

| Name | Relationship | Work# | Home# |
|------|--------------|-------|-------|
|------|--------------|-------|-------|

Helpful Information About Child:

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- I acknowledge that I have received, read, and understand, and will adhere to the policies and procedures contained in the Prodigal Kids Child Care Center: Parent Handbook that's (Located on our center's website) and all other registration materials.
 - I understand that should any information change, it is my responsibility to have a corrected enrollment application updated, signed, and delivered to the front office.
 - I acknowledge that I have received, read, and understand Prodigal Kids' Payment Policies and understand payment is due at drop off/time of services regardless of person picking up or dropping off, and my child will not be able to attend with a balance on their account.
 - I read, understand, and accept that there is a one-time family registration fee at time of enrollment, and that there is an annual registration fee which is due each year following. It is understood that if fees are not paid enrollment can be suspended until payment.
 - I understand that it is my responsibility to obtain a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment as it states in Sections 7.1 and 7.2, of the Child Care Facility Handbook. And that I will be required to keep this current while my child is enrolled with Prodigal Kids, until they are school age.
 - I acknowledge that I have received a "Know Your Child Care Facility" brochure. (Located on our center's website)
 - I acknowledge that I have received a Parent Handbook which includes the disciplinary and expulsion policies used by the child care facility. (Located on our center's website)
 - I acknowledge that I have received a copy of the Influenza Guide pamphlet and the "Getting In & Out Of The Car Safety" parent advice pamphlet from DCF. (Located on our center's website)

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian

Date

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

Child's Name: _____ Center Name & Address: _____

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (_____) _____

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

| Child's Name (Last Name, First Name) | Date of Birth | Attends this center? (circle) | Foster Child? (circle) | Migrant? (circle) | Homeless/Runaway? (circle) |
|--------------------------------------|---------------|-------------------------------|------------------------|-------------------|----------------------------|
| | | Yes No | Yes No | Yes No | Yes No |
| | | Yes No | Yes No | Yes No | Yes No |
| | | Yes No | Yes No | Yes No | Yes No |

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?

If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 4.

FAP/SNAP Case Number: _____ or TANF Case Number: _____

STEP 3: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

A. Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

| | |
|-----------------------------------|--|
| Total children's income: \$ _____ | How often received? (check only one): <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually |
|-----------------------------------|--|

B. Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

| Adult Household Member's Name (Last Name, First Name) | Earnings from Work (\$ Amount / How often?) | Public Assistance/Child Support/Alimony (\$ Amount / How often?) | Pensions/Retirement/All Other Income (\$ Amount / How often?) |
|--|--|---|--|
| | \$ _____ / Weekly Biweekly Monthly Twice a Month Annually | \$ _____ / Weekly Biweekly Monthly Twice a Month Annually | \$ _____ / Weekly Biweekly Monthly Twice a Month Annually |
| | \$ _____ / Weekly Biweekly Monthly Twice a Month Annually | \$ _____ / Weekly Biweekly Monthly Twice a Month Annually | \$ _____ / Weekly Biweekly Monthly Twice a Month Annually |
| | \$ _____ / Weekly Biweekly Monthly Twice a Month Annually | \$ _____ / Weekly Biweekly Monthly Twice a Month Annually | \$ _____ / Weekly Biweekly Monthly Twice a Month Annually |

Total Household Members (children and adults): _____ Last four digits of Social Security Number (SSN) of adult household member: _____ If no SSN, write "none."

STEP 4: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ Street Address, City, State, Zip Code Daytime phone #: (_____) _____ - _____

Signature of adult household member: _____ Printed name: _____ Date signed: _____

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals.

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

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

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: ☐ FAP/SNAP or TANF Household ☐ Foster Child Total Household Size: _____ Total Household Income: \$ _____

Eligibility Determination: ☐ Free ☐ Reduced-Price ☐ Non-needy How Often Income is Received (Frequency): ☐ Weekly ☐ Biweekly ☐ Twice a Month ☐ Monthly ☐ Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

Determining Official's Signature: _____ Date: _____ Second Party Check Signature: _____ Date: _____



Payment Policies and Procedures

Payment Due:

All tuition is due at the beginning of each week. Your child will not be able to attend if there is any outstanding balance, balance must be paid in full prior to attending.

Auto-Pay Option:

We offer an option to enroll in our auto-pay program that qualifies you for a 5% discount on weekly tuition (drop-in does not qualify for our auto-pay program). Our auto-pay program will charge your credit card on the Friday of the week your child attends. You must present a valid credit card at time of enrollment to receive the discount. If your credit card is declined for any reason there will be a \$25.00 late fee added to your account and you will not be eligible for the 5% discount that week. If your credit card is declined 3 times in a 1-year period, you will not be eligible for our auto-pay program. You must present a new valid credit card to re-enroll in our auto-pay program.

Drop-In Payments:

Drop-In payment is due at pick-up, a late fee of \$25.00 will be added to your account if payment is not made on day services are rendered.

Late Fee's:

A \$25.00 fee will be added to any late payment or declined credit card payment.

ELC Payments:

Co-payments are due at the beginning of each week. Co-payments may not be prorated, so even if your child only attends a partial week, or a single day that week, you are still responsible for the weekly co-payment.

Late Pick up's:

A fee of \$5.00 for the first minute and \$1.00 each minute thereafter will apply to all late pick-up's. Please note, 60 minutes after closing, if we are unable to reach a parent or guardian we will contact DCF and local law enforcement for the safety and protection of your child.