

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

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

**ALSO, PLEASE PROVIDE THE FOLLOWING:**

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

## **OUR CONTACT INFORMATION:**

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

**MARK INGERMAN @ 215-378-9700**

**ALLA SHERMAN @ 267-808-8518**

**FAX #215-434-0688**

**Email us at [mystemmacademy@gmail.com](mailto:mystemmacademy@gmail.com)**

# 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

<b>CHILD'S NAME</b>		<b>BIRTHDATE</b>
<b>ADDRESS</b>		
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>EMERGENCY CONTACT PERSON(S)</b>	<b>NAME</b>	<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	<b>NAME</b>	<b>ADDRESS</b>
		<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		<b>TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>SPECIAL DISABILITIES (IF ANY)</b>	<b>ALLERGIES (INCLUDING MEDICATION REACTION)</b>	
<b>MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION</b>	<b>MEDICATION, SPECIAL CONDITIONS</b>	
<b>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD</b>		
<b>HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS</b>		<b>POLICY NUMBER (REQUIRED)</b>
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>	<b>ADMIN. OF MINOR FIRST - AID PROCEDURES</b>	
<b>WALKS AND TRIPS</b>	<b>SWIMMING</b>	
<b>TRANSPORTATION BY THE FACILITY</b>	<b>WADING</b>	

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
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:

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

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 <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> ) <input type="checkbox"/> YES <input type="checkbox"/> NO	<p><b>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.</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

**RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD**

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/ID						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:  ADDRESS:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT  TITLE:  LICENSE NUMBER:
	PHONE:  DATE FORM SIGNED:

## **PARENTAL/GUARDIAN CONTRACT**

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

(guardian's name) \_\_\_\_\_

(child's name) \_\_\_\_\_

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

**The fee is based at \$290/week per child.  
The Part Time Attendance fee is \$230/week per child.**

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

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

### **EXTRA FEES:**

#### **Trips and Excursions :**

will be assessed at \$50/child and will need to be collected prior to the excursion date.

#### **Late Fee :**

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

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

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

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

**REGISTRATION and RELEASE of CONTRACT FEE:**

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

GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ELRC Addendum:**

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

GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**ELRC Pre-K and Kindergarten attendance:**

I understand that S.T.E.M.M. Academy operates a Private Pay PRE-K and Kindergarten Program that ends daily at 3:00 PM. Should I select to keep my child inside the S.T.E.M.M. Academy past the hours of 3:00 PM, I will have to pay the extra "after school" fee of \$35/day.

GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**LATE FEE ADDENDUM:**

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

GUARDIAN'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

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

**GUARDIAN'S SIGNATURE** \_\_\_\_\_ **DATE:**

**OPERATOR'S SIGNATURE**  **DATE:**

# **Parental Image Acknowledgement Form**

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

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

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

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

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

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

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

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

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

## **STEMM ACADEMY RELEASE OF LIABILITY**

### **READ CAREFULLY - THIS AFFECTS YOUR LEGAL RIGHTS**

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

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

Enter Child Name \_\_\_\_\_.

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



powers:

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

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

**I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS**

Dated: \_\_\_\_\_

Signature: \_\_\_\_\_

Participant: \_\_\_\_\_

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

\_\_\_\_\_, \_\_\_\_\_  
\_\_\_\_\_

In case of an emergency, please call \_\_\_\_\_

(Relationship: \_\_\_\_\_) at \_\_\_\_\_ Ext.  
\_\_\_\_\_ (Day), or \_\_\_\_\_ Ext. \_\_\_\_\_ (Evening).

## **CHILD PICK-UP AUTHORIZATION**

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

Child's Name

Designated Custodian (s), Name, & Relationship

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\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(Work)

\_\_\_\_\_  
(Cell)

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

**PLEASE PRINT CLEARLY.**