

P.O. Box 1572 – 454 East Hennick www.pinedalediscoverycenter.org 307.367.6272 Phone 307.367.4595 Fax

	CHILDCARE APPLICATION					
Today's Date:	Child's Date of Birth:					
Child's Name:	Nickname:					
	Se					
Mailing Address:	City/Zip:					
Mother's Name:	Cell Phone:					
Home Address (if different from above)	Home	Phone:				
Employer:	Occupation:					
Mother's Email: Work Address:	Work Phone:					
Father's Name:	Cell Phone:					
Home Address (if different from above) Home Phone:						
Employer: Occupation:						
Father's Email: Work Address:	Work Phone:					
Who will usually bring and pick up you	ur child?					
Names of Siblings:	Age:					
	Age:					
	Age:					
	lians, only the following person(s) may rous notice. PHOTO ID WILL BE REQU					
Name	Relationship	Phone				

#### SUPERVISION NEEDS CHECKLIST

The following information is requested to provide the best care for your child. Your responses assist us in getting to know your child, as well as allowing us to be consistent with daily routines as much as possible. All information is confidential. Other languages spoken at home: Have there been any changes in your family structure? (ex: separation, divorce, death of someone close to your child, a move, marriage?) Is there a family history of learning/behavioral difficulties? Please circle the words that best describe your child: Calm Excitable Shy Cheerful Loud Easily Angered **Temper Tantrums** Aggressive Active Gives in easily Hyperactive Curious Unfocused Shares well Loving Busy Contended Happy **Bites** Destructive **Bright** Sensitive **Jealous** Slow Learner Stubborn Ouiet On Task Other: \_\_\_\_\_ Refuses Eye Contact How does your child get along with other children? How does your child express feelings? What behavior do you find most difficult to handle? What method of discipline works best with your child? Who does most of the disciplining? Are there "family" rules I should be aware of? What are your child's favorite activities? Least favorite? Does your child require assistance with: (circle any that apply) **Buttons Zippers** Snaps Velcro Getting on or off: pants, shoes, jackets, shirts. Does your child: (circle any that apply) Use a pacifier Suck Thumb **Fingers** Does your child have a "fussy" time? \_\_\_\_\_When? \_\_\_\_\_ How do you handle those "fussy" times? \_\_\_\_\_ What frightens your child? Has your child been in child-care before? Is your child toilet-trained? How does he/she communicate with you when its time?

Does your child take a nap? How long?

# **Medical Information**

Child's Name:	DOB:
	zations: (ear infections, strep throat, seizures, etc.)
List any know allergies:	
List any communicable diseases has your	child had? (chicken pox, measles, mumps, etc.)
Is your child currently taking medications	? YES NO
If yes, what?	
Are there any special medical concerns we	e should know about?
Does your child receive therapeutic service	es in a developmental center or school? YES NO
If yes, please list which services:	
Does your child need glasses?	Does your child use sign language, lip reads, or wears
hearing aids? List all that apply.	
	Medical Information
Physician:	Phone:
Dentist:	Phone:
Insurance Information:	
Insurance Company:	
Name of Subscriber:	ID Number:
PARENTS ARE RESPONSIBLI	E FOR ALL EMERGENCY MEDICAL TREATMENTS.
In the event of an emergency, please list w	here you and all authorized individuals can be reached:
Parent/Guardian:	Phone:
Parent/Guardian:	Phone:
Other Authorized Individual:	Phone:
Relationship to child:	
<ul> <li>responsibility to provide updates of they occur throughout my child's t</li> <li>I do hereby release, discharge, and injuries, damage to person or properactive or passive negligence on the</li> </ul>	hold harmless the CDC employees from all such claims, demands, erty, action or causes of action, including but not limited to all acts of a part of Children's Discovery Center employees.  erms and conditions of this release. By signing, I am also indicating
Parent/Guardian Signature	Date



# Child and Adult Care Food Program (CACFP)

USDA-CACFP #10.558 LETTER TO HOUSEHOLD (FREE/REDUCED PRICE MEALS) CHILD AND ADULT CARE FOOD PROGRAM

#### Dear Parent/ Guardian:

Please help us comply with the requirements of the United States Department of Agriculture's Child and Adult Care Food Program (CACFP) by completing the Meal Benefit Form and returning it as quickly as possible. This information is necessary so that we may receive reimbursement for the meals served to the children in our program. This form will be placed in our files and treated as confidential information. All children enrolled in our center(s) receive their meals at no separate charge, but the determination of eligibility category affects the amount of federal funding we receive. In order to be approved for free or reduced-price meal benefits, your application must contain either: (1) a POWER, Food Stamp or Food Distribution Program on Indian Reservations (FDPIR) number or (2) your household's income, by source. The Department of Agriculture defines "household" as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e. sharing living expenses). The income you report must be the total gross income received last month listed by source for each household member. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center receives a higher level of reimbursement for meals served to your children. FOOD STAMP /POWER/FDPIR HOUSEHOLD: If your household currently receives food stamps or if you receive POWER or FDPIR benefits for the child(ren) listed in Section 1 of the application, you will only have to list the child(ren)'s name(s), your food stamp, POWER or FDPIR case number, your name, and dated signature. If you are receiving POWER but are not receiving it for all the children listed in Section 1 of the application, you will need to complete the entire application. Those children for whom POWER is being provided will be eligible for free meals. The eligibility of the other children listed for Free or Reduced-Price meals will be based on household income as outlined in the following paragraph.

ALL OTHER HOUSEHOLDS: If your household income is at or below the level shown on the Income Chart on the following page, your children are eligible for either free or reduced-price meal benefits. Households are no longer required to report changes in circumstances, such as an increase in income, a decrease in household size or when the household is no longer certified eligible for food stamps or Temporary Assistance for Needy Families. Therefore, effective immediately, once properly approved for free or reduced-price benefits, a household will remain eligible for those benefits for a period not to exceed 12 months. You should note that, if you have a foster child, that child may be eligible for free or reduced-price meals regardless of household income (see application). Please refer to the instructions on "How to Complete the Meal Benefit Form" for additional information. The information on the form will be used to decide the level of reimbursement the center is eligible to receive. We may inform officials of other child nutrition, health and education programs of the information on your form to determine benefits for those programs.

#### INCOME ELIGIBILITY GUIDELINES

(Effective from July 1, 2019 to June 30, 2020)

	FREE MEALS – 130%				REDUCED PRICE MEALS 185%					
Household Size	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month
1	\$16,237	\$1,354	\$313	\$625	\$677	\$23,107	\$1,926	\$445	\$889	\$963
2	\$21,983	\$1,832	\$423	\$846	\$916	\$31,284	\$2,607	\$602	\$1,204	\$1,304
3	\$27,729	\$2,311	\$534	\$1,067	\$1,156	\$39,461	\$3,289	\$759	\$1,518	\$1,645
4	\$33,475	\$2,790	\$644	\$1,288	\$1,395	\$47,638	\$3,970	\$917	\$1,833	\$1,985
5	\$39,221	\$3,269	\$755	\$1,509	\$1,635	\$55,815	\$4,652	\$1,074	\$2,147	\$2,326
6	\$44,967	\$3,748	\$865	\$1,730	\$1,874	\$63,992	\$5,333	\$1,231	\$2,462	\$2,667
7	\$50,713	\$4,227	\$976	\$1,951	\$2,114	\$72,169	\$6,015	\$1,388	\$2,776	\$3,008
8	\$56,459	\$4,705	\$1,086	\$2,172	\$2,353	\$80,346	\$6,696	\$1,546	\$3,091	\$3,348
For each additional family member, <b>ADD</b>	\$5,746	\$479	\$111	\$221	\$240	\$8,177	\$682	\$158	\$315	\$341

NOTE: YOUR MEDIA RELEASE MUST INCLUDE THE INCOME FOR BOTH REDUCED PRICE MEALS AND FREE PRICE MEALS.

### See CACFP Annual Meal Enrollment Form (separate)

## **Eating Habits**

Child's favorite foods:			
Food Dislikes?			
Does your child use utensils successfully?			
Does your child drink from: (Circle all that apply)	Bottle	Sippy Cup	Regular Cup
What eating habits you are concerned with?			
Does your family eat together frequently?			
Does your child help you cook?			
Do you have a garden? Is your child involved in the pro-	ocess?		
How do you instill healthy eating habits?			
Does your child frequently drink water or milk?			
What else can you share with us about your child during	g mealtimes? _		
Would you be willing to join us for lunch? If so, p	olease let our H	ead Cook know. W	e love having visitors!



Name	of Child (pleas	e print): Date of Birth:
There SPF 5 sunsci	fore, I give per 0+) when he/sh	an of the above child, I recognize that too much exposure to UV rays can harm my child. mission for the staff at the Children's Discovery Center to apply sunscreen (Thinkbaby he is playing outside, especially during the months of April – September. I understand that blied to exposed skin, including but not limited to the face (except eyelids), tops of ears, arms and legs.
There	fore, I give peri	child is exposed to the outdoors and that mosquitoes and other insects may bite my child. mission for the staff at the Children's Discovery Center to apply bug spray (Ecosmart lent) when he/she is playing outside, especially during the months of April – September.
I give	permission for	the administration of the following over the counter medications that the CDC supplies:
	 OR	I do not know of any allergies my child has to sunscreen. (Thinkbaby SPF 50+)
		I would like to provide my own sunscreen to use for my child.
		For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body:
	 OR	I do not know of any allergies my child has to bug spray. (Ecosmart Organic Insect Repellent)
		I would like to provide my own bug spray to use for my child.
	Parent/Guard	ian's Name:
	Parent/Guard	ian's Signature:
	Date:	



### **Preschool Tuition Contract**

Pare	agreement is made bont/Guardian (print nant/Guardian (print nant/Guardian (print nant	me):							
On E	Behalf of Child (print	name):							
Chile	d's D.O.B.								
Age	Group: (check one)	_	2.4		4.5				
	2-3 yrs		3-4 yrs ract days: (circ		4-5 y	rs.			
	1 day	2 days	• ,	,	5 days		DR	OP I	N:
	(\$200)	•	<b>(\$420)</b>	•	<b>(\$700)</b>			\$40	- ' '
Upor	n discussion with Dire	ector, which da	nys will your ch	ild be attending	g (circle): M	T	W	Th	F
Cont	tract Tuition Amount	per month: \$							
•	There is no discouclosures, or any of		ther allowance	for absence, ill	lness, vacation	n, hol	iday	s, sch	ool
Daniella	may be waived by Families meeting it Services may be ele Parents/Guardians on the school With tuition for the one- month. School operational July and August, a exception of school Families picking the charged a late fee	roice has not be he the administrate parents experise the administrate neome and need ligible for child will be required adrawal Notice and notice produced in the property of	een paid by the ration. ence occasionation. ed requirements deare assistance ed to give one new schedule Characteriod, even if the total part of the conclusion of the conclus	Sth of the mon- l emergencies as as determined and we will are month's notice to age Request Fourthe child does not rom 7:30 AM to the months of the months of the school closures listion of the school	th or payment and with proper by the Department contract to terminate en rm. Parents/Gnot attend the second contract to the second contra	er not tment ts acc nrollr uardi schoo the m	ngen tice i t of I cordinant ans old du nont (wi calen	the ferents family ingly.  The system of the the dar.)	have es y mitted bay hat June,
signa Tuiti	reby acknowledge that atory declares to have ton Contract. Further and to policies and pro-	read, understo nore, each Pare	od, and come i ent or Guardian	nto agreement signing below	with the terms has received,	of the	nis P	resch	ool
Sign	ature		Date		So	ocial	Seci	ırity <del>1</del>	 ‡

Date

Signature

Social Security #



Name of Facility: Children's Discovery Center	7.92041
Address of Facility: 454 East Hennick St. Pinedale, WY	82941
Name of Child:	Date:
Consent is given for the items initialed below:	
Walking trips  Walking trips to the following locations, (but not Sublette County Library, Baseball Fields, Rendezvous I	limited to): Recycling Center, Pinedale Aquatic Center, Pointe, Sublette Center and bike trail behind school.
Motor Vehicle Transportation Trips are frequently taken by the program in the children secured in a seat belt or child safety device (as Special Field Trip Permission forms will be filled out for	
childcare hours. I understand that trips will be supervis	on excursions that will take place during regular
**Swimming will not take place by CDC staff, but can Aquatic Center (PAC) with certified swim instructors.	* * *
When children are transported there will be a 1st Aid K attendance record immediately available. I/we follow F restraint systems and cannot transport without proper sa maintained.	ederal Motor Vehicle Safety Standards for child
Are there any other activities in which your child should	d not participate?
Parent/Guardian Signature	
D-4	

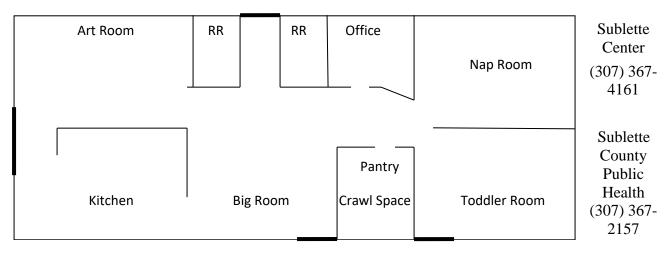


I,	, herby give permission to use a	photo, video and voice recording of
	(child's name) to the Children's D	iscovery Center. I understand that these
images may be published. I und	derstand that the images of the minor m	ay be used in educational services, with
other clients of our facility as we	ell as posted around our classroom, and p	public-service advertisements to promote
the Children's Discovery Center	r. (i.e. Facebook, Instagram, newspapers	, website, and other media outlets)
Ι,	_ do NOT give permission for	's images to be used.
(Annual school portfolios are co	onsidered internal school publications ar	nd are not subject to these restrictions. If
you wish your child's name/pho	to not be included in the annual school p	ortfolios, please notify office in writing.)
X		
Parent/Guardian Signature		
Date		

#### FIRE SAFTEY EVACUATION PLAN

- 1. Allison Bolgiano, Director, shall be responsible and in charge of all fire drills.
- 2. If Allison Bolgiano is unavailable, The Assistant Director, Kalie Miles will be responsible and in charge. If Allison and Kalie are unavailable, Assistant Teacher will be responsible and in charge.
- 3. All staff members will supervise the evacuation of the children. (Take attendance book, bus keys and cell phone)
- 4. Allison Bolgiano will do a sweep of the building to be sure that everyone leaves the building.
- 5. Allison Bolgiano will do a roll call of all students and staff to ensure all persons are present and accounted for.
- 6. Allison Bolgiano will call 911 and report the fire.
- 7. For a fire in the kitchen the children will exit out the back/east doors and meet on the hill behind the building for roll call.
- 8. For a fire elsewhere in the building the children will exit through the playground/south door and meet at the back fence for roll call.
- 9. We have a partnership with the Sublette Center, located at 333 N. Bridger, and Sublette County Public Health located at 619 E Hennick where we can meet in the case of an evacuation at CDC. Parents will be notified by telephone and asked to come and pick up their child. Parents are encouraged to familiarize themselves with our emergency procedures.









## CHECKLIST TO START CHILD CARE

Application Packet returned including:
Childcare Application
Supervision Needs Checklist
Medical Information Form
CACFP Annual Meal Enrollment Form (separate form)
Permission to apply Sunscreen/Bugspray Form
Preschool Tuition Contract
Authorization to Transport (field trips) Form
Photography and Video Release Form
child is at least 2 years of age
current immunization records attached
Read Parent Handbook and returned the Handbook Agreement form

#### **Parent Involvement**

would like to be involved and support the Children's Discovery Center in the following ways	s:
Fundraisers – please circle (Day/Night Golf Tournament, Harvest Festival Fundra Truck, Wreaths, & Farmer's Market)	aiser, Touch-A-
Grant writing/editing	
Building Projects Indoor/Outdoor	
Volunteer Field Trips	
Classroom Parent Volunteer	
Guest Speaker	
Donation	
A project I would like to help with is:	
A talent I would like to share is:	
A holiday party that I would like to plan is:	
Other ideas I have:	

he goals, policies, procedures and expectations of CDC, as well as my responsibilities as a parent. (See attached)					
I have familiarized myself with the conte understand, accept and agree to comply me by CDC.					
The Board of Directors and the administrative deem necessary, with or without no		ents of this handbook as			
Parent/Guardian Signature	Date				
Director Signature	Date				