TEXAS Health and Human Services

Admission Information

little EXPLORERS Christian Academy

Use this form to collect all required information about a child enrolling in day care. The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form 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.

Section 1 – General Information

Operation's Name	Director's Name
Little Explorers Academy	**DeAna Kindt**

Child's Full Name	Child's Date of Birth

Child Lives With: ◯ Both parents ◯ Mom ◯ Dad ◯ Guardian

Child's Home Street Address, City, State and ZIP Code

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.

Street Address, City, State and ZIP Code

I authorize the child care operation **to release** my child to leave the child care operation **only** with the listed 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. **PLEASE USED INCLUDED FORM** (Page 15)

Section 2 – 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 ☐ To and from home ☐ To and from school

Staff Initials:_____

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

3. Water Activities (Please see attached Water Activity Permission Form Page 9)

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
- ☑ Procedures for parents to participate in activities
- ☑ Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions
- ☑ 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 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 Week	A.M.	P.M.	Day of Week	A.M.	P.M.
Monday			Friday		
Tuesday			Saturday	N/A	N/A
Wednesday			Sunday	N/A	N/A
Thursday					

7. Receipt of Parent's Rights (Included in Packet - Page 8)

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

_____ _____

Parent or Legal Guardian Signature **Date Signed**

Trial Discovery Week & Conditional Enrollment Policy

All students are required to participate in a Trial Discovery Week at Little Explorers Academy prior to full admission.

- All enrollments are considered **temporary** until the Trial Discovery Week has been completed and the Director has formally approved the students' admission to the Academy.
- Because children learn and thrive in different environments, this trial period allows us to ensure that our program is an appropriate fit for your child. Our goal is to set each student up for success, recognizing that not every learning environment is the right match for every child.
- If it is determined that Little Explorers Academy is not an appropriate fit for the student, all contractual agreements will be immediately terminated, and the family will not be required to provide a two-week notice.

The Registration Fee and Trial Discovery Week tuition are **non-refundable**.

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).

_____ _____

Parent or Legal Guardian Signature **Date Signed**

9. School-Age Children Only

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

My child has permission to: ☐ 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 are current and on file at their school.

Section 4 – 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 Health and Safety Code Section 161.0041 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.

Staff Initials: _____

Section 3 – 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	Area Code and Phone No.

Street Address, City, State and ZIP Code

Name of Emergency Care Facility	Area Code and Phone No.

Street Address, City, State and ZIP Code

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

Parent or Legal Guardian Signature **Date Signed**

Section 5 – Vision Exam Results (4 yrs or older)

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

Signature **Date Signed**

Section 6 – Hearing Exam Results (4 yrs or older)

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

Signature **Date Signed**

Section 7 – 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.

◯ 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.

If selected, Health Care Professional Name

If selected, Health Care Professional Street Address, City, State and ZIP Code

Health Care Professional Signature **Date Signed**

Parent or Legal Guardian Signature **Date Signed**

Staff Initials:_____

Section 8 – Vaccine Information (Provide copy from physician)

Section 9 – Physician or Public Health Personnel Verification

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

Signature **Date Signed**

Section 10 – 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**

Section 11 – Additional Information About Immunizations

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

Section 12 – 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.

Section 13 – Privacy Statement

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

Section 14 – Signatures

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

Center Designee Signature **Date Signed**

Staff Initials:_____

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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:_____

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:_____

Water Activity Permission Form

This form may assist child care operations in meeting the water safety requirements in Chapter 341 of the Health and Safety Code, section 341.0646.

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 participates in water activities. The day care provider keeps the form on file at the child care facility and has the parent or guardian update the form annually.

General Information

Operation's Name:	Child's Full Name:	
Child's Date of Birth:	Child's Weight: (lbs.)	Child's Chest Size: (inches)

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

- ☐ Water Table Play
- ☐ Sprinkler Play
- ☐ Splash Pad
- ☐ Wading pool
- ☐ Water Park or Aquatic Playground
- ☐ Swimming Pool (at or away from the operation)

Child's Swimming Abilities

My child <u>CAN SWIM</u> without assistance: ☐ Yes ☐ No

If marked Yes, please complete the following:

A competent swimmer (has successfully completed swimming lessons)

- ☐ My child CAN enter and exit a pool safely on their own
- ☐ My child CAN tread water or float on their back for 1 minute.
- ☐ My child CAN swim 25 yards with no assistance.

Note: 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.

My child <u>CAN NOT SWIM</u> : (Check all that apply)

- ☐ A non-swimmer

  Please place a properly fitted and fastened US Coast Guard approved life jacket on my child before entering any swimming pool or water park area and require it to be left on **at all times** while in or around a swimming pool.

  - ☐ I will provide a Type 1, 2, or 3 US Coast Guard approved life jacket for my child.
  - ☐ Please provide my child with a Type 1, 2, or 3 US Coast Guard approved life jacket

My child has special needs with water activities. Please describe.

_____

_____

Signature

Parent(s) or Guardian(s) Name: _____

Signature of Parent/Guardian: _____

Date of Signature: _____

Resources

Staff Initials:_____

TEXAS Health and Human Services

Form 2550
October 2019-E

Operational Policy on Infant Safe Sleep

This form provides the required information per minimum standards §746.501(9) and §747.501(6) for the safe sleep policy.

Directions: Parents will review this policy upon enrolling their infant at **Little Explorers Academy** and a copy of the policy is provided in the parent handbook. Parents can review information on safe sleep and reducing the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death (SIDS/SUIDS) at: http://www.healthychildren.org/English/ages-stages/baby/sleep/Pages/A-Parents-Guide-to-Safe-Sleep.aspx

Safe Sleep Policy

All staff, substitute staff, and volunteers at **Little Explorers Academy** will follow these safe sleep recommendations of the American Academy of Pediatrics (AAP) and the Consumer Product Safety Commission (CPSC) for infants to reduce the risk of Sudden Infant Death Syndrome/Sudden Unexpected Infant Death Syndrome (SIDS/SUIDS):

- Always put infants to sleep on their backs unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2427 and §747.2327].
- Place infants on a firm mattress, with a tight fitting sheet, in a crib that meets the CPSC federal requirements for full-size cribs and for non-full size cribs [§746.2409 and §747.2309].
- For infants who are younger than 12 months of age, cribs should be bare except for a tight fitting sheet and a mattress cover or protector. Items that should not be placed in a crib include: soft or loose bedding, such as blankets, quilts, or comforters; pillows; stuffed toys/animals; soft objects; bumper pads; liners; or sleep positioning devices [§746.2415(b) and §747.2315(b)]. Also, infants must not have their heads, faces, or cribs covered at any time by items such as blankets, linens, or clothing [§746.2429 and §747.2329].
- Do not use sleep positioning devices, such as wedges or infant positioners. The AAP has found no evidence that these devices are safe. Their use may increase the risk of suffocation [§746.2415(b) and §747.2315(b)].
- Ensure that sleeping areas are ventilated and at a temperature that is comfortable for a lightly clothed adult [§746.3407(10) and §747.3203(10)].
- If an infant needs extra warmth, use sleep clothing _____ (insert type of sleep clothing that will be used, such as sleepers or footed pajamas) as an alternative to blankets [§746.2415(b) and §747.2315(b)].
- Place only one infant in a crib to sleep [§746.2405 and §747.2305].
- Infants may use a pacifier during sleep. But the pacifier must not be attached to a stuffed animal [§746.2415(b) and §747.2315(b)] or the infant's clothing by a string, cord, or other attaching mechanism that might be a suffocation or strangulation risk [§746.2401(6) and §747.2315(b)].
- If the infant falls asleep in a restrictive device other than a crib (such as a bouncy chair or swing, or arrives to care asleep in a car seat), move the infant to a crib immediately, unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health-care professional [§746.2426 and §747.2326].
- Our child care program is smoke-free. Smoking is not allowed in Texas child care operations (this includes e-cigarettes and any type of vaporizers) [§746.3703(d) and §747.3503(d)].
- Actively observe sleeping infants by sight and sound [§746.2403 and §747.2303].
- If an infant is able to roll back and forth from front to back, place the infant on the infant's back for sleep and allow the infant to assume a preferred sleep position [§746.2427 and §747.2327].
- Awake infants will have supervised "tummy time" several times daily. This will help them strengthen their muscles and develop normally [§746.2427 and §747.2327].
- Do not swaddle an infant for sleep or rest unless you provide Form 3019, Infant Sleep Exception/Health Care Professional Recommendation, signed by the infant's health care professional [§746.2428 and §747.2328].

Privacy Statement

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

Signatures

This policy is effective on: _____ Child's name: _____

Signature — Director/Owner	Date Signed
Signature — Staff member	Date Signed
Signature — Parent	Date Signed

Parent Communication & Open-Door Policy

At **Little Explorers Academy**, we believe that strong partnerships between families and educators are essential to a child's growth and development. Our staff maintains an **Open-Door Policy** and is committed to supporting parents as they navigate each stage of their child's development.

Visits & Classroom Participation

Parents are welcome to visit the program at any time and observe their child interacting with staff and peers. You are also encouraged to participate in program activities when appropriate.
To ensure a positive experience for all children, visits should not disrupt the classroom environment. If a visit becomes upsetting or disruptive for your child or others, you may be asked to return at a later time.

Sharing Important Family Information

Children are deeply affected by changes in their lives. We ask families to share significant events that may impact their child, such as:

- Moving to a new home
- Illness or death of a family member or pet
- Family separation or other major changes

When teachers are informed, they are better equipped to support your child emotionally and developmentally. All information shared with staff is treated as **confidential**.

Communication & Consent

By enrolling at Little Explorers Academy, you provide consent for the school to communicate with you via email, text message, phone call, and other necessary methods during and after your child's enrollment.

Addressing Questions & Concerns

We value parent input and collaboration. To ensure thoughtful and focused communication, we respectfully request that concerns or issues be discussed through a **scheduled private meeting**, rather than in the classroom or in front of children. This allows staff to give you their full attention while maintaining supervision and safety for all students.

Staff Initials:_____

Ongoing Communication Methods

Our staff strives to provide multiple avenues for communication, including:

- Email and written notes
- Voice mail and telephone communication
- Parent conferences

Please note that classroom teachers spend the majority of their time directly caring for children. Messages will be returned as promptly as possible.

School-Wide Communication

Email and messaging through the **Parent Portal** will be the primary methods for school-wide announcements, updates, and notifications. Parents are responsible for providing and maintaining a current email address with both their child's teacher and the Center Director.

Updates to policies and procedures will be communicated electronically, and the Parent Handbook will be revised and made available as needed. If you do not have access to email, please notify the office so a printed copy can be provided.

Additional Communication Resources

- Information bulletin boards
- Website and Parent Portal
- Check-in computer
- Email and telephone access

The Child Care Director is always available to discuss program policies, procedures, and any comments or concerns you may wish to share.

Licensing & Insurance

Little Explorers Academy is a **licensed and insured childcare facility**.

Staff Initials:_____

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

Parent Signature _____ Parents Name Print _____ Date _____

Staff Signature _____ Staff Name Print _____ 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. I will not hold the above named provider liable when the products are used according to these terms.

Parents are responsible for providing the following items with exception to Tylenol and Antihistamines for emergency. All items must be in the original container and clearly labeled with the child's name.

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

Acetaminophen:

Yes - No Brand _____ Comments _____

Diaper Ointment:

Yes - No Brand _____ Comments _____

Antihistamine:

Yes - No Brand _____ Comments _____

The above medications will only be given by the center in the event of an emergency and will not be routinely given.

Parent Signature: _____

Provider Signature: _____

This form may be reviewed annually.

Staff Initials:_____

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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.

Ingresos 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.

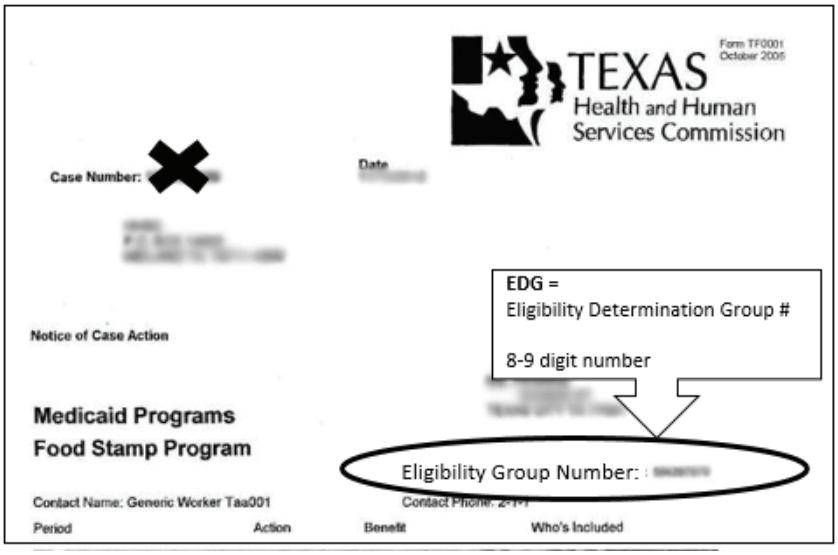
Las personas que participan en programas de Cuidado Diario para Adultos cuyos ingresos familiares son iguales o por debajo de los niveles que se muestran a continuación, o que reciben Medicaid, Seguridad de Ingreso Suplementario (SSI), TANF, o beneficios de SNAP o FDPIR califican para recibir comidas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

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

B. Gross income and how often it was received
Note: Self-employed report income after expenses in box 1

A. Name (List **only** household members with income)	1. Earnings from work before deductions	Weekly	Every 2 Weeks	2x Month	Monthly	Annually	2. Welfare, child support, alimony	Weekly	Every 2 Weeks	2x Month	Monthly	Annually	3. Pensions, retirement, Social Security, SSI, VA benefits	Weekly	Every 2 Weeks	2x Month	Monthly	Annually	4. All Other Income	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	☐ Asian	☐ American Indian or Alaska Native
☐ Not Hispanic or Latino	☐ White	☐ Native Hawaiian or Other Pacific Islander
	☐ Black or African American	

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 Declaration Form:

Center Name: Little Explorers Academy

INSTRUCTIONS TO PARENTS:

Complete BOTH sections on this form. Sign and date where indicated. Submit to child care provider.

Section 1

Infant's Name _____ Birth Date: ____ / ____ / ____

Parent's Name _____

My child is allergic to the following foods:
(A Doctor's note is required for any foods that cannot be substituted within the same food group.)

_____ _____

Section 2

Your child care provider offers the following iron-fortified infant formula(s): Members Mark Infant Premiun

Parent Declaration - ***Select only ONE of the following options.***

☐ **CENTER will provide ALL meal components for infant named above.**

or

☐ **PARENT will provide ALL meal components for infant named above.**

or

☐ **BOTH PARENT and CENTER will provide meal components for infant named above, as indicated below.**

		0-5 Months	6-11 Months
◯ Center or ◯ Parent	*will provide Iron Fortified Infant Formula / Breast Milk* ◯ (Infant Formula Brand Name: _____)	☐	☐
◯ Center or ◯ Parent	*will provide Iron Fortified Infant Cereal*		☐
◯ Center or ◯ Parent	*will provide Infant Fruits/Vegetables*		☐
◯ Center or ◯ Parent	*will provide Infant Meats*		☐
◯ Center or ◯ Parent	*will provide Crusty Bread/Crackers*		☐

***** This form must be updated and submitted any time there is a change in Section 2.**

I understand that once my infant child turns 6 months of age, it is my responsibility to notify the child care center director as to any limitations of solid foods that my infant child is not developmentally ready to receive.

_____ (_____)_____-_____ _____ / _____ / _____

Parent Signature **Parent Phone Number** **Date**

**Please include your phone number so our CACFP Sponsor can contact you if they have any questions.*

For Sponsor Use Only

This institution is an equal opportunity provider.

IDF 10-2021

Little Explorers Academy

Infant Feeding and Bottles

Formula

We are asking that you don't leave your child's formula at the school, but instead bring you child's bottles premade for the day.

Why?

This policy is in place to help with maintaining classroom cleanliness. This policy facilitates the prevention of pests from finding their way into the building. In addition to cleanliness, this policy will allow you to monitor better the amount of formula you have on hand and ensure formula and baby foods are used within their shelf life.

Baby Foods

You can supply us with enough Baby Food jars or pouches to last a week if you would like; otherwise, you can bring baby food daily, along with bottles.

We will only keep baby food that is not expired and has not been opened, in accordance with food handling rules for safe and healthy feeding.

A Message from Our Team

Our teachers are not just caregivers—they're experts in infant care! If you ever have questions about feeding your baby or need advice as your little one grows, please don't hesitate to ask. We're always happy to support you along the way.

The Little Explorers Academy Admin Team

Our Daily Baby Feeding Plan

Every baby is different, but here's an estimate of what you can expect your child to consume each day as he grows from infancy to toddlerhood, according to most experts. No need to fixate on the numbers -- look to your child for cues that he's ready for the next step.

Age: Birth to 2 weeks
Formula: 18-24 oz (2-3 oz per bottle)
Breast milk: 8 to 12 nursing's
Solids: None
Servings per meal: N/A

Age: 2 weeks to 2 months
Formula: 20-32 oz (4 oz per bottle)
Breast milk:6 to 10 nursing's
Solids: None
Servings per meal: N/A

Age: 2 to 4 months
Formula: 30-36 oz (5 oz per bottle)
Breast milk: 6 to 8 nursing's
Solids: None
Servings per meal: N/A

Age: 4 to 6 months
Formula: 32-40 oz(6 oz per bottle)
Breast milk: 5 to 6 nursing's
Solids: 1 meal/day (optional)
Servings per meal: 2 to 4 Tbsp of cereal or pureed Stage 1 baby food

Age: 6 to 9 months
Formula: 24-32 oz (7 oz per bottle)
Breast milk: 4 to 5 nursing's
Solids: 1 to 3 meals/day
Servings per meal: 2 to 4 Tbsp of 2 foods* or up to a whole jar of Stage 2 baby food

Age: 9 to 12 months
Formula: 20-32 oz (8 oz per bottle)
Breast milk: 3 to 4 nursing's
Solids: 3 meals/day
Servings per meal: 3 to 4 Tbsp of 3 foods** or up to a whole jar of Stage 3 baby food

Age: 12 to 15 months
Formula: 16-20 oz (8 oz per bottle)
Breast milk: 2 to 3 nursing's
Solids: 3 meals and 2 snacks/day
Servings per meal: 1/4 of an adult serving size

* Cereal, fruits, vegetables, meats, grains; transition from watery puree to a thicker or chunkier puree. You can go to combo baby foods (such as chicken and sweet potatoes) once you've given the individual foods.

INFANT FEEDING PLAN

Until They Transition to Whole Milk <u>and</u> Table Food

Child's Full Name: _____ Date: _____

Date of Birth: _____ Age: _____ Months

Is Your Child Breastfed: 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 _____ Healthy Snacks _____

Baby Food (provided by Parent)_____ Table Foods (provided by School)_____

Like or Dislikes: _____

Please provide the time and amount at which your infant eats or has their bottle:

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

Does Your Child Have any Known Allergies: NO YES: _____

Any Preferences or Other Instructions? _____

Parent Signature	**Updated**	**Parent Signature**	**Updated**

Revised: 2025