

Grace Neighborhood Academy

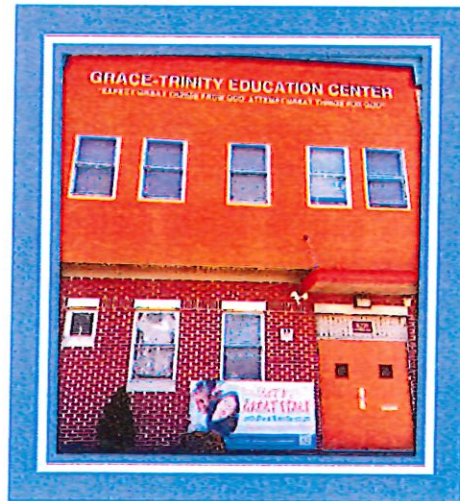


5221, OXFORD AVENUE, PHILADELPHIA, PA 19124

Tel: (215) 535-8200, (215) 535-8400 Fax: (215) 535-8300

graceneighborhoodacademy@gmail.com

Sherwonda Rios, Director



Early Childhood Educational Center
Infants through School Age

Grace Neighborhood Academy

Infant through Pre-School Program

5221 Oxford Ave. Philadelphia, PA 19124

Tel: (215) 535- 8200 or (215) 535- 8400

Fax: (215) 535- 8300

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Toddler and School Age Checklist for Required Documents

- ☐ Emergency Contact/Consent Form (No blank slots)
- ☐ Copy of State Issued IFD of Parent/Guardian
- ☐ Health assessment/Physical (Date: _____)
- ☐ Immunization Records (Date: _____)
- ☐ Copy of Medical Card
- ☐ Request for Medication Administration
- ☐ Child Pick-Up Authorization
- ☐ Tuition Agreement Signed and Dated
- ☐ Parent Receipt# _____ Date: _____
- ☐ Parent Handbook (Signed and Dated)
- ☐ Getting to Know You
- ☐ Emergency Preparedness Release Form

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BACKGROUND:

Grace Neighborhood Academy is an outreach ministry of Grace Neighborhood Development Corporation. The facility, located at 5221 Oxford Ave, Philadelphia PA 19124 will address the childcare needs of parents by providing safe, affordable, and stable care in an enriching educational environment for the children in the community.

SERVICES DAILY SCHEDULE:

The Academy offers several types of programs, all of which will be exciting as well as educational. There will be an emphasis on social skills as the children are engaged in hands-on activities that will include math, science, language development, art, music, and more. The program will include full-time for Young and Older Toddler and Preschool; Before/After School for School Age students **ONLY** and Summer Camp programs from June through August. The Academy will offer full day care for the school age children in accordance with the calendar days provided by the director for public school.

The Academy will be open from 7a.m. through 6p.m. The daily schedule will include: breakfast, teacher directed activities, child directed activities, large, small and/or individual group time, **lunch- CBS Food Program**, age appropriate nap time, and gross motor outdoor/indoor activities. The daily schedule for school age children will include: snack time, homework assistance, teacher directed activities, child directed activities, large, small and/or individual group time and gross motor outdoor/indoor activities.

CLOTHING AND REST TIME BEDDING:

Children are expected to arrive at the Center dressed in appropriate play clothing and sneakers or any closed toe shoe. **CHILDREN MAY NOT WEAR SANDALS, FLIP-FLOPS, CLOGS, OR DRESS SHOES—TOES MUST BE COVERED.** If your child wears diapers or pull-ups, you are responsible for supplying at least (5) five days of diapers or pull-ups and a container of baby wipes. Your child's teacher will inform you when more diapers or pull-ups and wipes are needed. Every Toddler and Preschool child needs to keep **at least one complete change of seasonally appropriate clothing** in their cubbies. These items need to be stored in a closed container the size of a shoe box with the child's first and last name on it for storage. **All clothing including jackets, hats, boots, etc. MUST be labeled with the child's FIRST name and INITIAL of the LAST name.**

If your child naps at the center they will need to have **1: crib size sheet** and **1: small blanket** for our age appropriate nap time. Bedding will be sent home every Friday to be laundered and returned on Monday morning.

HEALTH POLICIES:

Children need to be able to fully participate in the indoor and outdoor program each day that they attend school. If a child becomes ill while at school, you will be notified and asked to pick up your child at that time. Illness includes vomiting, diarrhea, and fever of 100.4 or higher or any contagious condition.

Medication will be administered only with written permission from a licensed physician and all medication must be in its original container from the pharmacy. Administration for Medication form will be given and Medication Logs must also be completed!

SUPERVISION:

Children will be supervised at all times, both indoors and outdoors. Appropriate staff/child ratios will be maintained at all times.

TRANSPORTATION & PICK UP ARRANGEMENTS:

The parents will provide transportation to and from the Center and students will be dropped-off in their classroom and signed in. Please be sure that your child's teacher or assigned teacher is aware of their arrival. Children will only be released to a parent/guardian or someone who is an authorized escort based on the most recent Emergency Contact form on file with the Director or a Verbal Release form is completed. All parent/guardian and/or escorts must have proper ID.

After school children will be picked up from their grade school and they will walk with teachers to the Center.

The Classroom Staff and Director must be notified about: (1) Change of home address or phone number; (2) Change of employment, school or training program; (3) Change of emergency contact information; and/or (4) Change of person to whom child may be released.

IT IS IMPORTANT TO KEEP YOUR INFORMATION UPDATED IN CASE OF AN EMERGENCY. THE STAFF NEEDS TO BE ABLE TO REACH YOU AT ALL TIMES.

The WEEKLY cost is as follow for FULL-TIME and SCHOOL AGE ONLY effective January 1, 2025:

<u>School Age</u>	<u>Preschool</u>	<u>Old Toddler</u>	<u>Young Toddler</u>	<u>Infants</u>
(Kindergarten-6 th Grade)	(Age: 3yrs. - 5yrs.)	(Age: 24mos. - 36mos.)	(Age: 13mos. - 24 mos.)	(0 - 12 Months)
\$250/Week*	\$290/Week*	\$300/Week*	\$325/Week*	\$350/Week

The cost for Before/After School is as follows: \$90/Week* =Before School (7a.m.-9:00a.m.); \$150/Week* =After School (3p.m.-6p.m.); AND/OR \$225/Week =Before & After and 1/2 days ONLY and we accept all forms of child care subsidies.

PAYMENT POLICY:

Tuition or co-payments are due in full by **Friday night or Monday morning prior to services.** Full tuition or CCIS family co-payment is due regardless of illness, holidays, or inclement weather that the center is closed, **no pro-rated rates will be given at any time.** Each family will be given (1) one week vacation credit per academic year, if tuition payments are CURRENT, and two weeks written notice. Payments may be made in the office or left in the locked box located next to the Director's office. Please make checks and money orders payable to: GNDC.

There is a \$40.00 service charge on all returned (bounced) checks and payments will no longer be accepted in a check form once this occurs.

HOLIDAYS:

Grace Neighborhood Academy will be closed for the holidays: ***all classrooms, parent bulletin board, and copies will be provided upon request. 13 Federal holidays -Please ask for an additional calendar if needed***

WITHDRAWAL AND DISENROLLMENT:

Two weeks written notification is required for any schedule change or withdrawal. The center reserves the right to dis-enroll a child if deemed necessary for the safety of others. This may be done with written notification.

NONDISCRIMINATION POLICY:

Grace Neighborhood Academy does not discriminate on the basis of a person's religion, color, sex, age, national origin or disability regarding considerations such as enrollment and hiring.

ELRC SUBSIDY CONTACT INFORMATION:

For Childcare Subsidies (preschool and after school) contact **Address:** 4601 Market Street, Philadelphia, PA 19139
ELRC18@PHMC.ORG **Phone:** (888) 535-2209



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Phone: 215 535 8200 Fax: 215 535 8300

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124 (a) (1), 3270.101 & 102; 3200.124 (a) (b), 3200.101 & 102; 3200.124 (a) (b), 3200.101 & 102

CHILD'S NAME (As it APPEARS on Child's state / government Issued "Birth Certificate")		DATE OF BIRTH
ADDRESS		
PARENT'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER ()
ADDRESS		E-MAIL ADDRESS
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
PARENT'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 SITUATION
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 / WADING/sprinkler
TRANSPORTATION BY THE FACILITY		Allow Photos/ Videos used for classroom ONLY

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE



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EMERGENCY CHILD RELEASE

I, _____ AUTHORIZE Grace Neighborhood Academy to release my child(ren) to the person(s) designated. This is consonance with the Grace Neighborhood Academy Emergency Plan.

Child's Name

Designated Custodian(s) (Name & Relationship)

Your Signature

Relationship

Date

Print Name

Street Address

City

State

Zip Code

(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



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GENERAL INFORMATION

Child's Name: _____ Child's Date of Birth: _____
Admissions Date: _____ Withdraw Date: _____

Hours of Operation 7:00AM to 6:00PM

(Circle One): Young Toddler Older Toddler Preschool
Before School – ONLY After School – ONLY Before & After School Summer Camp: June – August ONLY

TUITION AGREEMENT CONDITIONS

1. Services to be provided as part of tuition include SEE PARENT HANDBOOK.
2. Extra services to be provided at an additional fee, if applicable are: N/A
3. Agree to update the Emergency Contact/ Parental Consent Form information whenever changes occur or every six (6) months at a minimum.
4. I agree to pay- a Registration Fee of \$25.00 at the time of enrollment. I understand this is a non-Refundable fee and not applicable toward tuition.
5. I understand that a deposit of _____ must accompany the approved enrollment application and will be applied to the child's first week's co-pay/tuition payment, if applicable.
6. I agree to pay by the preceding Friday, the sum of _____. I will automatically include a late fee of \$10.00 to the tuition payment when made after Monday at Noon. Should tuition remain unpaid, I will be asked to withdraw my child until the outstanding balance is paid in full. All legal and collection fees incurred in the collection of tuition are the responsibility of the parent/guardian.
7. If additional time or a change in schedule days is required during any given week. I understand that after prior approval is given, I may be required to pay an additional rate. If an occasion arises where fewer days are needed during the week, my usual week's tuition is still required.
8. I agree to pay a \$25.00 processing fee for any check that is returned by my bank for any reason, if more than two checks are returned, money orders or cash will be required.
9. I understand that in order for accurate emergency and bookkeeping records to be maintained, it is crucial that I sign my child in and out daily.
10. I understand that my will only be released to the following individuals:

11. I understand that if my child remains at the Center past the designated closing time, I will be charged and agree to pay an additional fee of \$1.00 for each additional minute after 6:00pm, or my part thereof, he/she remains.
12. I understand there will be no reduction in tuition, for holiday's, vacations (NO more than 1 week), illness, inclement weather, or any other absences from school. In the event my child contracts a contagious and/or infectious illness, I must notify the school and make alternative arrangements for my child's care until the danger to others has passed, I agree to notify the Center whenever my child is absent.
13. I understand the Center is opened all year, except for holidays declared by the Center Director.
14. I do _____ do not _____ give permission for my child to be *photographed/ videotaped and the photos/tape to be displayed in the school.*
15. I/We _____ Grant I/We _____ DO NOT Grant permission for use of picture, voice, video, name, work and participation of this child/ student to be published on the center's website. (Center images are used on the Internet to promote student activities and celebrate your child's work and participation. Rest assured, the center will safeguard all content and will not share/release any information without prior consent from you the parent/ guardian.)
16. I agree to give two weeks written notice before withdrawing my child from the school or changing my guaranteed days. My account must be current.
17. I consent to all terms of this Agreement and have received a signed and dated copy of this contract. I have read, understand, and accept the conditions of this tuition agreement as school policy and realize that these fees and conditions may be revised as necessary without prior notice. The school further reserves the right to dismiss the named student if it is determined that the school's program does not benefit the child or in the event of non-payment of fees.

Parent / Guardian (Print Name)

Sherwonda Rios

Director's (Signature & Date)

Parent / Guardian (Signature & Date)

Periodic Review (Parent/ Guardian Signature & Date)



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"GETTING TO KNOW YOU"

Child's Name: _____

Enrollment Date: _____

1. Tell me about your household. (Neighborhood, who lives there, names, and relationship to child)?
2. Does your child have any parents that do not live in the home?
3. Does your child visit this parent?
4. Are there any custody issues that we should discuss?
5. Does your child have any siblings (names and ages)?
6. Does your child have any special needs and do any of these special needs require special care by our teachers?
7. Does your child have an IEP (Individualized Education Plan) or IFSP (Individualized Family Service Plan)?
(Note: If yes, we would like a copy of the plan, so we can provide the best possible learning experience for your child.)
8. What program or individuals work with your child in regards to these special needs? Would you sign a release of information form with them, so they can speak with us about how to provide enhanced support to your child?
9. Does your child have any allergies?
10. How are your child's allergies treated?
11. Do you have any special medical or dietary information for management in an emergency situation (medicine to keep on hand, people to call, etc.)?
12. Any other medical or special needs?



PARENT/GUARDIAN HANDBOOK

PARENT / GUARDIAN AGREEMENT FORM

1. I/We agree to comply with the rules and regulations of Grace Neighborhood Academy
2. I/We will immediately notify the Grace Neighborhood Academy if my child/children will be absent or lateness.
3. I/We agree to give two weeks written notice to Grace Neighborhood Academy if my child / children will be withdrawing from the program.
4. I/We agree to pick up my child at the agreed upon dismissal time designated on the enrollment form. Failure to do so will result in late fee charges and possible termination from the program.
5. I/We understand that tuition payments can be paid in advance, on Thursday and no later than Friday by 5:00 p.m. for the following week of care. Tuition payments are due no later than Monday morning for the current week.
6. I/We agree to cooperate with Grace Neighborhood Academy staff to ensure that my child/children will have a rewarding learning experience.
7. I/We understand that my/our failure to comply with any of the above statements could jeopardize my/our child's / children's enrollment at Grace Neighborhood Academy

ORIGINAL: of the Parent/ Guardian Agreement Form and the Acknowledgement of Handbook is given to the PARENT / GUARDIAN. COPY is kept in the CHILD'S FILE.

ACKNOWLEDGMENT OF HANDBOOK

I acknowledge by my signature that I have received a copy of the Grace Neighborhood Academy Parent / Guardian Handbook I also acknowledge that it is my responsibility to read this handbook to ask questions if I do not understand, to observe and follow the policies and procedures as outlined herein. I understand further that from time to time the contents herein may change and that I will be responsible for keeping abreast of the changes as they occur after I have been informed of the changes.

Child's Name: _____

Date: _____

Parent/ Guardian Signature

Parent/ Guardian Signature



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CIVIL RIGHTS COMPLIANCE

Parents / Guardians

In Accordance with applicable Federal and State Civil Rights laws and regulatory requirements, you as a resident of this agency, have the right:

To be provided services at this agency and to be referred for services of other agencies without regard to your race, color, religious creed, disability, ancestry, national origin, including Limited English Proficiency, age or sex.

To file a complaint of discrimination if you feel you have been discriminated against on the basis of your race, color, religious creed, disability, ancestry, national origin, age or sex.

Complaints of discrimination may be filed with any of the following:

Grace Neighborhood Academy
Sherwonda Rios, Director
5331, Oxford Ave Philadelphia, 19124

Commonwealth of Pennsylvania
Department of Human Services
Bureau of Equal Opportunity
Southeast Regional Office
801 Market Street, Suite #5034
Philadelphia, PA 19107

DHS - BEO
Room #223, Health & Welfare Building
P.O. BOX #2675
Harrisburg, PA 17105

Office of Civil Rights
U.S. Department of Health & Human Services
Suite 372, Public Ledger Building
150 S. Independence Mall West
Philadelphia, PA 19106-9111

PA Human Relations Commission
Philadelphia Regional Office
110 North 8th Street
Suite #501
Philadelphia, PA 19107

Child's Name: _____

Parent / Guardian Signature

Date

Sherwonda Rios

Director Signature

Date

THE SCHOOL DISTRICT OF PHILADELPHIA
PARENTAL PERMISSION

TRIP INFORMATION

School Grace Neighborhood Academy	School Phone 215 535 8200	Grade/ Room	Date Prepared
Teacher		Destination Neighborhood walk, Playground, trips	
Educational Purpose of the Trip Gross motor, social studies, science			
Date of Trip	Leave Time	Return Time	Trip Itinerary (Summary)
Method of transportation	Cost to Student Free \$	Student Lunch Bring Buy Provided Not Needed	

Please complete and detach the bottom part of this form and return to teacher

STUDENT INFORMATION

Name of student: _____ I.D #: _____ Date of Birth: _____

PARENT / GUARDIAN INFORMATION

1. Parent/ Guardian: _____ Home Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
2. Parent/ Guardian: _____ Home Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____

Student with (Check all that applies): ☐ Father ☐ Mother ☐ Guardian

EMERGENCY CONTACTS

If the parent / guardians cannot be reached, the school will call the people listed below. The people listed below should be responsible individuals who can: 1) give permission to administer health care; 2) pick up your child if your child is ill; 3) have the authority to speak on behalf of the parents or legal guardians.

Name: _____ Name: _____
Home Phone: _____ Phone Number: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____

HEALTH INFORMATION

If permission is granted, please provide the following medical information or if your child does not have any of the health conditions listed below, please write "none".

Medications/s being taken by student: _____
Allergies to foods, drinks, insect bites, medications, other: _____
Other medical information: _____

Physician's Name: _____ Phone: _____
Medical / Hospital Insurance: _____ Group: _____ Type: _____

I have read the trip information to: _____ on _____
Check one: My child ☐ May ☐ may not go on this trip

I understand that in case of any emergency requiring medical treatment, every effort will be made to reach one of the people listed above. If none of these people can be contacted, I authorize the school to give consent to treatment as deemed necessary by emergency contacts.

Print Name of Parent/s or Guardian/s: _____

Signature of Parent/s or Guardian/s: _____ Date: _____

A copy of this form is to be kept on file until the end of the school year.



~~INFLUENZA (FLU) IMMUNIZATION~~

YOUR CHILD'S ANNUAL FLU SHOT

CHILD'S NAME: _____ **DOB:** _____

Regulation: Influenza (Flu) Shot

Children 6 months – 5 years old who attend any group childcare/daycare facility in Philadelphia must receive a dose of flu vaccine between **September 1 and December 31 every year**. You may be asked by your childcare facility to provide documentation of your child receiving their flu shot.

The Office of Child Development and Early Learning (OCDEL) permits written exemptions for part or all immunizations.

Please Check One:

☐ My child received an Influenza (flu) vaccine this year.

I understand I have to provide record of this immunization for my child's file annually.

☐ My child has not received an Influenza (flu) vaccine **YET** this year but will by: _____

I understand I have to provide record of this immunization for my child's file annually.

☐ My child did not and will not receive an Influenza immunization this year.

Written exemption as to why not:

PARENT/GUARDIAN NAME (Print): _____

PARENT/GUARDIAN NAME (Signature): _____

DATE: _____



IEP / IFSP PARENT SIGN – OFF SHEET

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

The information found on an IEP / IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPAA). Releases of information may also be required to speak to members of a child's treatment team. Professional development regarding privacy issues, and HIPAA in particular, is highly recommended.

_____ I am providing a copy of my child's IEP or IFSP.

_____ I am not providing a copy of my child's IEP or IFSP and/or this is not applicable to my child.

Child's Name _____

Parent's Signature: _____

Date: _____

Printed Name: _____

Director Signature

Date

Christian Education Program

Permission Slip for Christian Education Programs

Academy Name: _____

Student's Name: _____

Grade/Class: _____

I, the undersigned parent or legal guardian, give permission for my child to participate in the following Christian Education Programs organized by the academy for this academic year:

- Easter Program
- Summer Christian Program
- Christmas Program
- Weekly Bible base lessons

I understand these programs involve various educational and faith-based activities supervised by academy staff and volunteers.

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

Contact Number: _____

Email Address: _____

Please return this signed slip to the academy office Soon as Possible.



#2: CHILD HEALTH ASSESSMENT/PHYSICAL EXAM FORM

Child's Name (Last):	Child's Name (First):	Child's Date of Birth:
Parent/Guardian Name:	Address:	Contact Phone #:
<p>PA child care providers must document that enrolled children have received age-appropriate health services and immunizations that meet the current schedule of the American Academy of Pediatrics, 141 Northwest Point Blvd., Elk Grove Village, IL, 60007. The schedule is available at www.aap.org or Faxback 847/758-0391 (document #9535 and #9807). Print copies provided by DPW have the schedule on the back of the form.</p>		
Health history and medical information pertinent to routine care and emergencies (describe, if any): <input type="checkbox"/> NONE		DATE OF MOST RECENT WELL-CHILD/PHYSICAL EXAM:
Allergies to food or medicine (describe, if any): <input type="checkbox"/> NONE		Do not omit any information. This form may be updated by health professional (initial and date new data).
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? <input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PLEASE EXPLAIN YOUR ANSWER:		
LENGTH/HEIGHT _____ IN/CM %ILE _____		WEIGHT _____ LB/KG %ILE _____
		BLOOD PRESSURE (BEGINNING AT AGE 3) /
PHYSICAL EXAMINATION	<input checked="" type="checkbox"/> = NORMAL	IF ABNORMAL - COMMENTS
HEAD/EYES/EARS/NOSE/THROAT		
TEETH		
CARDIORESPIRATORY		
ABDOMEN/GI		
GENITALIA/BREASTS		
EXTREMITIES/JOINTS/BACK/CHEST		
SKIN/LYMPH NODES		
NEUROLOGIC & DEVELOPMENTAL		
IMMUNIZATIONS	DATE	DATE
DTap/DTP/Td		
POLIO		
HIB		
HEP B		
MMR		
VARICELLA		
MENINGOCOCCAL		
PNEUMOCOCCAL		
INFLUENZA		
HEP A		
ROTAVIRUS		
OTHER/TB		
SCREENING TESTS	DATE OF TEST	NOTE HERE IF RESULTS ARE PENDING OR ABNORMAL
LEAD		
ANEMIA (HGB/HCT)		
URINALYSIS (UA) at age 5		
HEARING (subjective until age 4)		
VISION (subjective until age 3)		
PROFESSIONAL DENTAL EXAM		
HEALTH PROBLEMS OR SPECIAL NEEDS, RECOMMENDED TREATMENT/MEDICATIONS/SPECIAL CARE (attach additional sheets if necessary) <input type="checkbox"/> NONE		
MEDICAL CARE PROVIDER: ADDRESS:		NEXT APPOINTMENT - MONTH/YEAR:
ZIP CODE:	PHONE:	SIGNATURE OF PHYSICIAN OR CRNP: LICENSE NUMBER: DATE FORM SIGNED:

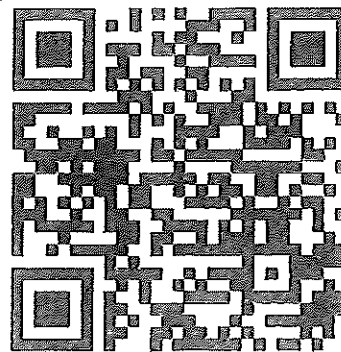


ENROLL TODAY

Apply for the Free & Reduced Rate
Meal Program

Enroll your child(ren) in the
CACFP Food Program online
in less than 10 minutes.

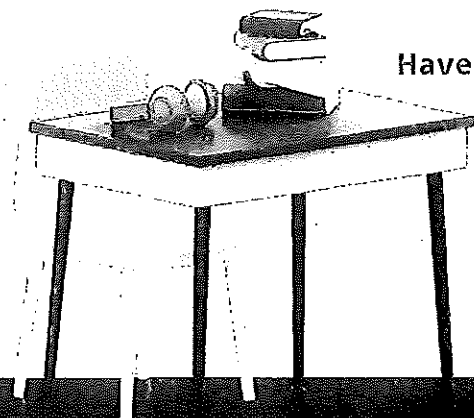
- NO Printing!
- NO Emailing!
- NO Faxing!



**Don't
Delay**

Have the following items handy

- Food Stamp Number / Case Number
- The amount of your last paycheck
- Daycares info & email graceneighborhoodacademy@gmail.com



CBS Food Program

www.cbsfoodprogram.com/enrollment