GRACE
Early Learning Center

Welcome to Grace Early Learning Center!

Please complete the enclosed paperwork to complete your child's enrollment folder. This packet should include the following information:

Enrollment Application

Parent Authorization

CACFP Food Program Paperwork

Direct Payment Authorization Form

Remind Communication App Information

Tuition Rate Sheet

Supply List

Holiday Closing Sheet

You will also need to provide an up to date immunization certificate from your child's pediatrician. This packet must be completed in its entirety and an immunization record must be turned in before your child's first day of care. You can return it to our office, fax it to (502) 208-7693 or e-mail it to tarra@graceearlylearningcenter.com as soon as possible. Thank you and we look forward to working with you!

GRACE
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ENROLLMENT APPLICATION

PLEASE FILL IN APPLICATION COMPLETELY AND LEGIBLY.
Application is for full-day learning center.

2-Day ☐ 3-Day ☐ 5-Day ☐ Start Date:_____
Please circle the days your child will need care: M T W TH F
Are part-time selected days flexible?_____
Drop-off and pick-up time:_____
Childcare is recommended to be limited to 10 hours per day.

Child's Name:_____
Last *First* *Middle*
Child's Address:_____
City:_____ State:_____ Zip Code:_____
Home Phone:_____ Date of Birth:_____ Sex: ☐ M ☐ F

Mother/Guardian:_____
Last *First* *Middle*
Relationship to Child:_____ Driver's License Number:_____
Last 4 Digits of SS Number (This will be your security code.):_____
Address:_____
City:_____ State:_____ Zip Code:_____
E-mail Address: _____
Home Phone:_____ Cell Phone: _____
Employer:_____ Work Phone: _____
Work Address:_____
City:_____ State:_____ Zip Code:_____

Father/Guardian:_____
Last *First* *Middle*
Relationship to Child:_____ Driver's License Number:_____
Last 4 Digits of SS Number (This will be your security code.):_____
Address:_____
City:_____ State:_____ Zip Code:_____
E-mail Address: _____
Home Phone:_____ Cell Phone: _____
Employer:_____ Work Phone: _____
Work Address:_____
City:_____ State:_____ Zip Code:_____

Enrolling Parent/ Guardian's Signature:_____

Child's Name:_____
Last *First* *Middle*

Parent's Marital Status: Single☐ Divorced☐ Separated☐ Married ☐
If divorced, who has legal custody?_____
May the non-custodial parent pick up the child?_____
Grace Early Learning Center, LLC must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such paper may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.

The child will be released only to the people on this application and the following persons:
Name:_____ Phone:_____
Relationship:_____ Driver's License #:_____
Name:_____ Phone:_____
Relationship:_____ Driver's License #:_____
Name:_____ Phone:_____
Relationship:_____ Driver's License #:_____
Name:_____ Phone:_____
Relationship:_____ Driver's License #:_____

Child's Physician:_____ Phone:_____
Any Allergies or Special Needs:_____
_____

Preferred Hospital: _____
In the event of an emergency situation and/or life threatening situation, I wish for my child to be transported to above mentioned hospital. I understand that Grace Early Learning Center will contact me and/or my designated emergency contact person immediately.

Emergency Contact (Other Than Parent)
Name:_____ Phone:_____
Relationship: Driver's License #:_____

Has your child been cared for by anyone other than a parent?
If yes, whom?_____

Please let us know about your child's personality, temperament, fears, etc.:_____
_____
_____

I agree to pay a non-refundable registration fee of $50.00 at the time that this form is handed in to GELC, LLC.
I agree to pay a reoccurring yearly supply fee of $50.00. I understand that if my child is enrolled during January 1-July 31 a fee of $25.00 will be assessed at the time of enrollment. If my child is enrolled during August 1-December 31 a fee of $50.00 will be assessed. I understand that each August my child is enrolled this fee will reoccur.
I agree to pay, in advance, each week's tuition.
I am aware that I will be charged a fee for payments received after Wednesday.
I am aware that I will be charged for late pick-ups.
I have reviewed the Parent Handbook that is located at www.graceearlylearningcenter.com
This institution is an equal opportunity provider.

Parent/Guardian Name (Please Print):_____
Parent/ Guardian Signature:_____

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Early Learning Center

PARENT AUTHORIZATION

PLEASE FILL IN APPLICATION COMPLETELY AND LEGIBLY.

AUTHORIZATION FOR EMERGENCY MEDICAL AND FIRST AID

I herby authorize the staff and director, representing Grace Early Learning Center, to give consent for any and all necessary emergency medical and first aid care for my child, _____, while he/she is in Grace Early Learning Center's custody.

In the event of an emergency situation and/or life threatening situation, I wish for my child to be transported to _____hospital. I understand that Grace Early Learning Center will contact me and/or my designated emergency contact person immediately.

Signature of Parent/Guardian:_____

LEARNING CENTER PERMISSIONS

- ✓ Permission is☐/is not☐ given to photograph for publicity purposes.

Signature of Parent/Guardian:_____ Date:_____

- ✓ I, parent/guardian of _____ given permission for my child to go on buggy rides, walk to the pavilion, and walk to the soccer fields.

  I am aware that these areas are outside of the fenced vicinity, but know that my child will be under the watchful eye of teachers and that the teacher to child ratio will be maintained at all times.

Signature of Parent/Guardian:_____ Date:_____

- ✓ I give permission to the staff/director of Grace Early Learning Center to apply sun block on the exposed skin of my child, _____, prior to any outdoor activity.

Signature of Parent/Guardian:_____ Date:_____

Child Care Income Application Letter

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. GELC offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Income Eligibility Application. In addition, by filling out the Enrollment form/Income Application, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

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

Income Guidelines for Free/Reduced Price Meals Effective July 1, 2019-June 30, 2020		
Household Size	**Reduced Price Meals**	
	Monthly	***Yearly***
1	**$1,9262**	$23,107
2	**$2,607**	$31,284
3	**$3,289**	$39,461
4	**$3,970**	$47,638
5	**$4,652**	$55,815
6	**$5,333**	$63,992
7	**$6,015**	$72,169
8	**$6,696**	$80,346
For each additional family member add:	**+$682**	+$8,177

The Richard B. Russell National School Lunch Act 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 Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (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 Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

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; or
(3) email: program.intake@usda.gov.
This institution is an equal opportunity provider.

Tarra Hutchinson
Institution Representative

502-427-4352
Phone Number

If you have questions about the CACFP and its administration, you may contact, Division Director at 502-564-5625 or at the following address: School and Community Nutrition, Kentucky Department of Education, 2 Hudson Hollow Suite B, Frankfort, KY 40601

The information found in this letter may also be made available electronically to households (email, website, etc.)

CHILD ENROLLMENT FORM/INCOME APPLICATION

Participant Information: (To be completed by Parent/Guardian)

If a child is a SNAP/K-TAP recipient or a Foster/Head Start participant, the child is automatically eligible to receive free Program meal benefits, subject to the requirements of 7 CFR 226.23.

If your participant receives assistance from the items below, they are automatically eligible for free meals. (Please complete and skip to section 2.)

Participant's Last Name	Participant's First Name	Date of Birth *If under 12 months, please complete Infant Addendum*	Meals Normally Eaten (Circle all that apply)	Head start	Foster	SNAP or K-TAP # List Entire SNAP or K-TAP CASE NUMBER Below
			B AM L PM S LN	☐	☐	
			B AM L PM S LN	☐	☐	
			B AM L PM S LN	☐	☐	
			B AM L PM S LN	☐	☐	

***Parent/Guardian works multiple shifts and participants may be in care different days/hours ____yes ____no**

If child receives Head start services, please proceed to complete Section 2. Household Income is not required.

1. Income Application Household Members and Monthly Income:

NAMES OF HOUSEHOLD MEMBERS Including Children Not Listed Above Last, First	GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Child Support, Alimony	MONTHLY Income From Pensions, Retirement, Social Security, Unemployment Compensation	Any Other MONTHLY Income Including Money Received from Kinship/Foster Child
1.	$	$	$	$
2.	$	$	$	$
3.	$	$	$	$

2. Signature and Social Security Number:

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

X_____ _____

Signature of Adult Household Member **Home/Cell Phone Number**

X_____ ☐ No Social Security Number X_____

Last four digits Social Security Number* **Date**

FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.

Application approved for:

- ☐ Free Meals
- ☐ Reduced Meals
- ☐ Paid Meals
- ☐ SNAP/KTAP
- ☐ Foster
- ☐ Headstart
- ☐ Income Household

Total Household Monthly Income_____

Household Size_____

_____

Signature of Determining Official

_____

Date

**7 CFR 226.15 (e)(2)* (Revised February 2018)

"The Richard B. Russell National School Lunch Act 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 Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (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 Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program."

USDA 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; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

INFANT ADDENDUM TO ENROLLMENT

Dear Parent:

This child care center participates in the USDA Child & Adult Care Food Program (CACFP). This program provides reimbursement to the center for creditable meals served to your infant while in our care. We want to work with you to provide the very best nutritional care for your baby. Under the CACFP regulations, the center may NOT charge you a separate fee for meals that are claimed for reimbursement.

We use the meal pattern below, which was developed by the USDA for centers participating in the CACFP. The type and amount of foods served vary according to the age of the infant. However, the actual foods we provide will be based on what you tell us about your baby's own food needs.

Age	Breakfast	Lunch and Supper	Snack
Birth through 5 months	4-6 fluid ounces formula or breast milk	4-6 fluid ounces formula or breast milk	4-6 fluid ounces formula or breast milk
6-11 months	6-8 fluid ounces formula or breast milk 0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½ cup of yogurt; or a combination of the above. 0-2 tablespoons vegetable or fruit[3] or a combination of both	6-8 fluid ounces formula or breast milk 0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½ cup of yogurt; or a combination of the above. 0-2 tablespoons vegetable or fruit[3] or a combination of both	2-4 fluid ounces formula or breast milk 0-1/2 slice bread or 0-2 crackers or 0-4 tablespoons infant cereal or ready-to-eat breakfast cereal 0-2 tablespoons vegetable or fruit, or a combination of both

Talk with your health care provider and let us know whether you want to use breast milk or a formula while your child is in the center's care. We also need to know when you will introduce solid foods to your infant. You may choose for us to provide the formula, or you may provide the formula for your infant.

Grace Early Learning Center

(Name of Daycare Center)

currently provides the following formula(s): Similac Advanced (Generic)

Please fill out the form below and return it to help us plan the meals for your infant. If this information changes, you will need to complete a new form.

Sincerely,

Tarra Hutchinson 502-427-4352 October 21, 2019

Sponsor Representative **Phone Number** **Date**

MUST BE COMPLETED BY PARENT/GUARDIAN

Infant Name _____ **Infant Birthdate**___/___/_____

Check all that apply:

_____**Parent** will breast-feed the infant at the day care center or provide expressed breastmilk or iron fortified formula

_____**Parent** will provide additional baby food

_____**Parent** will provide iron fortified formula/breast milk and **Center** will provide Additional baby food

_____**Center** will furnish all iron fortified infant formula

_____**Center** will furnish all iron fortified infant formula and additional baby food

_____ _____

Parent/Guardian Signature **Date**

PLEASE NOTE: *Parents may provide their own infant formula <u>or</u> their choice of <u>one</u> infant food item per meal. Please speak to the Center's Director if you wish to make other arrangements.*

**7 CFR 226.20(b)(5)*

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS

I (we) authorized Grace Early Learning Center, hereinafter called GELC, to initiate entries to my (our) account indicated below at the financial institution named below, hereafter called Kentucky Bank, and, if necessary, initiate adjustments for any transaction made in error. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of the U.S. law.

_____

Name of financial institution

_____

Address of financial institution- please include city, state, and zip code

_____

Routing Number

_____

Account Number

Please select one: _____☐_____ Checking _____☐_____ Savings

Please select one: _____☐_____Weekly _____☐_____ Bi-Weekly _____☐_____Monthly

The transaction will be deducted on the first business day for the option selected above.

The authorization is to remain in full force and effect until Grace Early Learning Center has written notification from me (or either of us) of its termination in such time and in such manner as to afford Grace Early Learning Center and Kentucky Bank a reasonable opportunity to act on it.

Name(s)_____

Signature_____ Date _____

Signature_____ Date _____

Please attach a voided check to this form.

remind

Sign up for important updates from GELC.

Get information for **GELC Families** right on your phone—not on handouts.

Pick a way to receive messages for **GELC Families**:

A **If you have a smartphone, get push notifications.**

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/9a2fga

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.

B **If you don't have a smartphone, get text notifications.**

Text the message @9a2fga to the number 81010.

If you're having trouble with 81010, try texting @9a2fga to (502) 542-6793.

** Standard text message rates apply.*

Don't have a mobile phone? Go to rmd.at/9a2fga on a desktop computer to sign up for email notifications.

GRACE
Early Learning Center

2019 GELC Tuition Rates

Infants (6 weeks to 12 months)

Weekly rate: $196
Three-day weekly rate: $132

Two-day weekly rate: $93

Toddlers (12 to 24 months)

Weekly rate: $191

Three-day weekly rate: $129

Two-day weekly rate: $91

Two Years of Age

Weekly rate: $186

Three-day weekly rate: $126

Two-day weekly rate: $89

Three, Four, and Five Year Olds

Weekly rate: $176

Three-day weekly rate: $120

Two-day weekly rate: $85

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Supply List

Infants (6 weeks to 12 months)

- Diapers
- Wipes
- Rash ointment (optional, requires documentation)
- Prepared bottles of breast milk and/or formula
- Blanket (optional)
- Infant sunscreen (for outside time when weather permits)
- Two extra changes of clothing
- Pacifier (optional, if needed)

Toddlers & Two Year Olds (12 to 36 months)

- Diapers
- Wipes
- Rash ointment (optional, requires documentation)
- Fitted crib sheet & blanket- We will keep this throughout the week. It will be sent home at the end of each week to be laundered.
- Sunscreen (continuous spray recommended)
- Two extra changes of clothing

Three, Four, & Five Year Olds

- Fitted crib sheet & blanket- We will keep this throughout the week. It will be sent home at the end of each week to be laundered
- Sunscreen (continuous spray recommended)
- Small backpack

Please label all personal items with your child's first and last name.

GRACE
Early Learning Center
Where Children Matter

2020 Holiday Schedule

Wednesday, January 1st **Closed for New Year's Day**

Monday, January 20th **Closed In -Service Day**

Monday, May 25th **Closed Memorial Day**

Friday, July 3rd **Closed Independence Day-Observed** Friday,

Friday, August 14th **Closed In- Service Day**

Monday, September 7th **Closed Labor Day**

Thursday & Friday, November 26th & 27th **Closed Thanksgiving**

Thursday & Friday, December 24th & 25th **Closed Christmas**

Parent Handbook Acknowledgement

I, _____, have reviewed the Grace Early Learning Center Parent Handbook that is located at **www.graceearlylearningcanter.com**. I understand that the contents of this handbook give me reasonable expectation of how the Center is operated and whom I should speak with if I have any questions about the Center policies and procedures.

Child's Name: Date:

_____ _____

Parent/Guardian Name (Please Print): Parent/Guardian Signature:

_____ _____