

TLC KIDS



Tendercare Learning Center

3001 8th Ave suite 160
Evans, Co 80620

CONTRACT AGREEMENT

This Childcare Contract is between _____ and **Tendercare Learning Center** for the enrollment of _____ starting on _____ for childcare services under the terms and conditions of this agreement.

Tendercare Learning Center is open per the following schedule. Please indicate which following days your child or children will be attending:

- | | | | |
|------------------------------------|---------|---------|------------------------------|
| <input type="checkbox"/> Monday | 6 AM to | 6 PM or | Specify hours _____ to _____ |
| <input type="checkbox"/> Tuesday | 6 AM to | 6 PM or | Specify hours _____ to _____ |
| <input type="checkbox"/> Wednesday | 6 AM to | 6 PM or | Specify hours _____ to _____ |
| <input type="checkbox"/> Thursday | 6 AM to | 6 PM or | Specify hours _____ to _____ |
| <input type="checkbox"/> Friday | 6 AM to | 6 PM or | Specify hours _____ to _____ |
| <input type="checkbox"/> Saturday | Closed | | |
| <input type="checkbox"/> Sunday | Closed | | |

Absences

If you plan to keep your child home due to illness, or any other reason please notify provider two (2) hours before the child's drop off time. No credit for absent or sick days, **full rate payment is required for the day child was absent.**

Registration

At the time of enrollment, parents are required to sign a tuition agreement, pay a registration fee of **\$100.00** this is *non-refundable*.

Discounts

TLC offers two types of discounts for tuition credit applied to your fourth (4th) months payment.

- Referral _____ discount:
If a currently enrolled family refers a new family outside your household to TLC, the new



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family pays their registration fee and is currently enrolled by the end of three months. The referring family will receive a one time \$20.00 tuition credit.

(To qualify for this, discount the referred parent outside your household must name You on their enrollment form as the one who referred them.)

Payment Incentive:

Families who pay their scheduled tuition payments on time for three months consecutively with no missed payments and have not received any fee's, will received a one time 10% tuition discount on their next scheduled payment.

(Eligibility for incentive is determine every three months for parents who pay on time.)

Late Fees on Past Due Payment

A **\$10.00 late fee** will be charged the following day payment was missed and everyday tuition/service payment is past due, up to **fourteen (14) business days**. If balance is still owing after fourteen (14) business days, TLC has the right to **terminate** further child care services.

Any balances left unsettled after termination of services will be **sent to Collections**.

Late Fees on Pickups/Drop offs

An additional fee of **\$1.00 per minute** will be charged If parent arrives late to pick up their child **or** drops their child off before or after the agreed scheduled child care time.

Withdrawal Policy

TLC requires a **two (2) week notice in writing** when child or children will no longer be requiring the centers' services. If parent does not give a two (2) week notice in writing, then parent will be billed with interest for 2 weeks of childcare. If it is not paid within 14 days we will send your bill to collections.

Holidays

TLC observes and is closed for all Federal holidays including. Please arrange for alternate care on those days:

- Christmas Day and possibly the day before or after
- Thanksgiving and Friday
- New Years day and possibly New Years Eve



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*When children take a vacation, payment is **due prior** to your vacation. Parent is required to provide a **two (2) week notice in writing** prior to vacation. Parent is allowed 1 week vacation per year at **half rate only** after the child has been enrolled with TLC for **1 year**. This benefit is not for partial final payment.

*All other vacations during the same year will require the **full rate** to maintain enrollment at Tendercare Learning Center.

Meals

Nutritious meals and snacks will be provided for your children, but they are never forced to eat it. If your child is not eating, provider will notify parent immediately. We support healthy eating and frequently are coach by a nutritionist.

Medicine

Provider will administer medicine to your children when necessary. TLC is not allowed to put any over the counter creams for broken skin and are not allowed to use home remedies or homeopathic drug for a cold. The State of Colorado is very strict on this and will immediately sight provider for a violation. TLC Administer Medicine Form will need to be filled out and signed by the parent. A new form or letter from doctor must be administered every 3 months till a child reaches 2 years old and then yearly. All medicine will be properly stored and the container must be labeled and clearly marked with your child's name, the dosage, and times to be administered. Medicine supplied in an unmarked, unlabeled container **will not** be administered.

Immunizations

All children are required to have a copy of their current and updated shot records on file. An immunization record for all children must be completed by the parent the day of entering TLC, but a grace period of 15 days will be given if needed for the immunizations record only. Parents are required to keep their child's immunization records up to date for audit purposes by unannounced State Licensing visits.

Illness

We must maintain a healthy environment for the benefit of your children and the other children enrolled in TLC. A child must stay home if he or she have:

- Fever (101 or above)
- Vomiting
- Diarrhea





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or any illness which is determined to be harmful to your child or the children enrolled at TLC. If your child becomes ill while at daycare the provider will call parent to come and pick up their ill child immediately.

(Please refer to the Illness Policy included in your parent packet.)

Supplies

Provider will supply all that is needed for your child to play and learn with while in childcare. Items include (but are not limited to): activity coloring books, games, toys, puzzles, outdoor play equipment, etc. If your child brings a toy or an item from home, TLC will not be responsible if the toy or item gets lost or broken.

Items required for your child's first day of attendance:

- ☐ Diapers
- ☐ Baby wipes
- ☐ extra clothes very important!!
- ☐ bottles and formula

Nap Time

- ☐ Blanket
- ☐ Sheet

***Please do not bring candy, gum, balloons, money or any other choking hazards to daycare with your children. Guns and weapons of any kind including plastic swords are not allowed at TLC.**

Methods of Payment / Returned Check Policy

Parents may pay tuition in cash, personal check, direct deposit, debit/visa card with a small fee that covers the costs of taking payment by card, also CCAP is available.

A service fee of \$35.00 will be assessed for any return checks. In the event that three (3) or more checks are returned, you will be asked to make all future tuition payments in cash only.

Probationary Period

The first **fourteen (14) days** are a probationary period for the provider, parent, and child. This agreement maybe terminated by either party at anytime during this period.

Provider keeps records of all payments for daycare and will provide parent with an end of the year statement. If parent requires a weekly receipt, please let provider know.



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Parent must keep TLC updated with any address, employment, phone number, or emergency contact information changes.

I/we have read and agree to all the terms and conditions of this agreement.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Susan Cameron,
Owner Tendercare Learning Center

Date



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ENROLLMENT CONTRACT

Enrollment Fee Due With This Form

It is my/our desire to have my child enrolled in the Child Care Program at Tendercare Learning Center.

Childs Name: _____ age _____ (Yr.) _____ (M)
Birthdate: _____ **Date of Enrollment:** _____
Childs Physician: _____
Address of Physician: _____

Parents Name: _____

☐ Mother ☐ Stepmother ☐ Guardian

Address: _____

City _____ **State** _____ **Zip** _____

Contact #: Home _____ Mobile _____

Email: _____

Employer: _____

Address of Employer: _____

Work #: _____

Parents Name: _____

☐ Father ☐ Stepfather ☐ Guardian

Address: _____

City _____ **State** _____ **Zip** _____

Contact #: Home _____ Mobile _____

Email: _____

Employer: _____

Address of Employer: _____

Work #: _____



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Any allergies or dietary concerns we should be aware of? No _____ Yes _____,
(please list): _____

Are you on CCAP: ☐ Yes ☐ No

WHERE DID YOU HEAR ABOUT US?

- ☐ Friend ☐ Family ☐ TLC Website
☐ Other: _____ ☐ CCAP

If you were referred by a friend currently enrolled at TLC provide name below:

Please initial next to each item. We want to be sure you understand and agree to TLC policies.

- _____ I/we understand we will pay a **\$100.00 non-refundable fee at enrollment**
_____ I/we have received a copy of TLC's policy handbook.
_____ I/we have read, understand and agree to abide by the policies contained therein.
_____ I/we also understand that my/our child is being accepted on a fourteen (14) day trial basis. During this time, the staff will make observations and evaluations pertaining to the child's ability to adapt to the daycare surroundings. Unless otherwise notified, the child/children will be accepted and permanently enrolled.



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- _____ I/we further understand that if the policies outlined in this hand book were not adhered to, it would be sufficient cause for the removal of the child/children from the daycare/preschool program.
- _____ I/we understand If two weeks written notice is not given, I/we agree that we will forfeit our two (2) weeks tuition deposit paid in advance at the start of enrollment.
- _____ I/we understand that I/we must provide a completed medical form to the daycare.
- _____ I/we understand the daycare fee is _____ for school weeks and _____ for summer weeks.
- _____ I/we understand there will be extra charges during school weeks if there is a snow day, late start or early dismissal.
- _____ I/we understand daycare payment is due Monday or on Friday if your child does not come on Mondays. Late fees are \$10.00 per day.
- _____ I/we understand the late pickup/early drop of fee is \$1.00 per minute.
- _____ I/we understand the pick-up policy for other than parental pick up, person(s) must be on the authorized list and show a valid state issued ID before child is release to their care.
- _____ I/we understand the illness policy.
- _____ I/we are contracting for (year-round, school year only, summer only) arrangements.
- _____ I/we understand the behavior policy and I/we have read and shared the daycare/preschool rules with my/our child/children.
- _____ I/we understand the returned check policy fee is \$35.00.
- _____ I/we understand that if I/we are contracting for childcare for the school calendar usage – September through June, then the ½ off of payment for 1 week vacation is not available for me/us.
- _____ I/we understand that delinquent payments past fourteen (14) business days TLC has the right to terminate further child care services. Outstanding tuition and late fees owing will be sent to a Collection agency.

_____ I/we have read and understand all the terms and conditions of this enrollment contract.



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Signature of Parent or Guardian

Date

Susan Cameron,
Owner Tendercare Learning Center

Date

Staff Use: *Received:* _____ *Start Date:* _____
 Reg. Fee: _____ *CK#* _____
Amount Paid: _____ *Referral Discount:* ☐ Yes ☐ No
Discount Month: _____
Discount Payment: _____



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TUITION AGREEMENT

This Tuition Agreement is between _____ and Tendercare Learning Center for the enrollment of _____ starting on _____ for childcare services under the terms and conditions of this agreement. I agree to pay first week of tuition and two-week deposit before or on my agreed start date before my child care services will begin.

Payments

Tuition options for payment are below please select option:

- ☐ Weekly
- ☐ Bi-weekly
- ☐ Monthly

Payment for Care Provided: (please select below)

- ☐ 1st Child: \$ _____ /per week \$ _____ /per day
\$ _____ /per hour
- ☐ 2nd Child: \$ _____ /per week \$ _____ /per day
\$ _____ /per hour
- ☐ 3rd Child: \$ _____ /per week \$ _____ /per day
\$ _____ /per hour
- ☐ 4th Child: \$ _____ /per week \$ _____ /per day
\$ _____ /per hour

☐ Paid Tuition Deposit amount: \$ _____. Date _____
(please include payment when this form is returned)

☐ Referral Discount: \$ _____. Month Payment applied: _____



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ALL TUITION IS DUE NO LATER THAN 6:00PM MONDAY THE WEEK OF SERVICE

*Parent understands that payment is a guaranteed rate and includes FULL PAY for holidays, with no credit for absent or sick days. The payment only stops when the child or children are withdrawal from TLC.

Tuition Fees

Age of Child	Weekly
	(Full time / Part time) 29 hours + / 10- 29hrs

WE ACCEPT CCAP –

Infant 12 months – 36 months	\$265.00 / \$165.00
37 months – 50 months (Preschool)	\$225.00 / \$135.00
4.5 yrs. Old -5+ yrs. old	\$210.00/\$115.00
Kindergarten pick up	\$140.00
Summer fun for Grade School	\$190.00
Before or After School	\$105.00
Before and after school	\$140.00

*Tuition is due at the beginning of each week.

*If your child is fulltime, the full weekly rate is due whether or not your child is absent. (This includes all paid holidays)

*If your child is part time, the full part time weekly rate is due whether or not your child is absent. (This includes all paid holidays)

*Tuition Fees are based per child per week

I _____ agrees to pay (part time) \$ _____
(full time) \$ _____ per week for the care of my child or children.

I _____ agrees to pay \$100.00 non-refundable fee at the time of enrollment and will pay first two weeks tuition on the first day my child or children start at TLC.



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I have read and agree to all the terms and conditions of this agreement.

Signature of Parent or Guardian

Date

Susan Cameron,
Owner Tendercare Learning Center

Date



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Tendercare Learning Center

ANNUAL AUTHORIZATION FORMS

Authorization for Emergency Medical Care

I, _____ hereby give my permission for _____ Child Care Center to call for medical attention or make surgical decisions for my child, _____, should an emergency arise. It is understood a conscientious effort will be made to locate me before emergency action/decision will be taken, but if this is not possible, the expenses of emergency medical treatment or care will be accepted/paid by me.

Hospital of choice: Permission for Trips (Scheduled, Unscheduled and In-Case of Emergency) _____

I give permission for my child to go on trips away from the premises of the Family Child Care facility, in the company of a responsible adult, whether on foot or by vehicle

Permission for Transportation to and from School

I give permission to _____ Child Care Center to transport _____ my child to and from _____ school in _____ seating ____.

Permission for Participation in Activities

I give permission for my child to participate in all program activities except for the following: _____.

Permission to use

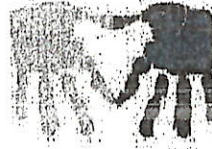
sunscreen ____Y ____N; Lotion: ____Y ____N; Bug spray ____Y ____N; Diaper Cream ____Y ____N Other _____Y ____N

Media Use: My child may participate in the use of media (tv, music, movie, etc) as listed in the handbook and any provider deemed appropriate computer/video games.

There will be no higher rating than E/G/PG. YES ____ NO ____ Except the following:

Parent/Guardian _____	Date	2020
Parent/Guardian _____	Date	2021
Parent/Guardian _____	Date	2022
Parent/Guardian _____	Date	2023

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Transportation Permission Slip

I give my permission for _____ to
transport my child _____
to and from _____ (school) using a personal vehicle of a
Tendercare Learning Center staff member.

I acknowledge that the driver has gone through 4 hours of transportation safety training, has full coverage insurance and my child will be transported using a car seat/booster when required.

Parent/Guardian Signature _____

Director Signature _____

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Evans, Co 80620

Mat Agreement

I, _____, agree to allow my
child, _____, to rest or sleep on a 2 ½
inch mat provided by

Tendercare Learning Center.

Parent _____ Date

Director _____ Date

Tendercare Learning Center

3001 8th Ave

Evans, Co 80620

Childs Name _____

Doctors Name _____

Address _____

Contact Number _____

Dentist Name _____

Address _____

Contact Number _____

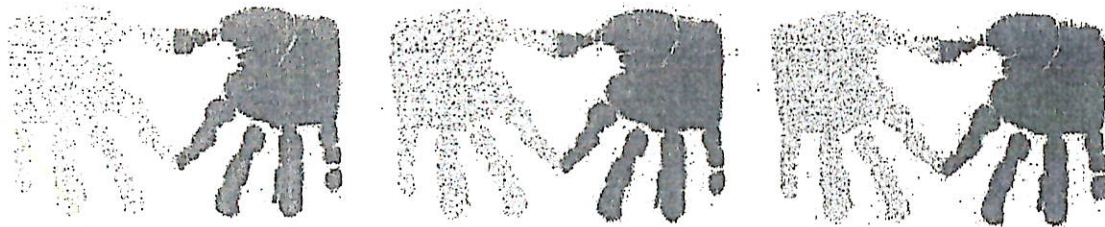
Hospital Name _____

Address _____

Contact Number _____

Signature _____ **Date** _____

TenderCare Learning Center



Fob Responsibilities

- 1 parent of the child will be given a fob
- 1 fob will cost \$10.00. If you want another fob it will be an additional \$15.00.
- If you should lose your fob you will need to pay an additional \$25.00 to get a new one.
- You are not to share this fob with anyone including any friend, any relative, or another parent of the child.
- You can't authorize another person only Susan can. If you authorize someone else to use the fob without Susan's approval you will be charged an additional \$50.00.
- If you were to pull your child out of our care you must return the fob to TLC.

The following is a new security system to keep your children safe and give you peace of mind when you leave your child or children at TLC.

I agree to the following rules concerning our responsibilities with having a fob.

Parent signature _____ Date _____

Management signature _____ Date _____



AUTHORIZATION TO ADMINISTER MEDICATION

Date _____

Child's Name _____ has my permission to administer the following prescription medications to my child.

Dosage Instructions _____

_____ has my permission to administer the following over the counter medications to my child.

Dosage Instructions _____

_____ has my permission to apply the following creams, lotions, or ointments on my child.

Application Instructions _____

_____ has my permission to apply the following sunscreen or sun block on my child.

Application instructions _____

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

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Tendercare Learning Center

Parents Names _____

Childs' Name _____

Childs' Date of Birth _____

Date of Enrollment _____

Doctors Name _____

Where did you hear about TLC?

Are you on CCAP Yes _____

No _____

Parents Signature _____

Directors Signature _____

Emergency Transportation Authorization

A. Complete the Following:

Name of Child:		Name of Mother/Guardian:		Name of Father/Guardian:	
Street Address:					
City:	State:	Zip:	Phone:		
Father/Guardian's Employer				Department	
City:	State:	Zip:	Phone:		
Mother/Guardian's Employer				Department	
City:	State:	Zip:	Phone:		

B. List 3 people to be contacted in an emergency in case I cannot reach either of you:

Name:		Relationship to Child:	
Address:		Phone:	
City:	State:	Zip:	
Name:		Relationship to Child:	
Address:		Phone:	
City:	State:	Zip:	
Name:		Relationship to Child:	
Address:		Phone:	
City:	State:	Zip:	

C. Complete the Following:

Name of Physician or Clinic:		Phone:
Address:		City, State, Zip:
Name of Dentist or Clinic:		Phone:
Address:		City, State, Zip:



Permission to Photograph

I, _____, give permission for _____ to
(Parent or Guardian name) (Child Care Provider)
 photograph my child, _____, for the following purposes:
(Child's name)

Type of Use:	(Please check one)	
	Grant Permission	Decline Permission
Still Photographs:		
Display in my personal scrapbook	<input type="checkbox"/>	<input type="checkbox"/>
Give photographs possibly containing your child to current clients	<input type="checkbox"/>	<input type="checkbox"/>
Display in facility's scrapbook or bulletin boards, shown to current and prospective clients	<input type="checkbox"/>	<input type="checkbox"/>
Display still photos on child care website*	<input type="checkbox"/>	<input type="checkbox"/>
Post photos on child care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
Give video to current parents	<input type="checkbox"/>	<input type="checkbox"/>
YouTube™ promotional video	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list):		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

*Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website.

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed:

(Parent or Guardian signature)

(Date)

GENERAL HEALTH APPRAISAL FORM

PARENT please complete AND SIGN

Child's Name: _____ Birthdate: _____

Allergies: ☐ None or Describe _____
Type of Reaction _____

Diet: ☐ Breast Fed ☐ Formula _____ ☐ Age Appropriate
☐ Special Diet _____

Sleep: Your health care provider recommends that all infants less than 1 year of age be placed on their back for sleep.

☐ Preventive creams/ointments/sunscreen may be applied as requested in writing by parent unless skin is broken or bleeding.
I, _____ give consent for my child's care health provider, school child care or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (& applicable attachments) to my child's school, child care or camp personnel. FAX #: _____ DATE: _____

Parent/Guardian Signature _____

HEALTH CARE PROVIDER: Please Complete After Parent Section Completed

Date of Last Health Appraisal: _____ Weight @ Exam: _____

Physical Exam: ☐ Normal ☐ Abnormal (Specify any physical abnormalities) _____

Allergies: ☐ None or Describe _____ Type of Reaction _____

Significant Health Concerns: ☐ Severe Allergies ☐ Reactive Airway Disease ☐ Asthma ☐ Seizures ☐ Diabetes ☐ Hospitalizations
☐ Developmental Delays ☐ Behavior Concerns ☐ Vision ☐ Hearing ☐ Dental ☐ Nutrition ☐ Other _____

Explain above concern (if necessary, include instructions to care providers): _____

Current Medications/Special Diet: ☐ None or Describe _____

Separate medication authorization form is required for medications given in school, child care or camp

For Fever Reducer or Pain Reliever (for 3 consecutive days without additional medical authorization) PLEASE CHOOSE ONE PRODUCT

☐ Acetaminophen (Tylenol) may be given for pain or fever over 102 degrees every 4 hours as needed

Dose _____ or see the attached age-appropriate dosage schedule from our office

OR ☐ Ibuprofen (Motrin, Advil) may be given for pain or for fever over 102 degrees every 6 hours as needed

Dose _____ or see the attached age-appropriate dosage schedule from our office

Immunizations: ☐ Up-to-Date ☐ See attached immunization record ☐ Administered today: _____

Health Care Provider: Complete if Appropriate

****ONLY REQUIRED BY EARLY HEAD START AND HEAD START PROGRAMS PER STATE EPSDT SCHEDULE****

** Height @ Exam _____ ** B/P _____ ** Head Circumference (up to 12 months) _____ **

** HCT/HGB _____ ** Lead Level ☐ Not at risk or Level _____

** TB ☐ Not at risk or Test Results ☐ Normal ☐ Abnormal

** Screenings Performed: ☐ Vision: ☐ Normal ☐ Abnormal ☐ Hearing: ☐ Normal ☐ Abnormal ☐ Dental: ☐ Normal ☐ Abnormal

Recommended Follow-up: _____

Provider Signature

Next Well Visit: ☐ Per AAP guidelines* or ☐ Age _____

This child is healthy and may participate in all routine activities in school sports, child care or camp program. Any concerns or exceptions are identified on this form.

Signature of Health Care Provider (certifying form was reviewed)

Date: _____

Office Stamp

Or write Name, Address, Phone, #

The Colorado Chapter of the American Academy of Pediatrics (AAP) and Healthy Child Care Colorado have approved this form. 04/07

*The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.

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Medication Administration Permission for School and Child Care

The parent/guardian of _____ ask that school/child care staff give the
(Child's name)
following medication _____ at _____
(Name of medicine and dosage) (Time(s))
to my child, according to the Health Care Provider's signed instructions on the lower part of this form.

Prescription medications must come in a container labeled with: child's name, name of medicine, time medicine is to be given, dosage, date medicine is to be stopped, and licensed health care provider's name. Pharmacy name and phone number must also be included on the label.

Over the counter medication must be labeled with child's name. Dosage must match the signed health care provider authorization, and medicine must be packaged in original container.

The Program agrees to administer medication prescribed by a licensed health care provider with prescriptive authority. The parent agrees to pick up expired or unused medication within one week of notification by staff. All medication(s) that are left at the school will be discarded according to the most current state regulatory recommendations for safe medication disposal.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse or school staff delegated to administer medication.

Parent/Legal Guardian's Name

Parent/Legal Guardian Signature

Date

Work Phone

Home Phone

Health Care Provider Authorization

Child's Name: _____ Birthdate: _____

Medication: _____ Dosage: _____ Route _____

To be given at the following time(s): _____ Special Instructions: _____

Purpose of medication: _____ Side effects to be reported: _____

Starting Date: _____ Ending Date: _____

Signature of Health Care Provider with Prescriptive Authority

Date

Print Name of Health Care Provider

Phone

Fax Number

School Nurse or Child Care Health Consultant signature

Date

2019-2020 Income Eligibility Form (IEF) for Child Care

STEP 1: List ALL children in day care

Children in Foster care or Head Start and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Addition documentation is required to verify their eligibility status. Review the Dear Parent Letter for more details. If more than three children, please complete an additional form.

Child's First Name	Child's Last Name	Age	Foster Child	Check all that apply			
				Migrant	Runaway	Homeless	Head Start

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

IF YES → Write the case number here & proceed to STEP 4 (Do not complete STEP 3) CASE NUMBER: _____ (Write only one case number in this space.)

IF NO → Go to STEP 3

STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'Yes' to Step 2) ☐ I do not wish to disclose income.

Flip the page for information on sources of income for child income and Household Members.

A. Child Income

Sometimes children in the household earn or receive income.

Please include the TOTAL income received by any children listed in STEP 1.

B. All other Household Members (including yourself)

List other household members not listed in STEP 1 (including yourself) even if they do not receive income. For each household member listed, if they do not receive income, report total gross income (before taxes) for each source in whole dollars (no cents). If they do not receive income from any source, write '0'. If you enter '0', you are certifying that there is no income to report.

Child Income:	Circle one: Yearly Monthly Bi-weekly Weekly

Name of other Household Members (First and Last Names)	Earnings from Work	How Often?	Welfare/ Child Support/ Alimony	How Often?	Pensions/ Retirement/ Social Security/SSI/VA Benefits	How Often?
		Yearly (Y) Monthly (M) Bi-Weekly (B) Weekly (W)		Yearly (Y) Monthly (M) Bi-Weekly (B) Weekly (W)		Yearly (Y) Monthly (M) Bi-Weekly (B) Weekly (W)
	\$					
	\$					
	\$					
Total household Members (Children and Adults)			Last Four Digits of Social Security Number (SSN) of primary wage earner or other adult household member.		XXX-XX-	Check if no SSN

STEP 4: Contact Information and Adult Signature

"I certify 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 that 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