

Illumination

At Good Shepherd Academy

- Illumination Early Learning Center at Good Shepherd Academy is an after-school program for students grades Pre-K – 6thth grade to enroll.
- After-care is in the school cafeteria at Good Shepherd Academy. The program runs on Monday through Friday from 2:00 PM – 6:00 PM.
- At After-care, students will work on their homework, create arts and crafts projects, develop new skills, and interact with their classmates. Afternoon snacks will also be provided.
- After-care is open to families on Act 80 days from the time of dismissal (approx. 11:00 AM) to our regular closing time of 6:00 PM.
 - All students who attend aftercare on an Act 80 day must bring a packed lunch. After-care does not provide lunches. We do provide an afternoon snack daily for all students in attendance.
- The program runs from the first day of school August 28th, 2023, until the last day of school June 10th, 2024.

Billing Policy and Enrollment Agreement

The Enrollment Agreement is a contract that outlines the specific days a student is enrolled in after-care. It is important to note that all the days listed in the agreement must be paid for on a weekly basis. After-Care billing policy: we charge for the contracted days the Friday prior to care.

If you would like more information on the After-Care Program at Good Shepherd Academy, please be sure to contact the site director. Information is provided below.

We hope to see your child there!

Thank you,

Charity Dutcher
GSA After-Care Director
(570) 824-4646 ext. 216
c.dutcher@nepajca.org



Student Enrollment/Aftercare Application

Child's Name: _____

Parent's Name: _____

Street Address/City/State/Zip: _____

Parent's Contact #: _____

Parent's Email: _____

Child's Grade Level for enrollment year: _____

Days Enrolling in After-care (check days that apply)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Approximate Pick-up Time: _____

Tuition Rates

Registration Fee: \$25 per child will be added to first week's tuition.

Days per Week Enrolled	1	2	3	4/5
Cost per Week	\$20	\$37	\$56	\$84

As Needed/Drop In Rate	\$37
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<p align="center"><u>Contact Information:</u> GSA After-Care Director Jewish Community Alliance of Northeastern Pennsylvania (570) 824-4646 x216 c.dutcher@nepajca.org</p>	<p align="center"><u>Mailing Address:</u> Friedman JCC Attn: GSA After-Care Director 613 S J Strauss Lane Kingston, PA 18704</p>
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If you have any questions regarding enrollment, please contact the GSA After-Care Director

EMERGENCY CONTACT PARENTAL CONSENT FORM

Enrollment Date: _____
Withdrawal Date: _____

CHILD'S INFORMATION:

Last Name: _____ First Name: _____ Middle Name: _____

Name to be used when addressing the child: _____ Child's Gender: Male Female

Child's Residential Address: _____ Child's Birthdate: _____ / _____ / _____

City / State / Zip: _____ Home Telephone: (_____) _____

PARENT / LEGAL GUARDIAN INFORMATION:

Name: _____

Home Telephone: (_____) _____

Cell Phone Number: (_____) _____

Home Address: _____

City / State / Zip: _____

Email Address: _____

Employer's Name: _____

Employer's Address: _____

Employer's City / State / Zip: _____

Work Phone / Ext. or Dept: (_____) _____

May We Contact Child's Legal Guardian by Email? Yes No

The following persons are authorized to pick up my child:

Name: _____ Address: _____

Cell Phone Number: (_____) _____ Daytime Phone: (_____) _____

Relationship to Child: _____ Contact in the Event of an emergency? Yes No

Name: _____ Address: _____

Cell Phone Number: (_____) _____ Daytime Phone: (_____) _____

Relationship to Child: _____ Contact in the Event of an emergency? Yes No

Name: _____ Address: _____

Cell Phone Number: (_____) _____ Daytime Phone: (_____) _____

Relationship to Child: _____ Contact in the Event of an emergency? Yes No

IELC will not release a child to anyone who appears impaired. If an impaired person attempts to pick up your child, pick-up will be refused and we will attempt to contact the other parent/guardian or authorized persons. If alternative arrangements cannot be made, the local child protective services agency and/or the local police will be called, as required by state licensing.

Should my/our child, _____, become ill or be involved in an accident and I/we or another adult whom I/we have authorized above, in writing, to act in my/our absence cannot be contacted, I/we authorize Illuminations Early Childhood Academy to ensure that my/our child receives emergency medical treatment. I/we are aware that the staff at IECA are trained in Pediatric First Aid and CPR and authorize staff to administer either if needed.

If necessary, I/we give permission for my/our child to be transported to the location listed below, unless otherwise indicated for medical reasons by the Emergency Medical personnel. I/We authorize the hospital and attending staff to administer any emergency care / treatment deemed necessary for my/our child. I/We accept responsibility for all expenses in the treatment of my/our child.

Hospital Name: _____ Hospital Address: _____ _____	Child's Health Insurance Company Name: _____ Health Insurance Policy/Identification Number: _____ Medicaid Number: _____
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Physician's Name: _____ Telephone: (_____) _____

Street Address / City / State / Zip: _____

Parent / Legal Guardian's Signature: _____ Parent / Legal Guardian's Signature: _____ Parent / Legal Guardian's Signature: _____	Date: _____ Date: _____ Date: _____	Parent / Legal Guardian's Signature: _____ Parent / Legal Guardian's Signature: _____ Parent / Legal Guardian's Signature: _____	Date: _____ Date: _____ Date: _____
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ENROLLMENT AGREEMENT

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

NAME OF CHILD		
FEE AMOUNT \$	PER DAY/WEEK	DAY PAYMENT TO BE MADE
SERVICES TO BE PROVIDED AS PART OF THE DAYCARE FEE (EX. TRANSPORTATION, CARE, MEALS, ETC.)		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSONS DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN/HOUR	
EXTRA SERVICES TO BE PROVIDED AT AN ADDITIONAL FEE, IF APPLICABLE:		

I, the parent/guardian;

- Received complete written program information at the time of enrollment. (§3270.121, 3280.121, 3290.121)
- Agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§3270.124, 3280.124, 3290.124)

SIGNATURE – OPERATOR
DATE
SIGNATURE – PARENT/GUARDIAN
DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
SIGNATURE – PARENT/GUARDIAN	DATE

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	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.
	VISION (subjective until age 3)
	HEARING (subjective until age 4)
	LEAD

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

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

Civil Rights Compliance

Parent Awareness

In accordance with applicable Federal and State Civil Rights laws and regulatory requirements, you and your children, as a client of this facility, have the right:

To be provided services at this facility and to be referred for services at other facilities without regard to your race, color, religious, creed, handicap, ancestry, national origin, age or sex.

To file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color, age or sex. Complaints of discrimination may be filed with any of the following:

Jewish Community Alliance
613 S.J. Strauss Lane
Kingston, PA 18704

Department of Human Services
Bureau of Equal Opportunity
Room 223, Health & Welfare Building
PO BOX 2675
Harrisburg, PA 17105

Pennsylvania Human Relations Commission
Harrisburg Regional Office
333 Market St. 8th Fl
Harrisburg, PA 17101

US Department of Health and Human
Services
Office of Civil Rights
Suite 372, Public Ledger Bldg.
150 South Independence Mall West
Philadelphia, PA, 19106-9111

Parent / Guardian Signature

Date

Administrator Signature

Date

Illumination

At Good Shepherd Academy

IMMEDIATE EVACUATION PLAN

Dear Families:

This letter is to assure you of our concern for the safety and welfare of the children attending the Illumination at Good Shepherd Academy After-Care Program. Our Center's Emergency Plan provides for response to a variety of emergencies. Depending upon the circumstances of the emergency, we will use one of the following protective actions:

- **Immediate Evacuation: Students are evacuated to a safe area near the Good Shepard Academy in the event of a fire.**
 - **Fire drills are mandated to be conducted once every 60 days.**
- ***Sheltering in Place: This is when our director and staff become aware of a threat outside of the building. At which point a threat is confirmed or suspected all students will be isolated inside the Good Shepard Academy. Subsequently, there will be no thoroughfare in or out until the threat has been confirmed to have been neutralized. The Director and staff will notify all parents of attending children of the implementation of our emergency plan of action and be required to wait till threats are confirmed neutral prior to approaching Good Shepard Academy. This is to maintain the safety of our families and the students.**
- ***Sheltering: Is conducted in response to tornados, severe storms, and exterior threats. This limits access to areas with glass windows and doors.**
- ***Off-Site Evacuation: Total evacuation of the facility may become necessary if there is a danger in the area outside or inside the Good Shepard Academy building.**

All protective actions with an (*) are to be conducted annually.

We have two Off-Site Evacuation locations.

Site 1: Saint Ignatius R.C. 399 N. Maple Ave Kingston, PA 18704	Site 2: Wyoming Seminary College Preparatory School 201 N. Sprague Ave Kingston, PA 18704
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In the event of a true emergency or cause for concern, all families will be notified through the Tadpoles App for announcements relating to any of the emergency actions listed above.

We ask that families not call the GSA Phone during the emergency as the phone line needs to remain open for the appropriate emergency personnel to be contacted and given important information.

The emergency Contact/Parental Consent Form completed upon enrolment is required to be updated every 6 months. This is to ensure that in the case of an emergency every student can be connected with an APPROVED parent or guardian if the situation calls for such action to take place.

We specifically urge you not to attempt to make different arrangements during an emergency, as this will only create additional confusion and divert staff from assigned duties.

To ensure the safety of your children and our staff, we ask for your understanding and cooperation. Should you have any additional questions regarding our emergency procedures, please contact me at (570) 824-4646 ext 216 or on Tadpoles.

GSA Site Director

Illumination Early Learning Center @GSA

(570) 824 – 4646 ext: 216

Signature _____ Date _____

Illumination at Good Shepherd Academy

Aggressive and Unsafe Behavior – Policy on Managing

This policy applies to children who are prone to aggressive or unsafe behaviors. The *Biting Policy* applies to toddlers and 2-year-olds who are prone to biting behavior (due to developing new language skills, teething, etc.).

The **Americans with Disabilities Act (ADA)** may be implicated in many situations where action plans are required or suspension of enrollment is contemplated.

Identifying Issues and Collaborating with Parents

Whenever a child engages in aggressive behavior, staff should alert the director. The director should monitor Occurrence Reports to identify potential aggression issues, problems, or patterns.

When a child engages in aggressive or unsafe behavior, the center should:

- **meet with the child's family** to collaborate and implement action plans designed to improve the behavior and reduce the safety risks;
- **encourage the family toward the professional supports** needed for the child's success if we do not achieve positive change through redirection and positive guidance in a reasonable time;
- **collaborate with professional supports/resources** to implement and to support our efforts and encourage positive change;
- **maintain a safe environment** while working through an action plan and toward positive change; and
- **consider suspension of enrollment**, if an unsafe situation is not resolved within a reasonable period of time.

The Center should have a resource list of evaluation, early intervention, and support services available in their geographic area. These resources are supported financially by the parents, local agencies, applicable health insurance or the local school district, **not** by the center.

Action Plan and Roles

The director is responsible for:

- creating, implementing, and monitoring an **action plan** for any child who engages in unsafe or aggressive behavior **two (2) or more times within a two (2) week period**;
- meeting with the family when the action plan is implemented, and then periodically as progress is made or as additional incidents occur;
- discussing available outside resources; and
- discussing possibility of suspension if improvement does not occur or resources are not in place within a reasonable amount of time.



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) Illumination at Good Shepherd Academy to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____		Phone # _____	
Cardholder Address _____		City _____	State _____ Zip _____
Account Number _____		Expiration Date _____	
Cardholder Signature _____		Date _____	

SECTION B (Bank Account)

Your Name _____		Phone # _____	
Address _____		City _____	State _____ Zip _____
Bank or Credit Union Name _____	Bank or Credit Union Address _____	City _____	State _____ Zip _____
Routing Transit Number (see sample below) _____		Account Number (see sample below) _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature _____		Date _____	

For Official Use Only

Date Received
Employee Signature



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Illumination

At Good Shepherd Academy

Illumination Early Learning Center at Good Shepherd Academy After-Care Program

Tuition Rate Schedule and Family Information

Listed below are the rates for the Illumination Early Learning Center at Good Shepherd Academy After-Care Program according to the number of days enrolled.

- Families are required to pay for all days scheduled per their contract. If your child does not attend After-Care on their scheduled days, parents are responsible for full tuition.
- Tuition is paid every Friday for the following week of service.
- A \$35 late fee is applied to overdue balances.
- All scheduled days are bound by contractual agreement and are unable to be switched with other days not previously agreed upon. This policy allows IELC@GSA to remain within ratio per DHS regulations.

Tuition Rates

Registration Fee: \$25 per child will be added to the first week's tuition upon enrollment.

Days per Week Enrolled in the Program	1	2	3	4/5
After-Care Cost	\$20	\$37	\$56	\$84

As Needed/Drop-in Rate	\$37
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Dear GSA After-care Families,

The after-care program utilizes the Tadpoles app to keep track of our student's day to day attendance and to communicate with GSA parents concerning their after-school enrollee(s).

To download the app, you can go online at www.tadpoles.com, or via the free Tadpoles Parent app for iOS or Android devices. As a parent or guardian, you can use Tadpoles to enter pick-up notes, mark your child absent, and share anything else you want your child's teacher to know.

As we have over 40 students on certain days of the week it is imperative that teachers are made aware of all scheduled events. The tadpole's app is an easy way to communicate specifically about your child's schedules including stream club, tutoring, sports, pickup changes, vacation, ect.

I will use Tadpoles to send out emails to parents, as well as stay up to date with the ever changing and busy lives of our GSA families.

To create a Tadpoles account, follow the steps below:

1. Visit www.tadpoles.com and click the **Login** button near the upper-right corner.
2. Select **families click here**.
3. There are two ways to create an account.
 - A. If you have a Gmail account, select **Google Sign In** and simply log in with to your Gmail account.
 - B. If you don't have a Gmail account, select **Tadpoles** and enter the email address that is currently on file with our school. You will receive an email with a link that enables you to establish a password for your Tadpoles account.
4. You can use the same login information to access your account via the Tadpoles Parent mobile app. Download the app for free from the Apple Store or the Google Play Store.

Thank you,

Charity Dutcher
GSA After-Care Director
Jewish Community Alliance of Northeastern Pennsylvania
(570) 824-4646 ext. 216
c.dutcher@nepajca.org