



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

For more Early Child Learning Center
details check out our website at
greensburgymca.org

Dear Parents,

Thank you for enrolling your child in the Early Childhood Learning Center!

At the Greensburg YMCA, we aim to strengthen family dynamics by providing safe and reliable child care that will help relieve the stress of balancing work and family. We are very excited that you and your family have chosen to share in this experience with us! Enclosed within this packet, you will find all of the necessary forms and documentation needed to sign up your child for the Early Childhood Learning Center. Please carefully read over the instructions for each form and fill them out accordingly, and then check off each box within your portion of the checklist provided below. Doing this will ensure that you have a smooth experience in registering your little one.

Sincerely,

Dusty Harris
Director of Early Childhood Learning Center
724-834-015, ext. 151
d.harris@gbgymca.org

ATTACH YOUR CHILD’S PHOTO HERE:
(or email a color photo with their
name as the subject)

* No larger than a 4x6 please.

The **ENROLLMENT PACKET** contains the following forms: *These MUST BE RETURNED to enroll*

1. **Registration Form:** Please **fully complete** and with correct e-mail addresses.
2. **Agreement Form:** Please complete **ALL** areas.
3. **Emergency Contact Form:** Please complete **ALL** areas, including the seven signatures.
4. **EFT, Tax, Parent Handbook, Payment Policy Form:** Please complete each section **in full**.
5. **Behavior Modification Policy:** Please sign and date.
6. **“Getting to Know You” Questionnaire:** Please complete **ALL** areas.
7. **YMCA of Greater Pittsburgh CACFP Application:** Each child in our program must have a Completed Child and Adult Care Food Program Application on file. **Please fully complete and return.**
8. **Child Health Report:** Due upon enrollment.
9. **Minor Participant Waiver:** Please complete **ALL** areas.
10. **Infant Feeding Schedule:** If applicable to your child, please complete **ALL** areas in detail.
11. **CACFP Supplemental Forms:** Please complete **ALL** areas in detail.
12. **Custody Documents:** If applicable to your child, we must have a copy on file to ensure your child’s safety.

The **PARENT RESOURCE PACKET** contains the following items: *These do not need returned to us, they are for you to keep at home as a resource to help with answering basic questions you may have.*

Greensburg Y Payment Policy; Greensburg Y Inclement Weather Policy, Remind Instructions, COVID-19 Addendum; Parent Handbook

Completion Checklist – For Parents

- Registration Form
- Agreement Form
- Emergency Contact Form
- EFT, Tax, Parent Handbook, Payment Policy & Proxy Form
- “Getting to Know You” Questionnaire
- CACFP Application (9 pages)
- Child Health Report and current immunizations
- Minor Participant Waiver
- Infant Feeding Schedule
- Custody Documents

Completion Checklist – For YMCA Use Only

- Registration Form
- Agreement Form
- Emergency Contact Form
- EFT, Tax, Parent Handbook, Payment Policy & Proxy Form
- “Getting to Know You” Questionnaire
- CACFP Application (9 pages)
- Child Health Report and current immunizations
- Minor Participant Waiver
- Infant Feeding Schedule
- Custody Documents

Initials of Staff
Accepting the Packet:

Initials of Staff
Completing the Registration:

Initials of Staff
Finalizing the Registration:



**FOR YOUTH DEVELOPMENT
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Greensburg YMCA – Early Childhood Learning Center
101 South Maple Avenue, Greensburg, PA 15601
724-834-0150, ext. 151

2023-2024 REGISTRATION FORM

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

Address: _____ City: _____ ZIP: _____

Information for Parent/Guardian #1:

Information for Parent/Guardian #2:

Name: _____

Name: _____

Address: _____

Address: _____

Daytime Phone: _____

Daytime Phone: _____

Evening Phone: _____

Evening Phone: _____

Email Address: _____

Email Address: _____

Birth Date: _____

Birth Date: _____

* All lines must be completed. *

* All lines must be completed. *

Demographic Information:

Race: Black/African American Asian Native Hawaiian/Other Pacific Islander American Indian/Native American
 White/Caucasian Other

Household Income: \$0-\$20,000 \$20,001-\$40,000 \$40,001-\$60,000 \$60,001-\$80,000 \$80,001-\$100,000 \$100,000+

Family Size: _____

Enrollment Options: Please note that each enrollment option is subject to availability. Fees are weekly and drafted on the Tuesday prior to the week of care provided.	Registration Fee: (Non-refundable)	First Week of Care Payment:	Total Due (that will be drafted with the EFT information provided)
	\$50.00	\$ _____	\$ _____

All required paperwork is due at least 3 business days prior to your child's start date.

The second child enrolled in the Early Childhood Learning Center will receive a 10% sibling discount.

Circle your choice of enrollment:	Full Day, Full Time (4-5 days)	Full Day, Part Time(M/W/F)	Full Day, Part Time (Tu/Th)	Add-on Day
Infant & Young Toddlers (6 weeks – 18 months)	\$260	\$162	\$112.50	\$58
Toddlers (18 months-36 months)	\$245	\$153	\$106	\$55
Preschool (3 years old – 4 years old)	\$225	\$141	\$98	\$51
Pre-K (4 years old – 5 years old)	\$225	\$141	\$98	\$51

Monday Tuesday Wednesday Thursday Friday Hours of Attendance: _____ Anticipated Start Date: _____

Photo Permission:

I give the Greensburg YMCA permission to take photographs/videos of my child. Please indicate whether you consent to internal sharing of the photographs/videos, external (marketing), sharing of photographs/videos, both, or none.

Internal External Both None

Allergies/Medical Exceptions/Special Health Alerts:

Payment Options:

Weekly EFT Credit Card, Checking Account or Savings Account (collected each Tuesday for the following week)

ELRC (balances once ELRC is applied will be the responsibility of the parent/guardian, financial assistance may be available)

Parent/Guardian Signature _____ Date _____

Adminstrator Signature _____ Date _____

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

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

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

WHITE COPY (Original)

YELLOW COPY (Child Care Space)

PINK COPY (Excursion)

Agreement

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

* Name of Child:

Payment due dates: *Weekly payments will be drafted each Tuesday for the following week of care. Monthly payments will be drafted the first day of the month for that month. Monthly payments are calculated by taking the weekly rate and multiplying by 4.33.*

Late Pick up Fee: \$1.00 per minute per child.

Returned Payment Fee: Drafting from a credit card, checking account, or savings account is the preferred style of payment. Drafts returned due to lack of funds are charged a \$30.00 Returned Payment Fee.

Changes in Care: If terminating care, we must be notified in writing two weeks prior to the last day of care.

Switching: Early Childhood Learning Center (ECLC) participants may switch the status of their care twice per school year without incurring a \$15 fee, however any changes after that the fee will be applicable. All switches must be made in writing at a minimum of two weeks in advance.

Enrollment Options:

Full Time is 5 days per week; Part Time is M/W/F or Tu/Th (full day only).

Full Day is 5 or more hours of care; Half Day is less than 5 hours of care.

Please

Add-on Days must be pre-approved with the Director and are based on staff/classroom ratio.

	Full Day, Full Time (5 days)	Full Day, Part Time (M/W/F)	Full Day, Part Time (Tu/Th)	Add-on Day
Infant & Young Toddlers (6 weeks-18 months)	\$260	\$162	\$112.50	\$58
Toddlers (18 months-36 months)	\$245	\$153	\$106	\$55
Preschool 3 years old-4 years old	\$225	\$141	\$98	\$51
Pre-K 4 years old-5 years old	\$225	\$141	\$98	\$51

circle your enrollment option below.

ELRC (CCIS) Recipient:

Responsible for paying the ELRC (CCIS) co-pay and any remaining balance of the weekly tuition after ELRC monthly payment is applied.

Scholarship Recipient:

Those not eligible for ELRC may apply for a YMCA Financial Assistance Scholarship. Recipients are responsible for paying the registration fee and the remaining balance of the weekly tuition after YMCA Financial Assistance Scholarship is applied.

Services to be provided as part of the day care fee: (ex. Transportation, care, meals, etc.)

Child Care: (6:45 a.m. –5:30 p.m.), Breakfast, Lunch, Snacks, Local excursions, Outdoor play time

CHILD'S ARRIVAL TIME

*

PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED:

*

CHILD'S DEPARTURE TIME

*

Extra services to be provided at an additional fee if applicable:

Field Trip Fees, Special Presentation Fees

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

Items marked with an * are required to be completed.

DATE OF CHILD'S ADMISSION:

PERIODIC REVIEW

DATE OF WITHDRAWAL:

SIGNATURE - PARENT OR GUARDIAN

DATE



ELECTRONIC FUNDS TRANSFER & CHILD CARE TAX STATEMENT PARENT HANDBOOK & PAYMENT POLICY ACKNOWLEDGE-

How does Electronic Funds Transfer (EFT) work?

Once you enroll in EZ-EFT, your financial institution will automatically send us your payment from your credit card, checking account or savings account. Payment is made by your financial institution only with your authorization. Additionally, the federal consumer safeguard regulations are more stringent for EZ-EFT than when you pay by check, which means EZ-EFT is more secure than conventional checking. Complete the information below. If you have any questions, contact Dusty Harris, Director of Early Childhood Learning Center at 724-834-0150, ext. 151 or at d.harris@gbgymca.org.

Child's Name: _____ Birth Date: _____

Name as appears on Account (please print): _____, I hereby authorize (Name of my Financial Institution) _____ to make periodic payments on my behalf from my credit card, checking account or savings account listed below and transfer it to the Greensburg YMCA.

Choose One:

- Checking Account (voided check must be attached)
- Savings Account _____ (Savings Account Number)
- Credit Card
- Visa Master Card Discover American Express
- Card Number _____ CVV _____ Exp. Date ____/____/____

Payment Options:

- Weekly EFT (Collected each Tuesday for the following week of care.)
- ELCR/CCIS (weekly copay, if applicable, drafted each Tuesday for the following week of care and any balances once ELRC payment is applied are the responsibility of the parent/guardian. Financial assistance may be available.)

I understand that I am in full control of my payment and if at any time I decide to make changes or discontinue this service. I will notify the Greensburg Y in writing two weeks in advance. Changes of payment method will not affect the terms of my contract. *Please note that it is the account holder's responsibility to notify the billing department with any changes to their account. IF an account is rejected for any reason, including expired credit cards, you will be assessed an NSF fee of \$30.

Account Holder's Signature

Date

Child Care Account Tax Statement Requests: (all statements will be completed no later than January 31)

Tax statements are available online by logging into _____ to your account. For questions about your tax statement or to request a copy of your Tax Statement, please email info@gbgymca.org.

This is to acknowledge that I have received a copy of the YMCA Parent Handbook and Greensburg Y Payment Policy. I understand that this policy supersedes any other policies I may have received during my participation in other Y programs. I understand it outlines my privileges and obligations as a participant in this program. I will familiarize myself with the information herein, which describes the policies of the child care program.

Parent/Guardian Name (please print): _____

Signature of Parent/Guardian: _____

Child's Name (please print): _____

Date: _____

Topics to Make Note of:

Authorization for Pick-up

- Must be on the child's Emergency Contact form and must be at least 18 years of age with valid photo identification.

Unattended Child Law

- A person in charge of a motor vehicle may not permit a child under the age of six years to remain unattended in a vehicle out of sight and/or under circumstances which endanger the health, safety or welfare of a child.

Payment Policies

- Payments are due in full on Tuesday one week prior to the week of care provided
- For any changes made in enrollment, we must have a written two week notice to the Child Care Director.
- Late Pick Up Fee, \$1.00 per minute, per child. If you are over an hour late without communication, emergency contacts will be called and then 911/Child Youth Services.



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**ADENDUM TO STAFF PARENT HANDBOOK FOR EARLY CHILDHOOD LEARNING
CENTER**

*When creating all Health Care Policies, The Greensburg YMCA references **Caring For Our Children**.



GREENSBURG YMCA CHILD CARE BEHAVIORAL MODIFICATION POLICY

All efforts will be made to guide children to appropriate behavior. The YMCA believes that punishment is unnecessary by DISCIPLINE is needed to help children gain self-control. Respect for your child will be demonstrated at all times. The same respect will be expected from your child for his/her peers and the YMCA staff at all times. When disciplinary action is necessary, age-appropriate methods will be implemented. The Department of Human Services behavior regulations are as follows:

- A facility person may not use any form of physical punishment, including spanking of a child. A facility person may not single out the child for ridicule, threaten harm to the child or the child's family and may not specifically aim to degrade the child or the child's family.
- A facility person may not use harsh, demeaning or abusive language in the presence of children and will never force or withhold food, nor force or withhold naps as a means of discipline and toileting accidents will not be disciplined.

There are clear and appropriate behavioral expectations for the children in our care. We try to set limits, help children understand rules and give clear definitions of acceptable and unacceptable behavior. Children are more likely to follow rules that have been introduced from the beginning. Some rules that we like to see are:

- We find out what the problem is.
- We listen to each other.
- We are responsible for what we say and do.
- We use appropriate language at all times.
- We attack the problem, not the person.
- We care about each other's space and feelings.
- We respect each other and ourselves.
- We use words, not fists, to solve problems.

A system of cool down/redirection and suggestions from parents on what they have discovered works well at home will be used. Logical and natural consequences will be allowed when applicable. On occasion, our staff will identify behaviors that require disciplinary actions. If a child should exhibit an inappropriate behavior while under the supervision of a YMCA staff person, the following sequence of actions will be taken:

- The behavior will first be addressed by the staff person with the child in private.
- If the inappropriate behavior continues, the staff person will notify their supervisor and the situation will then be discussed with the parent.
- If a child's behavior jeopardizes the safety of themselves or others, the suspension policy may be ignored and the child may be removed from the program immediately.

Suspension Policy

- If inappropriate behavior continues, a supervisor will notify the parent that a meeting needs to be held within 48 hours. At that conference, the director may recommend the parent/child for outside testing and evaluation, and the child will be suspended from the YMCA program for 1 day.
- A second serious infraction will result in a suspension of 3-5 days and a request for professional testing and evaluation may be required before the child may return to our program.
- If the behavior has not improved, the child will be immediately removed from the program.

*If the parent/guardian refuses to work with us during this process, we will be forced to terminate the child from the program. The YMCA has rarely been forced to use suspension from the program. We believe that if the child perceives the YMCA as a concerned, involved, consistent, caring, and respectful, and if we exhibit calmness, few words, and a firm but kind attitude, the results will usually be positive.

Special Services

Occasionally it may be necessary for a child to receive special services while in care at the Early Childhood Learning Center. Examples of these services may be an aide, TSS, tutor, OT, PT, etc. These services may be needed to help the child in the classroom life as we must maintain our Department of Human Services ratios or it may be because the child needs help with the daily routine, or behaviors that are putting the child, other children or adults at risk. If it is deemed necessary by the YMCA to reach out for services in order to have the child remain in care, the family will have 30 days from the date of the special services letter to get services in place. The YMCA will provide support and resource help with compliance to this request, but ultimately it is the family's responsibility. Failure to comply with this request may result in the children being withdrawn from care at the YMCA until services are in place.

Individualized Education Plan / Individualized Family Services Plan (IEP/IFSP)

At times children may have an IEP or IFSP in place, in order for the staff of The Greensburg YMCA Early Childhood Learning Center to actively support the child and family with these expectations a copy of the IEP or IFSP must be submitted at the time of enrollment. This allows the family and the learning center the ability to work together for the best continuation of care plan for the child. If an IEP or IFSP is formed at any point during their enrollment in the program, it is expected that the plan would then be submitted. Additionally we are more than happy to be a part of any IEP/IFSP conference calls or meetings, please simply make us aware of the dates and times in a timely fashion and we will do our best to have a staff available.

Termination Policy

The YMCA Child Care program reserves the right to terminate our child's attendance in our programs for such things, but not restricted to:

- Disruptive behavior problems.
- Emotional problems or learning disabilities that we are not equipped to handle or that are a safety risk to themselves or the other children in attendance.
- If a parent or child is physically or verbally abusive to YMCA staff or children.
- If the Child Care Director or the CEO of the Y believes that continued service is not in the best interest of the child and/or the Greensburg Y.

If these or any other problems begin to upset or influence the other children in the program and we have proceeded through the steps cited in our suspension policy, we will have no other recourse than to terminate our child's attendance in our program. It is very rare but in extreme situations, we have been forced to pass over our suspension policy steps and immediately move to terminating a child from the program because of the severity of the problem and our responsibility to protect your child and others.

NO REFUNDS or credits will be given if a child is suspended and/or terminated from any YMCA program. If your child has been terminated from any of our programs, he or she may not attend the same program at a different location.

I HAVE READ AND UNDERSTAND THE BEHAVIOR MODIFICATION POLICY:

Parent's Signature

Date



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Discipline/Suspension/Expulsion Policy and Procedure **Addition/Revision**

The purpose of this statement is to develop a positive school classroom environment and improve the Greensburg YMCA discipline policies and practices, while ensuring fairness, equality, and continuous improvement.

The teachers employed by the Greensburg YMCA are highly qualified community members that take continuous professional development trainings that follow STARS and DHS requirements. Topics of trainings include cultural competence, implicit bias, developmental milestones, child development, teaching social & emotional development, high quality positive interactions, and classroom management. Cultural competence includes guided discussions related to race, gender equity, homelessness, and English language learners.

Universal supports are provided to all students to create an expectation of the classroom and school rules, by teaching and modeling expected behaviors. For students that display mild to moderate misbehavior, it may be necessary to have group interventions, mentoring, and peer mentoring. Behavior Track Sheets and Behavior Reflection & Reports will be utilized to discuss behaviors with children and parents. For students who display intense behavior issues, an intervention will be necessary between parents, teachers, and other school professionals. Intense behavior issues include situations where a child is putting themselves and others around them in a dangerous situation and/or in harm's way.

If intense behaviors develop, all effort will be made to calm and redirect the child. If all efforts have been exhausted and the safety of the children is in jeopardy, parents will be contacted and must pick up their child within 30 minutes and the child suspended from the program until a meeting can be scheduled between teachers and families to develop an action plan to alleviate behaviors. It is the hope that once an individual plan is developed with the families that behaviors will be relieved. Expulsion may occur if attempts with the plans do not stop the behavior issues and/or the plan is not supported with the families help. Appropriate documentation will be completed to track progress and ensure successful implementation of individual plans.

Greensburg YMCA Family YMCA Staff

Parent/Guardian



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EARLY CHILDHOOD LEARNING CENTER "Getting to Know You" Questionnaire

Child's Name: _____ Date of Birth: _____

Questions About Family:

Tell us about our household. (Neighborhood, who lives in the home, names, and relationship to your child.)

- Does your child have any siblings? (Names and ages, please!)

Does your child have any parents that do not live in the home? Does your child visit this parent? What is the schedule like?

- *In order for us to safely provide care and process your enrollment, you must provide us with the most recent copies of any court documents. Thank you in advance.*

Does your child respond to any nicknames? If so, what are they?

Does your child have any nicknames for family members?

Do you spend time reading with your child? If so, how often? List a few favorites:

Is there any other information about our family's composition that you would like to share?

Questions About Your Child:

Has your child been in an early learning or child care program before? If yes, please share the following:

- Where? When? How long?
- What kind of care? (relative/neighbor, center, family provider)
- Is there a reason for leaving that you would like to share?
- Do you have your child's records from the program?
- How did your child react to the other children and adult

What do you think will happen the first day you leave your child with us?

Does your child have any imaginary friends?

Are there any special problems or fears that we should be aware of?

Does your child do any of the following?

- Nail biting
- Thumb sucking
- Stuttering

Any special needs? (medical, developmental, social, and/or mental health)

- Do any of these needs require special care by our teachers?
- Does your child have an IEP or IFSP? If so, please provide us a copy so that we can provide the best possible learning experience for your child.
- What programs or individuals work with your child in regards to their particular needs? Please sign a release of information with them so that they can speak to the staff about how to provide enhanced support to your child.

Does your child have any allergies? (food, environmental, and/or medicinal) How are their allergies treated?

Does your child have any dietary restrictions? (Ex. Does not eat pork products)

Does your child have any special medical information the staff should be aware of in case of an emergency situation? (specific medication to take in route, specific person to call, etc.)

Describe your child's normal schedule including:

Bed time-

Wake-up time-

Nap time and duration-

Meal times and meal habits-

Does your child have a different schedule at any other child care setting? (babysitter, relatives, neighbor, etc.)

Regarding toilet habits, what words does your family use for bowel movements and urination?

- Any special terminology for private parts?
- Is your child toilet trained?
- Does your child need to be reminded to go to the toilet during waking hours?

Is there any information that will help make the first few days in our program easier for our child?

Is there any other information you would like to share?

<p><u>Child's Exposure to Swimming</u></p> <p>1. Has your child ever been exposed to swimming? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>2. Does he/she mind getting their face wet? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>3. Can your child float? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>4. Does your child jump into the water? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>5. Has your child taken swim lessons at the YMCA? <input type="checkbox"/>Yes <input type="checkbox"/>No If so, when? _____</p> <p>6. How does your child feel about water?</p> <p>7. Are there circumstances of which we should be made aware of? Please explain.</p>	<p><u>Outdoor Activity Preferences</u></p> <p>1. What are some outdoor activities, games, or sports that your child enjoys playing?</p> <p>2. Are there any particular activities or games that your child may be hesitant to participate in? If so, which activities and why?</p> <p>3. Are there any circumstances of which we should be made aware, in regard to outdoor and group play? Please explain.</p>
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Parent/Guardian Permission to Apply Sunscreen

YMCA child care participants spend a great deal of time outdoors and are thereby exposed to the harmful rays of the sun. As a YMCA program, we are committed to promoting healthy spirit, mind and body for all, and have therefore established the following policies and procedures:

- Parent/Guardian will apply the first layer of sunscreen to child(ren) prior to morning arrival.
- Parent/Guardian will provide adequate amounts of sunscreen for reapplication throughout the remainder of the day.
- Parent/Guardian will supply sunscreen in original container, with lid. One container per child, labeled with the child's name.
- Staff will ensure time for thorough reapplications after one hour in the water/two hours of other outdoor activities, and any other occasion, as needed. Please note school age children will apply their own sunscreen with assistance from staff.
- Parent/Guardian unable to provide sunscreen for their child may lead to suspension from the program.

Please note that these standards are established to protect your child. YMCA child care staff members are trained on these policies and understand their responsibilities and consequences for failure.

My child has no known allergies/adverse reactions to sunscreen. Please apply the provided sunscreen.

I verify that I have read and understood the above guidelines, and agree, for the protection of my child, to comply with the YMCA Child Care Sunscreen Policy.

In the event that my child runs out of their own sunscreen, I give the YMCA staff permission to apply their emergency sunscreen. I understand that this is being done from a place of love and to ensure that my child does not end up with any sunburn, and will not necessarily be my preferred type of sunscreen.

Parent/Guardian Signature: _____ Date: _____

Photo Permission: I give the Greensburg YMCA permission to take photographs/videos of my child. Please indicate whether or not you consent to internal sharing of the photographs/videos, external (marketing), share of the photographs/videos, both or none: Internal External Both None

-----PLEASE CUT OFF AND RETURN WITH YOUR ENROLLMENT PACKET-----

Would you like to set-up a "Getting to Know You" visit for your family with your child's future teacher?

_____ Yes, please.
_____ No, thank you.

Child's Name: _____

Parent's Name: _____

Phone Number: _____

E-mail Address: _____

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:

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.						
	<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/TD						
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.

Minor Participant Waiver, Release, Indemnification of All Claims & Covenant Not to Sue

PLEASE READ CAREFULLY. THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS AND IS LEGALLY BINDING. BY SIGNING THIS AGREEMENT YOU ARE RELEASING YMCA OF GREENSBURG FROM ALL LIABILITY AND FOREVER GIVING UP ANY CLAIMS THEREFOR

Assumption of Risk

I, in my legal capacity as parent/guardian of the minor named below (“Minor”), acknowledge and agree that any use of YMCA of Greensburg facilities, services, equipment and premises (“Facilities”) and any participation in YMCA of Greensburg programs and activities (“Programs”) comes with inherent risks including, but in no way limited to: (1) moderate and severe personal injury, (2) property damage, (3) disability, (4) death, and (5) sickness or disease including, without limitation, COVID-19. I voluntarily, for myself and Minor, accept and assume full responsibility for these risks as well as any and all other risks of the use of Facilities and participation in Programs. I agree that I have full knowledge of the nature and extent of all such risks and am not relying on all such risks being described in this document.

Waiver, Release, Indemnification & Covenant Not to Sue

In consideration of Minor’s use of Facilities and participation in Programs I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor that YMCA of Greensburg, its officers, directors, agents, employees, volunteers, insurers and representatives (“Releasees”) will not be liable for any personal injury, property damage, disability, death, sickness or disease incurred by Minor, however occurring including, but not limited to, the negligence of Releasees. I understand that Minor and I will be solely responsible for any loss or damage, including personal injury, property damage, disability, death, sickness or disease sustained from the use of Facilities and participation in Programs.

I further agree, in my legal capacity as the parent/guardian of Minor, on behalf of Minor, myself, and any and all legal successors and proxies, to release and **HEREBY DO RELEASE, WAIVE AND COVENANT NOT TO SUE** Releasees from any causes of action, claims, suits, liabilities or demands of any nature whatsoever including, but in no way limited to, claims of negligence, which Minor, myself, and any and all legal successors and proxies may have, now or in the future, against Releasees on account of personal injury, property damage, disability, death, sickness, disease or accident of any kind, arising out of or in any way related to the use of Facilities or participation in Programs, whether that participation is supervised or unsupervised, however the injury or damage occurs, including, but not limited to, the negligence of Releasees.

In further consideration of the use of Facilities and participation in Programs, I, in my legal capacity as parent/guardian of Minor, agree on behalf of myself and Minor to **INDEMNIFY AND HOLD HARMLESS** Releasees from any and all causes of action, claims, demands, losses, suits, liabilities or costs of any nature whatsoever, including claims of negligence, arising out of or in any way related to the use of Facilities and participation in Programs.

Minor Name (Print Clearly)

Date

Parent/Guardian Signature

Parent/Guardian Name (Print Clearly)



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Early Childhood Learning Center – Form for Infants

Child's Formula, feeding, and sleeping schedule:

- **Formula:**

- Name of Formula: _____
- Special Instructions: _____

- Time to Feed: _____ Amount: _____
- Time to Feed: _____ Amount: _____
- Time to Feed: _____ Amount: _____
- Time to Feed: _____ Amount: _____
- Time to Feed: _____ Amount: _____

- **Baby Food:**

- **Breakfast**
 - Cereal: _____
 - Fruit: _____
 - Special Instructions: _____

 - Time to Feed: _____ Amount: _____
- **Lunch**
 - Cereal: _____
 - Fruit: _____
 - Vegetables: _____
 - Special Instructions: _____

 - Time to Feed: _____ Amount: _____
- **Snack**
 - _____

 - Time to Feed: _____ Amount: _____

- **Napping**

- Times to Nap: _____ Length of Time: _____
- Times to Nap: _____ Length of Time: _____
- Times to Nap: _____ Length of Time: _____

- Special instructions on what is comfortable to them for napping: _____

CACFP Meal Benefit Income Eligibility Form Instructions **July 1, 2022-June 30, 2023**

The Child and Adult Care Food Program (CACFP) makes good food a regular part of your child's day care! Please fill out the *CACFP Meal Benefit Income Eligibility* form. It helps us find out if your household qualifies for free or reduced-price meals. This lets us know how much money CACFP will give to support your day care home or center.

Instructions

Here are instructions to help you fill out the form. Before you begin, turn the form over to learn why we ask for this information. It tells you how we use the information and what rights you have. It also tells you how to contact USDA if you believe you are treated unfairly.

Please make sure to fill in all of the requested information. Use a pen to mark your answers on one form. When you are finished, please return the form to us at:

[Contact Information].

Step 1:

List all the children from your household in the day care. Use one line for each child's name. Write one letter in each box. Stop if you run out of space. If there are more children, add their names on a second piece of paper.

Do you have any foster children? If you answer *Yes*, mark the *Foster Child* box next to the child's name. If you are only applying for foster children, finish Step 1 and go to Step 4. If you are applying for both foster and non-foster children, go to Step 2.

Are any children migrant, runaway, homeless, or enrolled in Head Start? If *Yes*, mark the correct boxes next to the child's name and go to Step 4.

Step 2:

You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR).

Do any household members, including you, currently receive SNAP, TANF, or FDPIR? If *Yes*, write the case number in the box and go to Step 4. You only need to provide one case number. If *No*, go to Step 3.

Step 3:

Report current income for all household members. Skip this step if you answered *Yes* in Step 2.

How do you report child income? Turn the form over and use the *Source of Income for Children* chart to see if your household has income to report.

This institution is an equal opportunity provider.

Write the amount in the boxes in part A of the form. Mark how often the amount is earned. Write 0 in the box if there is no income to report.

How do you report income of adult household members? Turn the form over and use the *Source of Income for Adults* chart to see if your household has income to report.

In part B, list all the adults in your household, including you, even if each of you doesn't receive income. Include all adults, such as grandparents, other relatives, and friends who live with you and share household income and expenses. Write the amount of income each of you receives, in the boxes next to your names. Mark how often the amount is received. Write 0 in the box if there is no income to report.

Make sure you report the current amount of money you get before taxes. Don't include SNAP, FDPIR, WIC, student financial aid, or money you receive for a foster child as income.

Count the number of all children and adults in your household. Include all infants, children, students, and adults. Write the total number in the box under the list of adult household members.

Do you or another adult household member have a Social Security number? Write the last four digits in the boxes. If there is no Social Security number, mark the *Check if no SSN* box.

Points to Remember:

If:	Then:
Your income isn't always the same	List the amount of money that you normally get. For example, don't include overtime pay, if you don't normally get it. If your income is normally higher or lower, you can report annual income instead.
Your household includes members who aren't citizens	You or your children don't have to be U.S. citizens to qualify for meal benefits.
You are in the military	Don't include your Family Subsistence Supplemental Allowance (FSSA), combat pay, or the money you receive for privatized housing. If deployed, count the amount of pay that is made available to your household as income.

Step 4:

An adult household member must sign this form. The signer promises that all information is true and complete.

Print the name, address, and telephone or email of the adult signer. Sign and write today's date in the marked boxes.

Optional

CACFP Meal Benefit Income Eligibility Form
Sharing Information with Medicaid and SCHIP
July 1, 2022-June 30, 2023

Children who get Child and Adult Care Food Program (CACFP) free or reduced-price meals may also qualify for low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP).

We may share your child's CACFP eligibility information with Medicaid or SCHIP, *unless you tell us not to*. Medicaid and SCHIP *only* use the information to find out if children are eligible for their programs. Their staff may contact you to offer to enroll your children in these health insurance programs.

If you **do not** want us to share your information with Medicaid or SCHIP, fill out this page. You should send this page with your *CACFP Meal Benefit Income Eligibility* form when you apply. Sending in this page will not change your child's eligibility for free or reduced-price meals.

No! I do not want my child's CACFP eligibility information shared with Medicaid or SCHIP.

If you checked no, fill this out:

Child's Name:

Child's Name:

Child's Name:

Child's Name:

Today's Date:

Print Your Name:

Address:

Signature of Parent or Guardian:

If you have questions or need help, please contact **[Name]** at **[Phone Number]** or **[Email Address]**.

This institution is an equal opportunity provider.

We ask about your children's ethnicity and race to make sure we do our best to serve our community. Providing this information is not required. You won't be denied benefits based on your race, color, national origin, sex, age, or disability.

CACFP Meal Benefit Income Eligibility Form
Letter to Parents (Non-Pricing Centers)
July 1, 2022-June 30, 2023

[Date]

Dear Parent or Guardian:

[Name of Center] offers healthy meals and snacks to children as part of the Child and Adult Care Food Program (CACFP). **[Name of Center]** receives support from CACFP to serve those meals. CACFP gives more support if your household income is less than or equal to the limits on this chart:

Federal Income Standards for Reduced-Price Meals for July 1, 2022 - June 30, 2023		
Household size	Yearly Income	Monthly Income
1	\$25,142	\$2,096
2	\$33,874	\$2,823
3	\$42,606	\$3,551
4	\$51,338	\$4,279
5	\$60,070	\$5,006

Please fill out a *CACFP Meal Benefit Income Eligibility* form. It will help us find out how much support **[Name of Center]** receives. Please be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms. Please send the completed form to:

[Name, Address, Email Address]

Thank you for taking the time to fill out the form. We hope your child enjoys CACFP meals!

In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you have questions or need help, please contact **[Name]** at **[Phone Number]** or **[Email Address]**.

Sincerely,

Signature

**[Name
Title]**

This institution is an equal opportunity provider.

This institution is an equal opportunity provider.

**Child and Adult Care Food Program
Child Enrollment Form**

Sponsor/Center Name: _____
Agreement #: _____

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

PARENTS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same.

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK						TIME CHILD ATTENDS SCHOOL		MEALS RECEIVED
		TIME-IN			TIME OUT			LEAVES CENTER	RETURNS TO CENTER	
		AM	PM	TIME	AM	PM	TIME			
FIRST CHILD	<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY									<input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours									
BIRTH DATE	Other:									
AGE	Enrollment Date:				Withdrawal Date:					

Signature _____

Signature of Parent or Guardian

Date _____

Telephone Number of Parent or Guardian _____

CHILD CARE REPRESENTATIVE USE ONLY:

Name of Representative/Signature _____

Date _____

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.

The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
 U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410; or
2. **fax:**
 (833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.

**Child and Adult Care Food Program
Child Enrollment Form**

Sponsor/Center Name: _____
Agreement #: _____

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

PARENTS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same.

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK								MEALS RECEIVED
		TIME-IN			TIME OUT			TIME CHILD ATTENDS SCHOOL		
		AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER	
FIRST CHILD	<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: _____ Enrollment Date: _____ Withdrawal Date: _____								<input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME										
BIRTH DATE										
AGE										
SECOND CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: _____ Enrollment Date: _____ Withdrawal Date: _____								<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME										
BIRTH DATE										
AGE										
THIRD CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: _____ Enrollment Date: _____ Withdrawal Date: _____								<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME										
BIRTH DATE										
AGE										

Signature _____

Signature of Parent or Guardian

Date _____

Telephone Number of Parent or Guardian _____

CHILD CARE REPRESENTATIVE USE ONLY:

Name of Representative/Signature

Date

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.

The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money
Income from any other source	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascrusda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov
This institution is an equal opportunity provider.

*Only use this address if you are filing a complaint of discrimination.

For Official CACFP Sponsor Use Only NOT VALID WITHOUT DETERMINING OFFICIAL'S SIGNATURE AND DATE

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income How often? Weekly Bi-Weekly Monthly 2x-Month Eligibility Free Reduced Denied Denied

Determining Official's Signature Household size Categorical Eligibility Date Follow-up Official's Signature (For Pricing Institutions - Verification Official) Date

Effective Date: If the Institution is using the parent/guardian signature date as the effective date, the form must have been signed by the Institution representative within the same month the parent signed the form or the immediately following month.

Choose Healthy. Choose WIC!



WIC provides free nutrition information, healthy foods, breastfeeding support and referrals to eligible pregnant and postpartum women, infants and children under age 5.

Get started online at
PAWIC.COM or call:
1-800-WIC-WINS
(1-800-942-9467)



Even if you receive SNAP, MA or TANF, you may also apply for WIC.

Foster children under age 5 qualify for WIC.

WIC helps working families and the unemployed.

Pregnant? No need to wait. Apply now!

WIC Income Guidelines

HOUSEHOLD SIZE	*MONTHLY INCOME (Approx.)
1	\$2,096
2	\$2,823
3	\$3,551
4	\$4,279

For each additional person, add \$728.

*Income (before taxes) is effective July 1, 2022.

For each unborn infant, add one to household size.

WIC does not require proof of citizenship.

“WIC has helped me make healthier choices for my family, and I can save on my grocery bill.” -- WIC Mom





CACFP Infant Enrollment Form

Center/Provider Name: _____

Dear Parent/Guardian,

This childcare center/provider participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires childcare centers/providers to follow specific meal patterns according to the age of the infant.

Childcare centers/providers participating in the CACFP **are required** to offer at least one iron fortified infant formula for infants who are enrolled in care. You may decline the infant formula offered, and supply breast milk and/or your own CACFP approved iron-fortified formula.

(NOTE: A CACFP approved iron-fortified formula must have 1 mg of iron or more per 100 calories of formula when prepared using the label directions and must be regulated by the FDA.)

Additionally, when you determine, in consultation with your physician, that your infant is developmentally ready, the childcare center/provider will also be **required** to offer iron fortified infant cereal and other infant foods.

Infant's Name _____ Infant's Date of Birth _____

Iron Fortified Formula offered by the Center/Provider _____

Breast milk and/or Formula preference

Record date to indicate your preference (choose all that apply) *I understand that I may change my decision at any time with advance notice	Birth -5 months Date & Initial	6 – 11 months Date & Initial
I will provide expressed breast milk for my infant.		
I will breast feed my infant on site at the center/provider.		
I want the childcare center/provider to provide the infant formula it offers for my infant.		
I will provide the infant formula for my infant. (must be iron fortified)		
Name of infant formula I will provide: _____		
My infant has a special dietary need that requires a formula that does not meet the criteria for an approved iron fortified formula. I have provided the center/provider with a Medical Plan of Care signed by a licensed medical authority that includes the impairment that restricts the infant's diet, how it effects the infant, and the recommended substitution.		
Name of infant formula: _____		
<input type="checkbox"/> Center will provide the formula.		
<input type="checkbox"/> I will provide the formula.		

Preference regarding infant cereal and other foods

Record date to indicate your preference *I understand that I may change my decision at any time with advance notice	6 – 11 months Date & Initial
I want the childcare center/provider to provide the iron fortified infant cereal and other foods for my infant.	
I want the childcare center/provider to provide all food items with one exception. (This option is only applicable if center/provider is providing the iron-fortified infant formula) One food item that I will provide (must be a creditable CACFP food item): _____	
My infant has a special dietary need that requires modifications to the infant meal pattern requirements. I have provided the center/provider with a Medical Plan of Care signed by a licensed medical authority that includes the impairment that restricts the infant's diet, how it effects the infant, the foods to avoid and the recommended substitutions	
I am aware and understand the all information provided on this form and my ability to have my infant participate in the CACFP; however, I decline the infant formula and food offered by the center/provider and elect to furnish ALL infant formula and food for my infant. (Center/Provider may not claim meals for this infant)	

Parent/Guardian

Date

Center/Provider signature

Date

This supplemental infant form must be completed for all infants in care and must be maintained by center/provider and if applicable, a copy must be maintained by the Sponsoring organization.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider.