



## 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) \_\_\_\_\_ 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

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: <b>Attach Voided Check Here</b> \$		
Deposit slips not accepted _____ Dollars		
123456789	100033	0226

A service of



procure  
SOFTWARE®

Dear GSA After-care Families,

Building and maintaining a strong home-school connection and keeping you involved in your child's day-to-day learning experiences at after-care is of the utmost priority. Toward that end, we are excited to announce that we are rolling out a wonderful family engagement program called Tadpoles. The Tadpoles program makes it easy for your child's teacher to share real-time information about your child, giving you an unparalleled view into the caregiving events, learning experiences, discoveries, and accomplishments that make your child's time with us so special. Your child's teacher will use Tadpoles to share photos, videos, and daily reports with you securely via email, online at [www.tadpoles.com](http://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. At after-care, we will have an iPad that is solely for use with the Tadpoles software. Teachers will not have access to any other functionality on this dedicated device, ensuring the privacy and security of all information exchanged on the platform. Only you and other designated contacts will receive information about your child. Rest assured that the confidentiality of all information will be maintained through the powerful security features built into the Tadpoles software.

You will need to create a Tadpoles account before you can begin to use it.

1. Visit [www.tadpoles.com](http://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.

We are excited to begin using Tadpoles and look forward to strengthening our partnership with you. We are confident that you will find Tadpoles easy to use and welcome the insight it gives you into your child's experiences here at after-care. As always, we are happy to answer any questions and address any concerns you have about this new initiative.

Thank you,



Amber Dolinish Klima

GSA After-Care Director

Jewish Community Alliance of Northeastern Pennsylvania

(570) 824-4646 ext. 216

[a.klima@nepajca.org](mailto:a.klima@nepajca.org)



### GSA After-Care Additional Information

- Illumination Early Learning Center at Good Shepherd Academy is an after-school program for students grades Pre-K – 8<sup>th</sup> grade to enroll. The program runs from the first day of school (August 28th, 2023) until the last day of school (June 10th, 2024). Dates may be subject to change.
- After-care is located 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, play games, develop new skills, and have the opportunity to interact with their classmates. Afternoon snack will also be provided.
- After-care is open to families on early dismissal days from the time of dismissal (11:00 AM) to our regular closing time of 6:00 PM. Please be sure to pack a bagged lunch with your child, and please be mindful of children with nut allergies.
- Tuition is paid **every Friday for the week prior to care** through Tuition Express. **Families are required to pay for all days of scheduled care per their agreement.** If your agreement needs to be changed, please contact the program director, as adding additional days will impact student to teacher ratios.
- Drop-in care must be scheduled and confirmed two weeks prior. (Ex: early dismissal days, or any change from your normal weekly schedule.)
- If GSA closes for facility or weather-related problems, after-care will also close. **Parents are responsible for full tuition.**

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

We hope to see your child there!

Thank you,

Amber Dolinish Klima

GSA After-Care Director

Jewish Community Alliance of Northeastern Pennsylvania

(570) 824-4646 ext. 216

[a.klima@nepajca.org](mailto:a.klima@nepajca.org)





## After-care Enrollment/Application Form

Families interested in enrolling their child(ren) at Illumination ELC at Good Shepherd Academy After-care Program must complete this enrollment form. Following completion, mail or email to the address listed below. A separate enrollment form is required for each child.

If you have any questions regarding this Enrollment/Application Form, please contact the program director. Information is provided below.

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

**Parent's Name:** \_\_\_\_\_

**Street Address/City/State/Zip:** \_\_\_\_\_

**Parent's Telephone Number:** \_\_\_\_\_

**Parent's Email Address:** \_\_\_\_\_

**Child's Grade Level for 2023-2024 School Year:** \_\_\_\_\_

**Days Enrolling in After-care**  
**(Check the days that apply)**

Monday	Tuesday	Wednesday	Thursday	Friday	Drop-In

**Approximate Pick-up Time:** \_\_\_\_\_

**Tuition Rates**

**2023-2024 School Year**

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

Days per Week Enrolled	1	2	3	4/5	Drop-In Cost
Cost per Week	\$19	\$35	\$53	\$79	\$35

**Contact Information:**

Amber Dolinish Klima  
GSA After-Care Director  
Jewish Community Alliance of Northeastern Pennsylvania  
(570) 824-4646 ext. 216  
a.klima@nepajca.org

**Mailing Address:**

Friedman JCC  
Attn: Amber Dolinish Klima  
613 S J Strauss Lane  
Kingston, PA 18704

Dentist's Name: \_\_\_\_\_ Telephone: (\_\_\_\_\_) \_\_\_\_\_

Street Address / City / State / Zip: \_\_\_\_\_

Medical Conditions (including medication needs): \_\_\_\_\_

Allergies (including medication reactions) \_\_\_\_\_

Special Needs (physical disabilities, dietary needs, etc.): \_\_\_\_\_

**A Special Care Plan must accompany each diagnosis to allow for IECA staff to appropriately assist your child throughout their daily activities and in the event of an Emergency situation. See your Center Director for more information.**

**SPECIAL INSTRUCTIONS:**

Biological / Custodial parent must be given access to their child unless there is a court order preventing contact. Please provide the center with all proper documentation to ensure accurate follow through by center staff. Please list all individual(s) with court orders against them which prevent child pick-up:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

List other restrictions on child pick-up (if any): \_\_\_\_\_

Does your child have an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP)? (See consent below) ☐ Yes ☐ No

**WRITTEN CONSENT IS GIVEN FOR ITEMS BELOW:** (Parent/Legal Guardian Signature - required if agreeing to the indicated consent item)

\_\_\_\_\_  
Administration of Minor First Aid by Facility Staff (Required for Admittance per State Regulations)

\_\_\_\_\_  
Emergency Medical Treatment (Required for Admittance per State Regulations)

\_\_\_\_\_  
Emergency Medical Transportation (Required for Admittance per State Regulations)

\_\_\_\_\_  
Walking Excursions (Required for Admittance per State Regulations)  
*Field Trips will require additional parental consents at the time of each individual trip.*

\_\_\_\_\_  
Excursions within the Jewish Community Center, including but not limited to, auditorium, gymnasium, etc.

\_\_\_\_\_  
For Administration of Nonprescription topical creams / ointments (Diaper Cream, etc.) Additional Authorization will be required for sunscreen and / or insect repellent.

\_\_\_\_\_  
For Administration of Special Dietary Needs (Special Care Plan must be completed in full to comply)

\_\_\_\_\_  
For an Early Intervention Agency to provide a copy of the child's Individualized Education Plan (IEP) / Individualized Family Service Plan (IFSP) to IECA or family will provide IECA with a copy of the documentation so that IECA is able to embed goals into child's daily instruction.

\_\_\_\_\_  
For my/our child's file to be reviewed by required licensing and certification agencies (i.e. NAEYC, State Licensing Departments, and State Quality Initiative Programs).

\_\_\_\_\_  
For my/our child's health records to be kept confidential and viewed only by designated IECA personnel and State licensing agencies.

\_\_\_\_\_  
To post my/our child's allergies or health condition in the classrooms for staff viewing.

\_\_\_\_\_  
For IECA's staff to take photographs / videos of my child to be used in various forms of classroom documentation which may include, but are not limited to, classroom display posters, classroom video diaries, Tadpoles Daily Reflections and Teaching Strategies GOLD family site that will be viewed only within the center and by center families.

\_\_\_\_\_  
For IECA to use my child's photograph for IECA promotional materials.

\_\_\_\_\_  
I understand and acknowledge that photographs / videos that I (parent / legal guardian) take anywhere within the Center, on the playground, or during any other Center-sponsored field trip or event, may only be of my child and may not include other enrolled children. By signing, I acknowledge that my child can be photographed / videotaped and these images can be electronically emailed to enrolled families through classroom daily reflections.

\_\_\_\_\_  
I understand that if my child should become ill, I will be contacted to pick up my child (within 90 mins). My child will remain out of the center until they are symptom free without the use of over the counter pain and fever reducers and they are able to participate in group care. Should antibiotic treatment be required, the child must remain out of the center until they have received 24 hours of treatment, unless otherwise indicated by the child's physician and they are well enough to participate.

\_\_\_\_\_  
I understand that if my child should sustain an injury while at IECA, I will receive documentation of this injury and be contacted if my child should sustain an injury to their face, head, neck or back.

\_\_\_\_\_  
I read and understand the policy on Managing Aggressive and Unsafe Behavior upon enrollment.

**FOR OFFICE USE ONLY**

If the parent cannot be reached, center personnel shall record in writing the reason emergency care was required and the attempts made to inform the parent.

DATE	PERSON(S) CONTACTED	CONTACT MADE (YES / NO)	INCIDENT	RESPONSE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

# 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:

☐ 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.

<p align="center"><b>DO NOT OMIT ANY INFORMATION</b></p> <p align="center">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.</p>						
<p>HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):</p> <p><input type="checkbox"/> NONE</p>						
<p>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.</p> <p><input type="checkbox"/> NONE</p>						
<p>CHILD'S ALLERGIES (DESCRIBE, IF ANY):</p> <p><input type="checkbox"/> NONE</p>						
<p>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.</p> <p><input type="checkbox"/> NONE</p>						
<p>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?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, PLEASE EXPLAIN YOUR ANSWER:</p>						
<p>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>)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>			<p>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.</p>			
			VISION (subjective until age 3)			
			HEARING (subjective until age 4)			
			LEAD			
<p align="center">RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD</p>						
IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						
<p>MEDICAL CARE PROVIDER:</p>					<p>SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT</p>	
<p>ADDRESS:</p>					<p>TITLE:</p>	
			<p>PHONE:</p>		<p>LICENSE NUMBER: DATE FORM SIGNED:</p>	

## 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

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Parent / Guardian Signature

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Date

---

Administrator Signature

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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.



# 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 Billed Every Friday for week prior to care.
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
After-care homework, snack, activity		
CHILD'S ARRIVAL TIME 2:00 PM	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$ N/A	PER MIN-HR N/A	
Extra services to be provided at an additional fee if applicable		
N/A		

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

**CARE PLAN FOR CHILDREN WITH SPECIAL HEALTH NEEDS**

-To be completed by a Health Care Provider-

\* Please complete and get signed by doctor ONLY if your child has an allergy or special care need.

Child's Full Name		Today's Date		
Parent's/Guardian's Name		Date of Birth		
Primary Health Care Provider		Telephone No. (   )		
Specialty Provider		Telephone No. (   )		
Specialty Provider		Telephone No. (   )		
Diagnosis(es)				
Allergies				
ROUTINE CARE				
Medication To Be Given at Child Care	Schedule/Dose (When and How Much?)	Route (How?)	Reason Prescribed	Possible Side Effects
List medications given at home:				
NEEDED ACCOMMODATION(S)				
Describe any needed accommodation(s) the child needs in daily activities and why:				
Diet or Feeding: _____				
Classroom Activities: _____				
Naptime/Sleeping: _____				
Toileting: _____				
Outdoor or Field Trips: _____				
Transportation: _____				
Other: _____				
Additional comments: _____				

# Illumination at Good Shepherd Academy After-care Program

## Immediate Evacuation Plan

**Good Shepherd Academy**  
**316 N Maple Ave, Kingston, PA 18704**  
**(570) 718-4724**

**Jewish Community Alliance of  
Northeastern Pennsylvania**  
**613 S J Strauss Ln, Kingston, PA**  
**(570) 824-4646**

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 types 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 Jewish Community Center in the event of a fire, etc.
- **Sheltering in Place:** is defined as moving people into the building and isolating the building environment from the outside.
- **Sheltering:** is conducted in response to tornados, severe storms, and exterior threat. 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.

***Off Site Evacuation - Site #1:***

Saint Ignatius R.C.  
339 N. Maple Ave.  
Kingston, PA 18704

***Off-Site Evacuation - Site #2:***

Wyoming Seminary College Preparatory School  
201 N. Sprague Ave.  
Kingston, PA 18704


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 Center during the emergency. This will keep the telephones lines open to allow for the Center Director to make emergency calls and relay information to emergency personnel, etc.

The *Emergency Contact/Parental Consent Form* you completed upon enrollment, and every 6 months thereafter for updates, is necessary to ensure that in the event of an emergency we are able to contact you or another approved person for child pick up. 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 their assigned duties.

In order to assure 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.

Sincerely,

  
Amber Dolinish Klima  
Center Director

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### Parent / Guardian Acknowledgment

By my signature below, I hereby acknowledge receipt of the above Illumination Early Learning Center Emergency Plan Evacuation Locations.

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*Parent's / Guardian's Signature*

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*Date*