



Oak Park Early Learning Academy

1920 Chester Boulevard, Richmond IN 47374 | Phone: 765-488-2626
Mailing Address: P.O. Box 1305, Richmond IN 47375

WELCOME TO OAK PARK EARLY LEARNING ACADEMY!

We are so thrilled that you've joined Oak Park Kids' growing family!

Enclosed in your child's enrollment packet you found a link to our Parent Handbook on our Parent Acknowledgement Form. Please take the time to go online and read it, asking any questions. You'll find valuable information regarding our mission statement and philosophy, tuition payment policies, attendance, and holidays. Also, you'll learn about what to bring from home and what not to bring from home.

Oak Park Early Learning Academy is ***just that*** – a learning environment! So, we need your child to arrive rested and healthy **AND** ready to learn! If a child becomes sick, they must remain fever-free for 24-hours without the aid of a fever-reducing medication before returning to Oak Park. Parents, it is vital that you have alternate care arranged in the event of sickness.

Every document in our Enrollment Packet is required by either federal and state regulations and/or other government programs that we participate in. Each document is required in order to provide the highest rating of care for your child. Please endeavor to have all the enclosed documents complete and ready to **submit by your child's first day of attendance**. Oak Park Early Learning requires all forms to be submitted within **5 business days of your child's start date**. Failure to provide all the necessary documents by this due date will result in childcare services being temporarily suspended.

Thank you so much for your enabling us to provide the highest and safest quality of child care services for your family!

If you have any questions, please don't hesitate to reach out.

Blessings,

Lynn Loring,
Director

Oak Park Early Learning Academy

Child Enrollment Form

Date of Enrollment: _____
Child's First Name: _____ Nickname: _____
Child's Last Name: _____
Date of Birth: _____ Present Age: _____ Gender: ___ M ___ F
Verification Document: _____
Home Address: _____
City: _____ State: _____ Zip: _____



Mother's First Name: _____ Mother's Last Name: _____
Mother's Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Employer's Name: _____
Employer's Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____ Work Hours: _____
Email Address: _____
Mother's SSN: _____ DL Number: _____

Check here: To receive Oak Park Kids' FREE email newsletters. Have your child's weekly activity calendar, weekly meal menu & upcoming events delivered straight to your inbox! Plus, discover tips & ideas for creating a fun, learning environment at home.



Father's First Name: _____ Father's Last Name: _____
Father's Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____
Employer's Name: _____
Employer's Address: _____
City: _____ State: _____ Zip: _____
Work Phone: _____ Work Hours: _____
Email Address: _____
Father's SSN: _____ DL Number: _____

Check here: To receive Oak Park Kids' FREE email newsletters. Have your child's weekly activity calendar, weekly meal menu & upcoming events delivered straight to your inbox! Plus, discover tips & ideas for creating a fun, learning environment at home.

Service Needed Questionnaire:

Are you looking for full-time child care (Monday – Friday)? ____ Yes ____ No

Are you looking for part-time child care? ____ Tuesday/Thursday ____ Monday/Wednesday/Friday

Beginning date needing child care services: _____

Hours needed:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____



About Your Child:

Has your child ever been in child care before? _____

If so, what type? (center, family, ministry daycare) _____

Was it a positive experience? _____

Why are you looking for child care? _____

How does your child feel about daycare and being left by parents? _____

Are there any recent traumatic situations the child has experienced, such as death, divorce, new sibling? _____

What is your child's temperament? i.e. Easy going, hard to please, demanding, assertive, bashful? _____

What time does your child awaken? _____

What time does your child go to sleep at night? _____

Do they sleep through the night? _____

What languages are spoken at home? _____

Are there any siblings? Please name them and specify ages and gender.

First Name: _____ Age: _____ Gender: _____

First Name: _____ Age: _____ Gender: _____

First Name: _____ Age: _____ Gender: _____

First Name: _____ Age: _____ Gender: _____



What You Are Looking For In Child Care:

Please describe the type of child care services that you are looking for to meet your child's needs and your family needs:

Authorized Individuals:

Person(s) authorized to remove your child from Oak Park Early Learning Academy at end-of-day and/or due to sickness/emergencies. All authorized individuals must be approved by both legal guardians and/or in accordance with legal documents, through initials and dates.

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Alt. Phone: _____
Relationship to child: _____
Mother's Initials: _____ Date: _____ / Father's Initials: _____ Date: _____

Mother's Initi
First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Alt. Phone: _____
Relationship to child: _____
Mother's Initials: _____ Date: _____ / Father's Initials: _____ Date: _____

First Name: _____ Last Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Alt. Phone: _____
Relationship to child: _____
Mother's Initials: _____ Date: _____ / Father's Initials: _____ Date: _____



Medical Records:

List the following information to be used in case of an emergency:

Physician's Name: _____
Physician's Address: _____
City: _____ State: _____ Zip: _____
Physician's Phone Number: _____



Dentist's Name: _____
Dentist's Address: _____
City: _____ State: _____ Zip: _____
Dentist's Phone Number: _____



Child's Health Questionnaire:

A copy of your child's immunizations and current physical will be needed for enrollment.

General state of health: _____

Immunizations up-to-date?: _____

Does your child have any known allergies? _____ If yes, please list: _____

Are you concerned that your child may be prone to any type of allergies? Describe. _____

Does your child have any medical conditions which I should be made aware of? _____

Has your child had any of the following childhood illnesses? Please circle.

- | | | | |
|-------------------------|-----------------|---------------|----------------|
| Constipation | Nose Bleeds | Asthma | Measles |
| Convulsions | Lice | Bronchitis | Mumps |
| Diarrhea | Ringworm | Chicken Pox | German measles |
| Fainting Spells | Skin Rash | Diabetes | Polio |
| Frequent Colds | Stomach upsets | Heart Disease | Scarlet Fever |
| Frequent Ear Infections | Urinary problem | Hepatitis | Tuberculosis |
| Frequent Sore Throats | Worms | Impetigo | Whooping Cough |

Does your child have any speech, hearing or visual problems? _____

Does your child have any disability? _____

Does your child have an IEP or IFSP? _____ If yes, please provide a copy upon enrollment.

Would there be any restrictions to play or activities? Describe. _____

Are there any food restrictions? _____



Anything else that you would like to let me know about?

Oak Park Early Learning Academy – 2023 Rates

Non-refundable Annual Registration Fee: \$50

Tuition Rates	Infants	Toddlers- Twos	Preschool (3,4,5) Classroom	Before/ After School	School Age Full-time (Holidays, Summer)
Weekly	\$195	\$176	\$168	\$93	\$138
Bi-Weekly	\$390	\$352	\$336	\$186	\$276
Monthly	\$845	\$763	\$728	\$403	\$598

Part-Time Schedules --

	Monday-Wednesday-Friday	Tuesday-Thursday
Infant	N/A	N/A
Toddlers / Twos	\$120	\$90
Preschool	\$115	\$85
Before/After School	\$70	\$55
School Age – Full Time	\$100	\$75
Daily Drop In	\$50	

Discounts:

Active Military/Service Discount: \$5.00/week

Sibling Discount: \$5.00 off 2nd and subsequent children, IF NOT RECEIVING state subsidies, scholarships, in-house subsidies

Fees:

Late payment fee: \$20 per child

CCDF Late Swipe fee: \$20 per child

NSF Check fee: \$25.00

Late Pick-Up Fees:

1 – 10 minutes = \$10.00

10 – 60 minutes = \$60.00



Oak Park Early Learning Academy
1920 Chester Boulevard, Richmond IN 47374

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **Oak Park Early Learning Academy** 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 Application for Free and Reduced Price Meals. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

1. **Do I need to fill out a Meal Benefit Form for each of my children in day care?** You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household **only if the children in child care are enrolled in the same center**. 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: Oak Park Early Learning Academy, 1920 Chester Boulevard, Richmond IN 47374 | 765-488-2626.**
2. **Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) or Temporary Assistance for Needy Families (TANF) can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in WIC may be eligible for free meals.
3. **Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on the application. Children in households participating in WIC may be eligible for reduced price meals.
4. **May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.
5. **Who should I include as members of my household?** You must include all people in your household (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you. You also may include foster children who live with you.
6. **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 this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP or TANF case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.
7. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.
8. **What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income.
9. **We are in the military, do we include our housing and supplemental allowances 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 members, 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. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

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

If you have other questions or need help, call **765-488-2626**.

Sincerely,

Dani M. Arthur, Director

Building For the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at childcare homes and centers across the country. Providers are reimbursed for serving nutritious meals that meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups:)
Milk	Milk	Milk
Fruit or Vegetable	Meat or meat alternate	Meat or meat alternate
Grains or Bread	Grains or bread	Grains or bread
	Two different servings of fruits or vegetables	Fruit or vegetable

Participating

Facilities Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care Centers, Head Start programs, Outside-School-Hours programs, and some for-profit centers.
- **Family Child Care Homes:** Licensed or approved private homes.
- **At-Risk After School Meal Programs:** Centers in low-income areas provide free snacks and suppers to School-age children and youth.
- **Emergency Shelters:** Programs providing meals to homeless children.

Eligibility State agencies reimburse facilities that offer non-residential day care to the following children:

- Children age 12 and under,
- Migrant children age 15 and younger, and
- Youths through 18 in after school care programs in needy areas.

Contact

Information If you have questions about CACFP, please contact one of the following:

Sponsoring Organization/Center

Oak Park Early Learning Academy
1920 Chester Boulevard
Richmond, IN 47374
765-488-2626

Indiana Department of Education

CACFP Staff
School & Community Nutrition
115 West Washington Street
South Tower, Suite 600
Indianapolis IN 46204
800-537-1142 or 317-232-0850

The USDA is an equal opportunity provider and employer.

INSTRUCTIONS FOR COMPLETING THE CACFP
APPLICATION FOR FREE AND REDUCED PRICE MEALS (Child Care)

Follow these instructions, if your **household gets SNAP OR TANF**:

- Part 1: List all household members and birth dates for children.
- Part 2: List the case number for any household member (including adults) receiving Food Stamps or TANF.
- Part 3: Skip this part.
- Part 4: Skip this part.
- Part 5: Sign the form and enter the contact information. The last four digits of a Social Security Number are not necessary.
- Part 6: Sign this part if you do not want your application information shared with Medicaid or Hoosier Healthwise.
- Part 7: Answer this question if you choose.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If all children you are applying for are foster children, or if you are only applying for benefits for the foster child:

- Part 1: List all foster children. Check the box indicating that the child is a foster child.
- Part 2: Skip this part.
- Part 3: Skip this part.
- Part 4: Skip this part.
- Part 5: Sign the form and complete the contact information. A Social Security Number is not necessary.
- Part 6: Sign this part if you do not want your application information shared with Medicaid or Hoosier Healthwise.
- Part 7: Answer this question if you choose.

If some of the children in the household are foster children.

- Part 1: List all household members. For any person, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.
- Part 2: If the household does not have a case number, skip this part.
- Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [sponsor contact and phone number]. If not, skip this part.
- Part 4: Follow these instructions to report total household income from this month or last month:

Section A – Name: List only the first and last name of **each** person living in your household with income, related or not (such as grandparents, other relatives, or friends who live with you). Include yourself and all children living with you. Attach another sheet of paper if you need to.

Section B – Gross Income and How Often it was Received: for each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month or monthly.

In Box 1 - list the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

In Box 2 - list the amount each person got from the month from welfare, child support, alimony.

In Box 3 - list retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**INSTRUCTIONS FOR COMPLETING THE CACFP
APPLICATION FOR FREE AND REDUCED PRICE MEALS (Child Care)**

Part 5: Adult household member must sign the form, complete the information, and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Sign this part if you do not want your application information shared with Medicaid or Hoosier Healthwise.

Part 7: Answer this question if you choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all household members. For any person, including children, with no income, you must check the "No Income Box."

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month:

Section A—Name: List only the first and last name of each person living in your household with income, related or not (such as grandparents, other relatives, or friends who live with you). Include yourself and all children living with you. Attach another sheet of paper if you need to.

Section B – Gross Income and How Often it was Received: for each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month or monthly.

In Box 1 - list the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

In Box 2 - list the amount each person got from the month from welfare, child support, alimony.

In Box 3 - list retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits.

In box 4, list ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: An adult household member must sign the form, complete the information, and list the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Sign this part if you do not want your application information shared with Medicaid or Hoosier Healthwise.

Part 7: Answer this question if you choose.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.

This institution is an equal opportunity provider.

CACFP APPLICATION FOR FREE AND REDUCED PRICE MEALS (CHILD CARE)

SPONSOR NAME: OAK PARK CHURCH, INC	PHONE NUMBER: (765) 488-2626
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CENTER: OAK PARK EARLY LEARNING ACADEMY	FDC PROVIDER:
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PART 1. ALL HOUSEHOLD MEMBERS	BIRTH DATES OF CHILDREN	CHECK IF A FOSTER CHILD (LEGAL RESPONSIBILITY OF A WELFARE AGENCY/COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 4 TO SIGN THIS FORM.	CHECK IF NO INCOME
NAMES OF ALL HOUSEHOLD (FIRST, MIDDLE INITIAL, LAST)			
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

PART 2. BENEFITS: IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVED [FOOD STAMPS] OR [STATE TANF CASH ASSISTANCE], PROVIDE THE NAME AND CASE NUMBER FOR THE PERSON WHO RECEIVES BENEFITS. IF NO ONE RECEIVES THESE BENEFITS, SKIP TO PART 3.

NAME: _____ CASE NUMBER: _____

PART 3. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL [INSERT CENTER CONTACT AND PHONE NUMBER]

HOMELESS MIGRANT RUNAWAY

PART 4. TOTAL HOUSEHOLD GROSS INCOME—YOU MUST TELL US HOW MUCH AND HOW OFTEN

A. NAME (LIST ONLY HOUSEHOLD MEMBERS WITH INCOME)	B. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED			
	1. EARNINGS FROM WORK BEFORE DEDUCTIONS	2. WELFARE, CHILD SUPPORT, ALIMONY	3. PENSIONS, RETIREMENT, SOCIAL SECURITY, SSI, VA BENEFITS	4. ALL OTHER INCOME
(EXAMPLE): JANE SMITH	\$200/WEEKLY	\$150/TWICE A MONTH	\$100/MONTHLY	\$ / /
	\$ / /	\$ / /	\$ / /	\$ / /
	\$ / /	\$ / /	\$ / /	\$ / /
	\$ / /	\$ / /	\$ / /	\$ / /

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

AN ADULT HOUSEHOLD MEMBER MUST SIGN THIS FORM. IF PART 4 IS COMPLETED, THE ADULT SIGNING THE FORM MUST ALSO LIST THE LAST FOUR DIGITS OF HIS OR HER SOCIAL SECURITY NUMBER OR MARK THE "I DO NOT HAVE A SOCIAL SECURITY NUMBER" BOX. (SEE PRIVACY ACT STATEMENT ON THE BACK OF THIS PAGE.)

I CERTIFY THAT ALL INFORMATION ON THIS FORM IS TRUE AND THAT ALL INCOME IS REPORTED. I UNDERSTAND THAT THE CENTER OR DAY CARE HOME WILL GET FEDERAL FUNDS BASED ON THE INFORMATION I GIVE. I UNDERSTAND THAT CACFP OFFICIALS MAY VERIFY THE INFORMATION. I UNDERSTAND THAT IF I PURPOSELY GIVE FALSE INFORMATION, THE PARTICIPANT RECEIVING MEALS MAY LOSE THE MEAL BENEFITS, AND I MAY BE PROSECUTED.

SIGN: _____ PRINT NAME: _____ DATE: _____

ADDRESS: _____ PHONE NUMBER: _____

CITY: _____ STATE: _____ ZIP CODE: _____

LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: XXX - XX - _____ I DO NOT HAVE A SOCIAL SECURITY NUMBER

_____ Initial here if you consent to allow [Provider's Name] to collect your form and provide it to the Sponsor. [Provider's Name] will not review your form.

AN ENROLLED CHILD MAY QUALIFY FOR FREE OR REDUCE PRICED MEALS IF THE HOUSEHOLD INCOME FALLS AT OR BELOW THE LIMITS ON THIS CHART:

JULY 1, 2015 TO JUNE 30, 2016			
HOUSEHOLD SIZE	MONTHLY INCOME	HOUSEHOLD SIZE	MONTHLY INCOME
1	1,815	5	4,380
2	2,456	6	5,022
3	3,098	7	5,663
4	3,739	8	6,304

FOR EACH ADDITIONAL FAMILY MEMBER, ADD \$642

CACFP APPLICATION FOR FREE AND REDUCED PRICE MEALS (CHILD CARE)

PART 6. PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

MARK ONE ETHNIC IDENTITY:

- HISPANIC OR LATINO
- NOT HISPANIC OR LATINO

MARK ONE OR MORE RACIAL IDENTITIES:

- ASIAN AMERICAN INDIAN OR ALASKA NATIVE
- WHITE NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- BLACK OR AFRICAN AMERICAN

PART 7: OTHER BENEFITS: THE LAW ALLOWS US TO TELL MEDICAID AND HOOSIER HEALTHWISE THAT YOUR CHILDREN ARE ELIGIBLE FOR FREE OR REDUCED-PRICE MEALS. WE MAY SHARE YOUR APPLICATION INFORMATION WITH MEDICAID OR HOOSIER HEALTHWISE UNLESS YOU DO NOT WANT US TO. IF YOU DO NOT WANT US TO SHARE THIS INFORMATION, SIGN HERE:

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____

FOR HOOSIER HEALTHWISE INSURANCE INFORMATION, CALL 1-800-889-9949

PRIVACY ACT STATEMENT: 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) FOUND ONLINE AT: [HTTP://WWW.ASCR.USDA.GOV/COMPLAINT_FILING_CUST.HTML](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.

CHILD CARE REPRESENTATIVE USE ONLY

ANNUAL INCOME CONVERSION: WEEKLY X 52 – EVERY 2 WEEKS X 26 – TWICE A MONTH X 24 – MONTHLY X 12

SECTION A MARK ONE OF THE BOXES BELOW TO SHOW HOW YOU ARE GOING TO DETERMINE ELIGIBILITY.

FOOD STAMP OR TANF HOUSEHOLD—THE FOOD STAMP OR TANF NUMBER MEETS THE CRITERIA FOR AN ACCEPTABLE CASE NUMBER.
COMPLETE SECTION B & C **OR**

FOSTER CHILD—COMPARE THE FOSTER CHILD'S PERSONAL INCOME TO THE GUIDELINES.
COMPLETE SECTION B & C **OR**

HOUSEHOLD INCOME—COMPLETE THE INFORMATION BELOW AND COMPLETE SECTION B & C

TOTAL HOUSEHOLD SIZE: _____

TOTAL HOUSEHOLD INCOME \$ _____ / _____
EXAMPLE: \$100/WEEK

COMPARE TOTAL HOUSEHOLD INCOME TO CURRENT USDA INCOME ELIGIBILITY GUIDELINES. WHEN THE HOUSEHOLD INCOMES ARE LISTED FOR DIFFERENT PAY PERIODS, YOU MUST CONVERT ALL INCOME TO MONTHLY OR ANNUAL INCOME. USE THE CONVERSION LISTED ABOVE.

SECTION B

BASED ON THE INFORMATION PROVIDED, THIS APPLICATION WILL BE:

- APPROVED FREE APPROVED TIER I
- APPROVED REDUCED APPROVED TIER II
- PAID

USE THIS SPACE FOR INCOME CALCULATION.

SECTION C

SIGNATURE OF SPONSOR REPRESENTATIVE

DATE OF APPROVAL

THIS FORM EXPIRES ONE YEAR FROM THE DATE IT WAS APPROVED

CHILD ENROLLMENT FORM

IDOE/CACFP
August 2018

Name of Institution: Oak Park Church, Inc
Name of Facility: Oak Park Early Learning Academy

Sponsor ID Number: 1890050

Child's Name:

Birthdate:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Please enter the normal hours your child is in care on the specific days of care.							
Please check (✓) the meals your child normally receives while in care.	Breakfast _____ Lunch _____ PM snack _____	Breakfast _____ Lunch _____ PM snack _____	Breakfast _____ Lunch _____ PM snack _____	Breakfast _____ Lunch _____ PM snack _____	Breakfast _____ Lunch _____ PM snack _____	Breakfast _____ Lunch _____ PM snack _____	Breakfast _____ Lunch _____ PM snack _____
If your school-age child will be in attendance outside of the regular hours indicated above (snow days, school breaks, etc.) Please check (✓) here _____							

FOR INFANTS ONLY: All facilities must offer infant formula and meals/snacks to infants in care during meal service times

<u>Infant Formula</u>	
This facility will provide the following iron-fortified infant formula: _____	
Check here to accept: <input type="checkbox"/>	Check here to decline: <input type="checkbox"/> Provide name of parent-provided formula: _____
<u>Infant Meals and Snacks</u>	
Check here to accept: <input type="checkbox"/>	Check here to decline: <input type="checkbox"/>

This information is required by CACFP federal regulations at §226.15 (e)(2) and (3) for each enrolled participant, and must be updated annually.

Printed name of parent/guardian: _____

Phone Number: _____

Signature of parent/guardian: _____

Date: _____



Obligation to Serve Infants in the CACFP

IDOE/CACFP
Revised 12/15

Dear Parents/Guardians:

This center/home/ministry participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants and children. Participation in this program requires caregivers to follow specific meal patterns according to the age of the child being fed.

Policy requires a center/home/ministry participating in the CACFP to offer formula and meals to infants who are in care during meal service times. Parents/guardians, however, may decline what is offered, and supply the infant's meals instead.

Please complete the following information:

Name of Provider/Child Care Center/Ministry: _____

Name of Infant _____

Birth date _____

Type(s) of formula offered: Parent's Choice Iron-Fortified _____

I accept the type(s) of formula offered by my provider/childcare center/ministry.

I decline the type(s) of formula offered by my provider/childcare center/ministry.

I will provide _____ formula/breast milk for my infant.

* * * * *

I accept the meals and snacks offered by my provider/childcare center/ministry.

I decline the meals and snacks offered by my provider/childcare center/ministry.

I will provide meals and snacks for my infant.

SIGNATURE OF PARENT/GUARDIAN

DATE

- 1. This form must be kept on file for each infant enrolled for childcare.
2. As situations change, such as a medical authority changing the infant's formula, a new form should be completed.
3. This form must be kept current and accurate for each infant enrolled for childcare until the infant reaches one year of age or is no longer on infant formula.
4. If the parent/guardian declines the formula and the provider provides meal and/or snack components, the meal may be claimed for reimbursement.
5. If the parent/guardian declines infant meals/snacks, meals and snacks may NOT be claimed for reimbursement.

This institution is an equal opportunity provider.

Oak Park Early Learning Academy

Discipline Policy

It is very important that a child's development is nurtured through caring, patience and understanding. However, while caring for your children, we may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child or staff are not permitted.

In response to these behavior, we will not use:

- Threats or bribes.
- Physical punishment, even if requested by the parent.
- Deprive your child of food or other basic needs.
- Humiliation or isolation.

In response to misbehavior, we will:

- Respect your child.
- Establish clear rules.
- Be consistent in enforcing rules.
- Use positive language to explain desired behavior.
- Speak calmly while bending down to your child's eye level.
- Give clear choices.
- Redirect your child to a new activity.
- Move your child to a cool-down corner for no longer than one minute per year of your child's age, if necessary.

If your child's behavior is very disruptive or harmful to him/herself or other children, I will discuss the issue with you privately. Oak Park Early Learning Academy endeavors to work with the children and parents so that all children are given time to learn self-restraint. If the disruptive behavior consists, then the director and classroom teacher will meet with the parents/guardians to discuss a behavior action plan. If we are unable to resolve the issue, your child may be unenrolled from Oak Park Early Learning Academy.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

Child's Name

Date of Birth

Additional techniques to be used with my child:

Parent/Guardian Signature: _____ Date: _____



Emergency Consent Form

I/We hereby authorize OAK PARK EARLY LEARNING ACADEMY to give consent for all medical and/or surgical treatment that may be required for our child during our absence.

Child's Name: _____

Chronic illnesses: _____

Allergies: _____

Current medications: _____

Date of last tetanus immunization: _____

Other health information: _____

Physician: _____ Phone: _____

Health insurance company: _____

Member number: _____ Group number: _____

Home address of parent/guardian: _____

Phone number of parent/guardian: _____

Additional phone numbers: _____

Parent/guardian employer: _____ Phone: _____

Nearest relative: _____ Phone: _____

Additional relative: _____ Phone: _____

Parent/guardian signature: _____ Date: _____



Emergency Transport Permission Form

Child's Name: _____

This form authorizes Oak Park Early Learning Academy to provide emergency medical transportation and/or emergency evacuation transportation for your child. This form does not authorize or guarantee medical treatment.

I, _____, give
(Printed Parent/Guardian First and Last Name)

permission to Oak Park Early Learning Academy to transport my child to Reid Health at 1100 Reid Parkway, Richmond, IN for emergency medical care, OR in the event that emergency evacuation from our child care facility to another safe location is required. In the event that emergency evacuation from our facility is required, due to a fire, electrical outage, and/or storm damage, then Oak Park Early Learning Academy will seek refuge for our children at Reid Health, public school or other community building.

Parent/Guardian Signature: _____

Date: _____



HEALTH CARE PROGRAM FOR CHILD CARE CENTERS CHILD CARE CENTER HEALTH RECORD

State Form 49969 (R4 / 2-15)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W361
INDIANAPOLIS, IN 46204

Name of child (<i>last, first</i>)	Date of birth (<i>month, day, year</i>)	Date of admission (<i>month, day, year</i>)
Address (<i>number and street, city, state, and ZIP code</i>)		
Child lives with (<i>relationship</i>)	Name	Telephone number ()

MEDICAL HISTORY			
Communicable Disease	Month / Year	Condition	Explain if present
		Allergies:	-----

		Handicapping conditions:	-----
Screenings	Result / Date (<i>month, day, year</i>)		
TB Risk / Symptom		Other:	-----
Developmental Screen			-----
Lead			-----

PHYSICAL EXAMINATION	
Date of exam (<i>month, day, year</i>)	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:

Note any unusual findings:

Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (*including sports*)?

Yes No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:

Yes No

Oak Park Early Learning Academy

COVID-19 and Illness Policies and Procedures:

Oak Park Early Learning Academy is striving to provide a safe, nurturing learning environment for your children. The highly contagious COVID-19 pandemic has created ongoing operational challenges for our employees, as they endeavor to also provide a healthy, sanitary environment that reduces the spread of illnesses.

To help us meet this goal, our families must work alongside us. Children should only attend our program if they are healthy! Although COVID-19, colds and flu illnesses have similar symptoms, they are different illnesses. Children who have symptoms of infectious illnesses or certain symptoms of COVID-19 must be excluded from our care if they display:

- Fever (100.4°F or higher).
- Sore throat.
- Diarrhea, vomiting or stomachache.
- New onset of severe headache.
- New cough that causes difficulty breathing (for a child with chronic allergic/asthmatic cough, there may be a change from their usual cough).
- Direct contact with an individual that tested positive with COVID-19.

The length of time the child must remain out of childcare depends on whether the child has COVID-19 or another illness. In most instances, those who have been diagnosed with COVID-19 can be around others after:

- 10 days since symptoms first appeared or the date of testing that was positive; and
- 24 hours with no fever without the use of fever-reducing medications; and
- Other symptoms of COVID-19 (runny nose, sporadic cough) are improving.

Some of the policies and procedures that we have implemented include:

- Regular cleaning and sanitation of toys, furniture, and diapering/toileting surfaces.
- Classroom food carts to minimize direct contact with our food service staff.
- Daily health screens of both staff and children (by parents).
- Staggered playtimes in the gym and playgrounds to increase social distancing.
- Our teachers limit mixing between groups of children to reduce the spread of illnesses amongst a larger base.

Staff Illnesses

Oak Park Early Learning Academy will endeavor to provide reliable continuous childcare to our families. We never enroll new children unless we are adequately staffed to provide high-quality childcare services for them. Our program strives to adhere to our low child:staff ratios.

We recognize, however, that our staff members may also become sick with COVID-19 and other illnesses. While our administration has striven to employ sufficient caregivers to staff for contingencies, we have faced ongoing staff shortages and challenges. Consequently, childcare services may be interrupted due to staff shortages. Oak Park Early Learning will endeavor to let you

know as soon as possible if we are unable to provide childcare, including classrooms impacted and anticipated duration.

Our administration highly recommends that you discuss with your employers their COVID-19 policies and make plans now for emergency childcare situations.



Oak Park Early Learning Academy
Loving To Learn . . . For A Lifetime

PERMISSION TO PHOTOGRAPH/VIDEO YOUR CHILD

Oak Park Early Learning Academy will take pictures and/or videos during teaching, classroom activities, and other child care events. We would like your permission to share the pictures and/or videos taken at these events. These photos and/or videos will be used to share with families what takes place during their child's day in the classroom, to build a community of learners and families, and to market Oak Park Early Learning Academy's educational environment with prospective new families.

Oak Park Early Learning Academy will reference your child by first name only. We will not use last names nor provide any specific information regarding your child. We also will never sell these pictures and/or videos; we will use them exclusively for Oak Park Early Learning Academy's purposes.

I, _____, grant Oak Park Early Learning Academy
(Parent/Guardian's Printed First/Last Name)

permission to use photos and/or videos of my child, _____,
(Child's Printed First/Last Name)

in the following forms: (*Please circle all approved forms of usage*)

1. Oak Park Early Learning Academy's website
2. Oak Park Early Learning Academy's social media pages, such as Facebook and Instagram
3. Bulletin boards and classroom/hallway decorations
4. Brochures, parent newsletters, business cards/stationary
5. Brightwheel child care application
6. Advertising and media releases, including but not limited to the Palladium-Item

-OR-

_____, NO, PLEASE DO NOT use any photos and/or videos of my child in any events and/or for any Oak Park Early Learning Academy business. Photos and videos of my child may only be used for classroom projects/crafts and for his/her personal assessment portfolio and permanent record.

Parent/Guardian's Signature: _____ Date: _____

**BUREAU OF CHILD CARE
DIVISION OF FAMILY RESOURCES**

SAFE TRANSPORTAION OF FOOD RESPONSIBILITY

Food must be brought to the facility in clean, insulated, sanitizable containers, which keeps cold food at 41° F or below and hot food at 135° or above. Containers must be clearly labeled with the child's name and date of preparation.

Upon receiving the food from the parent, the facility shall verify the temperature of the food. When potentially hazardous food temperature is not correct, the facility will not accept the food.

Upon accepting the food, the facility shall maintain correct food temperatures until served.

PARENT AGREEMENT

I, _____ (Parent's name) will

provide food for _____ (Child's name).

I take full responsibility for the safety of my child's food during preparation, storage, and transportation to the facility.

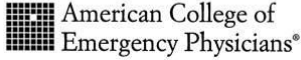
(Parent's Signature): _____

(Date): _____



Last name:

Emergency Information Form for Children With Special Needs



American Academy
of Pediatrics



Date form completed	Revised	Initials
By Whom	Revised	Initials

Name:	Birth date:	Nickname:
Home Address:	Home/Work Phone:	
Parent/Guardian:	Emergency Contact Names & Relationship:	
Signature/Consent*:		
Primary Language:	Phone Number(s):	

Physicians:	
Primary care physician:	Emergency Phone:
	Fax:
Current Specialty physician: Specialty:	Emergency Phone:
	Fax:
Current Specialty physician: Specialty:	Emergency Phone:
	Fax:
Anticipated Primary ED:	Pharmacy:
Anticipated Tertiary Care Center:	

Diagnoses/Past Procedures/Physical Exam:	
1 .	Baseline physical findings:
2.	
3.	Baseline vital signs:
4.	
Synopsis:	
	Baseline neurological status:

*Consent for release of this form to health care providers

Last name:

Diagnoses/Past Procedures/Physical Exam continued:

Medications:

Significant baseline ancillary findings (lab, x-ray, ECG):

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____

Prostheses/Appliances/Advanced Technology Devices:

Management Data:

Allergies: Medications/Foods to be avoided

and why:

- 1. _____
- 2. _____
- 3. _____

Procedures to be avoided

and why:

- 1. _____
- 2. _____
- 3. _____

Immunizations

Dates					
DPT					
OPV					
MMR					
HIB					

Dates					
Hep B					
Varicella					
TB status					
Other					

Antibiotic prophylaxis:

Indication:

Medication and dose:

Common Presenting Problems/Findings With Specific Suggested Managements

Problem

Suggested Diagnostic Studies

Treatment Considerations

Comments on child, family, or other specific medical issues:

Physician/Provider Signature:

Print Name:



Sunscreen & Insect Repellant Permission Form

Sunscreen Permission

Name of Child: _____

As the parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at **Oak Park Early Learning Academy** to apply a sunscreen product that is broad spectrum with SPF 15 or higher to my child, as specified below, when s/he will be playing outside, especially during the months of March through October and between the times of 10 am and 4 pm.

I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I have initialed below **ALL** applicable information for the use of sunscreen for my child:

- _____ I do not know of any allergies my child has to sunscreen.
- _____ My child is allergic to some sunscreens. Please use **ONLY** the following brand(s)/type(s) of sunscreen that I have labeled and sent: _____
- _____ I have provided the following brand/type of sunscreen for use for my child: _____
- _____ For medical or other reasons, please do **NOT** apply sunscreen to the following areas of my child's body:

Note: Do not rely on sunscreen alone to protect children from skin cancer.

Insect Repellant Permission

I give permission for the staff at Oak Park Early Learning Academy to apply a bug spray product to my child, as specified below, when s/he will be playing outside, especially during the months of April through October and between the daily time of 10 am and 4 pm.

I have initialed below **ALL** applicable information for the use of bug spray for my child:

- _____ I do not know of any allergies my child has to bug spray.
- _____ My child is allergic to some bug spray. Please use **ONLY** the following brand(s)/type(s) of bug spray that I have labeled and sent: _____
- _____ I have provided the following brand/type of bug spray for use for my child: _____
- _____ For medical or other reasons, please do **NOT** apply bug spray to the following areas of my child's body:

+++++

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____

Oak Park Early Learning Academy
WHAT MY CHILD NEEDS

Child's Name: _____ Age: _____ Date: _____

Parent(s) Name(s): _____

In each of the boxes write some notes about "what it takes" for your child to do the activity listed. Include words you and your child use, equipment needed, special ways for doing things, positioning, etc. This form should be updated and given to providers to help them understand your child.

	My Child's Strengths	My Child's Challenges	What It Takes To Help My Child	
			Equipment	Other
Communicating; Talking/Listening				
Thinking & Understanding				
Current Eating/Drinking Plan				
Diapering/Toileting				
Resting/Sleeping				
Traveling & Moving Around; Spatial Transitions				
Fears or Insecurities				

Oak Park Early Learning Academy
 WHAT MY CHILD NEEDS - Page 2

	My Child's Strengths	My Child's Challenges	What It Takes To Help My Child	
			Equipment	Other
Inside Play Time: Floor; Table; Getting toys				
Transitions (Moving from one activity to the next)				
Playing with others				
Outside Play Time: Getting to the playground, using the equipment				
Fine Motor Activities (Coloring, Painting, Cutting, etc)				
Large Motor Activities (Pulling up, walking, running, jumping, climbing, etc.)				
NOTES: Any additional comments that would assist our teachers in getting to know your child.				



PARENT'S NOTICE

State Form 49444 (R / 1-09) / BCC 0035

I understand that this day care ministry is not licensed under the laws of Indiana. However, I understand that this day care ministry complies with the State rules concerning sanitation and fire safety for the primary use of the structure in which it is conducted. I understand that it is my responsibility to ensure that the nutritional and health needs of my child are met while my child is at the day care ministry.

Signature of Parent or Guardian

Name(s) of children enrolled

This notice does not absolve a day care ministry from liability for injury to a child while the child is at the day care ministry if the cause of the injury is negligence or intentional wrongdoing on the part of the day care ministry or an employee of the day care ministry.

Name of facility

Address of facility (*number and street, city, state, and ZIP code*)

County