

S.T.E.M.M. ACADEMY REGISTRATION PACKET

**PLEASE SEE THE ATTACHED PAPERWORK AND FILL IT OUT
COMPLETELY**

ALSO, PLEASE PROVIDE THE FOLLOWING:

- YOUR CHILD'S BIRTH CERTIFICATE
- HEALTH RECORDS WITH THE INOCULATIONS HISTORY
- A COPY OF THEIR HEALTH INSURANCE CARD, BOTH SIDES
- A COPY OF YOUR DRIVER'S LICENSE OR PA STATE PHOTO ID
- ELRC TRANSFER NUMBER TO 3114397576-1

OUR CONTACT INFORMATION:

S.T.E.M.M. phone number is 267-277-4177

MARK INGERMAN @ 215-378-9700

ALLA SHERMAN @ 267-808-8518

FAX #215-434-0688

Email us at mystemmacademy@gmail.com

PHILLY KIDZ INITIATIVE After School Program

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		BIRTHDATE
ADDRESS		
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 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 IN 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 PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

CHILD PICK-UP AUTHORIZATION

I, _____, authorize **STEMM ACADEMY** to release my child(ren) to the person(s) designated. This is in consonance with the **STEMM ACADEMY EMERGENCY PLAN**

Child's Name

Designated Custodian (s). Name. & Relationship

Your Signature

Relationship

Date

Print Name

Address

Address

(Home Phone)

(Work)

(Cell)

NOTE: Parents and guardians should designate themselves as designated custodians. Friends, neighbors and other relatives may also be designated.

PLEASE PRINT CLEARLY.

PHILLY KIDZ INITIATIVE After School Program

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. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
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/ID						
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.

IMPORTANT INFORMATION

Payment Schedule Information and Family Vacation Week

ALL PAYMENTS MUST BE RENDERED IN THE FORM OF CASH, CHECK, MONEY ORDER INSIDE AN ENVELOPE WITH THE CHILD'S NAME ON IT, OR AN ON-LINE CREDIT CARD PAYMENT AT WWW.STEMMACADEMYPHILA.COM/SUPPORT-US. ALL PERSONAL CHECKS DEPOSITED THAT COME BACK WITH INSUFFICIENT FUNDS WILL BE ASSESSED A \$40 CHARGEBACK FEE. IF THIS SHOULD OCCUR, THE PAYMENTS WILL REVERT TO MONEY ORDERS OR CREDIT CARD PAYMENT ONLY.

All tuition payments are due weekly and must be rendered before the Monday of the up-coming week..

LATE PAYMENTS ARE ACCEPTED WITH A 5% FEE ADDITION

If paying in person, payments must be provided to the designated on-site coordinator.

All Money Orders and/or Personal Checks must be made out to S.T.E.M.M. Academy.

If you neglect to forward payment by the due date, we reserve the right to dismiss your child from the program. If this happens, you will need to re-register your child for the next attendance month, provided there is space available.

No child may attend the program if payment has not been made for the upcoming attendance period.

Families going on vacations, will need to specify the week their child will be missing from S.T.E.M.M. That week will be credited as a NON-PAYING WEEK.

Children enrolled in the program that are not in attendance and miss days during the month due to illness or other reasons, the Parent(s)/Guardian(s) are still liable for payment.

PLEASE NOTE, S.T.E.M.M. ACADEMY DOES NOT HAVE A REFUND POLICY AND THEREFORE, THERE WILL BE NO REFUND OF FUNDS FOR ANY REASON.

STEMM ACADEMY RELEASE OF LIABILITY

READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participation in any form of Physical Activity including, but not limited to Jiu Jitsu/Martial Arts Lessons/Dance Lessons/General Sports Activities organized by the S.T.E.M.M. Academy, of 2361 - 71 Welsh Rd, Philadelphia, PA 19114, and/or use of the property, facilities and services of S.T.E.M.M. Academy operated by Sentex Capital Holdings LLC, I agree for myself and for the members of my family, to the following:

1. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by the S.T.E.M.M. Academy, or the employees, representatives or agents of S.T.E.M.M. Academy or Sentex Capital Holdings LLC.
2. I recognize that there are certain inherent risks associated with the above described activity and I assume full responsibility for personal injury to myself and (if applicable) my family members, and further release and discharge S.T.E.M.M. Academy and Sentex Capital Holdings LLC, loss or damage arising out of my or my family's use of or presence upon the facilities of S.T.E.M.M. Academy, whether caused by the fault of myself, my family, S.T.E.M.M. Academy or other third parties.
3. I agree to indemnify and defend S.T.E.M.M. Academy and Sentex Capital Holdings LLC, against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of S.T.E.M.M. Academy.
4. I agree to pay for all damages to the facilities of S.T.E.M.M. Academy and Sentex Capital Holdings LLC., caused by my or my family's negligent, reckless, or willful actions.
5. I consent to the participation of my Child/Children, named in this contract, in Zumba Dance Lessons/Hip Hop Dance Lessons, General Sports Activities, Martial Arts, and agree on behalf of the minor to all of the terms and conditions of this Agreement. By signing the Release of Liability and Consent Form, I represent that I have legal authority over, and custody of

Enter Child Name _____.

6. In the event of an injury to the above minor during the described activities, I give my permission to S.T.E.M.M. Academy and Sentex Capital Holdings LLC., or to the employees, representatives or agents of S.T.E.M.M. Academy and Sentex Capital Holdings LLC., to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin on the first day of attendance, and will remain in effect until terminated by writing by the undersigned.

7. S.T.E.M.M. Academy and Sentex Capital Holdings LLC., will have the following powers:

- a) The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or Hospital
- b) The power to authorize medical treatment or medical procedures during an emergency situation.
- c) The power to make appropriate decisions regarding clothing, bodily nourishment and shelter in an emergency situation.

8. S.T.E.M.M. Academy and Sentex Capital Holdings LLC., will not provide transportation to any off-site facility and all agents/employees/contractors of will not be held liable for any discourse and adverse physical bodily injury resulting in said transportation from S.T.E.M.M. Academy Early Morning and/or After School Program to any designated location by the parent/guardian. Any legal or equitable claim that may arise from participation in the above shall be resolved under Pennsylvania Law.

Cameras Are Not For Parental Review

Although S.T.E.M.M. Academy has internal cameras placed throughout the building, these are dedicated, and limited to the reviews of the S.T.E.M.M. Academy Administration, Directors and the Protection Authorities ie: Police, Fire Marshal, etc.

We will not be releasing videos to Parent/Guardians unless subpoenaed by a Court of Law and under warrant of investigation due to a malice that was delivered to a child and resulted in hospitalization or death.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER AGREE THAT BY MY CHILD ATTENDING THE STEMM ACADEMY, I VOLUNTARILY COMMIT TO PROTECTING THE RIGHTS OF A and A EDUCATIONAL LLC AND ALL OF THEIR EMPLOYEES AND CONTRACTORS.

GUARDIAN SIGNATURE _____ DATE: _____

Safe Routes Drop Off and Pick Up Policy

S.T.E.M.M. Academy has established a safe route policy when dropping off or picking up children. In order to keep children safe, all children must be escorted to and from the facility. At time of school dismissal, all children will be gathered at the facility designated meeting place (in the small or large gym areas). The supervising teachers are responsible for the children in their care, until children have been placed in the care of their parent/guardian at pick up time.

Once the children are signed out and dismissed to the parent(s)/guardian(s), it is the Parent(s)/Guardian(s) responsibility to make sure the children are walked safely to the cars.

S.T.E.M.M. ACADEMY HAS DESIGNATED PARKING IN FRONT OF THE BUILDING.

No child should be left unattended in the parking lot, car, or inside or outside of the building. Please do not allow the children to cross unattended through and around the parking lot and/or between parked cars.

DO NOT DOUBLE PARK IN FRONT OF THE BUILDING WITH CAR STILL RUNNING.

GUARDIAN SIGNATURE _____ DATE: _____

Parental Image Acknowledgement Form

Child's Name: _____

Date: _____

I understand that the S.T.E.M.M. Academy policies have been developed to ensure the safety and well-being of all children attending the S.T.E.M.M. Academy school/Summer Camp/ AM/ after school program. I have RECEIVED AND READ the Parent Handbook and understand the program policies and procedures. I have discussed the rules of the program with my child.

I understand that failure to return this acknowledgement will not relieve me from knowing and following the policies and procedures brought forth in this Handbook.

Parent(s)/Guardian(s) Name(s):

I GIVE permission to the S.T.E.M.M. Academy to use my Child's Image for Promotional Services Only.

Parent(s)/Guardian(s) Name(s):

I DO NOT give permission to the S.T.E.M.M. Academy to use my Child's Image for Promotional Services Only.

Parent(s)/Guardian(s) Name(s):

PARENTAL/GUARDIAN CONTRACT

S.T.E.M.M. Academy is hereby contracted by

(guardian's name) _____

(child's name) _____

S.T.E.M.M. Academy will provide the following services
Monday through Friday, 7:00 A.M. to 6:00 P.M.
Winter, Spring and National Holiday operating hours will vary.

The Service Fee is as follows:

**Children upto 12 months ... \$340/week full time
\$300/wk part time**

**Children 1 to 2 years old ... \$320/week full time
\$265/wk part time**

**Children 2 to 3 years old ... \$300/week full time
\$260/wk part time**

**Children 3 to 5 years old ... \$300/week full time
\$260/wk part time**

(part-time attendance fee is based on children attending less than 5 hours per day)

- Science, Technology, Engineering, Math and Medicine curriculum according to grade level of the child
- Breakfast, lunch and afternoon snack
- All Music, Arts, Chess, Robotics, Self Defense, Martial Arts and Dance classes will be included in the curriculum

EXTRA FEES:

Trips and Excursions :

will be assessed at \$75/child and will need to be collected prior to the excursion date.
This affects only older school aged children that attend the after school services.

Late Fee :

is charged to the parent/guardian at \$2.00/minute, up to 30 minutes, and will need to be paid at the time of pick up.

Your responsibility as a parent/guardian will be to communicate your lateness with the school, as soon as possible, and provide your estimated time of arrival.

Should we not hear from you, and your child is not picked up promptly at 6:00 P.M., we will attempt to contact the persons on the emergency contact list. If your child is still not picked up after 60 minutes, and we still have no communication with the parent/guardian, or personas on the emergency contact list, we will call the authorities and your child will be turned over to them.

Please bear in mind, we will not accept chronic lateness and your child be removed from the school, without a refund.

REGISTRATION and RELEASE of CONTRACT FEE:

As a Parent/Guardian of this child, I understand that S.T.E.M.M. Academy requires a Registration Fee equivalent to two (2) week payment, that will need to be paid prior to my child starting the program. I also understand that should I wish to cancel this contract and nullify my contractual obligation, I will be required to pay an additional two (2) week payment, equivalent to the weekly rate that S.T.E.M.M. Academy will assess at that given time.

GUARDIAN'S SIGNATURE _____ DATE _____

ELRC Addendum:

As a Parent/Guardian of this child, I understand that S.T.E.M.M. Academy may have an additional daily operational cost fee, in addition to my ELRC copay that I may incur. I was made aware of this addendum and will comply with the additional daily cost that may be assessed and added to my weekly payment.

GUARDIAN'S SIGNATURE _____ DATE _____

ELRC Pre-K and Kindergarten attendance:

I understand that S.T.E.M.M. Academy operates a Private Pay PRE-K and Kindergarten (School Age) Program that ends daily at 3:00 PM. Should I select to keep my child inside the S.T.E.M.M. Academy past the hours of 3:00 PM, I will have to pay the extra "after school" fee of \$35/day. This fee is non-reflective of the ELRC co-pays, and is an additional fee incurred by the parent/guardian.

GUARDIAN'S SIGNATURE _____ DATE _____

LATE FEE ADDENDUM:

I understand that, S.T.E.M.M. Academy does not have a late pick-up policy and closes Monday through Friday (barring certain Holidays) at 6:00 PM promptly. If I am late to pick up my child, I will need to notify the person in charge at S.T.E.M.M that I will be running late. I will also need to pay the late pick-up fee to the person on duty when I pick-up my child. The amount will be assessed at \$2.00/minute that I am late.

GUARDIAN'S SIGNATURE _____ DATE _____

ADDRESSING SPECIAL NEEDS CHILDREN:

I understand and recognize that S.T.E.M.M. Academy is an equal opportunity child care provider with an all-inclusive classroom policy that insists on special needs children to be in the classrooms, participating in all the activities and lesson plans. I also understand that should my child enroll in S.T.E.M.M. Academy with a diagnosis of Spectrum Disorder, ADHD, Behavioral, Attention or any other diagnosis, I will work diligently to acquire a TSS, ABA, (an assistant for my child), in order to attend the day care and school.

CREDIT/DEBIT CARD INFORMATION:

I understand that, as a prerequisite to my child's attendance at STEMM Academy, a credit card of my choice will be kept on file.

In the event that I forget to make my weekly payment,

I give STEMM Academy permission to use the aforementioned card to process transactions pertaining to my child, including tuition fees, late pick-up fees, and all physical onsite damages.

If during the payment process, this card comes up "INSUFFICIENT FUNDS", or any other reason that the card may be rendered unusable,

I will need to do the following:

- **Provide a different card for transactions**
- **Provide a cash payment in lieu of card**
- **A 6% processing fee will be assessed to my payment**

Should I forego the above mentioned steps to correct the transaction, STEMM Academy reserves the right to remove my child until such time as I rectify the transaction, which will include the processing fee.

CARD NUMBER: _____

EXPIRATION DATE: _____ **SEC CODE:** _____

ZIP CODE: _____

NAME ON THE CARD: _____

I have received complete written information regarding the program at time of enrollment (PA CODE 3270.121)

I agree to update all emergency contact/parental consent information whenever changes occur or every 6 months at minimum (PA CODE 3270.124)

GUARDIAN'S SIGNATURE _____ **DATE:**

OPERATOR'S SIGNATURE _____ **DATE:**

AFTER SCHOOL ONLY

If you are a Parent/Guardian registering only for After School Services, your fee is based at **\$200/week** and will include:

- Transportation from your attending school,
- Homework Assistance
- Afternoon Snack

AFTER SCHOOL CLUBS

- CHESS
- ROBOTICS/LEGO
- DANCE
- ROCK/POP MUSIC
- VISUAL and PERFORMING ARTS
- SELF DEFENSE

Late Fee :

is charged to the parent/guardian at \$2.00/minute, up to 30 minutes, and will need to be paid at the time of pick up.

Your responsibility as a parent/guardian will be to communicate your lateness with the school, as soon as possible, and provide your estimated time of arrival.

Should we not hear from you, and your child is not picked up promptly at 6:00 P.M., we will attempt to contact the persons on the emergency contact list. If your child is still not picked up after 60 minutes, and we still have no communication with the parent/guardian, or persons on the emergency contact list, we will call the authorities and your child will be turned over to them.

Please bear in mind, we will not accept chronic lateness and your child be removed from STEMM, without a refund.

Family Two (2) Week Attendance Allowance **Addendum**

At S.T.E.M.M., we understand that life happens around us.

Families go on vacation, children are ill for a week, amongst other unforeseen events. Our policy has always been putting families first, and that is why we allow for two weeks of unpaid absence for any given fiscal year.

For example:

Your child is sick for one week of attendance but has been attending prior to their illness, you do not have to pay for that week.

Your family takes a vacation for a week, but your child was in attendance during the previous week, you do not have to pay for that week.

Please bear in mind, once your two weeks are depleted, your payment will need to be made regardless of your attendance status.

Any two consecutive weeks of absence will deplete your two week allowance and you will need to make payments for the remainder of the year.

This rule does not apply if your child is not in attendance for a few days a week, you are still responsible for a complete weekly payment.

Parent/Guardian Signature _____ DATE: _____