

CHECK LIST FOR NEW ENROLLMENT

Start Date _____ Class _____

1. _____ Completed Enrollment Packet
2. _____ Allergies Form
3. _____ Photo Form
4. _____ Food Form Expiration Date _____
5. _____ GA Immunization Form Expiration Date _____
6. _____ Tuition Express Form
7. _____ BLOOMZ Account – Parents have been enrolled
8. _____ Parent/Guardian Identification

• **NOTE: Items 8 – 12 are needed for Pre-K Only.**

Item 13 is done quarterly.

9. _____ Birth Certificate
10. _____ Social Security Card
11. _____ Proof of Income
12. _____ Proof of Residency
13. _____ GA Ear, Eye, Dental Form
13. _____ Student Update Information

Office staff, please check enrollment packet for completed forms listed above, then sign and date below.

Staff Signature _____ Date _____

_____ Entered in computer.

Staff Signature _____ Date _____



HINESVILLE CHILDCARE LEARNING CENTER
GA Pre-K, Pre-School & School Age

204 Martin Street
HINESVILLE, GA. 31313
912-876-4785

JOYCE WEST & JENNIFER BRINKLEY - OWNERS

CHILDREN'S ENROLLMENT FORM

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex _____ Age _____ Date of birth _____

Home Address (Street) _____

City _____ State _____ Zip _____

Phone Number _____ E-Mail _____

Father's Name _____ Home Phone Number _____

Father's Home Address (if different from child's) Street _____

City _____ State _____ Zip _____

Father's Place of Employment _____ Work Phone _____

(If military) Company _____ Unit _____ Unit Phone _____

Employer's Street Address City _____ State _____ Zip _____

Mother's Name _____ Phone Number _____

Mother's Home Address (if different from child's)
Street _____ City _____ State _____ Zip _____

Mother's Place of Employment _____ Work Phone _____

(If military) Company _____ Unit _____ Unit Phone _____

Employer's Street Address _____ City _____ State _____ Zip _____

Child's Living Arrangements: (check one) () Both Parents () Mother () Father () other

Child's Legal Guardian(s): (check one) () Both Parents () Mother () Father () Other

The child may be released to the person(s) signing this agreement or to the following:

*Name _____ Address _____
(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) OR Guardian _____

Other identifying information (if any) _____

*Name _____ Address _____
(Street-City-State-Zip)

Telephone Number _____ Relationship to child _____

Relationship to Parent(s) OR Guardian _____

Other identifying information (if any) _____

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Name of Public or Private School child attends, if any: _____

Child's doctor or clinic name _____

Doctor/clinic phone # _____

My child has the following special needs:

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns:

EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) _____ Date of birth _____
suffer an injury or illness while in the care of *Hinesville Child Care Learning Center*
and the facility is unable to contact me (us) immediately, it shall be authorized to secure
such medical attention and care for the child as may be necessary. I (We) shall assume
responsibility for payment for services.

INSURANCE

Insurance Carrier _____ Policy # _____
Name of insured _____

Names of individuals authorized to have access to health information about child:

Parent/Guardian: _____

Signature

Date: _____

Facility Administrator/Person-In-Charge _____

Signature

Date: _____

Parental Agreements with Child Care Facility

The **Hinesville Childcare Learning Center** agrees to provide day care for _____ on _____ a.m. to _____ p.m.

(Name of Child) _____ (Days of Week) _____
from _____ to _____
Month _____

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast

Morning Snack

Lunch

Afternoon Snack

Evening Snack

Dinner

Bedtime Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number, if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The **Hinesville Childcare Learning Center** agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the childcare facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for **Hinesville Childcare Learning Center**.

I understand that the center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Facility Administrator/Person-In-Charge)

Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses _____

Address _____

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if *Hinesville Child Care Learning Center* cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

INSURANCE

Insurance Carrier _____ Policy # _____

Name of insured _____

Names of individuals authorized to have access to health information about child:

Child's Name _____

Signature (Parent/Guardian) _____

Witness By _____ Date _____

Transportation Agreement

This is to certify that I give Hinesville Child Care Learning Center permission to

transport my child _____

Name of child

from *Hinesville Child Care Learning Center* at _____ (am/pm)

Pickup Location

to _____ at _____ (am/pm).

Delivery Location

My child will be transported from _____ at _____ (am/pm)

to *Hinesville Child Care Learning Center* at _____ (am/pm)

Delivery Location

on the following days:

Monday
Tuesday
Wednesday
Thursday
Friday

_____ is authorized to receive my child. In the event the authorized
Name of Authorized Person

person is not present to receive my child, the following procedures are to be followed:

The _____ is approximately _____ miles from the
center. Location In the event that my child is not to be transported as outlined above, I
agree to notify *Hinesville Child Care Learning* facility.

Signature (Parent/Guardian) _____ Date _____

Enrollment Form

Please Read Carefully Each of the Statements Below and Sign in the Appropriate Spaces

1. It is the policy of Hinesville Childcare Center to dispense medication to children only with the parent's written permission. In order for your child to receive medication while at the center, you must complete a Medication Form with the child's full name, the name of the medication, the prescription number, the dates and times the medication is to be given, and your signature. We will not give any prescription medicine that is not clearly marked with the child's name, date, name of the physician, and expiration date. We will only dispense medication that is required at least 3 times per day.

Parent {guardian} signature

2. I understand that it is the policy of Hinesville Childcare Center not to allow any child to enter or leave the center unless escorted by an adult. I agree that when delivering my child to the center, I or the person I have that is authorized to drop off my child, will personally deliver my child to his or her teacher or the center staff person in charge. I further agree that when picking up my child, I or the person designated, will personally come into the center and receive my child at the center without first making his/her presence known to the center staff, nor will I take my child from the center without notifying the staff. I agree to sign my child in/out electronically everyday.

Parent {guardian} signature

3. I agree to notify the center immediately of any changes that occur in the information provided on this form including address, phone numbers, physician's name, change in living arrangements, change in health information, emergency contacts, ETC.

Parent {guardian} signature

4. I give my permission for my child to participate in field trips and special activities away from the center. I understand that I will be notified in advance of any instance in which my child will be taken from the center, including the date and destination and the method of transportation.

Parent {guardian} signature

5. I give my permission for my child to participate in supervised water-related activities in water over (2) feet in depth.

Parent {guardian} signature

6. In case of medical emergency, if medical attention is needed for my child before I can be reached, I authorize the center to act on my behalf by contracting EMS and following their advice for my child.

Parent {guardian} signature

7. I understand the Parent Handbook for Hinesville Childcare is located on our website at www.hinesvillechildcare.com. I understand that I must follow all policies and procedures outlined in the parent handbook. If I would like a hard copy one can be provided.

Parent {guardian} signature

8. In order to have modifications to a child's diet, a physicians note must be provided for allergies/religious reasons specifying the modifications.

Parent {guardian} signature

Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give Hinesville Child Care Learning Center, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

_____ Baby Wipes

_____ Band-aids

_____ Neosporin or similar ointment

_____ Bactine or similar first aid spray

_____ Sunscreen

_____ Insect Repellent

_____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

_____ Baby Powder

Other (please specify) _____

Parent/Guardian Signature

Date

*Center should maintain in child's file



Enrollment Fees

Hinesville Childcare Learning Center Inc. is an independent childcare. All applicants must pay an \$85 registration fee with cash or money order prior to receiving a registration packet. We depend on fees to meet our obligations, pay salaries, and maintain the high level of quality education and care your child deserves. Enrollment is based on the child/staff ratio established by the Ga. Dept. of Early Care and Learning. When your child is accepted into the school, a space is reserved, and fees are due as long as the child is enrolled. **Fees are not refundable when children are kept at home because of illness, vacations, holidays, or emergency closings of the school.**

Children are enrolled on five-day week schedule.

- ***Tuition Express:*** Hinesville Childcare uses Tuition Express to process tuition payments automatically. Payments can be drafted from a checking account or from a credit card. Those who choose to have the tuition charged to credit card will also be charged a 2% processing fee. Parents can choose to be one of three types of payers:
- Weekly— due the Thursday before the week of service.
- Bi-monthly— due on the 1st and 15th of every month
- Monthly payer— due the 1st of every month

Returned Payment Fee: A \$35 returned fee will be added to all returned payments and the payment fee will be drafted from your account.

Tuition Rates:

Pre-School

Weekly Rate—\$141.80

Bi-Monthly Rate- \$307.23

Monthly Rate – \$614.49

School Age & Extended Care Hours for Pre-K

Weekly Rate—\$66.83

Bi-Monthly Rate \$144.81

Monthly Rate – \$289.61

Summer Camp Weekly Rate \$130.

(Field trips are included)

Georgia Lottery Funded Pre-K Program

Children must be 4 years old by September 1st

No charge between 7:45am—2:30 pm

Drop In Care

\$40 per day (any field trips are not included)

Yearly Fees:

Maintenance and Equipment Fee—\$30 (due August 1st)

All Children enrolled in our childcare program

Maintenance and Equipment Fee—\$15 (due August 1st)

All School-Age Children enrolled in our program

Accreditation Fee—\$25 (due October 1st)

All Children Enrolled in our Childcare Program

Tuition Rates increase by 5% Each Year in January

Tuition discounts

Families with more than two children enrolled in the school will receive a 10 % discount towards the tuition of the **older sibling**.

Late pick-up fees

All children must be picked up no later than 5:30p.m. Anyone arriving after 5:30p.m. will be charged **\$1.00 for every additional minute**. When you are going to be late, please be aware that you must make every effort to contact the school before 5:30p.m. Effective immediately, all fees will be added to your account and will be drafted on your next scheduled payment date.

PRE-SCHOOL GENERAL TUITION AGREEMENT

- I understand and agree to pay the one-time registration fee of \$85.00 per family. I understand this fee is non-refundable
- I understand and agree to pay the annual material and equipment fee of \$30.00 fulltime / \$15.00 School Ageds – Due on 08/01
- I understand and agree to pay the annual accreditation fee of \$25.00 – per fulltime child – Due 10/01
- I understand and agree that if my account is behind more than one week my child will not be allowed to attend the center the following week
- I understand and agree to pay a \$35.00 fee for all returned drafts
- I understand that a two-week notice must be given before dis-enrolling my child. If I do not give a two week notice I am still required to pay for those two weeks before my child's last day.
- **Leave Time:** I understand that after 6 months of enrollment in Fulltime Care (Does not pertain to school ageds & summer camp) at Hinesville Childcare Learning Center I will be given 10 Days of Leave time per year. Leave Days may be used at the parents request as sick days, vacation days, and inclement weather days. I understand that I am still required to pay if my child does not attend due to sickness, quarantine, vacation, or inclement weather days unless I am using Leave Time. I understand that my leave time begins 6 months after my child's enrollment and renews in January of each year. Leave time may not be carried over to the next year.
- **Holidays:** I understand I am still required to pay my regular tuition fee on scheduled closed holidays.
- By Signing this contract, I am agreeing to the terms & conditions of fulltime enrollment for my child and failure to comply will result in termination of the childcare provided.

SIGNATURE

DATE

AFTER SCHOOL CARE & EXTENDED CARE FOR PRE-K AGREEMENT

Before & After School Program & Extended Care Pre-K: \$66.83 per Week

HOLIDAY RATES:

Full Week: \$130.00

Drop-In: \$40.00 Per Day plus the cost of Field Trips

Partial Holiday Week: Regular tuition rate of \$66.83 plus \$20.00 for any additional full day

- I understand that I am required to pay my weekly tuition fee during the school year when school is in session even if my child is not attending the center. If I sign up for the before & after school program, I understand I am paying to ensure my child has a space on the van for transportation to & from school.
- **Leave Time:** Leave Time is NOT permitted for this program. I understand if my child is out sick, on vacation, or absent I am still required to pay
- **Holidays:** I understand I am NOT required to pay during the holidays or school breaks if my child does not attend the center. Please see the above Holiday Rates if your child will be attending during these times
- By Signing this contract, I am agreeing to the terms & conditions of Extended care / Before & After School Program for my child and failure to comply will result in termination of the childcare provided.

SIGNATURE

DATE

SUMMER CAMP AGREEMENT

REGISTRATION FEE: \$25.00 This fee covers the cost of Summer Camp T-shirts / ID Bracelets to be worn on Field Trip

SUMMER CAMP WEEKLY TUITION FEE: \$130.00 per week which includes the price of all the fieldtrips

DROP-IN RATE: \$40.00 per day plus the cost of the field trip for that day. (If space is available on the van)

- **LEAVE TIME:** I understand that I am required to pay my weekly tuition fee during the summer even if my child is not attending the center if I sign up for the fulltime summer camp program. By paying this weekly fee I am ensuring my child has space on the van for the daily fieldtrips. All children enrolled in Summer Camp will be given one week of vacation time to be used during summer camp only
- By signing this I am agreeing to the terms & conditions of the Fulltime Summer Camp Program and failure to comply will result in termination of the childcare provided.

SIGNATURE

DATE

PHOTOGRAPH / VIDEOTAPE RELEASE

I hereby grant permission for ***Hinesville Childcare Learning Center, Inc.*** and certain agencies or entities contracted by ***Hinesville Childcare Learning Center, Inc.***, included but not limited to Georgia Department of Early Care and Learning and Georgia Department of Education, to record the participation and appearance of my child, _____, by photograph and/or videotape in connection with daily activities for the purpose of news releases, reporting, social media marketing and assessing the progress of the children and our program. ***Hinesville Childcare Learning Center, Inc.*** and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that ***Hinesville Childcare Learning Center, Inc.*** deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for Hinesville Childcare Learning Center, Inc. and/or on ***Hinesville Childcare Learning Center, Inc.***'s website.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges ***Hinesville Childcare Learning Center, Inc.*** and other entities contracted by ***Hinesville Childcare Learning Center, Inc.*** from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child. This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

Hinesville Childcare Learning Center, Inc.

Signature (Parent/Guardian): _____

Date: _____

Witness: _____

Date: _____

CHILD'S NAME _____ PAY: WEEKLY BI-MONTHLY MONTHLY (circle one)
PMT START DATE: _____ Registration Fee Paid _____



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) 2% Fee

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account) No Fees

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 _____

For Official Use Only

Date Received _____

Employee Signature _____

John Sample Mary Sample 123 Nice Street Anytown, USA		BANK OF THE WEST 555-555-5555	00226
Pay to the order of: _____		Attach Voided Check Here _____ s	
_____		Deposit slips not accepted _____ Dollars	
123456789	1800338	0226	
Routing Number	Account Number	Check Number	

A service of



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

Race _____

Language Spoken at Home _____

I have ____ brothers & ____ sisters, their names and ages are: _____

How would you describe your child's personality? _____

Who Lives in the child's household? _____

Religious / Cultural background information you would like to share. _____

Has your child been in childcare before? () yes () no If yes, please give last childcare provider, or daycare center's information.

Name: _____ Phone: () _____

Dates attended: from _____ to _____ Why was care terminated? _____

May I contact them for reference? () yes () no

Does your child have a regular bedtime schedule? () yes () no

What time does your child usually go to bed at night? _____

What time does your child usually wake up in the morning? _____

Does your child have trouble

Sleeping? _____ Night terrors? _____ Trouble going to sleep? _____

Other: _____

If infant, how does your child sleep? stomach side back

What time(s) and for how long does your child usually nap? _____

Are there any special dolls, blankets, etc. that your child needs to go to sleep? _____

What is your child's disposition upon waking up? Happy, grouchy, clingy, slow, _____

Has or does your child have any known health problems? () yes () no If yes,

Describe: _____

Does your child need regular medication? () yes () no If yes, what and when is it given? _____

Does your child have any known allergies? () yes () no If yes, please list allergens: _____

Special instructions in case of an allergic reaction: _____

Has your child had any of the following communicable diseases? Chicken pox, measles, mumps, other _____

Is your child prone to: upset stomach, colds, seasonal allergies, ear aches, headaches,

Sore throats, nose bleeds, other _____

Are there any indications of hearing or vision problems? _____

Has your child had any recent illnesses? () yes () no If yes, describe: _____

Does your child have any physical or mental disabilities? () yes () no If yes,
Explain: _____

Do you have a back-up plan if your child is ill and cannot attend and becomes ill and must be picked
up? () yes () no

What are your child's eating habits (mind trying new things, time usually eats,
Etc.) _____

Does he/she enjoy eating? _____

Does your child have a special diet? _____ Due to your child's tastes, allergies, reactions, and/or
religious beliefs, are there any foods that should not be served to your child?

() yes () no

Please list these foods: _____

Favorite foods: _____

Strong dislikes: _____

Will your child usually eat breakfast here or at home? _____

What are your expectations of this program and me? _____

What goals would you like to set for your child for the next year here at our center?

FAVORITE THINGS

Favorite Color: _____

Favorite Food: _____

Favorite Toy: _____

Favorite TV Show: _____

Favorite Game: _____

Favorite Song: _____

Favorite Holiday: _____

Favorite Animal: _____

Favorite thing to do when they get home: _____

Thank you for sharing this information with us. By sharing this information it will allow our teachers
to incorporate some of your child's favorite things into the daily lesson plans and the classroom
environment. Parents will be required to complete a new questionnaire annually as children's habits,
likes & dislikes often change as they grow and mature.

Bright from the Start: Georgia Department of Early Care and Learning
CACFP Meal Benefit Income Eligibility Statement*

PART I: Child(ren) or Adult enrolled to receive day care

Name: (Last, First and Middle Initial)	SNAP, TANF, or FDPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. Note: Do not use EBT numbers. Write case number and proceed to Part III.	Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. (See definitions in FAQs)				
		Head Start	Foster Child	Migrant	Runaway	Homeless
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)

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

A. Child Income¹ - Sometimes children in the household earn or receive income. Please indicate the TOTAL Child Income/How often? (i.e., weekly, monthly, etc.) income received by child household members listed in PART I here. \$ _____/_____

B. Other Household Members¹. List all household members even if they do not receive income. Also, list the adult participant if he/she did not meet eligibility in Part I. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only along the frequency i.e., twice a month, weekly, etc. If they do not receive income from any source, write '0'. If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.

Name of Other Household Members (First and Last)	1. Earnings from work before deductions / How often?	2. Subsidies, child support, alimony / How often?	3. Social Security, pensions, retirement / How often?	4. All other income / How often?
1. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
2. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
3. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
4. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
5. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____

C. Total Household Members (Adults and Children) listed in Part I and Part II _____

Social Security Number. If Part II B is completed and household members are listed (with or without income), the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). **Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.**

Last four Digits of Social Security Number XXX-XX _____ ☐ I do not have a Social Security Number

PART III: Enrollment Information: *Children Only*

My child is normally in attendance at the facility between the hours of _____ [am/pm] to _____ [am/pm]. ☐ (✓) Check here if only before/after school care is provided.

Circle the days your child will normally attend the center: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Circle the meals your child will normally receive while in care: Breakfast AM Snack Lunch PM Snack Supper Evening Snack

PART IV: Signature

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 purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. **If not completed fully and signed, the participant will be placed in the Paid category.**

Signature: X _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

*This application is a revision of USDA's newly released meal benefit prototype and meets all legal requirements and reflect design best practices identified by USDA through focus testing and other research.

PART V: Participant's Ethnic and Racial Identities: The use of racial and ethnic data is to ensure compliance with USDA nondiscrimination requirements only. Providing information in Part V is voluntary. Your response or lack of response will not impact the participant's eligibility for meals.

Check (✓) one ethnic identity: <input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> Not Hispanic/ Latino	Check (✓) one or more racial identities: <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multiracial
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Official Use Only Section for Provider: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total income: _____ Per: ☐ Week ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Year Household Size: _____

Categorical Eligibility: check (✓) if applicable ☐ Eligibility: check (✓) one Free ☐ Reduced ☐ Paid ☐

Day Care Homes Only: check (✓) one Tier I ☐ Tier II ☐

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow Up Official's Signature: _____ Date: _____



**Georgia Dept
of Early Care
and Learning**
BRIGHT FROM THE START

2 Martin Luther King Jr. Drive, SE, Suite 754, East Tower, Atlanta, GA 30334
(404) 656-5957

CACFP/SFSP Racial and Ethnic Data Individual Collection Form for Families

(Please Print)

Name of Child(ren): List the name(s) of child(ren) participating on the food program.
Names of participants are not required for non-enrolled programs (at-risk/SFSP open sites).

Date:

Instructions for completion:

- 1) In Section I, input the number of children based on the two ethnic categories: a) of Hispanic or Latino origin; or b) not of Hispanic or Latino origin.
- 2) In Section II, input the number of children by racial category based on the six categories listed.
- 3) **The total number of children by ethnic category (Section I, Item C) and the total number by racial category (Section II, Item F) should be equal.**

After completion, the participant, parent and/or guardian may return this form in-person to the Program site.

Use of the racial and ethnic data is to ensure compliance with USDA nondiscrimination requirements only. Providing this information is voluntary. Your response or lack of response will not impact the participant's eligibility for meals.

Section I.

Ethnic Category	Number of Children
A) Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino")	
B) Not Hispanic or Latino	
C) TOTAL NUMBER OF CHILDREN BY ETHNIC CATEGORY	

Section II.

Racial Category	Number of Children
A) American Indian/Alaskan Native (A person having origins in any of the original peoples on North America, and who maintains cultural identification through tribal affiliation or community recognition [includes Aleuts and Eskimo])	
B) Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands, for example Cambodia, China, India, Japan, Korea, the Philippine Islands, Thailand, Malaysia, Pakistan and Vietnam).	
C) Black or African American (A person having origins in the black racial groups of Africa. Terms such as "Haitian" can be used in addition to "Black or African American").	
D) Native Hawaiian or other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands).	
E) White (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East).	
F) Multiracial (A person having origins in two or more of the original peoples of Africa, Asia, Europe, Middle East, North America, or Pacific Islands).	
G) TOTAL NUMBER OF CHILDREN BY RACIAL CATEGORY	

I certify to the best of my knowledge and belief that the above information is collected in accordance with USDA guidelines and is accurate and complete. *A signature is not required for non-enrolled participants.*

Signature _____

Date _____



HINESVILLE CHILDCARE LEARNING CENTER

Pre-School & School Age Site

122 West Court Street

HINESVILLE, GA. 31313

912-876-5093

BENNIE & JOYCE WEST - OWNERS

Dear Parent / Guardian

Young children need healthy meals to learn. This letter is intended for parents or guardians of children enrolled at either a childcare center or a family day care home. Hinesville Childcare Learning Center offers healthy meals to all enrolled as part of our participation in the U.S. Department of Agriculture's (USDA) child and Adult Care Food Program (CACFP). The CACFP provides reimbursement of the CACFP by completing the attached Income Eligibility Statement form. In addition, by filing out this form, we will be able to determine if your child (ren) qualifies for free or reduced meals. Below are answers to common questions about the program:

1. **Do I need to fill out an IES form child in daycare?** YES. Complete and submit one IES form for each child in your household that is enrolled in a day care center or family day care home. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. Return the completed form to Hinesville Childcare Learning Center 204 Martin Street Hinesville GA 31313 (912) 876-4785. If your child(ren) is/are enrolled in a family day care home, please DO NOT return this form to your family day care provider.

2. **Who can get reduced price meals?** Your child can get low-cost meals if your household income is within the reduced-price limits on the Federal Income Chart, which is shown on this application.

3. **May I fill out a form if someone in my household is not a citizen?** YES. You or your children do not have to be a U.S. Citizen to qualify for meal benefits offered at the center or day care home.

4. **Who Should I Include as members of household?** You must include all people in your household, related or not (Such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you.

5. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. 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 the 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 family day care home or center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or proof of benefits as supported by a current Food Stamp, Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number, you will remain eligible for those benefits for a period not to exceed unemployed and the loss of income during the period of unemployment causes your household income to be within the eligibility standards (participants with family member who become unemployed are eligible for the free or reduced-price meals during the period of unemployment, provided that the loss of income causes the family income, during the period of unemployment, to be within eligibility standards for those meals)

6. **What is my income is not always the Same?** List the amount that you normally get. For example, if you normally get \$1000.00 per month, but you missed some work last month and only got \$900.00, put down that you get \$1000.00 per month. If you normally get overtime, include but not if you only get it sometimes.

7. **What if I have Foster Children?** In Certain cases, foster children are eligible for free or reduced-price meals regardless of the income of such household with whom they reside.

8. **We are in the military. Do we include our household allowance as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service member, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. All other allowances must be included in your gross income.

In the operation of the CACFP, no person will be discriminated against of race, color, national origin, sex, age, or disability.

If you have any questions or need help, call (912)876-4785