

CENTER ELIGIBILITY APPLICATION
CHILD CARE FOOD PROGRAM
 (INSTRUCTIONS ON BACK)

PART 1 FOR ALL HOUSEHOLDS: LIST ONLY ONE FOSTER CHILD PER APPLICATION FORM

Mark (X) Box
 If Foster Child

Participant's Last Name	First	M.I.	Age: _____	Birth date: _____	<input type="checkbox"/>
Participant's Last Name	First	M.I.	Age: _____	Birth date: _____	
Participant's Last Name	First	M.I.	Age: _____	Birth date: _____	
Participant's Last Name	First	M.I.	Age: _____	Birth date: _____	

PART 2A FOR HOUSEHOLDS RECEIVING FOOD STAMPS, CalWORKs, FDPIR, or Kin-GAP BENEFITS: Complete Part 2A and Part 3. DO NOT COMPLETE PART 2B.

Food stamp case number: _____ CalWORKs identification number: _____
 FDPIR identification number: _____ Kin-GAP identification number: _____

PART 2B ALL OTHER HOUSEHOLDS: If you did not complete Part 2A, complete Part 2B and Part 3.

Current Income/Monthly (Monthly Income Conversion: Weekly X 4.33, Every 2 Weeks X 2.15, Twice A Month X 2)				
Names of All Household Members (Do not include children listed above.)	Job 1 - Earnings from Work (See Back Page)	Welfare, Child Support, Alimony	Payments from Pensions, Retirement, *Social Security	Earnings from 2 nd Job or any Other Income
	Monthly Amount	Monthly Amount	Monthly Amount	Monthly Amount
1	\$	\$	\$	\$
2	\$	\$	\$	\$
3	\$	\$	\$	\$
4	\$	\$	\$	\$
5	\$	\$	\$	\$
6	\$	\$	\$	\$

PART 2C FOSTER CHILD: Complete Part 2C and Part 3. LIST ONLY ONE FOSTER CHILD PER APPLICATION FORM (NSD 3101)
 Foster child's total monthly income: \$ _____

PART 3 SIGNATURE: An adult household member must sign the statement before it can be approved.
PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the food stamp, CalWORKs, FDPIR, or Kin-GAP number is correct or that all income is reported. I understand that this information is being given for the receipt of federal funds; that institution officials may verify the information on the statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

Signature of adult: _____ Social Security Number: _____
 If NO Social Security Number, check box
 Printed name of adult: _____ Date signed: _____

Home address _____ Zip code _____ Home telephone _____ Work telephone _____

PART 4 RACIAL IDENTITY (Identification of children is voluntary):
 American Indian or Alaska Native Asian Black Native Hawaiian or other Pacific Islander White

ETHNIC IDENTITY
 Mark (X) box if this participant is Hispanic or Latino

CERTIFICATION

PART 5 FOR SPONSOR USE ONLY: Monthly Income Conversion
 Weekly X 4.33 Every 2 Weeks X 2.15 Twice A Month X 2 (Not if annual income)

Total household income: _____ Household size: _____
 Eligibility Category: Free: _____ Reduced-Price: _____ Base: _____
 Sponsor Representative Signature: _____ Date: _____

Recertification Date: _____ Free: _____ Reduced-Price: _____ Base: _____
 Recertify only with the issuance of a new eligibility scale or with the reporting of updated eligibility information. Applications are valid for 12 months from the original certification date, not the new recertify date.

ELIGIBILITY APPLICATION INSTRUCTIONS

Please complete the *Child Care Food Program Center Eligibility Application* using the instructions below. Sign the application and return it to the sponsoring organization. Call the sponsor if you need help:

PART I - PARTICIPANT'S INFORMATION: ALL HOUSEHOLDS TO COMPLETE THIS PART.

Print the names of children enrolled in the center. (Check box if a foster child. List only one foster child per form.)

PART 2A - HOUSEHOLDS RECEIVING FOOD STAMPS, CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY FOR KIDS (CalWORKs), KINSHIP GUARDIAN ASSISTANCE PAYMENTS PROGRAM (Kin-GAP) OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR) BENEFITS: COMPLETE PART 2A & PART 3.

- (1) List your current food stamp case number or your CalWORKs or FDPIR identification number for the participant. Do not complete Part 2B.
- (2) An adult household member must sign the statement in Part 3.

PART 2B - ALL OTHER HOUSEHOLDS: COMPLETE PART 2B AND PART 3.

- (1) Write the names of everyone in your household.
- (2) Write the amount of income (before taxes or anything else is taken out), received last month for each household member, and where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount last month was more or less than usual, write that person's usual income.
- (3) Parent/guardian or another adult household member must sign and give his/her social security number in Part 3.

PART 2C - FOSTER CHILD: COMPLETE PART 2C AND PART 3 FOR EACH FOSTER CHILD LIVING IN YOUR HOME AND ENROLLED FOR CARE.

PART 3 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART.

- (1) All Center Eligibility Applications must have the signature of an adult household member.
- (2) The adult household member who signs the statement must include his/her social security number. If he/she does not have a social security number, check box "none." If you listed a food stamp, CalWORKs, FDPIR, or Kin-GAP number or if the application is for a foster child, a social security number is not needed.

*Section 9 of the National School Lunch Act requires that, unless the participant's Food Stamp, CalWORKS, FDPIR, or Kin-GAP information is provided, you must include the social security number of the adult household member signing the application or an indication that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the application does not have such number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations, and may include contacting employers to determine income, benefits, contacting the State's Employment Development Department offices to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported."

PART 4 - RACIAL/ETHNIC IDENTITY: IDENTIFICATION OF CHILDREN IS VOLUNTARY.

You are not required to complete this section to receive meal benefits. However, this information will help ensure that every person is fairly treated.

PART 5 - FOR SPONSOR USE ONLY: It is the sponsor's responsibility to complete Part 5.

NOTE - UPDATING THE FORM: You must update the form if any family member becomes unemployed, whenever household income increases by \$50.00 per month, \$600.00 per year or more, when the number of household members decreases, or when Food Stamp, CalWORKs, FDPIR, or Kin-GAP benefits are terminated.

INCOME TO REPORT

Earnings from Employment

Wages/salaries/tip, Strike benefits, Unemployment compensation, Worker's compensation, Net income from self-owned business, day care, farm, or other

Welfare/Child Support/Alimony

Public assistance payments, Welfare payments, Alimony/child support payments

Foster Child's Income

ONLY funds from welfare agency identified by category for personal use of child (clothing, school fees, etc.), funds from child's family for personal use and earning from other than occasional or part-time employment. DO NOT COUNT funds from welfare agency for shelter, care, etc.

Pensions/Retirement/Social Security

Pensions, Retirement income, Veteran's payments, Social Security, *Supplemental Security Income (\$10.00 may be deducted from SSI check amounts as the Food Stamp equivalency).

Military Households

All cash income, including military housing/uniform allowances. Does not include "in-kind" benefits NOT paid in cash (Base housing, clothing, food, medical care, etc.)

Other Income

Disability benefits, Cash withdrawn from savings, Interest/Dividends, Income from trusts/investments, Regular contributions from persons not living in household, Net royalties/annuities/net rental income, or any other income.



I am very pleased that you are inquiring about Kidz “R” Us Community Child Care Center. Our program is based on the philosophy that children can learn the skills necessary to succeed in school and life. And that each child learns at his own rate, and that success in learning will develop the child’s self-image. Our goal is to service the community in every way possible. Several times through out the year we will be conducting many workshops. All parents are invited to attend. We look forward to serving you.

Rights of Licensing Agency

Any authorized officer, employee, or agent of the department of Community Care Licensing may enter and inspect the center and services at any time, with or without advance notice.

Days and Hours of Operations

The center will be open Monday-Friday 6:00 a.m. to 5:30 p.m.

Contracted Days/Hours

Hours will be specified on your admission agreement; any extra days or hours will be at an additional charge.

Registration & Forms

All registration fees must be paid prior to enrollment. Registration forms must be completely filled out and returned before the child’s first day at the center. Please make sure that all information is correct and stays updated.

Registration Fees

Registration fees are as follows: \$95.00 upon enrollment, and annually thereafter in January, regardless of enrollment date.

Payment Programs

All payment programs accepted. Once payment assistance has been terminated you are responsible for all payments thereafter.

Returned Checks

There will be a \$25.00 fee for any returned checks. After two returned checks, your check writing privileges will be suspended.

Tuition

Tuition varies depending on your childcare needs.(See Rate Sheet) Your tuition will include, your hours of care (premium or regular), meals and transportation. Tuition does not include field trips. Tuition may be paid by cash, check, or money order. Tuition is to be received on Friday for the following week, if tuition is not in tuition box by noon on Monday a \$5.00 late charge will be assessed. If at any time your rate shall increase you will be given a 30-day notice prior to increase.

Tuition Drop-Box

The tuition drop-box is located next to the Sign-In/Out Book. Tuition, suggestions, and prayer request can be dropped in this mailbox. If tuition is not in box by noon on Monday, late charges will be assessed.

Refunds

Full tuition will be charged on a weekly basis. Days parents choose to keep children home are to be paid in full, with no exceptions. There will be no refunds for absences due to illness, vacation, or holidays.

Receipts & Tax Information

Receipts will be given the following Monday after tuition has been paid. W-10 forms will be given out by January 31.

Notice of Termination

A notice of termination should be given two weeks prior to child leaving. If no notice is given you will be responsible for a full two weeks tuition; based on your tuition rate.

No Call/No Show

If children do not attend for two consecutive weeks, they will be dropped from the center roster. You must then reenroll child into the program, fill out all necessary enrollment forms, and pay all applicable fees, i.e. registration fees and any other acquired childcare cost.

Late Pick-up Charges

Late fee is a \$1.00 per minute, and must be paid the following day and/or before child can return to school. Payment programs do not cover late charges.

Sign-in/Sign-out Procedure

Children should be signed-in and out daily by an adult (Ask for waiver for persons picking up your children who are under the age of 18 years old). If your child is not signed-in you will be called to return to the center to sign them in.

Breakfast

Breakfast will be served at 8:00 a.m. Your child needs to arrive by the scheduled mealtime in order to be served breakfast. Your child will receive a nutritious breakfast everyday.

Lunch

Lunch is served at 11:30 a.m. Your child needs to arrive by the scheduled mealtime in order to receive lunch. Your child will receive a hot nutritious lunch everyday.

Snack

Snack is served at 3:30 p.m.

What to bring

We ask that your child have at least one change of clothing at school. Your child should bring an appropriate size blanket for naptime. Make sure your child's name is written on all items.

What not to bring

We ask that you not bring toys, or candy to school. We also ask that you not bring any food unless your child is on a special diet. Any of these items brought to school will be take away.

Discipline

Redirection is the primary tool used for the promotion of acceptable behaviors. If an extreme case of inappropriate behavior occur in which a child endangers him/herself, others, or property, the child will be removed from the group until he/she can return to the group in a controlled manner. **NO CORPORAL PUNISHMENT OF ANY KIND WILL BE USED** as this is a violation of personal rights.

Grounds for immediate dismissal:

Willful bodily harm of another in which medical attention is required

Destruction of Property

Parents are responsible for any and all cost of willful destruction of center property.

Dismissal Policies

Repeated inappropriate behavior, and/or excessive late pick-ups may result in dismissal. Please keep me informed of any changes in the household or family that may affect your child's behavior.

Our dismissal policy is as follows:

- You will receive a warning.
- You will receive a written warning.
- You will have a conference with the director/ teacher/ parent.
- 1-day suspension.
- 3-day suspension.
- Termination.

Field Trips

We will follow all safety requirements when going on field trips. All parents are encouraged to attend field trips.

Guidelines for Releasing a Child

The center will only release children to whom parent has authorized on enrollment forms. If you need to add or delete someone please inform center as soon as possible. If there is a custody issue between parents, then their needs to be a copy of the court order in your child's file in order for the center to enforce it.

Phone calls & Visits

Parents are welcome to visit or phone at anytime during Center hours.

Complaints

Complaints can be directed at any staff person; you can be assured that complaints will be handled in an appropriate and timely manner. You are always welcomed to leave a message on Administrator's private voice mail or drop it in the tuition box.

Sick Policy

Children with chicken pox, measles, severe congestion, fever, or severe colds will not be allowed to attend childcare. Children with fever should be kept home for 24 hours after antibiotics have been given for the first time.

Immunization

All children must be up to date on required immunizations. A copy of your child's immunization records must be provided at enrollment.

Medication

We are not able to get out medication weather it be prescription or not.

Medical Emergency

In case of an emergency your child will be taken to:
Lakewood Regional Medical Center
3700 South St
Lakewood, Ca 90805

Parent Information Board

On the parent information board you will find all necessary information for the activities going on for the month, the monthly menu, licensing information, and any other information that you need to know. Make you sure you read it everyday.

Holidays

The Center will observe the following holidays:

- Martin Luther King’s Birthday
 - President’s Day
 - Good Friday
 - Memorial Day
 - Fourth of July
 - Labor Day
 - Veteran’s Day
 - Thanksgiving Day and the day after
 - Winter Vacation/Spring Break/Summer Vacation
- The following holidays are paid center holidays. (See Refunds)**

Modification & Amendments

The center reserves the right to modify and/or amend this contract at any time.

We reserve the right at any time to terminate this contract with or without written notice, to ensure the safety of our employees and/or other children at the center.

.....
I have received, read, understand, and will comply with all that is written in this handbook, I am aware that the center has the right at anytime to change this handbook, with or without notice. I am aware that the center reserves the right at anytime to terminate this contract to ensure the safety of their employees and/or other children at the center.

If married, I have discussed these policies with my spouse and they are fully aware of all polices associated with Kidz R Us Community Child Care Center Inc.

Parent’s Signature _____ Date _____

Administrator’s Signature _____ Date _____



Photo Release

By signing below I give permission to Kidz "R" Us Community child Care Center Inc. the right to photograph my child while at school or participating in any school activity.

By signing below I waive my right to approve the finished photograph or any copy, which might be used in conjunction with the finished photograph.

By signing below I consent that any photographs, which have been taken, or will be taken by Kidz "R" Us Community Child Care Center Inc., may be used by Kidz "R" Us Community Child Care Center for school use only.

Parent Printed Name

Printed Child's Name

Parent Signature

Date