



Please read all policies!

School **K**ids **I**n **P**eterborough
www.kidsatskip.org



Thank you for sharing your children with us, especially during these unprecedented times.

Dear Parent:

Hi! I'd like to introduce myself, and welcome you as a possible new, or a returning S.K.I.P. family. My name is Maria Szmauz, and I am the Director at S.K.I.P. I want you to know how excited my staff and I are to be back in action, and to get to work with your children. We have many exciting plans! At SKIP, we are committed to enriching the lives of your children! We are also committed to health and safety in these unprecedented times, and we have introduced MANY new procedures and practices to do so. There will be more to come detailing how we will handle life during the Covid epidemic, as needed.

If you don't already know us, SKIP has been around a while. I just completed my 15th summer at the program, which began in 1994 with the mission to accommodate working parents' schedules by providing a safe, nurturing and enriching environment for their children before and after school. We still aim to do just that! We work hard to empower children with the ability to make good decisions, and provide an environment that celebrates their unique qualities as individuals. We offer before and after school care for pre-kindergarten through 8th grade. I promise our staff will work diligently to share creative ideas, and plan programming that will be fun, educational, and allow your child to explore their creativity, problem solve, and develop social skills through team building experiences. all while staying safe at SKIP!!

Our Before and After School Program includes breakfast, snacks and supervised home-work time. A variety of rotating clubs give children an opportunity to participate in games, sports, arts and crafts, science and nature projects, cooking, music, drama, and creative play. Each week, after homework is done, three activities are offered. One that is held outdoors or in the gym focuses on games and sports. (many are cooperative, not competitive) Another provides creative outlets in arts and crafts, and the third is based on a theme or activity chosen to meet the special interests of the children currently attending.

How Registration Works For regular before and/or after school attendance, parents contract on a monthly basis for the days they need, with a minimum of three mornings or three afternoons. These are billed on a weekly basis for those contracted days that are regularly scheduled school days, regardless of attendance.

Generally, if space is available, you can use our services on "non contracted" days, but at a higher drop-in rate, and please check first to see if we have space. You are not billed for days that are not scheduled school days on the ConVal calendar.

Full day during Vacation Weeks and "Remote Learning for All " times. SKIP plans to be open all day during the times when learning is remote for all children in the ConVal schedule, as well as during the February and April vacation weeks. More to come about remote learning if that is necessary.

During vacation weeks and summers, we choose a weekly theme and in the past have added field trips and activities related to our theme, and have hosted special visitors from places like the Peterborough Players, Mariposa Museum, or Harris Center. Other local area places of interest have opened their facilities to our group such as the Peterborough Community Theatre, Bowling Acres, The Cheshire Children's Museum and the MacDowell Dam to add variety to our program. For example: A "camping" themed week might include activities like making gorp, making camping sit-upons, compiling nature books, learning about trail signs, making walking sticks and hiking with them, and having a day trip to the MacDowell Dam for swimming, and fishing. We might grill hot dogs one day, pitch a backyard tent and eat some smores!

S.K.I.P. is about working, playing, and having fun together, and we would love to include your child in our enriching program while we nurture self esteem and build positive values! We are part of the Child and Adult Food Program so all of the breakfasts and snack we provide follow federal nutrition guidelines and have healthy components such as 100% juice, many fruits, whole grains and more. Throughout our open times we are willing to coordinate with your child's school and teachers to follow 504 plans or IEP's whenever possible.

The staff is always available to you during skip hours and love sharing your ideas and concerns. Please feel free to stop in the office or call us!!

We have a great staff, who love children, and are anxious to share their skills and creativity with your child!

Thank you, Maria Szmauz and the staff!

Behavior Policy

Students attending SKIP will be carefully supervised in the program to ensure that they enjoy themselves in a safe and supportive environment. Students will be expected to be non disruptive while utilizing safe and respectful behavior with themselves and others.

If a child is deemed to be chronically disruptive and/or unsafe to the function of the program, the lead teacher will speak to the child. If that proves unsuccessful, the director will speak to the child. If verbal warnings do not succeed, the parents will receive a total of two written warnings. If a third warning is warranted, the parent will be notified via the phone that their child must leave for the remainder of the day. Subsequently, the child will receive an automatic 3-day suspension to begin the following day. A conference will be arranged between the child's parents and staff, where we will agree on a behavior plan for continued attendance. While we try very hard to accommodate children with special needs, please keep in mind we are not able to furnish one-on-one aides, or even constant individual attention, and must consider the needs and safety of all our children. For children with any previously known behavior issues, the more information regarding such issues, and strategies to manage them given to us from the beginning, the more successful we will be in helping your child. Our staff has SEL training, and works very hard to have children become proficient in the related skills that will make their lives successful and meaningful.

After reasonable efforts on the parts of parent, staff and child are still deemed unsuccessful, continuation of participation in the SKIP program could be terminated upon the discretion of the Board and Director. The student's parents will be contacted immediately and given 5 days notice prior to termination. Termination is never our goal.

Our goal, of course, is to work through all chronic behavioral issues, with input from both the student's parents and teachers to facilitate improvement and resolution in the most appropriate, compassionate way. Our ultimate goal is to work with you to keep children in the program. *PLEASE check the box on the contract page to allow us to communicate with PES staff to better allow this, especially if your child has any known behavior issues, or learning disabilities, and furnish us with a copy of an IEP or 504 plan. We want to help.*

Families on State Assistance

Will need to complete a link form once a contract is completed, to allow SKIP to bill the state for your child.

You are responsible for the remainder of SKIP charges billed that are not covered by the state, once they have made payment. Depending on the amount not covered, you may be asked for a weekly payment due ahead of services of the amount determined by our biller.

Snow Day Policy

If school is canceled for the day then SKIP is canceled for the day. **(School closings are announced on WMUR TV Channel 9, and on their website. The listing to look for is Contoocook Valley School System.)**

If school is delayed, we will try our best to still arrive at 6:30 am. to provide the early morning program and we will remain open for the rest of the regular day. However it is your responsibility to **Call First** to inquire if staff was able to make it to SKIP in poor weather conditions. In the event of a delay, children normally contracted for before school care may arrive as soon as we open and stay until school opens, and will be served a morning snack as well as breakfast. **Also, children not normally scheduled for before school care may attend if space permits. Call to verify. There is a delayed opening fee.**

If school has an "early release" due to inclement weather, there will be NO afternoon SKIP childcare services. (It is your responsibility to check on an early closing time.) The afternoon staff should not drive in severe weather conditions as I'm sure you can understand.

Our goal is to help accommodate those individuals who still need to be at work early in the morning, despite the bad weather. In order to do this, we rely on you to maintain close contact on those days, so that nobody is forced to take unnecessary risks in poor driving conditions.

For those people who having no child care on snow days is an extreme burden, sometimes our staff is willing to make arrangements to help you directly, talk to Maria and the staff

School Kids In Peterborough

Financial Policies (please read carefully, as you must sign off for us to accept registration, and You ARE held responsible, YOU ARE signing a contract.)

1. A yearly registration fee of \$45.00 per child will be payable upon enrollment in the program. All outstanding balances from summer or previous school year must be paid prior to re-enrollment.
2. Children must be enrolled in the program prior to attending on a drop-in basis. Non-contracted (or unscheduled) attendance must be approved by the staff 24 hours prior to arrival. **Advance payment is required for all contracted, non-contracted or non-scheduled days. We hope to be accepting debit and credit payment this year - more to come.**
3. **Billing** You will be billed according to your contract for all contracted days that are regularly scheduled school days. You will receive a monthly invoice broken down by the weeks in that month. It might include a few days from the preceding month or next month, if the month does not begin on a Monday, or end on a Friday. You will receive this bill by approximately the 25th of the month previous to the month being billed for, either by email, or paper (in your parent pocket folder) depending on your choice. **It is your responsibility to check frequently and take your bill promptly. All tuition payments must be made in advance of service. Tuition must be paid at a minimum weekly for the upcoming week, before service is given, but monthly payment by the 1st of the month being billed is preferred.** SKIP will assess a **\$35.00 late fee** for balances remaining 2 weeks past due, with an additional \$25.00 each additional week the balance is unpaid. **Most likely you will receive notice that your child is not allowed to attend until unpaid balance is paid in full.** If you choose email billing, you are still responsible to pay timely, and notify us promptly if you are unable to access your bill. Services, when cancelled, must be **cancelled in writing, not by email or phone**, on a contract form signed by the client, and contract cancellation checked off, or regular billing and late fees will continue. (and this is a legal contract)
4. Any child for whom tuition is not paid in advance of services will be terminated from the program, until fees are paid in full, unless prior arrangements have been made. Parents will be notified in writing of termination preceding such action. Reinstatement will be made on a space available basis once the account is made current.
5. Should any family receive a second termination notice during the school year, reinstatement will only be made on the following conditions: a. Space is available, b. Payment is current, plus one-month tuition is paid for the next month in advance, c. A new contract is signed agreeing to new terms and advance monthly payments if the remainder of the contract term, and d. All payments remain current.
6. Contracted services are billed and payment is due **regardless of attendance**, as space is reserved, and staff is hired for your child. Any changes will become effective the 1st of the month following the contract change, provided 14 days notice is given in writing. **All contract changes reducing services, including cancellation, will result in a \$35.00 change of contract fee.**
7. Checks returned for insufficient funds will be not re-deposited by SKIP. Payment must be made in cash within 5 days for the child to remain enrolled at SKIP. A \$40.00 bounced check fee must accompany the cash payment. Another returned check will result in "Cash Only"
8. There is a \$1.00 per minute penalty charged after 6:00 PM. Payment must be made immediately to cover this fee.
9. **Please remember to call if your child is absent from school or has other plans after school!** A \$20.00 fee may be assessed if the parent fails to notify SKIP that their child will not be attending on a particular contracted day. This fee must be paid immediately to return.
10. Late fees will apply even to accounts where a "special payment plan" is approved if unpaid balance is 2 weeks overdue.
11. If SKIP days used for each child are less than 5 in any month, or less than 3 time slots in a week, they are billed at the higher emergency drop-in rate.

Please note SKIP is NOT privy to Pick Up Patrol due to confidentiality and you MUST * MUST * MUST let us know if your child will be absent from SKIP after school on ANY SCHEDULED DAY. Our staff must leave the group to find out why your child is not with us to ensure their safety. We fear a child going home to an empty house by bus on the wrong day. We will be enforcing the fee mentioned in 9. above this year on the second offense. It is not necessary to let us know if your child misses a scheduled morning, as we know they are safe with you. If you leave us a phone message, it must be by 3:00 pm. when we go up to school to meet the children. Thanks in advance!

Note: Before we accept your contract, you must sign the back of it indicating that you have read and understand these policies.. YOU WILL BE HELD RESPONSIBLE FOR ALL INFORMATION IN THIS FRONT SECTION. KEEP FOR YOUR RECORDS.

Financial Policies For Families Receiving State Aid

1. Families will be billed monthly on their Contracted time.
2. All State families are responsible for the **full amount of their monthly bill.**
3. As a courtesy, SKIP will estimate each families personal share of their monthly bill in order to minimize the total amount due from each family.
4. The state pays for hours in attendance, so **all absent hours will be due from each family. You are responsible for the entire difference between our rate and what is paid by the state, regardless of what the state claims is "your out-of-pocket cost"**
5. All policies pertinent to families not receiving state assistance will be in effect for families receiving state assistance. These policies can be found on the reverse of your SKIP Contract.

School Kids In Peterborough, Inc. Program Rates 2020 - 2021

Before School	Before School AM	Please note We will only accept contracts for a minimum of three days a week in any one time slot - or a minimum combined total of 5 time slots made of ams, and pms per week	After School till 6:00 PM
Daily	\$11.00		\$12.00
Delayed Opening (additional)	\$8.00 (plus regular rate)		
Emergency (drop - in)	\$15.00		\$22.00
Combined AM & PM	\$23.00		\$115.00
Special Contract Day & vacations		To be determined as we plan full day care for Remote Learning for All weeks	
Late pick Up		\$1.00/minute after closing time if applied	

Families receiving state assistance will be billed the full amount of their contract.

However, all state payments will be applied to the bill. State families may be required to pay their estimated share PRIOR to each month. **Please contact Karen at 603-562-5362 with any questions.**

Or you may e-mail Karen at: yourfinancialmanager@msn.com

Health Forms and Information

We must have health forms on file for your child to be compliant with state child care licensing. We accept most pediatrician's "Universal Health Form", as long as it contains: A. Proof of a physical for your child within the last 2 years if 6 or older, or within the last 12 months for a child under 6, and B. an up to date immunization record

These must be on file for your child to start!.

We also need you to fill out our "over the counter medication" form, or have your health care provider do so if we need to administer any prescription medication.

For the 2022/2023 school year

Skip plans to be open:

8/31/2022 First day of before and after school care

10/10/2022 (special contract day) Conval Professional Development Day

11/8/2022 (special contract day) Conval Teacher Conference Day

2/27-3/3/2023 (special contract days) Conval February vacation

3/14-8/2023 (special contract days) Conval Professional Development Days

4/24-28/2023 (special contract days) Spring vacation

*Note: we will offer contracts for these days and plans to be open all day from 6:30 am until 5:30 pm providing we have enough enrollment. Special contract days must be prepaid.

Skip plans to be closed:

9/5/2022 Labor Day

11/11/2022 Veteran's Day

11/23-25/2022 Thanksgiving Break

1/16/2023 Martin Luther King Day

5/26-29/2023 Memorial Day

Please keep a copy of this for your records.

Communication with SKIP

You can reach the Director, at:
603 924-7050 or directoratskip@gmail.com
Fax - 1 508 461-2090

You can reach Karen Baird, financial manager at:
yourfinancialmanager@msn.com or 603 562-5362

Closing times

Regular school days 6 pm.

Special Contract 5:30 pm

**Plan to arrive 5 - 10 minutes
before closing to allow staff to
close and leave timely.**

Skip is a non profit, governed by a Board of Directors that meets bi-monthly. We are always looking for dedicated members to help steer our ship, and would love your involvement. See the Director, or look for emails for more information.

Keep these pages for your reference!

**Complete and return ALL the following
pages!**

School Kids In Peterborough

1

14 Vine Street • Peterborough NH 03458 • 603 924-7050 Phone

____ New Contract ____ Contract Change ____ Contract Cancellation Recv'd ____
 Registration Fee \$45(Child) ____ Number of children being registered
 Deposit being paid by: (____) Cash - Amnt. (____) Check # ____ Check Amnt. ____

Parent/Guardian Name(s): _____

Address: _____

Town/State/Zip: _____

Telephone: (h) _____ (w) _____ (c) _____

E-mail: H _____ W _____

☐ I allow communication between PES and SKIP regarding my child(ren) and behavior issues, or educational issues, (mandatory)

☐ I allow communication between PES and SKIP regarding my child(ren) and transfer of health information and forms. (mandatory)

☐ I would prefer electronic billing at the email above (select one)

☐ I prefer paper bill picked up at SKIP in my parent pocket fol
I hereby contract with SKIP Inc. to provide childcare for the listed children on a monthly basis

Child's Name: _____ Age: ____ Grade ____ Teacher _____ Start Date: _____

Date of birth: _____ My child has an IEP or 504 plan _____

How will my child travel home on non SKIP days? ____ bus ____ pickup ____ walk ____ combo

minimum 3 days/ week each time slot or 5 total. (Less will be billed at drop-in (emergency) rate.)

child one

	Monday	Tuesday	Wednesday	Thursday	Friday	Cost
Mornings						
PM till 6PM						

Weekly Total \$ _____

Child's Name: _____ Age: ____ Grade: ____ Teacher: _____ Start Date: _____

Date of birth: _____ My child has an IEP or 504 plan _____

minimum 3 days/ week in each time slot or combo of 5 (Less will be billed at drop-in (emergency) rate.)

child two

	Monday	Tuesday	Wednesday	Thursday	Friday	Cost
Mornings						
PM till 6PM						

Weekly Total \$ _____

By signing this form I claim financial responsibility to pay the weekly total per child on a monthly basis according to the terms on the reverse side of this contract and to abide by the financial policies. Parents are responsible for payment on occasions when SKIP is closed due to inclement weather.

Payment due ahead of services. Read our financial page carefully as late fees/termination may apply if payment is not timely This is a legal contract..

Signature _____ Signature _____

return this page

Read and Sign

Thank you for taking the time to read our registration materials. By signing this form, you acknowledge that you have read our materials and understand when SKIP will be open and closed, and that you understand our special contract day policy, behavior policy, financial policy, rates, and snow day policy. Of course, we are happy to answer any new questions that may arise at any time! Thank you for sharing your child with us!

I have filled out completely and am returning each page below (please ✓ them off)

- ☐ contract front AND back ☐ Health forms from your health care provider
- ☐ Emergency contract page front AND back
- ☐ About your child front AND back
- ☐ Medication page (Over the counter permission by you, or prescription info from doctor) (front), and photo permission (back)
- ☐ CACFP food paperwork **(mandatory all 3 pages -this will be give out first week of school)**

School Kids in Peterborough Contract Details-I understand that:

I understand that:	(please check)
Weekly tuition payments must be paid prior to service.	
A Late Tuition Fee of \$35.00 will be assessed if weekly tuition is more than 2 weeks behind.	
No attendance is allowed if full tuition is not paid prior to service	
It is a family's responsibility to notify Director if no bill is received by 28th of month for upcoming month	
Contracted services are billed regardless of attendance	
Contract changes require 14 days' notice prior to 1st of next month & cost \$25.00	
Contracts are accepted for 5 time slots/week and 5 days/ month or drop-in rate	
SKIP closes at 6:00 pm, any child remaining after this time is \$1.00 per minute	
Drop-in attendance requires pre-payment and prior notification to Director	
Drop-in charge is \$15.00 per morning, and \$22.00 per afternoon	
Checks returned by the bank are assessed a \$35.00 Bounced Check Fee	
A second check returned by the bank requires cash or money order payment	
Special Contract days are days not billed requiring a separate contract	
You must notify SKIP if you child will not be attending on a contracted day (we are NOT privy to PES Pick-up Patrol) and can be fined for failure to do so.	

I, have read and understand all registration materials.

I, give SKIP staff permission to speak to PES staff about my child regarding behavior, homework, and health (mandatory)

(signature)

(date)

School Kids In Peterborough

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

(front)

4702

NAME OF CHILD CARE PROGRAM

LICENSE NUMBER

TO THE PARENT OR GUARDIAN: This form must be completed for each of your children who will be enrolled in the program, and must be updated whenever information changes.

DATE OF CHILD'S ENROLLMENT _____

Child's name:	Date of birth:
Address:	Phone number:

IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:

Name:	Name:
Address:	Address:
Home phone number:	Home phone number:
Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable. Include any special instructions, e.g. pager, cell phone, etc.	
Business Name:	Business Name:
Address:	Address:
Phone number:	Hours:
Email:	Email:
Special Instructions for reaching parent/guardian:	

EMERGENCY CONTACT PERSON: You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

NON-EMERGENCY ALTERNATE PICK-UP PERSON/S: 1.

(Parent/Guardian Signature)

authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

(Back)

NOTE TO PARENT/S or GUARDIAN/S: The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at <https://nhlicenses.nh.gov/verification/Search.aspx?facility='Y> or by calling the unit at 603-271-9025 or 1-800-852- 3345, extension 9025.

During visits to programs licensing staff speak with children regarding the care they receive at the program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator.

If licensing staff believes your child may have specific information regarding an alleged event at the child care program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

- ☐ I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.
- ☐ I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.
- ☐ I do not give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

For more information about Child Care Licensing please visit our website at:
<http://www.dhhs.state.nh.us/oos/ccelu/index.htm>

MEDICAL INFORMATION

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

Child's Usual Physician:

Phone number:

Physician's Address:

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of _____ to provide simple first aid treatment to my child, _____ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

Parent/Guardian Signature

Date

ANNUAL UPDATE: Make necessary changes & initial & date below to verify that the information is current.

Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:
Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:

Child's Name _____

Any information that you can share with us to make your child more comfortable at SKIP is greatly appreciated and valued. We wish to make every child's stay at SKIP as positive an experience as possible.

What three things does your child want us to know about him/her?

What three things do you, the parent, want us to know about your child?

What things does your child not like?

Things I expect from SKIP:

Please list any concerns you may have:

I _____ (parent Signature)

give permission to School Kids in Peterborough to use photos of my son(s) or daughter(s), _____

for the purpose of promoting our facility, encouraging volunteers, as well as creating brochures and other promotional materials, or for possible publication in a local newspaper or on our website and facebook connection page. We would never use last names.

- ☐ I would allow my child's first name to be used
- ☐ I would prefer no name used for my child(ren)
- ☐ I do not want my child(ren)'s photo used in any way

Child's Name _____

Operations / Serious injuries:

Chronic or recurring illness:

Dietary restrictions:

Learning Difficulties/behavior issues (have an aide during school?)

☐ (check here if yes) Does your child have an IEP/504 plan? If yes, please furnish us a copy. ☐ yes ☐ no

Physical, Social, Emotional, or Sensory needs:

Activity limitations or special conditions to be watched:

Important, must answer or say N/A

Allergies to food, drugs, insect stings, plant/pollen, animal or other:

I hereby give permission for Conval staff and SKIP staff to share their knowledge and information about my child.

Parent

Signature: _____ date: _____

Must check box 1, 2 or 3, and sign at asterisk

AUTHORIZATION TO ADMINISTER PRESCRIPTION AND NON PRESCRIPTION MEDICATION

IN ACCORDANCE WITH HE C 4002.18, THIS FORM MUST BE COMPLETED PRIOR TO THE ADMINISTRATION OF ANY PRESCRIPTION OR NON-PRESCRIPTION MEDICATION.

PRESCRIPTION MEDICATION WILL BE ADMINISTERED IN ACCORDANCE WITH THE PRINTED PRESCRIPTION LABEL, WHICH MUST BE ATTACHED TO THE ORIGINAL PRESCRIPTION CONTAINER.

NON-PRESCRIPTION MEDICATION MUST BE IN ORIGINAL CONTAINER, AND WILL BE ADMINISTERED IN ACCORDANCE WITH THE MANUFACTURER'S PRINTED INSTRUCTIONS. IF THERE ARE NO MANUFACTURER'S PRINTED INSTRUCTIONS FOR THE AGE OF THE CHILD, THE PROGRAM MAY ADMINISTER THE NON-PRESCRIPTION MEDICATION IN ACCORDANCE WITH THE WRITTEN, DATED AND SIGNED INSTRUCTIONS FROM THE CHILD'S PARENT, INCLUDING A STATEMENT THAT THE INSTRUCTIONS HAVE BEEN REVIEWED APPROVED BY THE CHILD'S LICENSED HEALTH PRACTITIONER, OR WITH SIGNED, DATED WRITTEN INSTRUCTIONS FROM CHILD'S LICENSED HEALTH PRACTITIONER.

PARENT'S AUTHORIZATION

I AUTHORIZE CHILD CARE PERSONNEL AT School Kids in Peterborough TO ADMINISTER THE

NAME OF CHILD CARE PROGRAM

WING MEDICATION TO MY CHILD:

CHILD'S NAME

DATE OF BIRTH

1. ☐

NAME OF MEDICATION	DOSAGE (or weight of child)	TIMES TO ADMINISTER	BEGINNING DATE	ENDING DATE
Tylenol				
Ibuprofen				
Benedryl				

or

PRINTED NAME AND PHONE NUMBER OF CHILD'S LICENSED HEALTH PRACTITIONER

PARENT/GUARDIAN'S SIGNATURE

DATE SIGNED

SPECIAL INSTRUCTIONS FOR ADMINISTRATION OF NON-PRESCRIPTION MEDICATION:

2. ☐

I call me first at _____ (phone number)

THE ABOVE SPECIAL INSTRUCTIONS WERE:

REVIEWED AND APPROVED BY THE ABOVE NAMED LICENSED HEALTH PRACTITIONER
COMPLETED BY THE LICENSED HEALTH PRACTITIONER WHO'S SIGNATURE IS BELOW

or

LICENSED HEALTH PRACTITIONER'S SIGNATURE

DATE SIGNED

3. ☐

not authorize ANY administration of medication to my child while at SKIP

NAME OF MEDICATION	AMOUNT	TIME	DATE	INITIALS

Note: For prescription medications, a licensed health care practitioner must fill this form out and sign it.

NAME OF MEDICATION	AMOUNT	TIME	DATE	INITIALS

NAME OF MEDICATION	AMOUNT	TIME	DATE	INITIALS

SIGNATURE AND POSITION TITLE OF PERSON SUPERVISING ADMINISTRATION CONTROL OF MEDICATION

DATE SIGNED

(15)

* Read this

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (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.*

Child and Adult Food Program Paperwork August 2020
ccc/fdch Income Eligibility Form
(above and to follow:) MUST BE FILLED OUT AND RETURNED
AS MARKED OR YOU WILL INCUR A \$10.00/WEEK
SURCHARGE

SKIP is part of the CACFP (Child and Adult Food Program) This is a federal program that reimburses us a small amount of money for each snack and meal we serve the children. We must follow strict program guidelines on quality and quantity of food we serve, (such as 100% juice, etc), and we are subject to periodic monitoring visits. Our staff has special training through this program in how to best serve your children age appropriate, nutritious snacks and meals. It uses the same paperwork for free and reduced lunch.

We need every family to fill these forms out! It is not optional.

We want to use this reimbursement to plan, buy, and serve the best foods for your child!

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (CHILD CARE/FDCH)

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PART 1. ALL HOUSEHOLD MEMBERS

Names of <u>all</u> household members (First, Middle Initial, Last)	Name of each child's school /or indicate "NA" if child is not in school	Place a check in the box below if child is a foster, homeless, migrant, runaway, or Head Start child. If each child attending school is a foster, homeless, runaway, migrant or in Head Start, skip to part 4 to sign this form.					Place a check in the box if NO income
		Foster	Homeless	Migrant	Runaway	Head Start	

PART 2. BENEFITS: If any member of your household receives SNAP or TANF ASSISTANCE, provide the name and case number for the person who receives benefits and skip to part 4. if no one receives these benefits, skip to part 3.

NAME: _____ PROGRAM NAME _____ CASE NUMBER:(NOT EBT CARD#) _____

PART 3. TOTAL HOUSEHOLD GROSS INCOME (BEFORE DEDUCTIONS). List all income on the same line as the person who receives it. Check the box for how often it is received. RECORD EACH INCOME ONLY ONCE.

1. Name (list only household members with income)	2. GROSS INCOME AND HOW OFTEN IT WAS RECEIVED																			
	Earnings from work before deductions	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Welfare, child support, alimony	Weekly	Every 2 Weeks	Twice Monthly	Monthly	Social Security, SSI, VA, retirement benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly	All other income (such as Unemployment) benefits	Weekly	Every 2 Weeks	Twice Monthly	Monthly
(Example) Jane Smith	\$200	X				\$150		X			\$0					\$0				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				
	\$					\$					\$					\$				

PART 4. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN): An adult household member must sign the application. If Part 3 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____

Last four digits of Social Security Number: *** - * - ____ □ I do not have a Social Security Number

Please fill this and page 15 out completely - BUT ONLY WHERE THERE IS AN ASTERISK * In the yellow box above - if you do not qualify for free and reduced lunch per the chart, you may write "overqualified" in this section only.

PART 5. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:

- ☐ Hispanic/Latino
☐ Not Hispanic/Latino

Choose one or more (regardless of ethnicity):

- ☐ Asian ☐ American Indian or Alaska Native ☐ Black or African American
☐ White ☐ Native Hawaiian or other Pacific Islander

Your children may qualify for free or reduced price meals if your household income falls at or below the limits on this chart.

FEDERAL ELIGIBILITY INCOME CHART For School Year 2020-2021

Household size	Yearly	Monthly	Weekly	Household size	Yearly	Monthly	Weekly
1	\$23,606	\$1,968	\$454	5	\$56,758	4,730	1,092
2	31,894	2,658	614	6	65,046	5,421	1,251
3	40,182	3,349	773	7	73,334	6,112	1,411
4	48,470	4,040	933	8	81,622	6,802	1,570
				Each additional person	\$ 8,288	\$ 691	\$ 160

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

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

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year Household size: _____

Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied _____ Date Withdrawn: _____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

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 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 if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. 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.

USDA Nondiscrimination 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.

Child and Adult Care Food Program CHILD ENROLLMENT FORM

Dear Parent:

Your child(ren)'s child care has been approved for participation in the USDA's Child and Adult Care Food Program, which partially reimburses Child Care Providers/Centers for nutritious meals served to children in attendance. This program reimbursement supports the quality of the meal program and is beneficial to you and your child(ren) because it provides nutritious meals and snacks.

Sponsoring Organization Name: Southern NH Services, Inc
Sponsoring Organization Phone #: (603) 668-8010
Child Care Provider/Business Name:

Sponsoring Organization CACFP
Representative Name: Amy Allen

Annual Renewals:

Check One: _____ I certify that the changes noted, initialed and dated below are true and accurate.
_____ I certify that the information recorded below remains true and accurate.

Parent/Guardian Signature: _____ Date: _____

Directions: Form must be completed by parent/guardian so that the actual time of enrollment reflects the accurate arrival and departure times each day of the child(ren) in attendance. Please ensure that this document represents the most current profile of your child(ren)'s enrollment status. Update and certify this document annually.

Full Name of Child(ren) in Family Enrolled in CACFP	Date of Birth	Age	Time Child Arrives at Day Care	Time Child Goes to School	Time Child Returns from School	Time Child Leaves for Home	Days in Care							Attendance during Vacation/No-School Days (Circle One)	Meals Eaten at Child Care									
							M	T	W	Th	F	Sa	Su		Bk	AM Sn	PM Sn	BT Sn						
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Please Print

Parent/Guardian Names _____

Mailing Address _____

Home Phone # _____

Parent/Guardian Workplaces: _____

Mother Phone # _____ Father Phone # _____

To the best of my knowledge all of the above information is correct.

Parent/Guardian Signature _____

Date _____

For CACFP Representative Use Only

Sponsor Signature _____

Effective Date of Form: _____

Check One
() New enrollment () Annual Renewal

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

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