TEXAS Health and Human Services

Enrollment Date: _____

Admission Information

Form 2935
nuary 2025

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information

Operation's Name: 1687543 Little Explorers Academy		Director's Name: DeAna Kindt	
Child's Full Name:		Child's Date of Birth:	Child Lives With: ◯ Both parents ◯ Mom ◯ Dad ◯ Guardian
Child's Home Address:		Date of Admission:	Date of Withdrawal:
Name of Parent or Guardian 1:		Address of Parent or Guardian 1 if different from the child's:	
Name of Parent or Guardian 2:		Address of Parent or Guardian 2 if different from the child's:	
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Area Code and Phone No.:	Parent 2 Area Code and Phone No.:	Guardian's Area Code and Phone No.:	Custody Documents on File: ◯ Yes ◯ No
In case of an emergency, when the parent or guardian cannot be reached, call:			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			

I authorize the child care operation **to release** my child to leave the child care operation **only** with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.

Name and Relationship	Area Code and Phone No.:
Name and Relationship	Area Code and Phone No.:
Name and Relationship	Area Code and Phone No.:

Consent Information

1. Transportation:

I give consent for my child to be transported and supervised by the operation's employees. Check all that apply.

☐ for emergency care ☐ on field trips ☒ N/A to and from home ☐ to and from school

2. Field Trips:

◯ I give consent for my child to participate in field trips. ◯ I do not give consent for my child to participate in field trips.

Comments:

Staff Initials:_____

3. Water Activities:

I give consent for my child to participate in the following water activities. Check all that apply.

☐ water table play ☐ sprinkler play ☐ splashing or wading pools ☐ swimming pools ☐ aquatic playgrounds

Is your child able to swim without assistance?

◯ Yes ◯ No

If no, your child is required to wear a life jacket while in or near a swimming pool.

Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?

◯ Yes ◯ No

If yes, your child is required to wear a life jacket while in or near a swimming pool.

Do you want your child to wear a life jacket while in or near a swimming pool?

◯ Yes ◯ No

*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

☐ Discipline and guidance
☐ Suspension and expulsion
☐ Emergency plans
☐ Procedures for conducting health checks
☐ Safe sleep
☐ Procedures for parents to discuss concerns with the director
☐ Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions
☐ Procedures for parents to participate in operation activities
☐ Procedures for release of children
☐ Illness and exclusion criteria
☐ Procedures for dispensing medications
☐ Immunization requirements for children
☐ Meals and food service practices
☐ Procedures to visit the center without securing prior approval
☐ Procedures for supporting inclusive services
☐ Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website

5. Meals:

I understand that the following meals will be served to my child while in care. Check all that apply:

☐ None ☒ Breakfast ☒ Morning snack ☒ Lunch ☒ Afternoon snack ☐ Supper ☒ Evening snack

6. Days and Times in Care:

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday	N/A	N/A
Sunday	N/A	N/A

7. Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

_____ **Signature — Parent or Legal Guardian**

_____ **Date Signed**

Staff Initials: _____

8. Child's Special Care Needs, check all that apply

- ☐ Environmental allergies
- ☐ Food intolerances
- ☐ Existing illness
- ☐ Previous serious illness
- ☐ Injuries and hospitalizations in the past 12 months
- ☐ Other: _____
- ☐ Limitations or restrictions on child's activities
- ☐ Reasonable accommodations or modifications
- ☐ Adaptive equipment, include instructions below
- ☐ Symptoms or indications of complications
- ☐ Medications prescribed for continuous long-term use

Explain any needs selected above:

Does your child have diagnosed food allergies? ◯ Yes ◯ No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit www.ada.gov/resources/child-care-centers/. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature — Parent or Legal Guardian **Date Signed**

9. School Age Children

My child attends the following school:	School Area Code and Phone No.:

My child has permission to:
Check all that apply.

☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of their sibling younger than 18 years old

Authorized pick up or drop off locations other than the child's address:

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Area Code and Phone No.
Name of Emergency Care Facility	Address	Area Code and Phone No.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature — Parent or Legal Guardian **Date Signed**

Staff Initials: _____

Requirements for Exclusion from Compliance

◯ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

◯ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

4 Year Olds ONLY — Vision Exam Results — 4 Year Olds ONLY

Right Eye 20/ Left Eye 20/ ◯Pass ◯Fail

Signature **Date Signed**

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				◯ Pass ◯ Fail
Left				◯ Pass ◯ Fail

Signature **Date Signed**

Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission. Select **only one** option.

◯ Health Care Professional's Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.

◯ A signed and dated copy of a health care professional's statement is attached.

◯ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

◯ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name of Health Care Professional, if selected

Address of Health Care Professional, if selected

Signature — Health Care Professional

Date Signed

Signature — Parent or Legal Guardian

Date Signed

Staff Initials: _____

Varicella for Chickenpox

Varicella, the vaccine for chickenpox, is not required if your child has had chickenpox disease. If your child has had chickenpox, complete the statement: My child had varicella disease, chickenpox, on or about [date] and does not need varicella vaccine.

Signature **Date Signed**

Additional Information About Immunizations

For additional information about immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

TB Test if required

◯ Positive ◯ Negative Date: N/A

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at https://hhs.texas.gov/policies-practices-privacy#security

Signatures

Child's Parent or Legal Guardian **Date Signed**

Center Designee **Date Signed**

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature **Date Signed**

All students are required to go through a Trial Discovery Week at Little Explorers Academy before they are actually Admitted to the Academy:

All enrollments to Little Explorers Academy are considered temporary until the Trial Week is Complete and the Director has Approved Admission for the Student in to our Academy.

Because children learn and thrive in different environments, we want to make sure that our environment is a good fit for your child. It is important to us that your child is set up for success and not all environments are for every child.

In the event your student is not a good fit for our learning environment, all contractual agreements will be immediately terminated, and the family would not be required to submit a two week's notice.

The Registration Fee and Trial Discovery Week's Tuition for the student is nonrefundable.

Initials _____

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Enrollment Agreements

GANG FREE ZONE:
Under the Texas Penal Code, any area within 1,000 feet of a childcare center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.
I've read the above & agree [ ] Initials

LIABILITY WAIVER:
I hereby certify that my child(ren) is/are in good physical condition and do/does not suffer from any disability that prevents or limits his/her participation in all activities conducted by Little Explorers Academy. I acknowledge that Little Explorers Academy will not assume any responsibility or liability for personal injury or damages caused by the injury. In the event Little Explorers Academy is unable to reach a parent, guardian, or any emergency contact, I hereby give permission for my child(ren) to be transported to the nearest hospital for treatment in case of an accident or emergency. I hereby further authorize(s) any of the staff or employees to provide for, approve and authorize health care at hospital.
I've read the above & agree [ ] Initials

PHOTO RELEASE:
I hereby grant and authorize undefined the right to take, edit, copy, publish, distribute, and make use of all pictures or video taken of my child(ren) to be used in and/or for legally promotional materials, social media, and digital communications. This authorization shall continue indefinitely unless I otherwise revoke said authorization in writing. I understand and agree that these materials shall become the property of and will not be returned.
I've read the above & agree [ ] Initials

LATE PICK-UP POLICY:
I acknowledge that my children must be picked up prior to the closing time of the business. Failure to retrieve my child by this time will result in additional fees of $25 at the time of closure and every 15 minutes after, along with a fee of $1 per minute. If you are late and fail to notify the staff, they will try to contact you and then the Emergency Contact from the file. If no contact is made, we may be forced to contact law enforcement.
I've read the above & agree [ ] Initials

TUITION:
I acknowledge that tuition is due on the Friday, prior to the attendance each week. If my tuition is not paid by Monday (EOD), I will pay a late fee of $25. Failure to pay for one week will result is suspension of care until the balance is paid in full. The school cannot guarantee your child's spot will be reserved while account is suspended for non-payment.

I've read the above & agree [ ] Initials Registration Fee:_____ Rate: _____

Parent Signature _____ Parents Name Print _____ Date _____

Staff Signature _____ Staff Name Print _____ Date _____

Staff Initials _____

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ENROLLMENT REGISTRATION ORIENTATION

ENROLLMENT CHECKLIST

Please review the entire Enrollment Registration Information Packet and Family handbook with each member of the family. Be sure that All Forms are Filled Out Completely with Appropriate Initials and Signatures. Review the Child's Health Records and Immunizations for State Compliance to ensure the Physician has Stamped and/or Signed the documents and has Filled In All the Necessary Dates.

REVIEW WITH FAMILY:

- ☑ Tour of Facility
- ☑ Introduction to Teaching Staff
- ☑ Parent Visit with Classroom Teacher
- ☑ Completed Enrollment Registration Information Packet, Including the Agreement Form
- ☑ Family Handbook Overview and Acknowledgment Signed
- ☑ Child Information Form, Discipline Policy, Feeding Instructions, Allergy Plan - All Signed & Updated
- ☑ Immunizations (All), Vision & Hearing Screen (4 years and Older) and Physician Health Records Provided
- ☑ Inform Staff of Elements Related to CCS Enrollment - Offer Help
- ☑ Refrain use of Cell Phones on Premise for better communication
- ☑ TRS - Texas Rising Star Certification
- ☑ The Child's First Day in Care - Opportunity to Visit Classroom for Extended Time
- ☑ Consistency of Arrival Time and Before Academics
- ☑ Consistent Arrival and Late Arrival Policies
- ☑ Drop Off and Pick Up Do's and Don'ts
- ☑ Absenteeism, Vacation and Sick Policy
- ☑ Process and Procedures for Security Access
- ☑ Authorized Pick-Up Procedures
- ☑ Review Disaster, Evacuation Plans and Relocation
- ☑ Child Custody Documents (if applicable)
- ☑ Limited Technology and Screen Time Use
- ☑ Any Photo, Social Media Restrictions
- ☑ Immunization and Health Records - Updates
- ☑ Labeled Items to Bring (Clothes, other)
- ☑ Medication Policy
- ☑ Annual Registration Fee and Supply Fees, if applicable
- ☑ Tuition Payment Schedule: Amount, Due Dates
- ☑ Late Pick-Up Policy, Late Fees
- ☑ Meals, Nutrition and Menu
- ☑ Allergy Policies
- ☑ Center Policies and Procedures
- ☑ Child Classroom Management (Discipline Policy)
- ☑ Communication with Parents and Family
- ☑ Discussion of Developmental Milestones
- ☑ Parent Conferences, Daily Communications
- ☑ Service Plan for Child's Needs
- ☑ Parent Resources & Community Activity Area
- ☑ Discuss Role and Influence of Families

The Information Above was Thoroughly Reviewed with Me and All of My Questions have Been Answered to My Satisfaction. I have Received a Written Copy of the Family Handbook and have a Clear Understanding of Little Explorers Academy's, Policies and Procedures and Agree to Follow, Accept and Abide by All Above Therein.

Parent Print Name: _____ **Parent Signature: X**_____ **Date:** _____

Staff Print Name: _____ **Staff Signature: X**_____ **Date:** _____

Staff Initials _____

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Authorized Pick-ups

Parent/Guardian #1: _____Relationship to Child: _____

Email Address: _____Home/Cell Phone: _____

Address: _____City: _____ State: _____ Zip: _____

_____Copy on File of Driver's License

Employer: _____Work Phone: _____ Work Hours: _____

Parent/Guardian #2: _____Relationship to Child: _____

Email Address:_____Home/Cell Phone:_____

Address:_____City: _____ State: _____ Zip: _____

_____*Copy on File of Driver's License*

Employer: _____Work Phone: _____Work Hours: _____

Authorized Pick-up #3: _____Relationship to Child: _____

Email Address: _____Home/Cell Phone: _____

_____ *Copy on File of Driver's* License

Authorized Pick-up #4: _____Relationship to Child: _____

Email Address: _____Home/Cell Phone: _____

_____ Copy on File of Driver's License

Authorized Pick-up #5: _____Relationship to Child: _____

Email Address: _____Home/Cell Phone: _____

_____ Copy on File of Driver's License

Authorized Pick-up #6: _____Relationship to Child: _____

Email Address: _____Home/Cell Phone: _____

_____ Copy on File of Driver's License

If you want a person WHO IS NOT IDENTIFIED ABOVE, to pick up your child, you MUST notify the school staff in advance and in WRITING. Your child WILL NOT be Released without your prior WRITTEN AUTHORIZATION.

Parent Signature: _____Date: _____

Staff Initials _____

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Non-Prescription Medication Form

Child's Name _____ Date _____

I authorize my child care provider, **Little Explorers Academy** to use the following products on my child according to the manufacturer or a physician's written instructions and only when needed. I will not hold the above named provider liable when the products are used according to these terms.

Please circle yes or no and add a brand name where necessary.

Diaper Ointment and/or Lotion:

Circle One: **Yes - No**

What Brand(s) Will You Bring? _____ Lotion: _____

Comments:_____

The following medication will be provided by the center in case of an allergy breakout and will not be given routinely.

Children's Benadryl Antihistamine:

Used only in the case of an allergic reaction and Medical Emergency.

Circle One: **Yes - No** Parent Initials for approval: _____

If No, what is the alternative: _____

_____

Parent Signature: _____

Provider Signature: _____

This form will be reviewed annually.

Staff Initials _____

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TEXAS Health and Human Services

Form 2987
October 2023

Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

Directions: Parents will review these rights upon enrolling their child.

Rights of Parent or Guardian

A parent or guardian of a child at a child care facility has the right to:

(1) enter and examine the child care facility during the facility's hours of operation without advanced notice;

(2) review the child care facility's publicly accessible records;

(3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;

(4) obtain a copy of the child care facility's policies and procedures;

(5) review, at the request of the parent or guardian, the facility's:

(A) staff training records; and

(B) any in-house staff training curriculum used by the facility;

(6) review the child care facility's written records concerning the parent's or guardian's child;

(7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:

(A) video recordings of the alleged incident are available;

(B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and

(C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;

(8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;

(9) be provided the contact information for the child care facility's local Child Care Regulation office;

(10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and

(11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

_____ _____

Signature of Parent or Guardian **Date**

Resources

Facility Information and Online Compliance History: http://txchildcaresearch.org

Child Care Regulation Contact Information: https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation

Staff Initials: _____

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PARENT AND FAMILY INVOLVEMENT AND COMMUNICATION:

Our staff at Little Explorers Academy has an Open-Door Policy and wants to assist parents in understanding the developmental stages their children experience, enabling them to contribute most effectively to the child's growth and enrichment. Parents are encouraged to visit Little Explorers Academy and observe how their child interacts with the staff and other children. You are welcome at all times to visit the program and participate in all activities of the program. We always want to make sure the visit does not upset the child. If your visit becomes disruptive to your child or the other children, you will be asked to return on another day.

As important events occur in your child's life or in your family, please share these with the teachers. These might include the death of a pet, moving to a new house, the illness of a grandparent, or even the separation of parents.

Informed teachers will be better able to support your child and tell you how your child is responding to these events. Please know that information you share with your child's teacher is confidential and will not be shared with others. We have your consent to e-mail, text, phone and send any other means of communication needed during and after your child's enrollment at LEA.

We value parent ideas and input. We also value our time in the classroom with your child. For this reason, we respectfully ask parents to schedule a private meeting to discuss issues and concerns that may arise in the course of a child's enrollment rather than discussing concerns in the presence of children or other observers in the classroom. We want to give you our undivided attention and this is not possible when the teachers are responsible for children.

The Child Care staff strives to provide many avenues of communication with all parents. Please feel free to utilize voice mail, email and written notes as methods of communicating with your child's teacher. Be aware classroom teachers spend most their time working directly with children. Voice mail and email messages will be returned as promptly as possible.

Email and messaging through the Parent Portal will be used to communicate most school-wide announcements. Please be sure to provide a current email address to your child's teacher as well as the child care Center Director. Changes to policies and/or procedures affecting the child care program will be communicated to parents through email and the Parent Handbook will be updated and made available accordingly. Notify Little Explorers Academy staff if you do not have access to email. A print copy will be provided for you. The child care director is available to discuss the policies and procedures of the program and parents are invited to share their comments or concerns.

- ✓ Information Bulletin Boards, Website Parent Portal
- ✓ Check-in Computer, Email, Telephone
- ✓ Parent Conferences

We are a Licensed and Insured Facility.

Staff Initials _____

TEXAS Health and Human Services

Form 1099
September 2023

Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) 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) Grabbing or Pulling a child;
4) Putting anything in or on a child's mouth;
5) Humiliating, ridiculing, rejecting, or yelling at a child;
6) Subjecting a child to harsh, abusive, or profane language;
7) Placing a child in a locked or dark room, bathroom, or closet
8) Placing a child in a restrictive device for time out;
9) Withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation of time out that is consistent with 746.2803(4)(D);
10) 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 Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC 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 TAC 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: _____

Role: ◯ Parent ◯ Caregiver/Employee ◯ Household Member (CH. 747 only)

Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L: http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y
- Title 26, Chapter 747 Subchapter L: http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y
- Title 26, Chapter 744 Subchapter G: http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y

Staff Initials _____

This letter is intended for the parents or guardians of children enrolled at:

Little Explorers Academy

Dear Parent/Guardian:

This child care center 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 Meal Benefit Income Eligibility Form. 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 the child care center's director.**

2. Who can get free meals without providing income information? Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children (reference question #8 for more information on foster children) and children enrolled in a Head Start Program (HSP), Early Head Start Program (EHSP), or Even Start Program (ESP) and have not entered kindergarten) are also eligible for free meals. Households with children enrolled in a HSP, EHSP or ESP can provide a certification letter from the program of the child's enrollment and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

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 Income Chart, sent with this 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 everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. 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, TANF, FDPIR 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. Households wishing to apply for such benefits for foster children can provide the Texas Department of Family and Protective Services Form 2085FC, *Placement Authorization Foster Care/Residential Care*, to their child's caregiver and do not need to complete the CACFP Meal Benefit Income Eligibility Form**.**

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.

10. ***(Pricing program only)*** **Will the information I give be verified?** Maybe. We may ask you to send written proof to verify the information you submitted on the form.

What if I disagree with the decision about the information I complete on this form?
You can speak to Amy Pringle by telephone at (832) 282-1351.

You may ask for a hearing by calling or writing to Max Taylor, Advance Child Care, Inc.; 523 West First Ave; Corsicana, Texas 75110, (903)872-5231.

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 Amy Pringle at (832) 282-1351

Texas Department of Agriculture
Form 1625-A
February, 2023

Income Eligibility Guidelines for Determining Free or Reduced-Price Benefits July 1, 2023 - June 30, 2024

Children from households whose incomes are at or below the levels shown below, or who receive Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP) benefits, are eligible for free or reduced-price meals.

Adult Day Care participants whose household incomes are at or below the levels shown below, or who receive Medicaid, Supplemental Security Income (SSI), or SNAP benefits, are eligible for free or reduced-price meals.

IIngresos máximos para determiner la elegibilidad para beneficios gratuitos o a precio reducido 1 de julio de 2023 - 30 de junio de 2024

Los niños de hogares con ingresos iguales o menores a los niveles que se muestran a continuación, o que reciben Asistencia Temporal para Familias Necesitadas (TANF), ayuda del Programa Suplementario de Asistencia Nutricional (SNAP), o del Programa de Distribución de Alimentos en Reservaciones Indígenas (FDPIR) califican para recibir comidas gratuitas o a precio reducido.

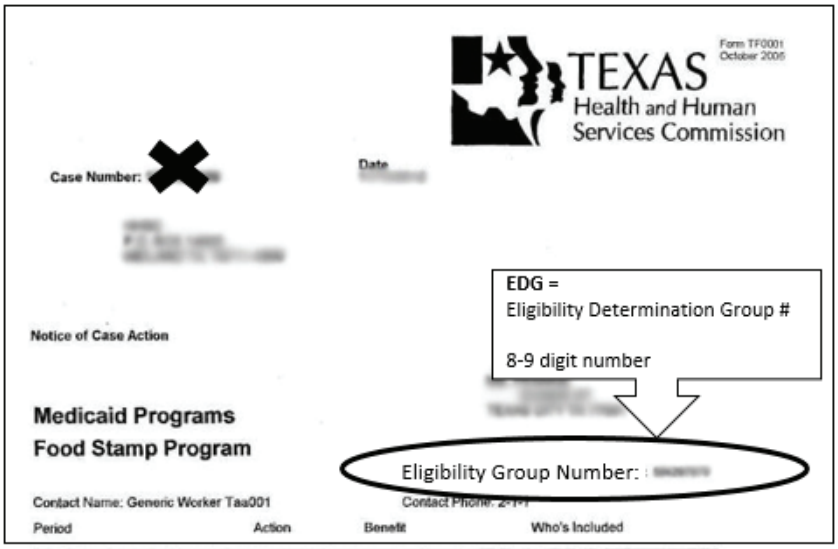
Las personas que participan en programas de Cuidado Diario para Adultos cuyos ingresos familiares son iguales o por debajo de los niveles que se muestran a continuación, o que reciben Medicaid, Seguridad de Ingreso Suplementario (SSI), TANF, o beneficios de SNAP o FDPIR califican para recibir comidas gratuitas o a precio reducido.

FAMILY SIZE	ANNUAL	MONTHLY	TWICE MONTHLY	BI-WEEKLY	WEEKLY
1	$26,973	$2,248	$1,124	$1,038	$519
2	$36,482	$3,041	$1,521	$1,404	$702
3	$45,991	$3,833	$1,917	$1,769	$885
4	$55,500	$4,625	$2,313	$2,135	$1,068
5	$65,009	$5,418	$2,709	$2,501	$1,251
6	$74,518	$6,210	$3,105	$2,867	$1,434
7	$84,027	$7,003	$3,502	$3,232	$1,616
8	$93,536	$7,795	$3,898	$3,598	$1,799
For each additional family member add:	$9,509	$793	$397	$366	$183

INSTRUCTIONS FOR
CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM
(CHILD CARE)

Follow these instructions, if your household gets SNAP, TANF or FDPIR:

Part 1: List all enrolled children and household members.
Part 2: List the eligibility number for any household members (including adults) receiving SNAP or TANF or FDPIR benefits. The SNAP or TANF number must be the 8 or 9 digit EDG# assigned by HHSC (see illustration).
Part 3: Skip this part.
Part 4: Skip this part.
Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.
Part 6: Answer this question if you choose.
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. A Social Security Number is **not** necessary.
Part 6: Answer this question if you choose.
Part 7: Answer this question if you choose.

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

Part 1: List all enrolled children and household members. For any people, 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 an eligibility number, skip this part.
Part 3: **Applies only to parents/guardians of children in Tier II Day Care Homes**. Sponsors must provide the *List of Eligible Federal/State Funded Programs* (H1660), with this form to households with children enrolled in Tier II Day Care Homes. Parents/Guardians can enter the program name and number as applicable.
Part 4: Follow these instructions to report total household income from this month or last month.
Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
Column 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. See next.

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.**

Box 2: List the amount each person got for the month from welfare, child support, alimony. **Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

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, report income after expenses in Box 1*. Box 4 is for your business, farm or rental property. Do not include income from SNAP, TANF, 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: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

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

Part 1: List all enrolled children and household members. For any people, 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.

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

Column 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.

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.

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

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, report income after expenses in Box 1*. Box 4 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: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

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.

CACFP STUDENT ENROLLMENT FORM

CM-1500

Center Name
Little Explorers Academy

This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals / snacks for your children. Federal CACFP regulations require all parents/guardians to complete a CACFP Enrollment Form when enrolling their child(ren) and review/update enrollment data annually thereafter.

CHILD INFORMATION

Center Enroll Date __ / __ / ____

Child's First Name

Child's Last Name

Child's Birth Date __ / __ / ____

Normal Days in Care
Center's Days of Operation:
M-F
M T W TH F SA SU

Normal Hours in Care
Center's Hours of Operation:
6:00 AM - 6:30 PM
☐ AM ☐ PM to ☐ AM ☐ PM

Meals/Snacks Child Receives
Meals/Snacks Served at Center:
BRK LUN PMS
BRK AMS LUN PMS SUP EVS

Ethnic Identity (Check one)
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Racial Identity (Check all that apply)
☐ White
☐ Black / African American
☐ Am. Indian / Alaskan Native
☐ Asian
☐ Native Hawaiian / Other Pacific Islander

Gender
☐ Male
☐ Female

SITE / SPONSOR USE ONLY
Withdrawal Date: ___/___/___
Re-Enroll Date ___/___/___

Center Enroll Date __ / __ / ____

Child's First Name

Child's Last Name

Child's Birth Date __ / __ / ____

Normal Days in Care
Center's Days of Operation:
M-F
M T W TH F SA SU

Normal Hours in Care
Center's Hours of Operation:
6:00 AM - 6:30 PM
☐ AM ☐ PM to ☐ AM ☐ PM

Meals/Snacks Child Receives
Meals/Snacks Served at Center:
BRK LUN PMS
BRK AMS LUN PMS SUP EVS

Ethnic Identity (Check one)
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Racial Identity (Check all that apply)
☐ White
☐ Black / African American
☐ Am. Indian / Alaskan Native
☐ Asian
☐ Native Hawaiian / Other Pacific Islander

Gender
☐ Male
☐ Female

SITE / SPONSOR USE ONLY
Withdrawal Date: ___/___/___
Re-Enroll Date ___/___/___

Center Enroll Date __ / __ / ____

Child's First Name

Child's Last Name

Child's Birth Date __ / __ / ____

Normal Days in Care
Center's Days of Operation:
M-F
M T W TH F SA SU

Normal Hours in Care
Center's Hours of Operation:
6:00 AM - 6:30 PM
☐ AM ☐ PM to ☐ AM ☐ PM

Meals/Snacks Child Receives
Meals/Snacks Served at Center:
BRK LUN PMS
BRK AMS LUN PMS SUP EVS

Ethnic Identity (Check one)
☐ Hispanic or Latino
☐ Not Hispanic or Latino

Racial Identity (Check all that apply)
☐ White
☐ Black / African American
☐ Am. Indian / Alaskan Native
☐ Asian
☐ Native Hawaiian / Other Pacific Islander

Gender
☐ Male
☐ Female

SITE / SPONSOR USE ONLY
Withdrawal Date: ___/___/___
Re-Enroll Date ___/___/___

PARENT / GUARDIAN INFORMATION

I certify the information on this form is true and correct to the best of my knowledge and that I have received access to WIC and CACFP literature within the last 12 months.

Signature _____ **Date** _____

Parent First Name

Parent Last Name

Cell Phone ___ - ___ - ____

This institution is an equal opportunity provider.

SITE / SPONSOR USE ONLY

Staff Initials: _____

Center Name: Little Explorers Academy

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Names of all household members (First, Middle Initial, Last)	CHECK IF ENROLLED CHILD	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
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐
	☐	☐	☐

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 4.**

NAME: _____ ELIGIBILITY NUMBER: _ _ _ _ _ _ _ _ _

*SNAP or TANF number must be the 8 or 9 digit **EDG#** assigned by HHSC.

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)	**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
	Weekly / Every 2 Weeks / 2x Month / Monthly / Annually	Weekly / Every 2 Weeks / 2x Month / Monthly / Annually	Weekly / Every 2 Weeks / 2x Month / Monthly / Annually	Weekly / Every 2 Weeks / 2x Month / Monthly / Annually
Example: JJane Smith	$ 200 ☑ ☐ ☐ ☐ ☐	$ 150 ☐ ☐ ☑ ☐ ☐	$ 100 ☐ ☐ ☐ ☑ ☐	$ 100 ☐ ☐ ☑ ☐ ☐
	$_____ ☐ ☐ ☐ ☐ ☐	$_____ ☐ ☐ ☐ ☐ ☐	$_____ ☐ ☐ ☐ ☐ ☐	$_____ ☐ ☐ ☐ ☐ ☐
	$_____ ☐ ☐ ☐ ☐ ☐	$_____ ☐ ☐ ☐ ☐ ☐	$_____ ☐ ☐ ☐ ☐ ☐	$_____ ☐ ☐ ☐ ☐ ☐
	$_____ ☐ ☐ ☐ ☐ ☐	$_____ ☐ ☐ ☐ ☐ ☐	$_____ ☐ ☐ ☐ ☐ ☐	$_____ ☐ ☐ ☐ ☐ ☐
	$_____ ☐ ☐ ☐ ☐ ☐	$_____ ☐ ☐ ☐ ☐ ☐	$_____ ☐ ☐ ☐ ☐ ☐	$_____ ☐ ☐ ☐ ☐ ☐
	$_____ ☐ ☐ ☐ ☐ ☐	$_____ ☐ ☐ ☐ ☐ ☐	$_____ ☐ ☐ ☐ ☐ ☐	$_____ ☐ ☐ ☐ ☐ ☐

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:	Mark one or more racial identities:	
☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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: (833) 256-1665 or (202) 690-7442;

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

INFANT FEEDING PLAN

Until They Transition on Whole Milk and Table Food

Child's Full Name: _____ Date: _____

Date of Birth: _____ Age: _____ Months

Is Your Child Breast Feed: YES NO **Does Your Child Use a Pacifier? YES NO**

Does Your Child Use a Bottle: YES NO **Is the Bottle with Breast Milk? YES NO**

Is the Child's Bottle Warmed: YES NO **Does the Child Use a Cup: YES NO**

If Formula, What Kind: _____ (Provided by Parent/Guardian)

Check Which Foods Your Child Eats or Drinks at this Time and You Want Us to Continue:

Strained Foods _____ Baby Food _____ Healthy Snacks _____ Table Foods _____
(Provided by Parent/Guardian) (Provided by School)

Like or Dislikes: _____

What Times and Amounts Does Your Child Usually Eat and/or Drink Formula or Breast Milk at this Time?

Formula or Breast Milk			Food			Snacks		
TIME	AMOUNT	TYPE	TIME	AMOUNT	TYPE	TIME	AMOUNT	TYPE

Does Your Child Have any Known Allergies: NO YES - what? _____

Any Preferences or Other Instructions? _____

Parent Signature	Updated	Parent Signature	Updated

Revised: 2025