

H & S Learning Center OST/After-School Program 2017-18

PLEASE PRINT CLEARLY COMPLETE "ALL" SECTIONS:

Student's Name: _____ Date of Birth: ____/____/____ Sex ____
Last Middle First

Student's Address: _____ City: _____ State: ____ Zip Code: _____

Telephone Number: (____) _____ Age: _____ Last Grade Completed: _____

School Attended: _____ Child's Social Security #: _____ - _____ - _____

School Student ID #: _____ Individualized Education Plan (IEP) ☐ Yes? ☐ No?

Does your child have any association with a Community Umbrella Agencies CUAs or DHS? ☐ Yes? ☐ No?
If Yes, Please provide contact person's name & phone number.

CUA's/DHS Contact's Name	Title	Phone number
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Parent/Guardian: _____ Parent's Social Security #: _____ - _____ - _____

Relationship to student: _____ Number of people in your household # _____

Telephone Number: (____) _____ Cell Number: (____) _____

E-MAIL address: _____

Does this student have any allergies? If yes, please specify:

In case of an EMERGENCY, notify: _____

Relationship to student: _____ Phone Number: (____) _____

In the event of an emergency, every effort will be made to contact the individual named above. However, if we are unable to locate the designated person, WILL YOU AUTHORIZE THE PROGRAM DIRECTOR OR ASSISTANT TO TAKE EMERGENCY MEASURES AS DEEMED APPROPRIATE? ☐ Yes? ☐ No?

Parent/Guardian's Signature	Date
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_____ (____) _____

Address (If different from above)	Phone Number
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City: _____ State: _____ Zip Code: _____

Program Dates of Operation: Sept. 5th, 2017 – June 12th, 2017 (Monday-Friday) Time: 2:00 p.m. - 6:00 p.m.

One time Registration Subscription \$50.00 (Non-refundable) – **Subscriptions/Donation rates are as follows:**

\$80/full time per week | \$60/part time per week (min. 3 days) | \$30 full day rate | \$20 half day rate

Full time Memberships include early dismissals. We also accept CCIS or sliding scale discounts available. See the Director of Programs, Annette M. Atkins prior to applying for additional details.

For Official Use Only

Date: ____/____/____

Deposit Paid: \$ _____

H&S Learning Center Cooperative

1530 N. 11th Street

Philadelphia, PA. 19122 site #(215) 644-9628

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

CHILD'S NAME:		BIRTH DATE:	
ADDRESS: CITY STATE ZIP			
MOTHER'S NAME/LEGAL GUARDIAN:		HOME TELEPHONE NUMBER:	
ADDRESS:			
BUSINESS NAME:		BUSINESS TELEPHONE NUMBER:	
ADDRESS:			
FATHER'S NAME/LEGAL GUARDIAN:		HOME TELEPHONE NUMBER:	
ADDRESS:			
BUSINESS NAME:		BUSINESS TELEPHONE NUMBER:	
ADDRESS:			
EMERGENCY CONTACT PERSON(S):	NAME:	TELEPHONE NUMBER WHEN CHILD IS IN CARE:	
PERSON(S) TO WHOM THE CHILD MAY BE RELEASED:	NAME:	ADDRESS:	TELEPHONE NUMBER WHEN CHILD IS IN CARE:
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER:		TELEPHONE NUMBER:	
ADDRESS:			
SPECIAL DISABILITIES (IF ANY):		ALLERGIES (INCLUDING MEDICATION REACTION):	
MEDICAL OR DIETARY INFORMATION NECESSARY IF AN EMERGENCY SITUATION:		MEDICATION, SPECIAL CONDITIONS:	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD:			
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS:		POLICY NUMBER (REQUIRED):	
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		

PERIODIC REVIEW

SIGNATURE OF PARENTS OR GUARDIAN

____/____/____
DATE

SIGNATURE OF PARENTS OR GUARDIAN

____/____/____
DATE

The City of Philadelphia
Out-of-School Time Project
CONSENT TO RELEASE EDUCATION RECORDS UNDER FERPA

Student: _____ Student ID #: _____

The Out-of-School Time Project ("OST") is a Philadelphia effort to improve the well-being of children and youth through effective academic support, enrichment and youth development activities during non-school hours. OST programming provides safe, constructive activities to children when they are not in school, and has been demonstrated to improve in-school performance.

In order to assess and improve the quality of OST programs, The City of Philadelphia Department of Human Services (the "City") asks for permission to collect personally identifiable information from education records regarding children's school performance. The City will collect standardized test scores, report cards and school attendance, disciplinary and other relevant school records ("education records"). The City will use these education records to measure the impact of OST programming on children's school performance and to improve the quality of those programs.

I am the parent or guardian of the student named above ("Student"). As authorized by applicable law, including but not limited to the Family Education Rights and Privacy Act, 20 U.S.C. 1232g, and 34 C.F.R. Part 99 ("FERPA"), I consent and authorize The School District of Philadelphia (the "School District") to release education records concerning the Student, including confidential records of the School District, to the City's Department of Human Services, the Public Health Management Corporation, and my Student's OST program ("Recipients").

The School District releases these education records in connection with the Student's participation in an OST program. The School District may disclose these education records only to the Recipients, and the Recipients may share this information only with other named Recipients, and with the Recipients' officers, staff, administrators and independent contractors under the Recipients' control. The Recipients may use these education records to research, study or evaluate OST programs.

If I ask, the School District will provide me with a copy of the records disclosed.

FERPA and other applicable laws protect the confidentiality of and your right to privacy concerning the Student's education records. The Recipients shall keep all information concerning the Student confidential and private to the fullest extent provided by applicable laws, including FERPA. Neither The School District nor the Recipients require me to waive any rights under these laws, and I give my consent voluntarily.

Parent/Guardian Signature (or Student's signature, if
Student is 18 years old or an emancipated minor)

Date

Name of school in which Student is currently enrolled

Student's Grade

Name of Student's OST Provider Agency

Student's Date of Birth

Name of Student's OST Provider Location

**City of Philadelphia Children's Investment Strategy & After-School Initiative
Intake/Discharge Form**

Provider/Site: H & S Learning Center Intake/Start Date: ____/____/____

Child's Name: _____

Child's Social Security Number: _____ Date of Birth: ____/____/____

Caregiver's Name: _____

Caregiver's Relationship to child (Parent, Guardian, etc.): _____

Caregiver's Telephone Number: Home: (____) _____ Work: (____) _____

Child's School: _____ Child's Gender: ____ M ____ F Child's Grade: _____

Emergency Contact Name: _____ Phone Number: (____) _____

Child's Race: ____ African American ____ Asian or Pacific Islander ____ Latino

____ Caucasian ____ Biracial ____ Other (specify): _____

Child's Ethnicity: ____ Latino ____ Non-Latino

Child's Special Needs: ____ Deaf/Hard of Hearing ____ Developmentally Delayed

____ Homeless ____ Biracial ____ Substance Abuse ____ Linguistic Minority

____ Other (specify): _____

Funding Source Eligibility Status:

TANF Eligible: ____ Yes ____ No Food Stamps ____ Yes ____ No SSI ____ Yes ____ No

Case # _____ If Yes, Check all that apply: ____ Assistance Recipient

____ At or below 400% of Federal Poverty Level ____ At or below 235% of Federal Poverty Level

Consent Forms Attached: ____ Yes ____ No

Please make sure copies of any Parent/Caregiver consents form are attached to intake form covering: liability, emergency medical care for the child, administration of medications or special dietary needs, administration of minor first-aid procedures by program staff, transportation, walking excursions, swimming and wading, etc. Children 14 years or older, consent form must be completed by youth and Guardian.

****Please attach paperwork explaining how decision was made on these discharges***

****** For office Use Only! Parents DO NOT COMPLETE THIS BOX. *** Thank you!***

Please make sure all required paperwork for eligibility status accompanies intake form.

Date Informed Consent Form Signed: ____ Date Agency Consent Form Signed: ____

Date Health Assessment Form Signed: ____

Discharge Date: ____/____/____

Reason for Discharge: ____ Moved ____ Medical ____ Family Situation

____ Outside Activity Participation ____ Unexcused Absences ____ Behavioral

____ Other (Please explain) _____

DOCUMENTATION OF ATTEMPTS TO GATHER SOCIAL SECURITY NUMBER

REMEMBER: SECURING A SOCIAL SECURITY NUMBER FOR THE CHILD AND PARENT/CAREGIVER IS REQUIRED. AGENCIES WILL BE MONITORED ON THE THEIR SUCCESS IN SECURING SSN FOR BILLING PURPOSES AND FUNDING MAY BE REDUCED OR TERMINATED IN THE EVEN OF SIGNIFICANT FAILURE TO OBTAIN THIS INFORMATION FOR ALL CHILDREN

I. Background

Provider/Site Name: Hancock St. John – H & S Learning Center

Child's Name: _____

Caregiver's Name: _____

Caregiver relationship to child: _____

II. Request for SSN

☐ Child

☐ Parent/Caregiver

Date(s) SSN requested: ____/____/____

Name and Title of person making request: _____

How was request made (in person, by telephone, by mail)?: _____

Reason SSN not provided; if child or parent has no SS card, indicate what assistance has been provided to secure a new card.

Additional steps taken to gather SSN:

The program director, supervisor, or representative of the Department of Human Services may verify information on this document. A Copy of this form must be submitted with a Means Test Worksheet for any child/family for which a SSN cannot be obtained, and a copy kept in the child/family's file

III. STAFF INFORMATION

Annette M. Atkins

Printed name

Director of Programs

Title

 / /

Date

SIGNATURE

**Public Health Management Corporation
Out-of-School Time Project
Consent to Collect Information
July 1, 2017 to June 30, 2018**

Agency Name

Program Location and Model

Purpose:

The City of Philadelphia's Department of Human Services (DHS) funds over 200 after-school programs through the Out- of-School Time (OST) program. The City has a contract with Public Health Management Corporation (PHMC). PHMC manages the OST program your child attends. When you enroll your child in OST, PHMC will collect information from you to help manage the program. If you agree, we will also ask you and your children questions about OST to make the program better.

Process:

When you sign-up for an OST program, PHMC will ask you some questions about your child, such as his name, age and address. You will complete this information on the program's registration forms. This information will be entered into a database at PHMC. Staff at PHMC and the City will be able to see this information and use it to improve the OST program. OST staff may also visit the program and talk to your child about being at that program. This is a basic part of OST for every child and every after-school site.

To learn more about your experience with OST, PHMC may ask you and your child to complete short surveys. These surveys will be given at the start and at the end of the school year during regular after-school time. The survey will ask questions about what you and your child think about the program.

Information Privacy and Sharing:

The information that we collect about your child will not be shared with anyone outside of the OST program. All of the information is stored in a database that is protected by a password. Only approved staff at PHMC or the City can see the information.

We will never share any single child's answers. We will only share results from the survey for the OST program as a whole.

Voluntary Surveys:

You can decide if you want your child to participate in the OST surveys. You can decide not to participate. This will not in any way affect your child's chance to enroll in the program.

Questions:

If you have any questions about this form, you may contact: Rachel Viddy at PHMC, 215-825-8201 or ost@phmc.org.

PLEASE CHECK ONE OF THE BOXES and SIGN BELOW:

☐ **Agreement to Participate:** I have read and understand this form. **I agree to allow my child to answer the surveys.**

☐ **Refusal to Participate:** I have read and understand this form. **I do NOT give permission for my child to answer the surveys.**

Child's Name

Parent/Guardian's Name

Parent/Guardian's Signature

Date



H & S Learning Center

Providing High-Quality Out of School Time (After-school) & Summer Day Camp Programming since 1995

1530 N. 11th Street ● Philadelphia, PA 19122

Phone 215-644-9628 ● Fax 215-644-9630 ● E-mail: HSLearningCtr@comcast.net

"Dedicated to Educating Children and Strengthening Families, One Child at a Time."

Photographed/videotaped Consent Permission Form H & S Learning Center Release

Of consideration of my engagement as a model, and for other good and valuable consideration herein acknowledged as received, I hereby grant to H & S Learning Center, his/her heirs legal representatives and assigns, those for whom Photographer is acting, and those acting with his authority, and permission the irrevocable and unrestricted right and permission to take, copyright in his own name or otherwise, and use, reuse and republish photographic portraits or pictures of me or in which I may be included in whole or part, or composite or distorted in character or form without restriction as to changes or alterations, in conjunction with my own or a fictitious name, or reproductions thereof in color or otherwise, made through any medium at his studios or elsewhere, and in any or all media now or hereafter known for illustration, promotion, art editorial, advertising, trade, stock sales, or any other purpose whatsoever, without further compensation. I also consent to the use of any published matter in conjunction therewith.

I hereby waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in conjunction therewith or the use to which it may be applied.

I hereby release, discharge and release H & S Learning Center his/her heirs, legal representatives and assigns, and all persons acting under his permission or authority or those for whom he is acting, from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said photograph or in any subsequent processing thereof, as well as any publication thereof, including without limitations any claims for libel or invasion of privacy.

I hereby warrant that I am of legal age and have the right to contract in my name. I have read the above authorization, release, and agreement, prior to its execution, and am fully familiar with the contents thereof. This release shall be binding upon me and my heirs, legal representatives, and assigns.

I Agree I Disagree

Child's Name Date

Parent/Guardian Name Parent/Guardian Signature

Witness

Child Health Assessment

Parents & Child Care Providers 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:

To Parents: Submission of this form to the child care provider implies consent for the child care provider to discuss the child's health with the child's clinician.

PA child care providers must document that enrolled children have received age appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics 141 Northwest Point Blvd., Elk Grove Village, IL 60007. The schedule is available at <www.aap.org> or Faxback 847/758-0391 (document #9535 and #9807). Print copies provided by DPW have the schedule on the back of the form.

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> NONE	Date of most recent well-child exam:
Allergies to food or medicine (describe, if any): <input type="checkbox"/> NONE	Do not omit any information. This form may be updated by health professional. (Initial and date new data.) Child care facility needs 2 copies.

LENGTH/HEIGHT	WEIGHT	HEAD CIRCUMFERENCE	BLOOD PRESSURE
IN/CM % ILE	LB/KG % ILE	(Birth to Age 2) IN/CM % ILE	(Beginning at age 3) /

PHYSICAL EXAMINATION	<input checked="" type="checkbox"/> = NORMAL	IF ABNORMAL - COMMENTS
Head/Ears/Eyes/Nose/Throat		
Teeth		
Cardiorespiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurologic & Developmental		

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
DTaP/DTP/Td						
POLIO						
HIB						
HEP B						
MMR						
VARICELLA						
PNEUMOCOCCAL						
OTHER						

SCREENING TESTS	DATE TEST DONE	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL
LEAD		
ANEMIA (HGB/HCT)		
URINALYSIS (UA) (at age 5)		
HEARING (subjective until age 4)		
VISION (subjective until age 3)		
PROFESSIONAL DENTAL EXAM		

Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (attach additional sheets if necessary)			
<input type="checkbox"/> NONE		NEXT APPOINTMENT - MONTH/YEAR:	
Medical care Provider:		Signature of Physician or CPNP:	
Address:			
	Phone:	License Number:	Date Form Signed:

Parents may write immunization dates, health professionals should verify and complete all data.

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 per week/weekly	DAY PAYMENT TO BE MADE Monday (or first day of service) weekly IN ADVANCE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
After school child care services provided for children ages 5-12 (K-5 grades) All program activities include after-school pick up escort		
to program from school, physical activity, Project Based Learning activities, homework assistance, one (1) nutritious meal according to		
the healthy lifestyles guidelines daily, extra-curricular activities (varies once a week) arts and crafts, dance, martial arts and		
Hula hoop exercise. Adherence to program's policies and procedures, to drop off/pick-up times listed below.		
Parents/Guardians MUST provide at least a two-week written notice of withdrawal for a child from out of school time program.		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME 6:00 p.m.	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED * see Emergency Contact form.
LATE FEE \$ 5.00 per min.	PER MIN-HR \$5/min. after 6:00 p.m.	Persons MUST be listed on Emergency Contact/Consent Form.
Extra services to be provided at an additional fee if applicable		
Full days./dates of operation...when your child's school is closed on a non-holiday it is an additional cost when the center needs to open at 8:00 a.m. PLEASE NOTE: These dates are to be communicated Well in advance upon enrollment to be considered and approved by Administration as a full day of operation. CCIS participants your blended rates were established.		
Spring Break, Winter break, the week of June 12 th rates will cost of \$120 per week. All trips and outings are an additional cost.		

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

EQUAL OPPORTUNITY IS THE LAW

Let me tell you something about **YOUR CIVIL RIGHTS UNDER FEDERAL LAW**. The provider operating this program is prohibited from discriminating on the grounds of race, color, religion, sex, national origin, age disability, political affiliation or belief and, for beneficiaries only, citizenship, or participation in programs funded under the Temporary Assistance for Needy Families (TANF) of the Workforce Investment Act (WIA). If you think that you have been subjected to discrimination in the operation of this program or any activity conducted therein 180 days from the date of the alleged violation with the Director, Civil Rights Center (CRC), U.S. Department of Labor, 100 Constitution Avenue, NW, Room N-4123, Washington D.C. 20210, or with the Commonwealth of Pennsylvania, Department of Labor and Industry's (L&I) Office of Affirmative Action (OAA).

If you elect to file your complaint with the Commonwealth's Office of Affirmative Action, you must wait until the Office of Affirmative Action issues a decision or until 60-days has passed, whichever is sooner, before filing with the CRC. If the Commonwealth's Office of Affirmative Action has not provided you with a written decision within 60-days of filing of the complaint, you need not wait for a decision to be issued, but may file a complaint with the US Department of Labor's CRC within 30-days of the expiration of the 60-day period. If you are not dissatisfied with the Commonwealth's Office of Affirmative Action resolution of the complaint, you may file a complaint with the US Department of Labor's CRC. Such complaint should be filed within 30-days of the date you receive notice of the Commonwealth's Office of Affirmative Action proposed resolution.

If you have any questions, regarding the above, or wish to file a discrimination complaint, please contact:

**Commonwealth of Pennsylvania
Department of Labor and Industry
Office of Affirmative Action
Room 1415 Labor and Industry Building
Seventh and Foster Streets
Harrisburg, Pennsylvania 17120
(717) 787-1767 • 1-800-622-5422 • TDD 1-800-654-5984 • Voice 1-800-654-5988**