

# WELCOME TO GROWING KIDS LEARNING CENTERS



## Instructions for Completing the Enrollment Forms

At **Growing Kids**, our enrollment forms can be completed by hand or online. For many parents, the online option is typically easier and more convenient.

- **Adobe Acrobat Fillable Form** – you should be able to complete the enrollment forms from any device that support PDF forms. Let us know if you have any difficulty.
  - Please provide all the information requested on the enrollment forms. Even though a line may not be a “required field” on the form, we still need the information to provide great care and comply with child care center licensing requirements.
- **Signatures Electronic or Manual** –
  - The forms can be fully completed online including electronic signatures. This may require you to create a signature account. Once complete, the forms can be emailed back to **Growing Kids**, saving you a trip to the center.
  - The forms can be completed online and printed for manual signature if that option is easier for you. The signed hardcopies will then need to be returned to the center before your child’s first day.
- **Updating Your Child’s Information Later** – Often information on your child’s enrollment form has to be updated. Examples include new phone numbers or work information, or changes in authorized pick-up people, etc. This is easier with online forms if you save a copy of the PDF. Simply make the change to the original form, resave the updated forms and resend to **Growing Kids**. The signature on each page locks that page. Clear the signature to allow changes.
- **Re-Enrollment or Multiple Children** – Save the PDF for the first child or original enrollment. You can use it as a starting point, make the necessary changes at re-enrollment time or for additional children to save time. The signature on each page locks that page. Clear the signature to allow changes.
- **First Question!** – Which center are you enrolling in? 
  - **Important! Please answer this question before printing out the forms.**

**Questions – Don’t hesitate to ask.**

**Thanks again and welcome to **Growing Kids**.**

# ENROLLMENT AGREEMENT



Welcome to the **Growing Kids** family. We are excited to get to know you and your child. The enrollment forms help us to have the information we need and the information to comply with licensed child care center rules. If you have any questions about the Enrollment process or your first few weeks of school, please don't hesitate to talk the center director or other front desk staff.

## Child and Family Information

Exp. Start of Care: \_\_\_\_\_

Child Name: \_\_\_\_\_ Nick name: \_\_\_\_\_

Child's Parents:  Single  Married  Other \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

Child Lives with:  Mother  Father  Other \_\_\_\_\_

## Child's Schedule

Indicate below the normal **days and hours** your child is in care, and the **meals received** while in care.

Child's typical daily attendance schedule (e.g. 7:30 - 5:30pm)	Monday	Tuesday	Wednesday	Thursday	Friday	
Check (✓) the meals your child normally receives while in care	<input type="checkbox"/> AM Snack	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Afternoon Snack	<input type="checkbox"/> Dinner	<input type="checkbox"/> Evening Snack

## Infants Only Section

I **accept** the center provided infant formula: **Gerber Good Start Ready To Feed Formula (iron fortified)**

OR  I **decline** the center formula and will provide the following brand: \_\_\_\_\_

I **accept** the center meals and snacks.

OR  I **decline** the center meals and snacks and I will provide my child's meals & snacks.

Required information by CACFP regulations §226.15(e)(2)&(3) for each enrolled child. Must be updated **annually**.

## School Age Information

YES - My school aged child may attend outside of the hours listed above (snow days, school breaks, etc).

Does your child attend school:  Yes  No Elementary School Name: \_\_\_\_\_

School Start Time: \_\_\_\_\_ School End Time: \_\_\_\_\_ Phone: \_\_\_\_\_

Transportation provided by:  Elementary School  Parent  Growing Kids  Other \_\_\_\_\_

Days to Attend Elementary School:  Mon  Tues  Wed  Thurs  Fri

## Parents and Emergency Contacts

**Parent 1:** Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address/ City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Typical work hours: \_\_\_\_\_

**Parent 2:** Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address/ City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Typical work hours: \_\_\_\_\_

**Parent/Guardian Signature**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

# ENROLLMENT AGREEMENT



## Emergency Contact and Release Persons

These are the people who are authorized to pick up my child. Photo ID may be required at pick up. Include the information for parents as needed.

**Student Name:** \_\_\_\_\_

Contact Order	Name	Address	Relationship	Best Contact Phone Numbers & Type (ex. Cell, Work, Home, etc)	Release Only* (✓)
1	_____	_____	_____	Phone: _____ / _____ Phone: _____ / _____	<input type="checkbox"/>
2	_____	_____	_____	Phone: _____ / _____ Phone: _____ / _____	<input type="checkbox"/>
3	_____	_____	_____	Phone: _____ / _____ Phone: _____ / _____	<input type="checkbox"/>
4	_____	_____	_____	Phone: _____ / _____ Phone: _____ / _____	<input type="checkbox"/>
5	_____	_____	_____	Phone: _____ / _____ Phone: _____ / _____	<input type="checkbox"/>
6	_____	_____	_____	Phone: _____ / _____ Phone: _____ / _____	<input type="checkbox"/>

\*Release Only – Otherwise Authorized as an Emergency Contact and Release

**Any Pick Up Restrictions:** \_\_\_\_\_

List additional contacts on a separate sheet. The center requires documentation of any parental / custody restrictions.

### Child's Medical Care Providers

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Office Address: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Office Address: \_\_\_\_\_

### Child's Allergies or Emergency Medication

Allergy / Reaction: \_\_\_\_\_

If any allergies are life-threatening, please talk with the director to provide additional information.

**Any Emergency Medication?** (ex. Inhaler, EpiPen) \_\_\_\_\_

The center is able to administer some medications during the day. Please see Parent Handbook for more information. The Director is available for questions, as well.

**Parent/Guardian Signature**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

# ENROLLMENT AGREEMENT



## Parent Communication using LifeCubby online service

**Growing Kids** uses an online application called LifeCubby to document and communicate your child's development while at the center. LifeCubby replaces almost all paper messenger notes sent home. We also use LifeCubby to text and email you news about the center.

- LifeCubby will email each parent an invite to create an account.
- Teachers will post updates about your child and the classroom throughout the day. Keep in mind that the teachers post when they have time, which may be later in the day.
- More Information can be found at [www.LifeCubby.me](http://www.LifeCubby.me).

As a condition of being enrolled at the center, I accept and approve the following:

### Photos & Videos for Use on LifeCubby

Teachers will be taking both photos and videos in the classroom. I will have access to the entries that include my child. Some entries might be individualized documentation about only my child. Other entries might be about group activities that include multiple children. I will contact the school if there is a photo or video that I want removed. If I want only digital daily sheets but no photos or videos, I will let the center know. I will abide by the school's policy of no re-posting or forwarding photos or videos to other digital platforms.

### Documentation of Daily Activities and Care Events

Teachers will use center-provided computers, tablets, or iPads to post photos, videos and daily care events, such as daily activities meals, diaper changes and naps. The amount recorded daily will look different based on the child's age. The security on these devices only allow LifeCubby access – Nothing else online is permitted. My daily reports will be digital, accessible by me via my account in an app and online. I understand that when I see teachers interacting with computers, tablets or iPads in the classroom, they are performing the required duty of documentation.

### Documentation that is Sensitive or Confidential

Some of the documentation that teachers are required to maintain may be sensitive or confidential, such as medications administered or disciplinary action. I understand that teachers will need to use classroom technology for this documentation, and I will always respect the privacy of the classroom technology.

### Use of Visible Classroom Computer Screens (Documentation Stations) for the Staff

Live messaging, similar to Intercom Systems, are incorporated as a part of the LifeCubby system. An example of a live message might be an alert that will appear on the screen to remind the teachers that it is time to administer medication for a student. I understand the confidential nature of such an alert message, and will not violate the privacy rights of that child and parents. I understand and agree to the following: If what is on the screen does not pertain to me or my child, it is none of my business and I will ignore it. To keep the focus on the class, our teachers will not be responding to live messaging from parents throughout the day. You may call the office if you need to be in touch with them.

I already have a LifeCubby Account (ex. from a prior child care provider).

By signing the permission slip, I understand and agree to the terms listed above and the use of LifeCubby for my child at my child's school.

**Parent/Guardian Signature**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

# ENROLLMENT AGREEMENT



## Tuition, Fees, and Daily Procedures.

**Registration, Weekly Tuition, and Other Fees** – A registration fee will be charged upon enrollment and every August thereafter. Weekly tuition will be charged the beginning of each week on Monday.

- School-age camp programs may have an activity fee, which will be announced.
- A Late Pick Up fee of \$5 is charged for every 15 minutes that a child is picked up after that child's scheduled pick-up time. Late Pick Up charges are payable immediately.
- A service fee of \$25 is charged for all returned payments.
- Your child's registration fee and weekly tuition will be the current rate for that program. Your child's program will change over time as your child progresses to different age groups, and/or your child's schedule changes. The center director has the current tuition rate information. Rates subject to change with reasonable notice.
- All fees subject to change with 30-days' notice.

Enrollment Program and Schedule (ex. Preschool 5 Full Days) \_\_\_\_\_

Registration Fee Due at Enrollment:

\$ \_\_\_\_\_

Weekly Tuition if paid in full on Monday **with AutoPay discount**:

\$ \_\_\_\_\_ /week

Regular Tuition Rate (no AutoPay Discount applied):

\$ \_\_\_\_\_ /week

**Discounts** - **Growing Kids** offers a variety of tuition discounts, applicable to different groups and different situations. Please see the front desk for any current discount offers that may be available to you.

- AutoPay Discount – **Growing Kids** offers an AutoPay discount for those families who enroll in our ACH payment program and whose balance is paid in full each Monday morning. An AutoPay enrollment form is attached.

**Payment** – All payments are due each Monday morning for that week. Advance payment for future weeks is also accepted. All payments are non-refundable. Preferred forms of payment are debit cards, most credit cards, and ACH transfer from bank checking or savings accounts. Non-payment of tuition can terminate enrollment.

- Tuition is due regardless of illness, absence, or emergency closure, except for COVID-related absences as described below.
- COVID Tuition Relief – During the COVID pandemic, **Growing Kids** offers tuition credit when a child is required to isolate from **Growing Kids** due to COVID contact tracing at **Growing Kids**, when the classroom or center is closed due to COVID (positive cases, contact tracing, or other reason). Tuition relief is not available if a child has to isolate due to contact tracing from outside **Growing Kids**.
- Responsible for any balance due – The parent(s) signing below is responsible for paying any balance due, including any balance remaining after child care voucher, other 3rd party reimbursement, or any other outside source. Parents are responsible for communicating with the center any change in their agency status (ex. Childcare voucher).

**Holiday Schedule** – The center will be closed the following 6 holidays (or the closest weekday) – New Year's Day, Memorial Day, July 4, Labor Day, Thanksgiving, and Christmas. Regular tuition is still due for these weeks. Evening care schedule may be adjusted as well.

**COVID Polices / Procedures** – Due to the COVID pandemic, policies and procedures may need to be implemented or changed based on recommendations from national and local health authorities. We require all parents to cooperate with these health and safety requirements.

**Daily Sign In/Out Process and Building Access** – For the children's safety, we require parents to record their child's attendance using the center's sign in/out procedure (which will be explained at enrollment). Further, parents should not share their building access information with others.

**Parent/Guardian Signature**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

# ENROLLMENT AGREEMENT



## Additional Information to Provide or Complete

- Proof of Age – Child Care licensing requires parents to provide proof of age for each child (ex. A copy of each child's birth certificate or other legal proof of age). **Growing Kids** can make copies, if convenient.
- AutoPay Enrollment Form (attached) – Optional
- Child Health and Immunization Form (attached) – To be completed by your child's health care provider.
- Child Profile (attached) – This helps us better understand your child and family.
- CACFP Food Program Nutrition forms (attached) – Regardless of income, every family's participation helps provide healthier meals and snacks. If you have any questions, please ask the center.

### INFANT – Additional Information for Infants

- Breast Milk Procedure – To be signed by parent. Available at [www.GrowingKids.com/parent-resources/](http://www.GrowingKids.com/parent-resources/)
- Infant Feeding Plan - To be signed by pediatrician. Available at [www.GrowingKids.com/parent-resources/](http://www.GrowingKids.com/parent-resources/)
- Safe Sleep Precautions – To be signed by parents. Available at [www.GrowingKids.com/parent-resources/](http://www.GrowingKids.com/parent-resources/)

### School-Age Students

- Transportation Permission To/From Elem. School. Available at [www.GrowingKids.com/parent-resources/](http://www.GrowingKids.com/parent-resources/)
- Field Trip Transportation. Available at [www.GrowingKids.com/parent-resources/](http://www.GrowingKids.com/parent-resources/)

## Authorization, Consent, and Waiver and Release of Liability

I am the parent or legal guardian of \_\_\_\_\_, a minor child, and I agree to the following on behalf of myself and my child: (Child's Name)

Please Initial

**Consent to Report** – I give my permission for **Growing Kids** to report the name and birthdate of my child to the Division of Family and Children, pursuant to IC 12-17.2-2-1.5. This is optional for parents.

**Emergency Medical Treatment of a Minor** – In case of emergency requiring a dentist's or physician's care, I understand that the center staff will attempt to contact me immediately. I authorize **Growing Kids** Learning Center to transport my minor child and to consent to any necessary medical examination, diagnosis, and care, including but not limited to surgery or other form of treatment, for my minor child, under the general supervision and on the advice of any physician licensed to practice in Indiana. I authorize the center to share medical information with health care providers as necessary. This authorization is for emergency purposes only, and I understand and agree that **Growing Kids** Learning Center will have the sole discretion to decide whether an emergency exists for purposes of this authorization.

**Photo and Video Release (Separate from LifeCubby)** – I authorize **Growing Kids** Learning Center and its owners, employees, or agents to photograph and record (video and audio) my child and use any photographs, video and audio recordings for any lawful purpose related to **Growing Kids** Learning Center's business, including advertising and publicity. I understand that **Growing Kids** Learning Center will not associate the photographs or video or audio recordings with my child's full name unless I first give written consent.

**Receipt of Growing Kids Parent Handbook** – I have received, read, and understand the **Growing Kids** Learning Center Parent Handbook that was made available to me upon enrollment.

**Parent/Guardian Signature**

\_\_\_\_\_

**Date:**

\_\_\_\_\_

# ENROLLMENT AGREEMENT



As a condition of enrollment, I accept the following:

**Authorized Pick Up** - **Growing Kids** Learning Center will only release my child to me or to a person that I name, using the check in and check out process provided by the center. Both I and any person whom I have named are responsible to inform a member of the **Growing Kids** Learning Center staff of my child's arrival and departure. I will not share access codes, computer passwords, or other security measures with anyone unless I have written authorization from **Growing Kids** Learning Center in advance.

**Non-Solicitation** – While I am using the services of **Growing Kids** Learning Center and for six (6) months thereafter, I agree not to solicit or retain any **Growing Kids** Learning Center employee to provide services for me or any member of my family that are the same as or similar to the services that **Growing Kids** Learning Center provides.

**Agreement to Pay Tuition** – I have read and signed a Tuition Agreement that specifies the tuition amount and the frequency of payments to **Growing Kids** Learning Centers for services rendered. I agree to pay all amounts owed according to the terms and conditions of my Tuition Agreement. Failure to pay tuition may result in suspension or termination of services.

**Acknowledgements and Assumptions of Risks Related to COVID-19** – The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is reported to be extremely contagious. The state of medical knowledge is evolving, but the virus is believed to spread from person-to-person contact and by contact with contaminated surfaces and objects, and even possibly in the air. People reportedly can be infected and show no symptoms but still spread the disease. The exact methods of spread and contraction are unknown. Evidence has shown that COVID-19 can cause serious and potentially life-threatening illness and even death. I understand that **Growing Kids** Learning Centers cannot prevent me or my child from becoming exposed to, contracting, or spreading COVID-19 while using the company's services or premises. It is not possible to prevent the presence of the disease with absolute certainty. Therefore, if I choose for myself or my child to enter **Growing Kids** Learning Center's premises or to use **Growing Kids** Learning Center's services, I may be exposing myself and my child to COVID-19 and increasing our risk of contracting or spreading COVID-19. On behalf of myself and my child, **I KNOWINGLY AND VOLUNTARILY** choose to accept and assume the risk of contracting COVID-19 in order to utilize **Growing Kids** Learning Center's services.

**Waiver and Release of Liability** – To the fullest extent permitted by applicable law, and on behalf of myself, my child, and my other family members, heirs, next of kin, assignees, executors, successors, and administrators of my estate, I fully, finally, and forever release, discharge, hold harmless, and covenant not to sue **Growing Kids** Learning Center and its officers, directors, agents, employees, shareholders, insurers, attorneys, and representatives (collectively referred to as the "Released Parties"), individually and collectively, as to any all claims for personal injury or death, property damage, medical expenses, economic loss, claims, other damages, expenses, costs, fees, and other liabilities of any kind or nature, including without limitations attorneys' fees and court costs, arising out of or related to any or all of the following: (a) the business use or publication of photographs or video or audio recordings containing my child's image, likeness, or depiction, including but not limited to claims arising out of or related to invasion of privacy, appropriation of name, likeness, or image, public disclosure of private facts, false light, intrusion, defamation, infliction of emotional distress, rights of publicity, negligence, or copyrights, or any claim for compensation of any kind for the use or publication of the photographs or video or audio recordings; (b) services performed by **Growing Kids** Learning Center employee whom I retain directly, and not through **Growing Kids** Learning Center, to provide childcare services at a location other than a **Growing Kids** Learning Center facility; and (c) the actual or potential exposure to, infection with, or spread of any disease, **including but not limited to COVID-19**. This release applies to any and all claims, demands, causes of action, suits at law or equity or otherwise, whether known or unknown, and liability of any kind or nature whatsoever, including, but not limited to, liability for damages arising from or related to the negligence of any Released Party, any customer, my child, or myself, that are described above and that I am permitted to release pursuant to applicable law.

**I HAVE READ THIS RELEASE, AND I KNOWINGLY AND VOLUNTARILY AGREE TO ITS TERMS.**

**Parent/Guardian Signature**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

# AUTOPAY TUITION DISCOUNT REGISTRATION FORM



**Growing Kids** is proud to offer the AutoPay Tuition Discount. Families who are enrolled in AutoPay receive a discount on weekly tuition when their account is paid in full on Monday. This program automatically charges your bank account, debit or credit card each week for recurring and incidental charges using an authorized ACH payment. We can offer this benefit due to administrative efficiencies and pre-payment. Accounts with manual payments or third-party payments or payments that are not pre-pay (like child care vouchers or corporate post-pay plans) are not eligible for this benefit.

Child Name:  Center:

Payer Name:  Phone Number:

Email Address:  Receipt Required:  Yes  No

Address:

## Checking / Savings Account Payments

I authorize **Growing Kids** to initiate withdrawals from my checking or savings account for recurring and incidental charges at the financial institution listed below in payment of my account. This authority will remain in effect until 5 days after I provide written notice to cancel it.

Bank Name:

Bank Address:

Transit / ABA#:

Account #:

Account Type:  Checking  Savings Starting Date:

## Debit / Credit Card Payments

I authorize **Growing Kids** to initiate charges to my credit or debit card listed below in payment of my account for recurring and incidental charges. This authority will remain in effect until five days after I provide written notice to cancel it.

Card Type:  VISA  MASTERCARD  DISCOVER

Card #:  Expiration

## No, thank you

I prefer not to participate in the AutoPay program at this time. I understand that I will not receive the AutoPay discount from the standard tuition rate unless I choose to participate in the program.

Payer Signature:

Date:

## For Office Use Only

Center:  Child's Name:

Tuition:  AutoPay Start Date:



# CHILD CARE CENTER HEALTH RECORD



Child's Name (last, first)  Date of Birth  Admission Date

Address

Child lives with (relationship)  Name  Telephone Number

## Medical History

Communicable Disease	Month / Year	Condition / Explain if Present
<input type="text"/>	<input type="text"/>	Allergies: <input type="text"/>
<input type="text"/>	<input type="text"/>	Handicapping Conditions: <input type="text"/>
<input type="text"/>	<input type="text"/>	
Screenings	Result / Date (mm/dd/yyyy)	Other: <input type="text"/>
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	

## Physical Examination

Date of Exam:  Age of child:

Skin  Heart

Lymphnodes  Lungs

Eyes  Abdomen

Ears  Genitalia

Nasopharynx  Skeleton

Teeth and Mouth  Other:

Note any unusual findings:

Does this child have any health condition that would be hazardous to the child or to other children in a group setting as a result of participation in normal activities (including sports)?  Yes  No

If yes, what modifications of normal activities would be necessary to protect the child and the child's classmates?

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities?  Yes  No

Explain:

(Over)

# CHILD CARE CENTER HEALTH RECORD



## History of Immunizations and Tests (indicate month/day/year)

	1	2	3	4	5	
<b>DTaP/DT</b>						
	1	2	3	4		
<b>Hib</b>						
	1	2	3	4	5	
<b>IPV (Polio)</b>						
	1	2	3	4	5	
<b>Influenza (Flu)</b> Recommended yearly						
	1	2				
<b>Measles, Mumps, Rubella (MMR)</b>						
	1	2	3			
<b>Rotovirus (RGE)</b>						
	1	2				
<b>Varicella / Varivax</b>						<b>Month/Year</b>
	1	2	3	4		
<b>Pneumococcal (PCV) (Pevnar)</b>						
	1	2				
<b>Hep A</b>						
	1	2	3			
<b>HBV (HEP B)</b>						

Name of physician completing form (please print)

Telephone Number

Signature of physician

### Additional Notes and Instructions

# CHILD PROFILE



## Child Information

Child's Full Name:  D.O.B.   
Name Child is Called   Male  Female

## Background Information

List all persons living in the household (Name, Relationship to Child, Age)

Name	Relationship to Child	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Does your child live at one house or share time (ex. Other parent, grandparent, etc)?

Please describe child's previous child care experience.

Who else cares for your child?

What would you like most for your child to experience with us?

## Developmental History / Communication

Language(s) spoken at home?  Primary Language

Any speech delays / difficulties?

Any developmental services (First Steps, speech, hearing)

Please mark the skills your child has reached -

- Crawl       Walk (more than 5 steps on own)       Put on shoes       Tie shoe  
 Button       Buckle       Zip zipper       Dress self       Feed self

Any additional medical or physical needs?

## Toilet Training - Please mark

Child is in a  Diaper       Pull-up       Training Pants       Underwear

Child is successful on the toilet  Always       Urinating       BM

If not, when would you like to start toilet training:

Child stays dry  All Day       Through Nap       Through Night

Child will go to toilet  By Self       When Asked

## Sleep Habits

Approximate Bedtime / Wake up Time  Share a room?  Sleep in  Bed or  Crib

What is child's general mood upon awakening?

What helps your child fall asleep?

Does your child take naps  Yes  No      How Long?

# CHILD PROFILE



## Eating Habits

Favorite foods

Foods disliked

List any foods child cannot eat (Must have a Doctor's note)

*Please complete a CACFP Special Dietary Form, subject to CACFP guidelines and available substitutions. Form attached at the end.*

Child drinks  Breast Milk  Formula  1% milk  Whole Milk  Other

Does child drink from a bottle?  Use a sippy cup?  Open cup?

Eat table food?  Use a pacifier?  Suck Thumb?

*Parents of infants must complete the enclosed Feeding Plan and have it signed by child's doctor.*

## Social and Emotional Behavior/Experience

What makes your child happy?

What are your child's favorite toys?

Does your child have any pets (name/type)?

Does child pick up toys after playing?

With what age group does child usually play?

How does your child relate to new people?

What upsets your child and how does your child behave when upset?

How do you discipline at home?

How best would you describe your child's disposition?

Additional information or comments:

**Parent Signature**

**Date:**

# GROWING KIDS LEARNING CENTER SPECIAL DIETARY NEEDS FORM



Complete and submit this form to the front office. The parent/guardian will complete part 1 and 2, and the physician or medical authority (physician's assistant or nurse practitioner) will complete part 3. Refer to the information below for clarification. Attach a sheet with additional information if necessary. If changes are needed, the parent/guardian is required to submit a new form.

## GUIDANCE

### **Disability:**

USDA requires substitutions or modifications in CACFP meals for participants whose disabilities restrict their diets. The definition of the term "disability" has broadened and nearly all physical and mental impairments constitute a disability.

Section 504 of the Rehabilitation Act, the Americans with Disabilities Act, and Departmental Regulations at 7 CFR Part 15b define a person with a disability as any person who has a physical or mental impairment which substantially limits one or more "major life activities," has a record of such impairment, or is regarded as having such impairment. (See 29 USC § 705(9)(b); 42 USC § 12101; and 7 CFR 15b.3.) "Major life activities" are broadly defined and include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. "Major life activities" also include the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. (See 29 USC § 705(9)(b) and 42 USC § 12101.)

A physical or mental impairment does not need to be life threatening to constitute a disability. It is enough that the impairment limits a major life activity. Further, an impairment may be covered as a disability even if medication, or another mitigating measure, may reduce the impact of the impairment.

Forms or medical statements for disabilities must be signed by a licensed physician, physician's assistant or nurse practitioner and must identify: the child's medical condition; an explanation of why the disability restricts the child's diet; the major life activity affected by the disability; the food or foods to be omitted from the child's diet, and the food or choice of foods that must be substituted.

### **Special Dietary Needs That Are Not a Medical Condition:**

Food service may make food substitutions, at their discretion, for individual children who do not have a disability/medical condition, but who have special dietary needs for other reasons such as religious, cultural, or other preferences. CACFP participating organizations are encouraged to accommodate reasonable requests, but are not required to do so. For these requests, the form may be signed by a parent/guardian/adult participant.

The form should include: an identification of the special dietary need that restricts the diet; the food or foods to be omitted; and the food or choice of foods to be substituted.

# GROWING KIDS LEARNING CENTER SPECIAL DIETARY NEEDS FORM



## Part 1. To be completed by a Parent, Guardian, or Authorized Representative

Participants' Name:  Birthdate:

Parent/Guardian/Authorized Representative name:

Home Phone:  Work Phone:

Address:

City:  State:  Zip:

## Part 2. Special Dietary Need that is not a Medical Condition

Describe the participant's special dietary need:

Foods to be omitted:

  
  
  
  

Substitutions:

  
  
  
  

Please list additional information regarding the diet:

Parent/guardian/adult participant/rep. of adult participant signature  Date

## SAFE TRANSPORTATION OF FOOD RESPONSIBILITY (accommodation for Special or Disability dietary needs)

Food must be brought to the facility in clean, insulated, sanitizable containers, which keeps cold food at 41° F or below and hot food at 135° or above. Containers must be clearly labeled with the child's name and date of preparation with ready to serve food (no access to be heated) containing meal pattern components.

Upon receiving the food from the parent, **Growing Kids** shall verify the condition of food. When potentially hazardous food temperature is not correct, the center will not accept the food.

Upon accepting the food, the facility shall maintain correct food temperatures until served.

# GROWING KIDS LEARNING CENTER SPECIAL DIETARY NEEDS FORM



## PARENT AGREEMENT

I,  will provide food for   
(Parent's name) (Child's name).

I take full responsibility for the safety of my child's food during preparation, storage, and transportation to the facility.

**Parent's Signature:**  **Date:**

## Part 3. Disability/Medical Condition

Describe the patient's medical condition and the major life activities that are affected:

Foods to be omitted:

  
  
  
  

Substitutions:

  
  
  
  

Please list additional information regarding the diet (including texture changes such as chopped, ground, pureed, etc.):

Licensed physician, physician's assistant, or nurse practitioner signature  Date

Printed name and title  Telephone

# CACFP Meal Benefit Income Eligibility

Sponsor Name:

APPLY ONLINE: Insert URL Here

Complete one application per household. Please use a pen (not a pencil). Center Name:

## STEP 1 List ALL children or adults in day care (if more spaces are required for additional names, attach another sheet of paper)

Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.  
Children in Head Start are eligible for free meals if an approved head start application or statement of enrollment is attached.

Participant's First Name	MI	Participant's Last Name

Foster Child	Migrant	Runaway	Homeless	Head Start
<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"/>	<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"/>	<input type="checkbox"/>

Check all that apply

## STEP 2 List the following assistance programs any household member participates in - for child care: SNAP, TANF, or FDIPIR, or for adult daycare: SNAP, FDIPIR, SSI, or Medicaid

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER: \_\_\_\_\_

Write only one case number in this space.

## STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.  
The "Sources of Income for Children" chart will help you with the Child Income section.  
The "Sources of Income for Adults" chart will help you with All Adult Household Members section.  
Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all child Household Members listed in STEP 1 here.

Child Income \$ \_\_\_\_\_

How often?  
Weekly  Bi-Weekly  Monthly  Annually

**B. All Other Household Members (Including yourself)**  
List all adult Household Members (including yourself) as well as any children not listed in STEP 1 even if they do not receive income. For each person listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars. If they do not receive income from any source, you must write '0' - do not leave blank. If you enter '0', you are certifying that there is no income.

Name of Household Members (First and last)	Earnings from Work	How often?				Welfare/Child Support/Alimony	How often?				Pensions/Retirement/Social Security/SSI/VA Benefits	How often?			
		Weekly	Bi-Weekly	Monthly	Annually		Weekly	Bi-Weekly	Monthly	Annually		Weekly	Bi-Weekly	Monthly	Annually
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults)   Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member              Check if no SSN

## STEP 4 Contact information and adult signature. SUBMIT COMPLETED FORM TO THE DAY CARE AT:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Adult Signing the Form	Signature of Adult	Today's Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State Zip Phone/Email



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

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li>Net income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

**OPTIONAL** Participant's Ethnic and Racial Identities (Optional)

We are required to ask for information about the participant'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 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 you 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.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.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](mailto:program.intake@usda.gov)  
*This institution is an equal opportunity provider.*

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

**DO NOT FILL OUT** Sponsor use only - The Determining Official's dated signature is required

**Annual Income Conversion:** Weekly x 52, Every 2 Weeks x 26, Monthly x 12 (required if earnings are in more than one frequency type)

Use this space for income calculations:

Total Income	How often?	Household size	Categorial Eligibility	Free	Reduced	Paid	Tier I	Tier II
<input type="text"/>	<input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Monthly <input type="radio"/> Annually	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Determining Official's Signature (required)	Date (required)	2nd Official's Signature	Date	3rd Official's Signature		Date		

## CACFP Meal Benefit Income Eligibility Form Instructions

The Child and Adult Care Food Program (CACFP) makes good food a regular part of 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 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:

### Growing Kids

#### Step 1:

List everyone from your household attending the day care. Use one line for each person's name. Write one letter in each box. Stop if you run out of space. If there are more than five people, 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:

For Childcare: 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).

For Adult Daycare: You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), Supplemental Security Income (SSI), or Medicaid benefits.

Do any household members, including you, currently receive these benefits? 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. 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 the adults in your household, including you, even if each of you doesn't receive income. Include 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:**

<b>If:</b>	<b>Then:</b>
<b>Your income isn't always the same</b>	<b>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.</b>
<b>Your household includes members who aren't citizens</b>	<b>Participants don't have to be U.S. citizens to qualify for meal benefits.</b>
<b>You are in the military</b>	<b>Don't include your Family Subsistence Supplemental Allowance (FSSA), combat pay, or the money you receive for privatized housing. If deployed, count any pay that is provided to your household as income.</b>

**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:** We ask about the participants' 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

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CACFP Meal Benefit Income Eligibility Form  
**Letter to Household (Non-Pricing Centers)**

7/1/2021

Dear Households:

Growing Kids offers healthy meals and snacks to everyone in care as part of the Child and Adult Care Food Program (CACFP). Growing Kids 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, 2021 - June 30, 2022		
Household size	Yearly Income	Monthly Income
1	23,828	1,986
2	32,227	2,686
3	40,626	3,386
4	49,025	4,086
5	57,424	4,786

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

Lauren Erdmann; 3212 Elkhart Rd, Goshen, IN 46526

Thank you for taking the time to fill out the form.

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 Lauren Erdmann at (574)875-8005 or [Director.goshen@growingkids.com](mailto:Director.goshen@growingkids.com)

Sincerely,

*Lauren Erdmann*

Director

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