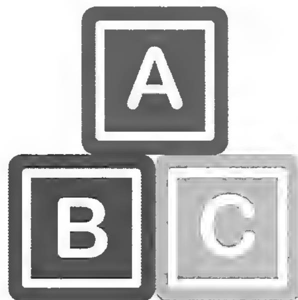
Infant Center Enrollment Packet



Ph: 916-617-7248

www.kiddyclubdaycare.com
kiddyclubdaycare@gmail.com

Kiddy Club Student File Checklist

Has You Child Been In Childcare Before? Y or N If Yes: Home, Center, Public, Name:___________________

Students ________________________________D.O.B_____________________________

Days Enrolled: ______________________________FT/PT__________________________

Parent Email (Please Print) ____

Contract Start Date Enrolled: _______________

Date of Withdrawal: ____________

Destroy Date: ________________

____ Emergency Identification (LIC 700)

____ Pre-admission Health History Form (LIC 702)

____ Immunization Record (Blue Card)

____ Physicians Report/ TB Test (LIC 701)

____ Medical Consent Form (LIC 627)

____ Medication Consent Form (LIC 9221) With Medical Plan If Needed. See Attachment.

____ Special Need/Special Case Information

____ Parent's Rights (LIC 995)

____ Personal Rights (LIC 613)

____ Acknowledgment of Licensing Reports (LIC 9224)

____ Photograph/ Video Authorization

____ Parent Admission/Financial Agreement, Handbook & Acknowledgment Contract

____ Infant Feeding Plan Agreement(Infants Only Under Are 2)

____ Food Program Application

____ Private Pay Child Action_______ County Payment_______

____ Child Action Co-Pay Rate: $__________Supply Fee $_____________________

____ FT/PT Care_________Schedule Rate Fee Agreement $________________

____ Registration Fee:______ 1st Months Payment Receipt #__________ Cash, Debit, Money Order

UPDATED: _______________________ Notes:__________________________

Director Signature: ________________________I/We the parents/guardian of__________________________ have completed the following and agree to cooperate with the policies, procedures and purposes at Kiddy Club Preschool & Daycare center. Please See Signed Parent Aggrement

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE ZIP	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP	HOME TELEPHONE ( )
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST		BUSINESS TELEPHONE ( )
HOME ADDRESS	NUMBER	STREET	CITY	STATE ZIP	HOME TELEPHONE ( )
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: ____________________

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY
(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	LAST DATE OF ENROLLMENT

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING DIVISION

IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME LAST MIDDLE FIRST | SEX | TELEPHONE ( )

ADDRESS NUMBER STREET CITY STATE ZIP | BIRTHDATE

FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME LAST MIDDLE FIRST | BUSINESS TELEPHONE ( )

HOME ADDRESS NUMBER STREET CITY STATE ZIP | HOME TELEPHONE ( )

MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME LAST MIDDLE FIRST | BUSINESS TELEPHONE ( )

HOME ADDRESS NUMBER STREET CITY STATE ZIP | HOME TELEPHONE ( )

PERSON RESPONSIBLE FOR CHILD LAST NAME MIDDLE FIRST | HOME TELEPHONE ( ) | BUSINESS TELEPHONE ( )

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE ( )

DENTIST | ADDRESS | MEDICAL PLAN AND NUMBER | TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

☐ CALL EMERGENCY HOSPITAL ☐ OTHER EXPLAIN: ______

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE | DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION | DATE LEFT

CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

DEVELOPMENTAL HISTORY *(*For infants and preschool-age children only)*

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
_______________ MONTHS	_______________ MONTHS	_______________ MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
☐ Chicken Pox ☐ Asthma ☐ Rheumatic Fever ☐ Hay Fever		☐ Diabetes ☐ Epilepsy ☐ Whooping Cough ☐ Mumps		☐ Poliomyelitis ☐ Ten-Day Measles (Rubeola) ☐ Three-Day Measles (Rubella)	

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? ☐ YES ☐ NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

DAILY ROUTINES *(*For infants and preschool-age children only)*

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*

DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST
	LUNCH
	DINNER
WHAT ARE USUAL EATING HOURS?	BREAKFAST
	LUNCH
	DINNER

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?* ☐ YES ☐ NO	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?* ☐ YES ☐ NO	WHAT IS USUAL TIME?*

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*

PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? ☐ YES ☐ NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? ☐ YES ☐ NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): ☐ YES ☐ NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? ☐ YES ☐ NO	IF YES, WHAT KIND:

PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE

PHYSICIAN'S REPORT—CHILD CARE CENTERS
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_______________ (NAME OF CHILD), born _______________ (BIRTH DATE) is being studied for readiness to enter _______________ (NAME OF CHILD CARE CENTER/SCHOOL). This Child Care Center/School provides a program which extends from _____ : _____ a.m./p.m. to _____ a.m./p.m., _________ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

_______________ (SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) _______________ (TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing:

Allergies: medicine:

Vision:

Insect stings:

Developmental:

Food:

Language/Speech:

Asthma:

Dental:

Other (Include behavioral concerns):

Comments/Explanations:

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (HAEMOPHILUS B) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

☐ Risk factors not present; TB skin test not required.

☐ Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have ☐ have not ☐ reviewed the above information with the parent/guardian.

Physician: _______________
Address: _______________
Telephone: _______________

Date of Physical Exam: _______________
Date This Form Completed: _______________
Signature _______________

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Children's Residential Facilities

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Kiddy Club LLC
_______________________________ TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_______________________________. THIS CARE MAY BE GIVEN UNDER WHATEVER
NAME

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_______________________________ _______________________________
DATE PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE	WORK PHONE
( )	( )

Medical Service Plan Training & Contract

Please Write Medical Plan For Student:____

Dr's. Name:______________________________ Phone Number:__________________________

Parents Name:____

Parents Phone Number:____

Emergency Name:_________________________ Emergency Phone Number:_________________

Plan Of Action:

____
____
____
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____

I Authorize Kiddy Club LLC To Service My Child's Medical Plan.

Parents Name (Print) ____

Parents Signature: ____

Directors Name (Print) ____

Directors Signature: ____

Staff Trained For Service Plan: ____

____

Date Trained? ________________________Today's Date:______________________________

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

   Licensing Office Name: Community Care Licensing Division Child Care Licensing Program

   Licensing Office Address: 744 P Street Sacramento, CA 95814

   Licensing Office Telephone #: (916) 651-6040

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender"database, go to www.meganslaw.ca.gov

LIC 995 (9/08) (Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS

(Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of ______________________________, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Kiddy Club LLC
Name of Child Care Center

______________________________ Signature (Parent/Authorized Representative)

______________ Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender"database go to www.meganslaw.ca.gov

Special Need/Special Case Information Form

Has your child or family every been involved with any of the following:

CPS/Special Case Court Case

____

____

____

____

____

Any Special Needs(Iep, Disability, Special Diagnoses(ADHD, Behaviors Issues)

____

____

____

____

Foster Parent/Grandparents Custody

____

____

____

____

____

Custody Cases(Restraining Orders, People Who Are Not Allowed On Campus & Why)

____

____

____

____

____

Receiving Counseling, Therapy, Social Worker, Behavioral Specialist

____

____

____

____

____

Any Other Information Needed More About The Student/Parent (Incarceration, Anger Management, Behavioral, Abuse, etc?)

____

____

____

____

____

All the information above is true and current. This form is confidential for director's Only!

Sign:______________________________ Today's Date:____________________

PERSONAL RIGHTS
Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

(a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:

(1) To be accorded dignity in their personal relationships with staff and other persons.

(2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet their needs.

(3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.

(4) To be informed, and to have their authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.

(5) To be free to attend religious services or activities of their choice. Attendance at religious services, either in or outside the facility, shall be voluntary. In Child Care Centers, decisions concerning attendance at religious services shall be made by the child's authorized representative.

(6) Not to be locked in any room, building, or facility premises by day or night.

(7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME Community Care Licensing Division Child Care Licensing Program		
ADDRESS 744 P Street		
CITY Sacramento	ZIP CODE 95814	AREA CODE/TELEPHONE NUMBER (916) 651-6040

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE: **PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)
(PRINT THE NAME OF THE CHILD)	
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	
(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS

I, as the parent/legal guardian of ______________________________, currently attending or newly enrolled at KIDDY CLUB LLC child care center/family child care home acknowledge I have received the following information as required by Health and Safety Code sections 1596.8595 and 1596.8895.

☐ Copy of any licensing report that documents a Type A deficiency cited at this facility; Type A deficiencies are those that, if not corrected, represent an immediate risk to the health, safety or personal rights of children in care. This includes facility visits and substantiated complaint investigations.

Date(s) of licensing report(s) provided: ______________________________

☐ Copy of licensing documents pertaining to a conference conducted by a local licensing agency management representative and the licensee of this child care center/family child care home in which issues of noncompliance are discussed.

Date of document provided: ______________________

☐ Copy of the Accusation Summary indicating the Department's intent to revoke the license of this child care center/family child care home, until that accusation is either dismissed or resolved through the administrative hearing process or stipulated agreement.

Date of document provided: ______________________

☐ As a parent/legal guardian of a newly enrolled child in this child care center/family child care home, I have been provided the documents identified above received by the licensee during the 12-month period prior to my child's enrollment.

My signature below verifies I have received the documents identified above.

PARENT/LEGAL GUARDIAN SIGNATURE:	DATE DOCUMENTS RECEIVED:

Kiddy Club LLC Photo Policies

1. General Photo & Video Release (Social Media, Website, Advertising)

PHOTO/VIDEO RELEASE AGREEMENT

I hereby grant Kiddy Club LLC permission to photograph and/or record my child(ren) during program activities and events. I understand that these photos and videos may be used in print and digital materials, including but not limited to Kiddy Club LLC's social media pages, website, promotional materials, and advertisements.

I waive any rights to inspect or approve the final images or materials. I release Kiddy Club LLC, its staff, and affiliates from any claims, demands, or liabilities in connection with the use of these images for lawful purposes.

Check The Appropriate Item Below:

______I Decline General Photo & Video Release (Social Media, Website, Advertising)

______I Grant General Photo & Video Release (Social Media, Website, Advertising)

Parent/Guardian Name:______________________________

Parent/Guardian Signature:_________________________

Date:____________________

2. Internal Photo & Video Release (Documentation, Parent Updates, Incidents)

INTERNAL PHOTO/VIDEO CONSENT

I understand that Kiddy Club LLC will photograph or record my child(ren) for internal purposes only, including but not limited to daily documentation, progress updates, health checks, behavior reports, incident documentation, and developmental records.

I acknowledge that these images or videos may be shared privately with me through Kiddy Club LLC's official phone, email, or other secure communication methods. I also understand that these photos or videos may be shared with licensing agencies, Child Protective Services (CPS), or other proper authorities as required by law or for the safety and well-being of my child or others.

I understand that these images will not be used publicly or shared outside of staff, parents/guardians, and proper authorities.

I agree to keep any images shared with me confidential and not to misuse or share them in any way that violates privacy.

Today's Date:____

Kiddy Club Rates

ENROLLMENT / REGISTRATION FEES (non-refundable):
Initial Enrollment and Administrative Fees **$150.00**
Per Child Annual Re-Registration and Administrative Fees **$100.00 Per Child**

MONTHLY KIDDY CLUB RATES PAID IN ADVANCE
FT 21 Hours Or More PT Less Than 20 Hours

Monthly tuition rates for Infants 0-23 Months

$350 Per Week FT
$300 Per Week PT

Monthly tuition rates for **2-Kindergarten age** children are as followed:

$250 Per Week FT
$200 Per Week PT

Monthly tuition rates for School-Age 1st Grade & Up are as followed:

$245 Per Weet FT
$145 Per Week PT

We are pleased to accept **CHILD ACTION/COUNTY** children.

We Don't Offer Monthly Rates or Discounts. Prices Subject To Change Anytime!

Updated 12-12-2024

Kiddy Club Infant, Preschool & School-Age Policy/Admission/Financial Agreement

Breakfast, Lunch & Dinner Options. We provide all snacks for Preschool age and up.

We will have microwaves to heat all meals if needed.

- (Working On A Food Program Now)
- Breakfast & Two Snack are provided For Preschool & School-Age Students. 100% juice, Milk or Water is provided with all snacks.
- **Lunch: All students must bring all meals.** Milk for lunch is provided. Paid Lunch Is $5 Per Day
- **Infants:** Please bring all prepared meal daily. Breakfast, Lunch, Snacks, Formula, Etc. Please **label** all items.

Modification of Conditions:

The child's parent(s) or authorized representative will be given a thirty-calendar day written notice if the terms of this policy change.

Kiddy Club Daycare Termination Conditions:

Parents/Guardians are required to give a two-week written notice to withdraw a child/children from Kiddy Club. At the time of notice all tuition is due in full and accounts must be paid current.
If you(parents) or your child is a threat, disrespectful or a danger to themself or others, no notice will be given and services will be terminated immediately. Services may be terminated if any or all of the conditions described in this agreement, as well as the Parent Handbook, are not met by either party to this agreement. No Notice Will Be Provided!

Parent Conduct Policy:

No parent or adult is permitted to use profanity or any other type of threatening, disrespectful, hostile, intimidating or inappropriate language at Kiddy Club LLC at any time, whether in the presence of a child or not, or aimed in the direction of any Kiddy Club LLC staff member. This is considered offensive and unsafe and will not be tolerated. If a parent or adult feels frustrated or angry, it is expected and required that the parent will verbally express the frustration or anger using non-offensive language and have a calm demeanor while doing so. At no time shall inappropriate language, intimidating or threatening behavior be directed toward any member of the staff on or off Kiddy Club LLC property via written communication, verbally over the phone, text, email or in person.
Threats of any kind towards employees, children or other parents will not be tolerated. All threats will be reported to the appropriate authorities and will fully be prosecuted. Disrespectful and unacceptable language in person, via phone/text, in writing or via email will not be allowed towards any member of the Kiddy Club LLC staff at any time. While apologies for such behavior are appreciated, Kiddy Club LLC will not assume the risk of a second chance due to the safety of every child, employee, and other parents. Parents are responsible for, and must be in control of, their behavior always or you will be terminated without notice. Parents who violate the Parent Code of Conduct will be notified, their child(ren) will be dis-enrolled and the parent will not be permitted on center property thereafter.

Rights of the Licensing Agency:

I understand that the licensing agency has the right to inspect this childcare facility, upon presentation of proper identification, at any time with or without advance notice. Parents have the right to know the outcome of all investigative complaints, and facility inspections. Licensing personnel may speak to children and staff without permission.

Parent's Rights (Lic. form #995):

The parent / guardian of the above named child are required to sign and date the Parent's Rights Form. The parent signature receipt of this form will be placed in the child's file.

Personal Rights (Lic. form #813A):
The parent or authorized representative of the child named on this admission / financial agreement will be required to sign and date the signature receipt form which will be placed in the child's file.

Receipt of Parent Handbook:
As the parent / guardian of the above named child, I have been given a copy of the Parent Handbook outlining the policies/procedures of Kiddy Club. I acknowledge my understanding of these policies by signing the bottom of this agreement. I agree with the terms, policies and procedures in the handbook and enrollment packet. Parent handbook is also available online on our website 24hrs a day.

ENROLLMENT / REGISTRATION FEES (non-refundable):

Initial Enrollment and Administrative Fees **$150.00 Per Child**
This non-refundable fee is due at the enrollment appointment and holds enrollment for up to 30 days from the date of payment if you enroll or not.
Annual Re-Registration and Administrative Fees **$100.00 Per Child**
The Re-registration fee is billed at re-enrollment each year.
Supply Fee **$40.00**
This fee is due at enrollment each year and covers supplies for the year.

Currents Kiddy Club Rates:
See attached see for current rates! All Child Action Or County Families you will be billed any additional copay that not covered. You will be billed the enrollment Fee Only that will be paid by you in cash or money order or online payment. **Care more than 10hrs a day is considered an additional day of care and another payment required.**

RATE CHANGE
Rates may be reviewed and revised at any time by the Director. **A written notice will be sent to parents/guardians 30 days prior to the effective date of any revision in enrollment or tuition rates or other fees.**

TUITON AND DAYCARE PAYMENTS:
The Preschool & Daycare Center operate primarily on tuition and daycare charges.

1. All tuition, fee and daycare accounts are managed and maintained by **THE DIRECTOR**. You may select either an advance annual or a monthly payment plan.
2. All payments are due in advance prior to your care. We are only accepting cash, money order or cashier check. You are also able to pay by debit if needed.
3. Tuition and daycare charges are billed and paid in advance by the **3rd of each month**. A fixed payment due date will be selected at enrollment and the first installment will be pro-rated from enrollment date to the selected due date. Please select how you will pay your fees on the application form. **$45** Late fee if not paid by any contract days due.
4. Parents that are paying bi-weekly payment is paid by the **3rd** and **15th**.
5. Charge Backs! will add a **$30.00** charge to any account if an automated payment is returned by the bank for any reason.
6. Preschool policy requires that a student(s) will be withdrawn from preschool, if any portion of the tuition and daycare account remains unpaid **3 days** after the payment due date. This withdrawal continues until the account is paid current. Inquiries regarding mandatory student withdrawal should be directed to the preschool director.
7. **Kiddy Club does not offer any scholarship, discounts or family discounts on any of our services. Please see our current rate sheet.**

PAST DUE ACCOUNTS

The school reserves the right to require student withdrawal when any portion of a tuition account remains unpaid 3 days after the payment due date. No student will be re-admitted until the past due balance is paid in full.

OVERTIME CHARGES:

No provisions are available for early student drop off. Kiddy Club opens at 6:30am Kiddy 1 & 7:00am Kiddy #2. Parents who do not arrive to pick up their child by their contract time will be charged a late fee of **$1.00 per minute or each portion thereof that they are late.** These charges must be paid directly to the teacher on duty when the child/children are signed out.

VACATION POLICY

Kiddy Club Vacation Policy: **We do not offer any days that are NON-PAID by the parents.** You are able to take vacation, sick, time off but you will still be charged the full-rate for care to keep your spot secured at daycare.

DROP OFF DEADLINE:

All students should be dropped off to Kiddy Club LLC no later than 11am. No Exceptions.

STAFF TRAINING

Kiddy Club will take a one day to one week school training that parents are required to pay for. Your monthly payment will stay remain the same. We will provide the parents 30 to 60 days for our training week schedule. It will be in the summer most likely before we start our new school session or in the winter break session.

REFUNDS/ABSENCES

No refunds will be given for student's absences, school holidays, vacations or In-service days. All enrollment fees are non- refundable.

WITHDRAWAL NOTICE:

A two-week written notice is required when withdrawing a child from Kiddy Club. If the notice is less than two weeks, the parents / guardians will be charged for tuition up to two weeks. Payments are required in full at the time of the withdrawal notice.

PAYER:

The account payer is the parent / guardian whose signature appears at the bottom of this form. In the case of divorced couples, Kiddy Club will contract with only one parent for the responsibility of tuition payments.

What To Bring To Kiddy Club Daily/Month& Please Label Everything!

We are not responsible for missing items that required at daycare. Please keep up with the items you need to bring to daycare for your child/children.

Infants

- Extra Change Of Clothing in a ZIP LOCK bag Labeled. No Small Baby Bag Are Allowed!
- Bulk Diapers
- Diaper Wipes
- Diaper Ointment (if needed)
- Pacifier (if applies) With No String Connector
- 10 Pack Of Bibs
- 5 Sets of Extra Clothes, Including Socks
- Premixed Bottles Or Brest Milk. We have a refrigerator/freezer to store all items
- Prepared Baby Food Or Breakfast, Lunch & Dinner In A Lunch Bag With Name On It

Early Preschool Non-Potty Trained(Label Everything)

- 5 Changes of Clothes(Tops & Bottoms)in a zip lock bag and labeled
- Bulk Pull-Ups (Non-Potty Trained Child)
- Weekly Wipes (Non-Potty Trained Child)
- Home Lunch In A Lunch Or Zip Lock Back With Name On It

Preschool

- 3 Extra Change Of Clothing in a Zip Lock Bag
- Pull-Ups (Non-Potty Trained Child)
- Face Wipes
- Home Breakfast, Lunch & Dinner In A Lunch Bag With Name On It

School-age Option

- Home Lunch In A Lunch Bag With Name On It
- Homework & Backpack From School
- Favorite Book
- Great Attitude
-

Please LABEL all items you bring to our center with you child's name. We are not responsible for lost items that cant be identified.

Welcome to Kiddy Club. We appreciate your support and are happy you're apart of our Kiddy Club family.

*******ALL INFORMATION IN THIS AGREEMENT SUBJECT TO CHANGE AT ANYTIME WITH A 30 DAY OR MORE WRITTEN ADVANCE NOTICE***********

Kiddy Club Location:______________________________

Infant, Preschool & School-Age
Fees Policy/Admission, Rules/Financial Agreement

ACCOUNT INFORMATION AND RESPONSIBILITY:

Parent Name: __________________ **Address:** __________________________________

City: ____________________ **State:** ____________ **Zip Code:** __________________

Email____

Cell Phone: ___________________ **Work Phone** _____________________________

Employer: ______________________ **Occupation:**_______________________

Relationship to student: Father ________**Mother** _____________ **Other** _________

Child's Name_____________________ **Birth Date** ___________________________

1. **My child's first day of child care will be** ________________________________
2. **My child will attend** _____**Full days** _____ **Half-Days (Please check one)**
3. **My child will be in care on M, T, W, TH, F (please circle the days of care)**
4. **M-F care during the hours of** _____________ **to** ___________
5. **Sa-Su care during the hours of** ____________**to**____________
6. **Payments Are Made By The Following:**

Cash, Cash App, Venmo, Zelle, Or Direct Deposit In Our Bank Account.

7. **Daycare Rate Will Be $**__________ **Due Weekly In Advance Every Monday.**
8. **How Will You Make Your Payment:**_______________________________
9. **Child Action Co Payment Fee Due Monthly: $**________________________

Care more than 10hrs a day is considered an additional day of PAID care!

BASIC SERVICES (Includes ages, days of operation, hours of operation and meal provisions)

- **Infant, Preschool and School-Age**
- **Days & Hours of operation:**

Stockton Location: M-F 6:30am-6:00pm

29th Ave Location: M-F 7:00am- 5:30pm Day

Care more than 10hrs a day is considered an additional PAID day of care.

PARENTS / GUARDIAN AFFIRMATION

I / (we) the parent/guardian of the above named child have read, acknowledge, understand and agree to be bound by the terms specified in this Admission/Financial agreement, Parent Handbook and all policies and procedures outlined in this enrollment packet.

_____________________	___________________	________________________
(Parent Signature)	**(Relationship to child)**	**(Today's Date)**
________________________	______________________	______________________
(Director's Signature)	**(Center Location)**	**(Today's Date)**

Kiddy Club Infant/Toddler Needs and Service Plan

*This needs and service plan will be updated every 3 months

Today's Date: ________________

Child's Name______________________________ **Date of Birth:** ____________

Mother's Name:________________________ Daytime Phone: ____________________________

Father's Name __________________________ Daytime Phone: ____________________________

Feeding

____ Bottle; Formula (What Brand) __________________Breast Milk Uses a Sippy cup: Yes No
Drinks warm, room temperature or cold?_________________

What is your child's feeding schedule? ____

____

____

What is the longest period of time you allow your child to go between feedings? _______________.

What needs does your child have during their feeding: (ex. Needs to always be burped, sit up after feeding, etc.)____

____

____

Foods

Please make sure you bring all food items for your infant daily.

List all food allergies, food sensitivities, or feeding issues: ____________________________________

____

Any special instructions you would like us to follow regarding your child's eating pattern? _______________

____

Please Label Everything

Lunchboxes, bottles, cups, thermoses, plastic containers, etc. Toddlers children should also bring a toothbrush; please remember to replace it regularly.

Mothers are welcome to come and nurse their babies. Some enjoy sitting in the classroom to chat with the children and staff, while other parents prefer a quiet, private visit with their children. In fact, any parent is welcome to come and join us whenever you are free.

Sleeping

Does your child use a pacifier? ___Yes ____No

What is your child's current sleeping schedule ____.

Can you tell us anything about your child's sleeping habits that might be helpful? ____________________

____

*** It is our policy that infants must always be put to sleep on their backs. If children have a medical condition requiring them to sleep in an alternate position, a signed physician's note is required.**

****If a blanket is used, the infant is placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infants' chest.**

Diapering

Are there any specific creams or ointments to be used at diaper changing time?

____

Please note you will need to complete a topical ointment form and update this every 90 days. We cannot put on any cream without a prescription or signed physician's authorization if it is a prescribed ointment.

General Information

Does your child have any special needs: ____

Is there any other information you would like us to know about your child so we may give then the best possible care?

____

____

____

I agree to all the following terms above:

Parent Signature________________________________ Date: ____________________

Parent Signature________________________________ Date: ____________________

Teacher Signature______________________________ Date: ____________________

INDIVIDUAL INFANT SLEEPING PLAN

Date of plan: ____________________

SECTION A: INFANT'S INFORMATION

Infant's Name	Gender	Birth Date
Authorized Representative's Name (Primary Contact)		Phone Number
Authorized Representative's Name (Secondary Contact)		Phone Number

SECTION B: SLEEPING ENVIRONMENT INFORMATION

At home, the infant sleeps in: ☐ Crib ☐ Play Yard ☐ Other (Specify) ____________	What are the Infant's usual sleeping hours? ________ ________ ________ ________
What is the infant's average length of the Infant's nap(s) during the day time? ________ minutes ________ hours	Does the infant use a pacifier? ☐ Yes ☐ No ☐ Sometimes If **yes**, brand: ____________

SECTION C: INFANT'S ABILITY TO ROLL

My child, ____________________ is able to roll from their back to their stomach and stomach to their back beginning ______ / ______ / ______.

Authorized Representative Signature	Date

SECTION D: INFANT'S ABILITY TO ROLL IN CHILD CARE

Provider observed the infant is capable of rolling from their back to their stomach and stomach to their back.

Provider Signature	Date
Authorized Representative Signature (To be completed no later than the next business day following observation)	Date

SECTION E: MEDICAL EXEMPTION

Does the infant have a medical exemption? ☐ Yes ☐ No

If the infant has a medical exemption to sleep in a position other than on their back a licensed physician must provide instruction on an alternate sleeping position.

The following shall be included with the medical exemption:

- Instructions on how the infant shall be placed to sleep, including sleep position.
- Duration the exemption is to be in place
- The licensed physician's contact information
- Signature of the licensed physician and date of signature

ATTACH REQUIRED DOCUMENTS TO THIS FORM AND MAINTAIN IN THE INFANT'S FILE PURSUANT TO TITLE 22, SECTION 101429(a)(2)(c) FOR CHILD CARE CENTERS OR SECTION 102425(c)(2) FOR FAMILY CHILD CARE HOMES.

I certify that all information contained in this form is complete and accurate to the best of my ability.

Authorized Representative Signature	Date

Dear Parents/Guardians,

We prioritize creating a healthy, nurturing environment that promotes your child's development. That is why we are participating in the Child and Adult Care Food Program (CACFP), supported by the USDA and managed by the California Department of Social Services.

The CACFP reimburses the center for the partial cost of meals provided to children and allows the center to provide nutritious meals without increasing the center's fees to you. To help us maintain eligibility for this program, please complete the Income Eligibility Form included with this information letter. This form is how the CACFP assesses your household's eligibility for free or reduced priced meals and determines the level of CACFP benefit we receive as your childcare provider. This allows our program to receive the proper reimbursement.

Please take a moment to fill out sign, date and return the attached forms to us. **Rest assured, all information provided will be treated confidentially and used solely for determining eligibility.**

Your cooperation in completing and returning this application assists us with maintaining affordable childcare fees and ensuring students receive nutritious meals. We highly value your participation in this process.

Institution Name: Building Better Communities Foundation ______ Agreement Number:

Facility/Provider Name: ______

Child and Adult Care Food Program (CACFP)
Participant Enrollment Form

Dear Parent/Guardian,

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 provided.)

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

School Times: **Depart:** am pm **Return:** ☐ am ☐ pm

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

This institution/ facility offers ______ formula for infants through CACFP. It is our 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.

☐ I will use the formula offered by this facilty. I give permission for the formula to be mixed and/or bottles to be prepared for my infant by this facility's staff.

☐ I will not use the formula offered by this facilty.
If not, which formula will you send for your infant? ______
If the formula you provide is a special formula, a medical statement must be submitted.

☐ I will provide breastmilk for my infant.

☐ My infant is four (4) months old and older and is developmentally ready for baby foods. I want the institution/facility to provide the following baby food(s) for my infant, which is/are allowed under 7CFR 226.20 (b)(2)(3)(4).

______

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.

Parent/Guardian Signature: ______ Date: ______

Print Name: ______

Address: ______ City: ______ State: ______ Zip Code: ______

Home Telephone Number: ______

Work Telephone Number: ______ Check Work Shift: ☐ 1st ☐ 2nd ☐ 3rd ☐ Other (Specify) ______

For Facility/Provider Use Only:

Signature of Facility Representative/Provider: ______ Date: ______

Date the Participant Withdrew: ______

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. 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, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

MEAL BENEFIT FORM FOR CHILDREN
PROGRAM YEAR __________

Name of Child Care Center: ______________________________

Please read the instructions. If you need help completing this form call: (888) 665-4991

Complete, sign, and return form to: Building Better Communities Foundation

1. CHILD INFORMATION
(List names of all children enrolled for care)

Check the box if the child is a foster child (the legal responsibility of a welfare agency or court).

Last	First	M.I.	If all children are foster children, go to #4 and sign this form.
			☐
			☐
			☐
			☐

2. BENEFITS
If you are receiving CalFresh, CalWORKs, or Food Distribution Program on Indian Reservations (FDPIR) benefits for your child, list the case number and **do not** complete #3. Go to #4.

CalFresh Case #:
CalWorks Case #:
FDPIR Case #:

3. ALL HOUSEHOLD MEMBERS
Complete this section if you **did not** complete #2. List all household members including children enrolled for care. List all income. Go to #4.

☐ **Check here if this household receives no income.** Go to #4.

NAMES	**GROSS INCOME** and how often it was received (e.g. weekly, every 2 weeks, twice a month, monthly, or annually)*			
NAMES OF ALL HOUSEHOLD MEMBERS (INCLUDE THE CHILDREN LISTED ABOVE)	EARNINGS FROM WORK BEFORE DEDUCTIONS	CHILD SUPPORT ALIMONY	PAYMENTS FROM PENSIONS, RETIREMENT, SOCIAL SECURITY	EARNINGS FROM ANY OTHER INCOME
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$

*Applicants without income are requested to write a **zero** in the applicable field or mark **no income**. Any income field left blank is a positive indication of no income and certifies that there is no income to report. Applications with blank income fields will be processed as complete.

4. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SSN) AND SIGNATURE

(PENALTIES FOR MISREPRESENTATION: I Certify that all of the above information is true and correct and that the CalFresh, CalWORKS, FDPIR, or other eligible program case number is current, correct, or that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on the Meal Benefit Form (MBF) and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.)

Printed Name:	
Last Four Digits of SSN:	☐ Check here if no SSN
Signature of Adult:	Date:

PRIVACY ACT STATEMENT

The Richard B. Russel National School Lunch Act (NSLA) requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the SSN of the adult household member who signs the application. The last four digits of the SSN are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP, or CalFresh), Temporary Assistance for Needy Families (TANF, or CalWORKS) Program, or FDPIR case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a SSN. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for the administration and enforcement of the program.

The last four digits of the SSN may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a CalFresh, CalWORKs, or FDPIR office to determine current certification for CalFresh, CalWORKs, or FDPIR benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The last four digits of the SSN may also be disclosed to programs as authorized under the NSLA and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, and health and nutrition programs.

5. RACIAL/ETHNIC IDENTITY

You are not required to answer these questions.

If you choose to do so, please mark one or more of the following racial identities:		
☐ American Indian or Alaskan Native	☐ Asian	☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander		☐ White

Please mark one of the following **ethnic** identities:	
☐ Hispanic or Latino	☐ Not Hispanic or Latino

U.S. DEPARTMENT OF AGRICULTURE NONDISCRIMINATION STATEMENT

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

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

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

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

(2) Fax: 202-690-7442

(3) E-mail: program.intake@usda.gov

This institution is an equal opportunity provider.

FOR AGENCY USE ONLY		
CATEGORICAL ELIGIBILITY CalFresh/CalWORKs/ FDPIR household categorically eligible free ? ☐ Yes ☐ No Foster child automatically eligible free ? ☐ Yes ☐ No		
INCOME ELIGIBILITY Annual Conversion: Weekly Times (x) 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12		
Total income:	Household size:	
Eligibility classification: ☐ Free	☐ Reduced Price	☐ Base
Determining official (print name):		
Determining Official Signature :		Certification Date:

HOW TO COMPLETE THE MEAL BENEFIT FORM

Using the instructions below, please complete, sign, and return the Meal Benefit Form to: Building Better Communities Foundation If you need help, call: (888) 665-4991

1. **CHILD INFORMATION:**
   a) Print your child's name. Print your child's name.
   b) Check box to right of name if a foster child.
   c) Include the name of the child care center.

2. **BENEFITS:** Complete this section and sign the form in **#4**.
   a) List your current CalFresh, CalWORKs, or FDPIR case number(s) for your child(ren).
   b) Sign the form in #4. An adult household member must sign. You do not have to list a SSN.

3. **ALL OTHER HOUSEHOLDS:** Complete this section and sign the form in #4.
   Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for, and all other household members. **If your household includes any foster children formally placed by a state child welfare agency or a court, you may choose to include the child(ren) in this list.**
   a) Write the amount of income each person received last month before taxes or anything else was taken out **and** where it came from, such as earnings, pensions, and other income (see examples below for types of income to report). **If you have chosen to include any foster children in your care, only the personal use income is to be listed. Foster payments you receive from the placing agency for the care of the child do not need to be reported.** Each income amount should be entered in the appropriate column on the form. If any amount **last month** was more or less than usual, write that person's usual monthly income.
   b) If anyone is self-employed, write the amount of income that person earns from self-employment. Please call the number listed at the top of the form if you need help.
   c) Sign the form and include the last four digits of your SSN in #4. If you do not have a SSN, check the box "Check here if no SSN."

4. **LAST FOUR DIGITS OF SSN AND SIGNATURE:**
   a) The form must have a **signature** of an adult household member.
   b) The adult household member who signs the statement must include the last four digits of their **SSN**. *If they do not have a SSN, check the box* "Check here if no SSN". The last four digits of your SSN is not needed if you listed a CalFresh, CalWORKs or FDPIR case number.

5. **RACIAL/ETHNIC IDENTITY:** You **are not required** to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

INCOME TO REPORT

Earnings from Work: • Wages/salaries/tips • Strike benefits • Unemployment compensation • Worker's compensation • Net income from self-employment **Child Support/Alimony** • Public assistance payments • Alimony/child support payments	**Pensions/Retirement/Social Security** • Pensions • Supplemental security income • Retirement income • Veteran's payments • Social Security	**Other Monthly Income** • Disability benefits • Cash withdrawn from savings • Interest dividends • Income from estates/trusts/investments • Regular contributions from persons not living in the household • Net royalities/annuities/net rental income • Military allowance for off-base housing • Any other income

DESCRIPTION OF RACIAL AND ETHNIC CATEGORIES

The federal government has established the following five racial categories and one ethnic category:

RACE:

American Indian or Alaska Native — A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Asian — A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.

Black or African American — A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

Native Hawaiian or Other Pacific Islander — A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White — A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

ETHNICITY:

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."

Not Hispanic or Latino