

# Registration Information

Reception: Please fill out at the time a registration packet is given to the parent. Once complete, place it in my mailbox.  
Thanks, Sue

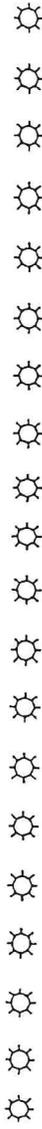
Parent/Guardian registering the child \_\_\_\_\_

Contact Phone \_\_\_\_\_ [ ] Home [ ] Cell [ ] Work

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

Projected start date \_\_\_\_\_

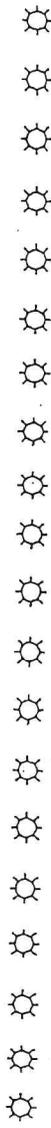
HOURS - [ ] Part-time from \_\_\_\_\_ to \_\_\_\_\_ [ ] Full-time from \_\_\_\_\_ to \_\_\_\_\_



## SCHOOL AGE CHILD INFORMATION

School Attending \_\_\_\_\_

Attendance at SonShine - [ ] AM [ ] PM [ ] Both



REGISTRATION FEE - \$ \_\_\_\_\_ DATE PAID \_\_\_\_\_ [ ] CHECK # \_\_\_\_\_ [ ] CASH

Dear Parents,

All paperwork from this packet (including the Medical & Immunization Forms) MUST BE COMPLETED AND SUBMITTED to SonShine Child Care Center ONE WEEK prior to your child's start date.

If we do not have a COMPLETED Registration Packet from you prior to the time your child is scheduled to begin, the start date will be delayed until all paperwork is received.

We appreciate your compliance with this matter.

Sincerely,

*Marie Beagle*

Marie Beagle  
Director

SonShine Child Care Center

## Your Family's First Day!

Welcome to SonShine! When you arrive on your child's first day you can enter through the double doors by buzzing the little silver button to the right of the door. Upon arrival you can walk up the steps and to the front. If you need to be directed to your classroom, please ask the front desk.

You will receive a key fob the first day for your re-entry, usually we have this ready for you by the end of the day. This will allow you to hold it up and be let in without buzzing in.

To sign your child in there are QR codes right near the front desk and on every classroom door.

First, you will have to have downloaded the Brightwheel App. When you login you will see a screen with your child's information. At the bottom is a blue banner that says, "Check in/out". There should be a 4-digit code above this banner for you to remember, you can change this by clicking the little pencil to the right of it. Click on this and a "Scan QR Image" screen will appear. The first time you do this you may have to allow location and/or access to your camera. Use this screen and hover the camera over the QR code. Click "Check In" under your child's name. This will prompt the 4-digit code from when you first started. Type in the code and you will be all set. The same goes for checking out when you pick up your child.

For billing you can access your account on Brightwheel as well. If you feel as though something is wrong in your billing plan, please email Robb at [judysonshine107@gmail.com](mailto:judysonshine107@gmail.com). She is also available at SonShine, Daily from 12:30-5:30pm.

When you drop off your child to their new classroom, they should have a hook outside the classroom and space inside the classroom for their belongings. We love to know any and all information you think is helpful about your child. Please share with the teacher's any of this information so we can provide a successful first day for your child.

We understand that it can be very difficult to leave your little one. It is completely normal and acceptable for you to call throughout the day to check in on how their day is going. Please do not hesitate to contact us with questions and concerns.



KEEP

### Important SonShine Contacts

**SonShine Phone Number:** (315) 682-2895

**SonShine Fax Number:** (315) 682-8799

**SonShine Website:** <http://www.sonshinechildcarecenter.com>

#### **Administration:**

**Marie Beagle**, Director, here daily from 7:30am-4:00pm

**Email:** [mariecsonshine@gmail.com](mailto:mariecsonshine@gmail.com)

**Judy Tornabene**, Assistant Director, in charge of registration packets, assisting with hourly billing and oversees staff and the building. She can help will Brightwheel questions as well. She is here daily from 12:30pm to 5:30pm.

**Email:** [judysonshine107@gmail.com](mailto:judysonshine107@gmail.com)

**Jennifer Brookman**, Registrar/ Coordinator, will be here to answer any questions regarding the children, placement, classroom and hours. She is here daily from 8:00am-4:30pm.

**Email:** [jenbsonshine@gmail.com](mailto:jenbsonshine@gmail.com)

**Pastor Tom & Marsha Worth** oversee administration and running of the building and are available for consultation or prayer as needed.

**Emails:** [trwdmin@gmail.com](mailto:trwdmin@gmail.com) & [marshworth7@gmail.com](mailto:marshworth7@gmail.com)

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

PROGRAM NAME: **SonShine** child-care center ADDRESS: 107 E. Pleasant St. Manlius NY 13104 PHONE NUMBER: (315) 682-2815  
 CHILD'S FULL NAME: DATE OF BIRTH: / / GENDER:  
 PREFERRED NAME/NICKNAME:  
 CHILD'S HOME ADDRESS:

PHOTO OF CHILD (Optional)

NAME OF PERSON ENROLLING CHILD:

RELATIONSHIP TO CHILD:

- Parent  Guardian  Caretaker  Relative  Other

PHONE NUMBER(S) OF PERSON ENROLLING CHILD: ( ) - ( ) - ( )

ok to text

ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):

EMAIL ADDRESS:

EMERGENCY INFO		EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
PRIMARY CONTACT:	<input type="checkbox"/> Yes <input type="checkbox"/> No	( ) - ( ) - ( )	<input type="checkbox"/> ok to text	( ) - ( ) - ( )	<input type="checkbox"/> ok to text
	<input type="checkbox"/> Yes <input type="checkbox"/> No	( ) - ( ) - ( )	<input type="checkbox"/> ok to text	( ) - ( ) - ( )	<input type="checkbox"/> ok to text
	<input type="checkbox"/> Yes <input type="checkbox"/> No	( ) - ( ) - ( )	<input type="checkbox"/> ok to text	( ) - ( ) - ( )	<input type="checkbox"/> ok to text

**FOR PROGRAM USE ONLY**

DATE OF ENROLLMENT: / /

DATE OF DISENROLLMENT: / /

OCFS-LDSS-0792 (08/2019) REVERSE

CHILD'S FULL NAME: DATE OF BIRTH: / /

**Check boxes below to indicate if your child has any special needs/services:**

- Early Intervention/Special Education  Occupational Therapy  Speech/Language  Physical Therapy  
 Allergies (Please list) \_\_\_\_\_  
 Other \_\_\_\_\_

Please provide information here **AND** 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: <https://mystateofhealth.ny.gov/>**

**AGREEMENTS**

- I consent to emergency medical treatment for my child.....  Yes  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.....  Yes  No
- I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....  Yes  No
- I provided information on my child's special needs to the program to assist in caring for my child.....  Yes  No
- I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....  Yes  No
- I agree to review and update this information whenever a change occurs and at least once every year.....  Yes  No

SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE: \_\_\_\_\_

DATE: / /

# SONSHINE CHILD CARE CENTER Parents' Authorization for Child Pick-Up

PARENT: Please complete this form in its entirety authorizing anyone other than yourself (parent), to pick up your child(ren) from SonShine Child Care Center. Please provide full names, addresses and phone #s. We will compare this information to the person's driver's license to confirm their identity.



The following person(s) are authorized to pick up my child \_\_\_\_\_  
from SonShine Child Care:

*Authorized Person #1*

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_



*Authorized Person #2*

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone #: \_\_\_\_\_

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



Please list any ADDITIONAL AUTHORIZED PERSON(S) with their contact information on the back of this form.

Thank you from the staff at SonShine Child Care Center!



NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CHILD DAY CARE CENTER**  
**SLEEPING AND NAPPING AGREEMENT**

This form may be used to meet the regulatory requirement that, other than for school-age children, sleeping and napping arrangements must be made in writing between the parent and the program.

<b>Name of Child in Care:</b>	<b>Date of Birth</b> / /
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<b>Name of Parent/Guardian:</b>	
<b>Name of Program:</b> SONSHINE CHILD CARE CENTER	<b>Facility ID#</b> 40030

<b>Area of program where child will nap or sleep: In Naproom/Classroom</b>
<b>Napping or sleeping surface (Check all that apply):</b> <input checked="" type="checkbox"/> Mat(4 and up ) <input checked="" type="checkbox"/> Cot (18mo-5yr) <input type="checkbox"/> Bed (N/A) <input checked="" type="checkbox"/> Crib(6wk -18mo)
<b>How will the child be supervised?</b> SonShine will maintain proper ratios depending on the age of the children. Children will be supervised and monitored by teachers in the room throughout the entire naptime. No child will be out of sight of a teacher.

All applicable regulations must be followed, including, but not limited to, those listed below. Contact your regulator with any questions.

- In a child day care center, children may not sleep or nap in car seats, baby swings, strollers, infant seats, or bouncy seats, unless otherwise prescribed by a health care provider. Should a child fall asleep in one of these devices, they must be moved to an approved sleeping surface.
- Sleeping arrangements for infants through 12 months of age require that the infant be placed flat on their back to sleep, unless medical information from the child's health care provider is presented to the program by the parent that shows that arrangement is inappropriate for that child.
- Cribs, bassinets, and other sleeping areas for infants through 12 months of age must include an appropriately sized fitted sheet and must not have bumper pads, toys, stuffed animals, blankets, pillows, wedges, or infant positioners. Wedges or infant positioners will be permitted with medical documentation from the child's health care provider.
- The resting/napping places must be located in approved day care space; be located in safe areas of the program; be located in a draft-free area; be where children will not be stepped on; be in a location where safe egress is not blocked; allow a person to move freely and safely within the napping area in order to check on or meet the needs of children; and be at least two feet apart from each other.
- Children unable to sleep during nap time shall not be confined to a sleeping surface (cot, crib, etc.) but instead must be offered a supervised place for quiet play.
- A copy of this agreement must be kept on file at the program and accessible for review.

*Marie A. Beagle*

Signature of Parent/Guardian	Signature of Program Staff
/ /	/ /

Date

SONSHINE CHILD CARE CENTER  
Permission to Photograph

5B

Dear Parent/Guardian,

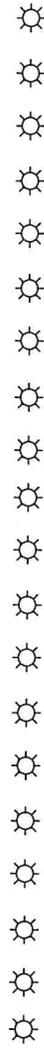
Occasionally, a teacher may wish to photograph your child – that picture to be used for a “secret” gift for you. We may also use it for a classroom craft/picture. We at SonShine Child Care need permission to photograph your child for any purpose. Please complete the following this form and return it for your child’s file.

Child’s Name: \_\_\_\_\_

\_\_\_ I DO give permission for a SonShine teacher to photograph my child.

\_\_\_ I DO give permission for a SonShine teacher to photograph my child with his/her friends  
(in a group only).

\_\_\_ I DO NOT give permission for a SonShine teacher to photograph my child for any purpose.



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

SONSHINE CHILD CARE CENTER

Emergency Contact Information

PARENT: Please complete this form in its entirety to help the staff of SonShine Child Care Center best care for your child.

Child's Name: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_  
.....

In the event of an emergency, please contact \_\_\_\_\_  
*(Please print)*

at \_\_\_\_\_ [ ] home [ ] cell [ ] work

or \_\_\_\_\_ [ ] home [ ] cell [ ] work

I \_\_\_\_\_, give SonShine Child Care permission for medical treatment to be given.

\_\_\_\_\_  
*(parent/guardian signature)* \_\_\_\_\_  
*(date)*

.....

Publicity Permission Information

I DO NOT give permission for my child \_\_\_\_\_ to be photographed for publicity purposes.

I DO give permission for my child \_\_\_\_\_ to be photographed for publicity purposes -- as below: *(please check one)*

\_\_\_ I DO NOT give permission for my child to be identified by name.

\_\_\_ I DO give permission for my child to be identified by name.

\_\_\_\_\_  
*(parent/guardian signature)* \_\_\_\_\_  
*(date)*

.....

*Thank you from the staff at SonShine Child Care Center!*

Receipt of Family Handbook/Health Care Plan/Emergency Plan

I have read the SonShine Child Care Center Family Handbook, including any attached addendums. I have also read the yearly updated Health Care Plan and Emergency Plan. I agree to abide by the rules and regulations contained therein. I understand that the rules, policies and benefits contained in the Family Handbook/Health Care Plan may be updated, modified, or deleted at any time and that it is my responsibility to keep myself informed of any changes the Center will pass on or update.

The Family Handbook, Health Care Plan and Emergency Plan can be found at [www.sonshinechildcarecenter.com](http://www.sonshinechildcarecenter.com) under Resources and Enrollment. Please download or look here for continuous updates.

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

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

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

# SONSHINE CHILD CARE CENTER Child Enrollment Information

PARENT: Please complete this form in its entirety to help the staff of SonShine Child Care Center to best understand your child.

Child's Name: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

.....

☼ Does your child have any unusual eating problems or food dislikes? *(Please explain):* \_\_\_\_\_

\_\_\_\_\_

☼ Does your child have any allergies? *(Please explain):* \_\_\_\_\_

\_\_\_\_\_

☼ What time does your child usually nap? \_\_\_\_\_

☼ Does your child have any security items? *(Please list):* \_\_\_\_\_

\_\_\_\_\_

☼ Does your child have any fears or nervous habits? *(Please explain):* \_\_\_\_\_

\_\_\_\_\_

☼ What is your (parents') attitude toward disciplining your child? \_\_\_\_\_

\_\_\_\_\_

☼ What other helpful information can you tell us about your child? \_\_\_\_\_

\_\_\_\_\_

.....

PARENT PERMISSION - I understand my child may leave the grounds with a SonShine staff for walks, field trips, etc. Younger children (Nursery I – Room 109) will be taken out for fresh air in a buggy or 6-seat stroller (weather permitting).

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

*Thank you from the staff at SonShine Child Care Center!*

I give permission for caregiver to mix formula for my child: \_\_\_\_\_

I will provide caregiver with bottles of mixed formula: \_\_\_\_\_

I will provide caregiver with bottles of breast milk: \_\_\_\_\_

Feeding Instructions:

- Type (bottle, cereal, baby food) \_\_\_\_\_
- Amount: \_\_\_\_\_
- Time of Day or How Often: \_\_\_\_\_

- Type (bottle, cereal, baby food) \_\_\_\_\_
- Amount: \_\_\_\_\_
- Time of Day or How Often: \_\_\_\_\_

- Type (bottle, cereal, baby food) \_\_\_\_\_
- Amount: \_\_\_\_\_
- Time of Day or How Often: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

18 MONTHS AND UNDER



INFANT FEEDING STATEMENT

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

Dear Parent/Guardian:

This center/provider participates in the Child and Adult Care Food Program and we will give your baby **SIMILAC ADVANCE/360** and solid food. If you want to bring your own formula of food, you can do that instead. Please let us know your choice by checking below.

FORMULA (CHECK ONE)	FOOD (CHECK ONE)
<input type="checkbox"/> The center/provider can give my baby the formula they buy. <input type="checkbox"/> I will bring breast milk or formula for my baby.	<input type="checkbox"/> The center/provider can give my baby solid foods when I tell them the baby is ready. <input type="checkbox"/> I will bring solid foods for my baby.

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





SONSHINE CHILD CARE CENTER

Emergency Contact Verification

Please provide us with your preferred emergency contact(s) and return ASAP.

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

In the event of an emergency, please contact:

Name: \_\_\_\_\_  
(Please print)

\* Email: \_\_\_\_\_

Phone #: \_\_\_\_\_ or \_\_\_\_\_

home  call cell  text cell  work  
.....

*Thank you from the staff at SonShine Child Care Center!*

## VERY IMPORTANT TO READ

SonShine Allergy Protocol to Parents

Please take a moment to review this important allergy information.

SonShine Allergy and food guidelines have changed. Some of you may have noticed being asked to provide additional paperwork for food allergies. The state requires that all paperwork for child allergies be submitted and approved prior to a child attending SonShine.

If you have not completed necessary paperwork given by our Nurse, please do so immediately. If your child requires medication for an allergy that must be present with the appropriate paperwork by the time of enrollment.

If your child has any known allergy or food restriction it must be signed by a doctor and submitted in writing to the OFFICE. This must go directly to Marie, Judy or Shelli in the office (one of us is always here). Please do not give this information by paper or verbally to teachers. We need to make sure that all of the appropriate paperwork is filled out correctly.

Reminder: SonShine is a nut-free center. Please do NOT send in any types of nuts, peanut butter or products containing these things as snacks, lunch, in backpacks, etc even if your child is not allergic.

All water cups, water bottles, bottles, lunch bags should be labeled with your child's first and last name. There are a lot of children here and we need to make sure that food/drink is going to the correct child.

Additionally, if you have ANY medication that needs to be given to a child on a regular or irregular basis you NEED to have paperwork filled out prior. You can see us in the office for paperwork or email me. Once filled out it must be given to the office for approval of paperwork and the medication. Appropriate paperwork for children with allergies include Individual Allergy and Anaphylaxis Emergency Plan, Individualized Health Care Plan and a Medication Consent Form for all medication required.

If you have any questions, don't hesitate to ask. Thank you!



Marie Beagle

Director

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: / /

**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 11/1/08	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's Name \_\_\_\_\_ Effective Date: \_\_\_\_\_ Registration Fee \_\_\_\_\_ (office use)

### SonShine Child Care Center Fee Agreement

September 1, 2025- August 31, 2026

	Part-time (16-25 hours)	Full-time (26-45 hours)	Full-time Plus (46-50)
Infants-4yrs	\$380	\$425	\$455
Pre-k	\$370	\$415	\$445

#### Child's Schedule:

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

I understand that my weekly fee will be: \_\_\_\_\_  
I understand that I will be charged the full amount in this agreement even if my child is not in care. There may be exceptions made for unforeseen circumstances. Payment can be made via Brightwheel app or cash or check at the desk made out to SonShine Child Care.

Thank you for choosing SonShine Child Care. We value the relationship we have with our families. Adherence to policies and procedures is necessary to achieve our mission of providing excellent, loving childcare. Please acknowledge your understanding of the policies below by placing your signature at the end of this document.

You must stick with your hours written above in "Child's Schedule". For Example if you write 7am-3pm, then 8am-4pm is not okay without prior approval from the Registrar.

This agreement forms the basis for staff schedules and SonShine's commitments to staff. Early drop off or late pick up affects the day's schedule, staff availability, impacts multiple classrooms and prompts overtime for staff, the fees for which SonShine has had to absorb in the past.

Dropping off/picking up earlier or later than what is noted on this form on a temporary basis is permitted with **prior approval** from office personnel. If you need to do this permanently you need prior approval from the office.

Payment is due Monday of the week of care. A delinquent account of two weeks may result in termination of care.

If you take your child out for an approved leave there will be a one week tuition re-enrollment fee to hold your child's spot. This must be paid in full before your child leaves and is non-refundable. A two-week notice is required upon discontinuing childcare. Although such a contingency is rare, if SonShine needs to raise rates to meet rising or unforeseen costs, parents will receive two weeks' notice.

SonShine is open Monday-Friday, 6:30am to 5:30pm. Maximum is a 10 hour day. A \$30 fee will be assessed for pick up after 5:30pm and \$10 for each five-minute increment after 5:45pm. SonShine is closed for fourteen days during the year for holidays and staff training. No childcare will be provided those days. These are included in your fee and do not reduce the amount for the week in which a holiday occurs.

I have read and understand the terms of the Fee Agreement. I agree to pay the full fee in accordance with the above terms, including late fees when applicable.

\_\_\_\_\_  
(Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ (Today's Date)

\_\_\_\_\_  
(Clearly enter your email address)

**If you have any questions please contact Judy** Phone: 315-682-2895 Email: judysonshine107@gmail.com

## Behavior Management

SonShine Child Care Center staff will endeavor to help children develop self-control and learn acceptable forms of social behavior. Teachers will help the children talk through situations or conflict, at their age appropriate level. When possible, the teacher gives the child or children ideas of how they could resolve their conflict. It is often appropriate to model acceptable resolving techniques or behaviors to better help the children understand what they could do.

SonShine Child Care Center expects children to maintain or regain self-control, treat others with respect and use appropriate manners while at the center. A child who does not employ self-control will not be allowed to remain at SonShine. A child that repeatedly causes harm to him or herself or others will not be allowed to remain at SonShine.

When there is a disruptive child at the center, the teachers will move the other children to a safe place. At this time a parent or guardian may be called to immediately come get their child. An administrator will be called to remove the disruptive child and care for him or her until the parent arrives.

### *SonShine Biting Policy*

It is developmentally appropriate for toddlers to bite. It can be completely normal at this age. SonShine recognizes this and wants to work with parents who have children who bite. However, since we are taking care of many children it is our first priority to keep ALL children safe. If your child is biting we may have to seek further help to try and prevent this. We will work together to try and eliminate this behavior to the best of our ability keeping in mind safety and supervision.

#### *Some reasons children might bite*

- **Lack language skills** necessary for expressing important needs or strong feelings like anger, frustration, joy, etc.
- **Are overwhelmed** by the other children, sounds, changes in activity and transitions
- **Are experimenting** to see what will happen
- **Need more advanced play or experiences**
- **Are over-tired, not feeling well**
- **Are teething**
- **Have an need for oral stimulation**

The following steps will be taken if a biting incident occurs at SonShine Child Care Center:

- The biting will be interrupted with a firm, “No...we don’t bite people.”
- Staff will stay calm and will not overreact.
- The bitten child will be comforted.
- Staff will remove the biter from the situation. The biter will be given something to do that is satisfying, potentially an icy or chewy to soothe self. Child will be redirected
- The wound will be assessed by the teacher and cleansed with soap and water.
- The child who bit will be spoken to on their level in a loving, but firm manner. We will explain that, “You cannot bite your friends because it hurts them. We do not hurt our friends.”
- The parents of both children will be notified of the biting incident. Appropriate forms will be filled out (Incident Report).

When your child has bitten another:

Classroom staff will work together with parents and try to reach the cause in order to deter future biting. Staff should chart location, who was involved, time, other behaviors, staff present, and circumstances. Staff will “shadow” children who indicate a tendency to bite in order to head off biting situations and reinforce appropriate behavior.

1. You will be notified of the biting incident and will be expected to begin your own research and assist us in training your child to use appropriate behavior. We will also further educate staff and try to implement new procedures in the classroom. This includes charting behavior, trying to find patterns and implementing continual and more directed supervision. Staff and Administration can provide resources and information to help with this. You’re not alone!
2. After multiple biting incidents, the Director may request to meet with teachers and parents to go over a written behavior improvement plan for school and home, ask you to provide helpful tools, and offer more resources for assistance. We can look at behavior, when they bite and patterns. They will discuss our biting policy and prepare them for the possibility of dismissal or other options. At this stage we may ask parents of a biting child who is having a progressively aggressive day to come pick up their child and return the next day. Most importantly, we will work closely with the child and parents in hopes to guide them quickly through this stage. Our goal is to make every child have a successful, safe day at SonShine.
3. If biting continues and does not improve, the student may be unenrolled from our program if deemed in the best interest of the child, SonShine Child Care Center, and the other children. Our first priority is the safety of all the children and staff. Re-enrollment for the child into SonShine may be considered six months after the termination.

## SONSHINE CHILD CARE CENTER

### First Day Checklist

- ☼ Talk with your child ahead of time about what his/her day will be like.
- ☼ Inform teachers of any special allergies or information they might need to know about your child.
- ☼ Bring a comfort item or picture of your family to make the transition easier.
- ☼ Bring a water bottle labeled with your child's name on it (Sippy cups for younger rooms).
- ☼ Crib sheet or small sheet (both fit on crib mattresses and cots)
- ☼ Blanket for nap
- ☼ Sunscreen- labeled with your child's name.
- ☼ An extra pair of clothes (Or a couple- this applies to ALL ages, because of pottyng and getting messy during play).
- ☼ For infants: Any bottles/food needed labeled and given to teacher on arrival
- ☼ A good supply of diapers and wipes (if needed)
- ☼ Any belongings: coats, hats, home items should be labeled with your child's name on it.
- ☼ Please download the "Brightwheel" app on your phone. You will be sent an email regarding signing up your child. This app is how you will check your child in and out each day.

You're also welcome to join the "SonShine Family" Group on Facebook and visit our website at [www.sonshinechildcarecenter.com](http://www.sonshinechildcarecenter.com).

We're so happy to have you as part of our SonShine Family!



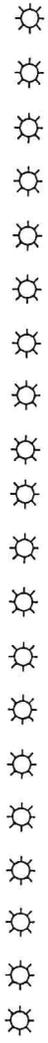
## September 2025- July 2026

August 29	Closed for Staff in Service Training
September 1	Closed for Labor Day
October 13	Closed for Columbus Day
November 12	Harvest Dinner (During the school day lunchtime)
Nov. 27 & 28	Closed for Thanksgiving
December 5	Christmas Program (@6:30pm)
December 25 & 26	Closed for Christmas & Day after
January 1 & 2	Closed for New Year's Day & Day after
January 19	Closed for Martin Luther King Jr. Day (Staff in Service Training)
February 16	Closed for President's Day
March 4	Beach Party Rooms: 108, 109, 208, 209, 211, 212, Preschool, School Age
March 17	Wear Green for St. Patrick's Day!
April 3	Closed for Good Friday
May 25	Closed for Memorial Day
June 12	Flag Day Parade (During Day!)
June 19th	Pre-K Graduation (@10:30am)
June 22-24	Vacation Bible School
July 3	Closed in Observance of Independence Day

SONSHINE CHILD CARE CENTER

**KEEP**

## CLOSINGS AND DELAYS



Occasionally, we are unable to open or are forced to close due to dangerous weather conditions. Also New York State OCFS regulations prohibit this Center from opening in the event of a power failure.

**Please note:** Center closings will be announced over these local stations on television and online:

Spectrum 1

New Channel 9, WSYR

CNY Central

\*If time allows and we are able we will also try to notify you via email you provided us and Brightwheel. Please make sure your information is correct and update it with us if it changes.\*

In the event our phones are down, you may reach Marie or Judy by email:

Judy- [judysonshine107@gmail.com](mailto:judysonshine107@gmail.com)

Marie- [marieatsonshine@gmail.com](mailto:marieatsonshine@gmail.com)

# SonShine Child Care Center

*A ministry of*

Community Covenant Church  
107 Pleasant Street  
Manlius, NY 13104

To: Parents of SonShine Children

From: Judy Tebbelle - Food Coordinator

RE: CACFP Parent Application and Annual Enrollment Form

Please sign the two attached forms in order for SonShine to participate in the state funded Child and Adult Care Food Program. We need the signed forms on file for each child. Please check income levels to see if you apply. You need not disclose your income if you do not qualify for free or reduced meals.

It is important that these papers are signed and returned along with the completed packet whether you qualify or not. This will keep us in compliance with the CACFP Program.

SonShine Parents,

Our CACFP food program requires medical documentation must be provided for any child who has an allergy if not they must be served every component of a meal despite their preferences. If you have any questions please see Judy or *Marla*. Sorry for any inconvenience this may cause.

Thank you for your cooperation,  
The Administrative Staff

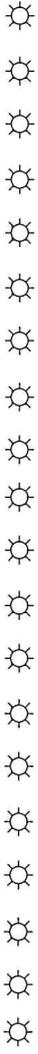
# SONSHINE CHILD CARE CENTER

## CACFP Annual Enrollment Form

*Dear Parent/Guardian,*

*Please complete this form as we are required to have one on file for each child attending SonShine Child Care Center for our Child and Adult Care Food Program (CACFP).*

*Thank you,  
Judy Tornabene, Food Coordinator*



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

Child's Schedule: Arrival time: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

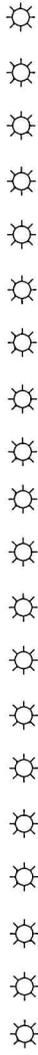
Days of the week attending: \_\_\_\_\_

Meals received while at the Center:

Breakfast

Lunch

PM Snack



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

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. *Fill this out regardless!*

Signature \_\_\_\_\_

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

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

USDA is an equal opportunity provider and employer.

**KEEP**

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this form. You do not have 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.



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, 2025 until June 30, 2026)**

HOUSEHOLD SIZE	REDUCED-PRICE MEALS		
	YEAR	MONTH	WEEK
1	28,953	2,413	557
2	39,128	3,261	753
3	49,303	4,109	949
4	59,478	4,957	1,144
5	69,653	5,805	1,340
6	79,828	6,653	1,536
7	90,003	7,501	1,731
8	100,178	8,349	1,927
FOR EACH ADDITIONAL FAMILY MEMBER	+10,175	+848	+196

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

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

\_\_\_\_\_  
DATE



**INCOME ELIGIBILITY GUIDELINES**  
(effective July 1, 2025 until June 30, 2026)

Household Size	FAMILY INCOME EQUALS OR IS BELOW:			FAMILY INCOME IS BETWEEN:			FAMILY INCOME EQUALS OR IS ABOVE:		
	FREE MEALS			REDUCED MEALS			PAID MEALS		
	YEAR	MONTH	WEEK	YEAR	MONTH	WEEK	YEAR	MONTH	WEEK
1	20,345	1,696	392	20,345 – 28,953	1,696 – 2,413	392 – 557	28,953	2,413	557
2	27,495	2,292	529	27,495 – 39,128	2,292 – 3,261	529 – 753	39,128	3,261	753
3	34,645	2,888	667	34,645 – 49,303	2,888 – 4,109	667 – 949	49,303	4,109	949
4	41,795	3,483	804	41,795 – 59,478	3,483 – 4,957	804 – 1,144	59,478	4,957	1,144
5	48,945	4,079	942	48,945 – 69,653	4,079 – 5,805	942 – 1,340	69,653	5,805	1,340
6	56,095	4,675	1,079	56,095 – 79,828	4,675 – 6,653	1,079 – 1,536	79,828	6,653	1,536
7	63,245	5,271	1,217	63,245 – 90,003	5,271 – 7,501	1,217 – 1,731	90,003	7,501	1,731
8	70,395	5,867	1,354	70,395 – 100,178	5,867 – 8,349	1,354 – 1,927	100,178	8,349	1,927
For Each Additional Family Member:	+7,150	+596	+138	+10,175	+848	+196	+10,175	+848	+196

**Using the Income Eligibility Guidelines** – The income eligibility guidelines are used to categorize the household income reported on the income eligibility form into the free, reduced or paid category. For example, if the monthly income for a family of two is \$2,292 or less, the center would be eligible for reimbursement at the Free rate. If the household income for a family of two is between \$2,292 and \$3,261 per month, the center would be eligible for reimbursement at the Reduced rate. If the household income for a family of two is \$3,261 or more per month, the center would be eligible for reimbursement at the Paid rate.

**Definition of Income** – Income means income before any deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions and bonds. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from nonfarm self-employment; (3) net income from farm self-employment; (4) Social Security; (5) dividends or interest on savings or bonds or income from estates or trusts; (6) net rental income; (7) public assistance or welfare payments; (8) unemployment compensation; (9) government civilian employee or military retirement, or pensions or veterans payments; (10) private pensions or annuities; (11) alimony or child support payments; (12) regular contributions from persons not living in the household; (13) net royalties; and (14) other cash income.

**Definition of Household** – Household means family as defined in Section 226.2. Family means, in the case of children, a group of related or nonrelated individuals, who are not residents of an institution or boarding house, but who are living as one economic unit or, in the case of adult participants, the adult participant, and if residing with the adult participant, the spouse and dependent(s) of the adult participant.

This institution is an equal opportunity provider.

# Building for the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals that meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals CACFP homes and centers follow meal requirements established by USDA.

BREAKFAST	LUNCH OR SUPPER	SNACK (TWO OF THE FIVE GROUPS)
Milk Vegetable or fruit Grains/bread or meat/meat alternate	Milk Vegetable Fruit or vegetable Grains/bread Meat/meat alternate	Milk Vegetable Fruit Grains/bread Meat/meat alternate

**Participating Facilities** Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

**Eligibility** State agencies reimburse facilities that offer non-residential day care to the following children:

- children age 12 and under,
- migrant children age 15 and younger, and
- youths through age 18 in afterschool care programs in needy areas.

**Contact Information** If you have questions about CACFP, please contact one of the following:

Sponsoring Organization  
02258  
COMMUNITY COVENANT CHURCH  
107 PLEASANT ST  
MANLIUS, NY 13104-1838  
( ) -

State Director, CACFP  
NYS Department of Health  
Division of Nutrition  
150 Broadway Suite 650  
Albany, NY 12204-2719  
1-800-942-3858 (in NY only)  
518-402-7400



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provider and employer

## SONSHINE CHILD CARE CENTER

### Food Policy Statement

SonShine Child Care Center follows guidelines of the Child and Adult Care Food Program in providing nutritious breakfasts, lunches and afternoon snacks for your children.

At times, a classroom will have a party for a special occasion and ask parents to provide a snack of their choice. Foods supplied by teachers, parents or guardians must meet the following requirements and teachers may not accept any foods that fail to meet them:

- ☒ SonShine Child Care Center is a NUT-FREE Center.
- ☒ Foods must be store-bought and in their original packaging (to verify ingredients and prevent serious allergic reactions).
- ☒ Food produced from a parent's business must include an ingredient list provided by the business.
- ☒ Pre-packaged fruits and vegetables from a business may be served as is.
- ☒ Unpackaged fruits and vegetables must be washed and cut up by the classroom teacher using proper food handling techniques.

We strive to provide nutritious and safe snacks for our children at all times and appreciate your consideration.

*Thank you from the staff at SonShine Child Care Center!*