

Trinity Christian Academy

1400 Buck Road

Holland, PA 18966

Tel: (267) 685-0216

TCAcademy1400@gmail.com

Dr. Chandra Soans, Executive Director

Victoria Anderson, Director

Esther Aponte, Asst. Director

Checklist for Required Documents

- ☐ **Emergency Contact/Consent Form**
- ☐ **Copy of State Issued ID of Parents/Guardian**
- ☐ **Health Assessment/Physical**
- ☐ **Immunization Records**
- ☐ **Copy of Medical Card**
- ☐ **Request for Medication Administration-If needed**
- ☐ **Child Pick-Up Authorization**
- ☐ **Tuition Agreement (Signed and Dated)**
- ☐ **Payment Receipt # _____ Date _____**
- ☐ **"Getting to Know You"**
- ☐ **Website Picture Form**
- ☐ **Parent/Pandemic Handbook (Signed and Dated)**

TRINITY CHRISTIAN ACADEMY

GRACE NEIGHBORHOOD DEVELOPMENT CORPORATION

1400 Buck Road Holland PA 18966
(267) 685-0216

Rev. Dr. Chandra Soans, Executive Director

BACKGROUND:

Trinity Christian Academy is an outreach ministry of Grace Neighborhood Development Corporation. The facility, located at 1400 Buck Road Holland PA 18966 in Bucks County, 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 Younger and Older Toddler and Preschool, Pre-K Counts; Before/After School for School Age students, 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 and/or charter school that we service.

The Academy will be open from 7a.m. through 6 p.m. The daily schedule will include: breakfast, teacher directed activities, child directed activities, large, small and/or individual group time, *lunch-all meals are included upon completion of the C.B.S. Meal Application with a minimum of a 2 week waiting period to be placed on the "Roster" and fees for meals will be billed directly to families by C.B.S. and is not part of the tuition fees. Fees only apply if C.B.S. determines the family qualifies as REDUCED or PAID.* Monthly food menus are posted in all classrooms, parent bulletin board, and copies will be provided upon request. 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. CHILDREN MAY NOT WEAR SANDALS, FLIP-FLOPS, CLOGS, OR DRESS SHOES. Baseball caps are also not recommended. 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. All clothing including jackets, hats, boots, etc. MUST be labeled with the child's FIRST name and INITIAL of the LAST name. Every Toddler and Preschool child needs 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. No over the counter medications are given while at the childcare facility without an administration for medication paper filled out and signed by a physician.

SUPERVISION:

Children will be supervised at all times, both indoors and outdoors. Appropriate staff/child ratios will be maintained at all times. Please remember to sign your child in and out every day, this is very important for ratio and supervision purposes.

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.

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 July 1, 2023:

<u>School Age</u> (Kindergarten – 6 th)	<u>Preschool</u> (Age: 3 yrs. – 5 yrs)	<u>Old Toddler</u> (Age: 24 mos – 36 mos.)	<u>Young Toddler</u> (Age: 13 mos. – 24 mos.)
<i>\$225/Week*</i>	<i>\$250/Week*</i>	<i>\$280/Week*</i>	<i>\$290/Week*</i>

The cost for Before/After School is as follows: **\$90/Week* = Before School (7a.m.-8:45a.m.)**
\$140/Week*=After School (3:00p.m. -6p.m.); AND/OR \$210/Week = Before/ After and ½ days
ONLY--- we accept all forms of child care subsidies.

PAYMENT POLICY:

Tuition or co-payments are due in full by Friday evening the week prior to services. Full tuition or CCIS family co-payment is due regardless of illness, holidays, or inclement weather that the school 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 on the Procure machine, online through Tuition Express or left in the locked box located in the hall near the office. Please make checks and money orders payable to: GNDC. **There is a \$35.00 service charge on all returned (bounced) checks and payments will no longer accepted in a check form once this occurs.**

HOLIDAYS AND CLOSED DAYS:

Trinity Christian Academy will be closed for the following holidays: all classrooms, parent bulletin board, and copies will be provided upon request. Days are subject to change with regards to school district calendar and unforeseen circumstances.

WITHDRAWAL AND DISENROLLMENT:

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

NONDISCRIMINATION POLICY:

Trinity Christian 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 please contact Early Learning Resource Center #16.

Trinity Christian Academy

Tuition Rates as of 7/1/2023

	Infant (6 mos - 12 mos)	Young Toddler (13 mos- 24 mos)	Older Toddler (24 mos - 36 mos)	Preschool (3 yrs - 5 yrs)	School Age (KG - 6th Grade)
5 Full Days Weekly Pay	\$ 300.00	\$ 290.00	\$ 280.00	\$ 250.00	\$ 225.00
FOLLOWING RATES ARE APPLICABLE ONLY FOR TRINITY CHRISTIAN ACADEMY					
4 Full Days / Wk	\$ 250.00	\$ 245.00	\$ 230.00	\$ 210.00	\$ 190.00
3 Full Days / Wk	\$ 200.00	\$ 190.00	\$ 180.00	\$ 165.00	\$ 145.00
2 Full Days / Wk	\$ 140.00	\$ 130.00	\$ 120.00	\$ 110.00	\$ 100.00
1 Full Days / Wk	\$ 70.00	\$ 65.00	\$ 60.00	\$ 55.00	\$ 50.00
5 Half Days / Wk		\$ 170.00	\$ 165.00	\$ 150.00	\$ 135.00
4 Half Days / Wk		\$ 145.00	\$ 140.00	\$ 130.00	\$ 115.00
3 Half Days / Wk		\$ 115.00	\$ 110.00	\$ 105.00	\$ 90.00
2 Half Days / Wk		\$ 80.00	\$ 80.00	\$ 70.00	\$ 60.00
1 Half Day / Wk		\$ 40.00	\$ 40.00	\$ 35.00	\$ 30.00

BEFORE AND AFTER SCHOOL CARE FOR ALL CENTERS

School Age 5 Days
Beforecare
Aftercare
Before & Aftercare

\$ 90.00
\$ 140.00
\$ 210.00

- Note: 1. Tuition Policy: Tuition payments or co-payments are due in full by Monday Mornings prior to services. Full tuition or CCIS co-payment is due regardless of illness, holidays, scheduled closures, inclement weather/snow days . No pro-rated rates will be given out at any time. Each family will be given one week vacation credit per academic year if tuition payments are current and two weeks written notice is given. Payments may be placed in the tuition box, made in the Director's office, or submitted online. Please make checks payable to "Grace Neighborhood Development Corporation" or "GNDC". Grace-Trinity Academy parents to "Grace-Trinity UCC". There is a \$40.00 service charge on all bounced checks and payments will no longer be accepted in check form if this happens more than once.
2. Kindly note that upon signing a tuition agreement, we commit to providing requested care. We will not readily change care schedules w/o ample notice as we need to plan accordingly and accommodate all families equitably.
3. We accept various forms of childcare subsidies for qualifying individuals.

EMERGENCY CONTACT / PARENTAL CONSENT FORM

66 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: (As it APPEARS on child's state/government issued "Birth Certificate")		Date of Birth: (Required)
MOTHER'S NAME/LEGAL GUARDIAN: (Required: Unless Court Order, Incarcerated or Deceased, please specify):		Home Phone: (Required)
ADDRESS: (Required)		
CITY, STATE, and 5-DIGIT ZIP CODE: (Required)		E-mail: (Required)
Business Name: (Required if Employed)		Cell Phone: (Required)
Address, City, State, and 5-Digit Zip Code: (Required if Employed)		Business Phone: (Required if Employed)
FATHER'S NAME/LEGAL GUARDIAN: (Required: Unless Court Order, Incarcerated or Deceased, please specify):		Home Phone: (Required)
ADDRESS: (Required)		
CITY, STATE, and 5-DIGIT ZIP CODE: (Required)		E-mail: (Required)
Business Name: (Required if Employed)		Cell Phone: (Required)
Address, City, State, and 5-Digit Zip Code: (Required if Employed)		Business Phone: (Required if Employed)
EMERGENCY CONTACT PERSON (s) (list below) (Minimum of (3) individuals Over 18 yrs. Old)		Telephone Number (when in care) (Required)
1		
2		
3		
Person (s) Whom Child May Be Released and Address (list below) (Min. (3) Over 18 yrs. Old)		Telephone Number (when in care) (Required)
1		
2		
3		
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER: (Required)		Phone Number + Area Code: (Required)
ADDRESS, CITY, STATE, and 5-DIGIT ZIP CODE: (Required)		
Special Disabilities: (Copy of IFSP or IEP Required, if applicable)		All Allergies (Listed on Health Assessment)
Medical or Dietary Information necessary in an emergency situation (Dietary Form Required)		Medications (List Medications Taken Daily)
Additional Information on Special Needs of Child (Copy of IFSP or IEP Report Required, if applicable)		
Health Insurance Coverage or Medical Assistance Benefits		Policy Number (Required)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE (Required)		ADMIN. OF MINOR FIRST-AID PROCEDURES (Required)
X		X
TRANSPORTATION BY THE FACILITY IN CASE OF EMERGENCY (Required)		WALKS (Required)
X		X
I allow child in (Swimming: 3rd - 6th/Sprinkler-YT-PKC) (Required)		I allow Photos/Video Used for Classrooms ONLY (Required)
X		X
Signature of Parent or Guardian (Required)		Date: (less than 6-months)
X		

CHILD HEALTH REPORT

(95 PA CDR #5370, 131, 3280, 131 AND 3190, 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.
☐ 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)
☐ 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/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.

**THE SCHOOL DISTRICT OF PHILADELPHIA
SCHOOL HEALTH SERVICES
REQUEST FOR ADMINISTRATION OF MEDICATION OR USE OF SUCTION, OXYGEN OR OTHER EQUIPMENT IN SCHOOL**

(PLEASE SEE MESSAGE TO PHYSICIAN AND PARENT ON BACK OF FORM)

PHYSICIAN, PLEASE NOTE: Fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your pediatric medical treatment. A separate request is needed for each medication.

NAME OF PATIENT/STUDENT		ADDRESS/ZIP		ROOM/BOOK NO.	
DATE OF BIRTH	SCHOOL/ORGANIZATION	REGIONAL OFFICE	PID		
DIAGNOSIS:					
REASON MEDICATION MUST BE GIVEN IN SCHOOL:					
NAME OF MEDICATION/EQUIPMENT/TREATMENT:			DOSE		
TIME(S) TO BE GIVEN IN SCHOOL:		TOTAL DOSAGE PER 24 HRS:			
DATE BEGON	DATE END				
INSTRUCTIONS FOR ADMINISTRATION/UTILIZATION:					
CONTRAINDICATIONS:					
SIDE EFFECTS:					
TREATMENT OF SIDE EFFECT/REACTION TO BE TAKEN:					
IS ANY RESTRICTION ON ACTIVITY NECESSARY?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
IF YES, DESCRIBE:					
IS STUDENT TAKING ANY OTHER MEDICATION?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
IF YES, NAME OF MEDICATIONS:					
IS SPECIAL EQUIPMENT KEPT BY THE CHILD'S FAMILY AT HOME?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
PRINT NAME OF HEALTH CARE PROVIDER/CONSENTALS		TELEPHONE			
ADDRESS		EMERGENCY NUMBER			
SIGNATURE OF HEALTH CARE PROVIDER		DATE SIGNED			

To The Principal

I authorize selected school personnel to administer the indicated medication, or to use the equipment or machinery as prescribed by my child's health care provider, whose signature appears on this form.

My child may self-administer medication/equipment as determined appropriate by the school nurse.

I authorize the school nurse to communicate with my child's health care provider, and my health care provider to reply, as needed regarding this medication/equipment and/or my child's response.

PARENT SIGNATURE _____ TELEPHONE NUMBER _____

DATE SIGNED _____ EMERGENCY NUMBER _____

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IN ACCORDANCE WITH CURRENT SCHOOL DISTRICT PROCEDURE,
THE ADMINISTRATION OF THIS MEDICATION WAS APPROVED ON _____

DATE _____

(RETAIN IN SCHOOL)

SIGNATURE OF SCHOOL NURSE _____

TELEPHONE NUMBER OF SCHOOL NURSE _____

WHITE - SCHOOL NURSE YELLOW - PARENT

Trinity Christian Academy
 1400 Buck Road
 Holland Pa 18966
 Telephone: 267-685-0216
 Fax: 267-364-5348
 Tcacademy1400@gmail.com
 Dr. Chandra Soans, Director
 Esther Aponte, Assistant Director

GENERAL INFORMATION

Child's Name: _____ Child's Birth Date: _____

Admission Date: _____ Withdraw Date: _____

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

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

TUITION AGREEMENT CONDITIONS

- Services to be provided as part of tuition include: SEE PARENT HANDBOOK.
- Extra services to be provided at an additional fee, if applicable are: N/A.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- I understand that my child will only be released to the following individuals:- _____
- 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 any part thereof, he/she remains.
- 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.
- I understand the Center is opened all year, except for holidays declared by the Center Director.
- I do _____ do not _____ give permission for my child to be photographed/video taped and the photos/tapes to be displayed in the school.
- 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.
- 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) _____

Parent/Guardian (Signature & Date) _____

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1400 Buck Road
Holland Pa 18966
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Fax: 267-364-5348
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I, _____, authorize Trinity Christian Academy to release my child (ren) to the person(s) designated. This is in consonance with the Trinity Christian Academy Emergency Plan.

Child's
Name

Designated Custodian (s)
Name & Relationship

Your Signature

Relationship

Date

Print Name

Street Address

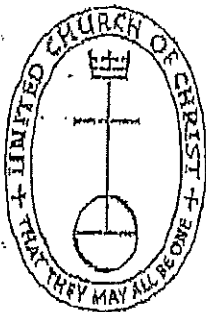
City, State, Zip Code

(Home Phone)

(Work)

(Cell)

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



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CORPORATION

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Permission Form for Use of Student Participation on Center Website

This letter is to both inform you and request for your child's picture, voice, video, and/or name 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. The website is meant to serve as an interactive resource for the entire Trinity Christian Academy community to stay better connected.

Rest assured, the center will safeguard all content and will not share/release any information without prior written consent from you the parent or legal guardian. Furthermore, you may withdraw your consent at any time by sending a written notice, along with a new form, to the director.

Please return this form to your child's teacher or the center's director to indicate if your child's participation may be used on the website. Thank you for your cooperation.

Check one of the following options:

- ☐ I/We GRANT permission for use of picture, voice, video, name, work and participation of this child/student to be published on the center's website.*
- ☐ 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.

Student Name: _____

Printed Name of Parent/Legal Guardian _____

Signature of Parent/Legal Guardian: (sign) _____ Date: _____

*Permission will be applicable until consent is withdrawn and, in addition, I agree to release and hold harmless all center personnel from and against any and all claims, demands, actions, complaints, suits or other forms of liability that may arise out of use of my child's picture, voice, name, work or participation on the Internet.

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Esther Aponte, Assistant Director

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:

Trinity Christian Academy
Dr. Chandra Soans, Director
1400 Buck Road
Holland PA, 18966

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 and
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

Parent/Guardian Signature _____ Date _____

Directors Signature _____ Date _____

PARENT/GUARDIAN AGREEMENT FORM

FOR

TRINITY CHRISTIAN ACADEMY
PARENT/GUARDIAN HANDBOOK

1. I/We agree to comply with the rules and regulations of the Trinity Christian Academy.
2. I/We will immediately notify the Trinity Christian Academy if my child/children will be absent or lateness.
3. I/We agree to give two weeks written notice to Trinity Christian 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 Trinity Christian Academy staff to ensure that my child/children will have a rewarding learning experience.

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 Trinity Christian Academy.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____

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.

Child's Name _____

ACKNOWLEDGMENT OF HANDBOOK

I acknowledge by my signature that I have received a copy of the Trinity Christian 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.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Director Signature: _____ Date: _____

Child's name _____

Note: All three forms (Pages 23-25) must be signed and returned for your child/children's file.

children in that staff member's cohort as well as all other enrolled siblings will be dismissed and cannot return for at least 3 days. If the test is negative, children in that cohort can then return. If the test is positive, those children and siblings will follow the 14 days quarantine guidance recommended from the CDC.

If a child or family member tests positive for Covid-19 it is recommended by the CDC to do the following: Immediately notify local health officials. These officials will help administrators determine a course of action for their childcare programs or schools.

We will likely dismiss the students in that child's cohort for 14 days. The staff from that cohort will be required to get tested immediately (within 2 days) and cannot return to work until negative results are given to management. This initial short-term dismissal allows time for the local health officials to gain a better understanding of the Covid-19 situation impacting the school and for custodial staff to clean and disinfect the affected facilities. Work with the local health officials will help determine the appropriate next steps, including whether an extended dismissal duration is needed to stop or slow further spread of Covid-19.

Tuition Payments during a Pandemic

Payment of care is taken on a circumstantial basis depending on the situation and pandemic. Management will keep all families updated of payments and/or prorations.

If children are returning to the center the parent will be responsible to start paying for tuition beginning on the child's start date.

If the children are taking time off, tuition will begin on the first day the child/children return to care.

If your child (children) becomes ill, or a family member becomes ill, then your tuition will be frozen until they are medically cleared to return to the center with proper medical documentation.

Child/Children's Name: _____

Parent/Guardian's Name: _____

Primary Parent/Guardian's Signature

Date

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Tel: (267) 685-0216
TCAcademy1400@gmail.com
Dr. Chandra Soans, Executive Director

“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 ISFP (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. Food Allergies?

11. Environmental Allergies?

12. Allergies to any medicines?

13. How are your child's allergies treated?

14. Do you have any special medical or dietary information for management in an emergency situation (medicine to keep on hand, people to call, etc.)?
15. Any other medical or special needs?
16. Describe your child's schedule:
17. Normal bedtime, waking time, nap time, and duration?
18. Meal times?
19. Does your child have a different schedule at any other child care settings (babysitter, relative/neighbor care, and/or school)?

20. Regarding toilet habits, what words does your family use for bowel movements and urination?
21. Any special terminology for private parts?
22. Is your child toilet trained?
23. Does your child need to be reminded to go to the toilet during waking hours?
24. Other required DPW (or other agency) required forms and signatures will be used in conjunction with some of these questions. Is there information that will help us make the first few days in our program easier for your child?
25. Is there other information you would like to share?

CENTER SCHEDULE

Closure Days- Whole Building Closed

2025 - 2026

Day of Closure	DATES	CLOSED DAYS
1. 4 th of July- Observance Day	07/04/2025	CLOSED
2. Staff Professional Development	08/20/2025	CLOSED
3. Staff Professional Development	08/21/2025	CLOSED
4. Staff Professional Development	08/22/2025	CLOSED
5. Labor Day	09/01/2025	CLOSED
6. Thanksgiving Day	11/27/2025	CLOSED
7. Thanksgiving Break	11/28/2025	CLOSED
8. Christmas Eve Observed	12/24/2025	CLOSED
9. Christmas Day Observed	12/25/2025	CLOSED
10. New Year's Day Observed	01/01/2026	CLOSED
11. MLK Holiday	01/19/2026	CLOSED
12. Staff PD Day	04/02/2026	CLOSED
13. Good Friday Holiday	04/03/2026	CLOSED
14. Memorial Day	05/25/2026	CLOSED
15. <i>SNOW DAY*</i>	<i>*TBA</i>	CLOSED