

YMCA Younger Years Child Care Center



Enrollment Packet Check List

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- Requested Hours of Care Form
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- Sunscreen Permission Slip
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- Preschool/Childcare Discipline Policy
- Keystone Stars "Getting to Know You"
- IEP & IFSP Information Sheet (If Applicable)
- CACFP Eligibility Form
- CACFP Enrollment Form





YMCA Younger Years Childcare Center
Phone: (814) 297-1500
Email: Childcare@clarionymca.net

Childcare Enrollment Form

Child's Name _____ D.O.B. _____
Address _____ Phone _____
Email: _____
Parent/ Guardian Signature _____ Date _____

Please check beside the program your child will attend. A separate form must be used for each child enrolling.

A **\$30.00 Non-refundable** registration fee will be required at the time of enrollment.

Infant Care

___ Full Time Care – four or five days a week\$153.00/Week
___ Half Time Care- three days or less a week.....\$103.00/Week

Toddler Care

___ Full Time Care – four or five days a week\$149.00/Week
___ Half Time Care- three days or less a week.....\$98.00/Week

Preschool Age Care

___ Full Time Care- four or five days a week.....\$141.00/Week
___ Half Time Care- three days or less a week.....\$93.00/Week

Preschool (Mon. Wed. Fri.)

___ Preschool Program only.....\$105.00/Month

After-School Care

After School Hours Only

___ Full Time Care – four or five days a week\$55.00/Week
___ Half Time Care- three days or less a week.....\$40.00/Week

Before School Hours Only

___ Full Time Care – four or five days a week\$35.00/Week
___ Half Time Care- three days or less a week.....\$30.00/Week

Both-Before & After School Care

___ Full Time Care – four or five days a week\$77.00/Week
___ Half Time Care- three days or less a week.....\$50.00/Week

We offer your older child a 15% discount on weekly rates.



Requested Hours of Care

Child's Name _____ D.O.B. _____
Address _____ Phone # _____
Parent/ Guardian Signature _____ Date _____

\$30.00 Non-refundable registration fee is needed at time of enrollment. Please list the hours of care needed below.

	Drop off	Pick-Up
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

You will be charged for all hours requested. You MUST give two weeks written notice to permanently change your child's scheduled hours or withdraw your child from the program.

We staff based on the pick-up and drop off times listed above, late pickups will resolved in additional fees. For every minute late you will be charged an additional fee of \$1.00.

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		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'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
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
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 CONDITIONS
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



Escort Sheet

Child's Name: _____ Birth Date: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Parent/Guardian Signature: _____

Parent's Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Parent/Guardian Signature: _____ Date: _____

Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Parent/Guardian Signature: _____ Date: _____

Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Parent/Guardian Signature: _____ Date: _____

Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Parent/Guardian Signature: _____ Date: _____

Periodic Updates:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

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/ID						
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:

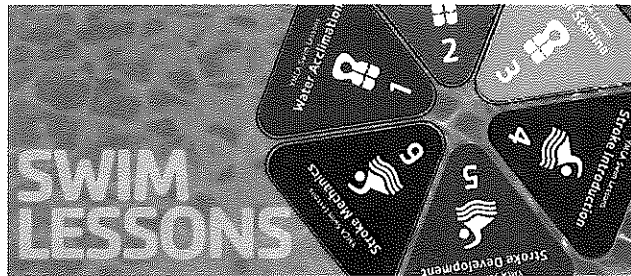
Parents may write immunization dates; health professional should verify and complete all data.



YMCA Younger Years Childcare Swim Release Form

Please release _____ from the YMCA Younger Years Program to swim at the Clarion County YMCA during scheduled swim times. I understand that the YMCA child care staff will not be responsible for my child while he/she is swimming and that he/she will be under the supervision of the Clarion County YMCA Aquatics staff.

Parent/Guardian Signature: _____ Date: _____



Periodic Update:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

SCENIC RIVERS YMCA

CLARION COUNTY YMCA - OIL CITY YMCA - CAMP COFFMAN

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

__/__/_____
date participant's signature

I HAVE READ THIS RELEASE

__/__/_____
date parent's or guardian's signature



YMCA Younger Years Child Care Center

Field Trip Waiver



I hereby give permission for _____, to travel on a YMCA planned field trip via the YMCA bus designated vehicle. By signing this permission slip and waver, I hereby understand the description of the program and any complications that may arise.

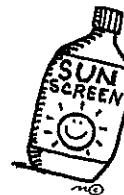
Furthermore, I intent to be legally bound for myself, my heirs, personal representatives, successors and assigns do hereby waive and release the Clarion County YMCA and YMCA Younger Years for any and all liabilities arising from illness, injuries, and damage that the participant may suffer while being transported with.

Parent/ Guardian Name (Print)

Parent/ Guardian Signature

Date

Sunscreen Permission Slip



According to the Department of Public Welfare regulations, we are no longer allowed to apply sunscreen, first-aid cream, or Bactine without parental written permission. Therefore, we are asking parents to bring their own bottle of sunscreen from home and label the bottle with their child's name.

The YMCA Younger Years have my permission to apply sunscreen to my child _____ as needed during the summer months.

Parent/ Guardian Signature

Date

Media Release



Do you give Clarion County YMCA permission to use, without limitation or obligation, photographs, film footage or tape recordings that may include yours or your family member's image(s) or voice(s) for purposes of promoting or interpreting YMCA programs?

_____ YES, I give my permission _____ NO, I do not give my permission

Child's Name: _____

Signature _____

Date: _____

PRESCHOOL/CHILDCARE DISCIPLINE POLICY

PHILOSOPHY

Discipline is the on-going process of helping children develop self-control and learn coping skills so they can manage their own behavior in socially approved and acceptable ways.

HOW DISCIPLINE WILL BE IMPLEMENTED BY STAFF

Appropriate discipline used include:

- Avoid problems by offering an organized, stimulating program
- Reinforcement for positive behaviors
- Modeling of appropriate problem solving skills and coping language
- Redirection to more acceptable behavior or activity
- Setting clear limits and maintaining a daily routine
- Offering choices
- Ignoring inappropriate behavior (when appropriate)
- Acknowledging good behavior
- Time-out removal of a child from the area, for short periods of time (One Minute per age of child) **For children over age two only
- Including the child in the process of resolving conflicts

The following discipline techniques are PROHIBITED:

- Physical punishment
- Screaming at a child
- Ridiculing a child or a child's family
- Blaming, teasing, insulting, name calling or threatening the child with punishment
- Withholding food
- Withholding of affection or positive attention

No child will be subjected to, under any circumstances, any form of corporal punishment, which includes hitting, spanking, swatting, beating, shaking, pinching, or other measures intended to induce physical pain or fear. The childcare staff will never use abusive or profane language or deprive children of food, rest or use of the restroom. Children will not be punished for toilet accident.

HOW PARENTS WILL BE INVOLVED IN GUIDANCE PROCESS:

- A director or lead teacher will verbally notify the child's parent if a pattern of unacceptable behavior is noted.
- As needed, the teacher will discuss the child's behavior with the parent. If an unacceptable behavior occurs during the day or a behavior is uncharacteristic of the child a behavior report will be completed, signed by the parent and retained for the child's file.
- The director may request a formal conference with the parents.
- If deemed necessary the parents may be asked to pick up the child from the day care center.

HOW CHILDREN WILL BE INVOLVED IN THE PROCESS:

- Children will be aware of the classroom guidelines. They will be reminded of the guidelines throughout the day.
- Children will be involved in creating the classroom rules.
- Children will be exposed to conflict resolution strategies (direct instruction and demonstration) and will have support and reasonable opportunity to resolve their own conflicts.

Primary Difficulties:

- Chronic disruptive behavior



ENROLLMENT AND "GETTING TO KNOW YOU" MEETING GUIDE (Optional Tool)

Instructions: This guide has two sections. The first section outlines examples of questions that you would want to be answered before the child begins attending your program. These are questions that have to do with the safety and health of the child. The second section gives suggestions for a "Getting to Know You" meeting which is meant to be a conversation between the teacher (or director) and the parent to continue to develop their critical partnership. The Keystone STARS Performance Standards require this type of meeting within 60 days of enrollment.

Depending on the parent and where they lead the conversation, you may not use all of these questions, or you may come up with some on your own! Remember that this is only a guide, and you need to tailor your questions to the child's age and situation. Please be sure to keep notes of your meeting along with this form in case you need to reference your notes at a later date.

Child's Name: _____

Names of Meeting Attendees: _____

Meeting Dates: Enrollment: _____ **Getting to Know You:** _____

If "Getting to Know You" meeting was refused: 1. Date of refusal by parent: _____

2. Attach a list of the information that you shared in written form.

Questions that might be asked at enrollment:

Family Composition Questions:

- Tell me about your household. (neighborhood, who lives there, names and relationship to child)?
- Does your child have any parents that do not live in the home?
 - Does your child visit this parent?
 - Are there any custody issues that we should discuss?
- Does your child have any siblings (names and ages)?
- Does your family have any pets?
- Does your child respond to any nicknames? Does your child have any nicknames for family members?
- Is there any other information about your family's composition that you would like to share?

Child Information

- Has your child been in an early learning program or child care before?
 - If yes, would you share some information with us? (Where? When? For how long?)
 - What kind of care (family day care home, relative/neighbor care, group, center)?
 - Is there a reason for leaving that program that you would like to share with me?
 - Do you have any of your child's records from that program?
 - How did your child react to other children and adults?
- 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 know about?
- Does your child do any of the following:
 - Nail biting?
 - Thumb sucking?
 - Stuttering?
- Any special needs (medical, developmental, social, mental health)?
 - Do any of these special needs require special care by our teachers?
 - Does your child have an IEP (Individualized Education Plan) or ISFP (Individualized Family Service Plan)?
 - If so, we would like a copy of the plan so we can provide the best possible learning experience for your child.
 - What program or individuals work with your children in regards to these special needs? Would you sign a release of information with them so they can speak with us about how to provide enhanced support to your child?
- Does your child have any allergies?
 - Food Allergies
 - Environmental Allergies
 - Allergies to medicine
- How are your child's allergies treated?
- Do you have any special medical or dietary information for management in an emergency situation (medicine to keep on hand, people to call, etc.)?
- Any other medical or special needs?
- Describe your child's schedule:
 - Normal bedtime, waking time, nap time and duration
 - Meal times
 - Does your child have a different schedule at any other child care settings (babysitter, relative/neighbor care, school)?
- 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?
- Other required DPW (or other agency) required forms and signatures will be used in conjunction with some of these questions.
- Is there information that will help us make the first few days in our program easier for your child?
- Is there other information you would like to share?

**INDIVIDUALIZED EDUCATION PLANS (IEP) &
INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP)
INFORMATION SHEET
(Optional Tool)**

Because of the diverse set of needs of the children in your program, it is important to gather as much information about the best ways to educate each child. IEP's and IFSP's are created by service providers working with children with special needs and include this information. The Keystone STARS Performance Standards therefore require each early learning provider to request copies of IEP's and IFSP's for the children in their care. This request should be made as early as possible. There are many ways to make this request, and the "sign off sheet" sample below is one example. Other possibilities include asking during the enrollment meeting and including the request with the Parent Handbook. Because of the importance of the IEP/IFSP to a child's learning, the program should have a copy before the child begins to attend, if possible.

The information found on an IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPAA). Releases of information may also be required to speak to members of a child's treatment team. Professional development regarding privacy issues, and HIPAA in particular, is highly recommended.

Sample Parent Sign-off Sheet

Child's Name: _____

Your child's growth and development is measured with developmental 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 that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

- I am providing a copy of my child's IEP or IFSP.
- I am not providing a copy of my child's IEP or IFSP and/or this is not applicable to my child.

Signature: _____ **Date:** _____

Printed Name: _____

**Instructions For Completing the CACFP
Child Care Center Meal Benefit Income Eligibility Form**

Follow these instructions, if your household gets SNAP, TANF or FDPIR:

Part 1: List all enrolled children and household members.

Part 2: List the case number for any household members (including adults) receiving **State SNAP** or **State TANF** or **FDPIR** benefits.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 6: Answer this question if you choose.

FOSTER CHILDREN HOUSEHOLDS, will follow these instructions:

A Meal Benefit Form is not required to be completed. Contact the center at [insert sponsor telephone number]; OR

If some of the children in the household are foster children:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [your school, homeless liaison, migrant coordinator]. If not, skip this part.

Part 4: Follow these instructions to report total household income for this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got for the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if she/he doesn't have one.

Part 6: Answer this question if you choose.

Child and Adult Care Food Program Child Care Center Meal Benefit Income Eligibility Form

Part 1. All Household Members

Name of Enrolled Child(ren):		
Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.
 NAME: _____ CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [Your center director, Homeless Liaison, Migrant Coordinator at Phone #] Homeless Migrant Runaway

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income) <i>(Example)</i> Jane Smith	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign Here: _____ Print Name: _____
 Date: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____
 Last four digits of Social Security Number: * * * - * * - _____ I do not have a Social Security Number

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity: _____ Mark one or more racial identities: _____

**Child and Adult Care Food Program
Child Enrollment Form (Sample)**

Sponsor/Center Name: _____
Agreement #: _____

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE (SAMPLE)

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"/> 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"/> TUESDAY	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours									
BIRTH DATE	<input type="checkbox"/> WEDNESDAY	Other:									
AGE	<input type="checkbox"/> THURSDAY	Enrollment Date: _____ Withdrawal Date: _____									
SECOND CHILD	<input type="checkbox"/> Same as Above										<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	<input type="checkbox"/> MONDAY	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours									
BIRTH DATE	<input type="checkbox"/> TUESDAY	Other:									
AGE	<input type="checkbox"/> WEDNESDAY	Enrollment Date: _____ Withdrawal Date: _____									
THIRD CHILD	<input type="checkbox"/> Same as Above										<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	<input type="checkbox"/> MONDAY	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours									
BIRTH DATE	<input type="checkbox"/> TUESDAY	Other:									
AGE	<input type="checkbox"/> WEDNESDAY	Enrollment Date: _____ Withdrawal Date: _____									

Signature _____ Date _____ Telephone Number of Parent or Guardian _____
 Signature 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.

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

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

CHILD AND ADULT CARE FOOD PROGRAM ENROLLMENT FOR INFANTS

Directions: This enrollment supplement must be completed for all infants in care at the time of enrollment to determine responsibility for providing infant formula as part of the Child and Adult Care Food Program (CACFP). Please have the parent sign and date two forms. Send one to your sponsoring organization and keep the other as part of the infant's enrollment file.

Infant Name: _____ Date of Birth: _____

Home/Center Site: _____

Home/Center will offer the following iron-fortified formula: _____

PARENT CHOICE: (Please check one)

The Center/Home will furnish infant's formula.

The Parent will furnish the infant's formula/breast milk.

Indicate Type of Formula or Breast Milk

If the above type of formula does not meet CACFP requirements, please attach a copy of the physician's medical statement recommending this type of formula.

Are there any special circumstances or conditions indicated by the infant's physician?

As the parent of the above-named child, I understand that I may change my decision regarding furnishing infant formula with proper notice.

Parent's Signature

Date

Signature of Center Director/Home Provider

Date



Please fill out the Infant Intake form below. This form will help us better understand the needs of your infant so that we can provide the best level of care.

Bottles: ___ Cold ___ Room Temp. ___ Warm

Burping: How Often? _____

Food (If Applicable)

Cereal: ___ No ___ Yes If so, how much? _____

Fruit: ___ No ___ Yes If so, how much? _____

Vegetables: ___ No ___ Yes If so, how much? _____

Meats: ___ No ___ Yes If so, how much? _____

Times:

Bottles: _____

Cereal: _____

Food: _____

Sleeping:

Times: _____

How to put to sleep: _____

Position: _____

Binky: ___ No ___ Yes If yes, then when? _____

Likes/Dislikes

Swing ___ No ___ Yes

Bouncy Seat ___ No ___ Yes

Floor ___ No ___ Yes

Activity Center ___ No ___ Yes

Additional Comments: _____

Thank you,

The YMCA Younger Years Staff