

# 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

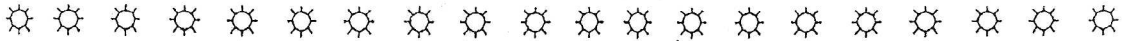
Parent/Guardian registering the child \_\_\_\_\_

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

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

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

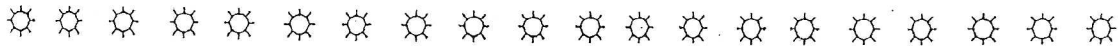
HOURS - [ ] Part-time from \_\_\_\_\_ to \_\_\_\_\_ [ ] Full-time from \_\_\_\_\_ to \_\_\_\_\_



## 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

Director

SonShine Child Care Center

# 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!

# MY CHILD'S DAILY SCHEDULE

PARENT: Please complete a separate form for each child in Nursery I through Pre-K. Disregard if your child is in Kindergarten through 5<sup>th</sup> grade.

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

My child's typical day is as follows (from waking up to going to bed):

<i>Time</i>	<i>Activity</i>	<i>Who is child with and where?</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
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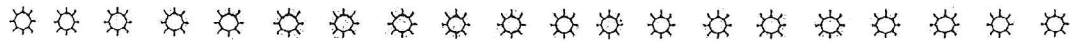
Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Thank you from the staff at SonShine Child Care Center!

SONSHINE CHILD CARE CENTER  
Napping Arrangement

I give permission for my child \_\_\_\_\_ to nap or rest on the following  
in their nap room:

- ( ) crib - nursery 1, nursery 2 & nursery 3
- ( ) cot - rooms 108, 1089, 211, 212, 208 & 209
- ( ) mat - Pre-K and school-age, where appropriate



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

SONSHINE CHILD CARE CENTER  
Permission to Photograph

Dear Parent/Guardian,

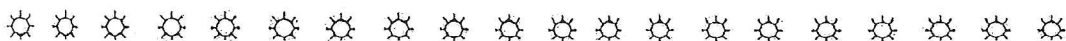
*Occasionally, a teacher may wish to photograph your child - that picture to be used for a "secret" gift for you. We at SonShine Child Care need permission to photograph your child for any purpose. Please complete the following this form and return it to your child's teacher:*

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 Parent Handbook

I have read the SonShine Child Care Center Parent Handbook, including any attached addendums. I agree to abide by the rules and regulations contained therein. I understand that the rules, policies, and benefits contained in the Parent Handbook 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 Parent Handbook can be found at [www.sonshinechildcarecenter.com](http://www.sonshinechildcarecenter.com) under Resources and under 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!*

6) Infant Feeding Schedule 12 MONTHS AND UNDER

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: \_\_\_\_\_



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 **Berkley & Jensen** (name of formula) and solid food. If you want to bring your own formula or food, you can use 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"/> The center/provider can give my baby solid foods when I tell them the baby is ready.
<input type="checkbox"/> I will bring breast milk or formula for my baby.	<input type="checkbox"/> I will bring solid foods for my baby.

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



# SONSHINE CHILD CARE CENTER

## Registration for Day Care

Child \_\_\_\_\_  
*Last Name First Name Middle Date of Birth Sex*

Home Address \_\_\_\_\_  
*Street City State Zip*

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_ E-Mail: \_\_\_\_\_

Responsible Person \_\_\_\_\_  
*Name Relationship to child*

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_



Father (or guardian) \_\_\_\_\_ Phone # \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ How long at job? \_\_\_\_\_

Mother (or guardian) \_\_\_\_\_ Phone # \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_ How long at job? \_\_\_\_\_

Other children in the family:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_ Age: \_\_\_\_\_

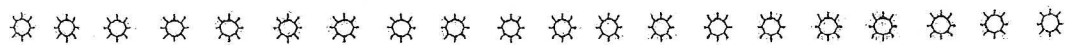
HOME LIFE (please check all that apply):  parents are living together  parents are separated  
 parents are divorced  child in foster home  grandfather in home  grandmother in home  
 other relative(s) in home (specify): \_\_\_\_\_

Number of persons living in the home: \_\_\_\_\_

What time will the child arrive at the center? \_\_\_\_\_ What time will the child be picked up? \_\_\_\_\_

How will child get to the center? \_\_\_\_\_

Who will pick up the child? \_\_\_\_\_  
(only those with written permission on record will be allowed to pick up the child)



ENTRY DATE - \_\_\_\_\_

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

FEE - \$ \_\_\_\_\_ To be paid  Weekly  Other \_\_\_\_\_ Deposit - \$ \_\_\_\_\_

Date of Application: \_\_\_\_\_ Signature: \_\_\_\_\_

SONSHINE CHILD CARE CENTER

Permission to Administer Over-the-counter Topical Medications

PARENT: Diaper cream, sunscreen, and insect repellent (marked with the child's name) must be provided by parents. SonShine will provide Triple Antibiotic cream/ointment and bee sting/Insect bite ointment only, unless you choose to provide your own.

I, \_\_\_\_\_ (parent/guardian) give permission to SonShine Child Care to apply topical over-the-counter medications (as noted below) to my child \_\_\_\_\_:

- diaper cream ( ) Yes ( ) No
sunscreen ( ) Yes ( ) No (during mid-Spring, Summer and early Fall months)
insect repellent ( ) Yes ( ) No
triple antibiotic cream/ointment ( ) Yes ( ) No
bee sting/Insect bite ointment ( ) Yes ( ) No

\*\*\*\*\*
Please sign and date the first line\* at this time. You will be required to sign every six (6) months.

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

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

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

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

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

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

Thank you from the staff at SonShine Child Care Center!

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!*

## 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: / /
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**Immunizations required for entry into day care**

**Medical Exemption** The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).  Yes  No

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

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

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

**Tests**

Tuberculin Test Date: / / Mantoux Results:  Positive  Negative \_\_\_\_\_ mm  
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.  
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /  
 Attach lead level statement

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

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

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

**Most recent date of lead screening (if different from above):**  
 / / Result: \_\_\_\_\_ mcg/dL  Venous  Capillary

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

*(Continued on reverse side)*





Child's Name \_\_\_\_\_ Effective Date: \_\_\_\_\_ Registration Fee \_\_\_\_\_ (office use)

**SonShine Child Care Center Fee Agreement**

September 1, 2023- August 31, 2024

	<b>Part-time (16-25 hours)</b>	<b>Full-time (26-45 hours)</b>	<b>Full-time Plus (46-50)</b>
Infants-18m	\$300	\$340	\$370
18m - 4yrs	\$290	\$330	\$360
Pre-k	\$270	\$310	\$340

**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.

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. 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 thirteen 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 Robb**

**Phone: 315-682-2895**

**Email: robbsonshine@gmail.com**

*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.



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# 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 pottying 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!



## 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 [robbsonshine@gmail.com](mailto:robbsonshine@gmail.com). He is also available at SonShine, Tuesday through Thursday from 10am-4:30pm.

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.



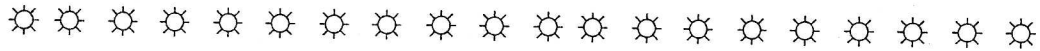
## September 2023- July 2024

September 1	Closed for Staff in Service Training
September 4	Closed for Labor Day
October 9	Closed for Columbus Day
November 15	Harvest Dinner (During the school day lunchtime)
Nov. 23 & 24	Closed for Thanksgiving
December 8	Christmas Program (@6:30pm)
December 25	Closed for Christmas
December 26	Closed for day after Christmas
January 1	Closed for New Year's Day
January 15	Closed for Martin Luther King Jr. Day (Staff in Service Training)
February 19	Closed for President's Day
March 1	Beach Party Rooms: 108, 109, 208, 209, 211, 212, Preschool, School Age
March 17	Wear Green for St. Patrick's Day!
March 29	Closed for Good Friday
May 27	Closed for Memorial Day
June 14	Flag Day Parade (During Day!)
June TBA	Vacation Bible School
June TBA	Preschool Graduation
July 4	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)

## 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 is here daily from 11:30am to 5:30pm.

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

**Shelli Daignault**, Registrar/ Coordinator, will be here to answer any questions regarding the children, placement, classroom and hours. She is here daily from 6:15am-1:00pm.

**Email:** [shellid7@gmail.com](mailto:shellid7@gmail.com)

**Robb Hart**, Business Administrator, will be here for any billing questions, Brightwheel or account-related information. He is here Tuesday through Thursday from 10:30-4pm.

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



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: _____ <small>(INCLUDING FOSTER CHILDREN, IF APPLICABLE)</small>	
Total Household Income: \$ _____	
Free _____	Reduced _____ Paid _____
Date of Determination: _____	
Signature of Center Staff _____	

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

**SECTION B**

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

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

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

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

Signature \_\_\_\_\_

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

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER 

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 DATE \_\_\_\_\_



**INCOME ELIGIBILITY GUIDELINES**  
(Effective July 1, 2023 until June 30, 2024)

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	18,954	1,580	365	18,954-26,973	1,580-2,248	365-519	26,973	2,248	519
2	25,636	2,137	493	25,636-36,482	2,137-3,041	493-702	36,482	3,041	702
3	32,318	2,694	622	32,318-45,991	2,694-3,833	622-885	45,991	3,833	885
4	39,000	3,250	750	39,000-55,500	3,250-4,625	750-1,068	55,500	4,625	1,068
5	45,682	3,807	879	45,682-65,009	3,807-5,418	879-1,251	65,009	5,418	1,251
6	52,364	4,364	1,007	52,364-74,518	4,364-6,210	1,007-1,434	74,518	6,210	1,434
7	59,046	4,921	1,136	59,046-84,027	4,921-7,003	1,136-1,616	84,027	7,003	1,616
8	65,728	5,478	1,264	65,728-93,536	5,478-7,795	1,264-1,799	93,536	7,795	1,799
FOR EACH ADDITIONAL FAMILY MEMBER	+6,682	+557	+129	+9,509	+793	+183	+9,509	+793	+183

**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 \$2,137 or less, the center would be eligible for reimbursement at the Free rate. If the household income for a family of two is between \$2,137 and \$3,041 per month, the center would be eligible for reimbursement at the Reduced rate. If the household income for a family of two is \$3,041 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.



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, 2023 until June 30, 2024)**

HOUSEHOLD SIZE	REDUCED-PRICE MEALS		
	YEAR	MONTH	WEEK
1	26,973	2,248	519
2	36,482	3,041	702
3	45,991	3,833	885
4	55,500	4,625	1,068
5	65,009	5,418	1,251
6	74,518	6,210	1,434
7	84,027	7,003	1,616
8	93,536	7,795	1,799
FOR EACH ADDITIONAL FAMILY MEMBER	+9,509	+793	+183

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

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

\_\_\_\_\_  
DATE



# 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



USDA is an equal opportunity 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!*

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