Acorn Academy, LLC

Family Information- ALL INFORMATION MUST BE FILLED IN .

Name of Child #1: _____Age:____Sex: ___Date of Birth:_____

Name of Child #2: _____Age:____Sex: ___Date of Birth:_____

Name of Child #3: _____Age:____Sex: ___Date of Birth:_____

Primary Contact and Release Persons:

Parent/Guardian #1: _____

Relationship to Child: _____

Home Phone: _____Cell:_____

Home Address: _____

Home Email Address: _____

Social Security Number: _____

Employer: _____

Employer's Address: _____

Work Phone/Extension: _____

Parent/Guardian #2: _____

Relationship to Child: _____

Home Phone: _____Cell:_____

Home Address: _____

Home Email Address: _____

Social Security Number: _____

Employer: _____

Employer's Address: _____

Work Phone/Extension: _____

Parent/Guardian Signature:

_____Date:_____/_____/_____

Parent/Guardian Signature:

_____Date:_____/_____/_____

Signature of Provider:

_____Date:_____/_____/_____

Acorn Academy, LLC

Emergency Contacts

Please list who you would to be contacted in case of an emergency, in the order that you would like us to call.

Contact #1

Name of Contact:_____

Relationship to Child:_____

Primary Phone Number:_____Work Phone Number:_____

Emergency Release and Release

Release Only

Contact #2

Name of Contact:_____

Relationship to Child:_____

Primary Phone Number:_____Work Phone Number:_____

Emergency Release and Release

Release Only

Contact #3

Name of Contact:_____

Relationship to Child:_____

Primary Phone Number:_____Work Phone Number:_____

Emergency Release and Release

Release Only

Contact #4

Name of Contact:_____

Relationship to Child:_____

Primary Phone Number:_____Work Phone Number:_____

Emergency Release and Release

Release Only

If you want a person who is **NOT** listed above to pick up your child, you must notify Acorn Academy in advance. Your child will not be released without prior authorization.

Acorn Academy, LLC

Unauthorized Pick Ups

This sheet is to let Acorn Academy who is **NOT** permitted to pick up your child(ren). If there are any individuals that you would **NOT** like to be able to pick up. Please list their names on the list below.

Contact #1

Name of Contact:_____

Contact #2

Name of Contact:_____

Contact #3

Name of Contact:_____

Contact #4

Name of Contact:_____

Contact #5

Name of Contact:_____

Parent Signature:

_____Date:_____/_____/_____

Parent Signature:

_____Date:_____/_____/_____

Provider Signature:

_____Date:_____/_____/_____

Acorn Academy, LLC

School Information

School-Age Information:

Does your child attend school? ❑ Yes ❑ No

Elementary School Name: _____

Grade in School: _____

School Address: _____

School Phone:_____

School Start Time: _____

School End Time: _____

School Transportation Provided By:

❑ Elementary School ❑ Parent/Guardian ❑ Acorn Children's Academy ❑ Other

Circle Days to Attend: A.M. MON TUES WED THU FRI

Arrival Time: _____ Departure Time: _____

P.M. MON TUES WED THU FRI

Arrival Time: _____ Departure Time: _____

Parent/Guardian Signature:

_____Date:_____/_____/_____

Parent/Guardian Signature:

_____Date:_____/_____/_____

Signature of Provider:

_____Date:_____/_____/_____

Acorn Academy, LLC

Child Information Sheet

Name of Child **#1**_____ Does your child nap: Yes No What Times? _____

Is he/she toilet trained or in the process of learning? _____

Has he/she been cared for outside of the home before? Yes No

What was their experience?

_____
_____
_____
_____

Does your child have any allergies? Yes No

If yes, please list any allergies and their reaction:

_____
_____
_____
_____

What are your child's likes and dislikes?_____
_____

Is there any other information you would like us to know about your child?_____
_____
_____

Name of Child **#2**_____Does your child nap: Yes No What Times? _____

Is he/she toilet trained or in the process of learning? _____

Has he/she been cared for outside of the home before? Yes No

What was their experience?

_____
_____

Does your child have any allergies? Yes No

If yes, please list any allergies and their reaction:

_____
_____

What are your child's likes and dislikes?_____
_____

Is there any other information you would like us to know about your child?_____
_____

Acorn Academy, LLC

Child Information Sheet

Name of Child **#3**_____ Does your child nap: Yes No What Times? _____

Is he/she toilet trained or in the process of learning? _____

Has he/she been cared for outside of the home before? Yes No

What was their experience?

_____
_____
_____
_____

Does your child have any allergies? Yes No

If yes, please list any allergies and their reaction:

_____
_____
_____
_____

What are your child's likes and dislikes?_____
_____
_____
_____

Is there any other information you would like us to know about your child?_____
_____
_____
_____

Acorn Academy, LLC

Medication Request

This form is to enable staff at Acorn Academy to be able to administer prescription medication to your child. The first part of this form must be filled out and signed by the child's doctor. The second part must be filled out and signed by the child's parent/guardian. Both parts must be completed to enable staff to administer the medication.

PART 1. PHYSICIAN'S ORDERS FOR PRESCRIPTION MEDICATION.

(Please print legibly)

Name of Child: _____

Medication: _____

Condition for Medication: _____

Dosage:_____

Time of Administration: _____a.m._____p.m.

Start Date of Administration: _____

Possible side effects: _____

_____

Physician's Signature:

_____Date:____/_____/_____

Physician's Address:

_____

Physician's Phone Number:

_____

PART 2. PARENT/GUARDIAN'S REQUEST TO ADMINISTER PRESCRIPTION MEDICATION

I,_____, parent/guardian of the above-named child, request that staff at Acorn Academy administer the above medication to my child as prescribed above by the child's physician.

Parent/Guardian's Signature:

_____Date:____/_____/_____

Parent/Guardian's Signature:

_____Date:____/_____/_____

Acorn Academy, LLC

AUTHORIZATION FOR EMERGENCY TREATMENT

Acorn Academy has my permission, in an emergency when I, or the legal guardian or designated emergency contact cannot be contacted, to take my child to the nearest appropriate medical facility. The medical facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the wellbeing of my child. I agree to accept the financial responsibility for all the medical expenses incurred.

Child's Name:_____

Date of Birth:_____

Allergies:_____

Doctor:_____

Medications:_____

Other Information:_____

_____

Insurance Information:

Insurance Company:_____

Identification/Policy Number: _____

Subscriber's Name:_____

Signature of Parent/Guardian:

_____Date:_____/_____/_____

Signature of Parent/Guardian:

_____Date:____/_____/_____

Signature of Provider:

_____Date:____/_____/_____

Acorn Academy, LLC

FIELD TRIP PERMISSION FORM

I,_____give permission for my child/children_____,

to attend any and all field trips, which may include swimming trips, with Acorn Academy.

I understand that my child/children, will be supervised and all precautions will be taken. However, I will not hold Acorn Academy liable for any accidents which many occur.

I will let Acorn Academy know beforehand if I do not want my child/children to attend a certain field trip.

Signature of Parent/Guardian:

_____Date:_____/_____/_____

Signature of Parent/Guardian:

_____Date:_____/_____/_____

Signature of Provider:

_____Date:_____/_____/_____

If your child is in kindergarten or older, please fill out and sign!

Acorn Academy, LLC

Child Care Contract/Agreement

This is a contract/agreement between_____ (parent's name) and Acorn Academy.

Childcare services will be provided on the following days of the week. (Circle days needed).

Monday Tuesday Wednesday Thursday Friday Drop-In

Childcare will be provided between the hours of _____a.m./p.m. and _____a.m./p.m.

Childcare will be provided for the following children:

1)_____

2)_____

3)_____

By initialing beside the following, I agree:

____The daily/monthly rate is: _____

____Payment is expected to be made by the end of the month (unless arrangements have been made).

____There is a $50.00 Late Fee for accounts unpaid at the beginning of the following billing month.

____There will be a $1.00 Diaper Fee, per diaper, for all diapers provided by Acorn Academy.

____The fee for late pick-up is $1.00 per minute, per child after a 10-minute Grace Period, (without notification).

____ If for any reason the account should become delinquent, the responsible party agrees to pay up to twenty-five percent (25) % collection fee of the unpaid balance; together with all legal fees, with or without suit, including reasonable attorney fees and costs.

____I have read the Parent Handbook and agree to follow the policies and procedures.

ARE YOU RECEIVING: ICCP NACCRRA FOSTER NONE (circle all that apply)?

Signature of Parent/Guardian:

_____**Date:**_____/_____/_____

Signature of Parent/Guardian:

_____**Date:**_____/_____/_____

Signature of Provider:

_____**Date:**_____/_____/_____

Acorn Academy, LLC

POLICY AND PROCEDURES SIGNATURES

I have read and understand all policies and procedures as outlined. I understand that by signing the contract I agree to adhere to all policies therein.

Parent/Guardian Signature:

_____**Phone:**_____**Date**:____/_____/_____

Parent/Guardian Signature:

_____**Phone:**_____**Date**:____/____/_____

Provider Signature:

_____**Date:**_____/_____/_____

Acorn Academy, LLC

SOCIAL MEDIA RELEASE FORM

This form gives Acorn Academy and the employees the permission to add photos (without names) of your child or children to Facebook pages (the public page and/or the private classroom pages). This permission will go with the child as they move through the classrooms.

Please choose one:

○ I give permission for Acorn Academy and employees to post pictures on the public Acorn Academy Facebook page.

○ I give permission for Acorn Academy and employees to post pictures on the private classroom Facebook page, which are invitation only.

○ **I DO NOT** give permission for Acorn Academy and employees to post pictures on either page.

Child/Children's Name (please print):

_____

Parent Signature:

_____**Date:**____/____/____

Provider Signature:

_____**Date:**____/____/____

Acorn Academy, LLC

Daily Rates

Tuition Sheet

Child's Age	Full Time / Over 25 Hours	Part time / Under 25 hours
0-12 Months (0-1)	$965	$909
12-24 Months (1-2)	$965	$909
24-35 Months (2-3)	$900	$774
36-59 Months (3-5)	$825	$700
5 Years – 12 Years	$805	$689

Child's Age	Full Time Over 5 hours	Part time Under 5 hours
0-2 Years	$45	$42
2-3 Years	$41	$36
3-5 Years	$38	$32
6-12 Years	$37	$31

Infants: We supply formula unless you have a specific brand.

All food, formula and meals are included in the price. All crafts and supplies for crafts are included. Families are responsible for diapers. If you do not provide diapers, you will be charged $1.00 per diaper.

The fee for late pick-up is $1.00 per minute, per child after a 10-minute Grace Period, (without notification).

After School: All meals and snacks are included. All crafts, supplies and field trips are included with the exception of "special adventures".

Transportation:

We provide transportation to and from school. The Transportation fee is for the upkeep on our vehicles, gas, etc. Most often, children will be shuttled in the company van; other times they may be picked up in private vehicles. All drivers are required to have clean driving records and are 25 years or older.

Per Family (unless children go to different schools)

$40.00/Week **BOTH** ways (take **&** pick up) = $8.00/Day

$25.00/Week **ONE** way (Take **OR** pick up) = $5.00/Day

Registration Fee: $125 **Late Fee:** $50 charge will be applied to all accounts that have a balance at the end of the month.

All Accounts are due on the last day of the month unless arrangements have been made with management**.**

Referral Program: If you refer a new family and that family stays for 2 months you will receive a $50 credit to your account. If you do not have an account, you will receive a $50 check.

Multiple child discount: 2 Children - $35.00 off monthly bill

3 children or more - $40.00 off monthly bill

(You will only be eligible for the multiple child discount if your tuition is over $100 per month per child and your bill is kept current and UpToDate monthly).

ALL ACCOUNTS must be paid in full by the end of the month. No exceptions.

*Payment arrangements can be made upon written agreement with Administration, if you default on the arrangement, it becomes null and void *All months are calculated on a 4.33 week/month average. Because we are under contract with Agencies we must stay in compliance with their rules and regulations.

Prices are subject to change.

Acorn Academy can run automatic monthly payments.

If for any reason the account should become delinquent, the responsible party agrees to pay up to twenty-five percent (25%) collection fee of the unpaid balance; together with all legal fees, with or without suit, including reasonable attorney fees and costs.

Updated 11/27/2024.

Acorn Academy, LLC

Parent Behavior Agreement

This is an agreement between _____ (Parents name) and Acorn Academy.

As children are developing, they start to test their limits and experience all new emotions. This is a normal milestone. Children get frustrated at times and they are learning the proper way of handling that frustration. Occasionally, this frustration comes out in violence, (hitting, kicking, biting, throwing objects, using vulgar language etc.…)

Our goal is to educate as well as keep all the children and staff safe.

This agreement states that you agree if there is any significant or recurring violence you will be notified to pick up your child immediately. There is a possibility that your child will not be able to return for a day, week or longer depending on the offences.

If this does happen, you will be required to fill out a Behavior Contract, that will be placed in the child folder (copies can be made). If any incidents occur during the trial period of said contract the contract will be null, and void and your child will be removed from our facility.

Parent Signature: _____ Date:____/____/____

Manager Signature: _____ Date:____/____/____

Acorn Academy, LLC

Acorn Academy Child Abuse and Neglect Policy

Policies and Procedures for Child Abuse

Commitment to zero tolerance for abuse Acorn Academy (AA) is committed to the prevention and early detection of abuse and/or neglect of children and young people. All employees and officers of AA must have background clearance and comply with State/Federal Guidelines for Childcare. Grooming behaviors and characteristics of abusers Acorn Academy prohibits grooming behaviors and characteristics of abusers: Grooming is the process used by an abuser to select a child, when the child's trust (and the trust of the child's parent or 'gatekeeper'), manipulate the child into sexual activity and keep the child from disclosing the abuse. Because sexual abusers 'groom' children for abuse, it is possible a staff member or volunteer may witness behavior intended to 'groom' a child for sexual abuse. Staff members and volunteers are asked to report 'grooming' behavior, any policy violations, or any suspicious behaviors to a supervisor or a specific member of the organization, they are also mandated to report. Reporting Best practice is to report ALL suspicions or allegations or abuse, regardless of the state law requirements. Reporting should indicate a supervisor or specific person, as well as DCF, Child Protective Services, or other appropriate agencies. What is not allowed/ guides for interactions Children at the center should expect to be treated with kindness, concern, and respect at all times. Any employee who exhibits unprofessional behavior that could be construed as abusive, will be dismissed from work without any accrued benefits or assistance in legal representation. Any evidence of physical or sexual abuse or misconduct will be grounds for immediate dismissal. Staff is advised: Corporal punishment or physical discipline is considered abuse. Protocol for response to victims any person who has information about behavior that may reasonable be characterized as known or suspected child abuse or neglect is mandated to make a report to the Director and to appropriate authorities, as required by law. Allegations of abuse shall be reported to parents and investigated. Enforcement of policies (violations, disciplinary action, reassignment, etc.)/ Any employee accused of abuse or neglect has consequences in accordance to state and federal regulations. Anyone accused of abuse or neglect shall have an opportunity to respond to the allegations, in accordance with the law. Until the issue is resolved, anyone suspected of abuse or neglect may be reassigned, suspended, or placed on administrative leave, without pay. If a parent/guardian is suspected, we are mandated to report and said person(s) will not be allowed near the premises. Annual Mandated Child Abuse Trainings: AA employees and officers are mandated to take Child Abuse training annually via State requirements, and for our Insurance Company. Each year employees are screened and must comply with all State requirements as well as our Philadelphia Insurance Screening and Child Abuse Trainings **(www.abusepreventionsystems.com)** . If there is any suspicious behavior, we will not tolerate it, and the authorities will be called immediately. Statement of Acknowledgement and Agreement All Employees, volunteers, must agree and sign our policy and procedure handbook, indicating they have reviewed the policy and understood the material and agree to comply with the policy requirements.

Acorn Academy Child Abuse Policy

Acorn Academy **(AA)** has a comprehensive Child Abuse Policy and Procedures in place to protect the well-being of children and ensure a safe environment. Here a breakdown of the key elements of our policy:

1. Zero Tolerance for Abuse: AA is committed to preventing and detecting child abuse or neglect and ensures that all employees and officers have background clearances and comply with state childcare guidelines.

2. Prohibition of Grooming Behaviors: AA explicitly forbids grooming behaviors and characteristics of abusers and encourages staff and volunteers to report any suspicious behavior they may witness.

3. Reporting: The policy emphasizes the importance of reporting any suspicions or allegations of abuse, in accordance with state law requirements. Reporting should involve notifying a supervisor or specific person and appropriate authorities.

4. Expected Behavior Towards Children: AA outlines the expected behavior towards children, emphasizing kindness, concern, and respect at all times. Any unprofessional behavior that could be perceived as abusive is grounds for immediate dismissal.

5. Response to Victims: The protocol for responding to victims of abuse involves reporting to the Director and appropriate authorities as required by law. Allegations of abuse are also reported to parents and investigated.

6. Enforcement of Policies: Employees accused of abuse or neglect face consequences in accordance with state and federal regulations. Those suspected of abuse or neglect may be reassigned, suspended, or placed on administrative leave until the issue is resolved. Parents or guardians suspected of abuse are reported and not allowed on the premises.

7. Annual Mandated Child Abuse Training: AA ensures that its employees and officers undergo annual Child Abuse training in compliance with state requirements and for our Philadelphia insurance policy requirements: (www.abusepreventionsystems.com). This helps in keeping the staff informed and vigilant.

8. Acknowledgment and Agreement: All employees and volunteers are required to review and sign the policy and procedure handbook, indicating their understanding of the policy content and their agreement to comply with its requirements. I acknowledge and agree with the rules and regulations of ALL policies and procedures.

Print Parent/Guardians Name_____

Parent/Guardians Signature_____ Date ____/_____/_____

Manager Signature _____ Date ____/_____/_____

Parents please sign and date stating you understand our CDC Illness Guidelines

Parent Reminder

In our parent handbook the **CDC** gave us specific guidelines we must follow to keep our daycare open.

Guidelines for illness

1. Fever (100* or higher)

(24 hours no fever without medication to return)

2. Diarrhea

(24 hours without diarrhea to return)

3. Vomiting

(24 hours without vomiting to return)

4. Runny nose with colored discharge, check with Doctor

(Must have Doctors note to return)

5. Rash, check with Doctor

(Must have doctors note to return)

6. Discharge form eyes or ears, check with Doctor

(Must have Doctors note to return)

7. Lice

8. Communicable disease (i.e., Chicken pox, measles, mumps, conjunctivitis (pink eye) , etc.

(Must have Doctors note to return)

Children are **NOT** allowed to return until they have been symptom free for **24 hours** without the aid of medications. **NOTE:** Children remain contagious for **24 hours** after the first does of antibiotics. If medication is required, we will need an updated note from their Doctor, and it will need to come in the original container. You will also need to fill out a medication slip.

This is for your child along with the other children, teachers and parents' safety!

Parent/Guardian Signature: _____ Date:_____/_____/_____

Acorn Academy, LLC

Monthly Payment Agreement

Our billing comes out on the **1st** of every month. Signing this means you agree to have the full balance paid by the **last day** of every month.

If the balance is **not** paid in full you will no longer be able to bring your child/children. We will give you 60 days to have said balance paid once it's paid your child/children may return to the center. If the balance is **not** paid by the end of the 60 days your child/children spot will be filled.

Child/Childrens Name _____

Parents/Guardians Name (Print) _____

Parents/Guardians Signature _____

Date ____/_____/_____

Managers Signature_____

Acorn Academy, LLC

Family Information Sheet

What is your preferred Language? _____

What language would you like to receive documents in? _____

Does your family have any Cultural Traditions? _____

Do you or anyone in your household have any skills or talents they would like to share?
_____

Would you like to come in and share any of the above with the children? If so, what?
_____

Would you be willing to come in and share your time by: reading to the class, doing a craft, just playing with the children? _____

If so, when would you be able to? _____

Do you or anyone in your household need any of the following:

Diapers Y / N

Food Y / N

Toys Y / N

Other:_____

Would you like any information on any of the following resources?:

RHS- Y / N

Counseling- Y / N

Parenting support- Y/ N

Youth Services- Y / N

Recovery from Addiction & Trauma- Y / N

Child & Adult Psychological Testing- Y / N

Rise Up Teen & Child Crisis Center- Y / N