



3602 Chaha Road Rowlett, TX 75088
(972) 412-7273 Phone (972) 463-2437 Fax
www.oakleafkidsacademy.com

Enrollment Application

We are required by the State of Texas to maintain certain documents and to operate in a safe manner. Accurate and up-to-date information is necessary, should we need to contact you quickly in the event of an urgent situation or an emergency. The information requested in this Enrollment Application allows us to meet these requirements so we can operate in a safe and efficient manner.

If you have any questions, please let us know before you sign these pages.

By signing this form, you are agreeing to the following:

1. Keep the information in this Enrollment Application current and up to date
2. Read and accept the rules and regulations found in the current Parent Handbook
3. Pay tuition on time. Tuition is **due on Monday** of each week. If it is not paid by Tuesday of the week it is due, there will be a \$25.00 late charge added
4. Maintain a current credit/debit card or draft form on hand and allow us to it to collect payment should tuition not be paid by Thursday of the week is it due
5. Not bring your child if tuition becomes past due for two weeks
6. Understand that **Weekly rates are charged whether your child attends or is absent for any reason – unless you have completed at least 1 week in advance a change of billing method form.**
7. Accurately log in and out each day and to pay a \$1.00 per incident if this is not done
8. Call one day ahead if your child will not be in attendance, or in the event of illness or other emergency, as soon as possible
9. Call by noon if you need/do not need your child picked up from school on an unscheduled event – except in emergencies
10. Give us two week's notice if you withdraw your child otherwise parent will be charged
11. Give permission for photos and videos of your child to be made during school events and for us to use those images in advertisements and in other media productions without compensation of any kind.
12. Discuss any issues with one of the directors immediately that you feel are of urgent or serious concern
13. Complete all documents in Family Enrollment Packet

Your child's name(s) _____

Your signature _____ Date _____

Received by: _____ Date _____

Childcare Agreement

Hours

6:30AM-6:30PM

1. Upon acceptance of enrollment, parent must submit statement from physician that he/she is free from communicable and infectious diseases and a signed and dated record of immunizations.
2. When showing signs of illness, child will be isolated and parent will be notified. Parent must then make arrangements for the child to be picked up as soon as possible.
3. Any medicine to be given must be authorized by a written statement from parent. Medications to be given must be authorized by a written statement from parent. Medications are administered at 11am and 3pm only.
4. A well-balanced morning and afternoon snacks and Lunch are served each day. Breakfast is served each day between 6:30-8am. After schooler's get supper snack.
5. Only parents and authorized persons may pick up child. If there is a restriction on either parent, a copy of the custody paper and restraining order must be kept on file at the school.
6. Oak Leaf is closed on the following Holidays: Labor Day, Thanksgiving, Christmas, New Year's Day, Memorial Day and Fourth of July. There is no reduction in tuition for these holidays. Oak Leaf closes at noon on Christmas Eve unless it falls on a Monday or Friday, in which case it will be closed.
7. If a child is to be out for a full week, full tuition must be paid in advance. If your child attends only part of a week full tuition is due. We reserve a space for your child and not enroll someone in his/her place.
8. Personal belongings brought to Oak Leaf should be labeled with your child's name. We cannot be responsible for toys, candy, electronics, etc. left in tote trays in classrooms.
9. Any special problems or occurrences with a child will be brought to the attention of the parents.
10. This center does not discriminate in enrollment on the basis of race, color, creed, religion or national origin.
11. Children needing discipline will be taken out of an activity or sent to "time-out."
12. After school children:
13. It is the parent's responsibility to notify Oak Leaf if a child is not attending school on days he/she is to be picked up by Oak Leaf.
14. It is the responsibility of the child to be at the designated pickup place waiting for the Oak Leaf bus at dismissal time.
15. I understand there is an additional \$30.00 charge for days my child will be at Oak Leaf all day ie: in-service days, bad weather days, and school holidays. (Pertains to public school age children.)
16. A non-refundable school registration fee is paid twice a year; late spring for Summer Enrollment and late summer for Fall Enrollment.
17. I agree to pay in advance my weekly tuition. The center closes at 6:30. There will be a \$5/minute charge for late pickups for first 5min and then \$1/min . If the child remains at the center 1 hour after closing the police will be called.
18. I understand that tuition is due Monday for the upcoming week. A late fee of \$25 will be charged if not received by Tuesday 6:30pm.

Parent Signature

Date

Discipline and Guidance Policy

Oak Leaf Kids Academy

- ❖ Discipline must be:
 - Individualized and consistent for each child;
 - Appropriate to the child's level of understanding; and
 - Directed toward teaching the child acceptable behavior and self-control.
- ❖ A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - Reminding a child of behavior expectations daily by using clear, positive statements;
 - Redirecting behavior using positive statements; and
 - Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.
- ❖ There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - Corporal punishment or threats of corporal punishment;
 - Punishment associated with food, naps, or toilet training;
 - Pinching, shaking, or biting a child; Hitting a child with a hand or instrument;
 - Putting anything in or on a child's mouth;
 - Humiliating, ridiculing, rejecting or yelling at a child;
 - Subjecting a child to harsh, abusive, or profane language;
 - Placing a child in a locked or dark room, bathroom, or closet with the door closed;
 - And requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Circle one please:

Parent

Employee/Caregiver

Household Member of Child-Care Home



ENROLLMENT APPLICATION

DATE _____

PLEASE PRINT LEGIBLY

RESPONSIBLE PERSON: This person is responsible for payment of this account.

FULL NAME FIRST _____ MIDDLE _____ LAST _____

MOTHER FATHER OTHER _____ SS# _____ - _____ - _____ DOB ____/____/____

PHYSICAL ADDRESS STREET _____ APT _____

CITY _____ STATE _____ ZIP _____

TELEPHONE HOME _____ CELL _____ WORK _____

E-MAIL HOME _____ WORK _____ OTHER _____

WORK BUSINESS NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ CONTACT PERSON _____

PARENT'S MARITAL STATUS _____ CHILD(REN) LIVE(S) WITH _____

ADDITIONAL RESPONSIBLE PERSON (usually other parent)

FULL NAME FIRST _____ MIDDLE _____ LAST _____

MOTHER FATHER OTHER _____ SS# _____ - _____ - _____ DOB ____/____/____

PHYSICAL ADDRESS STREET _____ APT _____

CITY _____ STATE _____ ZIP _____

TELEPHONE HOME _____ CELL _____ WORK _____

WORK BUSINESS NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ CONTACT PERSON _____

CHECK ONE BOX IN EACH LINE

TRANSPORTATION GIVE DO NOT GIVE MY CONSENT FOR MY CHILD(REN) TO BE TRANSPORTED BY THIS FACILITY.

WATER ACTIVITIES GIVE DO NOT GIVE MY CONSENT FOR MY CHILD(REN) TO PARTICIPATE IN WATER ACTIVITIES.

FIELD TRIPS GIVE DO NOT GIVE MY CONSENT FOR MY CHILD(REN) TO PARTICIPATE IN FIELD TRIPS.

MEDICAL INFORMATION

FAMILY PHYSICIAN NAME _____ TELEPHONE _____

PREFERRED HOSPITAL NAME _____ CITY _____ TELEPHONE _____

IN THE EVENT THAT I CANNOT BE REACHED TO MAKE ARRANGEMENTS FOR EMERGENCY MEDICAL ATTENTION, I AUTHORIZE THE DIRECTOR OR PERSON IN CHARGE TO SECURE ANY AND ALL NECESSARY EMERGENCY MEDICAL CARE FOR MY CHILD.

IMMUNIZATION RECORDS I WILL PROVIDE (OR HAVE MY PHYSICIAN'S OFFICE PROVIDE) IMMUNIZATION RECORDS WITHIN TEN DAYS.

OR MY CHILD(REN) ATTEND(S) THE SCHOOL(S) LISTED BELOW, AND THEY HAVE CURRENT IMMUNIZATION RECORDS.

SCHOOL(S) _____

MY CHILD(REN) HAS(HAVE) BEEN EXAMINED WITHIN THE PAST YEAR BY A LICENSED PHYSICIAN AND IS(ARE) ABLE TO PARTICIPATE IN THE DAY CARE PROGRAM.

PASSWORD FOR EMERGENCY VERIFICATION _____ HINT QUESTION _____

I ACKNOWLEDGE RECEIPT OF THE FOLLOWING: PARENT HANDBOOK DISCIPLINE POLICY AGREEMENT W/ Oak Leaf Kids Academy

I AGREE TO KEEP THIS ACCOUNT PAID AND CURRENT, AND TO MAINTAIN CURRENT INFORMATION ON FILE.

SIGNATURE _____

(MUST BE PARENT OR LEGAL GUARDIAN)

DATE _____

CHILDREN

C FULL NAME FIRST _____ MIDDLE _____ LAST _____ BIRTHDAY _____
H
L (CIRCLE ONE) BOY GIRL (CIRCLE ONE) FULL-TIME PART-TIME IF PART-TIME, CIRCLE DAYS: M T W Th F
D SCHOOL _____ NEED OUR BUS (CIRCLE ONE) YES NO ALLERGIES _____
1

C FULL NAME FIRST _____ MIDDLE _____ LAST _____ BIRTHDAY _____
H
L (CIRCLE ONE) BOY GIRL (CIRCLE ONE) FULL-TIME PART-TIME IF PART-TIME, CIRCLE DAYS: M T W Th F
D SCHOOL _____ NEED OUR BUS (CIRCLE ONE) YES NO ALLERGIES _____
2

C FULL NAME FIRST _____ MIDDLE _____ LAST _____ BIRTHDAY _____
H
L (CIRCLE ONE) BOY GIRL (CIRCLE ONE) FULL-TIME PART-TIME IF PART-TIME, CIRCLE DAYS: M T W Th F
D SCHOOL _____ NEED OUR BUS (CIRCLE ONE) YES NO ALLERGIES _____
3

C FULL NAME FIRST _____ MIDDLE _____ LAST _____ BIRTHDAY _____
H
L (CIRCLE ONE) BOY GIRL (CIRCLE ONE) FULL-TIME PART-TIME IF PART-TIME, CIRCLE DAYS: M T W Th F
D SCHOOL _____ NEED OUR BUS (CIRCLE ONE) YES NO ALLERGIES _____
4

ONLY PEOPLE LISTED HERE ARE ALLOWED TO CHECK-IN/CHECK-OUT YOUR CHILDREN

FIRST _____ LAST _____ TDL# _____ RELATION FATHER MOTHER GRANDPARENT FRIEND	FOR OFFICE USE: CODE
Phone Number: _____ Address: _____	
1. FIRST _____ LAST _____ TDL# _____ RELATION FATHER MOTHER GRANDPARENT FRIEND Phone Number: _____ Address: _____	
2. FIRST _____ LAST _____ TDL# _____ RELATION FATHER MOTHER GRANDPARENT FRIEND Phone Number: _____ Address: _____	
3. FIRST _____ LAST _____ TDL# _____ RELATION FATHER MOTHER GRANDPARENT FRIEND Phone Number: _____ Address: _____	
4. FIRST _____ LAST _____ TDL# _____ RELATION FATHER MOTHER GRANDPARENT FRIEND Phone Number: _____ Address: _____	
5. FIRST _____ LAST _____ TDL# _____ RELATION FATHER MOTHER GRANDPARENT FRIEND Phone Number: _____ Address: _____	

EMERGENCY CONTACTS (CAN BE CONTACTED IN THE EVENT OF ILLNESS AND/OR EMERGENCY AND ALLOWED TO MAKE DECISIONS)

1. FIRST _____ LAST _____ RELATION FATHER MOTHER GRANDPARENT OTHER _____
TELEPHONE HOME _____ CELL _____ Address _____

2. FIRST _____ LAST _____ RELATION FATHER MOTHER GRANDPARENT OTHER _____
TELEPHONE HOME _____ CELL _____ Address _____

3. FIRST _____ LAST _____ RELATION FATHER MOTHER GRANDPARENT OTHER _____
TELEPHONE HOME _____ CELL _____ Address _____

I UNDERSTAND THAT TUITION IS DUE ON MONDAY OF EACH WEEK, IN ADVANCE, FOR THAT WEEK.
IT IS LATE AFTER TUESDAY. A CHARGE OF \$25.00 WILL BE POSTED EACH WEDNESDAY IF THERE IS ANY BALANCE DUE.
IF I HAVE SELECTED WEEKLY PAYMENT RATES, I UNDERSTAND THAT TUITION IS DUE WHETHER MY CHILD(REN) ATTEND OR ARE ABSENT FOR ANY REASON.

HOW DID YOU HEAR ABOUT Oak Leaf Kids Academy? _____

SIGNATURE _____ DATE _____
(SAME PERSON AS PREVIOUS PAGE)

Oak Leaf Kids Academy
3602 Chaha Rd
Rowlett, TX 75088
972-412-7273

MEDICAL EMERGENCY RELEASE

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident I give my permission for:

Oak Leaf Kids Academy

To take my child (name) _____

Date of Birth _____ Blood Type (if known) _____

Date of last Tetanus Shot _____

To nearest hospital: _____

To: Physician _____

Address: _____ Phone: _____

Emergency Number for Parent or Legal Guardian:

Mother's Name _____ Home # _____

Work # _____ Cell # _____

Father's Name _____ Home # _____

Work # _____ Cell # _____

Other Emergency Contact: Relationship to child _____

Name _____ Home # _____

Work # _____ Cell # _____

My child is ALLERGIC to the following MEDICATIONS: _____

SPECIAL PROBLEMS that the DOCTOR should be aware of in an
Emergency _____

Any medication taken daily _____

Parent or Legal Guardian Signature

Printed Name of Parent or Legal Guardian

Date

Office Use Only:



Date: _____

Signed before Me: _____



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CERTIFICATE OF HEALTH

*****MUST INCLUDE SHOT RECORDS*****

Physician's Name: _____

Physician's Address: _____

_____ (Name of Child), is able to participate in programs conducted by Oak Leaf Kids Academy. The signed release will be followed by a written statement from a licensed physician who has examined the above said child within the last 12 months.

Parent Signature

Date

This is to certify _____ (child name), is free of any contagious or infectious disease(s). Child has been examined by me within the las 12 months and is able to participate in Oak Leaf Kids Academy programs.

DOCTOR'S SIGNATURE

Date

Infant Information Sheet

Child's Name: _____ Date: _____
 Birth Date: _____ Hours in Care: _____

Please Circle One

Does child take a bottle?	YES	NO
Is the bottle warmed?	YES	NO
Can child hold his/her own bottle?	YES	NO
Does child take a pacifier?	YES	NO
If so when is it needed?		

List any baby ointments or powder to use and when:

Any known allergies or allergic reactions:

CHILD'S DAILY MEAL SCHEDULE

Please list approx times: Type of food and approx. amount

Formula: _____	_____
Baby food: _____	_____
Snacks: _____	_____

Special Needs or
 Comments: _____

Parents Signature: _____



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Photo Release Form

Oak Leaf Kids Academy takes photographs and videos of our student throughout the year to use for a multitude of purposes, including but not limited to and for the following: Website, Social Media Marketing and Advertising, posting throughout our school grounds/property, and Documentation of Learning in our classrooms.

I, _____ hereby give do not give,
Oak Leaf kids Academy permission to use my child(ren)'s photographs and videos.

**This photo release form pertains to the following children enrolled at
Oak Leaf Kids Academy.**

1.)

2.)

3.)

4.)

Newsletters/Notifications

Mother's Email Address: _____

Father's Email Address: _____

By signing this document, I agree to the above mentioned release of photos and videos for my child(ren).

Parent/Guardian Signature

Date



Parent Email and Mobile number for Childcare notifications

Mother's Email address : _____

Mothers' mobile number : _____

Mobile service provider : _____
(e.g. AT&T, Verizon, T-Mobile etc.)

Father's Email address : _____

Father' mobile number : _____

Mobile service provider : _____
(e.g. AT&T, Verizon, T-Mobile etc.)

I give my consent to receive SMS or email related to childcare notifications, online portal access and newsletters.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____



Automated Payment Processing

Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of automated payment processing that allows secure, on-time tuition and fee payments to be made from either your bank account or debit/credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **DEBIT/CREDIT CARD**

I (we) hereby authorize **Oak Leaf Kids Academy, 3602 Chaha Rd, Rowlett TX** to initiate debit/credit card charges to the below-referenced debit/credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

COMPLETE ONE SECTION ONLY

SECTION A (Debit/Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date	Last three on back of the card	
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received
Employee Signature





FP Assistance

Feeding the Future

Memorandum

TO: The parents of children enrolled at Oak Leaf Kids Academy
FROM: FP Assistance, a Food Program Sponsor
RE: USDA Food Program

USDA and the state of Texas have developed a program to help childcare centers create a healthier approach to mealtimes and snacks. Your child's center is so excited to have been chosen to participate in this opportunity!!

Through this program, the center staff will receive additional nutritional training and guidance, as well as a subsidy to implement the service. Although the center has always followed the State licensing guidelines for nutritional meals and snacks, this new program holds them to a different standard to promote a balanced diet while at the same time offering a variety of healthier food options.

Please complete the attached forms for each one of your children who attend the center. FP Assistance must have one Enrollment Form per **child** and one MBIE Form per **household**, even the part-time school agers. The information on the form will be kept confidential and is mandatory in order for the center to participate in this program. Please return the forms to the center's office, as they are keeping a log in each child's folder which must be completed by at the time of enrollment.

FP Assistance and your center really appreciate your help!! All children at the center will benefit from this service; therefore, the forms must be filled out for every child. Your prompt response will be greatly appreciated.



FP Assistance

Feeding the Future

Enrollment Form

Center Name: Oak Leaf Kids Academy Site Code: 0128

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) _____ Date: _____ Phone: (____)____-_____

2) _____ Date: _____ Phone: (____)____-_____

3) _____ Date: _____ Phone: (____)____-_____

4) _____ Date: _____ Phone: (____)____-_____

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

**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)

0128

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) <i>(Example)</i> 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)

0128

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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Complaint/Grievance Procedure

Any dispute which may arise from an employee or parent complaint with respect to the interpretation of the terms and conditions of the Agreement shall be subject to the following Grievance Procedure, unless expressly excluded from such procedure by the terms of the Agreement. All grievances shall be initiated at Step 1. Time limits set forth herein may be extended upon mutual agreement of the parties.

- **Step 1:** The employee or parent shall present the grievance to the most immediate supervisor who has the authority to make adjustments in the matter within 14 days of the alleged grievance or knowledge thereof.
- **Step 2:** If a satisfactory settlement is not reached in Step 1 within three days following its completion, the employee or parent may present the grievance to the supervisor's immediate authority. Upon the request of the 2nd authority, the grievance shall be in writing and shall state the grievant(s) name(s).
- **Step 3:** If a satisfactory settlement is not reached in Step 2 within five days of the date of submission of the written grievance to the 2nd authority, the employee or parent may serve written notice upon the employer that they desire to present the grievance to the Board of Directors or company President.
- **Step 4:** The Board of Directors or the company President shall act as an arbitrator. The decision of the arbitrator shall be final and binding upon the parties except in cases related to Civil Rights.

If the grievance is related to a civil rights issue, then Step 5 will be followed:

- **Step 5:** If a satisfactory settlement is not reached in Step 4, the Board of Directors or company President shall provide the employee or parent with written instructions on how to make a civil rights complaint to USDA. It shall read as follows:

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, audiotape, 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](#), (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.

- The written instructions must be available in both English and Spanish.

Name of Facility/Nombre del centro Oak Leaf Kids Academy	Facility Representative/Representante del centro	Area Code and Telephone No./Clave del área y teléfono
Address of Facility/Dirección del centro		

Oak Leaf Kids Academy 3602 Chaha Road Rowlett, TX 75088 972-412-7273

Date/Fecha

Dear Parent or Guardian:

We serve nutritious meals to all children enrolled in this facility. We receive federal support to help pay the cost of the meals. Therefore, we do not charge separately for the meals. The amount of federal support we receive is based on information you provide from your child's Head Start, Early Head Start or Even Start Program, or on the information you provide on the enclosed application.

HEAD START OR EARLY HEAD START PARTICIPATION: If your child is enrolled as a participant in a Head Start Program or Early Head Start Program, your child is automatically eligible for free meals in the Child and Adult Care Food Program, and Summer Food Service Program without further application. You may ask your child's Head Start Program or Early Head Start Program to give you a letter which certifies that your child is currently enrolled as a participant in Head Start or Early Head Start. If you provide us with a copy of the certification letter from Head Start or Early Head Start, you will not need to fill out the enclosed application.

EVEN START PARTICIPATION: If your child is enrolled as a participant in the Even Start Family Literacy Program and has not yet entered kindergarten, your child is automatically eligible for free meals in the Child and Adult Care Food Program, and Summer Food Service Program (closed enrolled sites only) without further application. You may ask your child's Even Start Program to give you a letter which certifies that your child is currently enrolled as a participant in Even Start and has not yet entered kindergarten. If you provide us with a copy of the certification letter from Even Start, you will not need to fill out the enclosed application.

If you have not provided us with a Head Start, Early Head Start or Even Start certification letter for your child, and your household income is at or below the income levels shown on Form H1625-A, please fill out this application, sign it and return it to us. Please answer all the questions on the form. *If information about household members and income is missing, federal support may be reduced.*

Estimado padre, madre o tutor:

Servimos comidas nutritivas a todos los niños inscritos en este centro. Recibimos fondos federales que ayudan a pagar el costo de las comidas. Por eso, no cobramos aparte por las comidas. La cantidad de fondos federales que recibimos se basa en la información que usted da sobre el Programa Head Start, Early Head Start o Even Start de su hijo o en la solicitud adjunta.

PARTICIPACIÓN EN HEAD STARA O EARLY HEAD START. Si su hijo está inscrito en un programa Head Stara o un programa de Early Head Start, el niño automáticamente llenará los requisitos para recibir comidas gratis en el Programa de Alimentos para Centros de Cuidado de Adultos y Niños, y el Programa de Servicio de Comidas de Verano sin tener que hacer otra solicitud. Puede pedirle al programa Head Start o al programa Early Head Stara de su hijo que le dé una carta en la que certifique que su hijo está inscrito actualmente en el programa Head Start o Early Head Start como participante que llena los requisitos por ingresos. Si nos manda una copia de la carta de certificación de Head Stara o Early Head Start, no tendrá que llenar la solicitud adjunta.

PARTICIPACIÓN EN EL PROGRAMA EVEN START. Si su hijo está inscrito en el Programa de Alfabetización de la Familia Even Start y todavía no ha entrado a kinder, el niño automáticamente llenará los requisitos para recibir comidas gratis en el Programa de Alimentos para Centros de Cuidado de Adultos y Niños, y el Programa de Servicio de Comidas de Verano (solamente en sitios cerrados inscritos) sin tener que hacer otra solicitud. Puede pedirle al programa Even Start de su hijo que le dé una carta en la que certifique que su hijo está inscrito actualmente en el programa Even Start como participante y todavía no ha entrado a kinder. Si nos manda una copia de la carta de certificación de Even Start, no tendrá que llenar la solicitud adjunta.

Si no ha presentado una carta de certificación de Head Stara, Early Head Start o Even Start para su hijo, y los ingresos de su unidad familiar no son mayores de los que están enumerados en la Forma H1625-A adjunta, favor de llenar, firmar y enviarnos esta solicitud. Por favor, dé toda la información solicitada en la forma. *Si falta información sobre los miembros o ingresos de la unidad familiar, puede reducirse la asistencia federal.*

COMPLETE APPLICATION: For an application to be complete, you must include (1) the names of children enrolled, (2) total household income by source, (3) all household members' names, (4) the Social Security number of the adult household member signing the application or an indication that the household member does not possess a Social Security number, and (5) an adult household member's signature. TANF/Food Stamp households must provide only the children's names, their case number and an adult household member's signature.

VERIFICATION: Our staff or state or federal officials may check the information on the application at any time during the year.

REPORTING CHANGES: Households approved for free or reduced-price meals are not required to report changes in income status, household size or when the household is no longer eligible for Food Stamps, TANF, Head Start, Early Head Start or Even Start. This provision does not apply to a household provided with "temporary" approval for meal benefits.

SPECIAL NEEDS: If your child is determined by a doctor to have special dietary needs as a result of a disability or other physical condition, please call us.

FOSTER CHILDREN: Some foster children may be eligible regardless of your income. If you have foster children living with you and you want to apply for free or reduced-price meals for them, call us.

CONFIDENTIALITY: The information you provide will be treated confidentially and will be used only to determine eligibility and verify information.

NONDISCRIMINATION: In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication and Compliance, 1400 Independence Ave., SW, Washington, D.C. 20250-9410 or call 202-260-1026, 866-632-9992 (toll free) or 202-401-0216 (TDD). USDA is an equal opportunity provider and employer.

If you have any questions or need help filling out an application, please contact us.

SOLICITUD COMPLETA. Para que la solicitud se considere completa tiene que tener (1) el nombre de los niños inscritos, (2) la cantidad total y la fuente de los ingresos de la unidad familiar, (3) el nombre de todos los miembros de la unidad familiar, (4) el Número de Seguro Social del miembro adulto de la unidad familiar que firma la solicitud, o una nota que aclare que el miembro no tiene un Número de Seguro Social y (5) la firma de un miembro adulto de la unidad familiar. La unidad familiar que recibe TANF o Estampillas para Comida solo tiene que dar el nombre de los niños, el número de su caso y la firma de un miembro adulto de la unidad familiar.

VERIFICACIÓN. Puede ser que nuestro personal o los funcionarios estatales o federales verifiquen la información de la solicitud en cualquier momento durante el año.

AVISO DE CAMBIOS. Las unidades familiares aprobadas para recibir comida gratis o a precio reducido no tienen que informar sobre cambios en los ingresos, el número de personas en la unidad familiar o si la unidad familiar ya no llena los requisitos para Estampillas para Comida, TANF, Head Start, Early Head Start o Even Start. Esta disposición no se aplica a las unidades familiares que tienen aprobación "temporal" para recibir beneficios de comidas.

NIÑO CON NECESIDADES ESPECIALES. Si un doctor determina que un niño tiene necesidades dietéticas especiales como resultado de una discapacidad u otro padecimiento físico, por favor, llámenos.

NIÑOS EN HOGARES TEMPORALES. En algunos casos, los niños en hogares temporales pueden llenar los requisitos sin tomar en cuenta los ingresos de usted. Si hay niños bajo cuidado temporal viviendo con usted y quiere solicitar comidas gratis o a precio reducido para ellos, por favor, comuníquese con nosotros.

CONFIDENCIALIDAD. La información que usted nos dé se mantendrá de manera confidencial y se usará solo para determinar elegibilidad y para verificar información.

DISCRIMINACIÓN. De acuerdo con la ley federal y con las normas del Departamento de Agricultura de EE. UU., esta institución tiene prohibida la discriminación por motivos de raza, color, origen nacional, sexo, edad o discapacidad.

Para presentar una queja por discriminación, escriba a USDA, Director, Office of Adjudication and Compliance, 1400 Independence Ave., SW, Washington, D.C. 20250-9410 o llame al 202-260-1026 o al 866-632-9992 (gratis) o al 202-401-0216 (TDD). El USDA es un proveedor y empleador que ofrece igualdad de oportunidades para todos.

Si tiene alguna pregunta o necesita ayuda para llenar la solicitud, por favor, comuníquese con nosotros.



WIC -- The Special Supplemental Nutrition Program for Women, Infants and Children

1. What is WIC?

WIC provides nutritious foods, nutrition education (including breastfeeding promotion and support), and referrals to health and other social services to participants at no charge. WIC serves low-income pregnant, postpartum and breastfeeding women, and infants and children up to age 5 who are at nutrition risk.

WIC is a Federal grant program for which Congress authorizes a specific amount of funding each year for program operations. The Food and Nutrition Service, which administers the program at the Federal level, provides these funds to WIC State agencies (State health departments or comparable agencies) to pay for WIC foods, nutrition education, breastfeeding promotion and support, and administrative costs.

2. Where is WIC available?

The program is available in all 50 States, 34 Indian Tribal Organizations, American Samoa, District of Columbia, Guam, Commonwealth of the Northern Mariana Islands, Puerto Rico, and the Virgin Islands. These 90 WIC State agencies administer the program through approximately 1,836 local agencies and 9,000 clinic sites.

3. Who is eligible?

Pregnant, postpartum, and breastfeeding women, infants, and children up to age 5 are eligible. They must meet income guidelines, a State residency requirement, and be individually determined to be at “nutrition risk” by a health professional or a State or locally trained health official.

To be eligible on the basis of income, applicants’ income must fall at or below 185 percent of the U.S. Poverty Income Guidelines (currently \$42,643 for a family of four). A person who participates or has family members who participate in certain other benefit programs, such as the Supplemental Nutrition Assistance Program, Medicaid, or Temporary Assistance for Needy Families, automatically meets the income eligibility requirement.

4. What is “nutrition risk?”

Two major types of nutrition risk are recognized for WIC eligibility:

- Medically-based risks such as anemia, underweight, overweight, history of pregnancy complications, or poor pregnancy outcomes; and
- Dietary risks, such as inappropriate nutrition/feeding practices or failure to meet the current *Dietary Guidelines for Americans*.

Nutrition risk is determined through a nutrition assessment, by a health professional such as a *physician, nutritionist, or nurse, and* is based on Federal guidelines. This nutrition assessment is free to program applicants.

5. Who gets first priority for participation?

If WIC cannot serve all the eligible people who apply for benefits, a system of priorities has been established for filling program openings. Once a local WIC agency has reached its maximum caseload, vacancies are filled in the order of the following priority levels:

- Pregnant women, breastfeeding women, and infants determined to be at nutrition risk because of a nutrition-related medical condition.
- Infants up to 6 months of age whose mothers participated in WIC or could have participated and had a medical problem.
- Children at nutrition risk because of a nutrition-related medical problem.
- Pregnant or breastfeeding women and infants at nutrition risk because of an inadequate dietary pattern.
- Children at nutrition risk because of an inadequate dietary pattern.
- Non-breastfeeding, postpartum women with any nutrition risk.
- Individuals at nutrition risk only because they are homeless or migrants, and current participants who, without WIC foods, could continue to have medical and/or dietary problems.

6. How many people does WIC serve?

During Fiscal Year (FY) 2011, the number of women, infants, and children receiving WIC benefits each month averaged almost 9 million participants per month. In 1974, the first year WIC was permanently authorized, 88,000 people participated. By 1980, participation was at 1.9 million; by 1990, 4.5 million; by 2000, 7.2 million; and by 2010, 9.2 million. Children have always been the largest category of WIC participants. Of the 8.9 million people who received WIC benefits each month in FY 2011, approximately 4.7 million were children, 2.1 million were infants, and 2.1 million were women.

7. What food benefits do WIC participants receive?

The foods provided through the WIC Program are designed to supplement participants' diets with specific nutrients. Different foods are provided to each category of participants. WIC foods include infant cereal, iron-fortified adult cereal, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, peanut butter, dried and canned beans/peas, and canned fish. Soy-based beverages, tofu, fruits and vegetables, baby foods, whole wheat bread, and other whole-grain options were recently added to better meet the nutritional needs of WIC participants.

WIC recognizes and promotes breastfeeding as the optimal source of nutrition for infants. For infants of women who do not fully breastfeed, WIC provides iron-fortified infant formula. Special infant formulas and medical foods may be provided when prescribed by a physician for a specified medical condition.

In most WIC State agencies, WIC participants receive checks or vouchers to purchase the foods. In addition, some States issue an electronic benefit card to participants instead of paper checks or vouchers. The use of electronic cards is growing and all WIC State agencies are required to implement WIC electronic benefit transfer (EBT) statewide by October 1, 2020. A few State agencies distribute the WIC foods through warehouses or deliver the foods to participants' homes.

8. How does WIC support breastfeeding?

A major goal of the WIC Program is to improve the nutritional status of infants; therefore, WIC mothers are encouraged to breastfeed their infants, unless medically contraindicated. Pregnant women and new WIC mothers are provided breastfeeding educational materials and support through counseling and guidance. WIC mothers who breastfeed also receive:

- a higher level of priority for program certification;
- a greater quantity and variety of foods than mothers who do not breastfeed;
- a longer certification period than non-breastfeeding mothers;
- one-to-one support through peer counselors and breastfeeding experts; and
- breast pumps and other aids to help support the initiation and continuation of breastfeeding.

9. What is the WIC infant formula rebate system?

Mothers participating in WIC are encouraged to breastfeed their infants if possible, but WIC State agencies provide infant formula for mothers who choose to use this feeding method. WIC State agencies are required by law to have competitively bid infant formula rebate contracts with infant formula manufacturers. This means WIC State agencies agree to provide one brand of infant formula and in return the manufacturer gives the State agency a rebate for each can of infant formula purchased by WIC participants. The brand of infant formula provided by WIC varies by State agency depending on which company has the rebate contract in a particular State.

By negotiating rebates with formula manufacturers, States are able to serve more people. For FY 2011, rebate savings were \$1.3 billion, supporting an average of 1.4 million participants each month, or about 16 percent of the estimated average monthly caseload.

10. What is WIC's current funding level?

Congress appropriated \$6.618 billion for WIC in FY 2012. By comparison, the WIC Program appropriation was \$20.6 million in 1974; \$750 million in 1980; \$2.1 billion in 1990, \$4.0 billion in 2000, and \$7.3 billion in 2010.

For more information:

Information on FNS programs is available at www.fns.usda.gov/fns/.

Updated December 2012