on these trips, you will receive a permission slip with the trip location at least 1 month in advance. You must sign, date, and return this form to your child's teacher at least 2 days prior to the trip. If your child needs a special chaperon due to their behavior, you will be notified at least 2 weeks in advance. All children requiring a special chaperon will not be allowed to attend the trip without their special chaperon appointed by the parent. All chaperons must be 18yrs of age or older with a valid ID, attend our chaperone training, and have a way of being contacted via phone during the trip.

(SIGNATURE OF PARENT/GUARDIAN)

(DATE)

Permission for Photographs

PHOTOGRAPHS: Recording events, celebrations, class progress, and individual students on film is a necessary part of camp life. We ask that you give your permission for your child, you and/or your family to be included in our Evergreen Camp photo collections, news releases and important YCW, School District of Philadelphia, and its affiliates on publications, etc.

(SIGNATURE OF PARENT/GUARDIAN)

(DATE)



Your Child's World Learning Center, Inc.
"Where your child will feel free to explore all possibilities."

Drop Off and Pick Up Policy

Please notify me if an unauthorized person will be picking up your child. Verbal or written permission must be received before we will release a child to anyone who is not authorized on the registration form. We will not allow your child to leave with an unauthorized person without previous permission. This is for the safety and protection of your child.

Release of a Child

Parents are required to indicate the name and phone number of all authorized individuals who are clear to pick up the child. All parents and/or authorized individuals are to sign-in and sign-out on the provided sheet, each day the child is dropped off and picked up. Only persons designated to pick up a child will be allowed to do sign in/out. All parents and guardians must make sure that a staff person recognizes that the child has been dropped off or is being picked up from child care. Ensure that your child remains with you after your child is signed out.

Unauthorized Pick Up

The parent/guardian is required to notify the caregiver in writing if someone else, other than the authorized persons, will pick up the child. Please provide name, phone number, and description of the person. The person will be asked to show photo identification. If necessary, police will be called for assistance.

Custody and Related Court Orders

The staff cannot become involved in the marital or custody issues of the families that we serve. If a custody or court order exists, a copy of the order needs to be placed in the child's file. The guardian is responsible for providing up to date and accurate information concerning the legal guardianship of the child. Without a custody or court order on file, the caregiver cannot deny access to the non-enrolling parent. If the non-enrolling parent is not listed on the pick up list, the policy on unauthorized persons will be implemented. The guardian will provide all consents.

Parent name

Date

CHILD HEALTH REPORT

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

Parent/Provider 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:
<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
HEP-B						
ROTAVIRUS						
DTAP/DTP/ID						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:

ADDRESS:

PHONE:

SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT

TITLE:

LICENSE NUMBER:

DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

Your Child's World Learning Center, Inc.

6595A Roosevelt Boulevard,

Philadelphia PA 19149

PHONE: (215) 289-2026 FAX: (215) 924-6632

DENTAL HEALTH

Child's Name _____ Birth Date _____ Center _____

Dear Parent/Guardian,

- Please complete Part I to the best of your knowledge
- Part II is to be completed by your child's dentist

Part I ~ Completed by parent/guardian:

1. Has your child been to the dentist? _____ No _____ Yes ~ If Yes, please complete the following:

Dentist Name _____ Address _____ Zip _____

Phone Number _____ Date of child's last dental visit _____

2. Does your child have (or had) cavities or caries? _____ No _____ Yes ~ If Yes, how many? _____

3. Does your child have any problems with his/her teeth, gums, or mouth? _____ No _____ Yes

If Yes, please describe _____

4. How many times a day does your child brush his/her teeth? _____

Part II ~ Completed by child's dentist:

1. Date of child's most recent:

Dental Examination _____ Teeth Cleaning _____ Fluoride Treatment _____

2. Has child ever needed dental treatment? _____ No _____ Yes

If Yes, type of dental treatment _____

Has dental treatment been completed? _____ No _____ Yes

~ If Yes, date of completion _____

3. Date of child's next dental visit _____

My signature certifies the accuracy of this information.

Dentist's Signature _____

Date _____

Dental Office Stamp

Child and Adult Care Food Program

Sponsor/Center Name: Your Child's World Learning Center, Inc.

Agreement #:300-51-002-7

School Age Child Enrollment Form

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

PARENTS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same.

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK				MEALS RECEIVED
		TIME-IN	TIME OUT	TIME CHILD ATTENDS SCHOOL		
		AM	PM	LEAVES CENTER	RETURNS TO CENTER	
FIRST NAME	<input checked="" type="checkbox"/> Monday <input checked="" type="checkbox"/> Tuesday <input checked="" type="checkbox"/> Wednesday	AM	PM			<input checked="" type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Lunch <input checked="" type="checkbox"/> PM Snack
Last NAME	<input checked="" type="checkbox"/> Thursday <input checked="" type="checkbox"/> Friday	<input type="checkbox"/> Yes <input type="checkbox"/> No	I work multiple shifts and child(ren) may be in care different days/hours			Child will receive lunch when school is out.
BIRTH DATE		Other:				
AGE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Enrollment Date: Withdrawal Date:				

Signature

Signature of Parent or Guardian

Date

Telephone Number of Parent or Guardian

CHILD CARE REPRESENTATIVE USE ONLY:

Name of Representative/Signature

Date

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

Child and Adult Care Food Program Child Care Center Meal Benefit Income Eligibility Form

Part 1. All Household Members				
Name of Enrolled Child(ren):				
Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.			CHECK IF NO INCOME
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>
	<input type="checkbox"/>			<input type="checkbox"/>

Part 2. Benefits: If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**
NAME: _____ CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call **[Your center director, Homeless Liaison, Migrant Coordinator at Phone #]** Homeless ☐ Migrant ☐ Runaway ☐

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income) (Example) Jane Smith	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)
An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign Here: _____ Print Name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ ☐ I do not have a Social Security Number

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian ☐ American Indian or Alaska Native
☐ White ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____

Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied (Paid) _____ Date Withdrawn: _____

Reason for Denied: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Household size	Yearly
1	\$21,590
2	\$29,101
3	\$36,612
4	\$44,123
5	\$51,634
6	\$59,145
7	\$66,656
8	\$74,167
Each additional person:	+\$7,511

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."