

**Southern Hills Early Childhood Program**  
**A Ministry of Southern Hills Unites Methodist Church**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Children's File Checklist:

- Enrollment Form
- Contact and Release Form
- Updated Immunization Certificate
- Family Information
- Family Health Information
- Enrollment Contract
- Blanket Permission Form
- Media Permission Form
- Pest Control Form
- Classroom Pet Form
- Pool/Park Permission Form
- Movie Days Permission Forms
- Discipline/Guidance Policy
- Parent Handbook Signature
- Food Program Forms

**SOUTHERN HILLS EARLY CHILDHOOD PROGRAM**

**Enrollment Form**

**Child Information**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Parent Information**

Parent/Guardian 1 Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Workplace: \_\_\_\_\_

Workplace Address: \_\_\_\_\_

Workplace Phone number: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Workplace: \_\_\_\_\_

Workplace Address: \_\_\_\_\_

Workplace Phone number: \_\_\_\_\_

# SOUTHERN HILLS EARLY CHILDHOOD PROGRAM

## Contact and Release Form

### Emergency Pick-Up

Please list individuals, other than parents/guardians, who have prior authorization to pick up your child. Every individual must present a valid photo ID and must be listed as an emergency contact on the child's profile before a child can be released into their care.

Full Name	Phone Number	Relationship to child

*\*\* Parents/guardians can change individuals on this list at any time. Any individual other than a parent/guardian not listed as an emergency contact will not be allowed to pick up your child.*

Your child's safety is our top priority. Are there any individuals who are legally not allowed to see your child for any reason? (i.e. EPO, child-custody rights, personal preference, etc.) If so, please list their full name(s) below:


## SOUTHERN HILLS EARLY CHILDHOOD PROGRAM

### Authorization for Emergency Care

I hereby appoint Southern Hills Early Childhood Program, as my agent and representative for the purpose of authorizing and consenting to hospital care and/or medical care and treatment of (print full name of child) \_\_\_\_\_ for any illness and/or injury that may occur while in the care or custody of Southern Hills Early Childhood Program while I am not immediately available to give such consent.

### Medical Information

Child's primary physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Known allergies: \_\_\_\_\_

Current medications: \_\_\_\_\_

Special medical problems: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*\* Please note: Cost or expenses resulting from the medical care, hospitalization and services performed by physicians will be the responsibility of the parent/guardian who is the primary insurance carrier for the dependent child.*

## SOUTHERN HILLS EARLY CHILDHOOD PROGRAM

What communicable diseases has your child had? Please indicate date and/or age.

- Chicken Pox: \_\_\_\_\_
- Mumps: \_\_\_\_\_
- Impetigo: \_\_\_\_\_
- Scarlet Fever: \_\_\_\_\_
- Measles: \_\_\_\_\_
- Conjunctivitis (Pink Eye): \_\_\_\_\_

Does your child have frequent:

- Colds: YES / NO
- Cough: YES / NO
- Tonsillitis: YES / NO
- Upset stomach: YES / NO
- Convulsions: YES / NO
- Ear infections: YES / NO
- High Fever: YES / NO
- Seizures: YES / NO

Has your child had a serious illness, surgery, or hospital stay? If so, please describe the condition and child's reaction. \_\_\_\_\_

\_\_\_\_\_

Has your child had a vision test? YES / NO Results: \_\_\_\_\_

Has your child had a hearing test? YES / NO Results: \_\_\_\_\_

Has your child had regular dental check-ups? YES / NO

**SOUTHERN HILLS EARLY CHILDHOOD PROGRAM**

If your child has any allergies, how do they manifest? (i.e. eyes water, sneezes, shortness of breath, upset stomach, etc.): \_\_\_\_\_

Does your child have any dietary restrictions? If so, please describe: \_\_\_\_\_

Describe your child's eating habits: \_\_\_\_\_

Describe your child's overall health: \_\_\_\_\_

Has your child been diagnosed with any medical condition that would require an IEP (Individuals Education Program) or IFSP (Individual Family Service Plan)?: \_\_\_\_\_

**SOUTHERN HILLS EARLY CHILDHOOD PROGRAM**

**Family Information Form**

You can help us plan for your child’s needs, understand concerns and responses, and support and encourage your child by providing the following information. The information will remain confidential. Please notify us if there are changes or updates needed.

Parent/Guardian 1 Occupation: \_\_\_\_\_

Church affiliation: \_\_\_\_\_

Parent/Guardian 2 Occupation: \_\_\_\_\_

Church affiliation: \_\_\_\_\_

Marital Status of Parents/Guardians (Please circle one):

Married      Co-habiting      Seperated      Divorced      N/A

If separated or divorced, please describe custody and visitation agreements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sibling(s) of child:

Name	Age

**SOUTHERN HILLS EARLY CHILDHOOD PROGRAM**

Other individuals residing in your home:

Name	Age	Relation to Child

Other significant persons in your child’s life (i.e. stepfamily members, babysitters, family friends, grandparents, etc.):

Name	Age	Relation to Child

Are there any pets in your home and in your child’s life? (Please list the kind of pet and the pet’s name): \_\_\_\_\_

\_\_\_\_\_

Have there been any births, deaths, adoptions, or other significant changes in the family structure that have affected your child? If so, please describe briefly what happened, the effect on your child, and how you explained this event to your child. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**SOUTHERN HILLS EARLY CHILDHOOD PROGRAM**

What opportunities does your child have to play/interact with other children? \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

\_\_\_\_\_

Describe your child's temperament. (cheerful, easily distracted, friendly, moody, etc.) \_\_\_\_\_

\_\_\_\_\_

What methods of discipline have you found most effective with your child? \_\_\_\_\_

\_\_\_\_\_

Please provide any additional information you think we should have to provide the best care and support for your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What expectations, hopes, and/or goals do you have for your child from our program? \_\_\_\_\_

\_\_\_\_\_

# SOUTHERN HILLS EARLY CHILDHOOD PROGRAM

## Enrollment Contract

I hereby apply for placement in the Southern Hills Early Childhood Program of the Southern Hills United Methodist Church for my child. I understand that said enrollment shall continue until withdrawal notice is given as explained below. I enclose the stated registration fee and agree to the stated tuition charge and agree to pay said tuition fees in advance.

I understand that Southern Hills Early Childhood Program reserves the right to require the withdrawal of any student whose presence in the program is regarded by Southern Hills Early Childhood Program to be undesirable, and that non-compliance by parents with the program's regulations and policies may be sufficient cause for dismissal should it arise. This required withdrawal may not be based on race, color, nationality, or ethnic origin.

**Two weeks' written notice is required of any parent's intention to withdraw a child from school. Southern Hills Early Childhood Program has a form for families to fill out and turn into the SHECP administration. Please request a form from the SHECP administration office.**

Non-payment of tuition or tuition not paid within two weeks can result in termination of enrollment of the child or in financial penalty. Tuition is to be paid each week/month in advance. Fees are subject to change upon four weeks written notice from Southern Hills Early Childhood Program. There are no deductions for absences from the program except in cases of severe illness or hospitalization, at the discretion of the Head of School of Southern Hills Early Childhood Program.

**Late tuition fees are assessed as follows: \$20 initial fee after 3 business days of weekly/monthly tuition due date. An additional \$5 per day fee is charged until weekly/monthly tuition is paid.**

**REGISTRATION FEE IS NONREFUNDABLE.**

Registration fee paid \$ \_\_\_\_\_ receipt of which is hereby acknowledged.

Beginning date of enrollment: \_\_\_\_\_

## SOUTHERN HILLS EARLY CHILDHOOD PROGRAM

I have carefully read both the foregoing agreement and also the Parent's Handbook – receipt of copies of both are hereby acknowledged; and in consideration of the reservation of a place for my child at Southern Hills Early Childhood Program, I agree to comply with the terms herein expressed and to be bound by Southern Hills Early Childhood Program regulations and conditions and also **agree that I shall be personally liable** for the payment of all fees and tuition.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent Handbook

I, (print full name) \_\_\_\_\_, have received and read the most recent version of the Parent Handbook by Southern Hills Early Childhood Program. I agree to follow all policies and procedures stated in the handbook.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SOUTHERN HILLS EARLY CHILDHOOD PROGRAM

## Permission Forms

### Park and Pool

Southern Hills Early Childhood Program allows classes to take walking field trips throughout the week, weather permitting, to the park and pool (age appropriate). Parents/Guardians will be notified prior to their child's class taking these walking field trips.

\_\_\_\_\_ Yes, I give my permission for my child, \_\_\_\_\_ to take walking field trips to the park (ages 3 and up).

\_\_\_\_\_ No, I do not give my permission for my child, \_\_\_\_\_ to take walking field trips to the park (ages 3 and up).

\_\_\_\_\_ Yes, I give my permission for my child, \_\_\_\_\_ to take walking field trips to the pool (ages 4 and up).

\_\_\_\_\_ No, I do not give my permission for my child, \_\_\_\_\_ to take walking field trips to the pool (ages 4 and up).

### Movie Day

Occasionally, classes will have a movie day on special occasions such as class party days, and will only be able to watch G rated movies. Parents/Guardians will be notified of what movie their child will be watching beforehand.

\_\_\_\_\_ Yes, I give my permission for my child, \_\_\_\_\_ to watch movies on special occasions.

\_\_\_\_\_ No, I do not give my permission for my child, \_\_\_\_\_ to watch movies on special occasions.

## SOUTHERN HILLS EARLY CHILDHOOD PROGRAM

### Class Pet

Our classrooms have the opportunity to have a classroom pet.

\_\_\_\_\_ Yes, I give my permission for my child, \_\_\_\_\_ to be in a classroom that has a classroom pet.

\_\_\_\_\_ No, I do not give my permission for my child, \_\_\_\_\_ to be in a classroom that has a classroom pet.

### Pest Control

I would like to be notified before a planned pesticide application. Applications are never done on days when children are present at the center. They are done on a Saturday of each month.

Please circle one:    YES / NO

Parent/Guardian Name (Please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## SOUTHERN HILLS EARLY CHILDHOOD PROGRAM

### Blanket/Media Permission Form

We are expanding our social media presence. Throughout the year there may be instances when your child may be photographed, videotaped by the classroom teacher, newspaper, or television station. These photographs may be used in your child's school file, for printing pamphlets for Southern Hills Early Childhood Program, for church related purposes, posting on Southern Hills Early Childhood Program website or Facebook page, etc. Child's name, if ever the photographs are used, will be limited to the first name only.

Throughout the year there may be incidences when your child may be photographed, videotaped by the classroom teacher, newspaper, or television station. These photographs may be used in your child's school file, for printing pamphlets for Southern Hills Early Childhood Program, for church related purposes, etc. Southern Hills Early Childhood Program works closely with Eastern Kentucky University, University of Kentucky, BCTC, Asbery, Midway University, and Commonwealth Baptist College to provide practicum experiences for their students. Various assignments require observations, photographs, and video taping of different classrooms and children in them. Signing this permission slip will allow the students to complete their work as assigned. Southern Hills Early Childhood Program always maintains confidentiality by asking students not to use names when completing assignments.

\_\_\_\_\_ Yes, I give my permission for my child, \_\_\_\_\_ to be observed, photographed, or videotaped while at Southern Hills Early Childhood Program.

\_\_\_\_\_ No, I do not give my permission for my child, \_\_\_\_\_ to be observed, photographed, or videotaped while at Southern Hills Early Childhood Program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SOUTHERN HILLS EARLY CHILDHOOD PROGRAM

### Discipline/Guidance Policy

It is very important at Southern Hills Early Childhood Program that a child's development is nurtured through caring, patience and understanding. However, caring for your child(ren), the teacher or director may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, SHECP **will not** use:

- Threats (i.e. calling police for misbehaving, threatening with punishment)
- Physical punishment, even is requested by the parent/guardian
- Deprive your child of food or other basic needs
- Humiliate your child (i.e. name-calling, berating)
- Isolate your child (i.e. made to consistently play by themselves, with no chance of redemption)

In response to misbehaving, SHECP **will**:

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

**SOUTHERN HILLS EARLY CHILDHOOD PROGRAM**

If your child's behavior is very disruptive or harmful to himself or other children, Southern Hills Early Childhood Program Head of School will discuss the issues with you in a parent conference. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other arrangements. As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

Additional techniques to be used with my child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Instructions for completing the Child Care CACFP Enrollment Form/Income Application

### **1. Participant Information:**

- The parent/guardian must **print** the name(s) of the participant(s) (Last Name, First Name) along with the birthdate. The sponsor should ensure the participant's name matches on the Enrollment Form/Income Application, the Daily Attendance Form and the Membership Roster.
- Providing racial and ethnic data is voluntary.
- If a program operator is unable to collect a participant's information, their response may be marked "unknown." For that reason, the number of respondents may not equal the number of children at a meal service site. However, program operators are expected to continue to try to capture the data.
- Ensure that the "meals normally eaten" section is completed.
- If the parent/guardian works multiple shifts and the participant may attend the center on an irregular schedule, the question, "Parent/Guardian works multiple shifts and participants may be in care different days/hours" should be marked "Yes". If not, mark "No".

### **Qualifying Benefits:**

- If anyone in the household receives funding from **SNAP** or **KTAP**, the parent/guardian must list the entire case number (not a social security or EBT number) in the boxes provided at the top of the form. SNAP numbers are randomly assigned and begin with the numbers: 110, 111, 112.
- If each child listed in the enrollment section of the form is in Head Start or Foster Care, or anyone in the household receives SNAP or K-TAP, the parent/guardian should skip Section 1 (Household Income) and proceed to sign and date in Section 2.
- If no one in the household receives SNAP or K-TAP and multiple children are listed, including some who are in Foster Care or Head Start and some who are not, the parent/guardian should complete both Sections 1 and 2.
- The eligibility of children who do not receive any qualifying benefits will be based upon household income. The sponsor must use the current Income Eligibility Guidelines to determine if the meal status will be Free, Reduced or Paid.

If enrolling an infant, an *Infant Addendum* form completed by the parent/guardian and sponsor must be on file.

### **2. Household Members and Monthly Income**

- Other members of the household (Adults, Children) not listed in the participant's section and their **Monthly** income must be listed.

### **3. Signature and Social Security Number**

- Parents/guardians must read the statement, "I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws." If the information provided in the previous sections are accurate and true, they must sign, give the last 4 digits of their Social Security number and date. If they do not have a Social Security Number, please have them check the corresponding box.

### **Sponsor Section**

1. Indicate how participant's eligibility will be determined by checking the corresponding box for **SNAP/K-TAP, Foster, Head Start** or **Household Income**. If **Household Income** is used to determine eligibility, total incomes and Household Size from Section 2 and place the numbers on the appropriate blanks.

Please be advised if any participants are **Head Start** eligible, the sponsor must have one of the following on file:

- Documentation of Head Start eligibility from the local Head Start program coordinator.
  - An eligibility letter from the Head Start organization provided by the Parent/guardian.
  - A contract with a Head Start sponsoring organization to provide Head Start services to participants enrolled in the center.
2. If anyone in the household receives **SNAP or K-TAP, or the participant is in Foster Care or Head Start** the participant is automatically eligible as **Free**. **SNAP numbers are randomly assigned and begin with the numbers: 110, 111, 112**. If the participant is not receiving any outside support, the household income must be used in order to determine eligibility. If a participant is eligible as free under foster care or Head Start, the eligibility of any other participant in the household will be determined by the household income (Free, Reduced, Paid). Once eligibility has been determined using the **Income Eligibility Guidelines**, mark **Free, Reduced or Paid Meals**.
  3. Once eligibility has been determined, sign and date the form and record the participant's name (Last, First) and eligibility (Free, Reduced, Paid) on the Membership Roster.
  4. If a parent or guardian refuses to give their income but correctly completes the form, the participants can be claimed as Paid on the Membership Roster.
  5. If a Parent/Guardian indicates the household income of "0", the participant is considered free.

# CHILD ENROLLMENT FORM/INCOME APPLICATION

## Participant Information: (To be completed by Parent/Guardian)

**This household receives SNAP/KTAP Benefits (If yes, input the number here:)**

1	1								
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If a child is a SNAP/K-TAP recipient or a Foster/Head Start participant, the child is automatically eligible to receive free Program meal benefits, subject to the requirements of 7 CFR 226.23.

**If your participant receives assistance from the items below, they are automatically eligible for free meals. (Please complete and skip to section 2. If child receives Head Start services, please proceed to complete Section 2. Household Income is not required.)**

Participant's Last Name	Participant's First Name <i>*If under 12 months, please complete Infant Addendum</i>	Date of Birth	OPTIONAL Ethnicity <i>(Circle One for each participant)</i>  H=Hispanic  NH=Non Hispanic	OPTIONAL Race <i>(List the race/races that apply for each participant)</i>  <i>Examples include:</i> Black or African American; White; Native Hawaiian or other Pacific Islander; American Indian or Alaskan Native, Asian; Unknown or Undeclared.	Meals Normally Eaten <i>(Circle all that apply)</i> B=Breakfast AM=AM Snack L=Lunch PM=PM Snack S=Supper LN=Late Snack	Head Start	Foster
			H NH		B AM L PM S LN	<input type="checkbox"/>	<input type="checkbox"/>
			H NH		B AM L PM S LN	<input type="checkbox"/>	<input type="checkbox"/>
			H NH		B AM L PM S LN	<input type="checkbox"/>	<input type="checkbox"/>
			H NH		B AM L PM S LN	<input type="checkbox"/>	<input type="checkbox"/>
			H NH		B AM L PM S LN	<input type="checkbox"/>	<input type="checkbox"/>
			H NH		B AM L PM S LN	<input type="checkbox"/>	<input type="checkbox"/>

\*Parent/Guardian works multiple shifts and participants may be in care different days/hours  Yes  No

### 1. Income Application Household Members and Monthly Income:

NAMES OF HOUSEHOLD MEMBERS Including Children Not Listed Above Last, First	GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Child Support, Alimony	MONTHLY Income From Pensions, Retirement, Social Security, Unemployment Compensation	Any Other MONTHLY Income Including Money Received from Kinship/Foster Child
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$

### 2. Signature and Social Security Number:

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

X \_\_\_\_\_  
Signature of Adult Household Member

\_\_\_\_\_ Home/Cell Phone Number

X \_\_\_\_\_  No Social Security Number X \_\_\_\_\_  
Last four digits Social Security Number\* Date

FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.

Application approved for:  Free Meals  SNAP/KTAP

Reduced Meals  Foster

Paid Meals  Headstart

\_\_\_\_\_ Signature of Determining Official

Income Household \_\_\_\_\_ Date

Total Household Monthly Income \_\_\_\_\_  
Household Size \_\_\_\_\_

\*7 CFR 226.15 (e)(2)

(Revised June 2022)

"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 last four digits of the Social Security Number are 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) case 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."

#### USDA Nondiscrimination 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 the [USDA Program Discrimination Complaint Online Form](#) (AD-3027) found online at [How to file a Complaint](#), 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: 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: (833) 256-1665 or (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).