

Back to the Basics
Enrollment and Parental Agreement Form

Family Last Name _____ Date _____
Home address _____ Parent SSN _____
City _____ Zip _____ Home Phone _____
Parent or Guardian: Father _____ Mother _____
Child/ren: Boy Girl Name _____ Age _____ DOB _____
Boy Girl Name _____ Age _____ DOB _____
Boy Girl Name _____ Age _____ DOB _____
Boy Girl Name _____ Age _____ DOB _____

Child/ren live with: Both Parents Father Mother Foster Care Other: _____
Enrollment for: Fulltime Preschool Only Ga. Pre-K Drop In Summer Program School Age Care 5-12

Work

Father: Employer _____ Employee Phone _____
Employer's address _____ Hours _____ to _____
Cell phone _____
Mother: Employer _____ Employee Phone _____
Employer's address _____ Hours _____ to _____
Cell phone _____
Email that you would like to receive information _____

Emergency Contacts

List of local persons to contact **other than parents** in case of an emergency.

1) Name _____ Relationship _____
Address _____ Home Phone _____
Cell Phone _____
2) Name _____ Relationship _____
Address _____ Home Phone _____
Cell Phone _____
3) Name _____ Relationship _____
Address _____ Home Phone _____
Cell Phone _____

Pick up Authorization

The following people **other than parents** are allowed to pick up the child/ren.

1) Name _____ Relationship _____
Address _____ Home Phone _____
Cell Phone _____
2) Name _____ Relationship _____
Address _____ Home Phone _____
Cell Phone _____
3) Name _____ Relationship _____
Address _____ Home Phone _____
Cell Phone _____

Parental Agreement

I have received a copy of BTTB Policies and Procedures and have read it. I understand and agree to abide by the policies stated therein. I understand the sections related to payment of fees and vacation. I further understand that if I fail to meet my obligations under this agreement that other costs such as collection costs, legal fees and interest may be added. Director's initials _____ Parent's initials _____

CHILD ILLNESS / MEDICATION POLICY

To help maintain a healthy environment and improve the quality of care provided to our families, the policy covers sick children, their return to the center, along with medication to be administered.

Sick Child

Any child with a fever of 101 or higher and/or contagious symptoms, such as but not limited to rash, diarrhea, vomiting must be out of the center for minimum of 24 hours. Child can return when they are symptom/fever free for 24 hrs.

ADMINISTERING AND PLACEMENT OF MEDICATION POLICY

_____ the parent / or legal guardian of _____

Understand the following policy of BACK TO THE BASICS.

1. All medication prescriptions must be given to the Director upon arrival.
2. **Over the counter medication will not be dispensed by BACK TO THE BASICS, without written permission from a doctor.**
3. **A medication form must be completed each day that the child is to receive the medication.**
4. Only medication with child's name on it will be given.
5. All medication must be stored in the kitchen for the safety of children.
6. Medication may not be placed in child's bag.
7. Never allow child to bring in the medication by himself / herself.
8. Medication must be taken home daily.
9. Only medication that is directed to be given 3 or more times a day may be dispensed by BACK TO THE BASICS.
10. **Medication is dispensed at 11:00 am or 3:00 pm.**

PARENT / LEGAL GUARDIAN SIGNATURE _____ DATE: _____

Emergency Medical Authorization

Should _____ suffer an injury or illness while in the care of BTTB and the facility is unable to contact me (us) immediately. BTTB shall be given authorization to secure such medical attention and care for the child as necessary. I (we) agree to keep the facility informed of changes in telephone numbers, etc. where I (we) can be reached. BTTB agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's primary source of health care is:

Physician's name Telephone #

KNOWN MEDICAL CONDITIONS _____

Parent/Legal Guardian Signature: _____ Date: _____

OUR EMERGENCY MEDICAL PROCEDURE WILL BE:

1. Contact Parent
2. Contact person listed as emergency contact
3. Call emergency medical team, if necessary
4. Have emergency medical team transport child to nearest Hospital
5. We will seek Medical attention from

CLEARVIEW REGIONAL MEDICAL CENTER
2151 W Spring St.
Monroe GA. 30655
Phone: 770-267-8461

VEHICLE MEDICAL EMERGENCY INFORMATION

Child's Name _____ Date of Birth _____
Address _____
Father's Name _____ Cell # _____
Work # _____ Home # _____
Mother's Name _____ Cell # _____
Work # _____ Home # _____

Person to notify in an emergency if parents can't be reached:

Name _____ Number _____

Medical Information

Child's Doctor _____ Number _____

The center will use Clearview Regional Medical Center located at 2151 W Spring St., Monroe Ga. 30655

Does your child have any allergies? If your child does not please write No Allergies in the space below.

Child's Allergies _____

Special Needs _____

In the event of an emergency involving my child and if BTTB cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Parent/ Guardian Signature _____ Date _____

Director/Assistant Director signature _____ Date _____

This facility does not carry liability insurance coverage sufficient to protect your children in the event of an injury.

Photo/Media Release

We occasionally have photographs put in the Tribune or used for advertisement, as well as, pictures from picture day are posted on a website for viewing and purchasing. Please initial yes or no for consent.

Yes___ No___ Tribune Yes___ No___ Social media Yes___ No___ advertisement

Yes___ No___ Website (including school website or school photography website)

Transportation Permission

Permission is hereby given for BTTB to provide transportation to and from school and/or other day care related activities. Director's initials _____ Parent's initials _____

Authorization to dispense external preparations

I give **Back to the Basics**, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the direction on the label of the container.

Check all that can be applied, if not leave it blank

- _____ Baby Wipes
- _____ Band-aids
- _____ Neosporin or similar ointment(e.g., cuts, scrapes)
- _____ Cortizone 10 or similar cream (e.g., insect bites)
- _____ Bactine or similar ointment
- _____ Sunscreen
- _____ Insect Repellent
- _____ Non-Prescription ointment (such as A&D, Desitin, Vaseline)
- _____ Baby Powder
- Other (please specify) _____

(Tylenol, ibuprofen, or any other fever reducer will not be given unless authorized by a doctor in writing)

Parent/Guardian Signature

Date

WIC

A Special Food and Nutrition Education Program For Women, Infants and Children

WHO IS ELIGIBLE?

- A pregnant woman
- A breastfeeding woman
- A woman who has recently been pregnant
- An infant or a child less than 5 years old

SERVICES PROVIDED:

- Nutritious foods
- Nutrition counseling
- Breast feeding support
- Health care referral

TO BE ELIGIBLE, YOU MUST ALSO:

- Have a low or moderate income
- AND**
- Have a special need that can be helped by WIC foods and nutrition counseling

APPROVED WIC FOODS:

- Milk, cheese, eggs, cereals, peanut butter, fruit or vegetable juices, dry beans or peas, iron fortified formula

YOU DO NOT HAVE TO BE ON PUBLIC ASSISTANCE TO APPLY.

CALL YOUR LOCAL HEALTH DEPARTMENT FOR MORE INFORMATION.

The Child and Adult Care Food Program

Income Eligibility Statement Form and Supporting Documents

The United States Department of Agriculture (USDA) issued revised Income Eligibility Statements (IES) and other required forms to all state agencies to disseminate to institutions participating in the Child and Adult Care Food Program (CACFP). The newly revised IES package includes the following: IES form and instructions, reduced income guidelines template with privacy and non-discrimination statement, Sharing Information with Medicaid/SCHIP letter, sample house-hold letters based on program type, and template letters to use when verifying income and reporting the results of the verification. This newly revised IES application conforms to USDA's newly released prototypes and therefore meet all legal requirements and reflect design best practices identified by USDA through focus testing and other research.

The revised IES package and supporting documents is available at <http://www.dec.state.ga.gov/BftS/FormList.aspx?cat=CACFP>.

Frequently Asked Questions

Q. What information do I issue to parents?

A. Institutions and facilities should issue the IES form, reduced income guidelines with the privacy and non-discrimination statement, appropriate household letter, and the Sharing Information with Medicaid/SCHIP letter to parents/guardians of children/adults participating in the CACFP.

Q. Can centers/day care homes require parents/guardians to complete the IES form as part of the enrollment package?

A. Centers/day care homes can request that parents/guardians complete the form as part of the enrollment process, but centers should **not** require parents/guardians to complete the form nor should they have policies/practices in place that negatively impacts the prospective/current participant's enrollment if the parent declines or fails to complete or submit the form. This action would be in violation of the Program.

Q. Why is it necessary to issue the Sharing Information with Medicaid/SCHIP letter to parents?

A. Parents/guardians that do not wish to have their information shared with either Medicaid or SCHIP must complete the form and return to facility. Otherwise and when requested by Bright from the Start or the United States Department of Agriculture (USDA), parent/guardian information will be shared with Medicaid/SCHIP.

Q. Is it necessary to have three official's signatures on the new IES form-especially when the center is an independent center with only one staff person managing the CACFP?

A. No. Only one signature is required for Independent centers with only one staff person responsible for managing the CACFP. However, institutions with more than one person managing the CACFP, and center and administrative sponsors are required to have a minimum of two signatures: **determining official and confirming official.**

Q. What is the purpose of having a determining and confirming official signature?

A. The confirming official will review the form and ensure accuracy and completeness. IES forms are considered current and valid until the last day of the month in which the form was dated on year earlier. The date to be used to make this determination is the date in which the sponsor or institution official signs the IES form to certify eligibility of the participant.

Q. How long is the IES form considered current and valid?

A. IES forms are considered current and valid until the last day of the month in which the form was dated one year previously. The date used to make this determination is the date in which the sponsor/independent center official or parent/guardian signs the IES form. CACFP institutions and SFSP sponsors must decide which date they will use as the effective date and apply this date to all income eligibility forms submitted on behalf of all participants. CACFP institutions and SFSP sponsors are required to complete the **Income Eligibility - Effective Date Option Form**. In addition, institutions must indicate the options chosen in Section VIII. Recordkeeping (Item #2) of their Management Plan.

This means that sponsor and independent center officials should not request parent/guardians to complete IES forms at a specific frequency (e.g. start of each school year, every June, etc.). Request made by the sponsor or independent center official for IES form completion should be based solely on the expiration date of the IES forms.

Q. Do I send a report to Bright from the Start listing parent/guardians that want their information shared with Medicaid/SCHIP?

A. No. When instructed by USDA, Bright from the Start will request and collect data from institutions.

Q. Can this form be used for children in childcare facilities and adults in adult daycare facilities?

A. Yes.

Q. Can siblings be listed on one form?

A. Yes. Siblings from the same household can be listed on one form as long as there is space available.

Q. When do I verify parent/guardian income?

A. At the request of the United States Department of Agriculture (USDA), Bright from the Start, or any of its agents.

Q. Where can I get copies of the IES form and supporting documents?

A. Access Bright from the Start's webpage at <http://www.decal.ga.gov/BftS/FormList.aspx?cat=CACFP>

Q. Can I still participate in the CACFP if parents do not complete the IES form or do not return the form to my center?

A. Yes. However, children that do not have IES forms on file must be placed in the "paid" category on the roster, which will effect monthly reimbursement. Centers that are using the IES form to capture annual enrollment information will be required to use an alternate enrollment form that captures at a minimum the name of the child, normal hours and days of care and meals the child usually receives while in attendance.

Q. What if the form is completed by the parent but is not signed and dated by the sponsor or independent official. Is the form valid?

A. The form would neither be current nor valid for free or reduced price meals since the signature and date of the sponsor or independent official is the certification of the eligibility of the participant.

Q. Are households required to report changes in circumstances?

A. No, Public Law 108-265 modified the requirements related to reporting changes in income during the period of eligibility covered by the application. Households are not required to report changes in circumstances, such as increase in income, a decrease in household size, or when the household is no longer certified eligible for benefits through Supplemental Nutrition Assistance Programs (SNAP) or Temporary Assistance for Needy Families (TANF).

Q. Are temporary approvals (45 days) still required when no income is reported?

A. No. Temporary approvals previously provided for short term assistance, such as when a household experienced a temporary income reduction or when no income was reported have been eliminated, are no longer required. Now, year-long eligibility includes households that report no income on their IES forms.

Q. Can parents list some but not all of the household income received?

A. No, the IES form requests all the household income including the frequency. By signing the IES form the parent/guardian certifies that all the information on the form is true and that all income is reported and that they understand that the center or day care home will receive Federal funds based on the information listed by the parent/guardian.

Q. Do children participating in Head Start or Early Head Start need to complete additional income eligibility forms to qualify for free meals?

A. Children enrolled in federal and state-funded Head Start or Early Head Start Programs are categorically eligible to receive free meal benefits without further application or eligibility determination. Categorical eligibility means Meal Benefit Forms are not required.

Eligibility determinations for the CNPs are made on an annual basis. As long as the child is enrolled in Head Start or Early Head Start at the time the annual eligibility determination is made, all reimbursable meals served to that child may be claimed at the free rate.

Institutions, sponsors, and school food authorities may establish eligibility of all Head Start enrollees through documentation provided by the Head Start program. Forms of acceptable documentation include:

- Approved Head Start application
- Statement of Head Start enrollment
- List of participants from a Head Start official

Q. If a child who is eligible for Head Start benefits also attends a child care center or day care home, is the child automatically eligible for free CACFP meals at the child care facility without further application or eligibility determination?

A. Yes. All CACFP reimbursable meals served to children enrolled in Head Start or Early Head Start may be claimed at the free rate by child care centers or at Tier I rates in day care homes in which they are enrolled. Documentation of acceptable Head Start eligibility must be maintained.

Q. Are the siblings or other children who are members of a Head Start child's household also automatically eligible for free meals without further application?

A. Only children enrolled in Head Start are categorically eligible. Categorical eligibility based on Head Start enrollment does not extend to all children in the same household.

Q. Can a day care home document its eligibility for Tier I reimbursement based on the provider's own child's enrollment in a Head Start program?

A. The Improving Head Start for School Readiness Act of 2007 (Public Law 110-134) extended categorical eligibility only to children enrolled in Head Start; therefore, a child's Head Start enrollment does not extend to the provider.

Q. Are children who are enrolled in Head Start, but who are members of households that are above the Head Start income eligibility requirements, still eligible for CACFP meals at the free rate?

A. Yes. All reimbursable meals served to children enrolled in Head Start may be claimed at the free rate. Head Start serves primarily children from families with household incomes at or below the federal poverty level. However, a small proportion of children in families with household incomes above the poverty level may also be served.

Public Law 110-134 amended sections 9(b)(12)(A)(iii) and 17(c)(5) of the Richard B. Russell National School Lunch Act to make any child enrolled in Head Start categorically eligible for free meals without further application or eligibility determination.

Q. Are children enrolled in state-funded prekindergarten programs eligible for free meals?

A. Children participating in state-funded prekindergarten programs are not automatically eligible for free meals. In California, the income eligibility requirements for state-funded preschools are less stringent than the requirements for the Head Start Program. Therefore, determinations of eligibility for free meals for participants must be made on an individual basis.

Section 107 of the Child Nutrition and WIC Reauthorization Act of 2004 (Act) amended section 9(b) of the Richard B. Russell National School Lunch Act to make runaway, homeless and migrant children categorically eligible for free meal benefits under the National School Lunch and School Breakfast Programs and is effective July 1, 2004.

Q. What is the definition of homeless?

A. The term "homeless children" has the meaning given to "homeless children and youths" in section 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)).

"Homeless children" means:

1. Individuals who lack a fixed, regular, and adequate nighttime residence; and
2. Includes -
 - a. Children and youths who are sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason; are living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations; are

living in emergency or transitional shelters; are abandoned in hospitals; or are awaiting foster care placement;

- b. Children and youths who have a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings;
- c. Children and youths who are living in cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings; and
- d. Migratory children who qualify as homeless because they are living in circumstances described in a-c above.

Q. What is the definition of migrant?

A. Migrant family means, for purposes of CACFP eligibility, a family with children under the age of compulsory school attendance who changed their residence by moving from one geographic location to another, either intrastate or interstate, within the preceding two years for the purpose of engaging in agricultural work and whose family income comes primarily from this activity.

Q. What is the definition of runaway youth?

A. The term "runaway", used with respect to a youth, means an individual who is less than 18 years of age and who absents himself or herself from home or a place of legal residence without the permission of a parent or legal guardian. <https://definitions.uslegal.com/r/runaway-youth>

Q. What is the definition of Foster care?

A. Foster care means 24-hour substitute care for children placed away from their parents or guardians and for whom the state agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child-care institutions, and pre-adoptive homes. A child is in foster care in accordance with this definition regardless of whether the foster care facility is licensed and payments are made by the state or local agency for the care of the child, whether adoption subsidy payments are being made prior to the finalization of an adoption, or whether there is federal matching of any payments that are made.

Part I: For family day care home and child care center, list participant's name and a SNAP, TANF, or FDPIR case number. For adult day care, list participant's name and a SNAP, TANF, FDPIR, SSI or Medicaid case number. **Note: foster children (children placed in the household by the court system) can be included in this section. A separate form is no longer needed for foster children. Note:** Children in Foster care, enrolled in Head Start and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Please refer to the Q&A section for a definition of each free categorical eligibility.

Part II: Skip this part.

Part III: Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

Part IV: Sign the form.

Part V: Answer this question if you choose to.

All other Households, including WIC households, complete the following:

Part I: For family day care home, child care center or adult day care, list participant's name.

Part II: To report total household income from last month, complete the following:

A- Child Income: Please indicate the TOTAL income received by Child household members listed in PART I. Please list any child income and how often it is received in this section.

B – Adult Income: List the first and last name of each Adult person living in your household as an economic unit. You must indicate yourself and all other adult members living with you. In the case of an adult participant, the adult participant, and if residing with the adult participant, the spouse and dependent(s) of the adult participant should be listed here as well. Attach another sheet if necessary.

List Gross Income. Next to each person's name, list each type of income received last month, and how often it was received.

B-Column 1: List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

B-Column 2: List the amount each person got last month from welfare, child support, alimony.

B-Column 3: List Social Security, pensions, and retirement.

B-Column 4: List all other income sources including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits IVA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income from self-owned businesses, farming, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Social Security Number: If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or mark the "I don't have a Social Security Number" box.

If no income: If the person does not receive income from any source, write "0". If "0" is entered or any income field are blank, the person is certifying that there is no income to report.

C – Total Household Members. Please list the total number of all household members (children and adults) in this section.

Part III: Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

Part IV: An adult household member must complete this section completely and then sign the form. Please refer back to Part II to ensure the last four digits of his/her social security number have been recorded or the box has been marked if he/she does not have one.

Part V: Answer this question if you choose to.

Privacy Act Statement: This explains how we use the information you give us.

**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
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 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 Income¹ - Sometimes children in the household earn or receive income. Please indicate the TOTAL Child Income/How often? income received by child household members listed in PART I here. \$ _____ / _____

B. Other Household Members¹. 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. 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. Welfare, 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 income is listed or completed in Part II, 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 (optional)

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

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

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: _____

The participant in the day care facility may qualify for free or reduced-price meals if your household income falls within the limits on the Annual Income Eligibility Guidelines.

Household Size	Yearly Income
1	
2	
3	
4	Please refer to the Income Eligibility Guidelines that are updated annually and available on DECAL's website.
5	
6	
7	
8	
Each additional person	Add:

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 your child for free or reduced-price meals. You must include the social security 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 SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child 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 your child is eligible for free or reduced-price meals, and for administration and enforcement of the Program.

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

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, 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 mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Sources of Income Chart¹

INSTRUCTIONS

Sources of Income for Children		Sources of Income for Adults		
Sources of Child Income	Examples	Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)
- Social Security - Disability Payments - Survivor's Benefits	- A child is blind or disabled and receives Social Security benefits - A parent is disabled, retired, or deceased, and their child receives Social Security benefits	- Net Income from self-employment (farm or business)	- Workers Compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government	- Private pensions or disability benefits
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money	If you are in the U.S. Military: - Base pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances)	- Alimony payments - Child support payments - Veteran's benefits - Strike benefits	- Regular income from trusts or estates - Annuities
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust	- Advances for off-base housing, food and clothing		- Investment Income - Earned interest - Rental income - Regular cash payments from outside household

Households that receive SNAP, TANF, FDPIR, SSI or Medicaid: Complete the following:

SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children qualify for free or reduced price meals, they may also be able to get free or low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, *unless you tell us not to*. Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send it with your Income Eligibility Form to [address] by [date]. (Sending in this form will not change whether your children get free or reduced-priced meals.).

- No! I DO NOT want information from my CACFP Meal Benefit Income Eligibility Form shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____

Today's Date: _____

Print Your Name: _____

Address: _____

For more information, you may call _____ at _____
CACFP Meal Benefit Income Eligibility Form Sharing Information with Medicaid/SCHIP.

POLICIES AND PROCEDURES

1. Hours are from 6:30am to 6:00pm for daycare, hours for Preschool are 8:00am to 11:30am.
2. Our K-2, K-3, K-4 classes (preschool only) and Ga. Pre-K will run with the Walton Co. School Calendar.
3. The facility shall be closed New Year's Day, MLK Jr., Good Friday, Memorial Day, July 4th, Labor Day, Thanksgiving Day and the day after, Christmas Eve, and Christmas Day.
4. Before any medication is dispensed to my child, I will provide written authorization which includes: date, name of child, name of medication, prescription # if any, and dosage. Medication is to be in the original container with my child's name marked on it. We will dispense medications that are given 3-4 times a day.
5. **My child will not be allowed to enter or leave the facility without being escorted by parent(s), person authorized by parent(s), or facility personnel.**
6. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur: Telephone numbers, work numbers, emergency contacts, child's physicians, child's health status, infant feeding plans, immunization records, etc.
7. At drop off your child will have their temperature checked. A child with a fever of 100.4 or higher and/or contagious symptoms, such as but not limited to rash, diarrhea, or vomiting must be out of the center for a minimum of 24 hours from the last known symptoms.
If your child is experiencing Covid related symptoms fever or chills, cough, shortness or breath or difficulty breathing, fatigue, muscle or body aches, headache, loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, or diarrhea we ask that you keep you child home and consult with your medical provider for next steps. If a sibling is also enrolled, we ask that the sibling remain at home as well to quarantine.
8. BACK TO THE BASICS agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medication, exposures to communicable diseases, which includes my child.
9. BACK TO THE BASICS agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the center, and water-related activities occurring in the water that is more than two feet deep.
10. A transportation log signed by the parent will be taken on every field trip along with a contact information sheet, for emergencies.
11. A written feeding plan for children under one year of age shall be obtained from the parent.
12. The center shall provide breakfast, lunch, and an afternoon snack that meet the standards outlined in the Georgia licensing book; any food brought from home must also meet these standards. Each breakfast must have 1 serving of milk, 1 serving of fruit/vegetable, and 1 serving of grains or bread. Each lunch must have 1 serving of milk, 2 servings of fruit/vegetable, 1 serving or grains or bread, 1 serving of meat or meat alternative. Each snack must have 1 serving of drink: water, juice, or milk, either 1 serving of fruit/vegetable or 1 serving of grains or bread.
13. A copy of appropriate immunization or a signed affidavit against such immunization must be submitted before first day of care.
14. All monthly fees are due on or before the first school day of each month.
15. **All weekly fees are due 6:00pm on Monday. Any payments received after Monday must include the \$50.00 late fee.** Failure to pay tuition and/or other fees- Accounts that have not been paid by Tuesday mornings will have childcare suspended until balance is paid in full. We will only hold your child's spot for two weeks
16. **All fees are due regardless of absences due to sickness, holidays, etc.**
17. Children that have attended full time for one year will receive one week vacation at no charge to the parent.
During the free week children do not attend the center.
18. BTTB charges an annual reenrollment fee. New students having been at the center six months or less will not be charged again.
19. **IN ORDER NOT TO INCUR A 2 WEEK TUITION FEE PENALTY, A NOTICE OF WITHDRAWAL IS REQUIRED IN WRITING ADDRESSED TO THE DIRECTOR.**
20. All rates and fees are subject to change.
21. BTTB follows Bright from the Starts, Standards of Care's 24 steps to diapering. Steps are listed in each classroom.
22. BTTB begins toilet training in the two year old classroom; children must be completely potty trained before moving into a three year old classroom.
23. Positive discipline will be used to correct children (ex. Tell child what they should do and not what they should not do). If child doesn't respond time out will be used, which will require child to sit in their seat (one min. per year of age of child).
24. Monthly Preschool students wishing to stay past 11:30 will be charged an additional \$25 per day.
25. Georgia Preschool students wishing to stay past their class time will be charged an additional \$7.00 for the first 15 minutes or \$16 daily rate.
26. BTTB holds an open door policy, where parents are welcomed at all times in the facility without question.
26. If you have any questions regarding menus or immunizations please speak with Tonya Smallwood Asst. Director. Questions regarding tuition payments, curriculum, class schedules, yearly calendar of events, or your child moving up to an older class please see Cindy Lancaster, Director.
27. No child will be allowed to attend any extracurricular activities with an outstanding balance on their account.
28. Back To the Basics does not discriminate against race, sex or religion.

Updated 10/14/2020 subject to change