

# CREATION ACADEMY PRESCHOOL ENROLLMENT FORMS

305 11<sup>TH</sup> Street-Conway, Pa 15027

Phone: (724) 467-6834

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<https://www.creationacademybc.com>

*Please fill out completely and print legibly. Thank you.*

**NAME OF CHILD** \_\_\_\_\_  
(please print)

Check one: BOY \_\_\_\_\_ GIRL \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**SCHOOL YEAR OF CHILD'S ENROLLMENT:** \_\_\_\_\_ \*

**PRESCHOOL PROGRAM ENTERING: *check "preferred"***

3-5 YEAR OLD. A.M. (PT 3 Days) \_\_\_\_\_  
9:00am-4:00 pm

3-5 YEAR OLD A.M. (FT 5 days) \_\_\_\_\_  
9:00am-4 pm

**Registration fee of \$ 25.00 (non-refundable) must be received to secure enrollment. \$25 will go towards child's first week of Pre-K.**

PARENTS' NAMES: mom: \_\_\_\_\_ dad: \_\_\_\_\_

Mailing Address:  
\_\_\_\_\_

Physical address (if different from above) \_\_\_\_\_

TELEPHONE NUMBERS: Home: \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: mom: \_\_\_\_\_ dad: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ date: \_\_\_\_\_

# CHILD'S INFORMATION RECORD

School year: Sept \_\_\_\_\_ - June \_\_\_\_\_

Please fill out completely-include addresses and phone#'s

CHILD'S NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

ADDRESS (street, town, state): \_\_\_\_\_ PHONE#: \_\_\_\_\_

Starting DATE ENROLLED: \_\_\_\_\_

Last date of enrollment: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_

Address: Street/# \_\_\_\_\_ Address: Street/# \_\_\_\_\_

town/city \_\_\_\_\_

town/city \_\_\_\_\_

HOME PHONE#: \_\_\_\_\_ HOME PHONE#: \_\_\_\_\_

WORK PHONE#: \_\_\_\_\_ WORK PHONE#: \_\_\_\_\_

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

Address: Street/# \_\_\_\_\_ Address: Street/# \_\_\_\_\_

town/city \_\_\_\_\_

town/city \_\_\_\_\_

CELL PHONE#: \_\_\_\_\_ CELL PHONE#: \_\_\_\_\_

and/or PAGER#: \_\_\_\_\_ and/or PAGER#: \_\_\_\_\_

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Name of person(s) to be reached in case of emergency: (other than parents)/must live locally

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

Relation to child: \_\_\_\_\_ Relation to child: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cell # \_\_\_\_\_ Cell# \_\_\_\_\_

Who has permission to pick up child other than parent: (if different from above)

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

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

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Cell# \_\_\_\_\_ Cell# \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

List any known allergies or health conditions your child may have. Does your child have any special needs?  
Please list. Include any important information regarding your child we should know.

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Please sign below:

I give Creation Academy Preschool permission to seek medical assistance (*hospital, physician*) if my child needs quick medical attention and no parent, or listed party, is able to be reached. Medical Emergency card offers all pertinent information.

Parent/Guardian signature: \_\_\_\_\_ date \_\_\_\_\_

## CHILDCARE RATES:

### ELRC DAILY RATE:

(We currently only offer childcare and Pre-K for ages 3-5 years old.)

Care Level	Center	
	FT	PT
Infant	39.00	32.00
Young Toddler	38.00	32.00
Older Toddler	37.00	30.00
Preschool	36.00	29.25
Young School-Age	35.00	25.00
Older School-Age	35.00	25.00

### ELRC WEEKLY RATES:

Weekly Rate: \$180 (5 Days)

Part-Time Rate: \$87.85 (3 Days)

### PRIVATE PAY INDIVIDUALS:

We recommend everyone fill out the ELRC application. If a family does not qualify for the ELRC we will work with them through in-house financing to ensure there out of pocket private childcare cost will not exceed \$150 for a Full Week.

# CREATION ACADEMY PRESCHOOL

## FINANCIAL AGREEMENT

For the school year: September \_\_\_\_\_ June \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

AGE GROUP ATTENDING: (check one) \_\_\_\_\_ 3-5 YR OLD M-F (FT)

\_\_\_\_\_ 3-5 YR OLD M-W (PT)

I agree to make monthly payments of (check one):

\_\_\_ 3 YR OLD

Payment: weekly \_\_\_\_\_ monthly \_\_\_\_\_

\_\_\_ 4 YR OLD

Payment: weekly \_\_\_\_\_ monthly \_\_\_\_\_

\_\_\_ 5 YR OLD

Payment: weekly \_\_\_\_\_ monthly \_\_\_\_\_

### PLEASE READ CAREFULLY:

The monthly payments run for a 10-month period, from September through June. Regardless of the number of weeks in any given month, the payment is the same (vacations, holidays, partial months). **The payments should be made promptly the according to plan selected.**

**There will be a charge of \$25.00 for any returned checks having insufficient funds. Checks are made payable to Creation Academy.**

**If your child leaves the program after enrollment, the parent will offer a 2-week notice, and be required to uphold the financial requirements during that 2-week period. If you leave in the middle of the month, a full month's payment is required.**

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I have read the agreement above and understand my financial obligations.

Signature of parent \_\_\_\_\_

DATE \_\_\_\_\_

## Parent Release of Information

School Year: Sept \_\_\_\_\_ June \_\_\_\_\_

Birthday parties and play invitations are some of the times parents need to have a telephone number or address of their child's classmates. Any information regarding your child is confidential unless stated otherwise. Please check your wishes below regarding releasing a class list with telephone number and address of each child. School directories will be offered.

**CHILD'S NAME** \_\_\_\_\_

\_\_\_\_\_ My child's information MAY be published

\_\_\_\_\_ My child's information MAY NOT be published

**E-mail address:** \_\_\_\_\_

*Creation Academy uses e-mail for exchange of information, reminders, and monthly information. CHECK EMAILS OFTEN.*

\_\_\_\_\_ keep e-mail address in school file only

\_\_\_\_\_ you may release e-mail address with child's information

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

# PARENT PERMISSION TO PHOTOGRAPH CHILD

School Year: Sept \_\_\_\_\_ – June \_\_\_\_\_

In this day and age with a concern for privacy, we are asking that you sign the following form allowing *Creation Academy* permission to take photographs of your child for the following purposes:

## **IDENTIFICATION**

A photograph of your child is secured on the back of your **child's emergency medical information** cards for added identification of your child.

## **CRAFTS-SCHOOL PHOTOS/DVD-ADVERTISING-WEBSITE**

Pictures may be taken of your child for reasons of identification (as above), **crafts activities, school photo/DVD year-end, advertising, or newspaper articles** reflecting events at the school (on/off campus). Photos will be randomly selected for the **CA website**.

## **PICTURE DAY with Peter Swett.**

Creation Academy has photographed students at *our facility* for nearly 3 years. This photo shoot is optional to parents. You need not have individual shots taken, but can have your child present for the class photo. More information will be offered at Open House and in a handout. This photo event is usually scheduled in March.

If you choose NOT to have your photographed, *Creation Academy* will honor that request. Please check the appropriate box reflecting your wishes: (*read carefully*)

I give permission for *Creation Academy* to take photos of my child for all reasons stated above

I **DO NOT** want my child photographed for any reason

I **DO NOT** want my child photographed for the following:

- photo id (medical EM card)
- school photo/DVD year end
- Activities/field trips
- advertising/website
- newspaper articles

Comments:

## PARENTS PLEASE NOTE

### Re: Field trips

**Field trips at Creation Academy are offered as an extension of our curriculum.** The trips serve as yet another teaching tool for students to broaden their learning environment. We try to do trips that carry no fee, but there are some that ask for minimal fees up to eight dollars. To avoid the tedious job of accounting for monies each trip, and collect permission slips, and acquire drivers, we are asking you to abide to our system. **We are asking for one small yearly fee to cover the cost of all field trips for the school year.**

We realize that some might ask, “what if my child doesn’t choose to go on the trip? What if we are away and can’t make the trip?” We reference again the reason for the trips—an extension of our curriculum. If your child misses a day at school for whatever reason—sickness, vacation, entertaining visitors—the curriculum remains constant and there is no refund of monies. Field trips follow the same plot. They are intertwined within the curriculum as part of the student’s extended learning experience. We hope your child is able to join us for all trips.

**The field trip fee is due with the September’s tuition.** If paying the added cost is a burden, please speak to us so that we can work out what works best for you.

Thank you. *C.A Staff*

Note: **T-shirts must be worn on off-campus field trips and may be purchased through the school.** Speak to us and we’ll see you get one.



**MEDICAL EMERGENCY INFORMATION:**

*Please fill out completely and return to school*

SCHOOL YEAR: Sept \_\_\_\_\_ June \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_

Date of birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

**PARENTS' NAMES:**

Mom: \_\_\_\_\_ Dad: \_\_\_\_\_

TELEPHONE NUMBERS: Home: \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

**EMERGENCY CONTACTS:**

1. Name: \_\_\_\_\_ Tele #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

2. Name: \_\_\_\_\_ Tel #: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

**MEDICAL CONCERNS:** Any allergies? \_\_\_\_\_ no \_\_\_\_\_ yes

Explain

\_\_\_\_\_  
\_\_\_\_\_

Other medical needs: \_\_\_\_\_

\_\_\_\_\_

**INSURANCE INFORMATION:**

Name of Insurance: \_\_\_\_\_

Insurance #: \_\_\_\_\_

Card holder: \_\_\_\_\_

**Please sign below:** *(this info goes with your child on field trips)*

I give Creation Academy Preschool permission to seek medical assistance (*physician/hospital*) if my child needs quick medical attention and no parent, or listed parties, are able to be reached.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

# Creation Academy Preschool Student Questionnaire

*Please read carefully and answer questions thoroughly*

Child's name: \_\_\_\_\_ DOB \_\_\_\_\_ age \_\_\_\_\_

Who, if anyone, takes care of the child other than parent? \_\_\_\_\_

Relationship to child \_\_\_\_\_ How many days/week \_\_\_\_\_

How long has child known caretaker \_\_\_\_\_ Will he/she be transporting to school \_\_\_\_\_

## **List your child's preschool and daycare experience (if applicable)**

Name of facility \_\_\_\_\_ starting date/ending date \_\_\_\_\_

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## **If you have left previous preschool/daycare, please explain the reason(s) why.**

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## **Describe a daily routine your child may experience (common routines, naps, etc.)**

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Is your child toilet-trained? \_\_\_\_\_ yes \_\_\_\_\_ no explain: \_\_\_\_\_

How many hours of sleep does your child get at night? \_\_\_\_\_

## **List 5 adjectives that describe your child:**

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## **How would you describe your child's personality?**

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## **Does your child have any hobbies, sports, or special interests?**

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**Describe your child's peer relationships:**

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**What types of activities does your child enjoy playing?** (circle all that apply):

Dramatic play      Puzzles, blocks, Legos      Outside play      Playing alone      Playing with others  
Songs      Listening to stories      Arts & Crafts      Dance/movement      Helping teacher

**Does your child get along with other children and adults?** \_\_\_\_\_

**Please list any fears your child may have** (ie: thunder, the dark, characters):

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**Does your child have any allergies?** (nuts, chocolate, milk, soy, wheat, bees, etc.)? **Please list:**

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**Does your child use an EPI pen?** Yes \_\_\_\_\_ No \_\_\_\_\_ not available \_\_\_\_\_

**Is your child sensitive to anything** (odors, light, fabric, etc.)? **Please list/describe:**

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The State requires Immunization records. Is your child exempt from immunizations? \_\_\_yes\_\_\_no

**List any siblings:**

Name	DOB	gender (M/F)
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1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

**Is the child from birth or adoption?** \_\_\_\_\_ Birth \_\_\_\_\_/\_\_\_\_\_ Adoption/(date)

**Do you have any concerns about your child?** Please state any special services (ie Speech, OT, PT) that your child is currently receiving. If child is in service, IEP must accompany this questionnaire.

Are there any special family traditions to be aware of? \_\_\_\_\_

When you think of your child unique qualities, what comes to mind? \_\_\_\_\_

**What does your child teach you? What makes you laugh? What frustrates you?**

**How does your child behave when frustrated or angry? What things set your child off? What strategies have you found helpful in dealing with such behavior?**

Are there behaviors you would like to see change in your child? \_\_\_\_\_

**Has your child had any recent trauma?** (death, huge disappointment, divorce)

**How does your child interact with the media?** (movies, TV, video games)

Does your child have pets? What kind/names? \_\_\_\_\_

How does child interact with animals? \_\_\_\_\_

**Please write down any further information you think would benefit us knowing your child better:**

**Best mode of communicating with you about your child about general class information:**

\_\_\_\_\_ **Email** \_\_\_\_\_ **Printed material**

**Best time for a teacher to call:** \_\_\_\_\_ **daytime** \_\_\_\_\_ **evening** (between 6-8)

Are you able to volunteer in classroom/field trips? \_\_\_\_\_yes \_\_\_\_\_no \_\_\_\_\_sometimes

Are you a working parent during your child's school day? \_\_\_\_\_yes \_\_\_\_\_no \_\_\_\_\_sometimes

Why did you choose Creation Academy Preschool?

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What are your expectations and goals for your child in preschool?

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What are your priorities and/or concerns regarding a preschool facility? (circle all applicable)

Safety/security	furnishings/equipment	Environment	reputation	curriculum
Operating hours	“child/staff ratio	Location	Cleanliness	School policies
Child/teacher ratios	access to director/teacher	State Licensed	Caring Staff	Progress reporting
Teacher/parent conferences				

## A QUICKCHILD SURVEY Just circle the best answer

>Answer the following by *circling* the closest answer: **N** never      **S** sometimes      **M** mostly

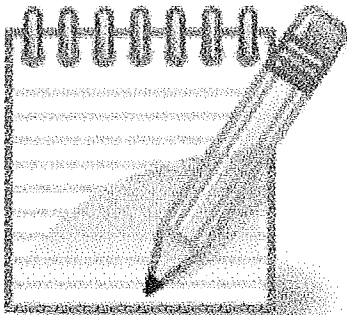
Naps during the day	N	S	M	unable to answer
Likes to do things on own/independent	N	S	M	unable to answer
Willing to try new things	N	S	M	unable to answer
Shows interest in large motor activities	N	S	M	unable to answer
Enjoys coloring and drawing	N	S	M	unable to answer
Can cut with a pair of scissors	N	S	M	unable to answer
Speech is difficult to understand	N	S	M	unable to answer
Has difficulty with transition	N	S	M	unable to answer
Has difficulty sitting still	N	S	M	unable to answer
Accepts correction	N	S	M	unable to answer
Asks for help when needed	N	S	M	unable to answer
Displays good self-control	N	S	M	unable to answer
Will pick up belongings/toys	N	S	M	unable to answer
Is respectful to toys, peers, teachers	N	S	M	unable to answer
Recognizes numbers 1-10	N	S	M	unable to answer
Recognizes letters	N	S	M	unable to answer
Recognizes simple colors and shapes	N	S	M	unable to answer
Recognizes name in print	N	S	M	unable to answer
Can dress and undress (zip, snap, button, Velcro)	N	S	M	unable to answer

*Thank you for taking the time to answer the questions honestly. CA staff.*

## HAPPY BIRTHDAY TO YOU!



Creation Academy wants to celebrate your child's birthday. Our choice of celebration is changing, however, to NOT include cupcakes, special foods or treats. Instead, we are taking time during CIRCLE to set your child aside for SPECIAL PERSON OF THE DAY! The birthday child will be recognized as he/she shares their favorite things—foods, color, animal, activity, etc.—and have an opportunity to choose a gift from the BIRTHDAY BOX. Happy birthday will be sung to every birthday child!



**Write your child a note in their lunch box.**

Write a rhyme anytime! Write a note to say I love you...have a great day! Write anything you want to say! Riddles are good and fun to read...jokes make us laugh in stitches that split us in half! See, rhyming is not so hard to do! I just did it and so can YOU! We like it when you draw us pictures, too! Will you?

*Your child will enjoy getting notes in their snack packs and lunch boxes. It makes them feel special. Anything will do... even a smiley face or special photograph. We take time to read all notes at snack. Make your child's day with a special note from home. We love reading them, too!*



## **RULES OF SCHOOL:**

**These are the rules we discussed on our first day of school. Help your child remember them by talking about them during dinner tonight. Quiz them and see how many they can remember.**

**Rules to know:** *ask the kids what rules they know*

1. be kind to one another-The Golden Rule—no leaving others out of a game
2. play fairly and share...take turns
3. no spitting, no hitting, no kicking, no wrestling, no biting, no pushing, no tongues, no name calling.
4. ALWAYS use kind words – and encourage each other
5. to be a friend...you must be a friend
6. CHORE CHART—responsibilities in class
7. ALWAYS wash your hands after using the bathroom, before snack...you cannot wash your hands too much!
8. Pick up after yourself. From playing to snacking, it'll be your job to clean up and put things away.
9. **Outside:** same rules apply as well as—NO going UP the slides—only down. FEET FIRST—not head first! NO throwing dirt in the sandbox—keep dirt in the box and not on the ground, please.
10. Listen to your teachers—listen to your classmates.
11. raise your hand to speak...say “excuse me” to interrupt conversation
12. a teacher is always around to help...just ask.
13. **NEVER leave the playground without first telling a teacher.**
14. **When your parents get to school, it will be their job to come to YOU...YOU do not go to them! Safety at all times.**
15. Why do we have rules? Rules are to keep us all safe and healthy. Rules help us to become responsible individuals.
16. If rules are broken there will be a consequence. (perhaps sitting outside the circle, finding something else to do (redirect), apology—we do not use the word *Time Out in our class, but find a redirection in some way*).
17. Come to have FUN and LEARN lots of new things!!!!

### **Re: Rule #13**

We explain to the children that we all have jobs. One of their important jobs is to follow the rules so that they and their classmates stay safe and healthy. BUT parents and teachers have jobs to do, too. **One of the parent's job is rule #13.**

The parent or guardian must come to the child (on the playground or inside the building) and retrieve them personally. No child will be allowed to run to their parent (off the playground or outside the classroom) without permission from an adult. Cars are moving on the road and in the parking lot—this rule keeps all children safe! Thanks for helping to follow this rule.

## FOOD POLICY OF CREATION ACADEMY

Because foods have become such issue with nut allergies and childhood illnesses such as diabetes, we have opted to help limit unfavorable food choices by:

- 1) taking away cupcakes during our B-day celebrations and provide a “special” recognition instead
- 2) provide a “healthy” food (fruit, veggies) during holiday celebration along with “treats” foods to allow for good choices
- 3) encourage good healthy choices in snacks with verbal recognition-talking about what good food choices we can make
- 4) limit choices of foods used during special celebration studies and at least making parents aware of the food to be introduced ahead of time
- 5) We do not provide breakfast or lunch. Please make sure your child is fed before you bring them to the program and in addition please pack your child's lunch if they are full-time. We do provide a snacks and water during the day.

The kids don't miss what you don't provide and will eat what you place before them. Help introduce them to a new food every week or every month to encourage their vast healthy choice selections!

**RELIGIOUS EDUCATION OPTION**  
**CREATION ACADEMY**

Your child will have the option to participate in religious education once per week for 15-30 minutes. This will also include a hands on craft.

During this time, your child will learn:

- 1) HOW TO HONOR FAMILY:  
The importance of honoring their mother, father, and siblings.
- 2) HOW TO HONOR AUTHORITY: Teacher, Police, fireman, and etc.
- 3) Garden of Eden: Through hands on gardening.
- 4) Noah's Ark: The importance of family sticking together
- 5) Jonah and the Whale: The importance of listening

If you chose to have your child participate, please sign below!

Parent Permission: \_\_\_\_\_

Date:

*Thank you-CA STAFF*

# AGREEMENT

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

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN-HR	
Extra services to be provided at an additional fee if applicable		

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)

\_\_\_\_\_

SIGNATURE-OPERATOR
DATE
SIGNATURE-PARENT OR GUARDIAN
DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
SIGNATURE-PARENT OR GUARDIAN	DATE

# CHILD SERVICE REPORT

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Facility Name: \_\_\_\_\_

This report describes your child's growth and development in the context of the services provided by our facility. You are to receive this report about your child every six months. The areas of observation in each area align with Pennsylvania's Learning Standards for Early Childhood and the Pennsylvania Academic Standards.

**Your child's strengths, as age appropriate, in the following areas are:**

Physical (fine motor and gross motor):
Knowledge and Skills (approaches to learning, math, science and social studies):
Social Emotional (personal-social):
Communication, Language and Literacy:

**The next developmental milestones, as age appropriate, we're working on are:**

Physical (fine motor and gross motor):
Knowledge and Skills (approaches to learning, math, science and social studies):
Social Emotional (personal-social):
Communication, Language and Literacy:

**You can help your child grow and develop, as age appropriate, at home by:**

Physical (fine motor and gross motor):
Knowledge and Skills (approaches to learning, math, science and social studies):
Social Emotional (personal-social):
Communication, Language and Literacy:

**Facility person who completed this child's report:**

**This report was reviewed with and a copy given to the following parent/guardian:**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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

Date: \_\_\_\_\_

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 <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> )  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>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.</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
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/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: <span style="float: right;">DATE FORM SIGNED:</span>

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

# EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

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

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE





# MEDICAL EMERGENCY PROCEDURE

**PURPOSE:** To provide a written procedure to follow in the event that emergency medical care is required by a child using CPR/First Aid

**RESPONSIBILITY:** The director or acting director will determine if emergency medical care is needed.

**PROCEDURE:** Upon determining that medical care is needed the necessary first aid will be given and the following procedure will be put into effect.

- I. CONTACT**
  - A. Parent or guardian will be notified if possible
  - B. If parent or guardian cannot be contacted
    1. All attempts will be documented
    2. Emergency person(s) will be notified
  - C. Provider of emergency care will be contacted
- II. TRANSPORTATION**
  - A. If it is determined to be necessary, an ambulance will be summoned
    1. The director or acting director will accompany the child
  - B. If not, the following will take the child for necessary care
    1. Director (to be notified if not on the premises)
    2. Acting Director
  - C. The following will be taken with the child
    1. The necessary consent and emergency contact information
    2. The Emergency Services information
    3. Necessary first aid equipment
    4. The child's health assessment
- III. THE PERSON ACCOMPANYING THE CHILD WILL REMAIN WITH HIM/HER UNTIL:**
  - A. The parent of designee arrives
  - B. The child is released to return to the Day Care Center
- IV. THE PERSON LEFT IN CHARGE AT THE DAY CARE WILL:**
  - A. Continue to attempt to contact parents or emergency person
  - B. Call in help to cover at the Day Care Center using Emergency Call Out List

# VERBAL REQUEST FOR RELEASE OF CHILD

55 PA CODE CHAPTERS 3270.117(c) and 3280.117(c) and 3290.116(c)

THIS FORM MUST BE COMPLETED TO DOCUMENT THE VERBAL REQUEST BY A PARENT FOR THE  
RELEASE OF A CHILD TO A PERSON(S) NOT INDICATED ON THE AGREEMENT  
(CHAPTERS 3270.123(a)(5), 3270.124(b)(7); 3280.123(a)(5), 3280.124(b)(7); 3290.123(a)(5), 3290.124(b)(7)).

NAME OF CHILD	DATE	TIME
NAME OF REQUESTING PARENT	TELEPHONE NO. FROM WHICH PARENT IS CALLING	
NAME OF INDIVIDUAL TO WHOM THE CHILD IS TO BE RELEASED ➤		
NAME OF STAFF PERSON TAKING THE CALL ➤		

CALL THE ENROLLING PARENT BACK TO CONFIRM THE INFORMATION IF POSSIBLE

CONFIRMING PARENT	DATE
NAME OF STAFF PERSON CONFIRMING INFORMATION	TIME

_____	_____
NAME OF STAFF PERSON RELEASING CHILD	DATE

**BE SURE TO ASK FOR IDENTIFICATION WHEN THE INDIVIDUAL ARRIVES TO PICK UP THE CHILD**



**CREATION ACADEMY**

**ANNOUNCEMENT:**

**WE WILL BE CLOSED ON LABOR DAY MONDAY, SEPTEMBER 5<sup>TH</sup> 2022 AND WILL RESUME PRE-K & CHILDCARE SERVICES ON TUESDAY, SEPTEMBER 6<sup>TH</sup>.**

**IN ADDITION, WE WILL BE HOSTING OUR ORIENTATION ON TUESDAY, SEPTEMBER 6<sup>TH</sup> FROM 4-7 PM.**

**THIS WILL GIVE YOU EXTRA TIME TO SPEND WITH OUR STAFF, TEAM, AND MEET OTHER FAMILIES. WE WILL ALSO BE RELEASING OUR YEARLY CALENDAR FOR ALL OF THE FAMILIES DURING THIS TIME.**

**IF YOU HAVE ANY QUESTION'S PLEASE FEEL FREE TO CONTACT US ON OUR OFFICE NUMBER (724) 467-6834.**