

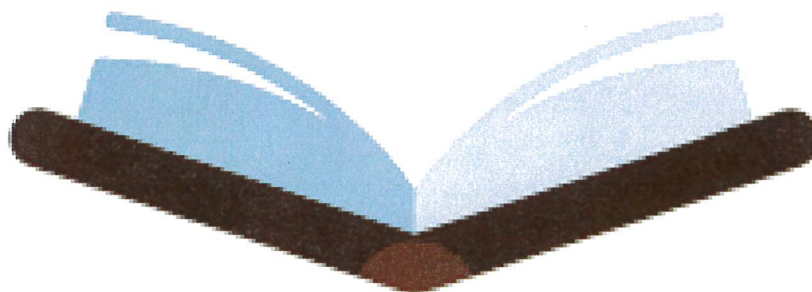
# SAINTS TABERNACLE DAY SCHOOL



**K-6<sup>TH</sup> GRADE**

5800-12 North Marvine Street  
Philadelphia, Pennsylvania 19141  
(215) 548-6011 ext. 10 OR 12

FACEBOOK: SAINTS TABERNACLE ACADEMY



School Registration and Parent Handbook

Dear Parents and Students,

Welcome to another Academic School Year!

This school registration application packet/handbook has been prepared to provide you with general information about Saints Tabernacle Day School policies and procedures. Please read it carefully, complete all required forms and keep it handy to use as a reference throughout the school year. If you have questions of a general nature that are not addressed in this packet, please call the school at (215) 548-6011 ext. 10 OR 12 so that your questions might be answered.

Saints Tabernacle Day School staff believes communication between home and school is of utmost importance. It is our goal to create a partnership between each home and school, which assures every student's learning, will be optimal and every family will be involved in the educational process. The Administration and staff of Saints Tabernacle Day School will join your family in developing your child to their fullest potential. We are looking forward to a quality home/school partnership with you and your family.

Sincerely,

*Saints Tabernacle Day School*

*Administration and Staff*



# SAINTS TABERNACLE EDUCATIONAL PROGRAM APPLICATION

☐ Day School ☐ OST Program

Application Cover Sheet

## Application Information:

Application Date: \_\_\_\_\_

Parent/Caregiver's Name: \_\_\_\_\_

Last Name

First Name

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

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Last Name

First Name

Middle Initial

Child's SS#: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Child's DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Grade Applying For: \_\_\_\_\_

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Caregiver's Primary Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Child's School Name: \_\_\_\_\_ Child's Gender: \_\_\_\_ Male \_\_\_\_ Female

School Address: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Child's Ethnicity: \_\_\_\_ African American/Black \_\_\_\_ Asian or Pacific Islander \_\_\_\_ Latino \_\_\_\_ White

\_\_\_\_ Biracial \_\_\_\_ Other (please specify): \_\_\_\_\_

Does your child have special needs? \_\_\_\_ No \_\_\_\_ Yes, \_\_\_\_ Deaf/Hard of Hearing \_\_\_\_ Homeless

\_\_\_\_ Developmentally Delayed \_\_\_\_ Behavioral/Mental Health \_\_\_\_ Substance Abuse

\_\_\_\_ Linguistic Minority \_\_\_\_ Allergies: \_\_\_\_\_

## To Be Completed by Administration:

TANF Eligible: \_\_\_\_ Yes \_\_\_\_ No \*If Yes, check all that apply: \_\_\_\_ Assistance Recipient \_\_\_\_ At or below 400%

Federal Poverty Level \_\_\_\_ At or below 235% of Federal Poverty Level

Consent Form Attached \_\_\_\_ Yes \_\_\_\_ No

Discharge Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Reason for Discharge: \_\_\_\_\_

*\*Saints Tabernacle is committed and proud to be an Equal Opportunity Caretaker and Provide* r.

# STUDENT PRE-REGISTRATION FORM/APPLICATION

1. *One application should be completed for each child you wish to enroll.*
2. *Please attach the following forms: Current Health Assessment or Immunization Record, Report Card, Standardized Test Scores, and a copy of the Student's Birth Certificate.*

Date of Application \_\_\_\_\_ School Year Applying For \_\_\_\_\_ Grade Entering \_\_\_\_\_

## STUDENT'S INFORMATION (Please Print)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Gender: Male ☐ Female ☐

Ethnic Background: African American/Black ☐ Caucasian/White Hispanic ☐

Asian ☐ American Indian ☐ Other ☐

School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Type of School: Public ☐ Private ☐ Parochial ☐ Home Schooling ☐

Reasoning for leaving: \_\_\_\_\_

Are Special Education Services Needed? Yes ☐ No ☐

Explain: \_\_\_\_\_

**Please note:** A copy of student's most recent IEP is required prior to admission.

## FAMILY INFORMATION

Parent/Guardian Name: \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Who lives with the student? Mom & Dad ☐ Mom Only ☐ Dad Only ☐  
Relative ☐ Other ☐

Are there other children in the family: Yes ☐ No ☐

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_



## PARENT AGREEMENT

The following has been designed to provide the best care for your child in areas of academic excellence, health and safety, and welfare while they are in the care of Saints Tabernacle Day School staff.

We hereby apply for admission of \_\_\_\_\_ to Saints Tabernacle Day School. We agree to the following requirements.

### **A. PARENT'S/GUARDIAN'S AND STUDENT'S AGREEMENT:**

1. We agree to bring our child to the designated area of the school by **8:00am** every day.
2. We will escort our child to the front office if our child is brought to school after **8:30am**.
3. We will pick up our child at **3:00pm** or before **3:15pm** each day unless our child is enrolled in the after-school program.
4. We will notify the school if someone other than an authorized escort will be picking up our child.
5. We will agree to contact the office concerning absences by **8:30am**.
6. We will make sure that our child is in school uniform, which is:
  - Navy Blue (*jumper or skirt for girls and pants for boys*)
  - Powder blue shirt
  - Navy sweater (*when applicable*)
  - Navy Blue tie (*boys*)
  - Black shoes
  - Navy blue sweat suit for gym as scheduled**\*THERE IS NO ADDITIONAL ATTIRE TO BE WORN WITH SCHOOL UNIFORM, i.e., COLORFUL TIGHTS, SNEAKERS or JEWELRY, etc.**
7. We will make sure our child leaves all personal items, electronic games, ipods, and MP3 players at home.
8. We will make sure our child turns off their cell phone and put it away upon entering the school building understanding that non-compliance will result in confiscation of their phone, which will need to be retrieved from Administration by a parent and/or guardian.
9. We will assist our child in the best way we know how to ensure their success in school.
10. We will always make ourselves available to our children, the school, and their teacher(s) regarding any concerns that might arise.

**B. TUITION PAYMENT (S):**

1. We agree to comply with the established monthly tuition amounts.
2. We understand that our child will be dismissed from Saints Tabernacle Day School pending non-payment.
3. We understand that our child will not be allowed to return to school until we make full payment on our outstanding balance.
4. We understand that our child will not be able to walk during graduation and records will not be released until we make full payment on our outstanding balance.

**C. MEDICAL AGREEMENT:**

1. We agree to present medical information to the office at the time of admission or within thirty (30) days of admission. Medical information must state that the child has had a physical examination and all appropriate immunizations.
2. We agree to provide our child with an annual physical examination as long as they are enrolled in Saints Tabernacle Day School.
3. We agree to provide documented and signed medical notes if our child is absent due to an illness or routine visit. We understand that our child will be marked as having an unexcused absence if a medical note is not present on the first day back to school.
4. We agree to allow the Administration to contact our child's physician when needed.
5. We understand that Saints Tabernacle Day School will contact us as soon as possible in the event of illness, injury, or an emergency and also I agree to pick up our child immediately or within two hours from initial contact.
6. We give permission for emergency services to be performed on our child in our absence. We also give staff the permission to administer minor first aid procedures.
7. We agree that in the event of a serious illness, injury or other emergency, Saints Tabernacle Day School will have our child taken to the nearest hospital. We understand that any financial charges will be submitted to our insurance company for payment.

*Failure to adhere to these agreements may result in your child not being admitted or dismissed from Saints Tabernacle Day School. Please read carefully and read with your child.*

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Student's Signature

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Date

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Parent's/Guardian's Signature

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Date

# SAINTS TABERNACLE DAY SCHOOL

5800-12 North Marvine Street  
Philadelphia, PA 19141  
(215) 548-6011 ext. 10/18

## REQUEST FOR SCHOOL RECORDS

### PARENT/GUARDIAN INSTRUCTIONS

Please fill out the form below, sign, date it, and forward it to your child's current school so that records can be forward to Saints Tabernacle Day School. The application is not considered complete until we will receive your child's transcript and teacher evaluation/recommendation form. Therefore, we suggest that you submit both forms to your child's school and teacher as soon as possible.

### STUDENT INFORMATION

Student Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_ Current Grade \_\_\_\_\_ Current School \_\_\_\_\_

### INSTRUCTIONS FOR CURRENT SCHOOL

The student named below has made an application for admission to Saints Tabernacle Day School. As part of our application process, we ask that you send the following items to the address below.

- Transcripts
- Teacher reports
- Any standardized test results
- Psychological
- Counseling
- Speech
- Other

### PLEASE SEND RECORDS OF MY CHILD TO:

**Saints Tabernacle Day School**  
**Attn: Admissions**  
5800-12 North Marvine Street  
Philadelphia, PA 19141

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



# TRANSPORTATION

Saints Tabernacle Day School currently offers free transportation provided from the Board of Education. The students must be in the First Grade (1<sup>st</sup>) and up, and the student must live at least twelve blocks/one and half miles away from the school to be eligible.

If you are interested in the transportation service, which is provided by The Philadelphia School Board of Education with a weekly transpass, please complete the required information below:

**Student's Name:** \_\_\_\_\_

**Student's Grade:** \_\_\_\_\_

**Student's Date of Birth:** \_\_\_\_\_

**Student's Address (*or the address you wish your child to be picked up from*):**

\_\_\_\_\_  
\_\_\_\_\_

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

**Please note:**

*The availability of this "free" service is contingent solely on the outcome of the City of Philadelphia and SEPTA's decision to continue this funding for the 2016-17 academic school year as well meeting their eligibility criteria.*



## SAINTS TABERNACLE DAY SCHOOL TUITION AND FEES

### Tuition:

Tuition is paid in ten (10) payments from August to May. Tuition payments are due by the 20<sup>th</sup> of each month. Textbooks and workbooks are included in the tuition fee.

<i>Family Size</i>	<i>Monthly Tuition</i>	<i>Annual Tuition</i>
One (1) Child	\$465.00	\$4,650.00
Two (2) Children	\$837.00	\$8,370.00
Three (3) Children	\$1,255.00	\$12,555.00

**Payment Discount:** A 10% discount is given if the entire school year tuition is paid by August 20<sup>th</sup>.

- ❖ If your child attends the “**Before and/or After-School (OST) Program**” there is a \$45.00 or \$60.00 weekly fee respectively which will be added to your monthly tuition. “Before and After School Program” hours are 6:30am – 8:00am (**Before**) and 3:00pm – 6:00pm (**After**).  
(*There is an application process if your child will be attending the “Before and After” School (OST) Program.*)

### **Delinquent Accounts Policy:**

Tuition is due on the 20<sup>th</sup> of each month, August through May. Because of our moderate tuition, we are unable to maintain delinquent accounts. Accordingly, children whose tuition is not paid within seven (7) days from the due date will not be admitted to class until payment has been made. Please be advised that three (3) occurrences will result to termination.

### **Fees:**

There is an initial non-refundable registration fee of \$150.00 and \$50.00 annually for returning students.

***\*Prices are subject to change***

# SAINTS TABERNACLE DAY SCHOOL

5800-12 North Marvine Street  
Philadelphia, PA 19141  
(215) 548-6011 ext 10/18

## ACCEPTANCE POLICY

Grade \_\_\_\_\_

Year \_\_\_\_\_

All students who are accepted into Saints Tabernacle Day School are accepted on a probationary basis, with respect to conduct and academic performance. The school will determine if the structure and environment are conducive to the total development of a particular student.

If there is an indication that the student is not functioning in our school to the best of his/her potential, and to our expectations, parents will be notified of the possibility that the student will not continue to attend Saints Tabernacle Day School.

It is my (our) wish that my (our) child attends Saints Tabernacle Day School. I (we) agree to participate fully in the fundraising, which the school conducts during the school year. In order to maintain a reasonable tuition for families, **I UNDERSTAND THAT WE ARE OBLIGATED TO SELL ONE HUNDRED DOLLARS (\$100.00) WORTH OF ITEMS PER YEAR, PER FAMILY, OTHERWISE, THIS AMOUNT WILL BE ADDED TO OUR TUITION. \***

I (we) also agree to cooperate and support the philosophy, goals, objectives and regulations and policies of the school.

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

\*Any request for Academic records, as well as re-registration will be withheld until tuition payments are on schedule.

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Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## PARENT/GUARDIAN ADMISSION COMPLIANCE POLICY

**Parents/Guardians must be willing to comply with the admission compliance policy, as listed:**

- ❖ Saints Tabernacle Day School has a full discretion for the placement of the students.
- ❖ Saints Tabernacle Day School's Administrative Staff will interview Parents/Guardians.
- ❖ Parents/Guardians **MUST** meet all financial obligations:
  - Initial Registration fee - \$150.00 and \$50.00 annually for returning students
  - Tuition - \$4,600.00 (Yearly)
  - Before & After School fee - \$60.00 (*Weekly – optional*)
- ❖ Parents/Guardians must ensure that all necessary information is completed on the application and other appropriate forms as listed before are submitted:
  - Application
  - Agreement Form
  - Birth Certificate (Copy)
  - Report Card (Copy)
  - Authorization for release of records (*if required*)
  - Transportation (*if required*)
  - Emergency Information Form
  - Health Assessment
  - Medical History Form
  - Lunch Application
  - Video Release Form (*if your child is in the after school program*)
- ❖ Saints Tabernacle Day School Administration will schedule Child for an academic assessment and observation.
- ❖ Families will be accepted based upon the following: 1) receipt of application and registration fee **(\$150) by cash**, check, money order, and/or visa/master card). The tuition payment schedule is August through May each year and the first full monthly tuition payment of **\$465.00** is due no later than **August 20<sup>th</sup>** and the 20<sup>th</sup> of each month thereafter. **Please note:** All payments not received seen (7) days from the due date will be subject to a \$30 late fee, which **MUST** accompany the tuition payment.
- ❖ As all children are accepted on a probationary basis, a planning session will be held with the parents/guardians and assessment team to plan an "Individual Educational Plan" for a child with special needs.
- ❖ Classes are filled on a first come, first serve basis, based on the date of enrollment.



**Note: All parents that are interested in the “Before or After School Program” must contact the main office regarding the application process.**

### **ATTENDANCE AND TRUANCY POLICY**

Saints Tabernacle Day School will be in FULL compliance to the established School Reform Commission which requires that school age students enrolled in schools attend school regularly, in accordance with state laws. The educational program offered is predicated upon the presence of the student and requires continuity of instruction and classroom participation in order for students to achieve academic standards and consistent educational progress.

Accordingly, attendance shall be required of all students enrolled in Saints Tabernacle Day School during the days and hours that school is in session, except that a principal may excuse a student for temporary absences upon receipt of satisfactory evidence of mental, physical, or other urgent reasons that may reasonably cause the student's absence. Urgent reasons shall be strictly construed and does not permit irregular attendance. The SRC considers the following conditions to constitute reasonable cause for absence from school:

1. **Illness.**
2. **Quarantine.**
3. **Recovery from accident.**
4. **Required court attendance.**
5. **Death in family.**
6. **Educational tours and trips,** with prior approval.
7. **Authorized school activities.**

All absences shall be treated as unlawful/unexcused until the school receives a written excuse explaining the reason(s) for the absence, to be submitted within three (3) calendar days of the absence. Failure to provide a written excuse within three (3) days will result in the absence being counted permanently as unlawful/unexcused. All absences of three (3) or more consecutive school days shall be supported by a physician's statement verifying the illness.

Saints Tabernacle Day School shall report to appropriate authorities' infractions of the law regarding the attendance of students. The School Reform Commission shall issue notice to those parents/guardians who fail to comply with the requirements of compulsory attendance that such infractions will be prosecuted according to law.

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Repeated infractions of School Reform Commission requiring the attendance of enrolled students may constitute misconduct and disobedience that warrant the student's referral to a student assistance program, suspension or expulsion from Saints Tabernacle Day School, or provision of alternative education services.



# 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		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE 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
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTIONS)
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)
<b>PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
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

**Public Health Management Corporation**  
**Out-of-School Time Project**  
**Consent to Collect Information**  
July 1, 2018 to June 30, 2019

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**Agency**

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**Program Location and Model**

**Purpose:** The City of Philadelphia's Department of Human Services (DHS) funds over 200 after-school programs through the Outof-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: Debby McGurk at PHMC, 215-825-8203 or [ost@phmc.org](mailto: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.

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Child's Name

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Parent/Guardian's Name

Parent/Guardian Signature

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 inschool 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 childrens' 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

**SAINTS TABERNACLE.**

\_\_\_\_\_  
Name of Student's OST Provider Agency

\_\_\_\_\_  
Student's Date of Birth

5800 N Marvine Street, Philadelphia, PA 19141

\_\_\_\_\_  
Name of Student's OST Provider Location



## 235% MEANS TEST WORKSHEET

### I. IDENTIFYING INFORMATION FOR "SERVICES FOR NON-PLACED CHILDREN"

1. CHILD'S NAME (LAST, FIRST, M.I.)		2. SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
3. CHILD'S DATE OF BIRTH	4. CHILD'S SSN	5. COUNTY IDENTIFIER 51
6. PERSON WITH WHOM THE CHILD IS LIVING	7. RELATIONSHIP TO CHILD	8. SSN OF PERSON WITH WHOM CHILD IS LIVING
9. AGENCY NAME	10. PROGRAM NAME	11.

### II. MEANS TEST FOR "SERVICES FOR NON-PLACED CHILDREN"

1. Is the child/family receiving ☐ TANF (Cash Assistance) ☐ SSI ☐ FOOD STAMPS  
☐ MEDICAID ☐ NONE ☐ Case #: \_\_\_\_\_  
 If services are being received, proceed to question 5 and answer "YES." If response is "NONE," proceed to question 2.
2. Is the child a U.S. Citizen or qualified alien? ☐ YES ☐ NO If yes, indicate source of citizenship information: ☐ Birth Certificate, ☐ INS, ☐ Eligibility for TANF, SSI, Food Stamps, or Medicaid or ☐ Self-Declaration
3. Is the child under 18 years of age? ☐ YES ☐ NO
4. In order to be eligible for "services for non-placed children," a child's/family's gross income may not exceed 235 percent of the Federal Poverty Level (FPL) for the family unit size. Using Table 1 below, provide a "YES" or "NO" in Column 4 in the corresponding row for the family size as to whether the child/family's income **is less than** the annual or monthly amount for the family size. (Family unit includes biological or adoptive parents, specified relatives, or non-relative court designated legal custodians and full, half, and/or adopted siblings living in the home under the age of 18 plus the TANF child). This is a self-declared means test. No verification except the response of the family is required.

**Table 1: 235 Percent of Federal Poverty Level**

(1) Family Unit Size	(2) 235% of FPL (Gross Annual)	(3) 235% of FPL (Gross Monthly)	(4) (YES or /NO)
1	Less than \$24,440	Less than \$2,037	
2	Less than \$32,900	Less than \$2,742	
3	Less than \$41,360	Less than \$3,447	
4	Less than \$49,820	Less than \$4,152	

**Note: For family units of more than 4 members, add \$8,460 annually (Column 2) and \$705 monthly (Column 3) for each additional member and place the correct figures in the blank row at the bottom of Table 1**

5. Is the child living in the home of a parent, other adult specified relative or a court designated legal custodian?  
☐ YES ☐ NO
  6. Is the child/family receiving one of the benefits in question 1 or answers to questions 2, 3, 4 and 5 are ALL "YES"?  
☐ YES ☐ NO
- If "YES," the child is eligible for TANF funding for services for non-placed children.

**Means Test Administered for: Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

6. Name of staff person administering this means test (Please Print) \_\_\_\_\_
7. Date this form was completed: \_\_\_\_\_



## 400% MEANS TEST WORKSHEET

### I. IDENTIFYING INFORMATION FOR "SERVICES FOR NON-PLACED CHILDREN"

12. CHILD'S NAME (LAST, FIRST, M.I.)		13. SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
14. CHILD'S DATE OF BIRTH	15. CHILD'S SSN	16. COUNTY IDENTIFIER  51
17. PERSON WITH WHOM THE CHILD IS LIVING	18. RELATIONSHIP TO CHILD	19. SSN OF PERSON WITH WHOM CHILD IS LIVING
20. AGENCY NAME	21. PROGRAM NAME	

### II. MEANS TEST FOR "SERVICES FOR NON-PLACED CHILDREN"

1. Is the child/family receiving ☐ TANF (Cash Assistance) ☐ SSI ☐ FOOD STAMPS  
☐ MEDICAID NONE ☐ Case #: \_\_\_\_\_  
 If services are being received, proceed to question 5 and answer "YES." If response is "NONE," proceed to question 2.
2. Is the child a U.S. Citizen or qualified alien? ☐ YES ☐ NO If yes, indicate source of citizenship information: ☐ Birth Certificate, ☐ INS, ☐ Eligibility for TANF, SSI, Food Stamps, or Medicaid or ☐ Self-Declaration
3. Is the child under 18 years of age? ☐ YES ☐ NO
4. In order to be eligible for "services for non-placed children," a child's/family's gross income may not exceed 400 percent of the Federal Poverty Level (FPL) for the family unit size. Using Table 1 below, provide a "YES" or "NO" in Column 4 in the corresponding row for the family size as to whether the child/family's income is less than the annual or monthly amount for the family size. (Family unit includes biological or adoptive parents, specified relatives, or non-relative court designated legal custodians and full, half, and/or adopted siblings living in the home under the age of 18 plus the TANF child). This is a self-declared means test. No verification except the response of the family is required.

**Table 1: 400 Percent of Federal Poverty Level**

(1) Family Unit Size	(2) 400% of FPL (Gross Annual)	(3) 400% of FPL (Gross Monthly)	(4) (YES or /NO)
1	Less than \$41,600	Less than \$3,460	
2	Less than \$56,000	Less than \$4,667	
3	Less than \$70,400	Less than \$5,867	
4	Less than \$84,800	Less than \$7,067	

**Note: For family units of more than 4 members, add \$14,400 annually (Column 2) and \$1,200 monthly (Column 3) for each additional member and place the correct figures in the blank row at the bottom of Table 1**

5. Is the child living in the home of a parent, other adult specified relative or a court designated legal custodian?  
☐ YES ☐ NO
6. Is the child/family receiving one of the benefits in question 1 or answers to questions 2, 3, 4 and 5 are ALL "YES"?  
☐ YES ☐ NO

If "YES," the child is eligible for TANF funding for services for non-placed children.

**Means Test Administered for: Month:** \_\_\_\_\_ **Year:** \_\_\_\_\_

6. Name of staff person administering this means test (Please Print) \_\_\_\_\_
7. Date this form was completed: \_\_\_\_\_

# SAINTS TABERNACLE OST PROGRAM

## VIDEO AND PHOTO RELEASE FORM

Saints Tabernacle OST Program is an active participant in project-based learning (PBL) which supports youth choice, youth voice, and hands-on activities that are led by our program participants. During program activities staff prepares and implements learning experiences for children and then capture these learning experiences via video and/or photos.

As a parent of a child in our program, we ask for your permission to photograph and/or videotape your child engaged in program activities. Photos and videos may be posted throughout the program, on program marketing materials, our Parent Blog Page, and/or on the City's OST web site. Please sign the release below and return this form to the program promptly.

If you have questions, please speak with the Director at (215) 548- 6011 ext. 12.

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

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Individualized Education Plans (IEP) &  
Individualized Family Service Plan (IFSP)  
Information Sheet and Records Release Form**

Dear Parent(s), Due to the diverse set of needs of children in our program, it is important to gather as much information as possible about the best ways to educate each child. IEPs and IFSPs are created by service providers working with children with special needs and include this important information. The Keystone STARS Performance Standards require early learning providers to request copies of IEPs and IFSPs for children in their care.

Your child's growth and development is measured with developmental assessments. If your child currently has in IEP/IFSP, it would be beneficial to share a copy of this plan with us so that we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

\*\*\*Please note: Regardless of whether or not your child has in IEP/IFSP, you still need to sign this form in order to give Saints Tabernacle permission to release your child's records and developmental evaluations to another educational setting.

\_\_\_\_\_ I am providing a copy of my child's IEP/IFSP

\_\_\_\_\_ I am not providing a copy of my child's IEP/IFSP

\_\_\_\_\_ This is not applicable to my child

I hereby authorize Saints Tabernacle Day School. to release my child,  
\_\_\_\_\_, records and developmental evaluations to another  
educational setting.

Parent Signature \_\_\_\_\_ 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](http://WWW.AAP.ORG))

☐ YES ☐ 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:

ADDRESS:

PHONE:

SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT

TITLE:

LICENSE NUMBER:

DATE FORM SIGNED:

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