Hello!

Thank you for requesting information about St. Luke’s where we are continuing over forty years of excellence in education! We offer programs for three age groups: Infant/Young Toddlers, Older Toddlers/Young Preschool, and Preschool/Pre-K. Part time and full time programs are offered for all three classes. (For cost and schedule, please see the tuition chart enclosed.)

When enrolling, there is a $75.00 non-refundable registration fee that holds your child’s slot and allows us to establish an account for your family. A two week advance payment, or escrow, is paid a month prior to coming and held for the last two weeks your child attends. Once you begin attending, tuition payments are due each Monday, but there is a grace period until 6:00 PM on Wednesday. Tuition is due even if your child does not attend, unless you are using vacation time.

Upon starting, you will receive the remainder of the enrollment packet as well as a Parent Handbook which you are asked to read and return the last page from stating that you have read it. This manual includes all information about the school rules and regulations as well as our days off, policies, etc.

Also, the first day your child attends, he/she will need the following: a crib sheet (they fit our mats), a small blanket and a small pillow, crayons (Crayola, 8 Basic Colors Only), markers (Crayola, 8 Basic Colors Only), safety scissors, a glue stick, a small, plastic art box and a full change of clothes, including socks and undies, in a labeled gallon size plastic bag. Toddlers also need a sippy cup, bib, wipes, & diapers. Any other items your child needs, specific to his/her classroom, will be needed after starting. If your child is in the infant/toddler room, he or she will not need an art box. Everything you bring into the building must be labeled with your child’s name on it.

All classrooms have trained staff, and we are proud to say we have very little staff turnover with most of our staff members here for ten years or more and a few closing in on twenty! Our staff is loving, patient and kind. Many parents comment on the family-like atmosphere of the program of which we are very proud. We attend numerous trainings throughout the year to keep sharp and participate in the Keystone Stars program, a quality care initiative in Pennsylvania ensuring better early childhood programs.

I hope I have not overwhelmed you too much! I just want to provide as much information as possible to ensure a smooth and easy start to your time here at St. Luke’s! I encourage you to call or stop in if you have any questions regarding our program! We look forward to welcoming you!

Sonia Klakowicz, Director
St. Luke’s Day School Of Good Shepherd
Tuition Rates
2016-2017

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Part Time *</th>
<th>Full Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infants/ Young Toddlers</td>
<td>$188.00</td>
<td>$235.00</td>
</tr>
<tr>
<td>Older Toddlers/Young Presch</td>
<td>$180.00</td>
<td>$225.00</td>
</tr>
<tr>
<td>Preschool/Pre-K</td>
<td>$172.00</td>
<td>$215.00</td>
</tr>
</tbody>
</table>

** All tuition rates are weekly **

St. Luke’s is also happy to provide a generous 15% discount to families with more than one child enrolled in our program at a time. If this applies to you, simply add the weekly tuition costs for your child’s age groups, and reduce it by 15%.

* Part time is 3 full days, or 5 mornings with pickup after lunchtime.
APPLICATION FOR ST. LUKE'S DAY SCHOOL OF GOOD SHEPHERD

Date of Admission __________                  Date of Departure __________
Infants/Young Toddlers (PT/FT) _______     Older Toddlers/Preschool (PT/ FT) _____       Preschool/Pre-K (PT/FT)_____

Child’s Name ___________________________________________ Birth date ______________________
Address _______________________________________________________________________________
                                          Street                                      City, State       Zip Code

Mother’s/Legal Guardian’s Name _________________________________________________________
Mother’s Social Security Number ______________________ Mother’s Email ______________________
Mother’s/Legal Guardian’s Address ______________________________________________________
Mother’s/Legal Guardian’s Home Phone _________________ Work Phone _______________________
Mother’s/Legal Guardian’s Business Name __________________________________________________
Mother’s/Legal Guardian’s Business Address ________________________________________________

Father’s/Legal Guardian’s Name __________________________________________________________
Father’s Social Security Number _______________________ Father’s Email ______________________
Father’s/Legal Guardian’s Address ________________________________________________________
Father’s/Legal Guardian’s Home Phone _________________ Work Phone _______________________
Father’s/Legal Guardian’s Business Name __________________________________________________
Father’s/Legal Guardian’s Business Address_________________________________________________

Person to be contacted if parents are not available:

________________________________________________________________________________________
Name                                                     Phone #                                            Relationship to Child

Physician and/or Source of Medical Care:

________________________________________________________________________________________
Name                                                     Address                                                   Phone #

Special Concerns/Disabilities, if any: _______________________________________________________

Any special Medical/Dietary information necessary for management in an emergency situation— i.e. allergies, medications, special conditions, etc. _______________________________________________________

_______________________________________            ________________________________________
Signature of Director            Signature of Parent/Guardian
Upon acceptance of enrollment at St. Luke’s Day School, you are responsible for the following, prior to your child’s attendance:

* A one-time, non-refundable registration fee of $75.00 per child must be paid at the time of application;

* Two week’s advance tuition is due. This money will be held as “escrow” and applied to your child’s last two weeks in the school. You must notify the school Director, in writing, two weeks prior to your child’s last day. This will ensure that you receive the full amount of time allotted by your escrow. Failure to give two weeks notice will result in you losing your escrow;

* You must return all paperwork, signed and dated, including:
  Application  
  Emergency Contact Form  
  Health Assessment (Completed by your child’s physician within 30 days)  
  Consent Form  
  Emergency Code Form  
  Civil Rights Compliance  
  Signature Page from Parent Policy Manual  

Please sign and date below to acknowledge that you have received the enrollment procedures above, and that you fully understand each of them.

I, _______________________________, fully understand and accept the enrollment procedures.

Child’s Name _____________________________

Parent’s Signature _______________________________    Date _____________
**Late pick-up policy:** Any child picked up between 6:01 PM and 6:10 PM will be charged a $15.00 fee. An additional fee of $5.00 will be charged for each five (5) minute increment. The fee must be paid by the following Monday and may be included in your tuition payment. Any fees which are not paid by the following Monday will continue to incur late fees until the fee is paid.

*ALL TUITION MUST BE RECEIVED BY 6 PM WEDNESDAY OF EACH WEEK. IF PAYMENT IS NOT RECEIVED BY 6:00 PM ON WEDNESDAY, YOU WILL BE REQUIRED TO PAY A $10.00 LATE FEE. UNTIL YOUR LATE FEE IS PAID, YOUR ACCOUNT WILL CONTINUE TO ACCRUE FEES.*

---

**Six Month Review**

I agree to update the Emergency Contact/Parental Consent Form information whenever changes occur or every six months at a minimum.
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, Limited English Proficiency (LEP) age, sexual orientation, 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, Limited English Proficiency (LEP), age, sexual orientation, or sex.

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

- St. Luke’s Day School
  10901 Calera Road
  Philadelphia, PA 19154
  215-632-8374

- PA Human Relations Commission
  711 Phila. State office Building
  1400 Spring Garden Street
  Philadelphia, PA 19130

- Department of Public Welfare
  Bureau of Equal Opportunity
  Room 521, Health and Welfare Building
  P.O. Box 2675
  Harrisburg, PA 17105-2675

- Department of Public Welfare
  Bureau of Equal Opportunity
  Southeast Regional Office
  1105B Phila. State Office Bldg.
  1400 Spring Garden Street
  Philadelphia, PA 19130

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

__________________________________________________
Parent/Guardian Signature          Date

__________________________________________________
Staff Signature                                                                  Date

Revised June 2016
DATE: June, 2016

SUBJECT: Nondiscrimination in Services Statement

TO: Parents

FROM: Sonia Klakowicz, Director

Admissions, the provisions of services, and referrals of clients shall be made without regard race, color, religious creed, disability, ancestry, national origin, Limited English Proficiency (LEP), age, sexual orientation, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aids, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/patient/student (and/or guardian) who believes they have been discriminated against may file a complaint of discrimination with:

St. Luke’s Day School
10901 Calera Road
Philadelphia, PA 19154
215-632-8374

Department of Public Welfare
Bureau of Equal Opportunity
Southeast Regional Office
1105B Phila. State Office Bldg.
1400 Spring Garden Street
Philadelphia, PA 19130

PA Human Relations Commission
711 Phila. State office Building
1400 Spring Garden Street
Philadelphia, PA 19130

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

Department of Public Welfare
Bureau of Equal Opportunity
Room 521, Health and Welfare Building
P.O. Box 2675
Harrisburg, PA 17105-2675

Revised June 2016
CONSENT FORM
TYLENOL/WALKING TRIPS/CONFIDENTIALITY OF RECORDS

St. Luke’s Day School Of Good Shepherd has my permission to administer TYLENOL to my child, ____________________________________________, when medically necessary. I understand that a representative of the school will contact me to obtain verbal permission before administering.

Parent/Guardian Signature _____________________________________     Date _____________

My child, _____________________________________________, has permission to go on walking trips with St. Luke’s Day School Of Good Shepherd. (Generally around the block.)

Parent/Guardian Signature _____________________________________     Date _____________

I realize my child’s records are kept confidential. However, it sometimes becomes necessary for the staff to examine them in order to provide the best care for my child.

I hereby give consent for the St. Luke’s Day School Of Good Shepherd staff (teacher or director) to refer to my child’s records when necessary.

Child’s Name ________________________________________________

Parent/Guardian Signature _____________________________________     Date _____________
ST. LUKE’S DAY SCHOOL OF GOOD SHEPHERD
EMERGENCY CARE RELEASE FORM

Child’s Name ____________________________________________

SCHOOL EMERGENCY CARE
In case of extreme medical emergency, I give school authorities permission to take whatever emergency action deemed necessary, including securing the assistance of pre-hospital emergency medical services. Further, I accept full responsibility for any and all costs involved in rendering such services.

Parent/Guardian Signature ________________________________ Date ___________

PRE-HOSPITAL EMERGENCY CARE
In case of extreme medical emergency, I give pre-hospital emergency medical personnel permission to take whatever emergency medical actions deemed necessary and I authorize transport of my child to the hospital. Further, I accept full responsibility for any and all costs involved in the rendering of such pre-hospital emergency services.

Parent/Guardian Signature ________________________________ Date ___________

HOSPITAL EMERGENCY CARE
In case of extreme emergency, I authorize either of the following persons to act on my behalf, until my arrival, in approving whatever emergency actions are deemed necessary by hospital personnel. Further, I accept full responsibility for any and all costs involved in the rendering of such emergency room and hospital treatment. (Insurance information is listed below.)

Emergency Contact #1 ________________________________ Relationship __________
Address __________________________________________ Phone ______________

Emergency Contact #2 ________________________________ Relationship __________
Address __________________________________________ Phone ______________

INSURANCE INFORMATION
Name of Health Plan ________________________________ Group # __________________
Name of Policy Holder ________________________________ Employer ________________
Parent/Guardian Signature ____________________________ Date _________________