

**Growing Minds Learning Academy**

Thank you for your interest in GMLA. The following items are needed to complete the application process before we can enroll your child:

1. Completed enrollment packet with application
2. Current Health Assessment (which includes the date of assessment and doctor’s signature)
3. Current immunization record
4. CCIS Approval or First week of Tuition

Please retain Parent Handbook and Pennsylvania Keystone Stars information flyer for your records. If you have any questions, please do not hesitate to contact us. We look forward to serving you.

Sincerely,

Keyanna Burney,

Owner

Growing Minds Learning Academy
6503 Lansdowne Ave. Philadelphia, Pa 19151

(Office) 215-921-2565 (cell) 215-452-2109

**Enrollment Meeting**

**Child’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Name of Attendees**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Meeting Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Enrollment Questions:** Family Composition Questions:
Does your child have any siblings (name and ages)?

Are there any custody issues we need to know about?

Do you have pets at home?

Does your child have a nickname? Does he/she call a family member by a nickname?

**Child Information**

Has your child been in an early learning program or childcare before? What kind of care?

Is there any reason for leaving that program that you would like to share?

Do you have any of your child’s records from that program?

How does your child react around other children and adults?

What do you think will happen on your child’s first day here with us?

**Getting to Know you (Parent Form)**

**Child’s Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent(s)/Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are there ANY family situations we should be aware of (custody agreement/court orders)? **YES** or **NO**

If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Be advised we are **REQUIRED TO HAVE A COPY ON FILE**, Please bring to office.

Has a copy been submitted with enrollment paperwork? **YES or NO**

Are there any religious beliefs that would prevent your child/children from participating in any holiday celebrations of festivals? **YES or NO**If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any foods your child is NOT permitted to have due to religious beliefs? YES or NO
If yes, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any special interests, talents or skills that you would be willing to offer to the program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have impairments or developmental delays that we need to be made aware of to meet their needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Do you see your child having separation issues? **YES or NO**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Any other information you would like to share? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents Meeting**:
Follow up parent’s meetings are offered to parents and schedules 6 months after child starts care to discuss the

program and your needs. Please respond whether you are or are not interested in scheduling appointment.

\_\_\_\_\_**YES**, I would like to schedule an appointment
\_\_\_\_\_**NO**, I am not interested

Parents Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGEMENT OF RECIEPT**

|  |  |  |
| --- | --- | --- |
| **FORM TITLE:** | **RECIEVED** | **DID NOT RECIEVE** |
| **CONTRACT** |  |  |
| **PARENT HANDBOOK** |  |  |
| **RULES & REGULATIONS** |  |  |
| **COMMUNICATION****POLICY** |  |  |
| **SICK CHILD POLICY** |  |  |
| **PAYMENT POLICY** |  |  |
| **HOLIDAY AND SNOW POLICY** |  |  |

**By signing above, I acknowledge receipt of the above listed forms, and agree to abide by The terms and policies as outlined in them.**

**X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(PARENT/GUARDIAN) (CHILD CARE PROVIDER)**

**PARENT ORIENTATION PLAN - CHECKLIST**

Name of Facility: \_Growing Minds Learning Academy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Welcome! Selecting childcare is important to families. It is very important that parents are oriented to the childcare program where their child is receiving services. Knowing and understanding the parent handbook of the childcare program can have a positive impact on families and their childcare experience.*

*This is your orientation checklist. We will be sharing information with you about our center, and we are also providing you with a copy of the center’s policies and procedures. This orientation is intended to help you understand what you need to know as you leave your child in our care. We plan to cover all areas listed below with you. If an area is not covered or if you do not receive a copy of the policies and procedures, please be sure to let us know.*

* ♦  Regular communication with parents
* ♦  Daily information to be shared with parents about infants and toddlers
* ♦  Parent access to children while in the center
* ♦  Parent-teacher conferences
* ♦  Information about resources/services for children with different abilities and needs
* ♦  Confidentiality
* ♦  Daily attendance
* ♦  Drop-off and parking
* ♦  Transportation (how supervision and safety are handled)
* ♦  Discharge procedures
* ♦  Release of children to authorized person
* ♦  Withdrawal procedures
* ♦  Items to be provided by parents and provider
* ♦  Procedures to contact parent when child is sick
* ♦  Emergency medical care
* ♦  Illness and injury
* ♦  Allergies
* ♦  Communicable diseases
* ♦  Medication
* ♦  Meals and nutrition
* ♦  Daily activities
* ♦  Field trips
* ♦  Discipline policies and techniques
* ♦  License
* ♦  Ratios, group size and supervision
* ♦  Payments for childcare services
* ♦  Fees when child is absent

♦ Late pick-up fees
♦ Fees for late payment
♦ Additional fees (field trips, insurance, transportation, etc.

 ♦ Non-discriminatory policy
♦ Alcohol and drug policy
♦ Non-smoking policy
♦ Pets

*My signature below indicates that I have received a copy of the center’s policies and procedures and an orientation was conducted with me which covered all areas outlined in this orientation plan.*

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACKNOWLEDGEMENT OF PARENT ORIENTATION**

Name of Facility: \_Growing Minds Learning Academy\_\_\_

By signing below, I acknowledge that an orientation about the childcare facility and childcare services offered was held with me on the date indicated below and that all areas outlined in the orientation plan were discussed with me by the Director of the childcare facility. I also received a copy of the center’s written Handbook.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age of Child \_\_\_\_\_\_

 Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*To be placed in child’s file*

I have read and understand Growing Minds Learning Academy Registration including rules, policies, and regulations.

.
Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_

* I hereby authorize Growing Minds to secure emergency medical treatment for my child if the parents, guardians, or family physician cannot be reached

Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

* Throughout the year, we take the children’s pictures. We would like to use some of these pictures in local publicity releases, Growing Minds website & Facebook page. Please indicate your permission for us to use your child’s photograph in this way.

Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_

* I understand and agree to comply with its terms, including responsibility for payment
* Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_