

Enrollment Agreement Enrollment Information



Completion of this Agreement is required for enrollment. This information is necessary for Country Acres Child Care, to comply with state child care licensing regulations and to enable us to better understand your child and meet his or her needs. Grey shaded areas are for office use only. White areas are for parent/guardian use.

Revised 2.19.2020

Child Information					
Child's First Name		Child's Middle Name		Child's Last Name	
Date of Birth		Age	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Child's Primary Language	
Home Phone					
Child's home Address(Street/City/State/Zip)::				Guardians <input type="checkbox"/> Living Together <input type="checkbox"/> Separated <input type="checkbox"/> Divorced	
List family members your child lives with-include names and ages of siblings					
Does your child attend school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Elementary School Name		Grade in School	School Phone
School Address					
PRIMARY CONTACT AND RELEASE PERSONS <i>Include parents and guardians</i>					
Custody Papers <input type="checkbox"/> Yes <input type="checkbox"/> No		Copy on file day of enrollment <input type="checkbox"/> Yes <input type="checkbox"/> No			
PRIMARY PARENT/GUARDIAN(Legal Guardian ONLY)		Relationship to child		Home Phone	Cell Phone
Home Address(Street/City/State/Zip):		Permission to obtain Account Information: <input type="checkbox"/> Yes <input type="checkbox"/> No		Authorized for Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No	Photo Id on File <input type="checkbox"/>
Email Address:		Driver's License Number		Employer	Work Phone
Other Parent/Guardian(Legal Guardian ONLY)		Relationship to child		Home Phone	Cell Phone
Home Address(Street/City/State/Zip):		Permission to obtain Account Information: <input type="checkbox"/> Yes <input type="checkbox"/> No		Authorized for Pick Up: <input type="checkbox"/> Yes <input type="checkbox"/> No	Photo Id on File <input type="checkbox"/>
Email Address:		Driver's License Number		Employer	Work Phone
EMERGENCY CONTACT <i>Do not include parents and guardians</i>					
If neither mother nor father can be reached, in case of an emergency call: (This is a contact person ONLY – They cannot pick up your child unless they are listed under the Release Authorization.)					
Name:		Relationship to child		Home Phone	Cell Phone
Home Address(Street/City/State/Zip):		Authorized for pick up: <input type="checkbox"/> Yes <input type="checkbox"/> No MUST LIST UNDER RELEASE AUTHORIZATION AS WELL		Work Phone	Photo Id on File <input type="checkbox"/>
AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION					
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:					
Name of Physician:		Address:			Phone Number:
Name of Emergency Care Facility:		Address:			Phone Number:
I give consent for the facility to secure any and all necessary emergency medical care for my child				Signature - Parent or Legal Guardian	

GREY AREAS ARE FOR OFFICE USE ONLY	START DATE	INITIAL CLASSROOM		WITHDRAWL DATE	
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Enrollment Agreement

Enrollment Information

- ☐ 5 Day
☐ 3 Day
☐ Mother's Day Out

- ☐ Summer Only
☐ Before/
 After School

Release Authorization: Who is authorized to pick up your child other than the person enrolling the child?						
First & Last Name:	Phone Number:	Relationship:	Photo ID on File <input type="checkbox"/>	Permission to obtain Account Information: <input type="checkbox"/> YES <input type="checkbox"/> NO	Permission to discuss Child's Day <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorized to discuss health issues: <input type="checkbox"/> YES <input type="checkbox"/> NO
First & Last Name:	Phone Number:	Relationship:	Photo ID on File <input type="checkbox"/>	Permission to obtain Account Information: <input type="checkbox"/> YES <input type="checkbox"/> NO	Permission to discuss Child's Day <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorized to discuss health issues: <input type="checkbox"/> YES <input type="checkbox"/> NO
First & Last Name:	Phone Number:	Relationship:	Photo ID on File <input type="checkbox"/>	Permission to obtain Account Information: <input type="checkbox"/> YES <input type="checkbox"/> NO	Permission to discuss Child's Day <input type="checkbox"/> YES <input type="checkbox"/> NO	Authorized to discuss health issues: <input type="checkbox"/> YES <input type="checkbox"/> NO

- The persons designated in this section will be contacted by Country Acres and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. Parent/Guardian must complete any state-specific emergency release forms required by individual state child care licensing regulations. In addition, release person must be 18 years of age or older.
- Center staff will release your child only to you or to those persons you have listed above. For the safety of your child, we will request all authorized Release Persons with whom staffs are not familiar to provide Government issued photo ID at time of pick up. If you want a person who is not identified above to pick up your child, you must notify center management in writing. Your child will not be released without prior authorization. In the event someone is sent to pick up the child, and they are not on the list, they will be denied access until a letter in writing is received.
- It is imperative that you use the check in/out system when dropping off/picking up your child(ren).

In consideration of the acceptance of my child into child care by Country Acres Child Care, I hereby release, indemnify, and hold harmless Country Acres Child Care, its Employees, Agents, Representatives, from any loss or damage to toys, clothing, or other personal articles.

In consideration of the acceptance of my child into childcare by Country Acres Child Care I hereby release, indemnify, and hold harmless Country Acres CDC, its Employees, Agents, Representatives, from any and all claims, damages, or other liabilities or injuries to my child which are not caused as a result of the gross negligence by Country Acres Child Care, its Employees, Agents, Representatives

***Transportation:** I hereby ☐ give ☐ do not give my consent for my child to be transported and supervised by Country Acres Child Care staff: on field trips ☐ to and from public school ☐

***Water Activities:** I hereby ☐ give ☐ do not give my consent for my child to participate in water activities. Splash Park ☐

I hereby warrant to Country Acres Child Development Center that I am entitled to legal custody and possession of my child, and accordingly am authorized to place my child in your care and custody, and am responsible for all day care fees, and am further authorized to sign this enrollment form. I agree to be responsible for all day care fees and other expenses incurred on behalf of my child. By signing this agreement, I am stating as the guardian that I have received, read, and know I have the opportunity to ask questions and will adhere to Country Acres Child Development Center Parent Handbook/Operational Policies and Procedures that includes the following.....check all that apply.

<input type="checkbox"/> Discipline and Guidance	<input type="checkbox"/> Procedure for Release of Children
<input type="checkbox"/> Suspension and Expulsion	<input type="checkbox"/> Illness and Exclusion Policy
<input type="checkbox"/> Emergency Plans	<input type="checkbox"/> Procedure for Dispensing Medication
<input type="checkbox"/> Procedures for Conducting Health Checks	<input type="checkbox"/> Immunization Requirements for Children
<input type="checkbox"/> Safe Sleep	<input type="checkbox"/> Meals and Food Service Practice/ No Outside Food Allowed in Facility
<input type="checkbox"/> Procedure for Parents to Discuss Concerns with Parents	<input type="checkbox"/> Procedure to Visit Facility Without Securing Prior Approval
<input type="checkbox"/> Procedure for Parents to Participate in Operation Activities	<input type="checkbox"/> Procedure for Parent to Contact Child Care Licensing, DFPS, Child Abuse Hotline, and DFPS Website
<input type="checkbox"/> I understand the following meals will be served to my child while in care: Breakfast Lunch PM Snack	Please mark days of attendance and timeframe My child will be attending M T W TH F between the hours of _____ to _____

Parent's Signature

Date

Director's Signature

Date

Country Acres Child Development Center Medical Record

Name of Child _____ Age _____ Date of Birth _____

MEDICAL HISTORY (To be completed by parent)

1. Previous Hospitalization: ☐ yes ☐ no If yes, why? _____
2. Child has an allergy (not an intolerance) to anything? ☐ Yes ☐ No If yes, to what; _____
a FOOD/OTHER ALLERGY EMERGENCY PLAN form must be filled out by a Health Care Professional before enrollment can begin.
3. Child has a food intolerance? ☐ Yes ☐ NO _____
4. Any previous diseases, illnesses or injuries? ☐ Yes ☐ no If yes, what? _____
5. Any operations? ☐ Yes ☐ no If yes, what? _____
6. Is child under a doctor's care? ☐ Yes ☐ no If yes, why? _____
7. Does your child have any special care needs? ☐ Yes ☐ no If yes, what? _____
(Please note that if your child has a special need that has been diagnosed by a professionally licensed pediatrician/doctor, we must have papers showing the diagnosis and the treatment for their special needs situation and special needs verification form from the office.)
8. Is there any medication prescribed for long-term use? ☐ Yes ☐ No (If so, please fill out a Medication Authorization form and turn in to front office. This form must be updated monthly.)
9. Does your child currently take any type of medication? ☐ Yes ☐ No If yes, Please list all of the medications your child is currently taking?

*ADMISSION REQUIREMENT:

6 WEEKS THRU 5 YEARS ONLY!

_____ ***DOCTOR'S STATEMENT:** I have examined the above named child within the past year and find that he/she is physically able to participate in a childcare program. **STAMP REQUIRED BY DR OFFICE**

Physician's Signature

Date

IMMUNIZATION RECORDS ARE DUE UPON ENROLLMENT and upon each update of immunizations.

SCHOOLAGE ONLY:

PARENT'S STATEMENT: My child is enrolled at _____ public school.

My child's immunization record and vision/hearing screening **are current** and on file at the listed school.

School Name/Telephone number: _____

Schools Address: _____

Parent's Signature

Date

VISION/HEARING SCREENING: All children ages 4 and up who are not enrolled in a public school must obtain a vision and hearing screening from their physician. A copy must be supplied to the childcare center.

Date Received _____.

Revised 1/6/2020



Place
Picture
Here

Allergy Emergency Plan (Food/Other Allergen)

This plan must be completed by your child's Health Care Professional

Child's Name: _____ Date of Birth: _____

Physician: _____ Phone: _____

Please complete one form FOR EACH known Food/Other Allergen

Food/Other Allergen child is allergic to: _____

Possible Symptoms if exposed to this food/Other Allergen:

Specific steps to take if the child has an allergic reaction to this food/Other Allergen:

Suggested food to substitute for food allergy:

Physician/HCP Authorization Signature: _____ Date: _____

By signing below, the parent or guardian of this child gives Country Acres Child Development Center permission to post the child's food allergy in the food serving and food preparation areas

Parent/Guardian Authorization Signature: _____ Date: _____

Allergy Plan posted in the following:

6/2018

___ Food prep areas ___ Emergency binder ___ Bus/Field trip binder ___ Classroom

Country Acres Child Development Center
420 Old Decatur Road
Saginaw, Texas 76179

MUST
Attach Wallet Size Picture
HERE

Prior to enrollment and annually

Can be emailed to:
countryacreschildcare@yahoo.com

Appointment of Agent

I, _____ hereby

(Name and relationship to child)

appoint Country Acres Child Development Center, its Representatives and/or Employees as my lawful Agent and Representative for the purpose of authorizing and consenting to hospital care and/or medical care and treatment of _____ for any illness or injury that may occur while my child is in the

(Name of child to be treated)

and custody of Country Acres Child Development Center. This appointment shall be effective during the time my child is in the care of Country Acres Child Development Center while I am away at work, or otherwise not immediately available to give consent for the medical care and treatment of my child. I, as Parent or Guardian, do acknowledge and agree that I will be responsible for any and all charges incurred for treatment by the treatment facility/ambulance service/doctor.

Allergies (food, environmental, medications) _____

(THESE REQUIRE AN ALLERGY EMERGENCY PLAN SIGEND BY A PHYSICIAN)

Last Tetanus Toxoid date _____ **Child's Date of Birth** _____

List any medical information that might affect emergency care of your child including previous hospitalizations, convulsions, illnesses, injuries, diseases or any special problems or special care needs. Please list any long-term medications your child is on:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Phone Number:
Name of Emergency Care Facility:	Address:	Phone Number:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
Signature- Parent or Legal Guardian:		Date:

(COUNTRY ACRES SIGNATURE)

(Date)

Country Acres Child Development Center Service Agreement

It is my desire to enroll _____ in Country Acres Child Development Center.

Child's Name

- 1. Payment of Fees/Late Charges/Activity/Supply Fees** – All fees are due each Monday for the week you are beginning. The fee becomes delinquent at **6:30 p.m.** on **Monday** of the same week. A **late fee of \$15.00** will be added to your account at **6:30 p.m.**, regardless of reason. If fees are still unpaid by the close of business on **Tuesday** of the same week, your child/ren will be **deactivated**. Accounts that are left unpaid will be turned over to a Collection Agency. I agree to be responsible for all costs and expenses incurred by Country Acres Child Development Center in collecting my account. There may be an additional supply/activity fee charge throughout the year to cover any additional activities that the school provides. If your child's class has a supply list, you will be notified by the teacher as to when the supplies are due. _____ **PI**
- 2. Reservation Time** – Reservation Time allows you to deduct half payment for a week (Monday-Friday) your child is absent. **This does not apply to CCMS or Mother's Day Out programs.** _____ **PI**
- 3. Holidays/Inclement Weather** – Country Acres will be closed on the following holidays: New Year's Eve, New Year's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Martin Luther King Day, Thanksgiving Day, the Day After Thanksgiving, Christmas Eve, Christmas Day. We will close at 2pm the day before Thanksgiving and at 12pm on Good Friday. The fee does not change when we are closed for holidays/inclement weather. Country Acres follows EMS ISD inclement weather decisions. Fees do not reduce due to delay or closing. _____ **PI**

MDO only – In the addition to the above holidays, MDO will follow EMSISD holiday schedule. Thus, no MDO the week of Thanksgiving, 2 week Christmas break and Spring break. _____ **PI**
- 4. Mandatory Registration Fee/Re-enrollment Fee** – I understand, and I agree, that the **registration fee** is due at the time of enrollment. The **registration fee** is non-refundable and applies toward student insurance and supplies. The registration fee of \$100/\$150 is due annually and will be automatically added to your account. I understand, and I agree, if my child is withdrawn or is discharged from Country Acres CDC a \$100/\$150 registration fee will be charged at the time of re-enrollment and annually from the most recent start date. _____ **PI**
- 5. Payment Policy** – I understand, and I agree, that Country Acres preferred method of payment is by auto-draft from your bank account. Other options are auto draft by credit/debit card or by making payment online at myprocare.com. Username is the email address you provided the school. Cash/checks are not accepted at this time _____ **PI**
- 6. Public School Early Dismissal/School Holidays** – When public/charter school dismisses early, and the school-age child is picked up by Country Acres CDC early, an additional fee is added to your account. When public/charter school is out, school age children may stay at Country Acres CDC for an additional fee. These are listed on page 2 of the Service Agreement. _____ **PI**
- 7. Late Pick-Up Fees** – I understand and I agree that if my child remains at Country Acres CDC past the closing time I will be charged, and I agree to pay an additional fee per child of \$5.00 from 6:30-6:45 pm, and \$1.00 per minute beginning at 6:46 pm and each minute thereafter. (Please refer to our Parent Handbook for our Abandonment of Children Policy). Mother's Day Out children may not arrive before 8am or be left after 12pm. \$1 per minute will be charged for late pick up. _____ **PI**
- 8. Drop-In Fees** – These fees are offered only when space is available in specific classrooms. Fees for drop-in care are quoted for the timeframe care is needed. **Fees for drop-in care are estimated amounts, and must be paid in advance.** If there is a balance owed when the child is picked up, this must also be paid at the time of pick-up. _____ **PI**
- 9. Damage to Property-** I understand and agree that I can be held financially responsible for equipment broken by my child. _____ **PI**
- 10. Withdrawal from Enrollment** – I understand, and I agree, if my child is withdrawn from Country Acres CDC, I need to turn in a two weeks' notice. I understand that I am responsible to pay for my child's position through the two weeks from the date written notification is received by the Director or office staff member, or through my child's last day, whichever is a longer time period. I understand that if I remove my child with no notification, I am responsible for paying fees for the space contracted through two weeks from the date management receives confirmation from me that my child is not returning. If my child is discharged from Country Acres, the Director can waive the 2 weeks' notice. Payment is not reduced due to behavior issues. _____ **PI**

Country Acres Child Development Center Service Agreement

Current Service Provided and Fees for Service

The Client is requesting, and Country Acres CDC is agreeing to provide child care of the type and for the fee described below:

Full-Time Care \$_____ per week. Part-Time Care \$_____ per week.

School Age School Year \$_____ School Age Summer \$_____

Mother's Day Out \$60 week 2 DAYS _____ SET BY PROGRAM 8-2pm

Drop-In Care \$_____ per day

All fees are subject to change with prior notice.

Receiving a _____% Discount
for _____.
PROOF OF DISCOUNT MUST BE ON FILE

Annual Registration fee \$_____ Full registration will be charged if absent more than 2 weeks without payment. If prior written notice was not given, the account will be charged the missed weeks of tuition.

☐ CCMS CLIENT – PARENT FEE CHANGES AS CCMS CONTRACT CHANGES

Hours of attendance child/children is/are enrolled for_____.

In addition, the client agrees to pay the following additional fees as they accrue, per the explanation of those fees contained in this agreement. _____PI

Extended care fees of \$_____ per school age child for early dismissal.

Extended care fees of \$_____ per school age child for full-day care on school holidays.

Summer Activity Fee: \$_____ week Technology Fee \$_____ month School Year Activity Fee: \$_____ week

Students cannot move between programs without Director Permission and must remain in changed program for 4 weeks except for MDO. MDO students cannot move between programs once enrolled in MDO during the school year. Sept-May _____PI

Fees for child/children left beyond our hours of operation (6:30 p.m.) will be assessed the following fees: \$5.00 from 6:30 p.m. – 6:45 p.m., and/or \$1.00 per minute beginning at 6:46 p.m. and each minute thereafter. These fees are per child. This applies to MDO 8-2pm program as well. After 7:00 p.m., see the *Abandonment of Children Policy* in the Parents' Handbook _____PI

Late payment fees – A late payment fee of \$15.00 will be added to your account at 6:30 p.m. on each Monday if tuition has not been paid. If the account is not current as of 6:30 p.m. on Tuesday, your child/ren will be deactivated until all fees are paid in full. This mean your child will not be admitted on Wednesday and/or transported to and from public schools until fees are current. _____PI

Clients will be notified of changes in the above quoted fees through general postings or through individual written or verbal notification. I understand, and I agree that these changes will be effective at the date of notification. The client agrees to pay the new fees and sign a new Service Agreement whenever there is a fee or policy change. _____PI

Agreement Contract

Country Acres Child Development Center agrees to provide the contracted services as described in this agreement. The client agrees to the conditions, limitations of service, and fees explained in this agreement. The client agrees to pay all fees when they are due and in accordance with the agreement. The client agrees to accept and follow the policies of the Center explained in this agreement and in the Parent's Handbook given to the client by Country Acres Child Development Center. By signing this agreement, I am stating as the guardian that I have received, read, know I have the opportunity to ask questions, and will adhere to Country Acres Parent Handbook/Operational Policies and Procedures. _____PI

Client's Name _____ Date: _____ Client's Signature _____

Country Acres Child Development Center

By: _____ Date: _____

Country Acres CDC Permission **Slip for Media**

To: All Parents

Due to privacy issues, we would like to get permission to display your child's name and possibly his/her pictures for the following reasons.

1. We will take a picture of a child who has a food or other allergy, so that all of the Teachers and the Cook are aware of the allergy. This would also aid in case we have a substitute Teacher who does not know all of the children by name, to easily identify "who" has allergies.
2. From time to time, the local Newspaper staff will come take photos to be published in their paper. We will need to know if you do not want your child's picture in the Newspaper.
3. When a Newsletter is published, we like to post the children's birthday on the Newsletter. If you do not want your child's name on the Newsletter, please indicate this on the permission slip below.
4. Occasionally, we may publish children's photos to our website (countryacreschildcare.com). Please indicate below if we have your permission to publish your child's picture. Children's names will NOT be listed with the photo on the website.
5. From time to time, we will take pictures for the bulletin boards and class projects that will be posted in the classrooms.

- | | | |
|---------------------------------------|--|-----------------------------|
| 1. Allergy Photos | THERE MUST BE A PICTURE POSTED WITH A CHILD'S ALLERGY PER DFPS | |
| 2. Newspaper Pictures | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Center Newsletter (Birthday Names) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Country Acres Website/Social Media | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Photos posted in Classrooms | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Child's Name

Parent's Signature

Date

BEHAVIOR GUIDANCE PLAN FOR CHILDREN

Country Acres Child Development Center believes that all children should experience success. We strive for a classroom setting that provides children with opportunities to explore their environment within consistent, age-appropriate limits; in such an atmosphere, most behavioral issues are prevented.

However, if behavioral issues occur, our philosophy is to help children learn human values, problem solving skills and to take responsibility for their own choices. By using the following progressive guidance techniques, we strive to minimize inappropriate behavior while creating a positive environment for all of our children:

1-2-3 Magic Behavior Plan

By Dr. Thomas Phelan

Establish the Rules

Young children are not ready to be rational, or sympathetic to their thoughts. They are impulsive and self-centered by nature.

1-2-3 Magic is based on teachers and parents using No Emotion and No Talking while correcting inappropriate behaviors.

Once the rules are set, 1-2-3 is executed simply by giving the child 3 chances to correct themselves. Example;

- "Preston, please don't stand on the table, I am afraid you will fall and hurt yourself."
- "That's 1"
- "That's 2"
- "That's 3. Please go and sit for ? minutes (minute per age).
- While the plan calls for no discussion after time out, children above the age of 3 can tell you why they were sent to time out and what they can do differently next time. Under the age of 3, may need a short talk as to what led to time out and what they can do differently next time.

Classroom Management

Our teachers will manage individual classrooms by:

- Implementing The Magic 1-2-3 Behavior Plan
- Modeling and reinforcing appropriate behavior
- Maintaining consistent supervision
- Setting reasonable expectations for children's behavior based on their developmental levels and individual differences
- Becoming familiar with an individual child's special needs
- Providing interesting, challenging, age-appropriate activities to do

GUIDELINES FOR PERSISTENT INAPPROPRIATE BEHAVIOR

Persistent inappropriate behavior is any inappropriate behavior which continues after the progressive guidance steps have been used; any behavior which threatens the health or safety of other children or staff; or a continuous inability to follow the rules and guidelines of our program.

Country Acres CDC will use the following progressive procedures:

1. We will observe and record the child's inappropriate behavior.
2. We will document what we have done to try to change the behavior.
3. If inappropriate behavior continues, parents will be asked to participate in an immediate parent-teacher or other administrator conference. Children old enough to understand this process will be invited to attend. A specific action plan will be developed at this conference to address the behavior. The action plan will outline all steps the staff will take to change the behavior, all steps the parents will take, and all steps toward disenrollment if the behavior persists.
4. The Center Director/Program Administrator may suggest outside resources to parents and we will work with any outside resource for further guidance in responding to the child's behavior.
5. If the inappropriate behavior continues, parents will be asked to keep the child home for a day or two.
6. If the inappropriate behavior persists after the child is kept home for several occasions, Country Acres CDC will request the parent to dis-enroll the child Country Acres can disenroll the child.

GUIDELINES FOR IMMEDIATE DISENROLLMENT

Certain behavior may cause a significant risk of harm to the health and safety of other children or staff. (For Example, a physical assault which results in serious bodily injury, an attempted physical assault which if completed, would result in serious bodily injury, setting or attempting to set fires, bringing weapons to the Center, substantial damage to real or personal property, running out of classroom or school or, in some cases, running from teacher, etc.)

Country Acres CDC may dis-enroll any child whose behavior creates a significant risk of harm to the health and safety of other children or staff, without following the guidance steps outlined above.

BITING POLICY

We recognize that biting is a terrible thing for the hurt child, the parents of the hurt child, the teachers, and the parents of the biter. We also recognize that biting is "developmentally appropriate". Please do not infer that statement to imply that it is acceptable. The problem is that it is natural for most children under three years of age to bite.

Humans are very oral creatures. Adults express these oral tendencies by acts such as overeating, chewing gum, smoking, cursing, chewing pencils or biting fingernails. These acts are usually done to relieve anxiety or stress. Children who have not acquired verbal skills do not have the ability to tell us when they are anxious, hurting, upset or stressed. As a result, they have a tendency to bite. Children who are in pain due to teething also have a tendency to bite.

Each time a child bites, an incident report is given to the parents of the child that was bitten and the biter's parents are also informed. We follow privacy acts and will not release the children's names to other parents involved. Our staff is trained to give all of their attention to the child who is bitten. TLC and hugs will be given to the child that was bitten while the child who did the biting will be told very sternly "No Biting" and then ignored while the bitten child is given first aid. We recognize that some children bite just to get attention even if it is negative.

If a child is biting consistently throughout the day, this plan of action will be put in place.

The parent will be called the first time the child bites that day, as a "heads up" that if the child is to bite again that day they will need to be picked up.

From that day going forward, the first time the child bites for the day, the child must be picked up immediately.

Upon the 3rd call to pick up, the child will be suspended for 3 days. As we do understand the child does not know why they are being suspended, it will give a child a break from the atmosphere with the hope that the behavior will stop.

Upon return from suspension, the first biting incident will result in immediate disenrollment.

OTHER FORMS OF DISCIPLINE

Our policy does not permit the use of the following forms of discipline:

- Corporal punishment
- Emotional punishment, including ridicule, embarrassment, or humiliation
- Punishing a child for lapses in toilet training habits
- Withholding food, light, warmth, clothing or medical care
- Physical restraint, other than the restraint necessary to protect a child or others from harm

DETACH HERE & RETURN THIS TO OFFICE

DETACH HERE & RETURN THIS TO OFFICE

ACKNOWLEDGEMENT OF BEHAVIOR GUIDANCE PLAN

I acknowledge that I have received and read the Country Acres Child Development Center's Behavior Guidance Plan and understand its terms and conditions.

Parent or Legal Guardian's Signature

Date



FP Assistance

Feeding the Future

Enrollment Form

Center Name: _____ Site Code: _____

Child's Name: _____ Date of Birth: ____/____/____

Admission date: ____/____/____ Withdrawal Date: ____/____/____ Classroom: _____

1. Circle the days that your child will normally attend the center:

Mon Tue Wed Thu Fri Sat Sun

2. Circle the meals normally served to your child in the center:

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

3. What hours will your child normally be in the center:

____:____ to ____:____

4. Participant's ethnic and racial identities

Ethnicity (choose one ethnic identity):

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: (choose one or more racial identities):

☐ Asian ☐ American Indian or Alaska Native
☐ White ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American

	Parent Signature	Date of Signature	Day Time Phone Number
1)	_____	_____	(____) ____-_____
2)	_____	_____	(____) ____-_____
3)	_____	_____	(____) ____-_____
4)	_____	_____	(____) ____-_____

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

**INSTRUCTIONS FOR
CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM
(CHILD CARE)**

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

Part 1: List all enrolled children and household members.

Part 2: List the eligibility number for any household members (including adults) receiving SNAP or TANF or FDPIR benefits. The SNAP or TANF number must be the 8 or 9 digit EDG# assigned by HHSC.

Part 3: Skip this part.

Part 4: Skip this part.

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

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If **all** children you are applying for are foster children, or if you are only applying for benefits for the foster child:

Part 1: List all foster children. Check the box indicating that the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is **not** necessary.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

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

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

Part 2: If the household does not have an eligibility number, skip this part.

Part 3: Applies only to parents/guardians of children in Tier II Day Care Homes. Sponsors must provide the *List of Eligible Federal/State Funded Programs* (H1660), with this form to households with children enrolled in Tier II Day Care Homes. Parents/Guardians can enter the program name and number as applicable.

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

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

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

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

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

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



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren):

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

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME: _____ ELIGIBILITY NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: _____ ELIGIBILITY NUMBER: _____

Check here if no eligibility number ☐

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

A. Name (List only household members with income) (Example) Jane Smith	B. Gross income and how often it was received Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-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 next page.)

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

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ ☐ I do not have a Social Security Number



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

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

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- ☐ I do elect to allow my household information to be disclosed.
☐ I do not elect to allow my household information to be disclosed.

Don't fill out this part. This is for official use only.

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

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____

Categorical Eligibility: ____ Date Withdrawn: _____ Eligibility: Free ____ Reduced ____ Denied ____ Tier I ____ Tier II ____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement:

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, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. 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) eligibility number for the participant or other (FDPIR) identifier 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 if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement:

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, audiotope, 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: 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:

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

This institution is an equal opportunity provider.

Tadpoles



Revolutionizing Classroom Management & Parent Engagement

Tadpoles is the most complete and revolutionary communication solution connecting child care providers and parents in real time.

TADPOLES IS USED FOR 6 WEEKS THROUGH 2 YEARS AND POTTY TRAINED

Please fill out the following information so we can get you set up. When you receive an email welcoming you to Tadpoles, please provide the information asked for. You will then begin receiving notifications or emails shortly.

(Please print clearly)

Child's Name _____ Date of Birth _____

Parent's Full Name: _____ Phone #: _____

Email Address: _____

Parent's Full Name: _____ Phone #: _____

Email Address _____



Tuition Express®

Make life easier- set up auto draft from you banking account. Your tuition will auto draft the first business day of the week. See office for form. Special incentive details.

Over the Phone Payments

Over the phone payments can be made with the following signature. Payments will not be accepted over the phone without this signature.

The following signature authorizes any payment made over the phone to be deducted with credit/debit card number provided by phone to Saginaw Educators; dba Country Acres Child Development for any balance on my account.

Person signing form-print

_____/_____

signature/Date

*Signature above gives permission for anyone making payment on the accounts behalf.



Tuition Express®

How do I pay child care?

- 1.) Payment can be made by auto draft. Ask for the form in the office.
- 2.) ONLINE PAYMENT at www.myprocare.com. Use the email you have given on the paperwork for Country Acres.

We no longer take payments at the desk or over the phone on a regular basis.

TUITION IS DUE BY MONDAY EVENING AT CLOSE

Over the Phone Payments

Over the phone payments can be made in some special cases with the following signature. Payments will not be accepted over the phone without this signature.

The following signature authorizes any payment made over the phone to be deducted with credit/debit card number provided by phone to Saginaw Educators; dba Country Acres Child Development for any balance on my account.

Person signing form-print

_____/_____

signature/Date

*Signature above gives permission for anyone making payment on the accounts behalf. All families should sign this form.