

Name: _____ D.O.B.: _____

Allergy to: _____

 Weight: _____ lbs. Asthma: ☐ **Yes (higher risk for a severe reaction)** ☐ **No**

**PLACE
PICTURE
HERE**

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- ☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- ☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR **ANY** OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

**OR A
COMBINATION**
of symptoms
from different
body areas.

1. **INJECT EPINEPHRINE IMMEDIATELY.**
2. **Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
 - Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
 - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
 - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
 - Alert emergency contacts.
 - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE
SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

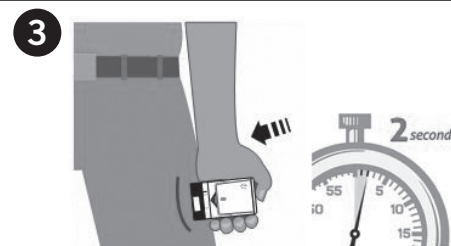
Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

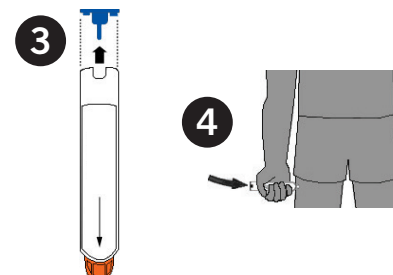
HOW TO USE AUVI-Q® (EPINEPRHINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.



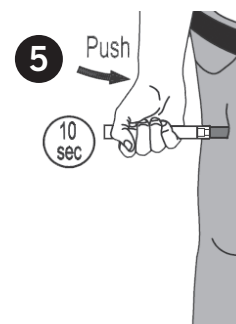
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENALICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____

Keeping Children Safe Wherever You Go!

Kids like to explore. It's part of growing up. It can be risky sometimes, but there are things you can do to help keep kids safe.



Safe Sleep

The ABC's of Infant sleep:

A – Sleep alone

B – On their back, with no blankets or bedding

C – In a crib and cool

S – In a smoke free room

Do:

- Do put babies to sleep alone on their backs in a crib or on another firm surface with a tight-fitting bottom sheet. If the baby leaves a dent in the bed, it's too soft.
- Do keep babies away from second hand smoke.
- Dress the baby lightly and control the room temperature.
- Do breast feed and use pacifiers. Both may lower risk of sudden death.

Don't:

- Don't put a baby to sleep with blankets, pillows, stuffed animals, or bumper pads.
- Don't cover a baby's face or let a baby cover its face with anything.
- Don't let a baby sleep with older kids.
- Don't sleep with a baby, especially if you have been using alcohol, drugs, or medicines that make you sleepy. Don't sleep with a baby when you are very tired.
- Don't put a baby to sleep on chairs, sofas, futons, beanbags, or cushions.
- Don't put babies to sleep on soft beds such as pillow-tops, waterbeds, or memory foam. If the baby leaves a dent in the bed, it's too soft.
- Don't expose babies to smoke.

Car Safety

- Always use car and booster seats. The law says you must put kids, under the age of two, in a car seat that faces backward and is installed in the back seat of the car. Older kids must be in booster seats or car seats until they are 8 years old or reach 4-foot, 9-inches tall.
- Talk to your kids about the dangers of playing around cars and watch them closely when they're around cars.
- Check to make sure that there are no children nearby before you get into a car to drive.
- Never leave a child alone in a car, no matter how short the stop or the weather, even if the windows are cracked.
- Use reminders that your child is in the back seat. Leave something you need in the backseat like your purse or phone or leave a stuffed animal or toy in the front seat.

Water Safety

- **Watch kids around water at all times.** Don't read or talk on the phone or anything that takes your attention off the child.
- Make sure you know who is supposed to watch the child around water.
- **Never leave a baby alone in a bath for any reason.** Get what you need before you start. Take the baby with you if you leave.
- Never leave small children alone near water. This includes pools, lakes, bathtubs, or even toilets.
- Make sure toddlers can't get out of the house and get into pools, hot tubs, or any body of water.

For additional tips, resources, and support: HelpandHope.org and [Facebook.com/4MyKid](https://www.facebook.com/4MyKid)

Texas Abuse Hotline: [1-800-252-5400](tel:1-800-252-5400) or TxAbuseHotline.org

March 2015 Stock No. P20957-0000



Keeping Children Safe Wherever You Go!

Gun Safety

Here are ways to keep a child from getting a loaded gun:

- Keep your gun unloaded when you are not using it.
- Don't store bullets and guns in the same place.
- Use cable locks or trigger locks.
- Use locks with no keys – like combination, magnetic, or electronic locks.
- Store guns in a lock box, vault, or safe.

Teach your child what to do if he or she sees a gun:

1. Stop & don't touch
2. Leave the area
3. Tell an adult

Poison Prevention

- Keep all medicine out of the reach and sight of children.
- Use the dosing device that comes with the medicine. The right dose is important, especially for young children. Teaspoons or tablespoons used for cooking do not measure the same amount as the dosing device.
- Store household products, cleaners, and chemicals out of sight and reach of children. Don't store them under the kitchen sink and in the bathroom. Remember that kids may get into other places like a purse or side table.
- Keep cleaning products in their original containers. Don't put a product that may be poison in something other than its original container.

TV & Furniture Tip Overs

- Secure TVs and furniture so they can't tip over.
- Mount flat TVs to the wall so they can't be pulled down. Follow the maker's instructions to make sure you have a secure fit.
- If you have an old box TV, put it on furniture that is low, stable, and designed for the size and weight of the TV.
- Use brackets, braces, or wall straps to secure furniture to the wall.

Help with Caring for Your Child

We all need help taking care of kids while we are working or just need to make a quick trip to run to the store. Before you ask someone to care for your child, think about these things:

- **Do they really want to do it?** Boyfriends, girlfriends, family members or others often feel like they can't say no. So, it's important to have an honest talk first. If they don't feel comfortable caring for your child, it's far safer to ask someone else.
- **Are they good with kids?** Can they meet my child's needs? It is important to think about whether they have the knowledge, ability, patience, and experience to care for children.
- **Can they handle the job?** Are they physically able to care for your child? Does their schedule let them meet your child's needs or is it during a time when they may need to sleep or do something else? Are they flexible if you need them to watch your child longer than expected?
- **Do they know how to handle a crying child?**
 - A healthy baby cries a lot in the first 12 weeks of life. Babies tend to cry more and more between the 2 and 6 weeks of life. That can put a lot of strain on parents and anyone watching the baby.
 - Sometimes even adults need a timeout. Be sure to ask for help if you are getting stressed out or it's getting to be too much!
 - **NEVER SHAKE A BABY!** Shaking a baby can cause brain damage and even death.

For additional tips, resources, and support:

HelpandHope.org

Facebook.com/4MyKid

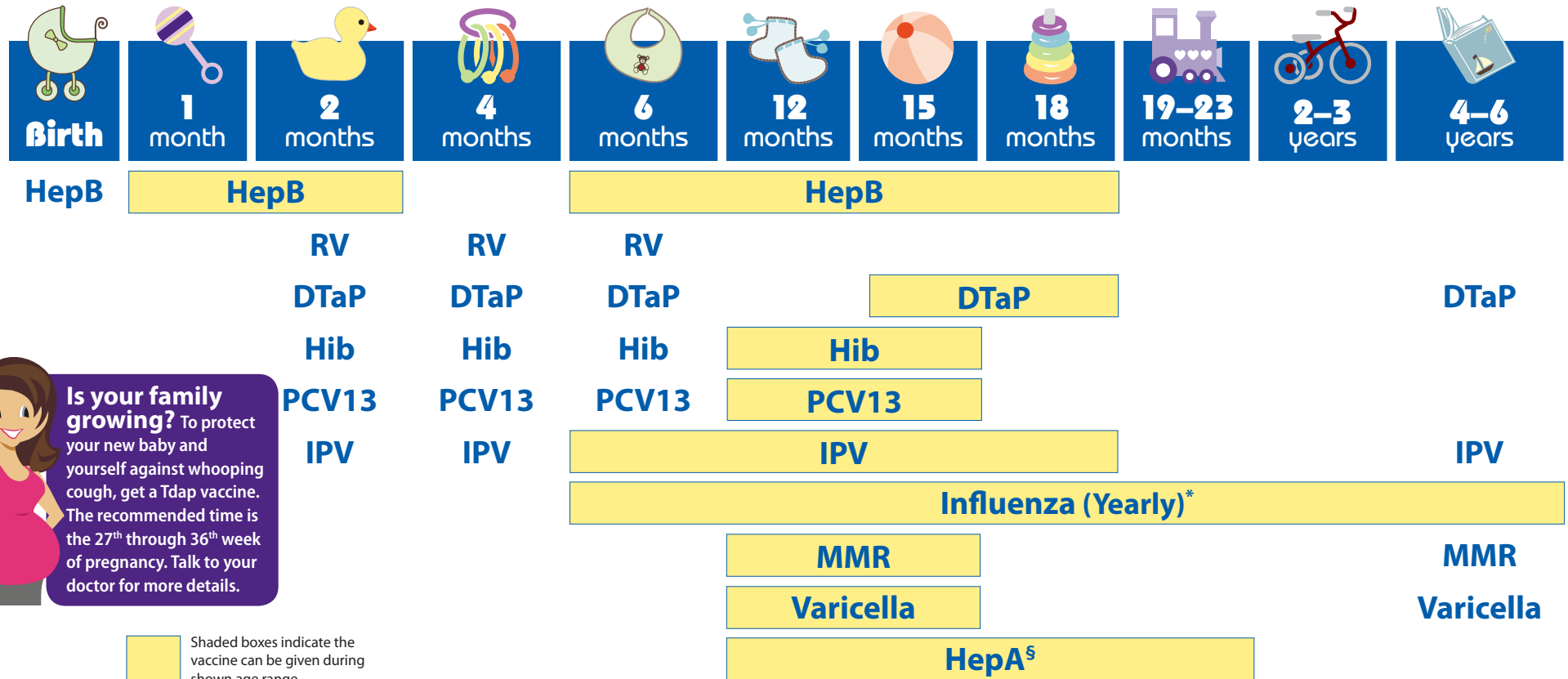
Texas Abuse Hotline

1-800-252-5400 or

TxAbuseHotline.org



2018 Recommended Immunizations for Children from Birth Through 6 Years Old



NOTE:

If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

FOOTNOTES:

- * Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- [§] Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.

SEE BACK PAGE FOR MORE INFORMATION ON VACCINE-PREVENTABLE DISEASES AND THE VACCINES THAT PREVENT THEM.



For more information, call toll free
1-800-CDC-INFO (1-800-232-4636)
or visit
www.cdc.gov/vaccines/parents



**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention



**American Academy
of Pediatrics**



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Vaccine-Preventable Diseases and the Vaccines that Prevent Them

Disease	Vaccine	Disease spread by	Disease symptoms	Disease complications
Chickenpox	Varicella vaccine protects against chickenpox.	Air, direct contact	Rash, tiredness, headache, fever	Infected blisters, bleeding disorders, encephalitis (brain swelling), pneumonia (infection in the lungs)
Diphtheria	DTaP* vaccine protects against diphtheria.	Air, direct contact	Sore throat, mild fever, weakness, swollen glands in neck	Swelling of the heart muscle, heart failure, coma, paralysis, death
Hib	Hib vaccine protects against <i>Haemophilus influenzae</i> type b.	Air, direct contact	May be no symptoms unless bacteria enter the blood	Meningitis (infection of the covering around the brain and spinal cord), intellectual disability, epiglottitis (life-threatening infection that can block the windpipe and lead to serious breathing problems), pneumonia (infection in the lungs), death
Hepatitis A	HepA vaccine protects against hepatitis A.	Direct contact, contaminated food or water	May be no symptoms, fever, stomach pain, loss of appetite, fatigue, vomiting, jaundice (yellowing of skin and eyes), dark urine	Liver failure, arthralgia (joint pain), kidney, pancreatic, and blood disorders
Hepatitis B	HepB vaccine protects against hepatitis B.	Contact with blood or body fluids	May be no symptoms, fever, headache, weakness, vomiting, jaundice (yellowing of skin and eyes), joint pain	Chronic liver infection, liver failure, liver cancer
Influenza (Flu)	Flu vaccine protects against influenza.	Air, direct contact	Fever, muscle pain, sore throat, cough, extreme fatigue	Pneumonia (infection in the lungs)
Measles	MMR** vaccine protects against measles.	Air, direct contact	Rash, fever, cough, runny nose, pinkeye	Encephalitis (brain swelling), pneumonia (infection in the lungs), death
Mumps	MMR** vaccine protects against mumps.	Air, direct contact	Swollen salivary glands (under the jaw), fever, headache, tiredness, muscle pain	Meningitis (infection of the covering around the brain and spinal cord), encephalitis (brain swelling), inflammation of testicles or ovaries, deafness
Pertussis	DTaP* vaccine protects against pertussis (whooping cough).	Air, direct contact	Severe cough, runny nose, apnea (a pause in breathing in infants)	Pneumonia (infection in the lungs), death
Polio	IPV vaccine protects against polio.	Air, direct contact, through the mouth	May be no symptoms, sore throat, fever, nausea, headache	Paralysis, death
Pneumococcal	PCV13 vaccine protects against pneumococcus.	Air, direct contact	May be no symptoms, pneumonia (infection in the lungs)	Bacteremia (blood infection), meningitis (infection of the covering around the brain and spinal cord), death
Rotavirus	RV vaccine protects against rotavirus.	Through the mouth	Diarrhea, fever, vomiting	Severe diarrhea, dehydration
Rubella	MMR** vaccine protects against rubella.	Air, direct contact	Children infected with rubella virus sometimes have a rash, fever, swollen lymph nodes	Very serious in pregnant women—can lead to miscarriage, stillbirth, premature delivery, birth defects
Tetanus	DTaP* vaccine protects against tetanus.	Exposure through cuts in skin	Stiffness in neck and abdominal muscles, difficulty swallowing, muscle spasms, fever	Broken bones, breathing difficulty, death

* DTaP combines protection against diphtheria, tetanus, and pertussis.

** MMR combines protection against measles, mumps, and rubella.



OPERATIONAL DISCIPLINE AND GUIDANCE POLICY

Purpose: This form provides the required information per minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

Directions: Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

DISCIPLINE AND GUIDANCE POLICY

Discipline must be:

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- 1) Corporal punishment or threats of corporal punishment;
- 2) Punishment associated with food, naps, or toilet training;
- 3) Pinching, shaking, or biting a child;
- 4) Hitting a child with a hand or instrument;
- 5) Putting anything in or on a child's mouth;
- 6) Humiliating, ridiculing, rejecting, or yelling at a child;
- 7) Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

ADDITIONAL DISCIPLINE AND GUIDANCE MEASURES (ONLY APPLIES TO BAP/SAP PROGRAMS THAT OPERATE UNDER CHAPTER 744)

A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
 - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
 - (B) What behaviors would warrant the use of these measures; and
 - (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).



SIGNATURE

This policy is effective on the following date:

Signed by:

X

Role:

- ☐ Parent ☐ Caregiver/Employee
☐ Household Member (Ch. 747 only)

MINIMUM STANDARDS RELATED TO DISCIPLINE

- Title 40, Chapter 746 Subchapter L:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=746&sch=L&rl=Y)
- Title 40, Chapter 747 Subchapter L
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=747&sch=L&rl=Y)
- Title 40, Chapter 744 Subchapter G:
[http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=40&pt=19&ch=744&sch=G&rl=Y)

Requirements Regarding Gang-Free Zones

For Child Care Centers

As a result of House Bill 2086 that passed during the 81st Legislature, Regular Session, Chapter 42 of the Human Resource Code includes section 42.064, effective September 1, 2009. This new statute requires that information about gang-free zones be distributed to parents and guardians of children in care at licensed child care centers. The following is a tip sheet to assist in complying with the new law. This information may be posted at your child care operation or copies may be provided to parents.

What is a gang-free zone?

A gang-free zone is a designated area around a specific location where prohibited gang related activity is subject to increased penalty under Texas law. The specific locations include day care centers. The gang-free zone is within 1000 feet of your child care center. For more information about what constitutes a gang-free zone, please consult sections 71.028 and 71.029 of the Texas Penal Code.

How do parents know where the gang-free zone ends?

The area that falls within a gang-free zone can vary depending on the type of location. The local municipal or county engineer may produce and update maps for the purposes of prosecution. Parents may contact their local municipality or court house for information about obtaining a copy of a map if they choose to do so.

What is the purpose of gang-free zones?

Similar to the motivation behind establishing drug-free zones, the purpose of gang-free zones is to deter certain types of criminal activity in areas where children gather by enforcing tougher penalties.

What does this mean for my day care center?

A child care center must inform parents or guardians of children attending the center about the new gang-free zone designation. This means parents or guardians need to be informed that certain gang-related criminal activity or engaging in organized criminal activity within 1000 feet of your center is a violation of this law and is therefore subject to increased penalty under state law.

When do I have to comply with the new requirements?

The law is already in effect, so providers should begin sharing information regarding gang-free zones immediately. Licensing staff will offer technical assistance to facilitate compliance until rules are proposed and adopted, which is estimated to occur in March 2010. In the meantime, providers should update their operational policies and procedures to include providing the information mandated by this law to the parents or guardians of the children in care.

For further information please contact your licensing representative or your local licensing office.



Illnesses Requiring Exclusion from CMBC Learning Center

- **Fever**, defined by the child's age as follows until medical evaluation indicates inclusion:
 - Infants 4 months old and younger -rectal temperature greater than 101° F or auxiliary (armpit) temperature greater than 100° F even if there is no change in their behavior.
 - Infants and children older than 4 months (accompanied by behavior changes or other signs or symptoms of illness) -rectal temperature of 102° F or greater, oral temperature of 101° F or greater, or auxiliary (armpit) temperature of 100° F or greater.
- **Signs possible severe illness**, including unusual lethargy, irritability, persistent crying, difficult breathing.
- **Uncontrolled diarrhea**, defined as an increased number of stools compared with the child's normal pattern, with increased stool water and/or decreased form that is not contained by the diaper or toilet use.
- **Vomiting** two or more times in the previous 24 hours unless the vomiting is determined to be due to a non-communicable condition and the child is not in danger of dehydration.
- **Mouth sores** with drooling unless the child's physician or local health department authority states the child is non-infectious.
- **Rash** with fever or behavior change until a physician has determined the illness not to be a communicable disease.
- **Purulent conjunctivitis**, defined as pink or red conjunctiva with white or yellow eye discharge, often with matted eyelids after sleep, and including a child with eye pain or redness of the eyelids or skin surrounding the eye.
- **Infestation** (*e.g., scabies, head lice*), until 24 hours after treatment was begun.
- **Tuberculosis**, until the child's physician or local health department authority states the child is non-infectious.
- **Impetigo**, until 24 hours after treatment was begun.
- **Streptococcal pharyngitis**, until 24 hours after treatment has been initiated, and until the child has been afebrile for 24 hours.
- **Ringworm** infection (*tinea capitis, tinea corporis, tinea cruris, and tinea pedis*) until 24 hours after treatment was begun.
- **Shingles**, only if the sores cannot be covered by clothing or a dressing, until the sores have crusted.

- **Pertussis**, which is laboratory confirmed, or suspected based on symptoms of the illness, or suspected because of cough onset with 14 days after having face-to-face contact with a laboratory confirmed case or pertussis in a household or classroom, until 5 days of appropriate chemoprophylaxis (currently, erythromycin) has been completed.
- **Mumps**, until 9 days after onset of parotid gland swelling.
- **Hepatitis A** virus infection, until 1 week after onset or illness or until after immune serum globulin has been given to appropriate children and staff in the program, as directed by the responsible health department.
- **Measles** until 6 days after the rash appears.
- **Rubella** until 6 days after the rash appears.

If you have any questions or concerns, please contact us PRIOR to bringing your child to the Center.

Child's Parent or Legal Guardian: _____

Director's /Designee: _____



Electronic Permission Slip

CMBC Learning Center would like to send reminders, notices, calendars, etc. via an electronic format to help with parent communication.

Please complete the following if you would like to be notified via any electronic format.

Please print clearly:

Child(ren)'s Name: _____

Name: _____

Email Address: _____

Name: _____

Email Address: _____

___ Please check here if you do not want to receive electronic communication. By communicating with you electronically this year, we will improve the flow of information. We will never sell or distribute your email address.



CMBC Learning Center PHOTO RELEASE FORM

I understand that CMBC Learning Center may take pictures of the children from time to time for display in the center.

The pictures may also be used:

- ☐ in Concord Church presentations
- ☐ brochures
- ☐ other advertising methods
- ☐ CMBC Social Media *private* pages/groups

I agree to give permission for CMBC Learning Center to take photographs or video images of my child. I agree to allow these photographs to be displayed in my child's room, center bulletin boards, or to be used as mentioned above. I agree to allow the CMBC Learning Center to use these photographs or video as identified in the list above.

Child's Name _____ Parent's Name _____

Parent's Signature _____ Date _____



FP Assistance

Feeding the Future

Enrollment Form

Center Name: _____ Site Code: _____

Child's Name: _____ Date of Birth: ____/____/____

Admission date: ____/____/____ Withdrawal Date: ____/____/____ Classroom: _____

1. Check the days that your child will normally attend the center:

___Mon ___Tue ___Wed ___Thu ___Fri ___Sat ___Sun

2. Check the meals normally served to your child in the center:

___Breakfast___AM Snack ___Lunch ___PM Snack ___Supper ___Evening Snack

3. What hours will your child normally be in the center:

____:____ to ____:____

4. Participant's ethnic and racial identities

Ethnicity (choose one ethnic identity):

☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race: (choose one or more racial identities):

☐ Asian ☐ American Indian or Alaska Native
☐ White ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American

	Parent Signature	Date of Signature	Day Time Phone Number
1)	_____	_____	(____) ____-_____
2)	_____	_____	(____) ____-_____
3)	_____	_____	(____) ____-_____
4)	_____	_____	(____) ____-_____

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



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<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 receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME: _____ ELIGIBILITY NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: _____ ELIGIBILITY NUMBER: _____

Check here if no eligibility number ☐

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income) (Example) Jane Smith	B. Gross income and how often it was received Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-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 next 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 here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ ☐ I do not have a Social Security Number



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (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
☐ White
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- ☐ I do elect to allow my household information to be disclosed.
- ☐ I do not elect to allow my household information to be disclosed.

Don't fill out this part. This is for official use only.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____

Categorical Eligibility: ____ Date Withdrawn: _____ Eligibility: Free ____ Reduced ____ Denied ____ Tier I ____ Tier II ____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

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) eligibility 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.

Non-discrimination 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, audiotope, 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, 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.