



Fred Moore
DAY NURSERY SCHOOL

Enrollment Application

2021 - 2022

Fred Moore Day Nursery School
821 Cross Timber Street
Denton, TX 76205
Phone: 940-387-8214

Licensing # 1721005

Required Items:

(Included in Enrollment Packet)

- | | |
|---|---------------|
| • Enrollment Form Completed | Pages 3 – 5 |
| • Doctor's Health Statement attached or Signature Completed | Page 4 |
| • Vaccination information Completed or Attached Separately | Page 6 |
| • Child Information Sheet | Page 7 |
| • CACFP Letter | Page 8 |
| • CACFP Application Completed | Pages 11 – 12 |
| • Infant Feeding Instructions (for all children 12 mos & younger) | Pages 13 – 14 |

(Provided by Child's Parent or Guardian)

- Income Verification Documents (2 pay stubs, tax return, 2 proofs of deposit etc.)
- Enrollment Fee Paid (\$30/Child or \$50 for 2 or more)
- Supply Fee Paid (\$25/ school year due by 2nd week of fall semester start date)
- Driver's License or Photo ID (for all individuals eligible to pick up children from center)

Welcome to Fred Moore Day Nursery School

We are so excited to welcome you and your family to our center. We are honored to be chosen to partner with you for your child's educational experience.

Here at Fred Moore Day Nursery School our mission is to serve families in our community by offering comprehensive, affordable and well-balanced care for children in a quality learning center.

Our goals are to provide a warm and nurturing environment that encourages the development of the whole child. We strive to provide an environment that encourages families and teachers to work together as partners to encourage children's independence through decision making and understanding.

We provide TRS Certified, 4-Star quality care to families at a reduced rate using a sliding scale based on income and household size. As Denton ISD's first public early childhood school, we utilize a high quality curriculum in order to help children prepare for kindergarten beginning as early as 6 weeks old.

We welcome parents into our centers and hope that you will freely and frequently stop by or participate actively in your child's learning experience. We use ProCare Connect to keep families informed and connected to their students while they are here at school. You can message our directors and your child's teacher directly through the ProCare app. You will receive an email link with the steps to complete so you can be connected to your child's class once we place them in a room.

This enrollment form ensures we have all the information necessary to meet you and your child's needs, while helping us get to know you and your family and complying with licensing regulations and demographic reporting data. We know this packet can be extensive, so we are here to help with any step of the way. Please complete all the portions except ones that are for staff only or are highlighted in Blue, we will take care of that part once we receive your completed enrollment packet. We have highlighted all the required information in yellow to help with the completion process.

We will communicate with you and set up a time for us to review our Family Handbook with you and to go over your enrollment paperwork prior to your child beginning care.

We are committed to making sure your experience here with us is a positive one, and your children are in a safe, healthy environment where they can flourish and grow. Please feel free to call us any time with any questions or concerns you may have.

Here at Fred Moore Day Nursery School we believe it takes a village, and we are thankful to be chosen to be a part of yours.

We are happy you are here, and we look forward to getting to know you.

Welcome to our Village,



Kayti Porter
ECE Coordinator

Fred Moore Day Nursery School
www.fmdns.org
kporter3@dentonisd.org
Nursery: 940-387-8214

Operation's Name Fred Moore Day Nursery School		Director's Name Kayti Porter	
Child's Full Name		Child's Date of Birth	Date of Admission
Child's Home Address		City, State	Date of Withdrawal
Student Ethnic Identity <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	Student Gender <input type="radio"/> Male <input type="radio"/> Female	Student Racial Identity (Check all that Apply) <input type="radio"/> White <input type="radio"/> Black <input type="radio"/> Asian <input type="radio"/> Arab/Middle Eastern <input type="radio"/> American Indian/Alaskan Native <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> Other:	
Student Primary Language:		Student Disabled? <input type="radio"/> Yes <input type="radio"/> No Special Accommodations:	
Student Lives With (check all that apply): <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Step-Parent <input type="radio"/> Grandparent <input type="radio"/> Foster Parent <input type="radio"/> Legal Guardian <input type="radio"/> Other:			
Student Primarily Lives in: <input type="radio"/> Single Family Dwelling <input type="radio"/> Multi-Family Dwelling <input type="radio"/> Hotel/Motel <input type="radio"/> Temporary Housing <input type="radio"/> Mobile/RV/Vehicle <input type="radio"/> Homeless <input type="radio"/> Other			
Students Residence is: <input type="radio"/> Owned/Mortgaged <input type="radio"/> Rented/Leased <input type="radio"/> Temporary <input type="radio"/> Other			
Annual Household Income (\$)	Household Size	Check if you receive any of the following: <input type="radio"/> Medicaid <input type="radio"/> Medicare <input type="radio"/> WIC <input type="radio"/> CHIP <input type="radio"/> SNAP <input type="radio"/> TANF <input type="radio"/> SSI/SSDI <input type="radio"/> CCS <input type="radio"/> Unemployment <input type="radio"/> Child Support <input type="radio"/> Agency <input type="radio"/> Other	
Please list contact numbers where you can be reached during times your child is in care:			
Parent/Guardian 1 Name	Daytime Contact Phone	Parent/Guardian 1 Email Address	
Parent/Guardian 1 Highest Level of Education		Parent/Guardian 1 Employer	
Current/Retired Military? <input type="radio"/> Yes <input type="radio"/> No	Disabled? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Check if Head of household	Gender <input type="radio"/> Yes <input type="radio"/> No
Parent/Guardian 2 Name	Daytime Contact Phone	Parent/Guardian 2 Email Address	
Parent/Guardian 2 Highest Level of Education		Parent/Guardian 2 Employer	
Current/Retired Military? <input type="radio"/> Yes <input type="radio"/> No	Disabled? <input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Check if Head of Household	Gender <input type="radio"/> Yes <input type="radio"/> No
Give at least one name, address, and phone number of a responsible individual to call in case of an emergency if parents/ guardian cannot be reached			Relationship
I authorize the childcare operation to release my child to leave the childcare operation ONLY with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID. *IF NONE, WRITE N/A*			
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of: ***If none, write none***

Does your child take any Regular medication?

- Yes No

List Names & Dosages:

Does your child have medically diagnosed food or other allergies?

- Yes No

List Food & Other Allergies:

Plan Submitted on: _____ / _____ / _____

Does your child have any religious or other forms or food restrictions?

- Yes No

Please list all restricted food items

Admission Requirement

If your child does not attend pre-kindergarten or school away from the childcare operation, one of the following must be presented when your child is admitted to the childcare operation.

Check only one option:

- A signed and dated copy of a health care professional's statement is attached.
 OR
 Health Care Professional's Statement:
 I have examined the above-named child within the past year and find that he or she is able to take part in the day care program.

 Signature — Health Care Professional

 Date Signed

Name of Health Care Professional

Address of Health Care Professional

Receipt of Written Operational Policies

(Check All that Apply) I acknowledge receipt of the facility's operational policies, including those for:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Fred Moore Day Nursery School Parent Handbook • Discipline and guidance • Procedures for release of children • Suspension and expulsion • Illness and exclusion criteria • Emergency plans • Safe sleep • Meals and food service practices | <ul style="list-style-type: none"> • Procedures for dispensing medications • Procedures for conducting health checks • Immunization requirements for children • Procedures for parents to discuss concerns with the director • Procedures to visit the center without securing prior approval • Procedures for parents to participate in operation activities • Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL Website |
|---|---|

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Parent Signature

Date

Meals

I understand that the following meals will be served to my child while in care: (Check for all meals served)

- Breakfast Lunch Afternoon snack

Days and Times in Care

My child is normally in care on the following days and from the following times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

FMDNS Operating hours are 6:30 am to 6:00 pm Monday through Friday.

All Children must be checked in by 9:00 am.

Children will not be admitted after 9:00 a.m. except in extenuating circumstances, provided that FMDNS has been notified prior to the child's arrival. A doctor's note or excuse may be accepted after 9:00 am and can be submitted to the office upon arrival.

Consent Information

I give consent for the facility to secure any and all necessary life saving **emergency medical** care for my child.

Signature —Parent / Guardian

Date Signed

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to consent to 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 operation to transport & supervise my child for the following purposes:

- By ambulance for emergency care, accompanied by FMDNS Representative
 By a center employee to the above named locations for emergency care
 On Field Trips (Further field trip consent form required prior to any field trip activities)
 I DO NOT GIVE consent for my child to be transported by the operation's employees.

Field Trips Participation

- I give consent for my child to participate
 I do not give consent for my child to participate

1. Water Activities

I give consent for my child to participate in the following water activities:

- water table play *required* sprinkler play splashing/wading pools

2. Photos, Videos, Social Media (*Check ALL that apply*)

I give consent for FMDNS to photograph, or video my child for the following purposes:

- Internal use only display in classrooms/hallways Directory Social Media

I do not give consent for my child to be photo or videographed. *I acknowledge that some use of photos are required in child files and video footage is constantly being recorded by the use of closed circuit television (CCTV) on premise*

Vaccine Information

My Vaccination Records are attached

CHECK ONE

or

A Healthcare professional will complete the following (if checked, fill out information below)

	Vaccine Schedule	Dates Received
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

I as a Parent/Guardian, understand that it is my responsibility to give Fred Moore Day Nursery School any updated information concerning my child's health included but not limited to shot records, health concerns, health conditions and changes in allergy plan if applicable.

I attest the information contained in this form above is true and complete to the best of my ability.

Child's Parent or Legal Guardian Signature

Date Signed

Child Information Sheet

Does your child feed him/herself?	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Yes, but needs assistance
Does your child have any VISION or EYE problems? <input type="radio"/> No	<input type="radio"/> Yes Describe:
Does your child have any HEARING problems or difficulties? <input type="radio"/> No	<input type="radio"/> Yes Describe:
Does your child have any SPEECH problems, difficulties or delays? <input type="radio"/> No	<input type="radio"/> Yes Describe:
Does your child have any medically diagnosed DISABILITIES? <input type="radio"/> No	<input type="radio"/> Yes Describe:
Do you have any concerns about your child's general health, wellbeing, social/emotional development, educational development? <input type="radio"/> No	<input type="radio"/> Yes Describe:

In the event your child becomes ill in our care, what arrangements can you make in order to have your child picked up within 1 hour?

In the event your child becomes ill in our care, how should we best assist your child until you arrive?

Please list any routines that may be helpful for your child's teacher to know. Morning, naptime, pick up, evening
Knowing your family routines will help us create consistency between home & the classroom

Please list any special likes or dislikes your child has, and let your teacher know if there are specific things we can do to help your child's meal time routine go smoothly. If you have any concerns with things like choking, or difficulty in eating, please describe.

Can your child communicate verbally? If not, how does your child signal wants/needs? How do you help your child communicate with you and others around you?

How do you redirect your child's unwanted actions or behaviors at home? If your child is doing or saying something you want to change or do not approve of, how do you approach the situation with your child?

Does your child have any specific fears or experiences we should know? If your child is upset, how do you help them calm down?

Does your child interact with other children? If so, what are typical ways your child plays or interacts with others? What activities does your child like to do with other children?

Are there any special family dynamics, rituals, or household significance that we may need to be aware of to better assist you and your children?

Is there anything specifically you would like your child's teacher to know?

Does your child have any nap time routines or preferred sleeping position?

Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. Fred Moore Day Nursery School 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 Meal Benefit Income Eligibility Form. 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:
Fred Moore Day Nursery School, 821 Cross Timber Street,
Denton, TX 76205; (940) 387- 8214
2. Who can get free meals without providing income information? Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children (reference question #8 for more information on foster children) and children enrolled in a Head Start Program (HSP), Early Head Start Program (EHSP), or Even Start Program (ESP) and have not entered kindergarten) are also eligible for free meals. Households with children enrolled in a HSP, EHSP or ESP can provide a certification letter from the program of the child's enrollment and do not need to complete the CACFP Meal Benefit Income Eligibility Form.
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 Income Chart, sent with this 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 everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. 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, TANF, FDPIR 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 can provide the Texas Department of Family and Protective Services Form 2085FC, Placement Authorization Foster Care/Residential Care, to their child's caregiver and do not need to complete the CACFP Meal Benefit Income Eligibility Form.
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.
10. (Pricing program only) Will the information I give be verified? Maybe. We may ask you to send written proof to verify the information you submitted on the form. What if I disagree with the decision about the information I complete on this form?

You can talk to Kayti Porter , either in person or by telephone at 940-387-8214 . You may ask for a hearing by calling or writing to:

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

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 (877-839-6325)

Sincerely,
Kayti Porter
Executive Director

On Behalf of: Child and Adult Food Care Program. www.squaremeals.org

**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.

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

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

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the “No Income Box.”

Part 2: Skip this part.

Part 3: Skip this part.

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.

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

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

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.



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"/>

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)	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
<i>(Example)</i> Jane Smith	\$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:

<input type="radio"/> Asian	<input type="checkbox"/>	<input type="radio"/> American Indian or Alaska Native
<input type="radio"/> Hispanic or Latino	<input type="checkbox"/>	<input type="radio"/> Native Hawaiian or Other Pacific Islander
<input type="radio"/> Not Hispanic or Latino	<input type="checkbox"/>	<input type="radio"/> Black or African American

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
 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. Office of

This institution is an equal opportunity provider.

CACFP INFANT FEEDING PREFERENCE

Dear Parent/Guardian,

This child care provider participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires child care providers to follow specific meal patterns according to the age of the infant.

If your child is exclusively breastfed, child care providers participating in the CACFP can feed your infant the breast milk you supply and meet the meal pattern requirements. Breastfeeding is widely recognized as the best source of nutrition for infants.

The Institute of Medicine and the American Academy of Pediatrics recommend that adults/caregivers, who work with infants and their families, promote and support exclusive breastfeeding for the first six months and continuation of breastfeeding in conjunction with complementary foods for 1 year or more, and the Texas Department of Agriculture (TDA) encourages child care provider's to dedicate a space for mothers to breast feed their infants on site.

Child care providers participating in the CACFP **are required** to offer at least one infant formula for infants who are enrolled for child care. You may decline the infant formula offered, and supply breast milk and/or your own preferred infant formula.

Additionally, when you determine in consultation with your physician that your child is developmentally ready, the child care provider will also be **required** to offer infant cereal and other foods. As with infant formula, you can decline the infant cereal and other foods offered and provide those items to your child care provider. It is important to note that your child care provider will not receive reimbursement for meals that contain more than one parent provided component. Speak to your child care provider to understand what components are required for your infant's meal and the exceptions made for infants with disabilities, so that your infant receives the most nutritious meal possible.

This child care provider offers the following infant formula(s): **Advantage, Iron Fortified Infant Formula**

It is very important that you indicate your preferences on the form that follows so we can honor the nutrition choices you have made for your family. Please complete the information below to designate your preference for infant formula, infant cereal and other foods.

Infant's Name _____ Infant's Date of Birth _____

Breast milk and/or Formula preference

Please mark your preference (choose all that apply)	Today's Date _____ Birth through 5 months	Today's Date _____ 6 – 11 months
I will bring expressed breast milk for my infant.		
I want the childcare provider to provide the infant formula it offers for my infant.		
I will bring the infant formula for my infant. Please list the kind of infant formula you will bring:		

Preference regarding infant cereal and other foods

Please mark your preference	Today's Date _____ 6 – 11 months
My child is developmentally ready for solid foods. I want the childcare provider to provide the infant cereal and other foods for my infant.	
My child is developmentally ready for solids. I will bring the infant cereal and/or other foods for my infant.	
My child is NOT developmentally ready for solid foods. I will inform the provider when and designate the solid food(s) to be introduced to my infant at that time.	

Parent's (or guardian's) Signature _____

Date of Signature _____

- This form must be kept on file for each infant enrolled for child care.
- This form must be kept current and accurate for each infant enrolled for child care until the infant reaches one year of age.
- If the parent (or guardian) provides expressed breast milk and the child care provider feeds it to the child, and/or if the mother breast feeds her child on site, the meal may be claimed for reimbursement.
- If the parent (or guardian) declines the formula and the child care provider provides meal and/or snack components, the meal may be claimed for reimbursement.
- If the parent (or guardian) declines infant meals/snack, meals and snacks may NOT be claimed for reimbursement.

TO BE COMPLETED BY EMPLOYEE:

ENROLLMENT REGISTRATION INFORMATION ENROLLMENT CHECKLIST

Please review the entire Enrollment Registration Information Packet and Family Handbook with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child’s health record and immunizations for state compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

OBTAIN SIGNED FORMS FROM FAMILY

- Completed Enrollment Registration Information Packet (Staple the copy of the Financial Agreement to the back pages of the Family Handbook)
- Family Handbook Acknowledgement
- Other state or federal required forms: Demographic Data Sheet pg. 9, City of Denton pg. 10, CACFP pg 13 – 14.

OBTAIN DOCUMENTS FROM FAMILY MEMBERS

- Copy of Driver’s License for Payer and any present Authorized Pick-Up Individuals
- Orientation Signed & Dated

REVIEW WITH FAMILY

- | | |
|---|---|
| <input type="checkbox"/> Any photo restrictions | <input type="checkbox"/> Absenteeism policy |
| <input type="checkbox"/> Vacation policy | <input type="checkbox"/> Infant/Toddler Needs Services Plan (if applicable) |
| <input type="checkbox"/> Special needs | <input type="checkbox"/> Developmental Milestones |

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of Fred Moore Day Nursery School’s policies.

Name of Parent/Guardian: _____ Relationship: _____

Signature: _____ Date: _____

Name of Director: _____

Signature: _____ Date: _____

Comments/Special Notes regarding children, family or enrollment & instruction: