



YELLOW SPRINGS
Community
Children's Center

Name of Child: _____ D.O.B _____

Name of Parents: _____

Application pick up date: _____ Application drop off date: _____

Start Date: _____

Enrollment paperwork Checklist:

- _____ Enrollment Contract
- _____ Payment Policy/ Liability release
- _____ Income Eligibility Application (Child and Adult Food Care Food Program) *Must be filled out
- _____ Enrollment Form (Child and Adult Care Food Program)
- _____ Health Assessment (2 pages)
- _____ Special Diet Form *Must be signed by parent (Optional)
- _____ Family information for Step Up to Quality for School Age Students (3 pages)
- _____ Assessment Permission
- _____ Behavioral Policy Acknowledgement
- _____ Routine Trip Permission
- _____ Swim Permission
- _____ Photo/Video/ Audio Release statement
- _____ Handbook Acknowledgement

Yellow Springs Community Children's Center

Center Hours of Operation 6:30 am - 6:00 pm

Additional day charge \$55.00 per day

10% Sibling discount

5% discount for 3 months advance pay

Tuition Rates as of April 1, 2023

After Care hours of operation 2:45 pm - 6:00 pm

15% Military discount (Please bring ID)

Infant Program (6 weeks -17 months)

<u>Attendance</u>	<u>Monthly</u>
5 Full Days	\$1172
5 Mornings or Afternoons	\$980
4 Full Days	\$1135
4 Mornings or Afternoons	\$877
3 Full Days	\$1017
3 Mornings or Afternoons	\$819

Toddler Program (18 months - 3 years)

<u>Attendance</u>	<u>Monthly</u>
5 Full Days	\$984
5 Mornings or Afternoons	\$768
4 Full Days	\$945
4 Mornings or Afternoons	\$664
3 Full Days	\$872
3 Mornings or Afternoons	\$562

Preschool Program (3 years - 5 years)

<u>Attendance</u>	<u>Monthly</u>
5 Full Days	\$803
5 Mornings or Afternoons	\$584
4 Full Days	\$733
4 Mornings or Afternoons	\$511
3 Full Days	\$639
3 Mornings or Afternoons	\$450

After School School-Age Program (K - Age 12)

*Includes snack in afternoon, school closings, snow days and holidays

<u>Attendance</u>	<u>AFTER School Care</u>
5 Days Per Week	\$428
4 Days Per Week	\$417
3 Days Per Week	\$342

Summer Camp Program (K - Age 12)

Camp Includes Breakfast, Lunch, Snack
Additional one-time \$130 fee for field trips & classroom materials.

<u>Attendance</u>	<u>Monthly</u>
5 Days Per Week	\$728
4 Days Per Week	\$706

Three-day options are not available for new enrollees after April 1, 2023

YSCCC Enrollment contract

Enrollment Date: _____

Parent/Guardian name & email address: _____

Parent/Guardian name & email address: _____

Child Full name/Birthday/ Classroom _____

Child Full name/Birthday/Classroom _____

Child Full name/Birthday/Classroom _____

Contracted Days: (*Circle minimum of 3 days /Days cannot change on a weekly basis):

Monday, Tuesdays, Wednesday, Thursday, Friday ~ Full time or Part time ~

Private pay families: Monthly Tuition fee: _____

* A \$25 registration fee is due upon initial enrollment date.

* A late fee of \$35.00 will be applied to your account if payment is received after the 5th.

* We do not offer adjustments due to illness, vacations or inclement weather closings.

Title XX families: Weekly co pay: _____

*A registration fee of \$25.00 is not required but if you owe a weekly co-pay, it must be paid consistently each month.

* Fees are due on a weekly or monthly.

*We do not offer adjustments due to illness, vacations or inclement weather closings.

* A late fee of \$35.00 will be applied to your account if payment not received.

This is a legal binding contract between you and YSCCC. You are responsible for monthly payment of tuition/ Title XX co pays.

_____ I understand that I am responsible for any and all charges associated with my account and that if I fail to pay any amount due in a timely manner, I will forfeit my child's enrollment spot at the end of the month.

Preferred method of payment: Cash ___ Check ___ Money order ___ Credit card ___

Credit card number: _____ Expiration date: _____

YSCCC payment policy and Liability Release

The following terms and conditions apply to the youth program accounts for our students enrolled in the center, aftercare program at Mills Lawn and Summer camp program.

(please read and initial each item)

____ A registration fee of \$25.00 is due at the time of enrollment including your first month's tuition. (Excluding all families enrolled in the Title XX program)

____ An invoice will be provided via email or can be sent to your mailing address on file. Please update changes to your email and mailing address accordingly.

____ Services are billed according to the youth program schedule for which you have contracted. Any changes to your contracted schedule must be submitted in writing (two weeks) prior to the change. Changes not submitted within the required time frame will not be adjusted on the current billing cycle.

____ Fees are not adjusted based on your child's absences on a day to day basis. Sick days and other short-term absences do not qualify for any type of credit. YSCCC will not credit accounts on days of inclement weather closings or delays.

____ The payment schedule is based on a month to month basis. All payments are due on the first of the month or no later than the 5th of the month. All late payments are subject to a late fee of \$35.00. ***If payment is not received/payment plan is not discussed with Director or Business Manager by the end of the month, your child will not be admitted to attend the center until your full past due balance is received by the end of the following month.***

____ If your check/ credit card payment does not process (payment rejected), a \$25 returned item charge will be added to your account in addition to your required monthly tuition fee.

____ Late pick up policy will take into effect if your child is picked up past the closing time. Our center and aftercare program closes at 6:00. **The late fee charge is \$5.00 for each minute after our closing time and will increase to \$10 per 5 minutes after a half hour has passed.**

____ If your child will be absent from the program on a scheduled day for any reason, please call the center to notify the Director or administrator of their absence.

Liability: This is to certify that I give my child permission to attend YSCCC. I release the YSCCC from any liability. I understand that it is my responsibility to arrange transportation daily at the specified pick up time. I will be responsible for any late fees that accumulate due to late pick up, late payments and/or rejected payments.

*Our program cares for children ages 18 months – 12 years of age. Once your child turns 13, he/she will not be allowed to attend the center based on state rules and regulations. I understand that my student must abide by the code of conduct established by YSCCC and also the discipline code set up by the school and the school district.

Print name of Parent/Guardian _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code	Home Telephone Number		
Parent/Guardian Name #1			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City			State	Zip	
Email Address (if applicable)			Cell Phone (if applicable)		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name #2			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City			State	Zip	
Email Address (if applicable)			Cell Phone		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents <u>cannot be listed</u> as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name		Name			
City		State	City		State
Telephone Number		Relationship to Child		Telephone Number	
Relationship to Child		Relationship to Child			
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

Not applicable

Yellow Springs Community Children's Center Health Assessment

Parent/ guardian Health Assessment

Community Children's Center

Child's Name:

Parent/Guardian Name:

1. My child has a regular physician. (Yes/No) Name of Physician: _____
2. My child's birth followed a full- term pregnancy with no complications prior to/immediately following the delivery. Yes/ No * If no, please describe.
3. My child takes medication on a regular basis. Yes/ No
• .If Yes, please list medications, frequency and reason.
4. My child has been hospitalized and/ or undergone surgery. (Yes/ No)
5. My child has participated in therapy. (Yes/No)

Yellow Springs Community Children's Center Health Assessment

6. There is a history of learning disabilities, attention deficit disorder or language delays in the family. (if yes; describe)

7. I have concerns about my child's development, (Yes/ No)

8. If applicable, please describe health/ nutrition concerns, major childhood illnesses or diagnosed syndromes:

9. I would like to share the following additional health related information about my child:

parent/Guardian signature:

Date:

Family Information (School-Age)

Child's Name (Last)	First	Nickname (if any)
<p>By providing complete information about your child, you will be assisting the staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities, or personality that you feel will be helpful to the staff who care for your child.</p>		
Members of child's immediate family		
Who lives at home with your child?		
Languages spoken in your home/Primary language		
Are there any special family arrangements, such as shared parenting or custody specifications, etc?		
Changes or transitions that your child recently experienced or is experiencing? (ie. new home, birth of sibling, divorce, school issues, death of family member, friend, pet)		
Any cultural or religious practices of your family of which we should be aware? (dietary restrictions, head coverings, clothing, language, etc)		
Do you have any pets at home? If so, type of pet and pet's name		
What are your child's favorite foods?		

What are the foods your child dislikes?
Are there any foods your child should not be fed? (Child Care Licensing requires a form to be completed for children with food allergies or dietary restrictions)
What time does your child normally wake up and go to bed at night on a school night? Wake Up _____ Go to Bed _____
What is your child's favorite subject (s) in school/what subject (s) is a challenge? Favorite: Challenge:
What causes your child to feel angry or frustrated?
What actions or items do you use to comfort your child when upset?
What methods do you use to respond to your child's negative behavior?
How do you reward your child's good behavior or accomplishments?
What are some of your child's interests?
Is your child taking any lessons or participating in organized clubs/teams? (ie. swim, dance, piano, scouts, soccer, youth group, etc)
Average number of hours per day your child watches TV/DVDs during the school week? ____ Less than 1 hour ____ 1-3 hours ____ 4 or more hours
Average number of hours per day your child has access to the items listed below: ____ Computer/Ipad ____ Cell phone ____ Video Games

Ohio Department of Job and Family Services
ROUTINE TRIP PERMISSION FOR CHILD CARE

Routine Trip Information	
Routine Trip Destination(s) Bike Path, John Bryan Park, Antioch, Downtown YS, YS library, Toddler Park, Police/Fire Station, Mills Lawn	
Date of Permission (<i>valid for one year</i>)	
Mode of Transportation (<i>walking, school-bus, public-transportation, parent vehicles, provider vehicle and driver</i>) Walking	
During this trip children will have access to water that is 18 inches or more in depth. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Are water activities planned in water that is 18 inches or more in depth? (if yes, a swimming permission slip is required) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Child's Information	
Child's Name	
My child is <input type="checkbox"/> not over 4 years and/or 40 lbs <input type="checkbox"/> over 4 years and 40 lbs <input type="checkbox"/> 8 years and/or over 4' 9"	
Signature	
I grant permission for my child to participate in the routine trips described above.	
Parent's Signature	Date

Ohio Department of Job and Family Services
**PERMISSION TO PARTICIPATE IN SWIMMING ACTIVITIES
 FOR CHILD CARE**

Written parental permission is required for the water activities your child will be engaging in (check all that apply for this activity)	
<input type="checkbox"/> Child swimming in water 18 inches or more in depth <input type="checkbox"/> Child participating in activities near water 18 inches or more in depth (no water activities planned) <input type="checkbox"/> Infants and toddlers using wading pools	
I give permission for my child to participate in the following swimming/water activities	
Swim Site	
Date(s)	
Departure/Arrival Times from Center	
Mode of Transportation (parent's driving, provider vehicle, public transportation, school bus, etc.)	
Child's Name	Child's Date of Birth
My child is a <input type="checkbox"/> Swimmer <input type="checkbox"/> Non swimmer	
Parent's Signature	Date

Yellow Springs Community Children's Center
Assessment Permission Form

Each year the teaching staff of the Community Children's Center performs developmental assessments and observations in the Fall, Winter and Spring. We utilize the Creative Curriculum, Developmental Screenings (ASQ & ASQ SE) and maintain individual portfolios to help teachers plan for each child's educational journey.

Parent teacher conferences are scheduled in the Fall and Spring to discuss observations, share work and create educational goals for your child.

Please sign permission for our teachers to conduct observations and do assessments on your child.

I give my permission for the Yellow Springs Community Children's Center to assess my child using a variety of assessment tools (as described above) to help set educational goals for my child while they are enrolled in the Yellow Springs Community Children's Center.

Parent signature: _____

Date: _____

Director's Signature: _____



YELLOW SPRINGS
Community
Children's Center

Dear Yellow Springs Community Children's Center Parents/ Guardians,

As you know, it is our top priority to keep your children safe while in our care. We want each child to feel safe and enjoy their time here at the Children's Center. In order to support this, Yellow Springs Community Children's Center will not tolerate excessive disrespect towards faculty or other students, bullying or violence of any kind, or disregard of the rules put in place to insure the safety of children. If your child participates in any of these behaviors, he or she will be subject to suspension or expulsion from YSCCC.

Staff and parent collaboration is vital for a child's success when navigating through emotional and behavioral challenges. If we do not receive equal support/ participation in helping children through these challenges (**utilizing referrals, screenings, testing, therapies, adjusting home practices to support specific challenges at school and home**) we have the right to disenroll the child from the center for safety purposes and to ensure we can provide an optimal learning environment for all children.

The following protocol is in place to prevent these events:

Incident #1: The parent will be called and the child will be asked to go home immediately with a one-day suspension the following day. An individualized behavior plan will be put into place, if necessary, noting specific strategies to help the child self-regulate.

Incident #2: The parent will be called and the child will be asked to go home immediately with a two-day suspension.

Incident #3: The parent will be called and the child will be asked to go home immediately and the child will not be allowed to return to the center.

Child name: _____

By signing this form, I acknowledge this behavior policy.

X _____

Parent Signature

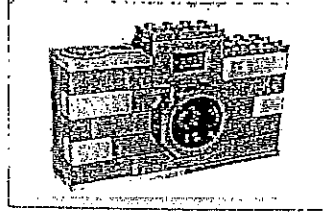
Print name

Date

X _____

Malissa Doster, Executive Director

Photo and video/Audio recording release



For my child's participation in activities to be conducted by the Yellow Springs Community Children's Center, I hereby give me permission and consent, now and for all time, to YSCCC and collaborating third parties to make, produce, edit broadcast any video, film, footage, sound track recordings and photo reproductions of me/my child for marketing purposes via print, social media, television, radio and/or sound track recordings.

I Do give Permission:

Parent/ Guardian Signature: _____

Date: _____

Participant Printed Name: _____

I DO NOT give Permission:

Parent/ Guardian Signature: _____

Date: _____

Participant Printed Name: _____

Ohio Department of Education - Office of Integrated Student Supports
CHILD AND ADULT CARE FOOD PROGRAM
ENROLLMENT FORM

Required Form for use by Child Care Centers and Head Start Programs

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside School Hours, Youth Development & After School at Risk

Instructions to Complete

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be completed annually and signed by the child's parent or guardian.

CENTER NAME

CHILD'S NAME

(please print)

AGE

BIRTHDATE

month / day / year

**CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE
AND THE MEALS RECEIVED WHILE IN CARE**

Check (✓) Days Child Normally in Care	List hours child normally in care				Check (✓) meals child normally receives while in care						
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack	
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											

Yes, the schedule listed above may frequently vary due to changes in parents/guardians schedule.

SIGNATURE OF PARENT/GUARDIAN

DATE

DAY PHONE NUMBER

MAILING ADDRESS:

STREET /APT.

CITY

ZIP CODE

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Revised 10/2019

INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICE MEALS Fiscal Year 2020-2021

INSTRUCTIONS: To apply for free and reduced-price meals, read the household Letter and Instructions on backside of this form. Complete application and return to the center. In accordance with the NSLA, information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure. *Part 1* is to be completed by all households. *Part 2* is to be used only for a child living in a household receiving food assistance (SNAP) or Ohio Works First (OWF) benefits. *Part 3* is only for children NOT receiving Food Assistance or OWF benefits. *Part 4* an adult household member must sign and date form; the last 4 digits of social security number must be listed if Part 3 is completed. *Part 5* is optional. * Asterisks indicate info that must be completed. Form must be completed annually and valid for only 12 months.

CENTER NAME			CHECK IF A FOSTER CHILD (The legal responsibility of a welfare agency or court)	PART 2 - LIST EACH CHILD'S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 DIGITS.	
PART 1 - PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER				Check type <input type="checkbox"/> FOOD ASSISTANCE (SNAP) or <input type="checkbox"/> OHIO WORKS FIRST (OWF)	
* NAME OF ENROLLED CHILD(REN)	AGE	BIRTH DATE		CASE NO.	
1.			<input type="checkbox"/>	_____	
2.			<input type="checkbox"/>	_____	
3.			<input type="checkbox"/>	_____	
4.			<input type="checkbox"/>	_____	

PART 3 - TOTAL HOUSEHOLD SIZE, TOTAL HOUSEHOLD GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: List names of all household members. List all gross income: list how much and how often. If Part 2 is completed, skip to Part 4.

a. LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1	b. CHECK IF NO/ZERO INCOME	c. GROSS INCOME during the last month (amount earned before taxes & other deductions) and HOW OFTEN IT WAS RECEIVED: Weekly, Every 2 Weeks, Twice Per Month, Monthly, Annually			
		1. Earnings from work before deductions	2. Welfare payments, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA	4. All Other Income
EXAMPLE: JANE SMITH	<input type="checkbox"/>	\$ amount / how often	\$ amount / how often	\$ amount / how often	\$ amount / how often
1.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

PART 4 - SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: Adult household member must sign/date form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his/her Social Security Number or check the "I do not have a Social Security Number" box. I certify that all information on this form is true and correct and that all income is reported. I understand that the center will get Federal Funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

* SIGNATURE OF ADULT HOUSEHOLD MEMBER	* DATE	* If Part 3 is completed, insert last 4 digits of Social Security Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Check if applicable) <input type="checkbox"/> I do not have a Social Security Number
Print Name:	Daytime Phone Number:	Work Phone Number:
Street / Apt:	City / State / Zip:	County:

PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race and ethnicity of enrolled child(ren).

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other

Please mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you free or reduced-price meals, and for administration and enforcement of the Program. We will use your information to determine if the participant is eligible for State Distribution: 7/1/2020

THIS SECTION TO BE COMPLETED BY CENTER: Note: All information above this section is to be filled in by the parent or guardian.

Complete information below only if qualifying child(ren) by household income from Part 3. Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion: Weekly x 52, Every 2 Weeks (biweekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12	Application Certified/Categorized as: <input type="checkbox"/> FREE, based on <input type="checkbox"/> Food Assistance/OWF Case No. <input type="checkbox"/> Household size and income <input type="checkbox"/> Foster Child <input type="checkbox"/> REDUCED, based on Household size and income
Total Household Size: _____	Total Household Income: \$ _____ Per: <input type="checkbox"/> week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> month <input type="checkbox"/> year
	<input type="checkbox"/> PAID, based on <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete <input type="checkbox"/> Invalid case number or information

Signature of Sponsor / Center Representative	Date Sponsor Certified/Categorized Form	Effective Date (From the first of month of date signed)	Expiration Date (Valid until last day of month in which form was signed one year earlier)
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Note: Effective date is determined by parent or sponsor signature date as selected on CRRS application. If date of parent signature is not within month of certification or immediately preceding month, effective date must be date of sponsor certification.

Dear Parent/ Guardian,

Welcome to the Yellow Springs Community Children's Center! We are delighted to have your child/ren in our care and would like for him/her to be kept safe and comfortable here. Please read through the Parent Handbook and coming to us with any questions you might have.

I have read the Parent Handbook and agree to abide by the policies stated within. If I have any questions or do not understand something, I will ask. I understand that interpretation of policies ultimately falls with the director and I will seek his/her assistance as needed.

Signature of Parent/Guardian

Child's Name

Date