



WELCOME TO CREATIVE EARLY LEARNING CENTER!!!

Please return the following forms to Creative Early Learning Center, Inc. one week prior to your child's first day.

If your child has any conditions, allergies, medications (that will need to be taken at the Center) or modified diet, please contact the Center for additional paperwork. Note: some medical paperwork may take longer than expected so please allow for that time before your start date.

1. Child Medical Statement for Child Care
2. Child Enrollment and Health Information for Child Care
3. Permission to participate in water and swimming activities for Child Care
4. Tuition Agreement
5. Discipline Policy
6. Developmental and Educational Goals for Step Up To Quality
7. Routine Field Trip - CELC field form
8. Child and Adult Care Food Program - Income Eligibility Application (all must complete)

*Update 10/2022*

Ohio Department of Job and Family Services  
**CHILD MEDICAL STATEMENT FOR CHILD CARE**

Child's Name ( <i>print or type</i> )		Date of Birth	
<b>Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner):</b>			
<b>Section A- EXAMINATION</b>			
✓ The above named child has been examined.			
✓ The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care).			
✓ The above named child does not have allergies OR is allergic to the following ( <i>please list in space below</i> ):			
Check below, if applicable:			
<input type="checkbox"/> Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form.			
Optional: Measurements and Recommended Assessments/Screenings			
Height _____	Vision _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Weight _____	Hearing _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
BMI _____	Dental _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other: _____
Notes:			
Signature of Examining Health Care Practitioner			Date of Examination
Name of Examining Health Care Practitioner			Telephone Number
Street Address		City, State and Zip Code	

**ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.**

<b>IMMUNIZATION (Complete ONLY ONE SECTION below)</b>	
<b>Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases:</b> Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.	
<b>Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER:</b> <input type="checkbox"/> The above named child has been immunized against the diseases listed above.  <i>If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):</i>	Initials of Examining Health Care Practitioner   Date
<b>Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S):</b> <input type="checkbox"/> I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s):	Signature of Parent   Date

**\* RETURN TO:** Creative Early Learning Center, Inc.



# CHILD ENROLLMENT AND HEALTH INFORMATION FOR CHILD CARE

**PLEASE COMPLETE ALL PAGES.**

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

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

Child's Name



**Allergies, Special Health or Medical Conditions, and Medical Foods**

Fill in this section accurately and completely. Please note that if your child has a current health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.

Does your child have any food, medication or environmental allergies? (check all that apply)

☐ No

☐ Yes - check all that apply ☐ Food ☐ Medication ☐ Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (check one)

☐ No

☐ Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or special health or medical condition? (check one)

☐ No

☐ Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (check one)

☐ No

☐ Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (check one)

☐ No

☐ Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

☐ No

☐ Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (check one)

☐ No

☐ Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

☐ No

☐ Yes - written instructions from the child's health care provider must be on file.

☐ N/A - program does not provide meals or snacks to the child.

Child's Name



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

☐ Not applicable

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

☐ Not applicable

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

☐ Not applicable

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

☐ Not applicable



Child's Name

### Diapering Statement

Is your child toilet trained? ☐ Yes (If yes, skip to Emergency Transportation Authorization section)

☐ No (If no, fill out the following:)

The program's policy is to check diapers every \_\_\_\_ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

☐ I agree with the program's schedule ☐ I do not agree, please check my child's diaper every \_\_\_\_ hours.

### Emergency Transportation Authorization

#### Give Permission to Transport

Program or Home Name

Creative Early Learning Center, Inc

has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.

Parent's Signature

Date

OR  
Do  
not  
sign  
both

#### Do Not Give Permission to Transport

Program or Home Name

XXXXXXXXXXXXXXXXXXXX

does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:

Parent's Signature

Date

### Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. ☒ Yes ☐ No (check one)

(Sent in email Welcome/Enrollment Letter)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s)

Date

Administrator/Designee Signature

Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials

Date of Review

Administrator/Designee Initials

Date of Review

Parent/Guardian Initials

Date of Review

Administrator/Designee Initials

Date of Review

Parent/Guardian Initials

Date of Review

Administrator/Designee Initials

Date of Review

#### Note:

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

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

<b>Written parental permission is required for the water activities your child will be engaging in when:</b> <i>(check all that apply for this activity)</i>	
<input type="checkbox"/> Water is directly accessible to child (no water activities planned) <input type="checkbox"/> Child swimming or playing in water 18 inches or more in depth <input type="checkbox"/> Infants and toddlers using wading pools	
The program is providing additional adults or child care staff members that exceed the licensing ratio requirements for the water/swimming activity. <i>(The program is to meet the minimum ratio requirements outlined in rule).</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Swim Site Creative Early Learning Center, Inc.	
Date(s) Year Round	
Departure/Arrival Times from Program N/A	
Mode of Transportation <i>(parents driving, provider vehicle, public transportation, school bus, etc.)</i> N/A	
<b>I give permission for my child to participate in the swimming/water activity listed above.</b>	
Child's Name	Child's Date of Birth
My child is a <input type="checkbox"/> Swimmer <input type="checkbox"/> Non swimmer	
Parent's Signature	Date

JFS 01227 (Rev. 10/2021)

**PARENT CONSENT FOR PHOTOGRAPHS:**

Photographs and Videos of Children participating in Creative Early Learning Center's Programs may be taken from time to time and may appear in Newspapers, Brochures, Website, Social Media sites or other publicity materials. Your signature approves you Child to be part of such material for the Center without compensation.

Parent Signature: \_\_\_\_\_

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



# Creative Early Learning Center, Inc.

## 2022 - 2023 Tuition Agreement



Child's Name	Child's Age / Birthday
Parent/Guardian Name	School (check) / Grade <i>(If in school)</i> Wilcox _____ Blissell _____ Grade _____
Parent/Guardian Cell / Home Phone	Start Date or Currently Enrolled / Classroom Program _____ / _____

**TUITION AGREEMENT:** I hereby enroll (child's name) \_\_\_\_\_ in the (classroom name) \_\_\_\_\_ program at the Creative Early Learning Center, Inc. In entering into this agreement, I agree to conform to the rules and standards of the Creative Early Learning Center, Inc. I agree to pay \$ \_\_\_\_\_ per \_\_\_\_\_ so that my child may participate in our program. I understand that payment is due on Monday by 5:30 p.m. and is payable in advance on a weekly basis. Non payment for services may not exceed a one week period or your child will be terminated from Creative Early Learning Center, Inc. Re-enrollment will depend on space available and payment of tuition fees. Payment for services may be deferred under the following circumstances:

\* If your child will not be in attendance for brief periods (such as vacation) provided that the school has been notified no less than two weeks in advance. (refer to Parent Handbook)

\* If the child is withdrawn from the school provided that the Administrator has been notified no less than two weeks prior to the termination of services. The Creative Early Learning Center, Inc. reserves the right to terminate services for failure to conform to the policies of the school.

**PAYMENT OPTIONS:** Creative Early Learning Center accepts various forms of payment: cash, check and payment through the Brightwheel app. Tuition for the week is due by Monday, 5:30 pm. If tuition is not paid a \$20 late fee will be added per child for that week.

### Days Attending - please check ALL days attending

	M	T	W	TH	F
Full Day					
Half Day (PS & PreK ONLY)					
School Age AM ONLY					
School Age PM only					
School Age Am & PM					

### Annual Fall Registration:

Infant - Pre K	\$125 First Child \$100 Second Child
School Age (K - 3rd grade)	\$100 per child

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

=====

OFFICE USE ONLY::

Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Brightwheel: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_





## ***Discipline Policy***

### **Conscious Discipline**

"Conscious Discipline" is a research-based classroom management system and social-emotional learning program for early childhood and elementary schools that is used by Creative Early Learning Center. The positive approach used in Conscious Discipline promotes intervention before a problem occurs, redirection, and positive reinforcement of acceptable behavior are our first response. Redirection is the teacher talking and guiding the child toward another activity or action and away from the inappropriate action with verbal praise or a small token like a sticker. "Think Time" is used when redirection and/or positive reinforcement has failed. The teacher and child talk about the inappropriate action and the appropriate way to handle the situation if the behavior continues.

### **Child Suspension/Expulsion**

If positive guidance techniques are not working effectively and inappropriate behavior persists, Creative Early Learning Center, Inc. will use the following steps:

1. The teacher will observe and record the child's inappropriate behavior and record what the teacher has done to try to change the behavior.
2. The teacher will request a parent/teacher conference and a specific action plan will be developed to address the unacceptable behavior. The action plan will outline all steps the staff will take to change the behavior, all steps the parents will take and all the steps toward disenrollment if the behavior persists.
3. The teacher and Center Director may suggest outside resource referrals to the parents.
4. If the inappropriate behavior continues, Creative Early Learning Center, Inc. will request that the parents withdraw the child from the Center.

Creative Early Learning Center, Inc. may withdraw a child immediately whose behavior creates a risk of harm to the health and safety of other children or staff member.

Creative Early Learning Center, Inc. does not permit the following forms of discipline: corporal punishment; punishing a child for lapses in toilet-training habits; withholding food, light, warmth, clothing, rest or medical care; ridicule, embarrassment, or humiliation; and physical restraining; other than restrain necessary to protect a child or other from harm.

By signing this Discipline Policy, the parent's or legal guardian's signature verifies the parents or guardians have been notified, in writing, and understand the practices used by Creative Early Learning Center, Inc.

***Please complete the following:***

Child's Name: \_\_\_\_\_

I, \_\_\_\_\_, have received in writing the disciplinary practices used by Creative Early Learning Center, Inc.  
(Name of Parent or Legal Guardian)

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

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

**ROUTINE FIELD TRIP - CELC FIELD**

**Field Trip Information**

Date of trip

On going

Field trip destination and address

Creative Early Learning Center Field (by side entrance / parking lot)

Approximate time of departure

During the hours of

Approximate time of return

6:30 am - 6:00 pm (varies)

Mode of transportation *(walking, school bus, public transportation, parent vehicles, provider vehicle and driver)*  
walk

During this field trip children will have access to water that is 18 inches or more in depth

☐ Yes ☒ No *(If yes, a swimming permission slip is required)*

Water activities are planned Water activities not always planned (varies)

☐ Yes ☐ No *(If yes, a swimming permission slip is required)*

**Child's Information**

Child's name

My child is

☐ not over 4 years and/or 40 lbs ☐ over 4 years and 40 lbs ☐ 8 years and/or over 4' 9"

**Signature**

I grant permission for my child to attend the field trip described above.

Parent's signature

Date



<b>THIS SECTION TO BE COMPLETED BY CENTER. Note: All information above this section is to be filled in by the parent or guardian.</b>			
Complete information below only if qualifying child(ren) by household income from Part 3. Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion : Weekly x 52, Every 2 Weeks (biweekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12		Application Certified/Categorized as: <input type="checkbox"/> <b>FREE</b> , based on <input type="checkbox"/> Food Assistance/OWF Case No. <input type="checkbox"/> Household size and income <input type="checkbox"/> Foster Child	
		<input type="checkbox"/> <b>REDUCED</b> , based on Household size and income	
Total Household Size: _____	Total Household Income: \$ _____ Per: <input type="checkbox"/> week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> month <input type="checkbox"/> year	<input type="checkbox"/> <b>PAID</b> , based on <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete <input type="checkbox"/> Invalid case number or information	
Signature of Sponsor / Center Representative _____ <small>Note: Effective date is determined by parent or sponsor signature date as selected on CRRS application. If date of parent signature is not within month of certification or immediately preceding month, form was signed one year earlier</small>		Date Sponsor Certified/Categorized Form _____ <small>If date of parent signature is not within month of certification or immediately preceding month,</small>	Effective Date _____ <small>(From the first of month of date signed)</small> Expiration Date _____ <small>(Valid until last day of month in)</small> effective date must be date of sponsor certification.

Please help us comply with the requirements of the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP) by completing the attached income eligibility application for free and reduced-price meals. All information will be treated with strict confidentiality. The CACFP provides reimbursement to the child care center for healthy meals and snacks served to children enrolled in child care. **The completion of the income eligibility application is optional.** Complete the application on the reverse side using the instructions below for your type of household. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center. Households with incomes less than or equal to the reduced-price values listed on the chart at the bottom of this page are eligible for free meal benefits. An application must contain complete information to be considered for free or reduced-price meals. Households are no longer required to report changes regarding the increase or decrease of income or household size or when the household is no longer certified eligible for food assistance (SNAP) or Ohio Works First (OWF). Once approved for free or reduced-price benefits, a household will remain eligible for these benefits for a period not to exceed 12 months. During periods of unemployment, your child(ren) is eligible for meal reimbursement provided the loss of income during this time causes the family to be within eligibility standards for meals. In operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability §226.23(e)(2)(iv). If you have questions regarding the completion of this application, contact the child care center.

- Print the name of the child(ren) enrolled at the child care center. All children (including foster children) can be listed on the same application.
- List the enrolled child's age and birth date.
- Check box indicating if the child is a foster child. Foster children that are under the legal responsibility of the foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Attach documentation to show foster child status.

Circle the type of benefit received: Food Assistance (SNAP) or Ohio Works First (OWF).

- List a current food assistance or OWF case number for each child. This will be a 7-digit number. Do not list a swipe card number.

**SKIP PART 3 – Do not list names of household members or income if you listed a valid Food Assistance (SNAP) or OWF case number for each child in Part 2.**

**PART 3 – TOTAL HOUSEHOLD SIZE, GROSS INCOME AND HOW OFTEN RECEIVED: ALL OTHER HOUSEHOLDS COMPLETE PARTS 3 & 4.**

- a) Write the names of all household members including yourself and the child(ren) that attends the child care center, noting any income received. A household is defined as a group of related or unrelated individuals who are living as one economic unit that share housing and/or significant income and expenses of its members. This might include grandparents, other relatives, or friends who live with you. Attach another piece of paper if you need more space to list all household members.
- b) Check the box for any person listed as a household member (including children) that has no income.
- c) For each household member, list each type of income received during the last month and list how often the money was received.
- Earnings from work before deductions: Write the amount of total gross income each household member received the last month, before taxes/deductions or anything else is taken out (not the take-home pay) and how often it was received (weekly, every two weeks, twice per month, monthly, annually). Income is any money received on a recurring basis, including gross earned income. Households are not required to include payments received for a foster child as income. If any amount during the previous month was more or less than usual, write that person's usual monthly income. If you normally get overtime, include it, but not if you only get it sometimes. If you are in the military and your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.
  - List the amount each person got the last month from welfare, child support or alimony and list how often the money was received.
  - List the amount each person got the last month from pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits or disability benefits and list how often the money was received.
  - List all other income sources. Examples include: Worker's Compensation, strike benefits, unemployment compensation, regular contributions from people who do not live in your household, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, net royalties/annuities or any other income. Self-employed applicants should report income after expenses (net income) in column 1 under earnings from work. Business, farm or rental property report income should be entered in column 4. Do not include food assistance payments.

**PART 4 – SIGNATURE AND LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART (\* denotes required info)**

- a) \* All applications must have the signature of an adult household member.
- b) \* The adult signing the application must also date the form.
- c) \* Only an application that lists income in Part 3 must have the last four digits of the social security number of the adult who signs. If the adult does not have a social security number, check the box marked, "I do not have a Social Security Number." If you listed a food assistance or OWF number for each child or if you are applying for a foster child, the last four digits of the social security number are not required.

**PART 5 – RACIAL/ETHNIC IDENTITY – OPTIONAL**

You are not required to answer this part in order for the application to be considered complete. This information is collected to make sure that everyone is treated fairly and will be kept confidential. No child will be discriminated against because of race, color, national origin, gender, age or disability.

**NON-DISCRIMINATION STATEMENT:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA

Revised June 2022 10



★ PLEASE  
COMPLETE

CHILD AND ADULT CARE FOOD PROGRAM: **CHILD CARE COMPONENT**  
INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICE MEALS Fiscal Year 2022-2023

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

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

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

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

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

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

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

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other
Please mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		

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

State Distribution: June 2022



X = PLEASE  
COMPLETE

Ohio Department of Job and Family Services  
**DEVELOPMENTAL AND EDUCATIONAL GOALS  
FOR STEP UP TO QUALITY (SUTQ)**

X Name of Child [REDACTED]		Date of Birth [REDACTED]		
For Three to Five-Star Rated programs, the program must work with families to develop goals for children. These goals must be updated at least annually.				
X Developmental/Educational Goal [REDACTED]				
Action Steps	Person(s) Responsible	Resources Needed	Timeline	Comments on Progress
Developmental/Educational Goal				
Action Steps	Person(s) Responsible	Resources Needed	Timeline	Comments on Progress
Lead Teacher's Name		Signature		Date
X Parent/Guardian's Signature [REDACTED]				Date [REDACTED]