K.C.'s 24 HOUR CHILDCARE CENTER
ENROLLMENT FORM

Entrance Date: _____ **Withdrawal Date:**_____

How did you hear about K.C.'s 24 Hour Childcare Center? _____

_____

ENROLLMENT INFORMATION – PLEASE PRINT

NAME OF CHILD: _____
LAST FIRST MIDDLE NAME CHILD IS CALLED

AGE: _____ **DATE OF BIRTH:** _____ **SEX:** _____

CHILD'S ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

FATHER'S INFORMATION:

NAME:_____ **EMAIL:**_____ **HOME PHONE:(____)**_____

HOME ADDRESS:_____
STREET ADDRESS CITY STATE ZIP

S.S.#:_____-_____-_____ **DRIVERS LICENSE STATE:** _____ **DL#:**_____

EMPLOYER: _____ **BUSINESS PHONE: (____)**_____

EMPLOYER ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

MOTHER'S INFORMATION:

NAME: _____ **EMAIL:**_____ **HOME PHONE:(_____)**_____

HOME ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

S.S.#:_____-_____-_____ **DRIVERS LICENSE STATE:**_____ **DL#:**_____

EMPLOYER: _____ **BUSINESS PHONE: (_____)**_____

EMPLOYER ADDRESS:_____
STREET ADDRESS CITY STATE ZIP

CHILD'S LIVING ARRANGEMENTS: ☐ BOTH ☐ MOTHER ☐ FATHER ☐ OTHER

CHILD'S LEGAL GUARDIAN:_____ **RELATIONSHIP TO CHILD:**_____
IF OTHER THAN PARENT IF OTHER THAN PARENT

CHILD MAY BE RELEASED TO PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:

NAME/RELATION TO CHILD: _____**ADDRESS:** _____**PHONE:(____)**_____

NAME/RELATION TO CHILD: _____**ADDRESS:** _____**PHONE:(____)**_____

NAME/RELATION TO CHILD: _____**ADDRESS:** _____**PHONE:(____)**_____

NAME/RELATION TO CHILD: _____**ADDRESS:** _____**PHONE:(____)**_____

PERSON TO CONTACT IN CASE OF EMERGENCY WHEN PARENTS CAN NOT BE REACHED:

NAME: _____ **ADDRESS:** _____

HOME PHONE: (____)_____ **BUSINESS PHONE: (____)**_____

_____

ATTENDANCE INFORMATION

MY CHILD WILL BE ENROLLED IN THE _____**PROGRAM FROM** _____**UNTIL** _____
TIME TIME

_____**BEGINNING** _____.
DAYS/WEEK DATE

FOR SCHOOL CHILDREN ONLY: GRADE LEVEL: _____ **NAME OF SCHOOL:** _____

TRANSPORTATION: _____ **ONE WAY:**_____ **TWO WAYS:**_____

Revised 09/2026

AUTHORIZATIONS

CHILD'S MEDICAL INFORMATION:

CHILD'S PRIMARY SOURCE OF HEALTH CARE IS: _____ PHONE: _(___)_____

PYSICIAN / CLINIC ADDRESS: _____
STREET ADDRESS CITY STATE ZIP

DOES CHILD HAVE ALLERGIES (INSECT, MEDICATIONS, FOODS, ETC.)? ☐ YES ☐ NO PLEASE SPECIFY:_____

_____

DOES CHILD HAVE ALLERGIES OR OTHER PHYSICAL PROBLEMS, MENTAL HEALTH DISORDERS, OR DEVELOPMENT DISABILITIES WHICH WOULD LIMIT THE CHILD'S PARTICIPATION IN THE CENTER'S PROGRAM ACTIVITIES? ☐ YES ☐ NO PLEASE SPECIFY: _____

_____

ANY SPECIAL PROCEDURES REQUIRED IN CARING FOR CHILD? ☐ YES ☐ NO PLEASE SPECIFY: _____

_____

ANY KNOWN MEDICAL CONDITIONS (DIABETIC, ASTHMATIC, ETC): ☐ YES ☐ NO PLEASE SPECIFY: _____

EMERGENCY MEDICAL HOSPITAL CARE: **PIEDMONT NEWTON HOSPITAL – 5126 HOSPITAL DR NE COVINGTON, GA 770-786-7053**

EMERGENCY MEDICAL AUTHORIZATION

SHOULD _____, _____ suffer an injury or illness while in care of K.C.'s 24 HOUR
CHILD'S NAME **DATE OF BIRTH**

CHILD CARE CENTER and the facility is unable to contact me (us) immediately , it shall be authorized to secure such medical attention and care for the child as may be necessary. I (WE) SHALL ASSUME RESPONSIBILITY FOR PAYMENT FOR SERVICES. I (we) agree to keep the facility informed of changes in telephone numbers, etc., where I can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

SIGNED:_____ DATE: _____
PARENT/LEGAL SIGNATURE

TERMS AND CONDITIONS

- **I hereby acknowledge that I have read the program statement and that I am fully aware of the educational philosophy, discipline policy, procedure for arranging parent- teacher conferences and otherwise satisfy the parent involvement and awareness requirements of the Minimum Standards for Day Care Centers as currently issued by the State.**
- **I hereby represent that I am the legal guardian of the Child(ren) enrolled and acknowledge that it is my responsibility to keep all information and authorizations pertaining to my child current and up to date.**
- **I hereby acknowledge that I understand the fee arrangements and conditions for this center, and that I am in agreement with such conditions and will abide by the same.**
- **I hereby acknowledge that my child cannot be admitted to the center until all required forms have been completed.**
- **I have authorized the doctor at this time to accept any calls from the center for emergency attention.**

SIGNATURE OF PARENT/ LEGAL GUARDIAN DATE

SIGNATURE OF ADMINISTRATOR /PERSON IN CHARGE DATE

For Office Use Only:

PRIVATE PAY: ☐ YES ☐ NO _____/C D.F.A.C.S PAY: ☐ YES ☐ NO

TOTAL WEEKLY FEE	PARENT WEEKLY FEE	D.F.A.C.S. WEEKLY FEE	HOURS PER WEEK

D.F.A.C.S WEEKEND CARE	REGISTRATION FEE	SUPPLIES FEE

Revised 09/2026

K.C.'s 24 HOUR CHILDCARE CENTER
AUTHORIZATION TO DESPENSE EXTERNAL PREPERATIONS

RULE: 590-1-1-.20(1)

Parental Authorization: Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or a parent/legal guardian. Such authorization will include, when applicable, date; full name of the child; name of medication; prescription number; if any, dosage; the dates to be given; the time of day to be dispensed; and signature of parent/legal guardian.

PARENTAL AUTHORIZATION

____ I give **K.C.'s 24 HOUR CHILDCARE CENTER** permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

- ☐ _____ Baby wipes
- ☐ _____ Band aids
- ☐ _____ Neosporin or similar ointment
- ☐ _____ Bactine or similar first aid spray
- ☐ _____ Sunscreen
- ☐ _____ Insect Repellant
- ☐ _____ Non-prescription ointment (such as A&D, Desitin, Vaseline)
- ☐ _____ Baby Powder or similar talcum powders

Other (please specify)_____

____ I do NOT give **K.C.'s 24 HOUR CHILDCARE CENTER** permission to use any of the products on my child(ren).

CHILDREN'S NAMES AND PARENT SIGNATURE

Please list the children's names that this policy applies to:

_____ _____
_____ _____
_____ _____
_____ _____

SIGNATURE (PARENT/GAURDIAN): _____ DATE:_____

*center should maintain this copy in each child's file. Every parent/legal guardian MUST fill this form out even if you do NOT give the center permission to apply these products.

K.C.'S 24 HOUR CHILD CARE CENTER
5119 HWY 278, N.E.
COVINGTON, GA 30014
(770) 787-9000

VEHICLE TRANSPORTATION AND EMERGENCY MEDICAL AUTHORIZATION

PERSONAL INFORMATION

CHILD'S NAME: _____ **BIRTHDAY:** _____

ADDRESS: _____
STREETADDRESS CITY STATE ZIP

MOTHER'S NAME: _____ **PHONE:** ___(____)_____(____)_____
HOME WORK

FATHER'S NAME: _____ **PHONE:** __(____)_____(____)_____
HOME WORK

Person to contact in an EMERGENCY when parents cannot be reached:

NAME: _____ **PHONE:** __(____)_____(____)_____
HOME WORK

MEDICAL INFORMATION

CHILD'S PRIMARY SOURCE OF HEALTH CARE IS:
_____ **PHONE:** ____(_____)_____
PHYSICIAN/CLINIC NAME

LIST ANY KNOWN ALLERGIES: _____ ☐ NONE

LIST CURRENT PERSCRIBED MEDICATIONS: _____ ☐ NONE

LIST ANY SPECIAL NEEDS OR CONDITIONS: _____ ☐ NONE

THE CENTER USES THE FOLLOWING MEDICAL FACILITY: PIEDMONT NEWTON HOSPITAL
ADDRESS: 5126 HOSPITAL DRIVE NE, COVINGTON, GEORGIA 30014 **PHONE:** (770) 786-7053

TRANSPORTATION ARRANGEMENTS

NAME OF CHILD'S SCHOOL: _____

CHILD'S SCHOOL IS APPROXIMATELY_____ MILES FROM K.C.'S 24 HR CHILD CARE CENTER.
MY CHILD WILL BE TRANSPORTED FROM K.C'S AT_____ A.M. AND DELIVERED TO ABOVE MENTIONED SCHOOL BY _____ P.M.
TRANSPORTATION WILL OCCUR ON THE FOLLOWING DAYS: ___ MONDAY ___ TUESDAY ___WEDNESDAY __ THURSDAY___ FRIDAY

EMERGENCY MEDICAL ARRANGEMENTS

IN THE EVENT OF AN EMERGENCY INVOLVING MY CHILD, I HEREBY AUTHORIZE K.C'S 24 HOUR CHILD CARE CENTER TO SECURE ANY NEEDED EMERGENCY MEDICAL ATTENTION AND CARE. I FURTHER AGREE TO BE FULLY RESPONSIBLE EXPENSES INCURRED DURING THE TREATMENT OF MY CHILD. I AGREE TO KEEP THE FACILITY INFORMED OF CHANGES AND TELEPHOME NUMBERS, ETC. WHERE I CAN BE REACHED. THE FACILITY AGREES TO KEEP ME INFORMED OF ANY ACCIDENTS REQUIRING PROFESSIONAL MEDICAL ATTENTION INVOLVING MY CHILD.

TRANSPORTATION AUTHORIZATION

THIS IS TO CERTIFY THAT I GIVE K.C'S 24 HOUR CHILD CARE CENER PERMISSION TO TRANSPORT MY CHILD TO AND FRON HIS/HER SCHOOL AND THE CENER AS OUTLINED ABOVE. IN THE EVENT THAT MY CHILD IS NOT TO BE TRANSPORTED AS OUTLINED ABOVE I WLL NOTIFY THE CENTER BY 12:00 NOON. IN THE EVENT THAT MY CHILD IS NOT RECIEVED BY THE CENTER AS SCHEDULED K.C'S WILL CONTACT ME AS SOON AS POSSIBLE.

PARENT SIGNATURE: _____ **DATE:** _____

WITNESS SIGNATURE: _____ **DATE:** _____

REVISED 09/2026

K.C.'s 24 HR CHILD CARE CENTER
GENERAL INFORMATION, TERMS AND CONDITIONS

PRICING is subject to change at K.C.'s sole discretion at any time during the year upon posted or written notice.

ABSENTEE CREDIT: No discounts are given for absences for any reason. Payment in full is required to hold a child's spot. After a child has been enrolled consecutively for six months, with a zero balance he/she is entitled to 1-week vacation at no charge. If you wish to use the center during the vacation week, you must use on a drop-in basis or forfeit vacation.

PAYMENT: K.C.'s payment policy is payment in advance of services. Charges are due and payable on Friday and considered delinquent on Friday at close of business, at which time a $20.00 late charge is assessed. The late fee will be applied daily until the balance is paid in full. Service will be terminated if the bill is not paid by Saturday at midnight and the late fee will still apply. If you have a balance of $1.00 or more after Friday at 8:30pm, an additional $20.00 service charge will be assessed. Acceptable payment methods are cash, debit/credit, and Tuition Express.

CHARGES: Additional charges are assessed when additional services are provided for children beyond basic enrollment.

1. **Registration Fees** are assessed annually on a school year basis. Parents who voluntarily terminate during the year will be required to re-enroll and pay an additional registration fee. Registration fees are non-refundable.
2. **Extra Hours** beyond the enrolled program time period including school holidays are charged at the enrolled daily rate. Hours extending past the center's closing time are charged at a punitive rate as determined by the Director. If you need more hours, you can purchase extra hours in blocks of 5 hours for $5.00 by Tuesday at close of business. Extra hours must be paid for by Wednesday or they will not be added to your account and you will be responsible for any overtime charges.
3. **Collection Costs** arising from fees for legal services for the collection of accounts will be added to the original amount due as incurred accounts will be handled thru local magistrate courts.
4. **Other Charges** may be incurred for tickets, testing, field excursions, shirts, dance lessons, gymnastics, photography, hearing exams, visual exams, etc. as offered to parents on a voluntary basis.
6. **CAPS CLIENTS:** Your children must attend at least one day of the week in order for CAPS to pay their part. If not you will be responsible for whole charge and **CAPS will be notified.**
7. **TERMINATION OF SERVICES: You must give a TWO WEEKS NOTICE. If not your account will be charged for TWO FULL WEEKS at full time rate plus service fees.**

HOURS: Monday through Friday 5:00am-8:30pm except for designated holidays. A late pick up fee of $5.00 per minute will be charged for children still at the center after 8:30pm. This fee must be paid at time of pick up. Hours of operation are subject to change.

HOLIDAYS: Fees are established on an annual basis; therefore, credit is not extended for school or legal holidays. We reserve the right to altar our business hours when needed. Should the traditional holiday occur during a weekend or be rescheduled for a long weekend, K.C.'s will observe the holiday in accordance with the national Monday Holiday Bill. The center is closed for the following eight legal holidays each year and two eve holidays:

New Years Eve Day	Memorial Day	Labor Day	Christmas Eve Day
New Years Day	Independence Day	Thanksgiving Day	Christmas Day

AGES OF CHILDREN: Children 4 weeks through 14 years of age can be enrolled in various programs at K.C.'s. Children are normally grouped according to age; however, during transition periods and special events, children of different ages may be grouped together.

MAXIMUM NUMBER OF CHILDREN: The maximum number of children is limited by the licensed capacity of the center as displayed on the State License in the lobby area. Parents are referred to the center copy of the State "Minimum Standards for Day Care Centers" to determine sub-grouping limitations and effective child-to-staff ratios in various rooms.

CHILDREN ARRIVING AT THE CENTER: Parents are responsible for bringing their children into the center and turning them over to a member of K.C.'s staff. However, parents must not allow children to find their way into the center on their own. If staff are not present DO NOT leave the child unattended, wait until a member of K.C.'s staff accepts the child.

CHILDREN LEAVING THE CENTER: The parent and/or legal guardian or other parent-authorized person must pick up children. Children are not allowed to leave on their own or with any unauthorized person(s). Authorized persons may be asked to show a photo ID. A parent/ legal guardian may only add someone to the authorized pick up list **in person**, not by phone or email.

MEDICATION: Medication will not be administered at this facility under any circumstances. K.C.'s is a Drug-Free Center!

ILLNESS: A sick child will not be admitted to the center. If a child becomes ill during the day, the parents will be notified so that arrangements can be made for the child to be picked up. As determined by the center director, it may be necessary for a previously ill child to present an approval for re-admittance signed by a physician. Any communicable disease will be reported to the health department and a clearance letter from the Health Department or your private physician must accompany child to return. Tuition is still due even if the child(ren) does not attend that week.

PARENT INVOLVEMENT / CONFERENCES: Conferences between teachers and parents are arranged through the Director at mutually convenient times of the day (preferably 9:00 to 11:00 a.m.). OPEN HOUSE will be held several times during the year for the purpose of acquainting parents with programs, staff, and center facilities. Parents are encouraged to contribute ideas for program enrichment. OBSERVATION of programs is encouraged at anytime, but it is requested that parents not interrupt programs in the process. Arrangements for extended classroom observation are made through the Director. VOLUNTEERS are welcome throughout the year for special events and educational excursions.

PARENT INVOLVEMENT IN CHILDS RECORDS: I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur such as telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child. K.C.'s 24 Hour Child Care Center agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two feet deep.

SPECIAL CARE: Generally, K.C.'s Child Care Center is not equipped to care for children with special needs; therefore, any such care is conditioned upon the consent of the corporate program director, the licensing agency, and the child's physician. In all cases, the child must be able to participate and substantially benefit from K.C.'s programs without threatening the child's safety or the safety of the other children.

PERSONAL BELONGINGS: Children are not allowed to bring food, candy, toys, pets, money or other personal belongings, including electronics, into the center. Parents must label all items of clothing and bedding. ALL infant items must be labeled with first and last name. ALL bottles must be labeled and dated. Notify the office immediately about misplaced items. Unclaimed items are given to charity after a reasonable period of time. K.C.'s is not responsible for personal items brought into the center.

DISCIPLINE: Discipline and guidance shall be consistent and based on an understanding of the individual needs and development of the child and shall be directed toward teaching the child acceptable behavior. Children shall not be subjected to harsh and cruel treatment, humiliation, abusive language or punishment associated with food, napping or toilet training. K.C.'s staff will employ distraction and redirection, verbalization of feelings, teaching by example, ample praise for appropriate behavior, and supervised separation from the group as the need arises. The above healthy outlets for emotion teach skillful adaptation to interact with others and teach the child acceptable outlets for negative feelings. Generally, K.C.'s staff will react positively in a fair, clear and consistent manner in a happy relaxed classroom atmosphere.

NON-DISCRIMINATION: No person shall, on the basis of race, color, religious belief, national origin, disability, or sex, be excluded from participation, be denied the benefits of or be subjected to discrimination under any K.C.'s 24 Hr Child Care Center program or activity.

_____

Signature of Parent / Legal Guardian *Date*

_____

Signature of Facility Administrator / Person in Charge *Date*

REVISED 09/2026

K.C'S 24 HOUR CHILD CARE CENTER
5119 HWY 278, N.E.
COVINGTON, GEORGIA 30014
(770)-787-9000

NATIONAL 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 requirealternative 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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; or
2. **fax:** (833) 256-1665 or (202) 690-7442; or
3. **email:** program.intake@usda.gov

PHOTOGRAPH/VIDEOTAPE RELEASE

RELEASE AGREEMENT

I HEREBY GRANT PERMISSON FOR K.C.'S 24HR CHILD CARE CENTER TO RECORD THE PARTICIPATION AND APPEARANCE OF MY CHILD _____, BY PHOTOGRAPH AND/OR VIDEOTAPE IN CONNECTION WITH DAILY ACTIVITIES AT K.C'S. K.C'S IS AUTHORIZED TO EXHIBIT OR DISTRIBUTE SUCH PHOTOGRAPH(S) AND/OR VIDEOTAPE IN WHOLE OR IN PART WITHOUT RESTRICTIONS OR LIMITATIONS FOR ANY EDUCATIONAL OR PROMOTIONAL PUROPOSES THAT K.C'S DEEMS APPROPRIATE. SUCH PHOTOGRAPH(S) AND/OR VIDEOTAPE MAY APPEAR IN PRINTED OR VISUAL MATERIAL FOR K.C'S WEB SITE AND/OR FACEBOOK PAGE. THE UNDERSIGNED HEREBY JOINTLY AND SEVERALLY RELEASES, ACQUITS, FORGIVES AND DISCHARGES K.C'S FROM ANY ACTIONS, AGREEMENTS, CLAIMS, CONTROVERSIES, DEMANDS JUDGEMENTS, LIABILITIES, PROCEEDINGS, AND SUITS, WHETHER ARISING IN EQUITY OR IN LAW REGARDING SUCH PARTICIPATIONS AND APPEARANCES BY SAID CHILD. THIS RELEASE SHALL REMAIL BINDING UPON SUCCESSORS IN INTERESTS AND PERSONAL REPRESENTATIVES OF THE PARTIES, TO THE EXTENT PERMITTED BY LAW.

SIGNATURE (PARENT/GAURDIAN): _____ **DATE:** _____

WITNESS SIGNATURE: _____ **DATE:**_____

T.V. AND MOVIES RATED PG

RELEASE AGREEMENT

☐ **YES, I GIVE PERMISSION FOR MY CHILD TO WATCH PG RATED MOVIES AND/OR TELEVISED SHOWS AT K.C'S 24 HOUR CHILD CARE CENTER.**

☐ **NO, I DO NOT GIVE PERMISSION FOR MY CHILD TO WATCH PG RATED MOVIES AND/OR TELEVISED SHOWS AT K.C'S 24 HOUR CHILD CARE CENTER.**

SIGNATURE (PARENT/GAURDIAN): _____ **DATE:** _____

WITNESS SIGNATURE: _____**DATE:** _____

Revised 09/2026

Safe Sleep Practices Policy

Child's name:_____ Date of birth:_____

Parent/Guardian name:_____

Safe Sleep Practices/Policies:

1) Infants will be placed on their backs in a crib to sleep unless a physician's written statement authorizing another sleep position for that infant is provided. The written statement must include how the infant shall be placed to sleep and a time frame that the instructions are to be followed.

2) Cribs shall be in compliance with CPCS and ASTM safety standards. They will be maintained in good repair and free from hazards.

3) No objects will be placed in or on the crib with an infant. This includes, but is not limited to, covers, blankets, toys, pillows, quilts, comforters, bumper pads, sheepskins, stuffed toys, or other soft items.

4) No objects will be attached to a crib with a sleeping infant, such as, but not limited to, crib gyms, toys, mirrors and mobiles.

5) Only sleepers, sleep sacks and wearable blankets provided by the parent/guardian and that fit according to the commercial manufacturer's guidelines and will not slip up around the infant's face may be worn for the comfort of the sleeping infant.

6) Individual crib bedding will be changed daily, or more often as needed, according to the rules. Bedding for cots/mats will be laundered daily or marked for individual use. If marked for individual use, the sheets/covers must be laundered weekly or more frequently if needed. This facility will adhere to the following practice: Infant laundry is washed on a daily basis

7) Infants who arrive at the center asleep or fall asleep in other equipment, on the floor or elsewhere, will moved to a safety-approved crib for sleep.

8) Swaddling will not be permitted, unless a physician's written statement authorizing it for a particular infant is provided. The written statement must include instructions and a time frame for swaddling the infant.

9) Wedges, other infant positioning devices and monitors will not be permitted unless a physician's written statement authorizing its use for a particular infant is provided. The written statement must include instructions on how to use the device and a time frame for using it.

I acknowledge that the director or designee has advised me of the safe sleep practices followed by the facility.

Signature_____ Date_____

INFANT FEEDING PLAN

Child's Full Name _____ Date _____

Date of Birth _____

Does the child take a bottle? Yes [ ] No [ ]
Is the bottle warmed? Yes [ ] No [ ]
Does the child hold own bottle? Yes [ ] No [ ]
Can the child feed self? Yes [ ] No [ ]

Does the child eat: (check all that apply)

Strained Foods	[ ]	Whole Milk	[ ]
Baby Foods	[ ]	Table Food	[ ]
Formula	[ ]	Other	[ ]

What type formula used, if applicable?_____
Amount and time of formula/breast milk to be given?_____ Date _____

UPDATED AMOUNTS OF FORMULA/BREAST MILK TO BE GIVEN			
DATE	TIME	AMOUNT	TYPE

Does the child take a pacifier? Yes [ ] No [ ] If yes, when? _____

INTRODUCTION OF SOLID FOODS

The introduction of age-appropriate solid foods should preferably occur at six months of age, but no sooner than four months. Has the parent discussed with the child's primary caregiver that the child has met appropriate developmental skills for the introduction of solid foods? Yes [ ] No [ ] Parent Initials: _____

The child has reached the following developmental skills:
Can hold his/her head steady? Yes [ ] No [ ]
Opens mouth/leans forward in anticipation of food offered? Yes [ ] No [ ]
Closes lips around a spoon? Yes [ ] No [ ]
Transfers food from front of the tongue to the back and swallows? Yes [ ] No [ ]

Instructions for the introduction of solid foods _____
_____

Food likes _____

Food dislikes _____

Allergies? (including any premixed formula)_____

UPDATED AMOUNTS/TYPE OF FOOD TO BE GIVEN		
TIME	AMOUNT	TYPE

Any updated instructions regarding adding new foods or other dietary changes, please list as needed. _____
_____

PARENT'S SIGNATURE: _____ Date: _____

Bright from the Start: Georgia Department of Early Care and Learning
CACFP Meal Benefit Income Eligibility Statement*

PART I: Child(ren) or Adult enrolled to receive day care

Name: (Last, First and Middle Initial)	SNAP, TANF, or FDPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. **Note**: Do not use EBT numbers. Write case number and proceed to Part III.	**Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply.** (See definitions in FAQs)				
		Head Start	Foster Child	Migrant	Runaway	Homeless
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐

PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)
Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

A. Child Income[1] - Sometimes children in the household earn or receive income. Please indicate the TOTAL income received by child household members listed in PART I here.

Child Income/How often? (i.e., weekly, monthly, etc.)
$_____/_____

B. Other Household Members[1]. **List all household members even if they do not receive income. Also, list the adult participant if he/she did not meet eligibility in Part I. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only along the frequency i.e., twice a month, weekly, etc. If they do not receive income from any source, write '0'. If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.**

Name of Other Household Members (First and Last)	1. Earnings from work before deductions / How often?	2. Subsidies, child support, alimony / How often?	3. Social Security, pensions, retirement / How often?	4. All other income / How often?
1. _____	$ _____/_____	$ _____/_____	$ _____/_____	$ _____/_____
2. _____	$ _____/_____	$ _____/_____	$ _____/_____	$ _____/_____
3. _____	$ _____/_____	$ _____/_____	$ _____/_____	$ _____/_____
4. _____	$ _____/_____	$ _____/_____	$ _____/_____	$ _____/_____
5. _____	$ _____/_____	$ _____/_____	$ _____/_____	$ _____/_____

C. Total Household Members (Adults and Children) listed in Part I and Part II _____

Social Security Number. If Part II B is completed and household members are listed (with or without income), the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). **Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.**

Last four Digits of Social Security Number XXX-XX_____ ☐ I do not have a Social Security Number

PART III: Enrollment Information: *Children Only*
My child is normally in attendance at the facility between the hours of _____ [am/pm] to _____ [am/pm] ☐ (✓) Check here if only before/after school care is provided.

Circle the days your child will normally attend the center: **Sunday Monday Tuesday Wednesday Thursday Friday Saturday**

Circle the meals your child will normally receive while in care: **Breakfast AM Snack Lunch PM Snack Supper Evening Snack**

PART IV: Signature
*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 purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. **If not completed fully and signed, the participant will be placed in the Paid category**.*

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

Address: _____ **City:** _____ **State:** _____ **Zip:** _____ **Phone:** _____

***This application is a revision of USDA's newly released meal benefit prototype and meets all legal requirements and reflect design best practices identified by USDA through focus testing and other research.**

PART V: Participant's Ethnic and Racial Identities: *The use of racial and ethnic data is to ensure compliance with USDA nondiscrimination requirements only. Providing information in Part V is voluntary. Your response or lack of response will not impact the participant's eligibility for meals.*

Check (✓) one ethnic identity:
☐ Hispanic/ Latino ☐ Not Hispanic/ Latino

Check (✓) one or more racial identities:
☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Hawaiian or other Pacific Islander ☐ White ☐ Multiracial

Official Use Only Section for Provider: 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 ☐ Monthly ☐ Year **Household Size**: _____

Categorical Eligibility: check (✓) if applicable ☐ **Eligibility**: check (✓) one Free ☐ Reduced ☐ Paid ☐

Day Care Homes Only: check (✓) one Tier I ☐ Tier II ☐

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determining Official's Signature: _____ **Date**: _____

Confirming Official's Signature: _____ **Date**: _____

Follow Up Official's Signature: _____ **Date**: _____

Automated Payment Processing

Procare SOLUTIONS

Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) K.C.'s 24 Hr Child Care Center to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Account Number _____ Expiration Date _____

Cardholder Signature _____ Date _____

SECTION B (Bank Account)

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____ Bank or Credit Union Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ ☐ Checking ☐ Savings

Authorized Signature _____ Date _____



FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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Student Profile

This profile helps your child's teachers get to know them and support their growth. Please update it whenever your child's needs, interests, or routines change. Open communication between families and teachers helps us work together to make your child's experience a positive one.

Parent Signature:_____ Date:_____

Email Address:_____

Child's Name:_____ Date of Birth:_____ Current age:_____

1. Where has your child had previous preschool/daycare experience?_____

2. What would you most like for your child to experience with us?_____

_____

3. What does your child most enjoy doing? _____

4. Does your child have any particular fears? _____

5. Do you consider your child shy or outgoing? _____

6. Does your child play well with other children? _____

7. About what things does your child express the most curiosity? _____

_____

8. List the names and ages of other children in your family home._____

_____

9. How long does your child nap?_____

10. How many hours of sleep does your child receive at night? _____

11. Does your child have allergies? If so, please explain. _____

12. Does your child have any special medical or physical needs? _____

_____

13. Do you have a special cultural interest/hobby that you would like to share with the children? _____

_____

14. Are you available to help with special events?_____

15. What kind of healthy foods/meals does your child eat?_____

16. Does anyone else care for your children? (Grandparents, Neighbors, etc.)? _____

_____

17. We would like to support your child's heritage and cultural identity at school. Are there any special traditions, celebrations, or songs that are especially important to your family and your child? _____

_____

18. What is your native language? _____

19. Are other languages spoken at home? _____

20. Is there anything else you would like us to know about your child? _____

_____

_____

_____