



Greater Waco Early Education Center

a ministry of Greater Waco Baptist Church

MISSION STATEMENT:

At Greater Waco Early Education Center, we believe in building a foundation for the future through early education excellence. Our mission is to make a lasting difference in the lives of our students and their families. We provide first class facilities, featuring a secure entrance, video monitoring, and a full-sized gymnasium. Our highly qualified teachers use a structured, Bible-based curriculum in every class.

Registration Application

Please print clearly. If an item is not applicable, please put N/A.

Today's Date: _____ Desired Start Date: _____ Referred by: _____

Student's Information:

Name: _____ Preferred Nickname: _____

Boy Girl Birthday: _____ Age: ___ yrs. ___ mths. School: _____

Student's Address: _____ City/Zip: _____

Food Allergies: _____

Siblings: yes no Name(s): _____ Age(s): _____

Previous childcare experience: yes no If yes, where? _____

Reason for leaving? _____

Parent's Information:

Primarily lives with: both Parents Mom Dad Alternates Grandparents

Other: _____ (relationship)

Main Caregiver's Information:

Name: _____ Relationship to Student: _____

Address: _____ City/Zip _____

Main Phone: _____ cell home work Secondary Phone: _____ cell home work

Email address: _____ Employer: _____ Birthday: _____

Social Security Number: _____ Driver License Number: _____ State: _____

Preferred Method of Contact phone call text email

Secondary Caregiver's Information: (Optional)

Name: _____ Relationship to Student: _____

Address: _____ City/Zip _____

Main Phone: _____ cell home work Secondary Phone: _____ cell home work

Email address: _____ Employer: _____ Birthday: _____

Social Security Number: _____ Driver License Number: _____ State: _____

Preferred Method of Contact phone call text email

Pick Up List and Emergency Contacts **must list at least one**

1) Full Name: _____ Relationship to Student: _____

Address: _____ City: _____ Contact Number: _____

This person is approved: _____ as an emergency contact _____ to pick up my student

2) Full Name: _____ Relationship to Student: _____

Address: _____ City: _____ Contact Number: _____

This person is approved: _____ as an emergency contact _____ to pick up my student

3) Full Name: _____ Relationship to Student: _____

Address: _____ City: _____ Contact Number: _____

This person is approved: _____ as an emergency contact _____ to pick up my student

4) Full Name: _____ Relationship to Student: _____

Address: _____ City: _____ Contact Number: _____

This person is approved: _____ as an emergency contact _____ to pick up my student

5) Full Name: _____ Relationship to Student: _____

Address: _____ City: _____ Contact Number: _____

This person is approved: _____ as an emergency contact _____ to pick up my student

Pick Up List and Emergency Contact Agreement

I understand that my student will only be released from the center to me, or a person named by me; and that if I desire someone that is not on the pick up list to pick up my student, I will notify the front desk in advance.

I understand that any person picking up my student must have picture identification on their person for my student to be released into their care.

I understand that any person I have marked as an emergency contact may be contacted in the event that I am unreachable, and will be asked to assume emergency responsibility for my student until I can be reached.

I authorize the above list people to pick up my student at any time, with proper identification.

I understand that all communication regarding my account must be directly to the main caregiver(s) only. Persons on the pick up list will not be given any information concerning my account.

I understand that I may add people to, and remove people from, both the pick up and emergency contact lists by contacting the front desk.

Printed Name: _____ Signature: _____ Date: _____

Water Activities Consent: I grant my permission to participate in supervised water activities. _____
Initial

Medical History: Please list any special medical needs your student has including allergies, existing illness, previous illness, or injuries. Please also include any hospitalizations during the last 12 months, and any medication prescribed for long-term, continuous use. If your child has none of these please write N/A across the lines.

Special Medical Needs: _____

Financial Agreement:

- I understand that once the Registration Fee or Tuition is paid there are no refunds.
- I understand that the card on file will be drafted each Monday for the upcoming week's tuition, and that any accounts with a returned payment will accrue a late charge of \$20.
- I understand that an annual curriculum and supply fee will be charged August 1st of each year, or upon enrollment if my student is enrolled after August 1st but not before June 1st.
- I understand that the annual curriculum and supply fee will not be pro-rated if my student is enrolled after the school year has begun.
- I understand that if tuition is raised I am responsible for the difference (tuition will not be raised without prior notice).
- I agree to give a two-week notice of withdrawal, and understand that if I withdraw my student without a two-week notice I will still be held responsible for tuition for the two-week notice.
- I understand that drop off time is 7:00am to 9:00 am. My student may only be dropped off after 9:00am if there was a previously scheduled Doctor's appointment, and the front desk was notified a minimum of one business day prior to the appointment. I also understand that proof of appointment must be provided upon arrival.
- For school age students: I understand that there will be an additional \$10 per student charged for each early release day that my student attends, and additional \$15 per student charged for each full day that my student attends during the school year (Example: student holidays, Thanksgiving, Easter, etc.).
- For CCS Parents: I understand that a charge will be added to my weekly CCS Parent Fee for the amount of the difference between the rates CCS pays and what the Center charges (charge varies by age). I also understand that for school age students; the early release and full day fee's apply to my student, and that for every week of full-time care, and additional \$20 per child will be added to my CCS Parent Fee.

Printed Name: _____ Signature: _____ Date: _____

Greater Waco Early Education Center
EMERGENCY MEDICAL/DENTAL CONSENT FORM

I, _____ (Parent or Guardian)
of _____, age _____, do hereby give my permission and such emergency
medical or dental care and/or treatment as my above named child might require while under
Greater Waco Early Education Center's supervision. Center team members may take steps including any or all of the
following if they believe an emergency situation exists:

1. Call an ambulance and have the child taken to the emergency unit of a hospital.
2. Call the child's physician or dentist.
3. Call another physician or dentist.

In the case of emergency, every effort will be made to notify parents and to contact the child's physician or dentist
immediately. If it is necessary to transport or to have the child transported to a hospital, we will take the child to the
nearest hospital or to the child's physician or parent. I agree to pay all of the costs and fees for any emergency
medical care or treatment for my child as secured or authorized under this consent.

The following will be called in case of an emergency:

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Child's Hospital: _____

Mother/Guardian's Name: _____ Phone _____

Father/Guardian's Name: _____ Phone _____

Relatives or friends who may be contacted for assistance or information in case of emergency: (Should also be listed
on the pick-up permission form)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Medical Insurance Carrier: _____ Policy Number: _____

Allergies, medication, or other conditions pertinent to emergency care:

Special Medical Needs: _____

Signature of Parent or Guardian

Date

**Greater Waco Early Education Center
Suspected Non-Food Allergy Medical Statement**

Child's Name _____ Date _____

Allergy _____

Things to Avoid:

Reactions:

Severity: (i.e. extreme, moderate, mild) _____

Treatment Plan

Parent's Signature: _____

**Greater Waco Early Education Center
Suspected Allergy/Food Exemption Medical Statement**

Child's Name _____ Date _____

Length of time for food exemption: _____

Allergy: _____ Reaction: _____

Foods to avoid	Substitute foods
_____	_____
_____	_____
_____	_____

Parent's Signature: _____ Date: _____

**Greater Waco Early Education Center
Food Allergies & Emergency Plan
Diagnosed by Physician**

Child's Name _____ Date _____

Allergy	Reaction
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Severity: (ie extreme, moderate, mild) _____

***Menus are available upon request for the upcoming week on Friday afternoon. Parents are responsible to provide substitute food for any part of the meal their child may not eat.*

Emergency Plan

Parent's Signature _____

Doctor's Signature _____

ADMISSION INFORMATION

HEALTH REQUIREMENTS

Name of Child:	Date of Birth:

Age ▶ Vaccine ▼	Birth	1 mos	2 mos	4 mos	6 mos	12 mos	15 mos	18 mos	19-23 Mos	2-3 Yrs	4-6 Yrs
Hepatitis B											
Rotavirus											
Diphtheria, Tetanus, Pertussis											
Haemophilus influenzae type b											
Pneumococcal											
Inactivated Poliovirus											
Influenza											
Measles, Mumps, Rubella											
Varicella											
Hepatitis A											
Meningococcal											

TB TEST (if required)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	Date:
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Signature or stamp of a physician or public health personnel verifying immunization information above.

Signature	Date
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Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) _____ and does not need varicella vaccine.

Parent's signature	Date
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I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.

For additional information regarding immunizations contact the Department of State Health Services at
www.dshs.state.tx.us/immunize/public.shtm

Signature – Parent or Legal Guardian	Date
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Greater Waco Early Education Center
PHOTO RELEASE FORM

I understand that Greater Waco Early Education Center offers school pictures two times a year, in the spring and fall. I further understand that I am under no obligation to purchase the photos that are taken of my child or pictures that my child may be in.

I also understand that Greater Waco Early Education Center may take pictures of the children playing from time to time for use on their cubbies or for use with a project. I understand that pictures are sometimes used to help show parents what their children are doing during the day. I realize that photos may be displayed in the room from time to time and could possibly include my child. I also realize that my child might be in the background or play area with another child when a picture is taken and that it is possible that that particular picture might be sent home with the other child to show their parent what they are doing.

I agree to give permission for Greater Waco Early Education Center to take photographs or video images of my child. I agree to allow these photographs to be displayed my child's room, on room or center bulletin boards, or to be used as mentioned above. I further agree to allow the center to use these photographs or video images in limited promotional or training applications.

Child's Name _____

Parent's Name

Parent's Signature

Greater Waco Early Education Center
PARENT ACKNOWLEDGEMENT FORM

I understand that these policies describe important information regarding Greater Waco Early Education Center. If at any time I have questions regarding these policies, I should consult a member of the management team.

My relationship with the Greater Waco Early Education Center is voluntarily entered into and is subject to termination by me or the Center at will, with or without cause, at any time that either the Center or I believe such action is appropriate. Such termination shall be subject to all the policies relating to termination of services.

I acknowledge that I have received, read, and understand the policies contained in the parent handbook. I further agree to comply with these policies.

Parent Signature

Date

Parent Signature

Date

Child's Name

Signature Received by (Center Staff)

Date Received

Greater Waco Early Education Center Transportation Agreement

1. The vehicle provided by Greater Waco Early Education Center is either a full-sized bus or van .
2. Every driver of our vehicles holds a current and valid driver's license and has up to date certification in CPR and First Aid.
3. The vehicle, when children are aboard, shall not be left unattended for any time.
4. The children must wear a seat belt while the vehicle is in motion.

All Students

I agree to allow GWEEC to transport my child in the event of an emergency requiring evacuation. The relocation site is the LaVega Jr High parking lot.

Parent Signature: _____ Date: _____

School-Age Students

Please initial all statements.

_____ I give permission for my child to ride in the vehicle provided by Greater Waco Early Education Center.

_____ My child will be picked up at _____ (school name).

OR

_____ My child will travel to the center by _____ (school name).

_____ I agree to notify the Greater Waco Early Education Center daily, prior to 2:00pm if my child will be absent.

_____ I authorize the center personnel to complete sign in requirements for any unescorted children.

_____ I also give my permission for my child to ride in the vehicle provided by the center for any field trips arranged by the center.

_____ This agreement is valid until cancelled in writing by the parent.

_____ I agree to allow GWEEC to transport my child in the event of an emergency requiring evacuation and that the relocation site is the LaVega Jr High parking lot.

Parent Signature: _____ Date: _____

Greater Waco Early Education Center
CHILD CARE AGREEMENT

This Child Care Agreement is made this _____ day of _____, 20____ by and between the undersigned and Greater Waco Early Education Center

1. **TERM OF AGREEMENT.** This Agreement shall be effective upon the date hereof and shall continue in effect until termination pursuant and subject to the terms and conditions hereof. Subject to the terms and conditions hereof, upon the happening of any of the following events, this Agreement is terminated:

- a. If Greater Waco Early Education Center elects, upon default by the undersigned of any payments to Greater Waco Early Education Center.
- b. Upon Greater Waco Early Education Center's written notice to the Undersigned, with or without cause, at any time; or
- c. Upon Undersigned's option and after at least two (2) weeks' written notice given on a Monday by 5:45 p.m. to Greater Waco Early Education Center, with or without cause; or
- d. Upon mutual written agreement between the parties to terminate the Agreement. Under any circumstances, the obligations of the Undersigned under paragraph 1 l, "Default", shall survive the termination of this Agreement.

If a two-week notice is not received by Monday at 5:45pm in the notice will not start until the following Monday and the undersigned will be responsible for another week of tuition.

2. **CHILD CARE SERVICES.** Greater Waco Early Education Center agrees to provide a space at Greater Waco Early Education Center for each child listed at the end of this Agreement under the designation, "children", and to provide certain services as described below:

- a. Give care to the children when Greater Waco Early Education Center is open for business.
- b. Provide breakfast, lunch, and an afternoon snack to the children each day.
- c. Provide curriculum and the necessary supplies to children while at Greater Waco Early Education Center

3. **WEEKLY TUITION.** The undersigned agree to pay Greater Waco Early Education Center, in advance, the weekly tuition during the entire term of this Agreement. The undersigned understand and agree that Greater Waco Early Education Center as the right, immediately upon written notice to the Undersigned and for any reason whatsoever to change the Weekly Tuition payable by the Undersigned. The Undersigned further understand and agree that the Weekly Tuition, including any other accrued fees and charges, is owed by them in full whether or not the children attend for whatever reason, including but not limited to illness, vacation, holidays or snow days. Tuition is based on a weekly rate and will not be prorated for any reason.

4. **LATE CHARGES.** The Undersigned understand and agree that if the Weekly Tuition including any other accrued fees and charges, is not paid to Greater Waco Early Education Center on or before the end of business on Monday of the week for which the space is reserved for the children, the Undersigned shall pay, in addition to the Weekly Tuition and other accrued fees and charges a Late Payment Fee of \$20 for each week that the Weekly Tuition, including any other accrued fees and charges, is unpaid and past due. Failure to pay the account by Wednesday morning will result in your child(ren) not being allowed to be dropped off until a payment is made.

5. **RETURNED CHECK CHARGE.** The Undersigned understand and agree that if any check tendered to Greater Waco Early Education Center is returned unpaid by the bank for whatever reason, the Undersigned shall pay a Returned Check Charge of \$30.00. After two returned checks, payment may be required by auto draft.

6. **REGISTRATION FEE.** The Undersigned understand and agree that they shall pay in advance to Greater Waco Early Education Center nonrefundable registration fee of \$100 per child.

7. **CURRICULUM FEES.** The Undersigned understand and agree that they shall pay a Curriculum Fee of \$120 for each child 12months and older upon enrollment and each August thereafter. (\$60 Curriculum Fee if enrolling between January - May)

8. **TRANSPORATION.** The undersigned understand and agree that Greater Waco Early Education Center has no responsibility or obligation for transportation of the children to or from Greater Waco Early Education Center and that Greater Waco Early Education Center has no responsibility or obligation to provide or arrange "car pool" services. Transportation will be provided for school-age children to and from school and for field trips.

9. **ARRIVAL/DISMISSAL AND LATE PICK-UP FEE.** The Undersigned understand and agree that:

- a. Children are not permitted at Greater Waco Early Education Center before 7:00 a.m. and must be signed into care by 9:00a.m.
- b. Children must be accompanied into Greater Waco Early Education Center's facility by an adult.
- c. Greater Waco Early Education Center shall release children only to persons listed on the Pick-Up Permission form.
- d. The Undersigned shall pay to Greater Waco Early Education Center a Late Pick-up Fee of \$1.00 for each minute per child after 5:45 p.m. that any of the children are still remaining at the facility with no exceptions.

- e. The Undersigned shall pay to Greater Waco Early Education Center a Late Pick-up Fee of \$1.00 for each minute after 30 minutes past the time that the Undersigned or someone on the Pick-up Permission form is contacted to come and pick the child up due to illness or other reasons that the child is no longer able to be at the center.
- f. The Undersigned shall pay to Greater Waco Early Education Center a Late Pick-up Fee of \$1.00 for each minute after 30 minutes that the center has been unable to contact the Undersigned or anyone else on the Pick-Up Permission form for the purpose of picking up a sick child or a child that needs to go home for another reason determined by Greater Waco Early Education Center.

LIMITATION OF LIABILITY. The undersigned understand and agree that Greater Waco Early Education Center shall not be liable under any circumstances for any damages, including any incidental or consequential damages or commercial loss or lost profits, for failure to perform any of its obligations under this Agreement and, further, Greater Waco Early Education Center shall not be obligated to perform under this Agreement nor be responsible for failure to perform if prevented from doing so because of strikes, fire, water, acts of God, storms, governmental actions, or other similar or dissimilar causes beyond Greater Waco Early Education Center's reasonable control.

10. DEFAULT. The Undersigned understand and agree that they are in default of this Agreement if they fail to make any payments to Greater Waco Early Education Center as required under this Agreement or if they fail to perform under or comply with the provisions of this Agreement of the Parent Handbook, a copy of which has been given to the Undersigned and is incorporated herein by reference.

- a. If the Undersigned default under this Agreement, the Undersigned shall immediately pay to Greater Waco Early Education Center all amounts that are either owed or due to Greater Waco Early Education Center under the remainder of this Agreement, including but not limited to a "two-week termination fee, and any collection costs and attorney's fees incurred by Greater Waco Early Education Center to collect said amounts.
- b. If Greater Waco Early Education Center elects, it may immediately terminate all services provided by it under this Agreement, including but not limited to the immediate dismissal of the children from its facility.

11. ENTIRE AGREEMENT. This Agreement constitutes the entire agreement between the parties relating to the subject matter hereof and supersedes all previous agreements and contracts between the parties hereto, both oral and written, and this Agreement may not be modified except in a writing executed by both parties.

12. SEVERABILITY. The invalidity or unenforceability of any provision of this Agreement shall not affect the remaining provisions of this Agreement that are valid under the laws of this State.

13. APPLICABLE LAW. The laws of this State shall govern the interpretation, construction and enforcement of this Agreement. The courts located in this County, this State shall have exclusive jurisdiction over all matters concerning this Agreement and will be the proper forums for adjudication of these matters.

14. ACKNOWLEDGMENT OF PARENT HANDBOOK. The Undersigned acknowledges that they have received a copy of Greater Waco Early Education Center Parent's Handbook and agree to abide by its policies and provisions.

15. RELEASE OF CHILDREN. The undersigned acknowledge that Greater Waco Early Education Center has the right to withhold the release of any child(ren) to anyone whose behavior could place the child(ren) in immediate risk. The undersigned also acknowledges that this clause is a requirement set forth by the Department of Human Services in order for childcare centers to receive and maintain a childcare license.

16. PRE-ENROLLMENT VISIT. I hereby acknowledge that my child and I have made a pre-enrollment visit or were unable to do so with the permission of the director or Greater Waco Early Education Center.

17. GUARANTEED START AGREEMENT. The registration fee, curriculum fee and the child's first week's fees are due as a non-refundable deposit in order to be given a guaranteed start date. The undersigned will be responsible for full fees effective that date, whether or not the child(ren) is in attendance. In the event the child(ren) fail to start on the agreed upon guaranteed start date, fees will automatically be added weekly. Failure to pay these fees by 5:45 PM of the first Monday after the guaranteed start date, and by 5:45 PM every subsequent Monday, will constitute a forfeiture of the deposit (as explained above) as well as the child's spot in the center.

If the undersigned shall further state that they understand that the fees may increase between the date this agreement is signed and the agreed upon start date. In the event this happens the undersigned agrees to pay the new rates or forfeit the deposit and the child's guaranteed spot in the center.

Name: _____ Signature: _____ Date: _____

Greater Waco Early Education Center 2025 Fee Agreement

7:00 A.M.--5:45 P.M. Monday through Friday
Registration Fee -- \$100 per child
(Non Refundable) paid to hold spot

Ages Served: 6wks - 12yrs
Curriculum Fee -- \$120.00 per child*
(12 mos - 5 yr, not in school)
*\$60 if enrolling between Jan-May

Fees:

Infant Full Time (6 weeks-18 mos)	\$210.00 per week
Toddler Full Time (18 mos -3yrs)	\$195.00 per week
K3 Program	\$185.00 per week
K4 Program	\$175.00 per week
After School	\$72.00 per week*
Summer Program	\$120.00 per week

(* Unless the student is here for a full day, \$22.00 per day for full days such as schools out days or Christmas/Spring breaks)

- LATE FEE (After 5:45 PM) will be \$1.00 per child per minute.
- Drop off time is between 7:00 a.m. and 9:00 a.m. Late drop off will not be permitted.
- Fees are due whether child is in attendance or not
- All holidays and inclement weather days will be charged at the regular rate.

Fees are due in advance on Monday. A credit card will be kept on file and drafted each Monday for the upcoming week's tuition. Any accounts with a returned payment will accrue a late charge of \$20.00. Tuition may be paid via cash, check, or alternate card for the upcoming week's tuition prior to 10AM each Monday to keep the card on file from being charged. Failure to pay on time may result in termination of services. \$30.00 fee added on all returned checks. Fees for two weeks will be added if a two-week written notice is not given prior to your child leaving. Greater Waco Early Education Center may seek collection of fees; clients may be required to pay a two-week termination fee, and any collection costs and attorney's fees incurred by Greater Waco Early Education Center to collect this amount. If Greater Waco Early Education Center elects, it may immediately terminate all services provided by it including but not limited to the immediate dismissal of the children from its facility.

Guaranteed Start Agreement: The registration fee and the first week's fees (or first week's co-pay) are due as a deposit in order for you to be given a guaranteed start date. You will be responsible for full fees effective that date, whether or not your child is in attendance. In the event you fail to start on your guaranteed start date, your fees will automatically be added weekly. Failure to pay these fees by 5:45 PM of the first Monday after your guaranteed start date, and by 5:45 PM every subsequent Monday, will constitute a forfeiture of your deposit (as explained above) as well as your child's spot in the center. The deposit is non-refundable.

By signing below I am stating that I understand and agree to the terms of the above fee agreement. I also understand that the fees may increase between the date this agreement is signed and my guaranteed start date. In the event this happens, I agree to pay the new rates or forfeit my deposit and my child's spot in the center. I further agree to pay all fees and late fees as stated above and any and all attorney fees, court costs and collection costs related to the collection of my account not to exceed 50% of my total account.

Parent Signature: _____

Date: _____

NEW UPDATE DROP IN

Institution Name: RIGHT FROM THE START NUTRITION Agreement Number: 03132
 Facility/Provider Name: Greater Waco Early Education Center 46

Child and Adult Care Food Program (CACFP)

Participant Enrollment Form

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The enrolled participant will receive nutritious meals and snacks at no cost to you. CACFP needs verification of enrollment for each participant in this facility. Please fill out the parent/guardian section of this form, sign it and return it to the above facility/provider. Provide information for one participant per section. **(In order for the institution to receive reimbursement for meals served/claimed, this form must be completed for each enrolled participant annually.)**

Parent/Guardian Please Complete:

Participant's (Child) Name: _____ Date of Birth: _____ Age: _____

Sex: Male Female Date participant enrolled in the facility: _____

Food Allergies: Yes No If "yes" specify: _____

(If the participant cannot be served the CACFP Meal Pattern, a statement from the participant's Health Care Provider must be

Check Days of Normal Care at facility: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Check meals normally eaten at facility: Breakfast AM Snack Lunch PM Snack Supper Evening Snack

Please list the normal times of arrival and departure (check am or pm): Arrive: _____ am pm Depart: _____ am pm

RACE OF PARTICIPANT: You are NOT required to answer this question.

- White Black or African American America Indian/Alaska Native
 Asian Native Hawaiian or Other Pacific Islander

ETHNIC IDENTITY: You are NOT required to answer this question.

- Hispanic or Latino Not Hispanic or Latino

If participant is an infant (0-11 months), please complete this box. Check all applicable choice(s) below:

This institution/facility offers _____ formula for infants through CACFP. It is your choice
(To be completed by facility/provider)
 whether or not to use this formula based on your infant's needs. Baby foods provided by the institution/facility must be in compliance with the infant meal pattern as required by 7CFR 226.20.

Please mark your preference (choose all that apply)	Today's Date	Today's Date	Today's Date
	Birth - 3 months	4 - 7 months	8 - 11 months
I will bring expressed breastmilk for my infant.			
I want the provider to provide the infant formula for my infant.			
I will bring the infant formula for my infant.			
Please list the kind of infant formula you will bring.			

According to CACFP requirements, in order to claim meals for reimbursement, the provider must provide infant cereal and other foods when your infant is developmentally ready to accept them.	Today's Date	Today's Date
	4 - 7 months	8 - 11 months
	Please mark your preference	
I want the provider to provide the infant cereal and other foods for my infant.		
I will bring the infant cereal and/or other foods for my infant.		

Note to parents who are getting formula through the WIC Program: Your baby is eligible to get formula from this child care institution/facility as well as from the WIC Program. It is your decision which formula you want your baby to use when she/he is at child care. If you find you are getting more formula than your baby needs, you may wish to talk with your WIC nutritionist or your child care provider.

I hereby certify the information given on this sheet is true and correct to the best of my knowledge. I also certify that I was given CACFP Meal Benefits Income Eligibility Form Letter to Household, the WIC information, Building for the Future Flyers, Civil Rights Appeals Procedures.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Telephone Number: _____ Date Dropped: _____

Work Telephone Number: _____ Emergency Telephone Number: _____

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA Director Office of Adjudication and Compliance, 1400 Independence Avenue SW, Washington, DC 20250-9401 or call (866) 632-9992, (202) 260-1026 or (202) 401-0216 (TDD). This institution is an equal opportunity provider and employer.



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren): _____

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 4.**

NAME: _____ CASE NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and case number:

NAME: _____ CASE NUMBER: _____

Check here if no case number **If no one receives these benefits, skip to part 4.**

Part 4. Total Household Gross Income---You must tell us how much and how often

A. Name (List only household members with income) <i>(Example)</i> <i>Jane Smith</i>	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-monthly
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

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

Automated Payment Processing

Safe. Convenient. Easy.



We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

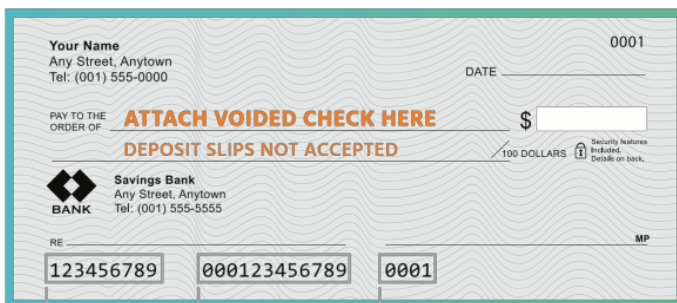
Cardholder Name	Phone #
Cardholder Address	City State Zip
Card Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip

Routing Transit Number (see sample below) Account Number (see sample below) Checking Savings

Authorized Signature	Date
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ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received
Employee Signature

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