

St. Luke's Day School & Kindergarten  
11080 Knights Road  
Philadelphia, PA 19154  
215.632.8374

Hello!

Thank you for requesting information about St. Luke's summer camp!

The school age group offers trained staff, and we are proud to say we have very little staff turnover with most of our staff members here for ten years or more and a few closing in on twenty! Our staff is loving, patient and kind. Many parents comment on the family-like atmosphere of the program of which we are very proud. We attend numerous trainings throughout the year to keep sharp and participate in the Keystone Stars program, a quality care initiative in Pennsylvania ensuring better early childhood programs.

When enrolling, there is a \$50.00 non-refundable registration fee that holds your child's slot and allows us to establish an account for your family. A two week advance payment, or escrow, is paid a month prior to coming and held for the last two weeks your child attends. Tuition for summer camp is \$156.00 per week for one child, and \$265.00 per week for two children. Once you begin attending, tuition payments are due each Monday, but there is a grace period until 6:00 PM on Wednesday.

There is also a summer camp fee which is one lump payment for all visitors, trips, supplies, etc. that we will have during the program. This must be paid prior to starting camp June 18<sup>th</sup>.

Upon starting, you will receive the remainder of the enrollment packet as well as a Parent Handbook which you are asked to read and return the last page from stating that you have read it. This manual includes all information about the school rules and regulations as well as our days off, policies, etc.

Also, the first day your child attends, he/she will need the following: crayons, markers, scissors, a glue stick, a small, plastic art box and a full change of clothes, including socks and undies, in a labeled gallon size plastic bag. Any other items your child needs, specific to the summer camp program, will be needed after starting.

You will also receive 5 vacation days to use at your convenience during the summer. If you have a vacation planned, simply complete a vacation request form and do not pay tuition that week!

I hope I have not overwhelmed you too much! I just want to provide as much information as possible to ensure a smooth and easy start to your time here at St. Luke's! I encourage you to call or stop in if you have any questions regarding our program! We look forward to welcoming you!

Kate Wesolowski, Director

# APPLICATION FOR ST. LUKE'S DAY SCHOOL & KINDERGARTEN

Date of Admission \_\_\_\_\_ Date of Departure \_\_\_\_\_  
Preschool (PT/ FT) \_\_\_\_\_ Pre-K \_\_\_\_\_ Kindergarten \_\_\_\_\_ Summer Camp \_\_\_\_\_

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Address \_\_\_\_\_  
Street City, State Zip Code

Mother's/Legal Guardian's Name \_\_\_\_\_  
Mother's Social Security Number \_\_\_\_\_ Mother's Email \_\_\_\_\_  
Mother's/Legal Guardian's Address \_\_\_\_\_  
Mother's/Legal Guardian's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mother's/Legal Guardian's Business Name \_\_\_\_\_  
Mother's/Legal Guardian's Business Address \_\_\_\_\_

Father's/Legal Guardian's Name \_\_\_\_\_  
Father's Social Security Number \_\_\_\_\_ Father's Email \_\_\_\_\_  
Father's/Legal Guardian's Address \_\_\_\_\_  
Father's/Legal Guardian's Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Father's/Legal Guardian's Business Name \_\_\_\_\_  
Father's/Legal Guardian's Business Address \_\_\_\_\_

Person to be contacted if parents are not available:

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Name Phone # Relationship to Child

Physician and/or Source of Medical Care:

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Name Address Phone #

Special Concerns/Disabilities, if any: \_\_\_\_\_

Any special Medical/Dietary information necessary for management in an emergency situation– i.e. allergies, medications, special conditions, etc. \_\_\_\_\_

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Signature of Director Signature of Parent/Guardian

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Upon acceptance of enrollment at St. Luke's Day School & Kindergarten, you are responsible for the following, prior to your child's attendance:

- \* A one-time, non-refundable registration fee of \$50.00 per child must be paid at the time of application;
- \* Two week's advance tuition is due. This money will be held as "escrow" and applied to your child's last two weeks in the school. You must notify the school Director, in writing, two weeks prior to your child's last day. This will ensure that you receive the full amount of time allotted by your escrow. Failure to give two weeks notice will result in you losing your escrow;
- \* You must return all paperwork, signed and dated, including:
  - Application
  - Emergency Contact Form
  - Health Assessment (Completed by your child's physician within 30 days)
  - Consent Form
  - Emergency Code Form
  - Civil Rights Compliance
  - Signature Page from Parent Policy Manual

Please sign and date below to acknowledge that you have received the enrollment procedures above, and that you fully understand each of them.

I, \_\_\_\_\_, fully understand and accept the enrollment procedures.

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

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

Date \_\_\_\_\_

# AGREEMENT

## CHILD CARE CENTERS \* GROUP DAY CARE CENTERS \* FAMILY DAY CARE HOMES

A fee of <b>\$265.00</b>	Per - Day, Week, etc. <b>Per Week</b>	Will be paid - Daily, Weekly, etc. <b>Weekly</b>	By - Mother, Father, Other, Specify <b>Parents/Guardians</b>
This will include cost of - Care, Transportation, Meals, etc. - Specify Meals to be served <b>Academic program, Care, Breakfast, Lunch, PM Snack</b>			
Transportation will be supplied by <b>Parents / Guardians</b>		Medical Care, if required, will be paid by <b>Parents / Guardians</b>	
Child will arrive at - Time XX)	Depart - Time	Usually accompanied by - Mother, Father - Other	A fee of Per Min. - Hr. (Not applicable - Title
Person(s) designated by parents to whom child may be released - specify all persons other than parents			

Any additional conditions and/or services as agreed upon by both parties:

\*\* Late pick-up policy: Any child picked up between 6:01 PM and 6:10 PM will be charged a \$15.00 fee. An additional fee of \$5.00 will be charged for each five (5) minute increment. The fee must be paid by the following Monday and may be included in your tuition payment. Any fees which are not paid by the following Monday will continue to incur late fees until the fee is paid.

\* ALL TUITION MUST BE RECEIVED BY 6 PM WEDNESDAY OF EACH WEEK. IF PAYMENT IS NOT RECEIVED BY 6:00 PM ON WEDNESDAY, YOU WILL BE REQUIRED TO PAY A \$10.00 LATE FEE. UNTIL YOUR LATE FEE IS PAID, YOUR ACCOUNT WILL CONTINUE TO ACCRUE FEES.

\_\_\_\_\_  
Signature - Administrator, Director, Caregiver      Date      \_\_\_\_\_  
Signature - Parent or Guardian      Date

DATE OF CHILD'S ADMISSION - ENROLLMENT	DATE OF CHILD'S WITHDRAWAL
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### SIX MONTH REVIEW

I agree to update the Emergency Contact/Parental Consent Form information whenever changes occur or every six months at a minimum.

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

DATE: March 12, 2004  
SUBJECT: Nondiscrimination in Services Statement  
TO: Parents  
FROM: Kate Wesolowski, Director

Admissions, the provisions of services, and referrals of clients shall be made without regard race, color, religious creed, disability, ancestry, national origin, Limited English Proficiency (LEP), sexual orientation, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aids, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

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

St. Luke's Day School & Kindergarten  
11080 Knights Road  
Philadelphia, PA 19154  
215-632-8374

Department of Public Welfare  
Bureau of Equal Opportunity  
Southeast Regional Office  
1105B Phila. State Office Bldg.  
1400 Spring Garden Street  
Philadelphia, PA 19130

PA Human Relations Commission  
711 Phila. State office Building  
1400 Spring Garden Street  
Philadelphia, PA 19130

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

Department of Public Welfare  
Bureau of Equal Opportunity  
Room 521, Health and Welfare Building  
P.O. Box 2675  
Harrisburg, PA 17105-2675

Revised March 2004

CIVIL RIGHTS COMPLIANCE  
PARENT AWARENESS

In accordance with applicable Federal and State Civil Rights laws and regulatory requirements, you as a resident of this agency, have the right:

to be provided services at this agency and to be referred for services of other agencies without regard to your race, color, religious creed, disability, ancestry, national origin, Limited English Proficiency (LEP) age, sexual orientation, or sex.

to file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color, religious creed, disability, ancestry, National origin, Limited English Proficiency (LEP), age, sexual orientation, or sex.

Complaints of discrimination may be filed with any of the following:

St. Luke's Day School & Kindergarten  
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PA Human Relations Commission  
711 Phila. State office Building  
1400 Spring Garden Street  
Philadelphia, PA 19130

Department of Public Welfare  
Bureau of Equal Opportunity  
Room 521, Health and Welfare Building  
P.O. Box 2675  
Harrisburg, PA 17105-2675

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U.S. Department of Health and Human Services  
Suite 372, Public Ledger Building  
150 S. Independence Mall West  
Philadelphia, PA 19106-9111

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Parent/Guardian Signature

Date

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Staff Signature

Date

ST. LUKE'S DAY SCHOOL & KINDERGARTEN  
EMERGENCY CARE RELEASE FORM

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

SCHOOL EMERGENCY CARE

In case of extreme medical emergency, I give school authorities permission to take whatever emergency action deemed necessary, including securing the assistance of pre-hospital emergency medical services. Further, I accept full responsibility for any and all costs involved in rendering such services.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

PRE-HOSPITAL EMERGENCY CARE

In case of extreme medical emergency, I give pre-hospital emergency medical personnel to take whatever emergency medical actions deemed necessary and I authorize transport of my child to the hospital. Further, I accept full responsibility for any and all costs involved in the rendering of such pre-hospital emergency services.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

HOSPITAL EMERGENCY CARE

In case of extreme emergency, I authorize either of the following persons to act on my behalf, until my arrival, in approving whatever emergency actions are deemed necessary by hospital personnel. Further, I accept full responsibility for any and all costs involved in the rendering of such emergency room and hospital treatment. (Insurance information is listed below.)

Emergency Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

INSURANCE INFORMATION

Name of Health Plan \_\_\_\_\_ Group # \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Employer \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

CONSENT FORM  
TYLENOL/WALKING TRIPS/CONFIDENTIALITY OF RECORDS

St. Luke's Day School & Kindergarten has my permission to administer TYLENOL to my child, \_\_\_\_\_, when medically necessary. I understand that a representative of the school will contact me to obtain verbal permission before administering.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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My child, \_\_\_\_\_, has permission to go on walking trips with St. Luke's Day School & Kindergarten. (Generally around the block.)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

I realize my child's records are kept confidential. However, it sometimes becomes necessary for the staff to examine them in order to provide the best care for my child.

I hereby give consent for the St. Luke's Day School & Kindergarten staff (teacher or director) to refer to my child's records when necessary.

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_