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# SOMERSET ACADEMY EARLY LEARNING CENTER

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## Enrollment Packet



SOMERSET ACADEMY EARLY LEARNING CENTER  
719 West Girard Avenue, Philadelphia PA 19123  
Office: 267-639-9664 – Cell: 267-908-1800  
[tchavous@somersetacademypa.org](mailto:tchavous@somersetacademypa.org) - [enrollment@somersetacademypa.org](mailto:enrollment@somersetacademypa.org)  
[www.somersetacademypa.org](http://www.somersetacademypa.org)





## Somerset Academy Early Learning Center

719 West Girard Ave - Philadelphia, PA 19123

267-639-9664

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,

*Tiffany Chavous*





# SAELC'S ENROLLMENT APPLICATION

## AGREEMENT

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

<b>Today's Date</b>		<b>Desired Start Date:</b>		<b>Actual Start Date:</b>	
Child's Full Name: Last, First, Nickname				Date of Birth:	
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.) <input type="checkbox"/> all day care <input type="checkbox"/> part-time care <input type="checkbox"/> meals <input type="checkbox"/> transportation					
		CHILD'S DEPARTURE TIME		PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED	
LATE FEE \$		PER MIN-HR.			
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female					
Extra services to be provided at an additional fee if applicable <input type="checkbox"/> after care <input type="checkbox"/> before care <input type="checkbox"/> trips <input type="checkbox"/> other _____					
I, the parent/guardian; <input type="checkbox"/> Received complete written program information at the time of enrollment. (3270.121, 3280.121, 3290.121) <input type="checkbox"/> 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		
<i>By Signing this document, you understand that this is a legally binding agreement; and you fully understand and commit to adhere to the terms included on this form.</i>					
DATE OF CHILD'S ADMISSION		PERIODIC REVIEW			
DATE OF WITHDRAWAL		_____ SIGNATURE-PARENT OR GUARDIAN		_____ DATE	
Parent/Guardian Name:					
Address (including city, state and zip)					
Home Phone:		Cell Phone:		Work Phone:	
Email Address:					

Scheduling: Day(s) & Hours of Care:					
🕒	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off					
Pick Up					



Is your child a <b>school age</b> child? <input type="checkbox"/> Yes <input type="checkbox"/> No (please check) <b>If yes, please indicate:</b>		
<b>School Name &amp; Address:</b>		
Grade:	Room #:	Teacher's Name:
My child needs: <input type="checkbox"/> Before Care Only <input type="checkbox"/> After Care Only <input type="checkbox"/> Before and After Care		
Funding Information: (please check)		
<input type="checkbox"/> Private Pay	Private Pay Weekly Fee \$ _____	
<input type="checkbox"/> ELRC (formerly CCIS)	Weekly CIS Co-Pay \$ _____	
<input type="checkbox"/> DHS	Family Record # _____	
<input type="checkbox"/> PHLpreK	CCIS/Case Worker's Name: _____	
<input type="checkbox"/> Pre-K Counts	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

## 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 or be asked to remain at home if appropriate coverage will not be available.

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

## 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





## 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)

HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS	POLICY NUMBER (REQUIRED)
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**PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT**

OBTAINING EMERGENCY MEDICAL CARE	ADMIN OF MINOR FIRST - AID PROCEDURES
WALKS AND TRIPS	SWIMMING
TRANSPORTATION BY THE FACILITY	WADING

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE





## Somerset Academy Early Learning Center

719 West Girard Ave | Philadelphia, PA 19123 | (267)639-9664

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### Getting to Know Your Family

Child's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

\_\_\_\_\_

2. What are your child's favorite games/toys/activities?

- Books                       Cars/Trucks                       Dolls  
 Blocks                       Sensory Items (playdough, fidgets, dirt, sand)  
 Other: \_\_\_\_\_

3. Favorite likes and dislikes?

Likes

Dislikes

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

4. Has your child been in an early learning program/childcare before?  Yes  No

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

- Academics                       Social/Emotional Development  
 English as 2<sup>nd</sup> language                       Other: \_\_\_\_\_  
 All of the above

6. What is your child's schedule at home?

Wake-up Time: \_\_\_\_\_ Bedtime: \_\_\_\_\_

Naptime: \_\_\_\_\_ Mealtime: \_\_\_\_\_

7. Are there custody issues that we should discuss?  Yes  No

8. Does your child have any siblings?  Yes  No

If yes, what are their names: \_\_\_\_\_



9. Are there any special needs your child has been observed or is receiving treatment for?  
 Yes  No

*If No, please skip to QUESTION 10.*

- a. If yes, does your child have an Individualized Family Service Plan (IFSP) or an Individualized Education Plan (IEP)?  IFSP  IEP  
(If Yes, please bring us a copy of the plan so we can provide the best possible learning experience for your child.)
- b. What services/ program/ individuals are working with your child to meet your child and family's needs?  
 Speech  Behavioral (BHT)  Occupational Therapy (OT)  
 Physical Therapy  Other: \_\_\_\_\_

10. Does your child have any allergies?  Yes  No

Food: \_\_\_\_\_  Medicine: \_\_\_\_\_  
 Seasonal/Environmental

11. Do you have any concerns about your child's eating habits?  Yes  No

12. List 5 of your child's favorite foods:

a. \_\_\_\_\_ b. \_\_\_\_\_ c. \_\_\_\_\_ d. \_\_\_\_\_ e. \_\_\_\_\_

13. Toilet Use: (Please check the one that best describes your 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.

14. Is there any information about your family's culture, ethnicity, language, or religion that is important for us to know?

Yes \_\_\_\_\_  No

15. Would you like to join our Parent Advisory Board?  Yes  No

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

# 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:		

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

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): <input type="checkbox"/> 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. <input type="checkbox"/> NONE								
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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>					
			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:								
			PHONE:	LICENSE NUMBER:		DATE FORM SIGNED:		





## 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 are 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 into 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: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

- 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: \_\_\_\_\_

Parent Name (Please print): \_\_\_\_\_

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 parents 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 \_\_\_\_\_

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 – 6:30 pm

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

## HOLIDAYS & IN-SERVICE

INITIALS \_\_\_\_\_

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 (usually 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 \_\_\_\_\_

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 the front door. Children will only be released to his/her parent/guardian, and/or individuals who are written on the Emergency Contact Form, or those who are listed as authorized sponsors.

## PHOTO RELEASE

INITIALS \_\_\_\_\_

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 \_\_\_\_\_

Parents are urged not to send valuables, money, jewelry, or 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 \_\_\_\_\_

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 within an hour of notification (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 in daily activity.

Also please note that if a student is unable to return until after 24 hours of the last instance or occurrence of any symptoms which may be illness related.

**EMERGENCY CONTACTS**

**INITIALS** \_\_\_\_\_

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 the director as soon as possible whenever there is a change.

**HEALTH ASSESSMENT**

**INITIALS** \_\_\_\_\_

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** \_\_\_\_\_

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** \_\_\_\_\_

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 \$75.00 per student and \$125.00 per family (with families registering more than 1 child) is due at the time of registration. There will be a \$20.00 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** \_\_\_\_\_

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 copayment if applicable. If the copay is not kept up to date, we are required by the ELRC to report the delinquency which may result in termination of eligibility for subsidy.

**REFUNDS**

**INITIALS** \_\_\_\_\_

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. Full tuition is payable each week that my child/ren are enrolled. Tuition is not based on attendance of the student, instead it is a place holder for that student's slot.

**VACATION**

**INITIALS** \_\_\_\_\_

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** \_\_\_\_\_

Parents are responsible for providing diapers, wipes, blankets, and complete sets of extra clothing that is appropriate for the season. Staff will send all soiled clothing home and ask that you replace it the following day. I agree to bring my child/ren to school dressed in appropriate and comfortable clothing (please see the parent handbook) which is to include comfortable shoes. No open toe, crocs, or slippers are permitted as they pose a safety concern for students. Parents will send their 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.



# PARENT CODE OF CONDUCT POLICY

## STATEMENT OF INTENT

Somerset Academy Early Learning Center encourages close links with parents and the community. We believe that children benefit when the relationship between home and academy is a positive one. Our main priority is to provide a safe, respectable, and loving environment for our children.

The vast majority of parents, carers and others visiting the school are keen to work with us and are supportive of the academy. However, a tiny minority of parents have a negative attitude towards the academy and sometimes, this can result in aggression, verbal and/or physical abuse towards academy staff.

Somerset Academy expects its staff to behave professionally in these difficult situations and attempt to defuse the situation where possible, seeking the involvement as appropriate of other colleagues. However, all staff have the right to work without fear of violence and abuse and the right, in extreme cases, of appropriate self-defense.

Somerset Academy expects parents and other visitors to behave in a reasonable way towards academy staff. This policy outlines the steps that will be taken where parents' behavior is unacceptable.

## BEHAVIOUR

Types of behaviors that are considered serious and unacceptable and will not be tolerated:

This is not an exhaustive list but seeks to provide illustrations of unacceptable behaviors:

- Shouting at academy staff, either in person or over the telephone.
- Physically intimidating a member of staff e.g., standing very close to him/her.
- The use of aggressive hand gestures e.g., two fingers raised.
- Threatening academy staff.
- Shaking or holding a fist towards another person.
- Writing abusive comments about a member of staff e.g., he/she is an idiot.
- Swearing at a member of academy staff.
- Pushing.

- Hitting, e.g., slapping, punching, or kicking.
- Spitting.
- Racist or sexist comments.
- Breaking the academy's security procedures.
- **SOMERSET ACADEMY IS A WEAPONS FREE ZONE. ABSOLUTELY NO GUNS, NO KNIVES, NOR OTHER INSTRUMENTS OF VIOLENCE ARE ALLOWED ON THE PREMISES.**

Unacceptable behavior will result in the Police being informed of the incident.

## PROCEDURE

When a parent or member of the public behaves in an unacceptable way towards a member of the academy staff the Executive Director or appropriate senior staff will seek to resolve the situation through discussion and mediation. If necessary, the academy's complaints procedure should be followed. Where all procedures have been exhausted, and aggression or intimidation continue, or where there is an extreme act of violence, a parent or guardian may be banned by the Executive Director, in agreement with the CEO and/or Board of Directors, from the school premises for a period of time, subject to review.

Prior to being banned the following steps will be taken:

The parent will be warned, in writing, that s/he is banned from the premises, subject to review, and what will happen if the ban is breached, e.g., that an injunction may follow.

- Where an assault has led to a ban, a statement indicating that the matter has been reported to the Police will be included.
- Where appropriate, arrangements for students being delivered to, and collected from the school gate will be clarified.

## CONCLUSION

Pupils learn best when there is a positive partnership between home and school. Whilst every effort will be made to work with parents, this will only be possible where parents behave in an acceptable way. Unfortunately, where a parent's behavior is either unacceptable or serious it will not be possible to continue working with him/her and, as a final resort, legal action may be taken. The academy will take action where behavior is unacceptable or serious and breaches our home-school code of conduct or health and safety legislation.

We will review this policy on a yearly basis.



## **PARENT CODE OF CONDUCT POLICY ACKNOWLEDGMENT**

By signing this document, I acknowledge that I understand and will adhere to Somerset Academy Early Learning Center's policies and procedures.

Name of Scholar: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

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

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





## Somerset Academy Early Learning Center Summer Camp

### STUDENT CODE OF CONDUCT POLICY

At Somerset Academy Early Learning Center, we set clear boundaries and limits for our students. We establish a strict zero tolerance policy for verbal and physical aggression, teasing, taunting, and bullying. We emphasize de-escalation and therefore our administrators, counselors, and staff identify potential issues and defuse problem situations before they escalate. If an infraction occurs, we offer corrective remediation.

Somerset Academy is established on building character and cultivating the genius within each child. Every opportunity is provided to help our students develop positive self-image, gain rewards, and acknowledgement for appropriate behavior and our administrators, counselors, and staff serve as role models and examples of courtesy, respect, and civility in interacting with campers and others.

Should an unforeseen act of inappropriate behavior occur, we use the following guidelines to address the situation:

If a student loses control and becomes increasingly, verbally aggressive with a staff person, the student is redirected from the activity and the Program Director/Manager is immediately contacted to assess the issue with all parties. The student and Director/Manager will discuss the incident in our Reflection Room and determine the course of action needed, to include a written apology.

If a student loses control and becomes physically aggressive with a staff person, the student is redirected, and the Program Director/Manager is immediately contacted to assess the issue with all parties. At such time, the Director/Manager will make a determination of the course of action needed to include: Writing in the Reflection Room, phone call to parent to be picked up from the academy, removal from special activity/trip, removal from the academy.

If student(s) lose control and become increasingly, verbally aggressive with each other, the students are redirected, and the Program Director/Manager is immediately contacted to assess the issue with all parties. At such a time, the Director/Manager will decide the course of action needed.

If students lose control and become physically aggressive with each other, the students are redirected, and the Program Director/Manager is immediately contacted to assess the issue with all parties. At such time, the Director/Manager will make a determination of the course of action needed to include: Writing in the Reflection Room, phone call to parent to be picked up from the academy, removal from special activity/trip, removal from the academy.



If an extreme act of violence occurs, the Program Director/Manager will wait for a team of adults before intervening physically. A parent will be contacted immediately to pick up the student. A parent meeting will be held to discuss the next course of action.

If behavior management strategies do not bring significant improvement in behavior, then we will consult with the appropriate professional(s) to address the matter.

SOMERSET ACADEMY STAFF



**Somerset Academy Early Learning Center Summer Camp**  
**STUDENT CODE OF CONDUCT ACKNOWLEDGEMENT**

By signing this form, the parent/guardian of the scholar states that they have read and explained the policy to their scholar, have an understanding of the behavioral policy and hereby agree to the terms/conditions of this policy.

Should a scholar not be able to comply with the terms of the behavioral policy, a meeting with the Executive Director, Program Director & Behavioral Consultant will be held to determine if the scholar may remain and participate in Academy activities.

By signing this acknowledgement form I agree to the terms stated in the behavioral policy.

Name of Scholar: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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





## 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/legal guardian

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/legal guardian

\_\_\_\_\_  
Date





# 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/legal guardian





## EMERGENCY PREPAREDNESS PLAN

Somerset Academy Early Learning Center  
719 W. Girard Avenue, Philadelphia, PA 19123  
Telephone: 267-639-9664

### 1. Lock down/shelter in place:

In the event of shelter in place: all children and staff will be moved to the center of the room away from the windows and doors. They will remain there until notified that it's safe to resume normal activities.

**The Director and/or designated person in charge will oversee this procedure.**

### 2. Evacuation plan: annual facility emergency drill

In the event that an emergency requires evacuation from the building: all children and staff will evacuate to St. Malachy school located at 1012 W. Thompson Street, Philadelphia, PA 19122. Telephone number is 215-232-0696. Our 2<sup>nd</sup> location is Young Scholars Charter School located at 900 N. Marshall Street, Philadelphia, PA 19123. Telephone number is 215-232-9727.

**The Director and/or designated person in charge will oversee the procedure and safe movement of all children and staff.**

### 3. Method of contact when an emergency arises:

When an emergency arises: **the Director and/or designated person in charge will** contact all parents via emergency contact forms and notify them of the emergency and the status of the children and staff.

**Method of contact: parents will be notified via telephone.**

### 4. Method of contact when the emergency has ended:

**The director and/or person designated in charge** will contact all parents to apprise them that the emergency has ended and to what location they can safely pick the children up from.

**Method of contact: parents will be notified via telephone.**

*Accommodations for infants, toddlers, children with disabilities and children with chronic medical conditions will be accommodated by hiring extra staff and utilization of evacuation equipment to safely move the children. Example: rolling buggies, rolling pack-n-play, rolling cribs.*





# 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/legal guardian



# Infant/Toddlers Supply List

\* 1. Crayons (Big/Fat)



2. Glue Sticks

\* 3. Pencils (Big/Fat)

4. Play-Doh



5. Storage Bags (Small/Large)



6. 2 Sets - **Season Appropriate** Change of Clothes

**Labeled with Child(ren)'s name(s)**

7. Cot Sheet & Blanket for Naptime –

**Labeled with Child(ren)'s name(s)**

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



# Suggested Preschool Supply List

1. Pencils
2. Markers (Washable)
3. Crayons
4. Marble Notebooks (3 to 5)
5. Dry Erase Board & Dry Erase Markers
6. Tissues
7. Change of clothes (2 sets – Season appropriate)
8. Blanket
9. Large Erasers
10. Elmer's Glue
11. Glue Sticks (3 to 4)
12. Scotch Tape
13. Scissors
14. Pocket Folders
15. Box for Supplies
16. Construction Paper
17. Pack of Wipes





## Somerset Academy Early Learning Center

September 1, 2024

**SUBJECT:** Nondiscrimination in Services  
**TO:** Parents and Guardians  
**FROM:** Tiffany Chavous/CEO

Admissions, the provisions of services and referral of clients shall be made in accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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/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  
Phone: (267)639-9664  
Email: [adminSupport@somersetacademypa.org](mailto:adminSupport@somersetacademypa.org)

**Commonwealth of Pennsylvania**  
**Department of Human Services**  
**Bureau of Equal Opportunity**  
Room 225, Health & Welfare Building  
P.O. Box 2675  
Harrisburg, PA 17110  
Phone: (717)787-1127

**Office of Child Development and Early Learning**  
Southeast Region  
801 Market Street  
Suite 5132  
Philadelphia, PA 19107-3126  
Telephone: (215) 560-2541

**PA Human Relations Commission**  
**Philadelphia Regional Office**  
110 N. 8th Street  
Suite 501  
Philadelphia, PA 19107  
Phone: (215)560-2496 | (215)560-3599 TTY

**U.S. Department of Health and Human Services**  
**Office for Civil Rights**  
Mid-Atlantic Region  
801 Market Street  
Suite 9300  
Philadelphia, PA 19107  
Phone: (800)368-1019



TO: Parents  
FROM: Tiffany Chavous CEO, SAELC  
RE: Drop off and Pick up Procedure at Somerset Academy Early Learning Center  
719 West Girard Avenue  
DATE: September 1, 2024

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) to the door of the building whether you are walking or driving. Children are not permitted to enter the building unless they are escorted by a parent, guardian or caregiver to the door. 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 reaching the door to the building, parents will deliver his/her child to the care of the assigned staff person at the door, sign the child in either on the Brightwheel app or on the sign-in sheet and may at that time, leave the campus. Staff members are not permitted to sign any child(ren) in or out without a signature from the parent/guardian at the time of drop-off/pick-up.

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: [enrollment@somersetacademypa.org](mailto:enrollment@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.

#### [ELRC \(Early Learning Resource Center\), formerly CCIS](#)

ELRC 18 Philadelphia County - Early Learning Resource Center (ELRC) 18 is the hub of childcare information in Philadelphia County. ELRC 18 provides you and your family with information on quality childcare and personalized childcare referrals to providers based on your specific needs or preferences. ELRC 18 also administers the Child Care Works subsidized childcare program.

- Provider Zone
- Family Zone
- Community Engagement
- Resources

#### Location Details

4601 Market Street  
Philadelphia, PA 19139

E-fax  
267-592-4178

1200 Callowhill Street  
Philadelphia, PA 19123

Hours  
8:30 a.m. – 5:00 p.m. Monday – Friday

Phone  
Toll free: 888-535-2209  
Local: 610-480-3190

Email  
Providers: [ELRC18@phmc.org](mailto:ELRC18@phmc.org)  
Families: coming soon

For more information please visit: <https://www.elrc-phmc.org/>



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



## Somerset Academy Early Learning Center

719 West Girard Avenue, Philadelphia, PA 19123

267-639-9664

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



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 of 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. The ELRC and Keystone STARS are both state funded programs.

# CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

**APPLY ONLINE:**

Insert URL Here

## STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

**Definition of Household Member:** "Anyone who is living with you and shares income and expenses, even if not related."  
  
Children in Foster care and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name

Foster Child	Migrant	Runaway	Homeless	Head Start
<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"/>	<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"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

## STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

**IF NO >** Go to STEP 3 **IF YES >** Write case number here and proceed to STEP 4 (do not complete STEP 3)

**CASE NUMBER:**

Write only one case number in this space.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

**Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.**

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

### A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income

How often?  Weekly  Bi-Weekly  Monthly  Bi-Monthly

### B. All Adult Household Members (Including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and last)	Earnings from Work	How often?				Welfare/Child Support/Alimony	Pensions/Retirement/Social Security/SSI/VA Benefits	How often?			
		Weekly	Bi-Weekly	Monthly	2x Month			Weekly	Bi-Weekly	Monthly	2x Month
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)   Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member              Check if no SSN

## STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Adult Signing the Form	Signature of Adult	Today's Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State Zip Phone/Email

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> </ul>
Social Security - Disability Payments - Survivors Benefits	<ul style="list-style-type: none"> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>
Income from person outside of household	<ul style="list-style-type: none"> <li>A friend or extended family member regularly gives a child spending money</li> </ul>
Income from any other source	<ul style="list-style-type: none"> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li>Net income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

**OPTIONAL Children's Ethnic and Racial Identities (Optional)**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

**Ethnicity (check one):**  Hispanic or Latino  Not Hispanic or Latino

**Race (check one or more):**  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

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, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of 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 or other FDPIR identifier for your child 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 the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

**MAIL\*:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

**FAX:** (202) 690-7442; or  
**EMAIL:** [program.intake@usda.gov](mailto:program.intake@usda.gov).

*This institution is an equal opportunity provider.*

**\*Only use this address if you are filing a complaint of discrimination.**

**DO NOT FILL OUT 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	How often?	Household size	Categorial Eligibility <input type="checkbox"/>	Eligibility																	
<input type="text"/>	<table border="1"> <tr> <td>Weekly</td> <td>Bi-Weekly</td> <td>Monthly</td> <td>2x Month</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Weekly	Bi-Weekly	Monthly	2x Month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>	<table border="1"> <tr> <td>Free</td> <td>Reduced</td> <td>Denied</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Free	Reduced	Denied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Weekly	Bi-Weekly	Monthly	2x Month																		
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																		
Free	Reduced	Denied																			
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																			
Determining Official's Signature	Date	Confirming Official's Signature	Date	Follow-up Official's Signature	Date																

**Child and Adult Care Food Program  
Child Enrollment Form**

**Sponsor/Center Name:** Somerset Academy Early Learning Center  
**Agreement #:** 370-51-792-1

**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	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER	
FIRST CHILD	<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY									<input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME		<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other:								
BIRTH DATE		<b>Enrollment Date:</b> _____ <b>Withdrawal Date:</b> _____								
AGE										
SECOND CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY									<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME		<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other:								
BIRTH DATE		<b>Enrollment Date:</b> _____ <b>Withdrawal Date:</b> _____								
AGE										
THIRD CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY									<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME		<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other:								
BIRTH DATE		<b>Enrollment Date:</b> _____ <b>Withdrawal Date:</b> _____								
AGE										

**Signature**

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Telephone Number of Parent or Guardian*

CHILD CARE REPRESENTATIVE USE ONLY:	_____	_____
	<i>Name of Representative/Signature</i>	<i>Date</i>
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 same month this form is received.		

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**In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.**

**Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.**

**To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.**

**The completed AD-3027 form or letter must be submitted to USDA by:**

- mail:** U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
- fax:** (833) 256-1665 or (202) 690-7442; or
- email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

**This institution is an equal opportunity provider.**