

EARLY CHILDHOOD EDUCATION ARTS ACADEMY

Christina Cultural Arts Center
705 N. Market Street
Wilmington, DE 19801
(302) 652-0101

Who We Are

The Early Childhood Education Arts Academy (ECEAA) is operated by the Christina Cultural Arts Center, Inc. Funded through State and Federal sources, the Academy implements Head Start guidelines as its base requirements.

Mission

It is our commitment to work hard to ensure that your child has a quality learning experience that will more than prepare him/her for kindergarten, but make their early childhood experience culturally relevant, engaging and illuminating in the process. Housed within CCAC, Delaware Valley's premiere community-based school of the Arts, ECEAA embraces the philosophy that all children can learn and reach their highest potential when given the opportunity to be nurtured by involved parents, and to be taught by teachers who believe they can learn and excel.

What We Do

Through the dedication of a Curriculum Coordinator, Lead Teacher and Assistant Teacher, the teaching team facilitates developmental achievement through exploration, and further educates the children through and in the Arts. Early Childhood Education Arts Specialists trained in the areas of music, movement, drama and visual arts, work with the children, engaging and stimulating their natural creativeness, and curiosity. The basic components of Head Start are also incorporated. (i.e. health assessments/screenings, home visits, parent empowerment workshop, policy council, etc...) to maximize opportunities for parent involvement.

Program Schedule

Our school year begins in mid-September and the preschool year runs through the beginning of June. The Arts day starts with breakfast at 8:30 a.m. and ends at 4:00 p.m. Early care is available at 7:30 a.m. and there is also the opportunity for extended care until 5:30 p.m. for a small fee; contact the ECEAA Director for more details.

Who is Eligible?

If you are the parent or guardian of a child who will turn four on or before August 31, 2015 your child is eligible for the Arts Academy. Families with special needs children are encouraged to apply.

Families meeting the attached income guidelines may be eligible for half day tuition free services. A point system and ranking criteria are used in selecting a child's eligibility. All eligible families are placed on the waiting list at the time of registration and prioritized according to the results of the point system.

How do I apply?

Applications for 2015-2016 may be picked up in the Registrar's Office on the 1st floor during normal business hours. Beginning February 10, 2015, completed applications (see required documentation) may be submitted between 9:00 a.m. and 5:00 p.m. Monday through Friday. **Applications without all required documents are considered incomplete and will not be considered for enrollment.** Additional spaces are available for families that are determined to be over income.

Info. required for enrollment process:

In order to complete the application, these items must be brought in:

- ◆ Child's original birth certificate
- ◆ TANF verification (if applicable)
- ◆ 2 most recent pay stubs/letter from employer/agency verifying income
- ◆ Custody Consent form (if applicable)
- ◆ IEP (if applicable)
- ◆ Medical Insurance Card (Medicaid or other)
- ◆ Social Security Cards for both parent and child
- ◆ Completed Physical Form (Current year with Lead/Hemoglobin/HCT)
- ◆ *Completed Dental Form or Appointment Card

*Children must receive a dental screening – parents are required to complete this prior to the 1st day of school. We will accept confirmed dental appointments that are due after that date if they are scheduled within 30 days from the start date of the program.

Questions ???

Have any? Feel free to contact the ECEAA Director at Christina Cultural Arts Center 705 N. Market Street (302) 652-0101.

2015-2016 Family Income Guidelines

<u>Size of Family Unit</u>	<u>Income</u>
1	11,670
2	15,730
3	19,790
4	23,850
5	27,910
6	31,970
7	36,030
8	40,090

*For families with more than 8 members, add \$3,960 per member

*Income Ineligible Families – Limited Enrollment Spaces Available

**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING**

Family Child Care
Large Family Child Care Home
Day Care Center

NAME _____

BIRTHDATE _____

CHILD HEALTH APPRAISAL

SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

<input type="checkbox"/> Allergies (food, medicine, bee sting etc.)	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Fainting	<input type="checkbox"/> Physical Handicap
<input type="checkbox"/> Constipation/Diarrhea	<input type="checkbox"/> Hearing Difficulty	<input type="checkbox"/> Speech Difficulty	<input type="checkbox"/> Behavior Problem
	<input type="checkbox"/> Seizures	<input type="checkbox"/> Vision Difficulty	<input type="checkbox"/> Asthma

Other _____

Comments: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates):

Parent/Guardian's Signature _____ Date _____

SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER

CODE: X - Within Normal Limits O - See Remarks Below

_____ Scalp, Skin	_____ Heart	_____ Vision	_____ Ear, Nose	_____ Lungs
_____ Hearing	_____ Throat	_____ Abdomen	_____ Blood Pressure	_____ Eyes
_____ Genitalia	_____ Teeth	_____ Extremities	_____ Neck, Glands	_____ Nervous System
_____ Height	_____ Weight			

REMARKS AND RECOMMENDATIONS: _____

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? _____

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/Hib 4 / /	DTaP/Hib 4 / /
DTP/DTaP 1 / DT / /	DTP/DTaP 2 / DT / /	DTP/DTaP 3 / DT / /	DTP/DTaP 4 / DT / /	DTP/DTaP 5 / DT / /
Td 1 / /	Td 2 / /	Td 3 / /		
OPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	TB Screening 12 mo / /
MMR 1 / /	MMR 2 / /	HepB 1 / /	HepB 2 / /	HepB 3 / /
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	Hep B/Hib 1 / /
Hep B/Hib 2 / /	Hep B/Hib 3 / /	Varicella 1 / /	Varicella 2 / /	Influenza 1 / /
Influenza 2 / /	Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /
Pneumococcal Conjugate 3 / /	Pneumococcal Conjugate 4 / /	Hep A 1 / /	Hep A 2 / /	Lyme Vax 1 / /
Lyme Vax 2 / /	Lyme Vax 3 / /	Other: / /	Lead Screening 12 mo / /	

Examiner's Signature _____ M.D. P.N.P. Date: _____

Printed Name: _____ Telephone: _____

DENTAL VISIT FORM

NAME: _____

DATE OF BIRTH: _____

DATE OF VISIT: _____

SERVICES RECEIVED (check all that apply):

_____ oral examination

_____ filling

_____ cleaning

_____ extraction (temporary)

_____ fluoride

_____ extraction (permanent)

_____ x-ray

_____ root canal

_____ sealant

_____ other

**THIS CHILD WILL NEED MORE VISITS FOR THE FOLLOWING SERVICES
(check all that apply):**

_____ oral examination

_____ filling

_____ cleaning

_____ extraction (temporary)

_____ fluoride

_____ extraction (permanent)

_____ x-ray

_____ root canal

_____ sealant

_____ other

Comments: _____

Examiner's Signature: _____ Date: _____

Printed Name: _____ Telephone: _____

Address: _____
