



Welcome to The Learning Center!

Please use this checklist so your enrollment is complete. All forms must be received prior to enrollment.

Child's Name: _____ Age: _____ Birthdate: _____

- Registration Form
- Enrollment Agreement for The Learning Center
- Enrollment Agreement for State of PA
- All About Your Child Form
- Child Emergency Info & Consent Form
- Child Pick-Up Authorization
- Child Health Report
- Medication Log
- Infant/Toddler Feeding Schedule
- Diaper Cream Consent Form
- Sun Block Consent Form
- Emergency Plan Communication for Parents/Guardians
- Receipt of Handbook
- CACFP Forms
 - Infant Enrollment Form (for children under 12 months)
 - Standard Enrollment Form (required for all children)
 - Income Eligibility Form (required for all children)

Parents, please keep:

- Parent Handbook
- Daycare Packing List
- Potty Training Tips



143 Reed Road, Kittanning, PA 16201

724.548.5643

www.abrighterdaycenter.org

Registration Form

\$60 registration fee due.

Parent/Guardian Information

Registration Date: _____

Mother/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____

Cell Phone: () _____ Cell Phone Carrier: _____ (for texting purposes)

Email: _____ Best way to reach: _____

Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other _____

Father/Guardian First Name: _____ M.I. _____ Last Name: _____

Address: _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____

Cell Phone: () _____ Cell Phone Carrier: _____ (for texting purposes)

Email: _____ Best way to reach: _____

Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other _____

Child Information

First Name: _____ M.I. _____ Last Name: _____

Age: _____ DOB: _____ Gender: [] Male [] Female

List any existing medical conditions, medication and/or special attention your child may require?

Allergies: _____



Enrollment Agreement

Rate Agreement and Contract

Child's name _____	Birth date _____
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Hours of Operation

Regular operating hours are **Monday through Friday from 6:00 a.m. to 6:00 p.m.** except closings for various holidays and inclement weather as described in the Family Handbook. Please consult the current calendar for holidays. There is no reduction in tuition as a result of center closures.

The procedure to notify families should severe weather or other conditions prevent the program from opening on time or at all will be announced through text message to parents using available contact information. If it becomes necessary to close early, we will contact you or someone listed in the *Emergency Information & Consent Form*, and it will be your responsibility to arrange for your child's early pick up.

Scheduled Attendance

The days and hours that I wish to contract for child care are as follows:

Day of Week	Start Time	AM/PM	End Time	AM/PM	Comments
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					

Fee Policy (to be completed by staff; reviewed and initialed by the parent/guardian/sponsor after completion).

- Starting on _____, a weekly fee of \$_____ (base tuition) is due. Initial:
- Tuition is due and payable in advance (by midnight on Friday) for services to be rendered to receive an early pay discount of \$3.00 per day per child. The base tuition is due beginning at 12:01 a.m. Saturday and thereafter without discount. Discount will be reflected on your bill for the following week. _____
- A late fee of **5%** is due if tuition is not received by midnight on Wednesday during the week that services are provided and will be applied to the entire balance due as of Thursday at 12:01 a.m. This fee will be added to your bill the following week. _____
- Tuition is not subject to any credits for holidays, emergency closures (i.e. weather) or absence other than hospitalization, contagious illness or absence at the request of a doctor (a written doctor's note is required for a credit to be posted). _____
- I agree to pay the full tuition fee even if my child is absent for one or more days. _____
- A non-refundable registration fee of **\$60.00** is due upon enrollment. _____
- A late pick-up fee of **\$1.00** per minute per child is due if my child is not picked up before closing. _____
- If tuition is not paid by the end of the week of service, I understand that my child may not be permitted to return the following week and a face-to-face meeting between both parents and the board may be required. _____
- My child may have the opportunity to participate in a special program or field trip that may have an additional fee due before the day of the event. A specific permission slip may be required. _____
- All NSF checks or returned online transactions will be charged a fee of \$25.00. Two or more returned payments will result in my account being placed on a "cash or money order only" payment status. _____
- A receipt for income tax purposes will be provided. _____

Other Agreements

Private Employment Acknowledgement and Release

Any arrangement/employment between me and staff of this center (i.e., babysitting), outside of the programs and services offered by this center is an individual endeavor and private matter not connected or sanctioned by this center. This center shall remain harmless from any such arrangement. Initial:

Media Release

Occasionally, photos and videos will be taken of the children at the center for use with our program. Please indicate that you authorize the use and reproduction of photographs and videos of your child in conjunction with the program. Initial:

Parent initial _____ Staff initial _____ Date _____



Enrollment Agreement

Other Agreements *(continued)*

Child's name	Birth date
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Walking Excursions

I give my permission for my child to participate in supervised walking excursions near and around the center. **Initial:** _____

Handbook Acknowledgement

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them. **Initial:** _____

I understand that it is my responsibility to go directly to the director with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement. _____

Information contained in the **Family Handbook** may be subject to change. _____

Contract Approval

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement* and the *Family Handbook*.

Primary Parent/Guardian/Sponsor Signature _____ Date _____ Center Staff Signature _____ Date _____

AGREEMENT

55 PA CODE CHAPTERS 3270.123 &.181(c); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN-HR	
Extra services to be provided at an additional fee if applicable		

I, the parent/guardian;

received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

_____ SIGNATURE-OPERATOR DATE SIGNATURE-PARENT OR GUARDIAN DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
_____ SIGNATURE-PARENT OR GUARDIAN	_____ DATE



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About My Child

Date: _____

Child's Name: _____ Date of Birth _____

Family Information

Parents'/Guardians' Names: _____

Address: _____

Home Phone Number: _____

Mom Cell: _____ Mom work phone: _____

Dad Cell: _____ Dad work phone: _____

Primary contact's email: _____

Please list the persons living in your household (siblings, extended family, etc.).

Are there any family traditions, cultural or religious customs that you observe?

Do you have any family pets? Please tell about them: _____

Changes in families affect children in many ways. Have there been any changes in your family in the last year? Do you anticipate any big changes in the upcoming year? How does your child react when things change? _____

Please list any previous group experiences (child care, play groups, church, etc.) What were his/her experiences like there? _____

Health Information

Was your child full term? _____ If not, how many weeks premature? _____

Please list any factors which may influence your child's comfort or adjustment to school/care (e.g. language problems, physical disability, vision, or hearing problems, etc.). _____

Does your child have any allergies (food/medications/seasonal/pets or environmental)? _____

Sensitive skin/rash tendencies? _____

Does your child have any dietary restrictions? _____

Does your child regularly take any kind of medication? _____

If so, what type and will it be necessary to administer at care? _____

How do you know that your child is getting sick? _____

How often do they get sick? _____

Child's Personal Habits, Interests & Personality

I am proud that my child knows: _____

I think my child is good at: _____

My child really likes: _____

My child enjoys it when we read this book or sing this song: _____

How would you describe your child's temperament? _____

How does your child relate to other adults? _____

When is your child most alert? _____

What is your child's favorite toy or activity? _____

How does your child do when he/she separates from you? Does he/she use a special item to help him/her in these kinds of situations? _____

What are the best ways to comfort him/her when he/she is upset? _____

Sleep Habits

Does child wake: Active _____ Sluggish _____ Happy _____ Fussy _____

How does child sleep? Heavy _____ Light _____ Restless _____

What time does child get up in the AM? _____ Go to bed in the PM? _____

What is your child's nap pattern? Time and length of AM Nap: _____

Time and length of PM Nap: _____

Do you have a bedtime routine with your child?

Rocking _____ Singing _____ Stories _____ Talking _____ Other _____

Where does your child sleep? _____

Does your child share a bedroom or bed? _____

Does your child have any transitional objects (blanket, stuffed animal, etc.)? _____

How do you get your child to relax and go to sleep? _____

Does your child usually cry when waking up? _____ How long? _____

How does your child act when tired? _____

Diaper/Toileting

Does your child use: Diapers _____ Pull Ups _____ Potty Seat _____

Do you use: Disposable Diapers _____ Cloth Diapers _____ Training Pants _____

Are plastic pants used? Always _____ Sometimes _____ Never _____

Is diarrhea or constipation a problem? Yes _____ No _____ If yes, please explain: _____

Has toilet training been attempted? Yes _____ No _____ If yes, please explain process: _____

Developmental Milestones (as applicable) Age When:

Sat without support: _____ Walked unaided: _____

Communicated using words: _____ Fed self: _____

Held own bottle: _____ Drank from a cup: _____

Overall, do you consider your child is developing as expected? _____

How is your child disciplined? _____

What experiences has your child had in being around other children? _____

Does your child show any fear or show any concerns in any situations? _____

How does your child express emotions such as anger? _____

Food

What are your child's food preferences? _____

Dislikes? _____

Other information

What do you hope to get from your experiences at A Brighter Day Learning Center? _____

Is there any other information about your child — special likes/dislikes or ways you give care that would be helpful for us to know to make your child feel comfortable or secure?

Thank you for your cooperation in providing this background information so that we may take the best possible care of your child. We appreciate your support and look forward to working with you caring for your child!

Parent Signature

Date



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Child Emergency Information & Consent Form

Name of child: _____ Date: _____

Birthdate: _____

Address: _____

Parent or Guardian #1: _____ Cell Phone _____

Telephone: Home _____ Work _____ Cell Phone Carrier* _____

Parent or Guardian #2: _____ Cell Phone _____

Telephone: Home _____ Work _____ Cell Phone Carrier* _____

Emergency Contacts

To whom your child may be released to when parent or guardian cannot be reached.

Name #1: _____ Relationship: _____

Address: _____

Telephone: Home _____ Work _____ Cell Phone _____

Name #2: _____ Relationship: _____

Address: _____

Telephone: Home _____ Work _____ Cell Phone _____

Written permission must be on file for anyone other than a parent/guardian to pick up your child from the center.

Child's Primary Medical Care

Physician's Name: _____ Phone #: _____

Address: _____

In case of an emergency, hospital to take your child: _____

Child's Health Insurance

Name of Insurance Plan: _____

Certificate Number (or ID) #: _____ Group #: _____

Policy Holder's Name: _____

Special conditions, disabilities, allergies, or medical information for emergency situations:

Parent/Legal Guardian Consent & Agreement for Emergencies

As parent/guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Parent/Guardian #1

Signature: _____ Date: _____

Parent/Guardian #2

Signature: _____ Date: _____

*Cell phone carrier needed for group texting purposes in the event of an emergency or closing.

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

MEDICATION LOG

55 Pa. Code §3270.133; §3280.133; §3290.133

PLEASE PRINT

Page _____ of _____

Child's Name: _____ Medication: _____

Prescription Non-Prescription

Refrigeration Required: YES NO

If Prescription, Prescriber's Name: _____ Telephone: _____

Dosage Amount: _____ Time to Administer: _____ a.m. _____ p.m. _____ times/day

Dates for Administration: From _____ To _____
Date Date

Special instructions i.e., symptoms signaling need for administration, medication indications, reasons to hold medication, contraindications:

I give permission to administer medication to my child as stated above.

Parent Signature Date

FACILITY STAFF COMPLETE THIS SECTION

Date Administered (mm/dd/yyyy)	Time Administered (a.m. / p.m.)	Amount of Medication Administered	Comments/Reactions	Staff Initials

This information is confidential and may not be shared or released without the parent's written permission.



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Infant/Toddler Feeding Information

Date: _____

Child's Name _____ Date of Birth _____ Male or Female

Please complete this form out to the best of your ability; the insight into your child's routine will help our staff to provide the best care possible.

Nourishment

If your child drinks a bottle, what type and how much: breast milk _____ oz. formula _____ oz.

How is the bottle typically prepared? (hot/cold/room temp.) _____

How does your child like to be fed?

Held in lap _____ Held close to chest _____ Other _____

When does your child get burped and are there any tips?

If other foods, what type:

Strained (baby) _____ Junior (stage 3) _____ Table (mashed or chopped) _____

If liquids other than formula or breast milk, what type and how much:

Water _____ oz. Juice _____ oz. Milk _____ oz.

Does your child use: handle cup? _____ spoon? _____

Current feeding schedule: _____

And special feeding problems? _____



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Diaper Cream Permission Form

Child's Name _____

I, _____ (parent's name), give the staff at A Brighter Day Learning Center permission to use _____ (product name) on my child for diaper rash or other skin conditions. I have used this product previously without any adverse reaction to my child's skin.

Parent Signature: _____ Date: _____



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Sun Block Consent Form

Child's Name _____

I give my permission for A Brighter Day Learning Center to apply sun block to my child _____ when he/she is going outside.

I will supply sunscreen or sun block with UVA and UVB of SPF 15 or higher.

I will replace the sunscreen when expired.

Parent signature _____ Date _____

EMERGENCY PLAN COMMUNICATION FOR PARENTS/GUARDIANS

Parents and guardians need to be informed of provisions in the Emergency Plan. This letter will provide the information that they need. A copy of this letter should be given to parents of newly enrolled children, and at least once per year to all parents.

To the Parent (s)/Guardian (s) of _____ :

This letter is to assure you of our concern for the safety and welfare of children attending A Brighter Day Learning Center. **Our Emergency Plan** provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- *Immediate evacuation:* Students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc.
- *In-place sheltering:* Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.
- *Evacuation:* Total evacuation of the facility may become necessary if there is a danger in the area. In this case, children will be taken to a relocation facility. We currently have 2 available, they are:
 - Emergency Relocation Facility A at Worthington West Franklin Fire Dept.
 - Emergency Relocation Facility B at the Belmont Complex.If it ever becomes necessary to relocate, a sign will be posted on the door stating which facility we've gone to (A or B).

If you're not sure how to get there, please ask for directions before there is an emergency.

- *Modified Operation:* May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for children, but may be necessary in a variety of situations.

Please listen to WPXI, KDKA or www.abrighterdaycenter.org for announcements relating any of the emergency actions listed above. We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information.

The form designating persons to pick up your child is included with this letter for you to complete and have returned to the Child care facility no later than the first day of care. This form will be used every time your child is released. Please ensure that only those persons you list on the form attempt to pick up your child.

I realize that emergency circumstances may require changes to your plans, but I urge you to not attempt to make different arrangements if at all possible. This will only create additional confusion and divert staff from their assigned emergency duties.

In order to assure the safety of your children and our staff, I ask your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, contact me.

Sincerely,

Elizabeth Harvey
Director

Accepted by Parent

Date:

Center Copy. Please sign and return.

Family Handbook Acknowledgement

This is a copy of the form you signed acknowledging that you have read the Family Handbook and agree to follow the Center's procedures.

This policies and procedures in this handbook are subject to change at the discretion of the Center's Board of Directors.

Thank you for your acknowledging the policies and procedures we have established for the safety and welfare of all children in our care. We look forward to getting to know you and your family.

I have received the ~~A Brighter Day Learning Center~~ **Family Handbook**, and reviewed it with a member of ~~A Brighter Day Learning Center~~ staff. It is my responsibility to understand and familiarize myself with the Family Handbook and to ask center management for clarification of any policy, procedure or information contained in the ~~A Brighter Day Learning Center~~ **Family Handbook** that I do not understand.

Recipient Signature

Date

Center Staff Signature

Date

How does CACFP work?

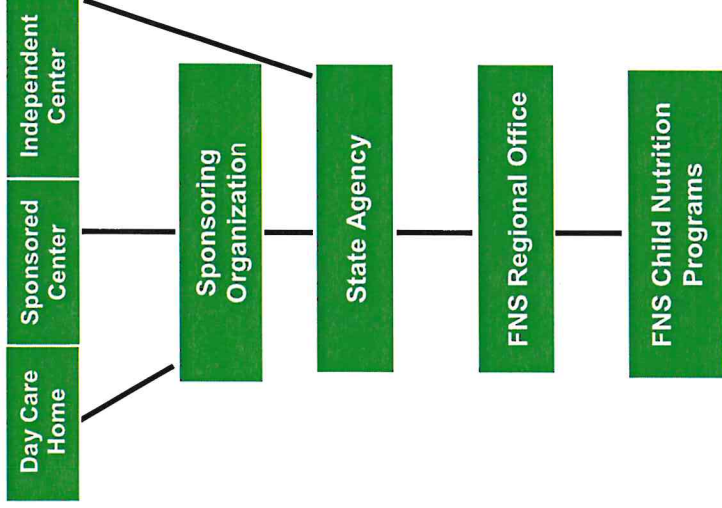
Day care homes and centers receive money for serving nutritious meals. The Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture (USDA) oversees CACFP.

States approve sponsors and centers to operate the program. States also monitor and provide training and guidance to make sure CACFP runs right.

Sponsoring organizations support day care homes and centers with training and monitoring. All day care homes participate in CACFP through a sponsor.



CACFP Partners



Building for The Future



In the Child and Adult Care Food Program (CACFP)

Contacts

*Here is space for the
State agency and
sponsoring organization
to add contact
information.*



FNS-319
October 2019
USDA is an equal
opportunity provider,
employer and lender.

Building for the Future in the CACFP

What is CACFP?

CACFP is the Child and Adult Care Food Program. It is a Federal program that pays for healthy meals and snacks for children and adults in day care.

CACFP improves the quality of day care. It makes the cost of day care cheaper for many low-income families.

Besides providing meals in day care, CACFP makes afterschool programs more appealing to at-risk children and youth. Serving afterschool meals and snacks attracts students to learning activities that are safe and fun.

Children and youth who are homeless can also receive meals at shelters that participate in CACFP.

Here is space for the State agency and sponsoring organization to add contact information.

Who is eligible for CACFP meals?

- Children under age 13,
- Migrant children under age 16,
- Children and youth under age 19 in afterschool programs in low-income areas,
- Children and youth under age 19 who live in homeless shelters, and
- Adults who are impaired or over age 60 and enrolled in adult day care

What kinds of meals are served?

CACFP meals follow USDA nutrition standards.

- Breakfast consists of milk, fruits or vegetables, and grains.
- Lunch and Supper require milk, grains, meat or other proteins, fruits, and vegetables.
- Snacks include two different servings from the five components: milk, fruits, vegetables, grains, or meat or other proteins.

Where are CACFP meals served?

Many types of facilities participate in CACFP.

Child Care Centers:

Licensed child care centers and Head Start programs provide day care with meals and snacks to large numbers of children.

Outside-School-Hours Care Centers:

Licensed centers offer before or afterschool care with meals and snacks to large numbers of school-aged children.

Family Day Care Homes:

Licensed providers offer family child care with free meals and snacks to small groups of children in private homes.

“At-Risk” Afterschool Care Programs:

Centers in low-income areas provide learning activities with free meals and snacks to school-age children and youth.

Emergency Shelters:

Homeless, domestic violence, and runaway youth shelters provide places to live with free meals for children and youth.

Adult Day Care Centers:

Licensed centers provide day care with meals and snacks to enrolled adults.

Did you know?

- Even if you receive SNAP, MA or TANF, you may also apply for WIC.
- In most instances, WIC has higher income guidelines than SNAP, MA or TANF. Even if you don't qualify for these programs, you may qualify for WIC.
- Most families in Head Start and Early Head Start qualify for WIC.
- Foster children under age 5 qualify for WIC. Foster parent income is not considered.
- WIC does not require proof of citizenship.

WIC Income Guidelines

Household Size	*Monthly (Approx.)
1	\$1,986
2	\$2,686
3	\$3,386
4	\$4,086

For each additional family member, add:

\$700

*Income (before taxes) is effective July 1, 2021. For each unborn infant, add one to household size.

How do I apply?

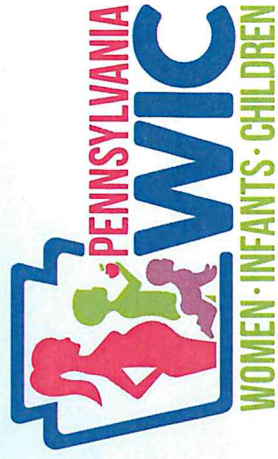
Get started online at pawic.com or call

1-800-WIC-WINS
(1-800-942-9467).



pennsylvania
DEPARTMENT OF HEALTH

www.health.pa.gov
www.pawic.com



**Choose Healthy.
Choose WIC!**



PA WIC is funded by the USDA.
This institution is an equal opportunity provider.

1-800-WIC-WINS

What IS WIC?

WIC is the Special Supplemental Nutrition Program to help improve the health of women, infants and children. WIC services are provided at no cost to you and your family.

“WIC has helped me make healthier choices for my child, and I can save on my grocery bill.” -- WIC Mom

Who IS ELIGIBLE?

- Women who are pregnant, breastfeeding or recently had a baby (under 6 months)
- Infants
- Children under age 5

You must live in Pennsylvania, have a nutrition need and not exceed the income guidelines.

WIC is for married and single parents, working families and the unemployed. If you are a father, mother, foster parent or other legal guardian of a child under age 5, you can apply for WIC for your child.



HOW CAN WIC HELP MY FAMILY?

Offers screenings and referrals to health care and other services

- Iron testing for anemia
- Immunization, health and lead screenings
- Referrals for SNAP, MA, TANF, CHIP, Healthy Beginnings Plus, Head Start, food banks, etc.

Gives advice for healthy eating

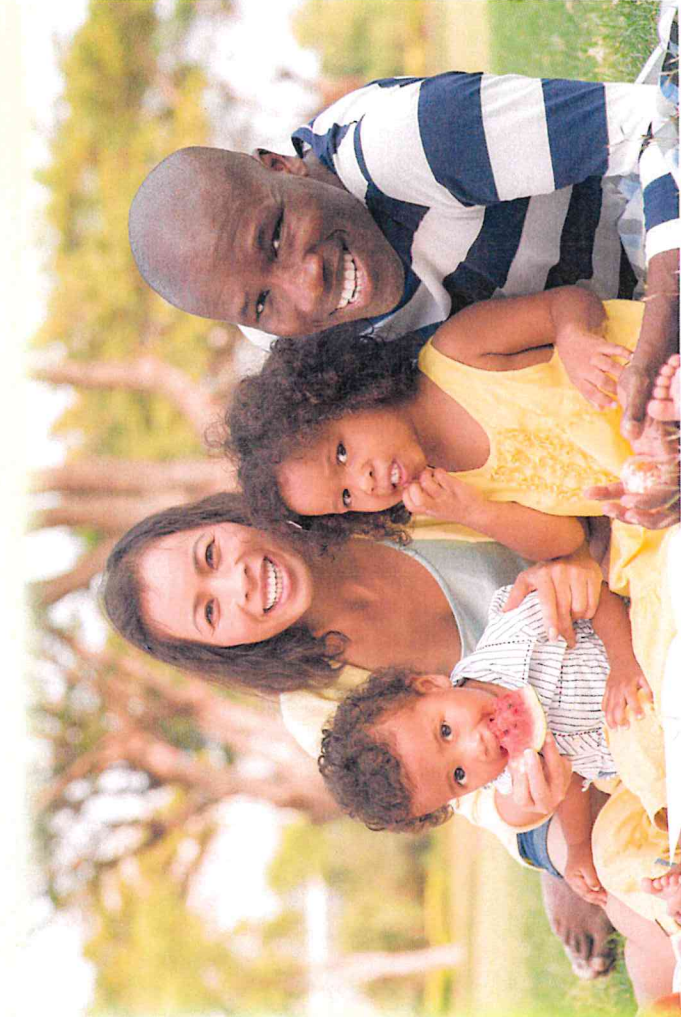
- One-on-one nutrition education
- Nutrition materials
- Online information

Supports breastfeeding

Breastfeeding provides many health, nutritional, economical and emotional benefits to mother and baby. WIC helps mothers continue breastfeeding even if they return to work.

Provides healthy food

- ✓ Milk
- ✓ Cheese
- ✓ Yogurt
- ✓ Soy-based beverages
- ✓ Tofu
- ✓ Fruits and vegetables (fresh, frozen or canned)
- ✓ Dried or canned beans/peas
- ✓ Eggs
- ✓ Peanut butter
- ✓ Canned fish
- ✓ Juice
- ✓ Cereal
- ✓ Whole grains (bread, tortillas, oats, brown rice and pasta)
- ✓ Infant foods
- ✓ Formula and medically necessary supplements



CACFP Meal Benefit Income Eligibility Form Instructions

The Child and Adult Care Food Program (CACFP) makes good food a regular part of your child's day care! Please fill out the *CACFP Meal Benefit Income Eligibility* form. It helps us find out if your household qualifies for free or reduced-price meals. This lets us know how much money CACFP will give to support your day care home or center.

Instructions

Here are instructions to help you fill out the form. Before you begin, turn the form over to learn why we ask for this information. It tells you how we use the information and what rights you have. It also tells you how to contact USDA if you believe you are treated unfairly.

Please make sure to fill in all of the requested information. Use a pen to mark your answers on one form. When you are finished, please return the form to the Daycare Director.

Step 1:

List all the children from your household in the day care. Use one line for each child's name. Write one letter in each box. Stop if you run out of space. If there are more children, add their names on a second piece of paper.

Do you have any foster children? If you answer *Yes*, mark the *Foster Child* box next to the child's name. If you are only applying for foster children, finish Step 1 and go to Step 4. If you are applying for both foster and non-foster children, go to Step 2.

Are any children migrant, runaway, homeless, or enrolled in Head Start? If *Yes*, mark the correct boxes next to the child's name and go to Step 4.

Step 2:

You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR).

Do any household members, including you, currently receive SNAP, TANF, or FDPIR? If *Yes*, write the case number in the box and go to Step 4. You only need to provide one case number. If *No*, go to Step 3.

Step 3:

List all Household members not listed in Step 1. Report current income for all household members. Skip this step if you answered *Yes* in Step 2.

How do you report child income? Turn the form over and use the *Source of Income for Children* chart to see if your household has income to report. Write the amount in the boxes in part A of the form. Mark how often the amount is earned. Write *0* in the box if there is no income to report.

CACFP Meal Benefit Income Eligibility Form
Letter to Parents (Non-Pricing Centers)
July 1, 2021-June 30, 2022

How do you report income of adult household members? Turn the form over and use the *Source of Income for Adults* chart to see if your household has income to report.

In part B, list all the adults in your household, including you, even if each of you doesn't receive income. Include all adults, such as grandparents, other relatives, and friends who live with you and share household income and expenses. Write the amount of income each of you receives, in the boxes next to your names. Mark how often the amount is received. Write 0 in the box if there is no income to report.

Make sure you report the current amount of money you get before taxes. Don't include SNAP, FDPIR, WIC, student financial aid, or money you receive for a foster child as income.

Count the number of all children and adults in your household. Include all infants, children, students, and adults. Write the total number in the box under the list of adult household members.

Do you or another adult household member have a Social Security number? Write the last four digits in the boxes. If there is no Social Security number, mark the *Check if no SSN* box.

Points to Remember:

If:	Then:
Your income isn't always the same	List the amount of money that you normally get. For example, don't include overtime pay, if you don't normally get it. If your income is normally higher or lower, you can report annual income instead.
Your household includes members who aren't citizens	You or your children don't have to be U.S. citizens to qualify for meal benefits.
You are in the military	Don't include your Family Subsistence Supplemental Allowance (FSSA), combat pay, or the money you receive for privatized housing. If deployed, count the amount of pay that is made available to your household as income.

Step 4:

An adult household member must sign this form. The signer promises that all information is true and complete. The form is NOT valid without signature and date of adult household member.

Print the name, address, and telephone or email of the adult signer. Sign and write today's date in the marked boxes.

Optional

We ask about your children's ethnicity and race to make sure we do our best to serve our community. Providing this information is not required. You won't be denied benefits based on your race, color, national origin, sex, age, or disability.

CACFP Meal Benefit Income Eligibility Form
Letter to Parents (Non-Pricing Centers)
July 1, 2021-June 30, 2022

Date: _____

Dear Parent or Guardian:

A Brighter Day Learning Center offers healthy meals and snacks to children as part of the Child and Adult Care Food Program (CACFP). **A Brighter Day Learning Center** receives support from CACFP to serve those meals. CACFP gives more support if your household income is less than or equal to the limits on this chart:

Federal Income Standards for Reduced-Price Meals for July 1, 2021 - June 30, 2022		
Household size	Yearly Income	Monthly Income
1	\$23,828	\$1,986
2	\$32,227	\$2,686
3	\$40,626	\$3,386
4	\$49,025	\$4,086
5	\$57,424	\$4,786

Please fill out a *CACFP Meal Benefit Income Eligibility* form. It will help us find out how much support **A Brighter Day Learning Center** receives. Please be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms. Please send the completed form to:

Elizabeth Harvey, Director

A Brighter Day Learning Center, 143 Reed Road, Kittanning, PA 16201

Thank you for taking the time to fill out the form. We hope your child enjoys CACFP meals!

In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you have questions or need help, please contact **Elizabeth Harvey** at **724-548-5643 x39** or **Elizabeth Harvey@harvestpa.org**.

Sincerely,

Elizabeth Harvey
Director of Daycare Services

This institution is an equal opportunity provider.



CACFP Infant Enrollment Form

Center/Provider Name: _____

Dear Parent/Guardian,

This childcare center/provider participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires childcare centers/providers to follow specific meal patterns according to the age of the infant.

Childcare centers/providers participating in the CACFP **are required** to offer at least one iron fortified infant formula for infants who are enrolled in care. You may decline the infant formula offered, and supply breast milk and/or your own CACFP approved iron-fortified formula.

(NOTE: A CACFP approved iron-fortified formula must have 1 mg of iron or more per 100 calories of formula when prepared using the label directions and must be regulated by the FDA.)

Additionally, when you determine, in consultation with your physician, that your infant is developmentally ready, the childcare center/provider will also be **required** to offer iron fortified infant cereal and other infant foods.

Infant's Name _____ Infant's Date of Birth _____

Iron Fortified Formula offered by the Center/Provider _____

Breast milk and/or Formula preference

Record date to indicate your preference (choose all that apply) *I understand that I may change my decision at any time with advance notice	Birth -5 months Date & Initial	6 – 11 months Date & Initial
I will provide expressed breast milk for my infant.		
I will breast feed my infant on site at the center/provider.		
I want the childcare center/provider to provide the infant formula it offers for my infant.		
I will provide the infant formula for my infant. (must be iron fortified)		
Name of infant formula I will provide: _____		
My infant has a special dietary need that requires a formula that does not meet the criteria for an approved iron fortified formula. I have provided the center/provider with a Medical Plan of Care signed by a licensed medical authority that includes the impairment that restricts the infant's diet, how it effects the infant, and the recommended substitution.		
Name of infant formula I will provide: _____		

Preference regarding infant cereal and other foods

Record date to indicate your preference *I understand that I may change my decision at any time with advance notice	6 – 11 months Date & Initial
I want the childcare center/provider to provide the iron fortified infant cereal and other foods for my infant.	
I want the childcare center/provider to provide all food items with one exception. (This option is only applicable if center/provider is providing the iron fortified infant formula) One food item that I will provide (must be a creditable CACFP food item): _____	
My infant has a special dietary need that requires modifications to the infant meal pattern requirements. I have provided the center/provider with a Medical Plan of Care signed by a licensed medical authority that includes the impairment that restricts the infant's diet, how it effects the infant, the foods to avoid and the recommended substitutions	
I am aware and understand the all information provided on this form and my ability to have my infant participate in the CACFP; however, I decline the infant formula and food offered by the center/provider and elect to furnish ALL infant formula and food for my infant. (Center/Provider may not claim meals for this infant)	

 Parent/Guardian Date Center/Provider signature Date

This supplemental infant form must be completed for all infants in care and must be maintained by center/provider and if applicable, a copy must be maintained by the Sponsoring organization

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; or

(3) E-mail: program.intake@usda.gov.
 This institution is an equal opportunity provider.

**Child and Adult Care Food Program
Child Enrollment Form (Sample)**

Sponsor/Center Name: _____

Agreement #: _____

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE (SAMPLE)

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

PARENTS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same.

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK						TIME CHILD ATTENDS SCHOOL		MEALS RECEIVED
		TIME-IN			TIME OUT			LEAVES CENTER	RETURNS TO CENTER	
		AM	PM	TIME	AM	PM	TIME			
FIRST CHILD	<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY									<input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME		<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: _____ Enrollment Date: _____ Withdrawal Date: _____								
BIRTH DATE										
AGE										
SECOND CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY									<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME		<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: _____ Enrollment Date: _____ Withdrawal Date: _____								
BIRTH DATE										
AGE										
THIRD CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY									<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME		<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: _____ Enrollment Date: _____ Withdrawal Date: _____								
BIRTH DATE										
AGE										

Signature _____

Signature of Parent or Guardian

Date _____

Telephone Number of Parent or Guardian _____

CHILD CARE REPRESENTATIVE USE ONLY:

Name of Representative/Signature _____

Date _____

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

This institution is an equal opportunity provider.

CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:
Insert URL Here

STEP 1 List ALL children in day care. (If more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."	Child's First Name	MI	Child's Last Name	Check all that apply				
				Foster/Child	Migrant	Runaway	Homeless	Head Start
Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER: _____

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2)

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

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and last)	Earnings from Work		How often?		Welfare/Child Support/Alimony		How often?		Pensions/Retirement/Social Security/SSI/VA Benefits		How often?	
	Weekly	Bi-Monthly	Monthly	2x-Monthly	Weekly	Bi-Monthly	Monthly	2x-Monthly	Weekly	Bi-Monthly	Monthly	2x-Monthly
	\$				\$				\$			
	\$				\$				\$			
	\$				\$				\$			
	\$				\$				\$			
	\$				\$				\$			

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member

Check if no SSN

STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL/ATC

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form _____ Today's Date _____

Signature of Adult _____ Phone/Email _____

City _____ State _____ Zip _____

Address _____

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivor's Benefits	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money
Income from any other source	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of Income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Not income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Child support payments Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Workers compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of 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 or other FDPIR identifier for your child 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 the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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MAIL*: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov

**Only use this address if you are filing a complaint of discrimination.*

This institution is an equal opportunity provider.

DO NOT FILL OUT For official use only

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

Total Income	<input type="text"/>	<table border="1"> <tr> <td>Weekly</td> <td>Bi-Weekly</td> <td>Monthly</td> <td>2x Month</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Weekly	Bi-Weekly	Monthly	2x Month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Household size	<input type="text"/>	<table border="1"> <tr> <td>Free</td> <td>Reduced</td> <td>Denied</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Free	Reduced	Denied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Eligibility	<input type="text"/>	Date	<input type="text"/>
Weekly	Bi-Weekly	Monthly	2x Month																				
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																				
Free	Reduced	Denied																					
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																					
Determining Official's Signature	<input type="text"/>	Date	<input type="text"/>	Confirming Official's Signature	<input type="text"/>	Date	<input type="text"/>	Follow-up Official's Signature	<input type="text"/>	Date	<input type="text"/>												

Daycare Packing List



Cubbies will be provided so your child's items may remain at the center. Items to be laundered will be sent home nightly if not weekly (bibs, burp cloths, blankets). Please be sure to label EVERY item with a sharpie or masking tape and place smaller items in labeled Ziploc bags.

Infant Items

- Formula or Breast Milk bottles
- Infant Tylenol (med log)
- Oral Gel/Teething Tablets (med log)
- Bibs/Burp Cloths (provide fresh daily)
- Pack N Play Sheet
- Blanket
- Diapers
- Wipes
- Non-expired Diaper Cream (permission slip)
- Non-expired Sunscreen (permission slip)
- Seasonal changes of clothes
- Pacifier/Teethers
- Family Picture
- 2 blankets (1 for covering mat and 1 covering child)
- Diapers
- Wipes
- Non-expired Diaper Cream (permission slip)
- Non-expired Sunscreen (permission slip)
- Seasonal changes of clothes
- Pacifier/Teethers
- Family Picture

Toddler Items

- Infant/children's Tylenol (med log)
- Oral/Gel Teething Tablets (med log)
- Bibs

Pre-K School Age Items

- 2 Blankets (1 for covering mat and 1 for covering child, if sleeping)
- Non-expired Sunscreen (permission slip)
- Seasonal change of clothes
- Family Picture

Potty Training at The Learning Center

The average age for potty training is somewhere between ages 2 and 4. Because of this wide range of “normal,” we have some guidelines to follow when it comes to potty training. These guidelines will help potty training go easier for you, your child, and caregivers at the Center.



A completely potty trained child is a child who can do the following:

- 1) be able to tell the adult they have to go potty before they have to go
- 2) be able to postpone going if they must wait (someone is already in the bathroom or if they are not near a potty.)

Number 1 is a key indicator that a child can be successful at potty training. Children who are ready to train have the ability to perceive events that are going to happen before they occur. Potty Training is 5% ability to get their clothes on and off, 5% ability to go in the potty and 90% being able to identify when they have to go and telling the adult before they have to go.

One misconception is that if a child tells you that they have peed or pooped in their diaper that it's a sign that they are ready to train. There is no correlation to a child's awareness after they have gone to their ability to recognize and act before they have to go.

Some things we do to get kids ready to train:

- 1) We start reading potty books and talking about going potty in the big girl or big boy potty during changing.
- 2) We have them sit on the potty during natural transition times (before and after meals, before and after naps, and diaper changes)
- 3) We practice with them getting their pants up and down on their own and hand washing.
- 4) We will supervise them and watch for signs that they have to go or are going and get them off to the potty.
- 5) We keep close communication with the parents about any indicators suggesting the child is ready.

Some things we are unable to in a daycare setting:

- A) Because of the number of children in our care, we do not have the ability to put kids on a potty schedule where they go every half hour or hour. The day would soon become centered around the potty and would keep a child from being immersed in learning and really enjoying the day. Interestingly enough, studies show that this can cause problems with children not being able to “hold it.” Children struggle to go on walks because they can't make it very long without having to come back to potty.
- B) We are not permitted to limit food or drinks. We maintain the same food and snack schedule during training.
- C) We are not able to clean soiled underwear. We will bag pee soaked underwear and return it to the parent at the end of the day but we are unable to do this with soiled underwear.

Here are some hints to help you at home:

- 1) Be cheery about the potty. A happy experience each time they are on the potty will translate into quick training at home.
- 2) If there are two adults in the house have each adult “ask” the other adult if he/she can go to the potty at least four or five times a day. Your child seeing and hearing you “ask” if you can go will get the idea in their head that they need to do that too.
- 3) Praise the child for each success but do not overdo it. (They could soon be leading you to the potty to get your attention or get rewarded.) A “way to go” or a “thumbs up” and big smile will let them know you are proud. We use the phrase “you go potty like the BIG boys/girls do!!!! They love the idea of being BIG.
- 4) Use stickers or small treats (like gummies, jelly beans, teddy grahams) *after potty success*. Have the child give the same treat to everyone around him who can have the treat. Passing a treat for his success will make the child happier than only getting the treat himself. Every person receiving the prize says “Good job little buddy... you go potty like the big boys do.”
- 5) No punishment or consternation for accidents. Just talk to them about needing to ask to go to the potty next time. We say “next time you will go potty like the BIG boys do... okay?!!”
- 6) If you see them mid way trying to poop or pee scurry them off to the potty to finish up.
- 7) Give your child three or four minutes to get the job done. Don’t let it turn into an attention seeking time where the child gets one to one time with you. It’s only about going potty. If they don’t go in a reasonable time tell them it’s time to get off and try again another time. We don’t encourage toys or books during the training time. After a child has been trained for a few months you can add a book for them to look at if they are having a hard time going poop.
- 8) Don’t allow potty time to be a stall tactic to avoid doing something the child doesn’t want to do. We see this here at toy pick up and nap time. Some kids will claim they have to go potty to avoid nap time. If you see a pattern of avoidance, have the child do the potty a little bit before you want them to do whatever they are avoiding so it doesn’t interfere.
- 9) Be careful of public automatic flushing toilets. The noise of the flushing will scare them. If you bring a little post it note with you when you go out you can put it over the sensor so the toilet doesn’t automatically flush right when your child gets off of it.
- 10) Have fun. Stay cool. It will all work out.



Abilities will differ from home to daycare:

We've seen both ends of the spectrum with a child's ability to be trained here and not at home and vice versa. We've had kids who have been successful at home and are unable to do it here. Some things to consider:

- 1) Kids are allowed free access unsupervised to the bathroom in their home. In a daycare setting, they are unable to leave the playroom without supervision.
- 2) There are many more distractions at a daycare with a larger group of kids, toys, and bustling activities.
- 3) At a daycare, we have multi-level aged children who have various needs and supervision requirements and our attention must be divided between many children. We aren't always able to pick up cues, sign language, or specific behaviors to tell us it is time.
- 4) Parents are able to put their child on the potty in small time increments. We simply aren't able to do this in a daycare setting. A child could possibly wet themselves many times throughout the day if this is being done at home.

What to wear during training:

CLOTHES: Children should wear easy on and off pants during training. We prefer sweat pant like bottoms until they are physically capable of doing snaps and buttons. Please don't send them in anything that requires the removal of the top to get to the bottom. Please avoid overalls, kid costumes, union suits, one piece jammies, or shirts with snaps at the crotch while training.

DIAPERS: We ask that your child continue in diapers until he or she has been accident free for one week here at the Center before switching to pull-ups. Pull-ups require the removal of all bottom clothing to change.

PULL UPS: After a child has achieved an entire week accident free in a diaper, they may begin using a pull-up. (Again, we ask this for the ease of changing if an accident does occur.)

UNDERWEAR: If your child has gone one whole week accident free (in diapers) at the Center, and then an additional week accident free in pull ups, your child may begin wearing only underwear at the Center.

What to Wear at Naptime: Sometimes kids "nap train" right away when they are "awake trained." Most children are not able to do this and it could take many months before they are completely "nap trained." We require nap diapers until the child has slept through nap for one full month without a pee accident.

To Summarize:

- ✓ A child is considered trained when they can tell an adult before they have to go, and no longer have accidents.
- ✓ A child must remain in diapers until they have gone one week completely dry at the Center. At this point they may begin using a pull up.
- ✓ If they continue dry for an additional week, they may attend the Center wearing only underwear.
- ✓ A child must nap with a diaper until they are one month accident free.

If potty training is done at a time when the child is truly ready it should go very easily and quickly. 😊