

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"/> Afternoon Snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> Dinner	<input type="checkbox"/> Lunch <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.

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/
- Infant Feeding Plan - To be signed by pediatrician. Available at www.GrowingKids.com/parent-resources/
- Safe Sleep Precautions – To be signed by parents. Available at www.GrowingKids.com/parent-resources/

School-Age Students

- Transportation Permission To/From Elem. School. Available at www.GrowingKids.com/parent-resources/
- Field Trip Transportation. Available at 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	
DTaP/DT						
	1	2	3	4		
Hib						
	1	2	3	4	5	
IPV (Polio)						
	1	2	3	4	5	
Influenza (Flu) Recommended yearly						
	1	2				
Measles, Mumps, Rubella (MMR)						
	1	2	3			
Rotovirus (RGE)						
	1	2				
Varicella / Varivax						Month/Year
					Or Chicken Pox Disease	
	1	2	3	4		
Pneumococcal (PCV) (Prevnar)						
	1	2				
Hep A						
	1	2	3			
HBV (HEP 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:

<input type="text"/>	<input type="text"/>

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