



TALLER PUERTORRIQUEÑO

EL CORAZÓN CULTURAL DEL BARRIO | THE CULTURAL HEART OF LATINO PHILADELPHIA

Cultural Enrichment Program

(CEP):

Our Mission:

Taller's commitment to using art as a means of addressing the challenges in our community is not just about creating beautiful works of art; it's about empowering the next generation with the tools they need to thrive in the face of adversity. The power of art lies in its ability to heal. In the face of community violence, children and youth often carry emotional scars. Engaging in artistic activities allows them to express their emotions in a safe and constructive manner. Creating art also improves fine motor skills, critical thinking, creativity, self-expression and visual analysis. Through art, we build a brighter future for the children and youth we serve, equipping them with the skills and confidence to overcome life's obstacles.

Please bring to the Appointment:

- Parent/Guardian I.D.
- Child's Insurance Card
- Most Recent Report Card
- Updated Physical
- CCW Case number (if applicable)
- A month's worth of pay stubs
- School I.D. Number

Please complete these additional forms:

- ☐ OST Program Consent
- ☐ Parent/Guardian Agreement
- ☐ Child Health Report (Physical)
- ☐ Electronics Policy
- ☐ MEANS Test Worksheet



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Please check when completed the following sections.

- ☐ **1. Parent and Guardian Information** pg. 2-3
- ☐ **2. Child Care Policy** pg. 5-7
- ☐ **3. Childcare Inclusion Policy** pg. 8
- ☐ **4. Suspension and Expulsion Policy** pg. 9
- ☐ **5. Child Medical Information** pg. 10-11
- ☐ **6. Values and Codes of Conduct** pg. 12
- ☐ **7. Waiver and Release of Right and Permission to Participate** pg. 13
- ☐ **8. Child Application Information** pg. 14 -17
- ☐ **9. Education Program Policy – IEP/IFSP Implementation Plan** pg. 18
- ☐ **10. From the Director** pg. 19
- ☐ **11. Travel Authorization** pg. 20-21

Thank you for enrolling your child(ren) at Taller Puertorriqueño! We appreciate your participation and invite you to take a moment to learn more. About our Cultural Enrichment Program (CEP)

The information you provide helps us better serve both you and your child.

Please complete, schedule a meeting, and return your application to:

Jose Ramos II (he/him/el)

Education Program Coordinator

Office Hours: Monday-Friday, 9:00 AM - 4:00 PM

Phone: (215) 426-3311 **Ext.** 1005

Email: jramos@tallerpr.org

Taller Puertorriqueño's Arts Education Program (Taller) engages children and youth in self-esteem, artistic and, academic achievement. When young people are motivated to believe they are significant and talented and that their heritage matter. This positive affirmation affects them and their community.

Taller's free ***After-School*** art education programs provide K-8 students with a nurturing environment that allows them to explore Puerto Rican and Latine cultural traditions while strengthening academic and artistic skills. This is a free program that provides elementary and middle school students with experiential learning that fuels critical inquiry across the arts, including dance, theater, music, photography, fashion design, and the sciences through STEAM courses

Open Enrollment: September 22, 2025

Start & End Dates: October - June 12, 2025

We also offer a six-week ***Summer Camp*** aimed at combating summer learning loss. Continuing with our focus on learning about Latine culture through the visual and performing arts, we also offer three field trips, recreation, as well as serving breakfast, lunch, and snacks.

Open Enrollment: March 1, 2026

Open House: TBD

Parent Orientation: TBD

Deadline for application: May 31, 2025

Start and End Dates: July 6 - August 14, 2026

CONTINUE THE SECTION

1. *How did you learn about our program? (Mark all that apply):

- ☐ TV ☐ Radio ☐ Family member/Friend ☐ Event ☐ Social Media ☐ Flyer
☐ Other: _____

2. *Are you a member of Taller? If you become a Taller Member, you will get FREE Taller Shirt and a DISCOUNT at our Bookstore.

- ☐ Yes ☐ No ☐ I want to become a member

Equal Employment Opportunity and Non-Discrimination Policy Taller Puertorriqueño is committed to equality in employment. Taller's personnel policies and practices do not discriminate against qualified employees and applicants because of race, color, religion, sex, national origin, age, disability, sexual orientation, gender identity, or any other characteristic protected by state or federal law. Per the provisions of Section 504 of the Rehabilitation Act of 1973, the Americans With Disabilities Act, and all regulations

Properly issued thereunder to protect the rights of disabled persons, Taller's policy is that no program or activity administered by Taller shall exclude from participation, deny benefits to, or subject any individual to discrimination solely because of his/her disability. We further affirm that we will provide reasonable accommodation to the known physical or mental limitations of an otherwise qualified disabled employee or applicant.

CONTINUE THE NEXT SECTION

1. Parent and Guardian Information pg. 2-3

Please complete all required fields marked with an asterisk (*).

This section should be filled out with the information of the parent or legal guardian who has custody of the child. If the child is under shared custody, please include the details of all relevant guardians. If interested in financial aid, please provide one month of pay stubs.

Parent/Guardian(s) Info.

1. ***First Name:**

***Last Name:**

***Relationship:**

***Email:**

***Address:**

***Zip Code:**

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***Mobile:**

			-				-				
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Work:

			-				-				
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CONTINUE WITH THE SECTION

Parent/Guardian(s) Info.

2. ***First Name:**

***Last Name:**

***Relationship:**

***Email:**

***Address/ ☐ Same Address Above:**

***Zip Code:**

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***Mobile:**

			-				-				
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Work:

			-				-				
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3. ***Registration Fee:** \$30.00 due upon the first day of enrollment.

We accept cash, checks, and PayPal

☐ CCW - Please Provide Case Number: _____

☐ Paying ☐ OST Grant ☐ Financial Aid

☐ Other: _____

CONTINUE WITH NEXT SECTION

2. Child Care Policy pg. 5-7

Please complete all required fields marked with an asterisk (*).

Taller Puertorriqueño makes every effort to meet the needs of each child and provide care no matter their ailment. Our goal is to work with families and their medical practitioners to ensure we are servicing children according to best practices, which may include health care plans, doctor's notes, and medication logs.

We understand it is difficult for a family member to leave or miss work, but you may not bring a sick child to the center to protect other children. The center has the right to refuse a child who appears ill.

If your child exhibits any of the following symptoms, you will be called and asked to retrieve him/her. This is not an all-inclusive list. We will try to keep your child comfortable, but he/she/they will be excluded from all activities until you arrive.

Illness that prevents your child from participating in activities:

- Illness that results in a greater need for care than we can provide.
- Fever (above 100°F under the arm, above 101°F in the mouth, above 102°F in the ear) accompanied by other symptoms.
- Diarrhea - stools with blood or mucus and/or uncontrolled, unformed stools that cannot be contained in a diaper/underwear or toilet.
- Vomiting - green or bloody, and/or two or more times during the previous 24 hours.
- Mouth sores caused by drooling.
- Rash with fever unless a physician has determined it is not a communicable disease.
- Pink or red conjunctiva with white or yellow eye discharge until on antibiotics for 24 hours.
- Impetigo until 24 hours after treatment.
- Strep throat until 24 hours after treatment.
- Head lice until treatment and all nits are removed.
- Scabies, until 24 hours after treatment.
- Chickenpox until all lesions have dried and crusted.
- Pertussis (Whooping Cough) until 5 days of antibiotics.
- Hepatitis A virus, until one week after immune globulin has been administered.

Children may return after illness when:

- They have been fever-free (above 100°F under the arm, above 101°F in the mouth, above 102°F in the ear), vomiting, and diarrhea-free for 24 hours.
- They have been treated with an antibiotic for 24 hours.
- They can participate comfortably in all usual activities.
- They are free of open, oozing skin conditions and drooling (not related to teething) unless: The child's physician signs a note stating that the child's condition is not contagious and a bandage can cover the involved areas without seepage or drainage through the bandage.
- If a child has a reportable communicable disease, a physician's note stating that the child is no longer contagious and may return to our care is required.

Allergy Prevention:

Families are expected to notify us regarding children's food and environmental allergies. Families of children with diagnosed allergies must provide us with a letter detailing the child's symptoms, reactions, treatments, and care. A list of the children's allergies will be posted in prominent areas and the kitchen. We are trained to familiarize ourselves and consult the list to avoid the potential of exposing children to substances to which they have known allergies.

Medication Policy:

To ensure we are caring for our children in best practices, children who require medication for long-term illnesses need a health care plan and documentation from a physician. The Provider will **not administer** any non-prescription or over-the-counter medication unless prescribed by a physician and labeled as such.

Medication, prescription or nonprescription, shall be given to a child by an adult caregiver only.

Medication, including prescription drugs or individual special medical procedures, will be given or applied only with prior written permission from the parent/guardian.

Prescription medication shall have the pharmacy label indicating the physician's name, child's name, instructions, and name, as well as the strength of the medication, which shall be given according to those instructions. The provider will not honor any instructions from the parent/guardian that contradict the physician's instructions.

Provider/caregiver will maintain a record of the time and the amount of any medication given or applied.

The medication shall be in the original container, stored according to the instructions, and clearly labeled for the specific child. The Provider/caregiver will keep the medication out of the reach of children, and will return the medication to the parent/guardian or destroy it when no longer needed.

Parents/guardians must sign the Medical Release Form daily for each medication. The form requires the name of the medication, dosage to be administered, time medication should be administered, and the prescribing physician's name and telephone number.

Children are not permitted to self-administer any medication. A staff member must sign the medicine ledger kept at the facility for parent reference.

All medications are to be taken home each night.

Communicable Diseases:

When an enrolled child or a center employee has a (suspected) reportable disease, we must notify the local Board of Health or the Department of Public Health. We will also notify families about exposure so children can receive preventive treatments.

Included among the reportable illnesses are the following:

- Bacterial Meningitis
- Botulism
- Chicken Pox
- Diphtheria
- Haemophilus Influenza (invasive)
- Measles (including suspect)
- Meningococcal Infection (invasive)
- Poliomyelitis (including suspect)
- Rabies (human only)
- Rubella Congenital and Non-congenital (including suspect)
- Tetanus (including suspect)
- H1N1 Virus
- Any cluster/outbreak of illness
- COVID-19

If a child has a reportable communicable disease, a physician's note stating that the child is no longer contagious and may return to our care.

EC2.4

1. ***Parent/guardian's printed name:**

***Parent/guardian's signature:**

First, Last

2. ***Date Completed:**

00/00/0000

CONTINUE WITH NEXT SECTION

3. Childcare Inclusion Policy pg. 8

Taller Puertorriqueño Inc. Center equal educational opportunities are available for all children, without regard to race, color, creed, national origin, gender, age, ethnicity, religion, disability, parent/guardian political beliefs, marital status, sexual orientation or special needs, or any other consideration made unlawful by federal, state or local laws. Educational programs are designed to meet the varying needs of all students. We do not discriminate based on special needs as long as a safe, supportive environment can be provided. Taller Puertorriqueño Inc. Center welcomes all children and is committed to providing developmentally appropriate early learning and development experiences that support each child's full access and participation. We believe that each child is unique and work in partnership with families and other professionals involved with the child to provide the support every child needs to reach their full potential.

Inclusive Environment:

Taller Puertorriqueño Inc. Center will try to make any adaptations or modifications necessary to meet each child's needs. Schedules, routines, and activities are flexible, and educators will work with therapists, special educators, and other professionals to integrate individual accommodations, modifications, and strategies into classroom routines and activities. Any adaptations will be reviewed with families and other professionals supporting the child.

EC 2.5

CONTINUE THE NEXT SECTION

4. Suspension and Expulsion Policy pg. 9

Please complete all required fields marked with an asterisk (*).

To foster commitment to a favorable climate and strong relationships with families, Taller Puertorriqueño Inc. Center will ensure each family has access to the following resources to address the behavioral and social needs of the children and prevent expulsion and suspension. In collaborative efforts in dealing with challenging behaviors, Taller Puertorriqueño Inc. Center, along with program staff and families, will develop and implement a written course of action that:

Implements various strategies for redirecting behavior (that may include Behavior Modification Charts, Frequency Charts, Anecdotal Notation, and Schedule Modification). Use observation-based tools and training activities or supports to identify and pinpoint triggers for the child's current needs.

Ensuring that all families and program staff know available resources, including/ Referral to Behavior and Mental Health Agencies and other community-based services, to help maintain the child in their current enrollment at Taller Puertorriqueño Inc. Center.

Occasionally, a child's behavior may warrant finding a more suitable care setting. Examples of such instances include:

- A child appears dangerous to him/herself, peers, and staff.
- Medical, psychological, or social service personnel may determine whether continued care is harmful or not in the child's best interest.

There is an undue burden on our resources and finances for the child's accommodations for success and participation.

1. ***Parent/guardian's printed name:**

***Parent/guardian's signature:**

First, Last

2. ***Date Completed:**

00/00/0000

CONTINUE WITH NEXT SECTION

5. Child Medical Information pg. 10-11

Please complete all required fields marked with an asterisk (*).

This Section should have all of the current medical information of your child. If information does not apply to your child please (n/a or none).

1. ***Name of child's Pediatrician/Medical Provider:**

2. ***Address of Provider:**

3. ***Zip Code:**

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4. ***Phone:**

			-				-				
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5. ***Health Insurance Coverage for Child OR Medical Assistance Benefits:**

6. ***Policy Number (Required):**

CONTINUE WITH THIS SECTION

7. *Special Disabilities/Conditions-	
<input type="checkbox"/> Yes <input type="checkbox"/> No	List:
8. *Allergies- <u>Including Medication Reaction</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	List:
9. *Medications- <u>(Medication(s) should be taken before the program)</u>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	List:
10. *Medical Special Conditions-	
<input type="checkbox"/> Yes <input type="checkbox"/> No	List:
11. *Medical or Dietary Information Necessary in an Emergency Situation-	
<input type="checkbox"/> Yes <input type="checkbox"/> No	List:
12. *Picky Eater/ child eating habits	
<input type="checkbox"/> Yes <input type="checkbox"/> No	List:

- | | |
|---|--|
| 13. *Obtaining Emergency Medical Care | <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____ |
| 14. *Walks and Trips | <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____ |
| 15. *Administration of Minor First-Aid Procedures | <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____ |
| 16. *Transportation by the Facility | <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____ |
| 17. *Wading (walk through mud, snow, water, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No Initials: _____ |

6. Values and Codes of Conduct pg. 12

Please complete all required fields marked with an asterisk (*).

RESPECTING ourselves, each other, staff, guests, and our space by speaking politely, resolving conflict with words and not our hands, and taking care of things (supplies, rooms, etc.) here at Taller.

LISTENING to each other and following directions so we can all be safe, have fun, and learn together!

TRYING HARD when faced with a new challenge or opportunity, and we will help each another when we see someone struggling.

I have read Taller Puertorriqueño's Values with my child, and we both understand and agree to follow them.

Admission Policy:

Under the rules of admission, if a parent or guardian does not provide a completed application, the student is not eligible for the program unless a reasonable excuse is provided.

Attendance Policy:

If a student does not attend a program for more than two weeks without notice, the student may be dropped from the program.

1. ***Parent/guardian's printed name:**

***Parent/guardian's signature:**

First, Last

2. ***Child's printed name:**

***Child's signature:**

First, Last

3. ***Date Completed:**

00/00/0000

7. Waiver and Release of Right and Permission to Participate pg. 13

Please complete all required fields marked with an asterisk (*).

(Please read carefully)

Taller Puertorriqueño, hereafter referred to as "Taller," as part of its ongoing education in arts programming, holds an after-school program, a summer camp, and art workshops. The student signing below will be participating in the

Taller's Art Education Programs, beginning September and ending August.

During the school year, classes are held from 3:00 p.m. until 6:00 p.m. Monday through Friday at the Taller Education Building, 2600 N 5th Street, Philadelphia, PA 19133. Summer camp hours are Monday through Friday, 8:00 a.m. to 5:00 p.m. Workshop times vary and are notified upon registration.

To participate, all students and their parents or guardians must provide their full and unqualified permission for Taller to film, photograph, and videotape the students and workshop participants and for unrestricted use by Taller of the artwork they create. This permission also includes a permanent waiver for any claims participants might otherwise have from the not-for-profit Taller for the use of the participant's image, films, videos, and artwork created in the workshops. This permission also includes the use of the participant's name, image, likeness, and voice in any film, photograph, or videotape that results from any of the above programs.

Any films, photographs, videotapes, images, written publicity, written articles, screenplays, and interviews produced by students from materials provided by Taller shall be the exclusive, permanent, sole, and absolute property of Taller, and Taller shall exclusively own any and all copyrights thereof.

This waiver allows Taller to hold in-class field trips to art or educational locations and other programs. This permission is a release of any liabilities, and by signing below, an agreement is established with Taller that holds Taller harmless from claims of injury of any kind that may result from participation in the above Taller programs.

I warrant and represent that I am a parent or guardian of the minor who has signed the above permission and release for my child to participate, and I here agree that we shall both be bound by it.

LM 2.5

1. ***Parent/guardian's printed name:**

***Parent/guardian's signature:**

First, Last

2. ***Child's printed name:**

***Child's signature:**

First, Last

3. ***Date Completed:**

00/00/0000

8. Child Application Information pg.14 -17

Please complete all required fields marked with an asterisk (*). Also, skip the Summer Camp Section if not applicable.

1. *Is this your child's first time in our Program?

☐ Yes ☐ No

2. *What are your child's areas of interest?

- ☐ Visual Arts ☐ Theater ☐ Music (Instrumental) ☐ Music (Vocal) ☐ Science and Technology
- ☐ Gardening & Natural Sciences ☐ Puerto Rican Culture ☐ Dance ☐ Latin Culture ☐ Sports
- ☐ Media & Technology ☐ Culinary Arts ☐ Literature and writing

3. *Why are you interested in Taller Puertorriqueño?

4. *Enrollment for:

☐ After-School | Monday - Friday | 3:00 PM - 6:00 PM
Fall, Winter, Spring, and Summer

☐ Summer Camp | Monday - Friday | 8:30 AM - 4:00 PM
☐ Extended Care | Monday - Thursday | 4:00 PM - 6:00 PM
Summer

CONTINUE WITH THE SECTION

Summer Camp | Monday to Friday 8:30 AM - 4:00 PM

Skipped this section if you are not applying for Summer Camp. Open Enrollment is Sunday March 1, 2026

Qualifications for scholarship:

Only one scholarship per family

- Must attend all 6 weeks of Summer Camp
- Lives in Philadelphia County
- Must attend a school in Philadelphia
- \$50,000 or less a year

- \$30.00 Registration Fee
- \$125.00 per week (if not eligible for scholarships)
- Every payment is made every Monday
- Friday is field trip day. Bring your own lunch

Summer Camp T-shirts are \$10 - Student's T-shirt size:

Kids' sizes: ☐ XS ☐ S ☐ M ☐ L ☐ XL | Adults sizes: ☐ S ☐ M ☐ L ☐ XL

- ☐ **Week 1:** July 6 - July 10, 2026
- ☐ **Week 2:** July 13 - July 17, 2026
- ☐ **Week 3:** July 20 - July 24, 2026
- ☐ **Week 4:** July 27 - July 31, 2026
- ☐ **Week 5:** August 3 - August 7, 2026
- ☐ **Week 6:** August 10 - August 14, 2026

(optional) Extended Care | Monday to Thursday 4:00 PM - 6:00 PM

- ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday
- \$10 per-hour
 - \$1.00 per-minute late

CONTINUE WITH THE SECTION

Child Information:

1. ***First Name:**

***Last Name:**

2. ***Other Name(s):**

***Language(s) Spoken:**

3. ***Date of Birth:**

***Age:**

00/00/0000

4. ***Gender:**

☐ Male ☐ Female ☐ Non-binary

5. ***Preferred pronouns:**

☐ he/him ☐ she/her ☐ they/them ☐ other: _____

6. ***Race(s):**

☐ Latino/a ☐ African American ☐ Caucasian ☐ Asian ☐ Bi-racial ☐ Other

7. ***Child's Address:**

☐ Same as (1.) Guardian:

Reference pg. 3

☐ Same as (2.) Guardian:

Reference pg. 4

☐ Other: _____

Zip Code:

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CONTINUE WITH THE SECTION

School Information:

8. ***Name of School:**

9. ***Student School ID#:**

10. ***Grade:**

☐ Kindergarten ☐ 1st grade

☐ 2nd grade

☐ 3rd grade

☐ 4th grade

☐ 5th grade

☐ 6th grade

☐ 7th grade

☐ 8th grade

11. ***Schooling:**

☐ Private

☐ School District

☐ Charter

☐ Catholic

☐ Homeschool

☐ Cyber

☐ Other:

CONTINUE WITH NEXT SECTION

9. Education Program Policy - IEP/IFSP Implementation Plan pg. 18

Please complete all required fields marked with an asterisk (*).

The following procedures will be implemented to ensure that the needs of children with an Individualized Education Plan (IEP) or an Individualized Family Service Plan (IFSP) are met.

Director will:

- Please ask all families to complete a request form for a child's IP/IFSP copy. The request will be placed in each child's file.
- File all copies of IP/IFSPs in the child's file so that they are readily available for the teaching team to review.
- Provide copies of IEP/IFSP goals to the child's teacher(s) and discuss strategies for meeting the goals.
- Ensure all teachers are trained on how to implement an IP/IFSP. Training will be documented in each teacher's professional development record (PDR).
- Contact early intervention staff/consultants to schedule periodic meetings with the child's family and teacher(s) to discuss the child's progress and increase strategies for adapting IP/IFSP goals in classroom activities and routines.
- Request permission from families to attend any meetings with the early intervention team related to changes to the IEP/IFSP.
- Monitor teachers' work towards supporting the child in meeting IEP/IFSP goals.
- Request additional help from the early intervention team if needed.
- Ensure teachers conduct family conferences to report on progress.

The Teaching Team will

- Observe and document the child's progress towards goals weekly and use their notes to individualize lesson plans.
- Complete a communication log between the home and the teachers daily for each child with an IEP/IFSP.
- Prepare for and conduct family conferences at least 3 times a year to share progress on IEP/IFSP goals, the child's development, and participation in the classroom.
- Meet with the family to plan and discuss transitioning to new classrooms or programs. An individualized plan will be created to ensure a successful transition for the child.

1. ***Parent/guardian's printed name:**

***Parent/guardian's signature:**

2. ***Child's printed name:**

***Child's signature:**

3. ***Date Completed:**

00/00/0000

10. From the Director pg. 19

Please complete all required fields marked with an asterisk (*).

Dear Families,

We share a common interest in your child's well-being, growth, and development. One of the ways we advance this is with developmental plans and 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 the guidelines are implemented.** You do not have to provide this information if you do not wish to do so. Would you kindly complete the lower part of this form and return it to us?

Sincerely,

Marilyn Rodriguez-Behrle, MFA
Education Director

If you have any questions, please contact the Education Director at (215) 426-3311 or email her at mrodriguez@tallerpr.org

1. *Please check one:

- ☐ I am enclosing a copy of my child's IEP or IFSP.
- ☐ I am not providing a copy of my child's IEP or IFSP, or this does not apply to my child.
- ☐ My child does not have an IEP or IFSP.

2. ***Parent/guardian's printed name:**

***Parent/guardian's signature:**

3. ***Child's printed name:**

***Child's signature:**

4. ***Date Completed:**

00/00/0000

11. Travel Authorization pg. 20-21

Parent/ Guardian Authorized method of Transportation

(Please indicate mode of transportation)

1. **Drop-offs to Taller:** ☐ Emergency Contact(s) ☐ Public Transportation ☐ Walks to Taller

☐ Other: _____

2. **Pick-ups from Taller:** ☐ Emergency Contact(s)

☐ Permission to walk Home/Take Public Transportation

☐ Other: _____

3. **Check if Guardian is authorized for Pick-up(s) and Emergency Contact**

☐ Same as (1.) Guardian:

Reference pg. 3

☐ Same as (2.) Guardian:

Reference pg. 4

Pick-up Permissions:

I grant permission for the following person(s) to pick up my child from Taller. I understand that anyone who picks up a child will be asked to show a photo ID that will need to match the information that is kept on file.

1. ***Name:**

***Relationship:**

***Phone:**

			-				-				
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CONTINUE WITH THE SECTION

2. Name:

Relationship:

Phone:

			-				-				
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3. Name:

Relationship:

Phone:

			-				-				
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4. Name:

Relationship:

Phone:

			-				-				
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Drop-off & Pick-up Policy:

Whoever picks up students must be ready if IDs are asked to be shown. If they fail to provide it, students will not be released. No minor is allowed to pick up a child unless written permission from a parent/guardian is provided before pick up.

1. ***Parent/guardian's printed name:**

***Parent/guardian's signature:**

2. ***Date Completed:**

00/00/0000

Administrative Only:

Date of enrollment:

Anticipated Start Date:

00/00/0000

00/00/0000

Administrative Completing this:

First, Last

Signature

Semester: ☐ Fall ☐ Spring ☐ Summer ☐ Extended Care

Group: ☐ CAP A (ages 5-7) ☐ CAP B (ages 8-10) ☐ ACE (ages 11-13)

At Taller Puertorriqueño, we are committed to creating a safe, respectful, and engaging learning environment for all students. To help limit distractions and support healthy, in-person connections, we ask families and students to review and sign the following **Electronics Policy Agreement**.

POLICY OVERVIEW:

- Electronics must be **turned off or silenced** and stored away during all program hours.
- Students **may not** use electronics for texting, calling, social media, photos/videos, or games unless approved by a staff member.
- If a student needs to contact home, they must ask a staff member.
- In emergencies, staff will contact families directly.

POLICY VIOLATIONS:**1st Reminder:**

Verbal reminder. Student puts electronics away.

2nd Reminder:

Electronics will be held by staff until dismissal. Parent/guardian will be notified.

3rd Reminder:

Meeting scheduled with family to review continued participation.

ACKNOWLEDGEMENT & SIGNATURES:

We have read and understand the above policy. By signing below, we agree to follow the guidelines and support a focused, screen-free program experience.

Student Name:**Student Signature:****Date:**

Parent/Guardian Name:**Parent/Guardian Signature:****Date:**

What is Considered Electronics? - Cell Phones, iPads, Tablets, Laptops, Headphones, AirPods, & Smart Watches

Do you want a copy?

Yes / No

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:		

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

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): <input type="checkbox"/> 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. <input type="checkbox"/> NONE						
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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) <input type="checkbox"/> YES <input type="checkbox"/> 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/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						
MEDICAL CARE PROVIDER:				SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT		
ADDRESS:						
		PHONE:		LICENSE NUMBER:		DATE FORM SIGNED:

Emergency Contact/ Parental Consent Form

(Contacto de Emergencia/ Permiso del Padre)

55 PA Code Chapters 3270.124(a)(b), 3270.181 & .182; 3280.181 & .182; 3290.124(a)(b), 3290.181 & .182

Child's Name <i>(Nombre del Nino(a))</i>			Birthdate <i>(Fecha de Nacimiento)</i>		
Address <i>(Direccion)</i>					
Mother's Name/Legal Guardian <i>(Nombre de la Made/Guardian Legal)</i>				Phone Number <i>(Telefono)</i>	
Business Name <i>(Nombre del Negocio)</i>				Business Phone Number <i>(Telefono de Trabajo)</i>	
Address <i>(Direccion)</i>					
Father's Name/Legal Guardian <i>(Nombre de el Padre/Guardian Legal)</i>				Phone Number <i>(Telefono)</i>	
Address <i>(Direccion)</i>					
Buisiness Name <i>(Nombre del Negocio)</i>				Business Phone Number <i>(Telefono de Trabajo)</i>	
Address <i>(Direccion)</i>					
Emergency Contact Person(s) <i>(Persona(s) de Contacto en Caso de emergencia)</i>		Name <i>(Nombre)</i>		Phone Number When Child is in Care <i>(Numero de Telefono durante el horario del cuido de nino(a))</i>	
Person(s) To Whom Child May Be Released <i>(Persona(s) a quien el nino puede ser liberado a</i>		Name <i>(Nombre)</i>		Address <i>(Direccion)</i>	
Phone Number When Child is in Care <i>(Numero de Telefono durante el horario del cuido de nino(a))</i>					
Name of Child's Physician/Medical Care Provider <i>(Nombre del doctor del nino(a))</i>				Phone Number <i>(Telefono)</i>	
Address <i>(Direccion)</i>					
Special Disabilities- if any <i>(Incapacidades Especiales- Si hay algunas)</i>			Allergies- Including Medication Reaction <i>(Alergias- incluyendo la reaccion medica)</i>		
Medical or Dietary Information Necessary in an Emergency Situation <i>(Informacion medica o dieta necesarias en caso de emergencia)</i>			Medical Special Conditions <i>(Medicacion,condiciones especiales)</i>		
Additional Information on Special Needs of Child <i>(Informacion adicionales sobre necesidades especiales del nino(a))</i>					
Health Insurance Coverage for Child or Medical Assistance Benefits <i>(La Cobertura de Seguro de Salud para ninos o beneficios de asistencia medica)</i>				Policy Number Required <i>(Numero de Poliza obligatorio)</i>	
Parent's Signature is Required for Each Item Below to Indicate Parental Consent					
Obtaining Emergency Medical Care <i>(Obteniendo Atencion medica en caso de emergencia)</i>				Admin. Of Minor First-Aid Procedures <i>(Administracion de primeros auxilios menores)</i>	
Walks and Trips <i>(Caminatas y Viajes)</i>		Swimming <i>(Nada)</i>			
Transportation by the Facility <i>(Transportacion por la facilidad)</i>				Wading <i>(Jugar en agua)</i>	

Periodic Review *(Revision Periodica)*

Signature of Parent or Guardian *(Firma del Padre/Guardian)*

Date *(Fecha)*

Signature of Parent or Guardian *(Firma del Padre/Guardian)*

Date *(Fecha)*

ORIGINAL

MEANS TEST WORKSHEET

I. IDENTIFYING INFORMATION FOR "SERVICES FOR IN-HOME CHILDREN"

1. CHILD/YOUTH'S NAME (LAST, FIRST, M.I.)		2. GENDER: <div style="text-align: right;">MALE <input type="checkbox"/> FEMALE <input type="checkbox"/></div>	
3. CHILD/YOUTH'S DOB	4. CHILD/YOUTH'S MCI #	5. CHILD/YOUTH'S SS#	
6. PERSON WITH WHOM THE CHILD/YOUTH IS LIVING	7. RELATIONSHIP TO CHILD/YOUTH	8. SS# OF PERSON WITH WHOM CHILD/YOUTH IS LIVING	

II. MEANS TEST FOR "SERVICES FOR IN-HOME CHILDREN"

1. Is the child/youth/family receiving: ☐ TANF (Cash Assistance) ☐ SSI ☐ SNAP
☐ MEDICAID ☐ NONE If yes, provide Case # _____

If benefits are being received, proceed to question 4. If response is "NONE", proceed to question 2.

2. Is the child/youth a U.S. Citizen or eligible non-citizen? ☐ YES ☐ NO
 If yes, indicate documentation source: ☐ Birth Certificate ☐ USCIS ☐ CIS or ☐ Self-Declaration

3. In order to be eligible for "services for in-home children", a child/youth/family's gross income may not exceed 400 percent of the Federal Poverty Guidelines (FPG) for the family unit size. Using the table below, provide a "YES" or "NO" in Column 4 in the corresponding row for the family size as to whether the child/youth/family's income **is less than** the annual or monthly amount for the family size. (Family unit includes biological, adoptive or step-parents, specified relatives, and full, half, and/or adopted siblings living in the home under the age of 18, plus the TANF child). This is a self-declared means test. No verification except the response of the family is required.

Table: 400 Percent of Federal Poverty Guidelines

Family Unit Size	400% of FPG (gross) (Annually)	400% of FPG (gross) (Monthly)	Yes/No
1	Less than \$60,240	Less than \$5,020	
2	Less than \$81,760	Less than \$6,813	
3	Less than \$103,280	Less than \$8,607	
4	Less than \$124,800	Less than \$10,400	
5	Less than \$146,320	Less than \$12,193	
6	Less than \$167,840	Less than \$13,987	
7	Less than \$189,360	Less than \$15,780	
8	Less than \$210,880	Less than \$17,573	

Note: For family units of more than 8 members, add \$21,520 annually (Column 2) and \$1,793 monthly (Column 3) for each additional member and place the correct figures in the blank row at the bottom of the Table.

4. Is the child/youth under 18 years of age? ☐ YES ☐ NO

5. Is the child/youth living in the home of a parent or other adult specified relative?
☐ YES ☐ NO

6. Is the child/youth one of the following: (a) receiving child welfare services through the CCYA, (b) adjudicated dependent, or (c) receiving child welfare services, has court-ordered SCR and the CCYA is the lead on the child/youth's case?
☐ YES ☐ NO

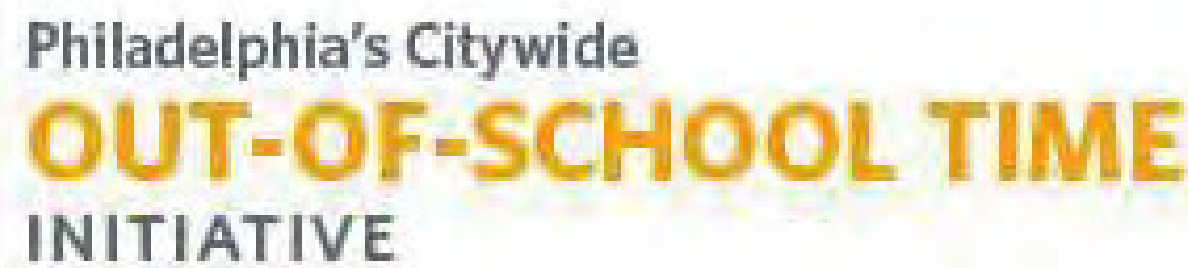
7. Is the child/youth/family receiving one of the benefits in question 1 and questions 4, 5 and 6 are "YES" or answers to 2, 3, 4, 5 and 6 are ALL "YES"?
☐ YES ☐ NO

If "YES" to 7, the child/youth is eligible for TANF funding for services for in-home children.

Means Test Administered for: _____ **Month:** _____ **Year:** _____

8. Name of staff person administering this means test (Please Print): _____

9. Date this form was completed: _____



AFTER SCHOOL PROGRAM DATA SHARING CONSENT FORM

Taller Puertorriqueño

2600 N 5th St, Philadelphia, PA 19133

Agency Name

Program Location

Purpose:

The City of Philadelphia (the City) funds after school programs, also called “Out of School Time” (OST) through various city agencies and departments; other OST programs are funded and run by independent providers (collectively “OST programs”). When you enroll your child in an after school program, the City will collect information from you and your child and from OST programs and the School District of Philadelphia and store it in a secure centralized system, where it may be shared with other OST programs in order to help to manage the programs, provide academic assistance, publicize the programs, identify unused participant public benefits, as well as improve programming, services, and participant safety.

Process:

- When you sign up for an after school program, you will be asked to provide information about your child, including but not limited to his or her name, age, address, and other demographic information.
- OST program staff may also visit the program and talk to your child about being at that program and may also ask your child to complete short surveys about the program to learn more about the experience; these visits are a part of afterschool programs for every child and every afterschool site.
- Additional information may be added to your child’s file, including from the School District (if you agree) and other OST programs your child has attended including but not limited to: date of birth, gender, race, ethnicity, phone, ID, school name, grade, and attendance.

Information Privacy and Sharing of Information:

- The information that is collected about your child will be shared with staff at the afterschool program.
- In addition, the information about your child will be shared with approved City and OST program and administrative staff, including providers or independent contractors.
- If the City ever allows the information to be used for research or evaluation purposes, no identifying information about your child or your family will be shared.
- All of the information will be stored in a database that complies with requirements for managing student education records as set forth in the Family Educational Rights and Privacy Act (FERPA).
- Furthermore, the system is guarded by layered security protocols that prevents unauthorized persons from accessing the system. You also have the right to inspect and review documents collected and maintained in that system.

Consent to Collection and Use of Child’s Information:

- I give permission to the City Out of School Time program to collect, store, and share the information I provide on my child for use in the OST program as outlined above and for my child and/or me to complete programmatic surveys that may be shared with other OST programs.

If you do **not** give permission for the City to collect, store, and share information (including surveys), please initial here ____

- I give permission for the OST program to provide the School District of Philadelphia with information about my child’s attendance in the OST program for the purposes of programming for my child and overall program evaluation.

If you do **not** give permission for the City to share OST attendance information with the School District of Philadelphia for the purposes of programming and evaluation, please initial here ____

- I give permission for the OST program to check my child’s name against any public benefit databases administered by or for the City for the purposes of locating additional benefits to which my child or family may be entitled.

If you do **not** give permission for the City to check your child’s name against any public benefit databases administered by or for the City for the purposes of locating additional benefits, please initial here ____

- I give permission for the School District of Philadelphia to release my child’s educational reports to the OST programs that have need for it. The information to be released under this consent is: all records; grades, test scores; AIMS scores; attendance; Individualized Education Programs if applicable; and any other measurements of academic performance tracking programmatic progress. The information will be released for the following purposes: programming for my child and overall program evaluation.

If you do **not** give permission for the School District to release your child’s educational records, please initial here ____

- I give permission for the OST program to photograph, digitally record, videotape, or audio tape my child while s/he is participating in the OST program. I further agree that any material may be used in publications, promotional literature, or in other similar ways, and that such use shall be without payment of fees. I understand that any photographs, videotapes, or audio tapes shall remain the property of the City and that I do not have the right to prior approval of their use. I release and hold harmless the City of Philadelphia, the City OST program, OST providers and their officers, employees, and agents from all claims and causes of action that I or my child may have as a result of the use of my child’s photograph, videotape, or audio tape in connection with the program.

If you do **not** give permission for the OST program to use your child’s image, please initial here ____

- I understand that I may revoke this consent upon providing written notice to the OST program that my child attends. I further understand that until this revocation is made, this consent shall remain in effect and my educational records will continue to be provided to the OST program for the reasons described above.

ACKNOWLEDGEMENT AND SIGNATURE:

By signing below, I acknowledge that I have read and understand this OST Data Sharing Consent Form and agreement to have my child’s information shared as described above.

Child Name:_____

Child’s Student ID: _____

Child Address:_____

Parent/Guardian Name:_____

Parent/Guardian Signature (or student’s signature, if student is 18 years old or an emancipated minor):_____

Date:_____

**The City of Philadelphia
Out-of-School Time Project
CONSENT TO RELEASE EDUCATION RECORDS UNDER FERPA**

Student: _____

Student ID #: _____

The Out-of-School Time Project ("OST") is a Philadelphia effort to improve the well-being of children and youth through effective academic support, enrichment and youth development activities during non- school hours. OST programming provides safe, constructive activities to children when they are not in school, and has been demonstrated to improve in-school performance.

In order to assess and improve the quality of OST programs, The City of Philadelphia Department of Human Services (the "City") asks for permission to collect personally identifiable information from education records regarding children's school performance. The City will collect standardized test scores, report cards and school attendance, disciplinary and other relevant school records ("education records"). The City will use these education records to measure the impact of OST programming on childrens' school performance and to improve the quality of those programs.

I am the parent or guardian of the student named above ("Student"). As authorized by applicable law, including but not limited to the Family Education Rights and Privacy Act, 20 U.S.C. 1232g, and 34 CF R. Part 99 ("FERPA"), I consent and authorize The School District of Philadelphia (the "School District) to release education records concerning the Student, including confidential records of the School District, to the City's Department of Human

Services, the Public Health Management Corporation, and my Student's OST program ("Recipients"). The School District releases these education records in connection with the Student's participation in an OST program. The School District may disclose these education records only to the Recipients, and the Recipients may share this information only with other named Recipients, and with the Recipients' officers, staff, administrators and independent contractors under the Recipients' control. The Recipients may use these education records to research, study or evaluate OST programs.

If I ask, the School District will provide me with a copy of the records disclosed.

FERA and other applicable laws protect the confidentiality of and your right to privacy concerning the Student's education records. The Recipients shall keep all information concerning the Student confidential and private to the fullest extent provided by applicable laws, including FERPA. Neither The School District nor the Recipients require me to waive any rights under these laws, and I give my consent voluntarily.

**Parent/Guardian Signature (or Student's signature, if
Student is 18 years old or an emancipated minor)**

Date

Name of school in which Student is currently enrolled

Student's Grade

Taller Puertorriqueño

Name of Student's OST Provider Agency

2600 N 5th St, PA 19133

**Name of Student's OST Provider
Location**

long-term I & Q scroll further down for short-term

Parent/Guardian Agreement

To protect our children and staff, I agree to keep my child at home regardless of vaccination status if he/she has any of the following symptoms:

Watch for ANY of the following symptoms:

- Fever
- Chills
- Muscle or body aches
- Headache
- Sore throat
- Congestion or runny nose
- Fatigue
- Nausea/vomiting
- Diarrhea
- New or persistent cough
- New loss of sense of taste or smell
- Difficulty breathing

If my child has any of these signs of COVID-19, I will not send him/her back to school or camp until:

- My child tested negative for COVID and is otherwise well enough to go back to school or camp **OR**
- A healthcare provider has seen my child and documented a reason for the symptoms other than COVID

OR

- All are true: 1) at least 10 days since the start of symptoms AND 2) fever free off anti-fever medicines for 1 day AND 3) symptoms are getting better.

If my child is diagnosed with COVID-19, I will not send him/her back to school or camp until the following:

- It has been at least 10 days since my child first had symptoms

AND

- My child has had no fever off anti-fever medicines (ex: Tylenol, Ibuprofen) for 1 day

AND

- My child's symptoms are getting better

If someone in my household is diagnosed with COVID-19 or my child is exposed to COVID-19, I will keep him/her home for 10 days.

If someone in my household develops any symptoms from the table above, I will get them tested for COVID-19. I will not send my child to school, even if my child is scheduled to be tested in school on that day. If that person tests positive, I will keep my child home for 10 days. Find your nearest testing site here: <https://www.phila.gov/testing>.

Child's Name: _____

Parent/guardian name: _____

Parent/guardian signature: _____

Date: ____/____/____

AGREEMENT

55 PA CODE CHAPTERS 3270.123 &.181(C); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		
FEE AMOUNT \$30.00	PER-DAY-WEEK one time payment	DAY PAYMENT TO BE MADE payment by the first day
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
<ul style="list-style-type: none">• recreation• art• dance• STEAM• meals/snacks• career day• fun day• occasionally walking trips• 3 trips a year		
CHILD'S ARRIVAL TIME 3:00pm	CHILD'S DEPARTURE TIME 6:00pm	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$1.00 per minute	PER MIN-HR n/a	
Extra services to be provided at an additional fee if applicable		
n/a		
\$30.00 one time fee for the year		

I, the parent/guardian;

☐ received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

☐ agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

SIGNATURE-OPERATOR

DATE

SIGNATURE-PARENT OR GUARDIAN

DATE

DATE OF CHILD'S ADMISSION

DATE OF WITHDRAWAL

PERIODIC REVIEW

SIGNATURE-PARENT OR GUARDIAN

DATE