



Renee's Kids World
"WHERE ALL CHILDREN EXCEL"

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Enrollment Application

Part I

Today's Date- _____ How Did You Hear of This Program? _____

- (1) Child's Name- _____ DOB- _____ Age- _____
- (2) Child's Name- _____ DOB- _____ Age- _____
- (3) Child's Name- _____ DOB- _____ Age- _____
- (4) Child's Name- _____ DOB- _____ Age- _____
- (5) Child's Name- _____ DOB- _____ Age- _____

CAPS Certificate # - _____

9 Digit Food Stamp Client ID # - _____

Home Address- _____

Previous Daycares- (1) _____ Reason for Leaving- _____

(2) _____ Reason for Leaving- _____

(3) _____ Reason for Leaving- _____

Special Needs/Allergies/Medical/Sickness conditions;

Special Procedures Required in Caring for child;

Part II: Enrollment Information: Children Only

My child is normally in attendance at the facility between the hours of _____ (am/pm) to _____ (am/pm) on the following days:

Check here if only before/after School care is provided.

(Circle all that apply): Sunday Monday Tuesday Wednesday Thursday Friday Saturday

My child will normally receive the following meals while in care:

(Circle all that apply): Breakfast AM Snack Lunch PM Snack Supper Evening Snack

Staff Initials- _____

Parents Information

Mother Information

Mothers Name- _____ Last four of social- xxx-xx- _____

Food Stamp 9 Digit Client ID: _____

Home Address & Phone Number; _____

City/State/Zip Code; _____

Place of Employment; _____ Dept.; _____

Work Address; _____ Work Hours; _____ to _____

Work Phone number; _____

Cell Number; _____ Email Address; _____

Father Information

Mothers Name- _____ Last four of social- xxx-xx- _____

Food Stamp 9 Digit Client ID: _____

Home Address & Phone Number; _____

City/State/Zip Code; _____

Place of Employment; _____ Dept.; _____

Work Address; _____ Work Hours; _____ to _____

Work Phone number; _____

Cell Number; _____ Email Address; _____

Part IV: Parent Signature

I certify that all information on this form is true and that all income is reported. I understand that the center or daycare 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 purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) listed on the form in Part I are enrolled for care. If not completed fully and signed, the participant will be placed in the Paid category. (Which means I will be responsible for paying for my child(ren) meals)

Signature: _____ Print Name: _____

Address: _____ City: _____ State: _____ Zip: _____

**This application is a revision of USDA's newly released meal benefit prototype and meets all legal requirements and reflect design best practices identified by USDA through focus testing and other research.*

Staff Initials _____

Emergency/Non-Emergency Medical Authorization/Contact Information

Should _____ suffer an injury or illness while in the care of Renee's Kid's World, I (We) will be informed immediately. If the facility is unable to contact me (Us) immediately, it shall be authorized to secure medical attention and care as may be necessary. The parent shall assume responsibility for payment of services.

Parent/Guardian Signature Date

Nearest Relative who can be contacted if the parents cannot be reached:

My child will not be allowed to enter or leave the facility without being escorted by;

Name	Relationship to child	Address	Home Phone #	Cell Phone #

**All numbers provided on your child's enrollment application may, in the event you cannot be reached for emergency or non-emergency situations, may be used.*

Special Instructions to Reach Parents at Work

Child Source of Healthcare

Name of Clinic	Physician's Name	Telephone	Address	City/State/Zip

Permission to Take Field Trips

I hereby give Renee's Kid's World, permission to take my child on excursions, upon my signature on an official Field Trip Permission Form, from the center that might include the following activities;

Dolphin Cruise, Movies, Museums, zoos, parks, swimming pools (less than 2' deep), grocery stores, church, farms, shopping, malls, horse back riding, amusement centers, riding in car, beaches, community stations, (e.g., fire stations, post office, etc.,)

Parent/Guardian Signature Date

Renee's Kid's World begins each day by asking God's blessing on all who will be involved in its operation, Students, Educators, Parents and Staff. So, we begin with the sign of our faith: In the name of the Father, Son, and the Holy Spirit.

Parent/Guardian Signature Date

Staff Initials _____

Photo Consent

Dear Parents,

Authorized representatives from Renee's Kid's World 2 LLC may take photos of you or your family for various occasions or events. These pictures will be used to illustrate the variety of services provided by Renee's Kid's World 2 LLC in publications, on displays, on the website and through other mediums.

By signing this form, you will grant permission for Renee's Kid's World 2 LLC to utilize pictures that include you and/or your family.

I, _____ do hereby consent, authorize, and grant permission to the employers or representatives of Renee's Kid's World 2 LLC to take photographs and do further consent to publication, circulation, dissemination of said photographs, or use of said photos for any purpose Renee's Kid's World 2 LLC deems appropriate.

This consent remains in effect unless the person or persons in the photograph notifies Renee's Kid's World 2 LLC in writing.

Parent/Guardian Signature

Date

Children's Name(S)

Staff Initials _____

Bright from the Start: Georgia Department of Early Care and Learning
CACFP Meal Benefit Income Eligibility Statement*

PART I: Child(ren) or Adult enrolled to receive day care

Name: (Last, First and Middle Initial)	Birthdate(s)	Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. (See definitions in FAQs)				
		Head Start	Foster Child	Migrant	Runaway	Homeless
		<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"/>	<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"/>	<input type="checkbox"/>

PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

A. Child Income¹ - Sometimes children in the household earn or receive income. Please indicate the TOTAL Child Income/How often? income received by child household members listed in PART I here. \$ _____ / _____

B. Other Household Members¹ List all household members (including yourself) not listed in Part I even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.

Name of Other Household Members (First and Last)	1. Earnings from work before deductions / How often	2. Welfare, child support, alimony / How Often	3. Social Security, pensions, retirement / How Often	4. All other income / How Often
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

C. Total Household Members (Adults and Children) listed in Part I and Part II _____

Social Security Number. If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.

Last four Digits of Social Security Number XXX-XX-_____
 I do not have a Social Security Number

PART III: Enrollment Information: Children Only

My child is normally in attendance at the facility between the hours of _____ [am/pm] to _____ [am/pm]. (✓) Check here if only before/after school care is provided.

Circle the days your child will normally attend the center: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Circle the meals your child will normally receive while in care: Breakfast AM Snack Lunch PM Snack Supper Evening Snack

PART IV: Signature

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 purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. If not completed fully and signed, the participant will be placed in the Paid category.

Signature: X _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

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PART V: Participant's Ethnic and Racial Identities (optional)

Check (✓) one ethnic identity:
 Hispanic/Latino Not Hispanic/Latino

Check (✓) one or more racial identities:
 Asian White Black or African American Indian or Alaska Native Hawaiian or other Pacific Islander

Official Use Only Section for Provider: 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: check (✓) if applicable Eligibility: check (✓) one Free Reduced Paid-Denied

Day Care Homes Only: check (✓) one Tier I Tier II

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow Up Official's Signature: _____ Date: _____

Parental Agreement with Renee's Kid's World

Renee's Kid's World agrees to provide childcare for _____ on _____
(Name of Child) (Days of Week)
_____ a.m. to _____ p.m. from _____ to _____
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

- Breakfast
- Morning Snack
- Lunch
- Afternoon Snack
- Evening Snack
- Dinner
- Bedtime Snack

Before any medications are dispersed to my child, I will provide a written authorization, which includes; Date; name of child; name of medication; prescription number; if any, dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave Renee's Kid's World without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

Renee's Kid's World agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

Renee's Kid's World agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water related activities occurring in water that is more than two (2) feet deep.

I authorize Renee's Kid's World to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for Renee's Kid's World.

I understand that the center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Facility Administration/Person-in-Charge)