

PRIMARY PARENT INFORMATION

PARENT:

CELL PHONE:

CELL PHONE CARRIER NAME:

EMAIL:

H. Child's preadmission record

OFFICE USE ONLY

Center Name: _____

CM: _____

ICare: _____ Date: _____

RBill: _____ Date: _____

IMM: _____ Date: _____

REG. FEE: _____ / _____

DHR-CDC-739

Revised 1/06

CHILD' S PREADMISSION RECORD

This section is to be completed by the child's parent or guardian. This form must be kept in the child's file in the Child Care Facility (home/center).

Child's Name:	Name child is known by:
Child's birthdate:	Child's home address:
Name(s) of parent(s)/guardian(s):	Home telephone number:
Address of parent(s)/guardian(s):	
Mother's employer:	Father's employer:
Employer's address:	Employer's address:
Employer's telephone number: ()	Employer's telephone number: ()
List telephone numbers such as beeper, cellular phone, etc.	Instructions regarding how parent/guardian may be reached in an emergency:

Person(s) to be contacted in an emergency if parent(s)/guardian(s) cannot be reached:

Name	Relationship to child	Address	Telephone number

Name of child's doctor:	Address:	Telephone number: ()
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Emergency Authorization:

I give permission for the child care facility to obtain emergency medical treatment, including emergency transportation, for my child if I cannot be reached immediately. I agree to be responsible for any emergency medical expenses incurred. *(If parent/guardian refuses to sign, instructions must be attached stating what procedure the facility is to follow in an emergency.)*

_____/_____
Signature Date

Form not valid without signature of child's parent/guardian

Page one of two-form not valid without second page

Describe any special needs or instructions below:

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Person(s) the child may be released to:

Name	Relationship to child	Address	Telephone number

I understand that the Department of Human Resources does not inspect activities away from the child care facility (home or center). The licensee of the child care facility assumes full responsibility for such activities.

_____ / _____
Signature of parent/guardian Date

I give permission for my child to participate in:

(Circle yes or no and sign each line)

Activities away from the facility:	yes	no	Signature of parent/guardian	Date
Transportation provided by the facility:	yes	no	Signature of parent/guardian	Date
Swimming/wading activities provided by the facility:	yes	no	Signature of parent/guardian	Date

Form not valid without signature of child's parent/guardian in each space indicated above.

This section is to be completed by the facility's staff.

Child's first day of attendance: _____ Child's withdrawal date: _____

Additional information may be attached.

PARENT-PROVIDER CHILD CARE CONTRACT

I. The following contract is between _____
and THE ALABAMA AMBASSADOR PROGRAM (Parents of child(ren) in care)
AND ITS AFFILIATES: A+ ACADEMY / JCDS in the state of ALABAMA as a DHR STATE LICENSED SITE for the
(Child Care Provider)

children listed below:

Child's Name _____ Date of Birth _____
Child's Name _____ Date of Birth _____
Child's Name _____ Date of Birth _____
Child's Name _____ Date of Birth _____

II. Standard Rates and Payment Policies:

1. A deposit of \$_____ is required. The deposit will be applied to the last week's payment or to the termination notice period if proper notice is not given (see V. Termination procedure).
2. The fee will be \$_____ per hour per day per week (circle one)
Days and hours of care provided will be: Monday-Friday not to exceed more than 9.5 hours each day,
Friday.
3. Payment is to be given: weekly bi-weekly other _____ on Pre paid for the following week.
(Day of week/month)
4. The child care provider will provide (check all that apply):
 Breakfast Morning Snack Lunch Afternoon Snack Dinner
5. The parent(s)/guardian(s) will provide the following (check all that apply):
 Change of Clothes Formula/Breast Milk Diapers & Wipes Infant Food
Provider will supply _____ for an additional fee of \$_____.
Other special arrangements include _____

III. Rates for holidays, absences, vacations, overtime:

1. Care will not be provided, but payment is due, on the following holidays when they occur on a day the child(ren) is/are regularly scheduled for care:
-SEE CENTER MANAGER _____
-SEE PARENT ELECTRONIC _____
NOTIFICATION _____
-SEE NOTICE BELOW _____

3. Policy for payment of absences is: Each slot's tuition cost is precalculated on an annual basis. Tuition payments are for slot retention. Parents are allowed to pay by the week as a courtesy. Tuition payments are expected to be made on time as prepayment for the following week. Failure to do so will result in a late fee.
4. Fees and policies for provider's vacation: All holidays and vacations have been calculated into the annual tuition cost. Two-week notifications are required for withdrawal to avoid a \$500 Failure to Notify fee. Every student must comply with a two-week notification as it pertains to withdrawals.
5. Fees and policies for parent/guardian's vacation: notification as it pertains to withdrawals.
6. If the provider is unable to provide care because of illness or emergency, the policy is: _____
Every family is required to have an EMERGENCY PLAN OF CARE in cases where the provider is unable to provide care. These situations include when the child is sick, the center is shut down for valid reasons such as illness, injury, accidents, etc.
7. If the parent/guardian drops off the child earlier or picks up later than the times specified above, the following overtime rate will be charged: \$ 1.00 per minute or portion thereof. The payment must be sent to the provider electronically before the child may be permitted to attend on the following day. Cashapp, Zelle, and Venmo are all options.

IV. Damages:

The policy on damage caused by the child(ren) while in the provider's care unless caused by the negligence of the provider is:

*This area will be determined on a case-by-case basis. This is usually reserved for older school age children and vandalism.

(This does not apply to normal wear and tear on toys or furniture, only to damage.)

V. Termination procedure:

This contract begins on the following date: _____ and may be terminated by either parent/guardian or provider by giving 2 weeks' written notice. The provider may terminate the contract without notice if the parent/guardian is over 2 week(s) late with scheduled payments. Parent/guardian may terminate the contract without notice if the provider does not comply with DHR child care regulations/laws. Changes to the contract, desired by either provider or parent/guardian, must be made in writing and acknowledged in writing by the other parties at least 2 weeks before the desired change takes effect. A new contract may be signed at that time to reflect the changes.

**VI. Signatures: IS SOCIAL SECURITY CARD ON FILE FOR AT LEAST ONE PARENT, THE RESPONSIBLE PARTY?
_____ YES _____ NO**

By signing this contract, all parties agree to all of the above terms and policies, including financial responsibility for child care provided. The provider is responsible for providing all parties a copy of the signed contract.

Provider's signature Date

Mother/Legal guardian signature / SOCIAL SECURITY NUMBER (MANDATORY) Date

Address of Mother/Legal guardian Phone number

Father/Legal guardian signature / SOCIAL SECURITY NUMBER (MANDATORY) Date

Address of Father/Legal guardian Phone number

Co-signer's signature (Required if parent/legal guardian is under 18 years old. Co-signer must be 18 or older and by signing assumes financial responsibility in case the parent/guardian fails to pay for care provided.) Date

* FAILURE TO COMPLY WITH FINANCIAL RESPONSIBILITIES AND OBLIGATIONS MAY LEAD TO ACTIONS SUCH AS THE APPROPRIATE FILINGS TO YOUR CREDIT REPORT, LAW OFFICES, CHILDCARE REGISTRIES, LIENS, AND SMALL CLAIMS COURT FILINGS IN BOTH THE LOCAL STATE AND FEDERAL JURISDICTIONS AS IT MAY ALLOW. THIS INCLUDES DEPARTMENT OF MOTOR VEHICLE, DEPARTMENT OF REVENUE, AND DEPARTMENT OF HUMAN RESOURCES, THUS ENABLING PARTICIPATION OR SUSPENDING ANY AND ALL APPLICABLE LICESURES AND ENTITLEMENTS.

Part 1. Enrolled Children: list names of all enrolled children				
Names of all enrolled children: Use additional pages if necessary (First and Last)	BIRTH DATE MM/DD/YYYY	CHECK IF IN HEAD/EVEN START	CHECK IF FOSTER CHILD	CHECK IF HOMELESS CHILD
	/ /	<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 received SNAP (food stamps) or TANF cash assistance, provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**
 NAME: _____ CASE NUMBER: _____

Part 3. Total Household Gross Income —You must tell us how much and how often

A. Name – First and Last (List only household members not listed in Part 1)	B. Gross Income and how often it was received				
	<i>For example \$200/week or \$150/twice a month</i>				
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. Other Income	5. Check if no income
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

Part 4. Signature and Last Four Digits of Social Security Number (Adult must sign) - An adult household member must sign this form. **If Part 3 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 below)

I certify that all information on this form is true and that all income is reported. I understand that the center will get Federal funds based on the information I give; that center officials may verify the information on the form; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Sign here: _____ Print name: _____ Date: _____

Last four digits of Social Security Number: - - _____ I do not have a Social Security Number

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

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) case 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.

Part 5. Participant’s ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Other

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

Household size: _____ Total Annual Income: _____ SNAP/TANF Household: _____

Determination for: Free Meals _____ Reduced-Price Meals _____ Paid Meals _____ # Foster free _____ # Head/Even Start Free _____

Homeless Free _____

Determining Official’s Signature: _____ Date: _____

CHILD CARE FOOD PROGRAM
(Household Letter for Non-Pricing Programs in Child Care Centers)

To: The Household Member

From: The Official Representative of the Sponsor _____

(Name of Center or Organization) _____

Please help us to comply with the requirements of the USDA Child and Adult Care Food Program (CACFP). The information requested on this Income Eligibility Form (IEF) is necessary in order for us to receive reimbursement for meals served to participants in our center. The form will be placed in our files and will be treated as confidential information.

INSTRUCTIONS FOR COMPLETING THE INCOME ELIGIBILITY FORM

PART 1 - ENROLLED CHILDREN: Print names of all children in household who are enrolled in the center. List the date of birth for each child. If a child is enrolled in Head Start or Even Start, is a foster child or the legal responsibility of the Welfare Agency or a court, or the child is homeless, indicate by marking the appropriate box.

PART 2 – IF ANY MEMBER OF THE HOUSEHOLDS RECEIVES SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP; formerly known as FOOD STAMPS) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF):

1. List the name of the person receiving benefits.
2. List that person's current SNAP or TANF case number.

3. Sign the form in PART 4. An adult household member must sign. SKIP PART 3

PART 3 – HOUSEHOLD INCOME

1. List the names of all household members not listed in part one. Include yourself, children not enrolled in the center, your spouse, grandparents, and other related and unrelated people in your household. Use a separate sheet of paper if you need more space.
2. Write the amount of income each person now receives on the same line as their name, how often the person receives it, such as weekly, every two weeks, twice a month or monthly, and where it comes from. Income is all money before taxes or anything else is taken out. If any amount last month was more or less than usual, write that person's usual monthly income. If any of the household members receive no income, check the box in the last column.
3. Complete PART 4.

The participant in the day care facility may qualify for free or reduced priced meals if your household income falls within the limits on this chart. The amounts shown below are for **FREE and REDUCED-PRICE MEALS**.

PART 4 - SIGNATURE AND SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART

1. An adult household member must sign the form.
2. The form must have the last four digits of the social security number of the adult who signs **if part 3 was completed**. If the adult does not have a social security number, select the box indicating this. If all children in a family are foster children, a social security number is not required.

PART 5 – ETHNIC AND RACIAL IDENTITY: This information is requested solely for the purpose of determining compliance with Federal civil rights laws and will not affect your approval. If you do not mark this, a visual identification will be made and recorded.

Confidentiality: The information on the application is used only to determine eligibility for free or reduced-price meals and to verify eligibility.

The information reported on this form is valid for one year. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards.

Non-discrimination Statement:

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