



where we teach
education, life,
and greatness.

LICENSED EARLY CHILDHOOD
EDUCATION HOME

WELCOME TO OUR SCHOOL!

I am excited that you have enrolled your child in our early childhood education program and look forward to getting to know your child and your family.

Our goal is to provide a safe, caring, and nurturing environment that will help to foster your child's growth and development. We are here to guide your child as they explore and make discoveries about the world around them. We believe that children learn through hands-on experiences and play. We hope to help children build a positive self-image and learn to interact with peers. During their experiences at school, they are also gaining skills for academic success, in a way that is age-appropriate, meaningful, and fun.

Our handbook is a guide for our school and our developing program. We hope that it is able to answer many questions that you might have about your child's preschool experience. However, if you have additional questions or your question were not addressed, please do not hesitate to let us know.

We are committed to educating and caring for your child while they are at LIFE Academy. We feel it is very important to have a strong connection between home and school. Through our strong partnership, we look forward to building a lifelong love of learning and a firm educational foundation for your child.

Thank you again for choosing Learning is Fun & Educational Academy. We appreciate the trust you place in us to care for and educate your child.

LaToya Williams, Director

100 S. Las Vegas Trail, Ste. E, Fort Worth TX 76108
682-224-6660

Website: www.lifeacademyschools.com
Email: info@lifeacademyschools.com



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Please complete and return the following enrollment forms:

- Admission Information Form
- Provide a copy of the child's immunization record
- Health statement signed and dated by a health care professional
- Allergy Emergency Plan (if applicable)
- Photo Consent Form
- Topical Ointment Authorization Form
- Parent Handbook Acknowledgement
- CACFP Enrollment Form
- CACFP Income Form
- ACH Authorization Form

Infant Forms:

- Infant Safe Sleep Form
- Infant Feeding Schedule

***Enrollment isn't complete until all forms are complete and fees (registration and first week's tuition) are received.**

100 S. Las Vegas Trail, Ste. E, Fort Worth TX 76108
682-224-6660

Website: www.lifeacademyschools.com
Email: info@lifeacademyschools.com

Admission Information

Use this form to collect all required information about a child enrolling in childcare.

Directions: The childcare provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the childcare provider before the first day of enrollment. The childcare provider keeps the form on file at the childcare facility.

General Information			
Operation's Name:		Director's Name:	
Child's Name		Child's Date of Birth	Child Lives With <input type="checkbox"/> Mom <input type="checkbox"/> Dad <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian
Child's Home Address:			
Date of Admission:		Date of Withdrawal:	
Name of Parent or Guardian Completing Form (Parent/Guardian 1)		Address of Parent or Guardian (if different from the child's)	
Phone Number:		Email Address:	
Parent/Guardian 2		Address of Parent/Guardian 2 (if different from the child's)	
Phone Number:		Email Address:	
Custody Documents on File <input type="checkbox"/> YES <input type="checkbox"/> NO			
Give the name, address, and phone number of the responsible individual to call in case of an emergency if parents/guardians cannot be reached			
Name:		Relation:	
Address:		Phone number:	
I authorize the childcare operation to release my child to leave the childcare operation ONLY with the following persons. Please list the name, relation, and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name		Relation	Phone Number

Consent Information
<p>1. Transportation</p> <p>I give consent for my child to be transported and supervised by the operation's employees:</p> <p style="text-align: center;"> <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school </p>
<p>2. Field Trips</p> <p><input type="radio"/> I give consent for my child to participate in field trips.</p> <p><input type="radio"/> I do not give consent for my child to participate in field trips</p> <p>Comments:</p>

3. Water Activities:

I give consent for my child to participate in the following water activities. Check all that apply.

☐ water table play ☐ sprinkler play ☐ splashing or wading pools ☐ swimming pools ☐ aquatic playgrounds

Is your child able to swim without assistance?

☐ Yes ☐ No

If no, your child is required to wear a life jacket while in or near a swimming pool.

Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?

☐ Yes ☐ No

If yes, your child is required to wear a life jacket while in or near a swimming pool.

Do you want your child to wear a life jacket while in or near a swimming pool?

☐ Yes ☐ No

*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Discipline and guidance | <input type="checkbox"/> Procedures for release of children |
| <input type="checkbox"/> Suspension and expulsion | <input type="checkbox"/> Illness and exclusion criteria |
| <input type="checkbox"/> Emergency plans | <input type="checkbox"/> Procedures for dispensing medications |
| <input type="checkbox"/> Procedures for conducting health checks | <input type="checkbox"/> Immunization requirements for children |
| <input type="checkbox"/> Safe sleep | <input type="checkbox"/> Meals and food service practices |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director | <input type="checkbox"/> Procedures to visit the center without securing prior approval |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website |

5. Meals:

I understand that the following meals will be served to my child while in care. Check all that apply:

☐ None ☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack

6. Days and Times in Care:

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

7. Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

Signature — Parent or Legal Guardian

Date Signed

8. Child's Special Care Needs, check all that apply

- | | |
|--|--|
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Limitations or restrictions on child's activities |
| <input type="checkbox"/> Food intolerances | <input type="checkbox"/> Reasonable accommodations or modifications |
| <input type="checkbox"/> Existing illness | <input type="checkbox"/> Adaptive equipment, include instructions below |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations in the past 12 months | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Other: _____ | |

Explain any needs selected above:

Does your child have diagnosed food allergies? ☐ Yes ☐ No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit www.ada.gov/resources/child-care-centers/. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature — Parent or Legal Guardian

Date Signed

9. School Age Children

My child attends the following school:

School Area Code and Phone No.:

My child has permission to:

Check all that apply.

- ☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of their sibling younger than 18 years old

Authorized pick up or drop off locations other than the child's address:

- ☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Area Code and Phone No.
Name of Emergency Care Facility	Address	Area Code and Phone No.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature — Parent or Legal Guardian

Date Signed

Requirements for Exclusion from Compliance

- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Vision Exam Results

Right Eye 20/ Left Eye 20/ ☐ Pass ☐ Fail

Signature _____ Date Signed _____

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

Signature _____ Date Signed _____

Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission. Select **only one** option.

- ☐ Health Care Professional's Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.
- ☐ A signed and dated copy of a health care professional's statement is attached.
- ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
- ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name of Health Care Professional, if selected

Address of Health Care Professional, if selected

Signature — Health Care Professional

Date Signed

Signature — Parent or Legal Guardian

Date Signed

Vaccine Information

The following vaccines require multiple doses over time. Provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given six to 18 months after the first dose.	

Varicella for Chickenpox

Varicella, the vaccine for chickenpox, is not required if your child has had chickenpox disease. If your child has had chickenpox, complete the statement: My child had varicella disease, chickenpox, on or about [date] and does not need varicella vaccine.

Signature

Date Signed

Additional Information About Immunizations

For additional information about immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

TB Test if required

☐ Positive ☐ Negative Date: _____

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at <https://hhs.texas.gov/policies-practices-privacy#security>

Signatures

Child's Parent or Legal Guardian

Date Signed

Center Designee

Date Signed

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature

Date Signed

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **[Name of Center]** offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

1. Do I need to fill out a Meal Benefit Form for each of my children in day care? You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household **only** if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to:**

Name of Center: LIFE Academy

Address: 100 S Las Vegas Trail Ste E, White Settlement, TX 76108

Phone: 682-224-6660

2. Who can get free meals without providing income information? Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children (reference question #8 for more information on foster children) and children enrolled in a Head Start Program (HSP), Early Head Start Program (EHSP), or Even Start Program (ESP) and have not entered kindergarten) are also eligible for free meals. Households with children enrolled in a HSP, EHSP or ESP can provide a certification letter from the program of the child's enrollment and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

3. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Income Chart, sent with this application. Children in households participating in WIC may be eligible for reduced price meals.

4. May I fill out a form if someone in my household is not a U.S. citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

5. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

6. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

7. What if my income is not always the same? List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

8. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children can provide the Texas Department of Family and Protective Services Form 2085FC, *Placement Authorization Foster Care/Residential Care*, to their child's caregiver and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

9. We are in the military, do we include our housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.**10. (Pricing program only) Will the information I give be verified?** Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** You can talk to **[enter name of staff person that handles complaints/disagreements]**, either in person or by telephone at **[enter phone number for the staff person above]**. You may ask for a hearing by calling or writing to: **[name, address, phone number]**.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call **[phone number]**.

Sincerely,

[signature]

July 2011

CACFP Meal Benefit Income Eligibility Form
Letter to Households (Child Care Centers)



FP Assistance

Feeding the Future

Enrollment Form

Center Name: LIFE Academy Site Code: L2421

* Child's Name: _____ Date of Birth: ____/____/____ *

* Admission date: ____/____/____ Withdrawal Date: ____/____/____ Classroom: _____

* 1. Circle the days that your child will normally attend the center:

Mon Tue Wed Thu Fri Sat Sun

* 2. Circle the meals normally served to your child in the center:

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

* 3. What hours will your child normally be in the center:

____:____ to ____:____

* 4. Participant's ethnic and racial identities

Ethnicity (choose one ethnic identity):

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: (choose one or more racial identities):

☐ Asian ☐ American Indian or Alaska Native
☐ White ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American

Parent Signature

Date of Signature

Day Time Phone Number

* 1)	_____	* _____	(____) ____-_____
2)	_____	_____	(____) ____-_____
3)	_____	_____	(____) ____-_____
4)	_____	_____	(____) ____-_____

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

**INSTRUCTIONS FOR
CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM
(CHILD CARE)**

Follow these instructions, if your household gets SNAP, TANF or FDPIR:

Part 1: List all enrolled children and household members.

Part 2: List the eligibility number for any household members (including adults) receiving SNAP or TANF or FDPIR benefits. The SNAP or TANF number must be the 8 or 9 digit EDG# assigned by HHSC.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If **all** children you are applying for are foster children, or if you are only applying for benefits for the foster child:

Part 1: List all foster children. Check the box indicating that the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is **not** necessary.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

If some of the children in the household are foster children.

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

Part 2: If the household does not have an eligibility number, skip this part.

Part 3: Applies only to parents/guardians of children in Tier II Day Care Homes. Sponsors must provide the *List of Eligible Federal/State Funded Programs* (H1660), with this form to households with children enrolled in Tier II Day Care Homes. Parents/Guardians can enter the program name and number as applicable.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and **other deductions**. **You should be able to find it on your stub or your boss can tell you.**

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, TANF, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

L2421

Part 1. All Household Members

Name of Enrolled Child(ren):

*

Names of all household members
(First, Middle Initial, Last)CHECK IF A FOSTER CHILD (THE
LEGAL RESPONSIBILITY OF A
WELFARE AGENCY OR COURT)
* IF ALL CHILDREN LISTED BELOW
ARE FOSTER CHILDREN, SKIP TO
PART 5 TO SIGN THIS FORM.CHECK
IF NO INCOME

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDIPIR, provide the name and eligibility number for the person who receives benefits. If no one receives these benefits, skip to part 3.

NAME: _____ ELIGIBILITY NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed List of Eligible Federal/State Funded Programs (H1660), provide the name of the program and eligibility number: NAME: _____ ELIGIBILITY NUMBER: _____

Check here if no eligibility number ☐

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income) (Example) Jane Smith	B. Gross income and how often it was received Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-monthly
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____
	\$____/____	\$____/____	\$____/____	\$____/____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the next page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____

*

Print name: _____

Date: _____

*

Address: _____

Phone Number: _____

City: _____

State: _____

Zip Code: _____

Last four digits of Social Security Number: * _ _ _ - _ _ - _ _ _ ☐ I do not have a Social Security Number



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- ☐ I do elect to allow my household information to be disclosed.
- ☐ I do not elect to allow my household information to be disclosed.

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____

Categorical Eligibility: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Tier I _____ Tier II _____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement:

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

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

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

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



Enrollment Contract

Please complete a separate form for each child in the family. Please initial each line next to each policy below to signify you have read and agree to our terms in this contract.

- Childcare services will be provided by LIFE Academy for _____
(enter your child's name) on Monday through Friday. From _____ to
_____ beginning on _____. Please remember that the days you select
are your contracted days.
- The following will be paid holidays: New Year's Day, Martin Luther King Day,
Memorial Day, Juneteenth, 4th of July, Labor Day, Thanksgiving Day, the day after
Thanksgiving, ½ Day Christmas Eve, Christmas Day, and the Day after Christmas.
There will be no reduction in tuition for these holidays due to them being paid
holiday for our staff and are such considered attendance days. Holidays that fall
on Saturday will be observed on the preceding Friday, and holidays that fall on
Sunday will be observed on the following Monday. No childcare service will be
provided. A complete list of school holidays and closures will be shared annually.
- The fee for childcare will be \$_____ weekly. Tuition is due on Friday before
the following week of service being provided. A \$50 late payment convenience fee
will be added if the account is not paid by the close of business on Monday.
Failure to pay on time may result in termination of services. No account will
ever be allowed to carry a balance unless the Director has approved
arrangements. Fees for two weeks will be added if a two-week written notice is
not given before your child leaves the center. Clients may pay by cash, debit or
credit card.
- The parents agree to pay an enrollment fee of \$75.00 payable at the time of
application. Parent understands the enrollment fee is nonrefundable. If you
withdraw your child for longer than 30 days, a new enrollment fee will be
charged. This fee is an annual fee.
- The parent agrees to pay childcare fees to hold a child's position when a child is
absent. Absences include extended leave due to illness, vacation, etc. Full
payment must be received whether child/children attend to reserve this space.
- The parents agree to provide a two-week notice of termination of the Childcare
Contract. The parent agrees that the final two weeks' fees will be payable to LIFE
Academy if two weeks' notice is not given to LIFE Academy before the child's

withdrawal from LIFE ACADEMY. LIFE ACADEMY has the right to terminate a contract without notice in the case of a child causing harm to other children or a dangerous situation said child had caused intentionally or otherwise. An example of an extreme case is when a child becomes bitter, and all measures to stop the behavior have failed. This is rare, and LIFE ACADEMY will attempt to work with the parent and child to resolve any dangerous behaviors long before termination of the contract becomes necessary.

- The parents agree to complete all forms required given by LIFE ACADEMY. The parent agrees to update personal information as it occurs. The parent understands that their child cannot remain in care without proper documentation on file.
- The parents agree to provide all supplies requested by LIFE Academy. The parent understands that if required items are not supplied, they will be purchased by LIFE ACADEMY, and the parent will reimburse the provider for the total cost.
- The parent agrees to sign their child/children in and out every day. Furthermore, please check if there are any important notes or your child's art in their cubby. We sometimes put important documents in there, and they often get forgotten about. We also need you to check to see if they have soiled clothing in their cubbies. I hold my employees to high standards to help keep the facility clean and leaving soiled clothes behind leaves odors to linger in the building.
- I urge you to thoroughly read the contract and realize that it is legal and binding. You will be held liable for each of the initial lines in this contract. By signing this agreement, you are accepting it and all its terms.

Parent's Signature: _____ Date: _____

Staff's Name: _____ Date: _____



Media Consent Form

Child's Name: _____

I understand that my child, whose name is listed above, may be photographed, or videoed at the center during normal daycare hours, field trips or activities. I understand that these photographs or videos may be used in promoting childcare services in either print or on the Internet.

☐

Yes, I confirm that I have read and understood the above and agree to have photographs and videos of my child(ren) uploaded to the LIFE Academy's website, Facebook, and newsletters.

☐

No, I do not wish to have my child(ren) photographed or recorded.

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 form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

Parent/Guardian's Signature

Date



Topical Ointment and Cream Authorization

Child's Name: _____ DOB: _____

Authorization form for the application of non-prescription topical ointment or cream, including but not limited to sunscreen, insect repellent, diaper ointment, or teething gel.

I understand that the topical ointment provided by me must:

- ✓ be appropriate for use on a child.
- ✓ be applied according to instructions on the label.
- ✓ be labeled with the child's full name.

I authorize LIFE Academy staff to apply the following non-prescription topical ointment or cream to my child, as described below:

- Sunscreen
 - Product Name: _____
- Insect Repellent
 - Product Name: _____
- Non-Prescription ointment (such as Diaper Cream)
 - Product Name: _____
- Other (Please specify)
 - Product Name: _____
 - Product Name: _____

This authorization is valid for one year. Upon expiration, place in child's file.

Parent/Guardian Signature

Date



AUTOMATED PAYMENT PROCESSING AUTHORIZATION

We are excited to offer the safety, convenience, and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from your debit or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR DEBIT and CREDIT CARD

I (we) hereby authorize LIFE ACADEMY to initiate debit or credit card charges to the below-referenced debit or credit card account indicated below.

To properly affect the cancellation of this agreement, I (we) are required to give 10-day written notice.

Check with the center for accepted credit card types.

Debit or Credit Card:

Cardholder Name: _____ Phone #: _____

Card number: _____ - _____ - _____ - _____ Expiration Date: _____

Cardholder Address: _____

City: _____ State: _____ Zip: _____

Cardholder Signature: _____ Date: _____

*Payments will be processed every Monday.

A service of PROCARE software



Date Received: _____

Employee Signature: _____

8/2023