

BERRYHILL CHILD CARE

"Where Learning to LEARN is FUN"

5762 Berryhill Rd, Milton, FL

850-623-4509

Berryhill

Afterschool & Summer camp

5900 Berryhill Rd, Milton, FL

850-564-1227

Registration Form

Date of Enrollment ____/____/____

Child's Full Name _____

Name Child goes by _____ Date of Birth ____/____/____ Age ____ Sex ____

Child's Home Address _____

City _____ State _____ Zip _____

Child's Home Phone ____-____-____ Child's SS# last four #'s - ____

Mother's Name _____ Home Phone (if different) ____-____-____

Mother's Address _____

Mother's place of employment _____

DL# (Required) _____ SS# (Required) _____

Work Phone ____-____-____ Cell Phone ____-____-____ Cell Provider (EX. AT&T...) _____

Email address _____

Father's Name _____ Home Phone (if different) ____-____-____

Father's Address _____

Father's place of employment _____

DL# (Required) _____ SS# (Required) _____

Work Phone ____-____-____ Cell Phone ____-____-____ Other ____-____-____

Email address _____

Does Mother have legal custody? Yes ____ No ____ If no, is mother allowed to pick up child? Yes ____ No ____

Does Father have legal custody? Yes ____ No ____ If no, is father allowed to pick up child? Yes ____ No ____

Please list any persons living with the child, relationship, and age: _____

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PERSONAL HISTORY

Child's Name: _____ DOB: ____/____/____

Is child right handed or left handed? _____

Has child had a previous group or preschool / afterschool experience? _____

Where and when? _____

Does child have any allergies? _____

Does the child take any medications? _____

Are there any medical problems of which we should be aware of? _____

If yes, please explain: _____

Preschool Only

What words does your child use for toileting? _____

Are there any special foods or eating instructions? _____

Are there any sleeping or napping instructions? _____

Any additional information such as discipline, child's communication, comforting, and so on: _____

MEDICAL INFORMATION

In addition to contacting emergency services through 911, I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____ Phone: ____ - ____ - ____

Doctor: _____ Address: _____ Phone: ____ - ____ - ____

Dentist: _____ Address: _____ Phone: ____ - ____ - ____

May the center call another physician or Dentist if unable to contact child's physician? Y _____ N _____

Parent/Guardian (Signature)

Date

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Authorized Contact List

Only the Primary Contact(s), those listed on the Registration page, may make changes to this form. Please list all persons, other than the primary contacts, allowed to pick up your child. It is **MANDATORY** that we have at least two people other than primary contacts in case of emergency or illness. For the safety of the child or children, additions or deletions to or from this list must be done in person. We will not honor phone requests for changes to this form or for authorization for pick up. Please complete all information for each contact

Name _____ Address _____ Phone _____ - _____ - _____

Relation to Child: _____

Name _____ Address _____ Phone _____ - _____ - _____

Relation to Child: _____

Name _____ Address _____ Phone _____ - _____ - _____

Relation to Child: _____

Name _____ Address _____ Phone _____ - _____ - _____

Relation to Child: _____

Name _____ Address _____ Phone _____ - _____ - _____

Relation to Child: _____

Name _____ Address _____ Phone _____ - _____ - _____

Relation to Child: _____

Name _____ Address _____ Phone _____ - _____ - _____

Relation to Child: _____

Name _____ Address _____ Phone _____ - _____ - _____

Relation to Child: _____



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Parents Financial & Tuition Price Agreement

HOURS: 6:15a.m.to 6:00p.m (Monday through Friday)

TUITION: Payable in Advance. We accept cash, checks, VISA and MasterCard

REGISTRATION FEE: Annual - per family - nonrefundable \$65.00 (due at time of enrollment, and every January thereafter)

PRICES:	1 Child 12-24 months (1 year old)	\$170.00/week
	1 child 24-36 months (2 years old)	\$165.00/week
	1 child 36 to 48 month (3 years old) - <u>Potty Trained</u>	\$150.00/week
	1 child 48 months (4years old) - Not Pre-K	\$140.00/week
	1 child Pre-K	\$87.50/week
	1 child Pre-K Extended Care (School Days) non Holiday	\$100.00/week
	1 child Pre-K Extended Care Holidays	\$135.00/week

Preschool Children are moved up based on space available. If space is not available for your child to move up then you will continue to be charged the room rate until the child is able to move up.

School age After School / Summer Camp

1 Child afterschool weekly	\$75.00/week
1 Child <u>Full Summer and Holiday Week</u>	\$105.00/week
1 Child Early Release Day	\$21.00/week
1 child full day drop-in	\$25.00/week
1 Child Part summer or Drop in weekly rate full time	\$125.00 (based on space available)

*Families with multiple children attending full time will receive a \$5 discount off the full time rate only for the second child enrolled; all children must be attending full time. Families receiving assistance are not eligible for discounts.

POLICIES: *The conditions of this agreement provide protection for our parents as well as the Center. In order to assure that we can provide the services that your children are entitled to. It is essential that the financial status of the Center be stable. The Center's Salaries and overhead expenses cannot be reduced because of delayed or lost income. Failure to abide by the following policies could result in the loss of your child's space, or other legal action.

- The rate agreed upon will be charged whether the student attends zero to five days
- We charge weekly rates, and do not discount for closures for any reason including but not limited to weather, holidays, emergencies of any kind.
- Tuition is due on Friday for the next week in advance. If not paid by Monday morning, a \$10 late fee will be charged.
- A Fee of \$27.50 will be charged on all Returned Checks. After 2 returned checks, the account will be cash only, or automatic account withdraws.
- Each family is authorized 1 week vacation time per year, after 1 year on continuous enrollment, based on date of enrollment. Vacation time can be used after 1 year anniversary date. Vacation cannot be used to close out an account and cannot be carried over. The child or children cannot be in attendance while using vacation time.
- Notification must be given in writing one week in advance when my child will be absent due to vacation or other planned long-term absence. The Center agrees to hold my child's space, one week during the year, providing advance notice has been given, and the account is financially up to date.
- A two week written notice is required to change enrollment status or withdraw your child. If notice is not received, a fee equal to two weeks tuition will be charged to your account.
- Families who are late picking up children will be charged \$1.00 per minute after 6pm. Or \$20.00 for the day for VPK families more than 10 minutes picking up their child...

Please Initial by
each Policy

By signing below, I confirm that I have read the financial agreement and policies of Berryhill Child Care as stated above and I will cooperate and abide by them.

(Parent/Legal Guardian Signature)

_____/_____/_____
(Date)

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DOCUMENTATION RECEIPT

Section 10M-12.008(2) F.A.C. requires that parents must receive a copy of the Child Care Facility Brochure, **KNOW YOUR CHILD'S DAY CARE CENTER**. The parents' or legal guardian's signature verifies receipt of the childcare brochure.

Parent/Guardian Initial _____

Section 10M-12.013 requires that parents are notified in writing of the **DISCIPLINARY PRACTICES** used by the childcare facility. The parents' or legal guardian's signature verifies that parents or guardians have been notified in writing of the disciplinary practices of the facility.

Parent/Guardian Initial _____

To better understand the policies and practices of Berryhill Child Care and Berryhill Afterschool we have supplied you with a copy of the Berryhill Child Care policies and Practices Brochure. If there are any questions concerning the information in this brochure, please do not hesitate to discuss this with the director. These policies can be viewed on our website www.berryhillchildcare.com The parents' or legal guardian's signature verifies receipt of the Berryhill Child Care Brochure.

Parent/Guardian Initial _____

During the 2009 legislative session, a new law was passed that requires child care facilities provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September. My Signature below verifies receipt of the brochure on Influenza Virus, The Flu, A Guide to Parents: for 2022

Parent/Guardian Initial _____

During the 2018 legislative session, a new law was passed that requires child care facilities to provide parents during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility and instead leave them in the adult's vehicle upon arrival at the adults destination. My signature below verifies receipt of the Distracted Adult brochure.

Parent/Guardian Initial _____

My signature below state that I have been provided and read each required document.

Parent/Guardian (Please Print)

Parent/Guardian (Signature)

Date

Know Your Child Care Facility

General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- Valid license posted for parents to see.
- All staff appropriately screened.
- Maintain appropriate transportation vehicles (if transportation is provided).
- Provide parents with written disciplinary practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios:

Age of Child	Child: Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

Health Related Requirements

- Emergency procedures that include:
 - Posting Florida Abuse Hotline number along with other emergency numbers.
 - Staff trained in first aid and Infant/Child CPR on the premises at all times.
 - Fully stocked first aid kit.
 - A working fire extinguisher and documented monthly fire drills with children and staff.
- Medication and hazardous materials are inaccessible and out of children's reach.

Physical Environment

- Maintain sufficient usable indoor floor space for playing, working, and napping.
- Provide space that is clean and free of litter and other hazards.
- Maintain sufficient lighting and inside temperatures.
- Equipped with age and developmentally appropriate toys.
- Provide appropriate bathroom facilities and other furnishings.
- Provide isolation area for children who become ill.
- Practice proper hand washing, toileting, and diapering activities.



Food and Nutrition

- Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

Training Requirements

- 40-hour introductory child care training.
- 10-hour in-service training annually.
- 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- Director Credential for all facility directors.

Record Keeping

- Maintain accurate records that include:
 - Children's health exam/immunization record.
 - Medication records.
 - Enrollment information.
 - Personnel records.
 - Daily attendance.
 - Accidents and incidents.
 - Parental permission for field trips and administration of medications.

More information and free resources:

MyFLFamilies.com/ChildCare



Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, the following indicators should be considered:

Quality Caregivers

- Are friendly and eager to care for children.
- Accept family cultural and ethnic differences.
- Are warm, understanding, encouraging, and responsive to each child's individual needs.
- Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- Help children manage their behavior in a positive, constructive, and non-threatening manner.
- Allow children to play alone or in small groups.
- Are attentive to and interact with the children.
- Provide stimulating, interesting, and educational activities.
- Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- Communicate with parents.

Quality Environments

- Are clean, safe, inviting, comfortable, and child-friendly.
- Provide easy access to age-appropriate toys.
- Display children's activities and creations.
- Provide a safe and secure environment that fosters the growing independence of all children.

Quality Activities

- Are children initiated and teacher facilitated.
- Include social interchanges with all children.
- Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- Include exercise and coordination development.
- Include free play and organized activities.
- Include opportunities for all children to read, be creative, explore, and problem-solve.

Parent's Role

The parent's role in quality child care is vital to its success:

- Inquire about the qualifications and experience of child care staff, as well as staff longevity.
- Know the facility's policies and procedures.
- Communicate with the caregiver.
- Visit and observe the facility.
- Participate in special activities, meetings, and conferences.
- Talk to their child about their daily experiences in child care.
- Arrange alternate care for their child when they are sick.
- Familiarize themselves with the child care standards used to license the child care facility.



To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CF/PI 175-24, 05/2014
Pursuant to s. 402.3125(5), F.S.,
this brochure was created by:



OFFICE OF CHILD CARE REGULATION
AND BACKGROUND SCREENING
MYFLFAMILIES.COM

This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).

License Number: _____

License Issued on __/__/__

License Expires on __/__/__

For more information regarding the compliance history of this child care provider, please visit: MyFLFamilies.com/childcare



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850 623-4509

DISCIPLINE POLICY

Here at Berryhill Child Care the environment of our Pre-K program is structured so that children can make choices of play activities and materials. This ability to choose and plan gives the child power and prevents many conflicts during the school day.

Children are encouraged to develop language skills that help them to communicate their needs and feelings. Adults and other children model language for them so that they may learn to use language as a problem-solving tool.

Guidelines for behavior are clearly explained to the children. Appropriate behavior is modeled and language is continuously encouraged in order to avoid conflict and allow the children opportunities for decision-making and self-direction.

If a child is experiencing difficulty being self directed and using language to solve problems in one area of play, he/she is offered another play activity. In the event that the child is still unable to control his/her behavior and cannot make appropriate choices for him/herself then he/she is removed from the problem area and given a personal space away from others. Time limits are imposed based on the child's age. He/she may return to the group or activity whenever the behavior is under control. In the event that the child is still unable to control his/her behavior then he/she will be removed and placed in the office for a time-out in which the Office Personnel would contact a parent.

CORPORAL PUNISHMENT IS NEVER APPROPRIATE AND NEVER USED

When a parent has been contacted three times in a months time period because of their child's behavior a conference will be scheduled with the parent, teacher, and Director or Assistant Director to further discuss a more detailed behavior contract, which will be signed by all parties. At the discretion of the Director, a child could be dismissed if the behavior problem becomes disruptive and/or prevents other children from having a quality-learning environment.

Our Pre-K program strives to provide an environment that allows child and adult alike to function to their fullest in solitary and group activities. The goal of the entire program is to support the development of internal control and to provide opportunities for the children to develop physically, emotionally, socially, and intellectually.

Parental Support is needed and appreciated to encourage children to observe school rules and procedures. The staff here at Berryhill Child Care is glad to work closely with parents to teach and maintain responsible student behavior. Through communications with your child's teacher and the administrative staff, you will remain well informed and actively involved in your child's pre-k education. Please review the above plan and then sign below. Thanks so much for your support and cooperation.

CHRONIC DISRUPTIVE BEHAVIOR

We will make every effort to work with the parents of children having difficulties in child care. We are here to serve and protect all of our children. Children displaying chronic disruptive behavior which has been determined to be upsetting to the physical or emotional well being of other children may require the following actions:

1. Initial Consultation.
 - a. Incident report.
 - b. Conference with parents
2. Suspension of child care.
 - a. If your child has received three incident reports in one day the parent will be called and asked to pick up the child immediately. Your child may not return for two days and payment will still be expected.
 - b. If a child receives two suspensions in one month, Berryhill Child Care reserves the right to suspend the child indefinitely, or dismiss the child.

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____
 Child's Name: _____
 Date Received: _____
 Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



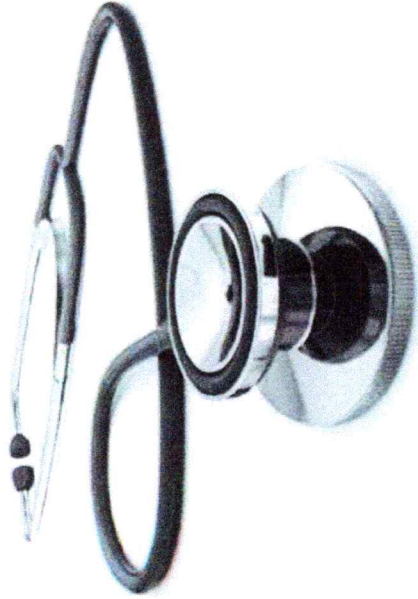
When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit
www.myflorida.com/childcare or contact your
local licensing office below:

CF/PI 175-70, June 2009

This brochure was created by the Department of Children and
Families in consultation with the Department of Health.

INFLUENZA VIRUS



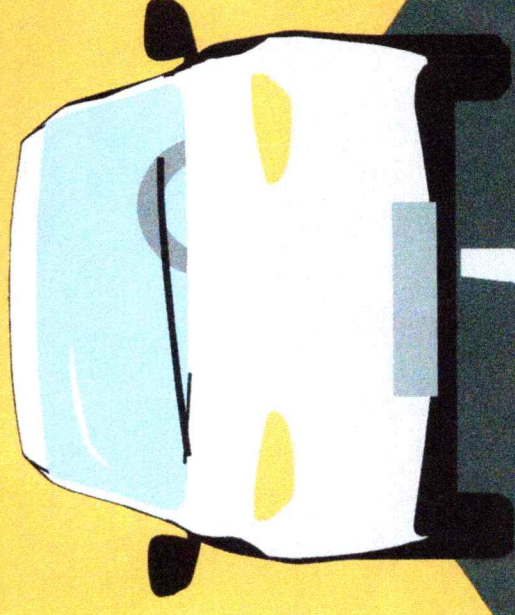
"The Flu"
A Guide
for Parents

A change in daily routine, lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...



Developed by:
The Office of Child Care Regulation
www.myflfamilies.com/childcare
CF/PI 175-12, May 2019

When life happens... Don't be a
**DISTRACTED
ADULT**





FACTS ABOUT HEATSTROKE:

It only takes a car **10 minutes to heat up 20** degrees and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.



⚠ PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

During the 2018 legislative session,

a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

Child's Name:

Date:

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.

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PERMISSION SLIP FOR PHOTOGRAPHING YOUR CHILD

From time to time we take pictures during school activities. We would like your permission to use these pictures on our website, in our newsletter, or on our bulletin board. We will never reference your child by name or provide any specific information regarding your child. We also will never sell these pictures. We will use them exclusively for Berryhill Child Care / Berryhill Afterschool purposes. Please take a moment to let us know your preferences regarding our use of photos of your children:

☐ **YES.** I grant you permission to use photos of my child or children on the Berryhill Childcare / Berryhill Afterschool Website, bulletin boards, and or newsletters.

-OR-

☐ **NO.** Please only use photos of my child or children for take home arts and crafts

-OR-

☐ **NO.** Please do not take any photos of my child or children.

Please list all Children attending one or more of our centers:

Child: _____ Age _____

Child: _____ Age _____

Child: _____ Age _____

Parent/Guardian (Please Print)

Parent/Guardian (Signature)

Date

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Permission for Food-related Activities and Special Occasion Food Consumption

Pursuant to 65C.005(1)2., F.A.C., licensed child care must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as classroom cooking projects, gardening, school wide celebrations, and birthdays.

I _____ give/decline permission for my child _____

To participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

_____ My child Does Not have a food allergy or dietary restriction. He or she may participate in activities.

_____ My child Does Not have a food allergy or dietary restriction. He she may not participate in activities.

_____ My child Does have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below)

_____ My child Does have a food allergy or dietary restriction. He or she may not participate in activities.

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during my child's enrollment.

Parent/Guardian (Please Print)

Parent/Guardian (Signature)

Date



Child Care Food Program

Child Participation Form

Name of Child: _____ Name of Facility: _____

Dear Parent:

Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

If child care hours are the same every day, please complete this chart.

Day	Normal Hours in Care	Meals Normally Received While in Care
Mon – Fri	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

OR

If child care hours are not the same every day, please complete this chart.

Monday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Tuesday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Wednesday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Thursday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Friday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Saturday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Sunday	a.m. _____ a.m. _____ p.m. _____ to _____ p.m. _____	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

☐ **Check here if your child has no regularly scheduled hours of care**

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Phone Number: _____

FLORIDA DEPARTMENT OF HEALTH

CHILD CARE FOOD PROGRAM

FREE AND REDUCED-PRICE MEAL APPLICATION

To apply for free and reduced price meals for your child, read the instructions and complete this form. Sign your name, date and return the application to _____. If you need assistance filling out this form, call this number: _____.

PART 1 – INFORMATION ON CHILD:

NAME AND ADDRESS OF CCC/OSHCC: _____

Child's Name: _____
 Last Name First Name Date of Birth _____

PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCE PROGRAM OR TANF BENEFITS: Complete this part and Part 4.

Food Assistance Program Case Number: _____ TANF Case Number: _____

PART 3 – ALL OTHER HOUSEHOLDS: If you gave a Food Assistance Program or TANF number, then skip to Part 4. Otherwise, complete this part and Part 4.

HOUSEHOLD MEMBERS		INCOME AMOUNT & FREQUENCY				
		List pay frequency (i.e., annually, monthly, twice a month, biweekly, or weekly) after each amount.				
List the Names of <u>Everyone</u> in Your Household (include child listed in Part 1 above)	Check Box if Foster Child	Gross Earnings (Before Deductions) If self-employed, list net income	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income (including personal use income of a foster child)	Check Box if Person has NO INCOME
Last Name, First Name	<input type="checkbox"/>	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	<input type="checkbox"/>
1. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

PART 4 – SIGNATURE AND SSN: An adult household member must sign the application before it can be approved.

Signature of Adult Household Member _____ Date Signed _____ Home Phone # _____

Home Address _____ Street Address, City, State, Zip Code _____ Work Phone # _____

Last Four Digits of Social Security Number _____ Write **NONE** if you don't have a Social Security Number

PENALTIES FOR MISREPRESENTATION: I certify that all information on this application is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

PART 5 (Optional) - RACIAL IDENTITY OF CHILD

- ☐ American Indian or Alaskan Native
☐ Native Hawaiian or other Pacific Islander

- ☐ Asian
☐ White

- ☐ Black or African American

ETHNIC IDENTITY OF CHILD

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless you list a current Food Assistance Program or TANF case number or are applying for a foster child, you must include the last four digits of the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of the last four digits of a social security number is not mandatory, but if this information is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The last four digits of the social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Assistance Program or welfare office to determine current certification for receipt of Food Assistance Program or TANF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. 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.

For Contractor Use Only:

- ☐ Food Assistance Program/TANF household Total Household Size: _____ Total Household Income: \$ _____
☐ Foster Child Income Frequency: Weekly / Biweekly / Twice a Month / Monthly / Annual (circle one)

Note: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Eligibility Determination: ☐ Free ☐ Reduced ☐ Non-needy

Reason for Non-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other (Reason) _____

Signature of Determining Official: _____ Date Signed: _____

FREE AND REDUCED-PRICE MEAL APPLICATION INSTRUCTIONS

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS:

Part 1: Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed. **Part 2:** List the current Food Assistance Program (formerly known as the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) case number. The case number is on your letter of eligibility; it is not the number on your EBT card. **Skip Part 3.** **Part 4:** An adult household member must sign the form, but the last four digits of the signer's social security number are not necessary. Complete the address and phone number fields and date the form. **Part 5:** You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

IF YOU ARE APPLYING FOR A FOSTER CHILD, CHOOSE ONE METHOD BELOW TO APPLY:

NOTE: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household with whom they reside. Households wishing to apply for meal benefits for foster children should contact us if they have any questions.

Method 1: Provide official documentation from the foster care agency or court that placed the child with the specific household. With such documentation, it is not necessary to complete the Free and Reduced-Price Meal Application.

Method 2: Complete the Free and Reduced-Price Meal Application according to these instructions – **Part 1:** Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed. **Skip Part 2.** **Part 3:** List the child's name, check the box in the "Foster Child" column, and report the child's personal use income, if any, in the "All Other Income" column. **"Personal use" income is a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and/or b) all other money the child receives, such as money from his/her family and money from the child's full-time or regular part-time jobs.** Do not include payments to the household for the care of the foster child. If the child receives no income, check the "NO INCOME" box in the last column. **Part 4:** A foster parent or other official representing the child must sign the form, but the last four digits of the signer's social security number are not necessary. Complete the address and phone number fields and date the form. **Part 5:** You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

Method 3: Complete the Free and Reduced-Price Meal Application according to the instructions below for ALL OTHER HOUSEHOLDS.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed.

Skip Part 2.

Part 3:

- (1) Write the names of everyone in your household, whether they receive income or not. Include yourself, the child you are applying for, all other children, your spouse, grandparents and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) If a household member is a foster child, check the box in the "Foster Child" column next to his/her name.
- (3) Write the amount of income each household member regularly receives, before taxes or anything else is taken out, and how often it is received. List income in the appropriate column(s) to designate the source of the income, such as earnings, welfare, pensions, and other income (**refer to examples below for types of income to report**). If a foster child is listed, report his/her personal use income, if any, in the "All Other Income" column. **Refer to Method 2 above for the definition of a foster child's personal use income.** Do not include payments to the household for the care of the foster child as income for any household member. If any amount(s) received during the last month was more or less than usual, write that person's usual income.
- (4) **For any person with no income, including children, check the "NO INCOME" box in the last column.**

Part 4: An adult household member must sign the application and give the last four digits of his/her social security number (or write NONE if s/he doesn't have a social security number).

Part 5: You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

INCOME TO REPORT

Earnings from Employment:

Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business or farm

Pensions/Retirement/Social Security:

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social security

Other Income:

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons
not living in the household
Net royalties/annuities/net rental income
Any other income

Certain Military Income and Benefits:

All cash income for off base commercial,
private housing allowances, excluding
the Military Housing Privatization Initiative
and Family Subsistence Supplemental
Allowance (FSSA)

Welfare/Child Support/Alimony:

Public assistance payments
Welfare payments
Alimony/child support payments

All cash income for uniform allowances

All cash income made available to the household, except for combat pay received under certain conditions

Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.)