

CHILD ENROLLMENT FORM

Date: _____

Name of child: _____
Last First M.I.

Date of birth: _____ Home Phone: _____

Home address: _____

Mother's name: _____ Cell Phone: _____

Mother's Email: _____ Work Phone: _____

Mother's Employer: _____ Employer's Address: _____

Father's name: _____ Cell Phone: _____

Father's Email: _____ Work Phone: _____

Father's Employer: _____ Employer's Address: _____

Marital status: (circle one) Married Separated Divorced Single

Custody arrangements (please attach a copy): _____

PLEASE NOTE: Both custodial/legal parents are allowed access to the child's school records upon request.
Court documentation must be provided if there is any reason for records to be withheld.

Other parent (step, etc.): _____

Other family members living in the home:

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Name _____ Relationship _____ Age _____

Circle days child will attend: M T W R F

Beginning date: _____

Usual arrival time: _____

Usual departure time: _____

AUTHORIZATION FOR PICK-UP

Child's Name: _____

DOB: _____

We will not release your child to anyone without the Parent's/Guardian's written authorization. Please remind these people to bring identification if we are not used to them picking up your child.

The following people have my permission to pick up my child:

Name _____	Father/Guardian	Phone # _____
Name _____	Mother/Guardian	Phone # _____
Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____
Name _____	Relationship _____	Phone # _____

The following people are specifically denied my permission to pick up my child from the day care ministry: A phone number is not necessary for these people.

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

Any court orders or restraining orders should be on file with the day care ministry.

Every child must be signed in and out every day they attend the day care ministry.

List two people already listed with authorization to pick up, who may be contacted in case of an emergency situation when the parent/guardian can not be reached.

Name _____	Relationship _____	Home# _____
Address _____		Cell# _____
Work Place _____		Work# _____
Name _____	Relationship _____	Phone# _____
Address _____		Cell# _____
Work Place _____		Work# _____

HELPFUL INFORMATION ABOUT YOUR CHILD

Has your child attended any other day care center or ministry? Yes _____ No _____

List your child's strongest social skill and weakest social skill.

My child's favorite game(s) is/are _____

My child's favorite toy is _____

My child's special interests are _____

My child is allergic to _____

My child has a known medical complication of _____

My child takes the following medication on a regular basis _____

My child likes the following food _____

My child does not like the following food _____

My child needs assistance with (dressing, bathroom, hand washing, eating, etc.)

My child uses the following special words for a known word _____

I want you to know the following about my child _____

MEDICAL RELEASE

If a serious emergency arises, it may be necessary for a physician to attend to your child before the staff can get in touch with your designated physician. Such care can be provided only if you sign the following **AUTHORIZATION FOR MEDICAL TREATMENT.**

I give the person in charge of my child limited power of attorney to act in my absence to see that my child, _____, gets whatever medical treatment is necessary in case of sickness or accident.

List any medical exemptions (allergies, blood transfusion, etc.) for your child's emergency care in your absence. _____

List any significant health problems. _____

List any allergies (a **Special Dietary Needs** form must be filled out by a doctor for any allergy that requires adaptation in the child's diet.) _____

Child's Physician: _____ Phone # _____
Family Health Insurance Carrier: _____
Policy #: _____

Parent/Guardian signature Date signed

PERMISSION TO GIVE CHILDREN'S TYLENOL

Occasionally a situation arises where your child might need to be given Children's Tylenol or Ibuprofen. This occurs particularly during teething times, as well as times when a child develops a fever during the day. Though we usually ask that you pick up your child when they are ill, sometimes a dose of Children's Tylenol is all that is needed to help them and they are able to stay in the child care ministry, as long as they are determined not to be contagious. We cannot give Children's Tylenol or Ibuprofen to your child without written permission from you. This is for the protection of both your child and our ministry.

Please read the following paragraph and sign it, if you give this permission. Please note that Children's Tylenol or Ibuprofen will not be given without a call to you stating the situation requiring such medication.

My child, _____, is permitted to be given Children's Tylenol or Ibuprofen as needed at Kidz First Daycare Ministry. Parent/guardian and staff will determine the need by phone for each incident.

Parent/Guardian signature Date signed

FIELD TRIP PERMISSION FORM

Child's Name: _____

Birth Date: _____ Age: _____

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Parent emergency number: _____

Parents will be given advanced notice of each date and activity/field trip.

I understand that this permission form will cover all field trip/activities that my child will be doing with Kidz First Daycare Ministry including but not exclusively, public library, swimming at Donner Pool, special events at Donner Park, movies in Columbus, and the Kid's Commons. I understand that transportation will be provided by the church van or bus and parents may accompany their child on any activity they wish.

I am reminded that upon enrollment I signed an authorization for medical treatment in the event of an emergency.

Signed: _____ Date: _____

PERMISSION TO TAKE PHOTOGRAPHS, VIDEOS AND/OR RECORD

I (print your name) _____ give my permission for my child (print child's name) _____ to be photographed, videoed and/or recorded in the following ways as they participate in class/child care ministry activities. The purpose of these photographs, videos and recordings is only to have a record of good, fun time activities while my child is at the daycare ministry. I understand that copies will be available for me to purchase if I wish to get them reproduced at my own expense.

Classroom/School Building Yes _____ No _____

Kidz First Palm Sunday/Christmas Program DVD Yes _____ No _____

Kidz First Website/Facebook
-No names will be tagged Yes _____ No _____

The Republic/Marketing Materials Yes _____ No _____

Parent/Guardian Signature Date

**NOTICE CONCERNING FIRE SAFETY
PROTECTION**

As of March 2007

Dear Parent(s) or Legal Guardian(s)

Under Indiana law, a child care ministry may choose not to provide certain fire safety protections if the parent(s) or legal guardian(s) of each child is/are notified about the absence of the fire safety protections. The purpose of this notice is to advise you that this child care ministry does not have the same level of fire safety protection as a licensed child care center. The reason you are being given this notice is that this child care ministry has chosen not to provide the form of fire warning system, such as smoke detectors or fire alarms, as is required for a licensed day care center.

I/we, the parent(s) or legal guardian(s) of _____,
Acknowledge that I/we have read and understood the above notice concerning fire safety protection.

Date

Signature

Parent's Notice

"I understand that this child care ministry is not licensed under the laws of Indiana. However, I understand that this child care Ministry must comply with the State rules concerning sanitation and fire and life safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the child care ministry."

Signature of parent or guardian

Date

Name of child enrolled

This notice does not absolve a Daycare Ministry from liability for injury to a child, while the child is at the Daycare Ministry, if the cause of the injury is negligence or intentional wrongdoing on the part of the Daycare Ministry or an employee of the Daycare Ministry.

KIDZ FIRST
Daycare Ministry
Columbus First Church of the Nazarene
1245 McClure Road, Columbus, IN 47201
Phone: 812-372-1411 Fax: 812-372-5059

Suspension and Expulsion

Kidz First Daycare Ministry strives to nurture a child's development through caring, patience and understanding. With these values in mind, we teach children developmentally appropriate ways to positively handle social and emotional situations. Through training, peer review, and mentoring, our staff has the knowledge to come alongside the children and guide them through the different stages of development. Our classroom environments are purposeful, engaging, supportive of social and emotional growth, and we celebrate diversity.

Our staff is trained in different ways that they can help children begin to understand how to self-regulate their emotions, as well as how to resolve conflicts. Even though we work with the children to strengthen their social and emotional skills, there may be times when a challenging behavior arises that could cause a serious safety threat. When these behaviors begin to arise, our staff will do the following to ensure that all children are kept safe and the best needs for all children are met.

- Our staff will be in constant communication with the family to keep them informed about all situations that happen during the day. This will be done verbally, through the 'My Day Sheets' and/or phone calls.
- If the behavior continues, our staff will begin to chart the behaviors in hopes of finding a trigger that may be causing the behavior. A member of the management team will also come to observe the class and guide the teachers in additional ways to support the child.
- If the behavior is still continuing, the staff and management team will have a one-on-one meeting with the family to form a plan for at home and at daycare. This may include getting information to families about agencies that provide services such as interventions or consultations. Any reasonable accommodations will be made for the child as needed.
- After all these steps have been taken, the management team will determine if the behavior is a serious safety threat that cannot be addressed with reasonable modifications and/or the use of positive behavior support. If there is a serious safety threat, the management team will talk with the family about finding other child care arrangements.

We understand that Kidz First Daycare Preschool and Ministry may not be the best environment for every child. With the way that Kidz First is structured, one-on-one care cannot be provided in order to give the best learning environment for the class as a whole.

I, the parent/guardian, agree to follow the structure listed above and will work with the Kidz First staff and management to obtain the best learning environment for my child and their classroom.

Parent/Guardian Signature

Date

**PARENT AGREEMENT FORM/
WEEKLY FEE SCHEDULE**

Enrollment fee (due at enrollment).....	\$ 50.00
Weekly Full Time Infant.....	\$198.00
Weekly Full Time walking child, not toilet trained.....	\$177.00
Weekly Full Time walking child, toilet trained.....	\$160.00
Weekly Part Time walking child, not toilet trained.....	N/A
Weekly Part time walking child, toilet trained.....	N/A
After School Program Part Time Rate (2-3 days/wk).....	\$ 48.00
After School Program Weekly Rate (4-5 days/wk).....	\$ 78.00
Annual Preschool Registration fee (ages 2 and up)	\$ 30.00

- I understand it is my responsibility to see that my child is signed in and out each day as well as swiped in and out at the voucher terminal if applicable. I understand that the loss of my voucher card is not a valid reason for not swiping my child in and out. In case I cannot locate my card I must know numbers to manually punch my child in and out.
- Fees are due on Monday of the current week. A \$10.00 late fee will be applied if fees are not paid by Tuesday evening.
- A \$1.00 per minute, per child, fee will be charged to parents arriving after 5:30 p.m. to pick up their child.
- A returned check for insufficient funds will be considered no payment, and you must pay the charge assessed to us by our bank as well as the late fee.
- There will not be any reduction of fees for days the daycare ministry is closed during the year.
- If it becomes necessary to close or delay opening the daycare, this information may be found by accessing any of the following media options: Kidz First Daycare Ministry and Preschool Facebook Page, email, Fox 59 TV and WRTV 6. You will also be notified of the following: a) Absence, illness, serious injury, or death of provider b) Care in an emergency c) emergency evacuation (fire, tornado), is posted in the facility where the provider operates the child care program.
- If you choose to take time off or your child is ill, you are still obligated to pay your weekly fee.
- You must give a two week notice for withdrawal of your child.
- I have read these conditions regarding my obligation to pay fees. I understand my obligation and agree to do so.
- I agree to provide the requested medical information, medication information, and immunization records required by the State of Indiana. I understand my child may be required to have a current immunization record on file within 30 days of enrollment or six months prior to enrollment. If this is not met, I understand my child will be excluded from the Daycare Ministry until these forms are provided.
- I understand that I must sign an authorization regarding any necessary medication to be given to my child and must update the authorization weekly. Any prescription medication must be brought in the original prescribed container with the original prescribed dosage and administration instructions on the container.
- I understand that I have signed a Medical Release Form allowing the Director or their designate to call for, receive, and provide for any emergency medical care. Should my child become ill or suffer an accident of a nature determined by the Ministry to require medical attention, Kidz First will attempt to contact the parent. If the parent is unavailable, the ministry representatives shall be authorized to secure medical attention and care for the child as necessary.
- I have read the Parent Handbook and agree to the policies contained within.
- I agree to keep Kidz First Daycare Ministry currently informed as to changes in telephone numbers, addresses, employment, etc... where I may be reached during the day.

PARENT SIGNATURE

DATE

PARENT SIGNATURE

DATE

CHILD IMMUNIZATION RECORD

Child's Name _____ Date of Birth _____

Parent's/Guardian's Name _____ Phone _____

Address _____
Street City State Zip

Record Date of Immunization

	1	2	3	4	5
Hep B				-----	-----
DtaP/DTP/Td					
Hib					-----
MMR			-----	-----	-----
IPV					-----
Varicella		-----	-----	-----	-----
PCV/Prevanar					-----

Child has documented history of varicella disease ___No ___Yes If yes, age _____

Please check the appropriate response
<input type="radio"/> Child has received complete age-appropriate immunizations.
<input type="radio"/> Child is currently in the process of receiving complete age-appropriate immunizations

Comments: (Please list immunizations excluded for medical reasons) _____

Signed, _____ Date _____
Health Care Provider's signature

Printed name and Title _____

This form shall be updated annually or whenever children are given new immunizations

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Dear CCDF Voucher Families:

Thank you for choosing Kidz First as your child's daycare provider. We are looking forward to watching your children learn and grow during their time here.

We would like to make you aware of a few things in regards to your vouchers.

We are a Registered Ministry which means you are responsible to pay for your child's copay and any overage rate that is listed on your voucher. These are based on the income you report to the CCDF Voucher office and not something that can be changed on our behalf.

We have 2 locations here at Kidz First. Our north location is located within the First Church of the Nazarene at 1245 McClure Rd. Our south location is located within the Columbus Childcare Center at 715 McClure Rd. Your provider page must have the correct address of the location that your child will be attending. The provider page should be filled out by a member of the management team. The swipe machines for the yellow Hoosier Works card are located at the main entrance of each of our locations.

Kidz First North- Is located on the far left side of the Parent Information bulletin board.

Kidz First South- Is located on the far right of the desk at the front entrance.

The agreement you signed with the voucher agency stated that you are responsible for recording the hours your child was actually in our care daily. This is to be done at drop off and pick up. No other swiping is allowed.

Your child has a set amount of time they are required to be in our care. If you are unaware of the hours required, please contact the voucher office at 317-535-3326. If your child is not here the allotted hours, your subsidy will be short and you will be responsible for paying the difference.

We are responsible to report any abuse of the voucher system.

By signing this letter you understand the voucher rules and agree to follow them.

Parent/Guardian Signature

Date

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SPECIAL REQUIREMENTS FORM

In the event that my child has, or should develop, special requirements for the daycare to follow, I am aware of the following information and wish to enroll my child

(Child's name)

at Kidz First Daycare Ministry and agree to hold harmless Kidz First Daycare Ministry from injury resulting in actions performed in good faith.

- Kidz First is a Registered Daycare Ministry and follows recommended guidelines of the State of Indiana for Registered Ministry requirements – including recommended ratio requirements, to the best of our ability - as well as dietary requirements provided by the Indiana Department of Education Food Program guidelines.
- Kidz First cannot employ additional staff for the care of one child and does not provide one on one care for children. Kidz First must consider all children important and cannot discriminate by giving one child more individual attention than another.
- Kidz First does not employ a children's nurse or dietician on staff or anywhere on the premises.
- Kidz First staff are trained in Standard First Aid and CPR procedures only, no other training for any childhood diseases is offered on a routine basis.
- Kidz First will administer medication to your child at your direction as long as proper procedures are followed, medication is provided to us in the original container with prescribing physician orders, and the appropriate paperwork is filled out by the parent, or physician (if required).
- Kidz First reserves the right to terminate care with, or without notice, on the basis of behavior, need for specialized care beyond our ability to safely provide, parent not abiding by daycare policies, or at the discretion of determined need by the Daycare or the Daycare Board.

Parent/Guardian signature

Date signed

Kidz First Daycare Ministry Safe Conditions Policy

It is our desire at Kidz First Daycare Ministry to maintain safe conditions at all times. Below, we've listed just a few of the ways we plan to keep your child safe. This form is provided to you in accordance with changes to the Indiana CCDF Provider Eligibility Standards laws (IC12-17.2-3.5) which took effect July 1, 2015.

Transportation Safety: Our child care will provide transportation to our facility from local schools, Daycamp field trips, and Daycare field trips. We will only transport children if we have a permission slip signed by a parent or guardian on file (This is included in Enrollment packets). Only qualified adults that are licensed drivers will transport children. Drivers will follow all pertinent Indiana laws and will not use cell phones at any time while driving. Children will always be restrained in proper seats and seat belts and at no time will a vehicle exceed the recommended capacity or speed limit. Children will not be left unattended, and will be walked to and from the building. Upon returning from each trip, the bus/van/car will be inspected to ensure that no children are still on board. We have automobile insurance that covers transportation of children for our child care business. All vehicles used for transportation will be maintained in a safe and legal condition.

Supervision and Staff Qualifications: Children will be actively supervised with the required number of qualified adults per children ratio. A 'qualified adult' is an adult who has completed a comprehensive criminal history check, fingerprints, drug screen, negative TB test and have completed all required trainings. Children will not be left unattended (out of sight or hearing) at any time. Ratios of 50% may be observed during nap times.

Building Safety, Outdoor Safety, and Cleanliness: Our child care, in conjunction with our church custodian, will maintain all interior and exterior surfaces, including walls, floors, ceilings, equipment, toys, furnishings, and cribs, in a safe condition, free of sharp points or jagged edges, splinters, protruding nails or wires, loose parts, rusty parts or materials containing poisonous substances. All chemicals will be locked in a room, unused by children, at all times. The child care, in conjunction with our church custodian, will clean the facility daily, sanitize toys, furniture and other equipment used by children daily, weekly, and when they become soiled or contaminated.

The child care will maintain a "zero tolerance policy" for weapons, firearms, drugs, alcohol, smoking or workplace violence. All personal items, and potentially harmful office or room supplies will be kept out of the reach of children. All medications will be stored in a room separate from the children in a locked box. First Aid kits will be kept stocked and available to all teachers.

Anyone picking up a child must show proof that they are eligible to pick up the child by having their name listed on the "Authorization to Pick Up" form in the enrollment packet and providing adequate ID at the time of pickup.

Parent Signature

Date

Parent Signature

Date

KIDZ FIRST Daycare Ministry
Columbus First Church of the Nazarene
1245 McClure Road
Columbus, IN 47201
Phone: 812-372-1411
Fax: 812-372-5059

We at Kidz First Daycare Ministry believe it is very important that a child's development is nurtured through caring, patience and understanding. However, while caring for your children, we may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child or staff member are not permitted.

In response to these behaviors, we will not use:

- Threats or Bribes
- Physical punishment, even if requested by parent
- Deprive your child of food or other basic needs
- Humiliation or Isolation

In response to misbehavior, we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time out or "thinking" chair for no longer than one minute per year of your child's age, if necessary

If your child's behavior is very disruptive or harmful to himself, other children, or staff, we will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, within a definite time frame, you may be asked to make other child care arrangements.

_____ Date of Birth _____
Child's Name

Additional helpful techniques that may help with my child:

Parent Signature _____ Date _____

Kidz First Daycare Ministry and Preschool

1245 McClure Rd. Colmubus, IN 47201

812-372-1411

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **Kidz First Daycare Ministry** offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Application for Free and Reduced Price Meals. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

1. **Do I need to fill out a Meal Benefit Form for each of my children in day care?** You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household only if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to Kidz First Daycare, 1245 McClure Rd. Columbus, IN 47201, 812-372-1411.**
2. **Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) or Temporary Assistance for Needy Families (TANF) can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in WIC may be eligible for free meals.
3. **Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on the application. Children in households participating in WIC may be eligible for reduced price meals.
4. **May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.
5. **Who should I include as members of my household?** You must include all people in your household (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you. You also may include foster children who live with you.
6. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP or TANF case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.
7. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.
8. **What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact Kidz First Daycare, 1245 McClure Rd. Columbus, IN 47201, 812-372-1411
9. **We are in the military, do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call **812-372-1411**.

Sincerely,
Kelsey Short

This institution is an equal opportunity provider.

CACFP APPLICATION FOR FREE AND REDUCED PRICE MEALS (CHILD CARE)

SPONSOR NAME:	PHONE NUMBER:
CENTER:	FDC PROVIDER:

PART 1. ALL HOUSEHOLD MEMBERS	BIRTH DATES OF CHILDREN	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 4 TO SIGN THIS FORM.	CHECK IF NO INCOME
NAMES OF ALL HOUSEHOLD (FIRST, MIDDLE INITIAL, LAST)			

PART 2. BENEFITS: IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVED (FOOD STAMPS) 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 (INSERT CENTER CONTACT AND PHONE NUMBER) HOMELESS MIGRANT RUNAWAY

PART 4. TOTAL HOUSEHOLD GROSS INCOME—YOU MUST TELL US HOW MUCH AND HOW OFTEN CHECK IF NO INCOME

A. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME) <i>(EXAMPLE)</i> JANE SMITH	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			4. ALL OTHER INCOME
	1. EARNINGS FROM WORK BEFORE DEDUCTIONS	2. WELFARE, CHILD SUPPORT, ALIMONY	3. PENSIONS, RETIREMENT, SOCIAL SECURITY, SSI, VA BENEFITS	
	\$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 4 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: XXX - XX - _____ I DO NOT HAVE A SOCIAL SECURITY NUMBER

_____ Initial here if you consent to allow [Provider's Name] to collect your form and provide it to the Sponsor. [Provider's Name] will not review your form.

PART 6: Other Benefits: THE LAS ALLOWS US TO TELL MEDICAID AND HOOSIER HEALTHWISE THAT YOUR CHILDREN ARE ELIGIBLE FOR FREE OR REDUCED PRICE MEALS. WE MAY SHARE YOUR APPLICATION INFORMATION WITH MEDICAID OR HOOSIER HEALTHWISE UNLESS YOU DO NOT WANT US TO. IF YOU DO NOT WANT US TO SHARE THIS INFORMATION, PLEASE SIGN HERE:

_____ FOR INFORMATION ABOUT HOOSIER HEALTHWISE HEALTH INSURANCE
 SIGNATURE OF PARENT OR GUARDIAN CALL 1-800-869-9949

A CHILD ENROLLED IN THE DAY CARE FACILITY MAY QUALIFY FOR FREE OR REDUCED PRICE MEALS IF THE HOUSEHOLD INCOME FALLS AT OR BELOW THE LIMITS ON THIS CHART:

JULY 1, 2020 TO JUNE 30, 2021			
HOUSEHOLD SIZE	MONTHLY INCOME	HOUSEHOLD SIZE	MONTHLY INCOME
1	1,968	5	4,730

CHILD ENROLLMENT FORM

IDOE/CACFP
June 2019

Name of Institution: Kidz First Daycare Ministry and Preschool Sponsor ID Number: 1030030
 Name of Facility: Kidz First Daycare Ministry & Preschool

Child's Name: _____

Birthdate: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Please enter the normal hours your child is in care on the specific days of care.						_____	_____
Please check (✓) the meals your child normally receives while in care.	Breakfast _____ Lunch _____ PM snack _____	Breakfast _____ Lunch _____ PM snack _____	Breakfast _____ Lunch _____ PM snack _____	Breakfast _____ Lunch _____ PM snack _____	Breakfast _____ Lunch _____ PM snack _____	_____	_____
If your school-age child will be in attendance outside of the regular hours indicated above (snow days, school breaks, etc.) Please check (✓) here _____							

FOR INFANTS ONLY: All facilities must offer infant formula and meals/snacks to infants in care during meal service times

Infant Formula

This facility will provide the following iron-fortified infant formula: Parent's Choice Gentle Milk-based Powder With Iron
 Check here to accept: Check here to decline: Provide name of parent-provided formula: _____

Infant Meals and Snacks

Check here to accept: Check here to decline:

This information is required by CACFP federal regulations at §226.15 (e)(2) and (3) for each enrolled participant, and must be updated annually.

Printed name of parent/guardian: _____

Phone Number: _____

Signature of parent/guardian: _____

Date: _____

This institution is an equal opportunity provider.

KIDZ FIRST Daycare Ministry
Columbus First Church of the Nazarene
1245 McClure Road
Columbus, IN 47201
Phone: 812-372-1411
Fax: 812-372-5059

Dear Parent:

Providing your infant with a safe environment in which to grow and learn is of extreme importance to us. To that end, our child care facility has implemented policies and procedures to create a safe sleep environment for your infant.

We follow the recommendations of the American Academy of Pediatrics (AAP) and the Consumer Safety Commission for safe sleep environments to reduce the risk of sudden infant death syndrome (SIDS). SIDS is "the sudden death of an infant under 1 year of age, which remains unexplained after a thorough case investigation, including performance of a complete autopsy, examination of the death scene, and review of the clinical history."

Our written policy is as follows:

- All infants will always be placed on their backs in safety-approved cribs.
- Infants will not sleep on water beds, sofas, soft mattresses or other soft surfaces.
- Soft materials such as pillows, quilts, comforters, sheepskins, stuffed toys and loose blankets or bedding will not be placed in infants' sleep environments.
- Infants will not share a safety-approved crib with other children.
- Infants will remain lightly clothed and comfortable while sleeping. Bibs and pacifier clips will be removed. Parents are encouraged to provide a sleep sack for their infant.
- Crib gyms, toys, mobiles, mirrors, and all objects will not be placed in infant's sleep environments.
- Supervised "tummy time" will be observed while infant is awake.
- No smoking will be allowed in infants' environment.
- If a sleep position other than on the back is required, a medical waiver signed by a doctor, listing the medical reason for the alternate position will be required and kept on file.
- Infants are not permitted to sleep in bouncers, swings, car seats, or alternative sleep surfaces. If they should fall asleep in one of these devices, they will be immediately moved to the safety approved crib.
- Infants CANNOT be swaddled.

Since the start of the 1994 national campaign that provided guidelines for parents, health professionals and other caregivers to place infants on their backs to sleep, the number of infants dying of SIDS has decreased by 42%.

Again, safety of your infant is paramount to us. By signing below, you, as the parent, understand and comply with the policies of the child care facility which your child will be attending.

Signature of Parent

Date

REDUCING the RISK of SIDS in CHILD CARE

Infant Information Sheet

Name: _____ DOB: _____

Arrival Time: _____ Departure Time: _____

Upon arrival, the families will talk with the teacher about when the child last ate, slept, and was changed, as well as any other needs for that day. The teacher will complete the child's My Day Sheet throughout the day. It will be available for the families to review and take home at the end of the day. The copy will remain in the child's file at the center.

Families will provide three changes of clothes, diapers, wipes, and enough bottles for each day. The center will provide infant cereal, an iron rich formula option, Gerber baby food, and table food when the baby is old enough.

Special instructions for feeding:

Other helpful information:

Things that comfort child: _____

Things that frighten child: _____

Ways child likes to be held: _____

Ways child likes to sleep: _____

Were there any complications or special circumstances at birth:

Any other information you wish to share:



**SUPPLEMENTAL HEALTH CARE PROGRAM FOR CHILD CARE
CENTERS PROVIDING INFANT-TODDLER CARE
SUGGESTED FEEDING PLAN**

State Form 49963 (R3 / 2-15)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W361
INDIANAPOLIS, IN 46204

INSTRUCTIONS:

Prior to admission, a feeding plan shall be established and written for each infant (age six (6) weeks to twelve (12) months) in consultation with the parents and based on the written recommendation of the child's medical provider. Feeding plans must be continually updated by the child's medical provider or parent. [470 IAC 3-4.7 (b)]

The following feeding plan has been recommended for this child.

Name of child	Date of birth (month, day, year)
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Age in Months	Time to Feed	Formula / Food Item and Amount	Special Instructions	Signature and Date of Parent or Medical Provider
Signature of MD, DO, NP				Date signed (month, day, year)