



## Mid-Cumberland Community Action Agency Early Learning Center Enrollment Application

### Child Information

Child's Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: Male Female Primary Language: \_\_\_\_\_

### Family Information

#### Primary Guardian

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Resident of Housing Authority? ☐ YES ☐ NO

Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_  
Active Military or Veteran? ☐ YES ☐ NO

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#### Secondary Guardian (if applicable)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Resident of Housing Authority? ☐ YES ☐ NO

Email Address: \_\_\_\_\_ Employer: \_\_\_\_\_  
Active Military or Veteran? ☐ YES ☐ NO

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#### Emergency Contacts (Name of person, other than the child care provider, authorized to act for guardian in an emergency)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

#### Authorized Pick-Up List (Please list any other adults to whom your child may be released to and are authorized to provide transportation for your child)

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

### Medical Information

Pediatrician Name: \_\_\_\_\_ Pediatrician Phone: \_\_\_\_\_

Pediatrician Address: \_\_\_\_\_

Allergies (food, medication, environmental): \_\_\_\_\_

Medical Conditions/Special Needs: \_\_\_\_\_

Medications (if applicable): \_\_\_\_\_

### Background Information

Other Children in the Family

Date of Birth

School

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Enrollment Details

Requested Start Date: \_\_\_\_\_ Days Attending: ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

Program Type (check one):

☐ Full-Time

☐ Part-Time

Desired Drop-Off Time: \_\_\_\_\_ Desired Pick-Up Time: \_\_\_\_\_

### Required Documents Checklist

(Enrollment is not complete until all items are received)

☐ Registration Fee (\$25)

☐ Completed Child File

☐ Birth Certificate

☐ Immunization Record (section 1B Health Examination Document must be completed)

☐ Proof of State Certificate (if applicable)

## Permissions and Agreements

### Emergency Medical Authorization

I authorize the center to obtain emergency medical care for my child if I cannot be reached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo/Media Release

I give permission for my child's photo to be used for classroom or program purposes.

☐ YES ☐ NO

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Policy Acknowledgment

I have received a copy of the Summary of Licensing Requirements.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Professional Services

I agree to allow professional services personnel to work with my child while enrolled in the center, if needed. This includes, but is not limited to, speech therapy, occupational therapy, and physical therapy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Use Only

Date Application Received: \_\_\_\_\_ Pre-enrollment Visit Date: \_\_\_\_\_

Start Date Confirmed: \_\_\_\_\_ Classroom Assigned: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

### Experiences with Others

What are some of the ways your child plays at home? \_\_\_\_\_

\_\_\_\_\_

Does he/she play with children from other families? \_\_\_\_\_

Does he/she react when he/she does not get his/her own way? How? \_\_\_\_\_

\_\_\_\_\_

Is the entire family together for any time during the day? If so, when? \_\_\_\_\_

\_\_\_\_\_

### Eating Habits

What time does your child eat breakfast? \_\_\_\_\_ Lunch? \_\_\_\_\_ Dinner? \_\_\_\_\_

What time does your child eat snacks? \_\_\_\_\_ Does your child feed himself/herself? ☐ YES ☐ NO

What is your child's general attitude toward eating? \_\_\_\_\_

\_\_\_\_\_

If your child refuses to eat, how is this handled? Who handles it? \_\_\_\_\_

\_\_\_\_\_

Favorite Foods \_\_\_\_\_

Food Dislikes \_\_\_\_\_

Food Allergies \_\_\_\_\_

### Sleeping Habits

Does your child: ☐ have their own room ☐ shares a room with other children or with parent(s) (circle one)

At night, my child sleeps from \_\_\_\_\_ pm to \_\_\_\_\_ pm. He/She averages \_\_\_\_\_ hours of sleep a night.

My child naps from \_\_\_\_\_ am/pm to \_\_\_\_\_ am/pm. He/She averages \_\_\_\_\_ hours per nap.

What is your child's attitude toward going to bed? \_\_\_\_\_

\_\_\_\_\_

If there is difficulty with your child going to bed, how is this handled? \_\_\_\_\_

\_\_\_\_\_

What are your child's habit associated with going to bed? \_\_\_\_\_

\_\_\_\_\_

Is bed wetting an issue at naptime? ☐ YES ☐ NO

At night? ☐ YES ☐ NO

If yes, how is this situation handled? \_\_\_\_\_

### Toileting Habits

What times is your child taken to the restroom? \_\_\_\_\_

Can your child independently use the restroom? ☐ YES ☐ NO

Does your child tell you when he/she needs to use the restroom? ☐ YES ☐ NO

Does your child go willingly? ☐ YES ☐ NO      Can he/she manage his/her clothes when using the restroom? ☐ YES ☐ NO

Time of bowel movement (BM) \_\_\_\_\_ Does your child regularly have BMs? ☐ YES ☐ NO

Is your child constipated? ☐ YES ☐ NO

What words does your child use for urinating? \_\_\_\_\_

What words does your child use for BM? \_\_\_\_\_

### Speech and Physical Growth

My child talks    ☐ well    ☐ fairly well    ☐ not very well    ☐ not at all.

Does anyone read to the child? ☐ YES ☐ NO      How often is your child read to? \_\_\_\_\_

What age did your child creep? \_\_\_\_\_ crawl? \_\_\_\_\_ walk? \_\_\_\_\_

Which of the following would you use to describe your child? (check all that apply)

☐ active    ☐ quiet    ☐ thin    ☐ average weight    ☐ heavy    ☐ tall    ☐ short    ☐ average height

☐ friendly    ☐ unfriendly

Share with us other information about your child. \_\_\_\_\_

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CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:

Insert URL Here

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."  
  
Children in Foster care and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

| Child's First Name | MI | Child's Last Name | Foster Child             | Migrant                  | Runaway                  | Homeless                 | Head Start               |
|--------------------|----|-------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                    |    |                   | <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"/> |

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.  
  
The "Sources of Income for Children" chart will help you with the Child Income section.  
  
The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income

How often?

Weekly Bi-Weekly Monthly Bi-Monthly

\$

**B. All Adult Household Members (Including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. 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 fields blank, you are certifying (promising) that there is no income to report.

| Name of Adult Household Members (First and last) | Earnings from Work | How often? |           |         |          | Welfare/Child Support/Alimony | How often? |           |         |          | Pensions/Retirement/ Social Security/SSI/ VA Benefits | How often? |           |         |          |
|--------------------------------------------------|--------------------|------------|-----------|---------|----------|-------------------------------|------------|-----------|---------|----------|-------------------------------------------------------|------------|-----------|---------|----------|
|                                                  |                    | Weekly     | Bi-Weekly | Monthly | 2x Month |                               | Weekly     | Bi-Weekly | Monthly | 2x Month |                                                       | Weekly     | Bi-Weekly | Monthly | 2x Month |
|                                                  | \$                 |            |           |         |          | \$                            |            |           |         |          | \$                                                    |            |           |         |          |
|                                                  | \$                 |            |           |         |          | \$                            |            |           |         |          | \$                                                    |            |           |         |          |
|                                                  | \$                 |            |           |         |          | \$                            |            |           |         |          | \$                                                    |            |           |         |          |
|                                                  | \$                 |            |           |         |          | \$                            |            |           |         |          | \$                                                    |            |           |         |          |
|                                                  | \$                 |            |           |         |          | \$                            |            |           |         |          | \$                                                    |            |           |         |          |

Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member

X X X X X

Check if no SSN

STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form

Signature of Adult

Today's Date

Address

City

State

Zip

Phone/Email

| Source of Income for Children                                                                                      |                                                                                                                                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Sources of Child Income                                                                                            | Examples                                                                                                                                                                                                                 |
| Earnings from work                                                                                                 | <ul style="list-style-type: none"><li>A child has a regular full or part-time job where they earn a salary or wages</li></ul>                                                                                            |
| Social Security <ul style="list-style-type: none"><li>- Disability Payments</li><li>- Survivors Benefits</li></ul> | <ul style="list-style-type: none"><li>A child is blind or disabled and receives Social Security benefits</li><li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li></ul> |
| Income from person outside of household                                                                            | <ul style="list-style-type: none"><li>A friend or extended family member regularly gives a child spending money</li></ul>                                                                                                |
| Income from any other source                                                                                       | <ul style="list-style-type: none"><li>A child receives regular income from a private pension fund, annuity, or trust</li></ul>                                                                                           |

| Source of Income for Adults                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Earnings from Work                                                                                                                                                                                                                                                                                                                                                                               | Public Assistance/Alimony/Child Support                                                                                                                                                                                                                                                                        | Pensions/Retirement/All other sources of income                                                                                                                                                                                                                                                                                                              |
| <ul style="list-style-type: none"><li>Salary, wages, cash bonuses</li><li>Net income from self-employment (farm or business)</li></ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"><li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li><li>Allowances for off-base housing, food, and clothing</li></ul> | <ul style="list-style-type: none"><li>Unemployment benefits</li><li>Workers compensation</li><li>Supplemental Security Income (SSI)</li><li>Cash assistance from State or local government</li><li>Alimony payments</li><li>Child support payments</li><li>Veterans benefits</li><li>Strike benefits</li></ul> | <ul style="list-style-type: none"><li>Social Security (including railroad retirement and black lung benefits)</li><li>Private Pensions or disability benefits</li><li>Income from trusts or estates</li><li>Annuities</li><li>Investment income</li><li>Earned interest</li><li>Rental income</li><li>Regular cash payments from outside household</li></ul> |

OPTIONAL

Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of 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 or other FDPIR identifier for your child 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 the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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, audiotope, 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](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](mailto:program.intake@usda.gov).

*This institution is an equal opportunity provider.*

**\*Only use this address if you are filing a complaint of discrimination.**

DO NOT FILL OUT

For official use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income

How often?

Weekly

Bi-Weekly

Monthly

2x Month

☐

☐

☐

☐

Household size

Categorial Eligibility

☐

Eligibility

Free

Reduced

Denied

☐

☐

☐

Determining Official's Signature

Date

Confirming Official's Signature

Date

Follow-up Official's Signature

Date