



Phone Number: 585-728-9540

11851 St. Route 15

Director: Michelle Wilcox

Email: [Growachildchildcare@gmail.com](mailto:Growachildchildcare@gmail.com)

Welcome to Grow A Child Childcare! We are excited to get to know you and your child(ren). We strive to provide a rich learning environment at our center for all children. Grow A Child Childcare is an NYS-licensed facility. Grow A Child Childcare opened in 2015. Our program has grown tremendously since then; we've added a school-age program and multiple specials to help our children learn social-emotional skills. Our owner, Michelle Wilcox, has been providing childcare for the past fourteen years with a master's degree in early childhood education and numerous training in special education.

We have put together this packet to describe our policies and procedures. You **must** complete and return all forms that apply to your child(ren). The medical information form must be completed by your physician's office by someone who has an RN or higher. This form must be kept on file according to the NYS standards and **cannot** be substituted with any other form. We also need all updated shot records from your doctor's office as your child receives their immunizations. Please read all materials carefully and feel free to ask us any questions that you may have. We have an open-door policy and welcome any comments or suggestions that may help us improve our program.

### **What to Bring!**

- Change of clothes (Weather appropriate)
  - Diapers/wipes
  - Bottles/Formula, breast milk
  - Blanket
  - A cuddly toy that he/she may sleep with
  - Indoor Shoes (Clean)
  - Proper outside attire
  - Sippy cup is Optional (we provide)
- (Winter: Boots, Winter Coat, Scarves, Hats, Gloves, Snow Suit...)
- (Warmer weather: Proper Jacket, Bathing Suit, hat...)
- \*Also, refer to the topical creams section**
- \*Please label all your child's belongings with a permanent marker**
- These items should be kept on-site in the child's cubby/hook
- Let me know if you have questions or concerns about any items on the list.

# Grow A Child Childcare Inc.

## *Our Mission Statement*

Our center is a model of quality childcare with a rich learning environment. We strive for excellence and support our staff in receiving the best training in childcare. We abide by the NAEYC code of ethics and practice with respect to our staff and families. We welcome diversity and pride ourselves on the support we give to families. It is my personal mission (Michelle) to treat every child who walks through our doors as a special, unique human being and treat them with the respect that they deserve. Children bring such joy to our lives and can teach us in many ways if we just listen. I will make sure that every staff member is trained in child development and positive reinforcement! We will abide strictly by NYS regulations and encourage the creativity and free spirits of all children in our care. I have received my Master's degree in early childhood education and development and have over 15 years of experience caring for children in a daycare environment.

I take personal pride in being a part of the daily activities with the children, involvement in communication with parents, and one-on-one planning with teachers. Our commitment is to partner with families to provide the best individual care for each child.

Families may access the state website at any time if they have questions or concerns regarding NYS regulations at <http://www.ocfs.org>.

Our licensor's name is Theresa Vergilia and can be reached at 585-238-8506.

You can reach Michelle, our owner and director, at any time during the day from 8 a.m. to 6 p.m. at 585-728-9540

Or email Michelle Wilcox at [growachildchildcare@gmail.com](mailto:growachildchildcare@gmail.com)

Please feel free to talk to your child's lead teacher as well as the director about any questions or concerns. You can also reach Michelle through our APP, Brightwheels, or on the daycare cell phone line during daycare hours.

## Tuition – Schedule

Our hours of operation are 5:30 AM to 6:00 PM, Monday through Friday.

<u>Infant Room</u>	Rate	\$65/Day
<u>Toddler Room</u>	Rate	\$62/Day
<u>Preschool Room</u>	Rate Full Day	\$58/Day
Morning and After School only		\$35/Day
Just Before or After School		\$30/Day

### School Age Room Rate

Full Day	\$55/Day
Before and After School	\$35/Day
Just Before or After School	\$30/Day

\*If you have multiple Children in our program (2 or More), a \$ 15-a-week discount will be credited to your account.

\*We do not offer part-day rates\*

**Every week, parents will pay the week's tuition on Friday of the week preceding care.** Full payment is still required if your child cannot attend the program due to illness or a family vacation. We count on every spot that is filled. You are paying for the spot as well as care. There will be no exceptions to this. You will be required to pay for the days that are in your contract as well as any extra days that you attend. If the providers need to close the program for any unforeseen reason, payment will NOT be required for that day; this includes closing due to weather. This will be reflected in the following week's tuition. You must pay for the days that you contract, NOT the days you actually attend, unless you attend extra days! There will be no exceptions to this policy.

Every Family will be allowed one "week" a year (Jan-Jan) for an unpaid week's vacation. This week must be discussed with providers at least two weeks before vacation. This week will be a Monday-Friday for whichever days you attend; it may not necessarily be for five full days. All other days that you are contracted for must be paid for. Please remember you are paying for your child(ren)'s enrollment, not just the day and hours they are here; we count on everyone! You will find these policies at every daycare. Thank you for understanding.

### **Overdue Payment Fee:**

**If tuition is not paid the week before, please add a \$20.00 late charge to that week's tuition cost. We are a small daycare and count on every tuition to be paid as you do your paychecks. If the tuition continues to be late, \$20 each day after a week will be added to the \$20 late fee, and legal action may be required. If your child's tuition isn't paid for two weeks in a row, your child will no longer be able to attend until your balance is no longer outstanding, and there is a possibility that you may forfeit your spot.**

If lateness is a pattern, we may discontinue services. A \$30.00 fee will be applied to the following week's tuition if a check bounces. You will be required to give at least a two-week notice for the termination of care for your child. We will need time to fill that child's spot in the program. **You will be charged for those 2 full weeks**

**(Example: If your child is to start care on Monday, June 4th, payment for the week of June 4-8 would be due ON Friday, June 1st.)**

Parents **are** required to pay for the days that we are closed due to the following Holidays, staff professional development days, and 2 built-in snow closing days. This is a policy you will find at every childcare center. There are a total of 10 paid closings per calendar year.

### **Holidays and Closings for 2026**

New Year's Day, January 1, 2026

April 23 & 24 Conference Day

Memorial Day, May 25th

4th of July

Labor Day, September 7th

Thanksgiving Day and the Day after, November 26th & 27th

December 24th & 25th 2026

We will also be closed on Dr. Martin Luther King Jr Day, Presidents Day, and Juneteenth.

These closings, along with any other emergency closings, will not have to be paid for by families.

Parents do NOT pay for their one-week vacation (Per calendar year).

If dates change or are added to this list, parents will be given sufficient notification.

We will give as much notice as possible in such an event, but please understand we must adhere to NYS laws of staffing and ratios. Closings due to weather or unforeseen circumstances will be notified to parents through an alert message in our Brightwheel App. You may contact our director through the Brightwheel App or leave a message on the daycare's landline anytime.

We prefer communication during daycare hours only and discourage our staff from giving out personal cell phone numbers. Use of cell phones during the day to communicate with parents will be done through the Brightwheel App only. Please keep communication positive and daycare-related only. Please message the administration during daycare hours if you have questions or concerns. Staff will use the APP during daycare hours only. If it's an emergency during the weekend, you can reach out to the administration on the APP, and as soon as one of us sees the message, we will get back to you right away.

Please understand that outside of daycare hours, we enjoy our time with our family and do not always check the APP. You may sign up for automatic payment through Brightwheel if you choose. Brightwheel will send an invoice one day before the day that tuition is due each week. Please let your director know if there are any issues with this system. It will not automatically update for closings; we

will adjust for these as they occur to ensure your invoice is correct. The director and assistant director are the only people with access to the billing and can make corrections manually, so please allow a few days for corrections.

## **Food and Nutrition**

Grow A Child Childcare will provide breakfast, lunch, and snacks. Breakfast will be served from **7:30 am-8:30 am**, lunch between **11 am-12 pm**, and the afternoon snack between **2 pm-3 pm**. If you arrive at the program after those times, please ensure your child has had an appropriate meal. If you choose to provide food for your child, please pack it in a bag and mark it with their full name. However, the price of tuition will not change. Check in with the director regarding food allergies in the program. We will do our best to provide a full menu one month ahead. If you would like the nutrition requirements for each meal, I will happily provide you with the CACFP standards. Menus are posted on the main bulletin board. We accommodate the menu for allergies and discourage parents from sending in food from home.

We will provide milk as required by the standards of the CACFP. Infants will receive whole milk from the age of 1 year until they are two years old, and those aged 2 to 12 will receive 1% Milk.

Parents of infants must provide formula already mixed in bottles with the child's name labeled on the bottle. Please provide enough bottles for a full day, plus one or two extras. We have a paper you can fill out giving our infant teachers permission to mix formula at the daycare. If you are breastfeeding, you are more than welcome to store a supply in the refrigerator or freezer, and if your schedule allows, we encourage you to come to the nurse during the day. We are a breastfeeding-friendly daycare and encourage parents to come nurse whenever possible.

We ask all families to fill out the economic worksheet and other paperwork required by the state to participate in the CACFP program; even if they do not qualify for a free or reduced meal, we keep all paperwork on file (paper attached in the packet). This does not affect your tuition rates. We will provide age-appropriate snacks and update the child's file as they progress from formula/breast milk to jar food to solid food. Please request new forms at each new stage. You may bring your child's sippy cup and bottle labeled with your child's name. We will always provide an alternative option for a meal if your child does not want to eat what we are serving that day. Please let us know of any allergies or specific dietary needs.

## Medication

Please ask at any time to see a complete packet of our health care plan.

### Topical Cream:

This includes sunscreen, bug spray, Diaper cream, and lotions. We will be able to apply these products with written permission from parents. Please fill out and return the proper forms.

**\*If your child requires any medication, it must be administered by a parent, grandparent, aunt or uncle, or first cousin. (Relative separated by the first degree).**

*\*\*We have teachers who are MAT-certified (Medical Administration Training) and can administer medicine with the parent's and/or Doctor's written permission. (Please refer to Medication Administration Policies.) The parent must fill out some forms, and the doctor, if you want us to administer medication, please ask for those ahead of time. We can NOT administer any medication without these forms per NYS regulations.*

If your child sustains any serious injuries during hours of operation, we will follow the parent's plan indicated on the blue card. We will call 911 if indicated and necessary, and emergency contacts will be immediately followed. All injuries are recorded on an incident report, and a copy is sent home. Please check the Blue Emergency Cards box to allow us to take walks around town.

Our healthcare plan states that we are a mildly ill daycare center. Children need to be fever-free without medication for 24 hours and have no other symptoms, including diarrhea, vomiting, or pain, that would require a child to have one-on-one care (see health care plan for the full list of exclusion illnesses). Our teachers will ask several questions each morning during our daily health checks. You can also put the health checks into Brightwheel upon checking your child in.

## **Behavior Action Plan/Children with Special Needs**

We take the preventative approach to discipline that teaches children positive behaviors rather than punishing them for misbehaving. Our goal is to provide children with the opportunity and motivation to make choices independently and learn social skills through gentle, encouraging guidance and respect for others. We also hope the children will adapt to routines, learn simple rules, and become responsible group members. Our learning environments are structured to allow children to pursue their interests and abilities. This promotes the child's self-esteem and problem-solving skills. Our goal is to teach children an emotional language they can use to help express and learn their emotions. However, we have a zero-tolerance policy when it comes to violence and inappropriate behavior. This mostly applies to our school-age room, as the children in the other classroom are still learning impulse control and what behaviors are appropriate and socially acceptable. Our school-age classroom has basic rules to follow, including keeping our hands and feet to ourselves. We will give a verbal reminder to your child of the rules and consequences. We encourage your child to utilize our calm-down corner and practice calming tools that are taught by our art therapist and reinforced by your child's teachers. If these strategies are not working and your child continues to have unsafe behavior towards other children, themselves, or the teacher, we will follow step two in our discipline policy, which is to give you a call to help us figure out what is going on and a plan to stop the behavior. Step three will be to have your child not attend daycare for a day to reiterate that we do not tolerate violent or inappropriate behavior. If this is an ongoing behavior problem, then Grow a Child childcare may not be the right center for your child. Some environments can be overwhelming, overstimulating for some children, and a center with many children in care may not be appropriate for all children. I must emphasize that there may be a situation where the level of violence or inappropriate behavior (especially if it is sexual in nature) may result in an immediate suspension from care or expulsion from the center. This will be determined by our director, Michelle Wilcox.

Grow a Child is an inclusion program; this means we enroll children with special, developmental, and different medical needs. All of our staff are trained to meet the needs of the individual. In our parent handbook, you will find an individual health care plan that must be filled out with the parent and the health care provider. We have a designated area for children who need speech, OT, and or PT. We also provide several services that help our children and all our students with individual plans. We have flow/movement yoga twice a month and art/play therapy twice weekly. All children at our center are welcome to join in these services. We also gear our curriculum to help all the children in our classrooms

learn about children with special needs, understand that differences make us special, and have the patience to help us with our ability to empathize with all of our peers. We encourage parents to ask questions, educate themselves and their families about our special needs at the center, and have open minds and tolerance of our children.

Working with children with special needs can be challenging. But it can also be rewarding for everyone—the child, the family, other children in the home or program, and providers. Our staff receives training that helps us with children on the Autism spectrum, behavior problems, developmental needs, and learning disabilities. If we have challenges with any children in our care that we are not currently trained in, we work with a behavior specialist through Livingston County to learn new strategies that will help. We ask all of our parents for patience when a new behavior or an ongoing behavior arises so that we can figure out the best way to help every child in care. We take the responsibility of caring for every child in our center seriously and know that every parent, including the parents of children with special needs, counts on us to provide the best care for their child(ren).

Some of the benefits of having an inclusion program include that children with special needs get to be in an environment with their peers. This helps them in so many ways. To be included amongst their peers sets them up for a successful learning experience. It also benefits children with typical development to be exposed early to a wide spectrum of special needs. This nurtures respect for all people with a wide range of human abilities. This type of program allows children to build relationships different from themselves and fosters empathy, or the ability to understand the feelings and needs of others.

As adults, we are prepared and educated on the differences among all people in our environment. Inclusion helps prepare children for adult life, building and enhancing skills for children with different abilities, and allowing everyone to learn respect for all their peers. Grow a Child believes this is very important for “growing” and learning, and we pride ourselves on holding space and respect for all children we care for.

“The benefits of inclusion are numerous, and not only for the children with developmental delays or developmental needs, and for their family, but for all children, even children who don't have developmental needs, even the typically developing child in that setting. So, when we include all children in the program, they learn to accept other people. They learn from each other that each person has unique abilities. With inclusion in place, children with developmental delays are given an equal opportunity to participate in the same type of programs and activities as children without developmental delays. As I was saying, some of the benefits for children with and without developmental disabilities are developing

friendship skills, peer modeling, problem-solving skills, positive self-image, and respect for others. So, inclusion encourages a sense of belonging, raises the confidence of the students with disabilities, and increases their peers' empathy and understanding for the children without disabilities. Children who learn in an inclusive environment develop a sense of community and equality. And this kind of trickles down to their families as well because it teaches them and their parents and families to be more accepting of differences. Research has shown that children in inclusion classes who do not have...who are typically developing or do not have developmental delays are much more empathetic than children who never participated in an inclusion program.”-Dr. Burros (Understanding and Supporting Children with Special Needs).

The teachers at Grow a Child will conduct developmental evaluations with all children in our care as they enter the program and progress through each classroom. We will share what we observe with the parents during a bi-yearly parent-teacher conference if, at any point, we are concerned with your child's developmental milestones. In that case, we will go over our evaluation process with our families and provide resources to understand further what your child's needs may be. In turn, if you have any concerns or questions about your child's development, please talk with the teachers or administrators, and we can do more extensive research and evaluations to determine if your child needs other resources.

Please let us know upon enrollment if you have concerns with challenging behaviors or if your child has a diagnosis, special medical need, or special dietary need, so we can provide the best care for your child.

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## **Developmental and Social/Emotional Screenings**

Our teachers will periodically go over developmental and social/emotional screenings on your child that consist of a series of questions developed through the ASQ:3 and ASQ: SE-2. You can find these screenings at [www.agesandstages.com](http://www.agesandstages.com). We will also hand out the questionnaire for the parents to fill out at home for their child. An Initial assessment will be done upon enrollment into our program.

The child's teacher will review these questionnaires with the families at a brief parent/teacher conference twice a year or as needed. Screenings and assessments will be kept in a locked file in the director's office. Ongoing developmental assessments will be conducted every 3 months and kept confidential in your child's Brightwheel account.

These questionnaires will help guide us on the developmental stages of each of the children in the classroom. We can watch for signs that a child may be behind developmentally and need extra help in certain growth areas. This will help us develop our lesson plans and activities that we do daily so that they meet the needs of all the children in the classroom. We need to work with families to ensure we provide the best care and find the best services for your child. We encourage families to visit the daycare and interact with their children at any time they are available.

We will host yearly open house opportunities for families to go over your child's progress, answer any questions you may have on their development, and discuss any concerns.

## Visitor Policy

Any person not properly authorized to remove your child from child care, as previously stated, shall be considered a visitor and must follow the appropriate procedure.

### ALL VISITORS MUST, UPON ENTRY

- Sign the visitor's log
- Indicate in writing the date of the visit and the time of entry
- State in writing the purpose of the visit
- Sign out upon departure from the home, indicating in writing the time of departure

Anyone picking up a child that is NOT a parent or guardian will be required to show ID at the door, and we must receive written permission from the parent(s) ahead of time. Thank you for helping us keep all our children safe.

Please list anyone who has permission regularly to pick up your child on the blue card. Anyone other than the parents must show a **Photo ID** the first time they pick up your child.

Please DO NOT open the door for anyone; all parents understand they need to use their door code to enter the building.

### Daily Schedules/Reports

Each morning, parents will check their child into the classroom on the Brightwheel Kiosk. The teachers will provide an up-to-date list of activities on the APP, including diapering/toileting, meals, photos, naps, and important information throughout the day. This will be the best way to communicate with staff during the day as well. At pick-up, the child will need to be checked out at the Kiosk. Posted in each classroom is a list of daily activities, menus, and important classroom information. Please make sure all your child(ren)'s information is correct and up to date in the Brightwheel APP.

We ask that you update the teacher in the room about the time that your child woke up in the morning, the time of their first diaper change, and anything that they ate before they came into care for the day. We must also do a medical health check upon arrival every day. This will include checking the child for any physical

bumps and bruises, signs of illness, and a couple of questions regarding their health that day. This is just so that we can document and keep on top of everything to provide the best care for your child. This also means that the child must be awake upon arrival so that we can accurately discuss these things with you before you leave for the day. We are not allowed to keep sleeping children in their car seats at drop-off. Please allow for extra time in the morning and afternoon to discuss the health and daily activities of your child with their primary provider. All NYS regulations are found on the website [www.ocfs.gov](http://www.ocfs.gov), as well as a hard copy kept on site at the daycare. We will ask that you fill out our child information sheet, so that we may better get to know your child, as well as a nutrition sheet.

## **Fire Drills/Shelter in Place**

We will practice fire drills once a month and shelter-in-place drills twice a year. We want the children to be aware of the sound of the smoke detectors and feel comfortable with the emergency evacuation in the unlikely event of an emergency. Our primary and secondary evacuation routes are posted in every room, and both will be practiced with the children. We also have an emergency bag located at each entrance of the room so that we can quickly relocate and notify parents in the case of an emergency. We will try our best to notify you ahead of time when we are going to do a practice drill, so that if you arrive during the drill, you will not be alarmed. This is also why we ask you to provide a pair of indoor shoes so that we can quickly get out of the building and so that the children will be in proper attire.

We will gather all children to the side or the front of the building during each fire drill and quickly take attendance. We must implement fire drills every month, even in winter. That is another reason we ask you to provide proper attire in all weather conditions. In the case of a real emergency, we will not have time to dress our children and will only take what is necessary to get out of the building quickly. You will be notified through the APP immediately. We will reassemble at either The Dollar General or at Victory Park, both within walking distance from the childcare center. We will then notify each parent of the emergency and pick-up procedures. Please provide up-to-date contact information when filling out your child(ren)'s blue cards. This card will need to be updated every 6 months and signed by a parent or guardian. We will keep updated information of any emergencies or closings on our Facebook page and through the APP.

## Weather Closings

If Wayland-Cohocton School District is closed due to weather, we will also be closed. There is an APP you can download that will alert you to school closings. Please understand that on days when the weather is bad, staff may be prevented from arriving at 5:30 AM. Please know that we will do our best to arrive on time so that you may be on time for work. When the school closes, we do not always know until 5:30 AM, so unfortunately, we can not always predict a closing before that time in the morning. If there is staff in the building and we have to close, we will allow time for someone to come back and pick up.

## Drop off and pick up

Pulling in and out will be one way only. Please pull in from the north end of our parking loop (towards Springwater) and exit only from the south end of the parking loop (towards Dollar General). If parking near a building, please do not block other cars or the entrance or exit to the building. We will try to maintain the flow as best as possible. Parent parking is at an angle facing the building and right along the front of the building all the way down to the playground area. Also, **do not leave your car running** while in our parking lot. Please help us by allowing for extra time in the morning and the afternoon so that running late will not hinder the positive feeling we are hoping to maintain. Also, drop-off should be brief. We would welcome all parents to come hang out during the day, but this does not always help the child establish comfort and confidence to stay in care or establish a routine. It is normal for a child to cry and want their parents to stay; depending on the child's personality, they may do this occasionally or daily. We assure you that we will do everything we can to comfort the child during this time. Most of the time, the child stops crying and starts to play as soon as you are out of their view. You are welcome to listen at the door or look through the window to make sure your child has stopped crying before leaving for the day. If the child is inconsolable (unusual for most children), we will give you a call; it may be due to an illness, or perhaps just hearing your voice will calm them. We hope to have all our families get to know one another and establish a childcare family feeling. We ask that there be no arguments or rude behavior toward one another on the property. After all, we teach our children by setting a good example for them. Laying on the horn or yelling at other parents will NOT be tolerated. Please be aware of your surroundings as you pull in and out of the center to ensure the safety of all our children and staff. Please make sure all children are in proper age-appropriate child car seats and seat belts before leaving our facilities.

## **PLEASE PULL INTO OUR PARKING LOT AS SLOWLY AS POSSIBLE!!!**

### **Curriculum**

We will provide a rich learning environment for our 3- and 4-year-olds. The preschool program will use a child-interest-based curriculum. This means that our preschool teacher will base lessons and activities on what the children want to learn about. We will have a circle time in the morning that will cover the basics, and the core of the curriculum will cover letter identification, phonics, number association with one-to-one correspondence, patterns, and writing. We will cover everything that will prepare them for kindergarten at a pace that suits their individual skill levels. If you have specific questions about the lessons, please feel free to ask or observe at any time. Some children are ready to cover more complex literacy and mathematics at age three or four, and some will develop the cognitive skills closer to age five. We will give progress reports throughout the year, but we are not going to base anything on testing or pressure to the kids. We believe that at this age learning should be fun and that children learn best through play. The day will be set up so that in the morning and closer to pick up, the preschool room will have free play. After breakfast, we will start the preschool program set up for a full day, there will be no half-day enrollments. The other rooms will have infants and toddlers in a small group with two or three main caregivers. They will provide a loving, home-like environment. All children will get one-on-one attention and care. Please see our preschool brochure, which explains our program in detail.

### **Potty Training**

Potty Training usually begins around age two however, this varies greatly depending on the child. When you think your child is ready, we will discuss a potty-training plan with you and provide helpful tips if needed. Look for your child to have a dry diaper after sleep, an interest in the potty, telling you when he/she goes in their diaper, or has a “hiding” spot when they are going in their diaper. These can be, but are not limited to, signs they may be ready to try. Also, be aware that your child may take right to the potty at first and then lose interest or change their mind. This is all normal potty-training behavior. You never want to push them before they are ready. It is true that when they are ready, they will do it; have faith and patience. Developing a plan will include bringing extra underwear and clothes, possibly training pants or pull-ups. Please speak with your child’s teachers when you feel like your child is ready.

## **Nap Time**

Naps will be given every day in the infant and toddler rooms and as needed for our preschoolers. The infants will nap in their own assigned cribs. When your child is around 18 months and ready, we will begin napping on a floor mat. Naps for infants will be given as needed, and age-appropriate schedules will be followed. We will work as best as we can with your schedule for your child, but it is common for children to follow a different schedule in daycare than they do at home and on the weekends. Children often outgrow naps at ages 3 and 4, but depending on the child and their day, they may need a nap while in care. We will provide a quiet area for those needing a nap after lunch and arrange the preschool schedule so that the other children are doing a quiet activity during this time.

## **Toys**

All toys will be age-appropriate for each group and learning-gearred. They will be cleaned daily and bleached once a week. We are working with the state to approve cleaning products that are more natural and do not use a bleach solution. If your child has asthma or a bleach allergy, please let us know! Sometimes children want to bring a toy from home; this is up to the parent. We will accommodate them because we know that sometimes it's that extra security that they need. We do ask that you discourage children from bringing a toy from home, as we have learned that it does cause an issue with sharing. It will be kept in the child's cubby if they do bring in a toy. However, please be aware that Grow a Child Childcare is not responsible for any broken or lost toys. Also, please make sure whichever toy they may choose is age-appropriate for the other children in the room- no small pieces. We also do not allow toy guns or weapons, so if the toy is something that shoots or wields a weapon, it must stay in their cubby. This may change depending on the circumstances of the toy, and we will discuss it with you upon arrival.

## **Outdoor Play**

Our outdoor play area will be set up so that the teachers and caregivers can still interact with the children. They can play games, play with balls, push toys, and play with riding toys. Each class will go out for at least half an hour each day, weather permitting. Please bring appropriate outdoor attire each day, including swimwear and water shoes in summer, rain boots and a raincoat on rainy days, and winter boots and a jacket in the winter. Also, please have shoes that are easy to

play in, a light jacket, and extra clothes if needed. In the winter, please provide hats and gloves as well. In the nicer weather, we do try to take the children on walks, which sometimes include walks to the library or playground. Please make sure your blue card is up to date with the appropriate box checked, permitting us to take your child on a walk. We have an area for riding bikes, playing basketball, and other activities on the paved area. We are also excited to announce that we will be having a licensed Yoga instructor come in during the week to do a class with our children ages 2 and up. (We will provide permission forms for this when they become available). Our beautiful new facility will allow us to garden with the children, take nature walks, and explore the outdoors. We have also introduced a licensed therapist to come in twice a week to do art/play therapy with our older children at the center as part of our social-emotional curriculum.

## Transportation

We are currently able to provide transportation for our preschool students to and from the Cohocton UPK building. If you would like your child to ride to and from preschool with our service, please see the director for the transportation permission forms. We adhere to all OCFS regulations regarding transportation and training. You must provide your own child safety seat for our van (appropriate to their age, weight, and height). There is an additional fee of \$15/week that will be added to your tuition to cover the cost of transportation. Please ask Michelle or Trisha if you would like more information. [2025/2026 Preschool year, we may be transporting children to and from the Dansville program only]



# ACKNOWLEDGEMENT OF RECEIPT OF PARENT HANDBOOK

I, \_\_\_\_\_ (Parent/Guardian Name)  
have received and read the Grow A Child Parent Handbook.

I understand the policies and procedures given to me and agree  
to adhere to all school policies.

I understand there is a \$50 non-refundable deposit to hold your  
spot.

Please note: Grow A Child policies and procedures are subject  
to change to reflect the needs of the program, children, and  
families that we serve.

We may also make changes or modifications in our policies if  
required by our licensing agencies.

Grow A Child will inform parents of changes taking place  
whenever possible in a timely fashion.

I understand that Grow a Child has the right to terminate care at  
any time for any reason.

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

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

# Parent Code of Conduct Policy

The purpose of this Code of Conduct is to ensure a safe, respectful, and positive environment for all children, families, and staff at Grow a Child Childcare. We believe that a strong partnership between parents and our center creates the best outcomes for children.

## Our Expectations for Parents and Guardians

### 1. Respectful Communication

Speak to staff, children, and other families with kindness, respect, and patience.

Address concerns privately with the Director or appropriate staff member—never in front of children.

Refrain from using offensive, discriminatory, or aggressive language or gestures.

### 2. Positive Role Modeling

Demonstrate the same respectful behavior we teach children in our care.

Avoid gossip or negative discussions about staff, other children, or families.

### 3. Safety First

Follow all drop-off and pick-up procedures, including signing children in and out.

Supervise your child before and after official care hours.

Never allow unauthorized individuals to pick up your child without prior written consent.

### 4. Punctuality & Reliability

Arrive on time for both drop-off and pick-up.

Notify the center as soon as possible if your child will be late or absent.

### 5. Health & Wellness

Keep your child home when sick and follow our illness policy before returning.

Inform staff of any changes in your child's health, medications, or allergies.

### 6. Conflict Resolution

Direct questions, concerns, or complaints to the Director in a constructive manner.

Avoid public disputes on social media involving the center, staff, or families.

### 7. Zero Tolerance for Aggression

Physical aggression, threats, or intimidation toward staff, children, or other parents will result in immediate review and may lead to termination of care.

## Consequences for Policy Violations

Depending on the severity and frequency of a violation, the following actions may be taken:

1. Verbal reminder of the policy
2. Written warning
3. Meeting with the Director to discuss concerns
4. Suspension or termination of childcare services

## Acknowledgment

I have read, understood, and agree to follow the Grow a Child Child Care Parent Code of Conduct. I understand that failure to comply may result in the termination of my child's enrollment.

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

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

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

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**DAY CARE ENROLLMENT**

<b>PHOTO OF CHILD (Optional)</b>	PROGRAM NAME:		ADDRESS:		PHONE NUMBER: (     )     -	
	CHILD'S FULL NAME:				DATE OF BIRTH: /     /	
	PREFERRED NAME/NICKNAME:				GENDER:	
	CHILD'S HOME ADDRESS:					
NAME OF PERSON ENROLLING CHILD:			RELATIONSHIP TO CHILD: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative   _____ <input type="checkbox"/> Other   _____			
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: (     )     -			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):			
EMAIL ADDRESS:			<input type="checkbox"/> ok to text			
<b>EMERGENCY INFO</b>	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child		PRIMARY PHONE NUMBER	
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No		(     )     - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		(     )     - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No		(     )     - <input type="checkbox"/> ok to text	
OTHER PHONE NUMBER / EMAIL						
FOR PROGRAM USE ONLY			FOR PROGRAM USE ONLY			
DATE OF ENROLLMENT:     /     /			DATE OF DISENROLLMENT:     /     /			

CHILD'S FULL NAME:		DATE OF BIRTH: /     /	
<b>Check boxes below to indicate if your child has any special needs/services:</b>			
<input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language		<input type="checkbox"/> None <input type="checkbox"/> Physical Therapy	
<input type="checkbox"/> Allergies (Please list) _____ <input type="checkbox"/> Other _____			
Please provide information here <b>AND</b> discuss with your child care provider:			
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:		PHONE NUMBER: (     )     -	
PREFERRED HOSPITAL:		PHONE NUMBER: (     )     -	
CHILD'S DENTAL CARE:		PHONE NUMBER: (     )     -	
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: <a href="https://nystateofhealth.ny.gov/">https://nystateofhealth.ny.gov/</a>			
<b>AGREEMENTS</b>			
• I consent to emergency medical treatment for my child.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
• I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
• I provided information on my child's special needs to the program to assist in caring for my child.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
• I agree to review and update this information whenever a change occurs and at least once every year.....			<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:			DATE: /     /

**Childcare Intake Form:**

Date of Enrollment: \_\_\_\_\_

Name of parent or Caregiver: \_\_\_\_\_ Name of Child: \_\_\_\_\_

Child DOB \_\_\_\_\_ Age in Months \_\_\_\_\_

Primary Address \_\_\_\_\_ County \_\_\_\_\_

Primary Contact Person \_\_\_\_\_ relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Secondary Contact \_\_\_\_\_

Custody of Child \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Both \_\_\_\_ Other: \_\_\_\_\_

Primary Language spoken in the home: \_\_\_\_\_

**Household information:** Adults in the house \_\_\_\_\_

Siblings/other children in the house: \_\_\_\_\_

**Childcare Information:**

Has your child been in a childcare setting before? \_\_\_\_ Yes \_\_\_\_ No

If Yes, Family member \_\_\_\_\_ In-home \_\_\_\_\_ Center \_\_\_\_\_

How long was the child in childcare \_\_\_\_\_ reason for leaving \_\_\_\_\_

**Concerns:**

Behavioral: \_\_\_\_\_ Specify \_\_\_\_\_

Medical: \_\_\_\_\_ List \_\_\_\_\_

Developmental: \_\_\_\_\_ Please Explain: \_\_\_\_\_

Concerns with Speech, motor development, physical development, cognitive development,  
Social-emotional, or feeding concerns

Explain \_\_\_\_\_

Child's dietary needs and preferences \_\_\_\_\_

Does your child have a Diagnosis? \_\_\_\_\_

Autism/ADHD/medical/behavioral

Does your child have an IEP or IFSP? \_\_\_\_\_ Does your child receive services \_\_\_\_\_

If so what, \_\_\_\_\_

Would you like more information about assessments or services? \_\_\_\_\_

Date of screening \_\_\_\_\_ Name of staff that conducted the screening \_\_\_\_\_

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CHILD IN CARE MEDICAL STATEMENT**

**To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner**

Name of Child: _____	Date of Birth: _____ / /	Date of Examination: _____ / /
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**Immunizations required for entry into day care**

**Medical Exemption** The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

☐ Yes ☐ No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	5 <sup>th</sup> Date / /
Polio (IPV or OPV)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Haemophilus influenzae type B (Hib)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date OR 1 <sup>st</sup> Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /	4 <sup>th</sup> Date / /	
Hepatitis B	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /	3 <sup>rd</sup> Date / /		
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date / /	2 <sup>nd</sup> Date / /			

**Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A**

Type of Immunization: _____	Date: _____ / /	Type of Immunization: _____	Date: _____ / /
Type of Immunization: _____	Date: _____ / /	Type of Immunization: _____	Date: _____ / /
Type of Immunization: _____	Date: _____ / /	Type of Immunization: _____	Date: _____ / /

**Tests**

Tuberculin Test Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Mantoux Results: ☐ Positive ☐ Negative \_\_\_\_\_ mm

TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test. If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Attach lead level statement

**Lead Screening (Include All Dates and Results)**

1 year \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_ mcg/dL ☐ Venous ☐ Capillary

2 years \_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_ mcg/dL ☐ Venous ☐ Capillary

**Most recent date of lead screening (if different from above):**

\_\_\_\_/\_\_\_\_/\_\_\_\_ Result: \_\_\_\_\_ mcg/dL ☐ Venous ☐ Capillary

**Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.**

(Continued on reverse side)

**CHILD IN CARE MEDICAL STATEMENT** *(continued)*

Health Specifics	Comments
Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Summary of Physical Exam**

Include special recommendations to child day care providers

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On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.

☐ Yes ☐ No

Signature of Examiner	Address
Please Print Name	City, State, Zip
Title	(   )   -   /   / Phone   Date

# Infant Feeding Agreement

Grow A Child Childcare must obtain a written statement from you (the parent or guardian) of each infant in care, setting forth the breast milk, formula and feeding schedule instructions for the infant, and must be updated as changes are made.

Name of Infant: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Agreement: \_\_\_\_/\_\_\_\_/\_\_\_\_

I \_\_\_\_\_, want my infant child \_\_\_\_\_,  
to be fed according to the following schedule:

Other Instructions:

I understand that all containers or bottles of breast milk, formula or other individualized food items must be clearly marked with the child's complete name.

1. \_\_\_\_\_ (initial) I accept the offer of the provider to supply other meal components for my child after solid foods have been introduced by you, the parent or guardian.
2. \_\_\_\_\_ (initial) I decline the offer of the provider to supply other meal components for my child. I will supply all food for my child.
3. \_\_\_\_\_ (initial) I accept the offer of the provider to prepare formula for my child.
4. \_\_\_\_\_ (initial) I decline the offer of the provider to prepare formula for my child and will provide formula for my child that I have prepared.

Signatures on this document imply that both parties understand:

- Children 6 months of age and under must be held during all bottle feedings (418-1.12(ag))
- Microwave heating of infant food and formula is prohibited by regulation (418-1.12(ab))
- The childcare provider must make every effort to accommodate the needs of a child who is breast-fed (418-1.12(af))
- Child may have: (initial and date)

Peanut butter \_\_\_\_\_ Honey \_\_\_\_\_ Whole Milk \_\_\_\_\_ Eggs \_\_\_\_\_ Strawberries \_\_\_\_\_

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

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

# Sleeping Arrangements

As per NYS regulation 418-1.7(o)

Other than for school-age children, sleeping and napping arrangements must be made in writing between the parent and the program. Such arrangements shall include: the area of the program where the child will nap; whether the child will nap on a cot, mat, bed, or crib; and how the napping child will be supervised, consistent with the requirements of section 418-1.8 of this Subpart.

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

Name of Child in Care: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

At Grow A Child Childcare, we have a scheduled nap/quiet time from 12:00 PM to 2:00 PM for the toddler and preschool room (with flexibility if a child is tired outside of the scheduled time.) Infant nap time will be flexible based on the infant's needs and parents' desires. I understand that infants will nap in a crib in the infant room, toddlers will nap on a cot or mat in the toddler room, and preschoolers will nap on a cot or mat in the preschool room.

I understand that my child will always be supervised while asleep by a competent adult per Regulation 418-1.8, which states:

Children cannot be left without competent supervision at any time. Competent supervision includes awareness of and responsibility for the ongoing activity of each child. It requires that all children be within a teacher's range of vision and that the teacher be near enough to respond when redirection or intervention strategies are needed. Competent supervision must take into account the child's age, emotional, physical, and cognitive development.

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

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

Dear Parent, Guardian or CACFP Participant,

This center participates in the Child and Adult Care Food Program (CACFP) and provides healthy meals at no cost to all children and adults enrolled in the daycare center. By completing and returning the attached Income Eligibility Form, you will help your center receive money from CACFP for the meals that are served. If your household's income is equal to or less than the amounts indicated for your household size on the chart below, the center will receive a higher rate of funding for the meals served. The Income Eligibility Form needs to be completed every year. Your center and CACFP will keep all information private.

**INCOME ELIGIBILITY GUIDELINES**  
**(Effective July 1, 2024 until June 30, 2025)**

HOUSEHOLD SIZE	REDUCED-PRICE MEALS		
	YEAR	MONTH	WEEK
1	27,861	2,322	536
2	37,814	3,152	728
3	47,767	3,981	919
4	57,720	4,810	1,110
5	67,673	5,640	1,302
6	77,626	6,469	1,493
7	87,579	7,299	1,685
8	97,532	8,128	1,876
FOR EACH ADDITIONAL FAMILY MEMBER	+9,953	+830	+192

\_\_\_\_\_  
SPONSOR/CENTER OFFICIAL

\_\_\_\_\_  
SPONSORING ORGANIZATION

\_\_\_\_\_  
DATE

**INFANT FEEDING STATEMENT**

Baby's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dear Parent/Guardian:

This center participates in the Child and Adult Care Food Program and we will give your baby Parents Choice Gentle with Iron and solid food. If you want to bring breast milk or your own

NAME OF FORMULA

formula or food, you can do that instead. Also, we encourage moms to come to the center to nurse their babies.

Please indicate your choice below.

BREAST MILK/FORMULA (CHECK ONE)	FOOD (CHECK ONE)
_____ The center can give my baby the formula they buy.	_____ The center can give my baby solid foods when I tell them the baby is ready.
_____ I will bring breast milk or formula for my baby.	_____ I will bring solid foods for my baby.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

This institution is an equal opportunity provider.

See INSTRUCTIONS on reverse.

**CHILD CARE CENTER NAME** \_\_\_\_\_

Print the name of the child(ren) enrolled in this child care center

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**DIRECTIONS**

**Complete SECTION A if anyone in your household**

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

**SECTION A**

SNAP Case # \_\_\_\_\_

TANF # \_\_\_\_\_

FDPIR # \_\_\_\_\_

Names of \_\_\_\_\_  
Foster Children \_\_\_\_\_

**An adult household member must sign the application before it can be approved.** After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR SPONSOR USE ONLY**

CACFP Agreement # \_\_\_\_\_

Total Number of Household Members \_\_\_\_\_  
(INCLUDING FOSTER CHILDREN, IF APPLICABLE)

Total Household Income \$ \_\_\_\_\_

Free \_\_\_\_\_ Reduced \_\_\_\_\_ Paid \_\_\_\_\_

Date of Determination \_\_\_\_\_

Signature of \_\_\_\_\_  
Center Staff \_\_\_\_\_

**Complete SECTION B if no one in your household** participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

**SECTION B**

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

**An adult household member must sign the application before it can be approved.** After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

LAST FOUR (4) DIGITS OF  
SOCIAL SECURITY NUMBER

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DATE \_\_\_\_\_

USDA is an equal opportunity provider and employer.

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this form. 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 form. The Social Security Number is not required when you: apply on behalf of a foster child; provide a SNAP, TANF or FDPIR number; or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

#### **INSTRUCTIONS FOR COMPLETING DOH-3688**

##### **Definition of Income**

*Income* means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

##### **Definition of Household**

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

##### **INSTRUCTIONS FOR PARENTS OR GUARDIANS**

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

**Section A:** If anyone in your household participates in the Supplemental Nutrition Assistance Program (SNAP), receives Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the SNAP, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

**Foster children:** If your household includes a foster child who is in child care, write in the names of the foster children.

**Section B:** Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

##### **INSTRUCTIONS FOR CENTERS AND SPONSORS**

**The For Sponsor Use Only section is to be completed, signed and dated by center or sponsor staff.** The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

##### **The CACFP Agreement Number.**

**Total Number of Household Members** – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

**Total Household Income** – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid*.

**Number of Free, Reduced or Paid** – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, last four digits of Social Security Number or SNAP, TANF or FDPIR numbers) are categorized in the paid category.

**The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member.** For example, a form signed on May 12, 2014 is valid until May 31, 2015.

# Daycare Photo Release Form

I, \_\_\_\_\_, the parent of a child(ren) at Grow A Child Childcare, agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the daycare during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the internet.

The child(ren) are known as: \_\_\_\_\_

With my signature below, I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the daycare's services. I understand that it is my responsibility to update this form if I no longer wish to authorize the above uses. I agree that this will remain in effect during the term of my child's enrollment. I understand that there will be no payment for my or my child's participation in this release.

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

Relationship to child \_\_\_\_\_

I, \_\_\_\_\_, ***decline to allow*** \_\_\_\_\_'s image of any kind to be used in promoting child care services in either print or on the internet.

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

Relationship to child \_\_\_\_\_

Pictures may be taken and put into Brightwheel only

### ***Art/Play Therapy***

Trisha Hoffman is a certified life coach and has her Master of Arts from Nazareth College in Art Therapy and a Master of Arts degree in Mental Health Counseling from Medaille University (see Trisha's full write-up). Trisha is coming in twice a week to work with small groups in our preschool room as well as the school-age classroom. Her therapy uses play and art to teach kids to communicate and regulate their emotions.

My child \_\_\_\_\_ has my permission to participate in play/art therapy with Trisha Hoffman at Grow a Child Childcare.

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date