

CHILD CARE ENROLLMENT

Use of form: Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance
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PARENT OR GUARDIAN – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
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Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.
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b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
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Home Address (Street, City, State, Zip)	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.
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AUTHORIZED PERSONS – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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EMERGENCY CONTACT – The person to be notified in an emergency when parents / guardians cannot be reached.

☐ Yes ☐ No This person is authorized to pick up the child.

Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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PHYSICIAN OR MEDICAL FACILITY

Name	Address (Street, City, State, Zip Code)	Telephone Number
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AUTHORIZATIONS

- ☐ Yes ☐ No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
- ☐ Yes ☐ No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
- ☐ Yes ☐ No I give permission for my child to participate in ☐ Transported ☐ Walking field trips and other activities during operating hours.
- ☐ Yes ☐ No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

SIGNATURE – Parent or Guardian

Date Signed

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1., DCF 251.04(6)(a)6., and DCF 252.41(4)(a)6. of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI) Birthdate (mm/dd/yyyy) First Day of Attendance (mm/dd/yyyy)

Home Address (Street, City, State, Zip Code)

PARENT / GUARDIAN INFORMATION

Name Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Primary Telephone Number Work Telephone Number Secondary Telephone Number

Name Primary Telephone Number Work Telephone Number Secondary Telephone Number

PHYSICIAN / MEDICAL FACILITY INFORMATION

Physician Name Medical Facility Address Telephone Number

SUNSCREEN / INSECT REPELLENT AUTHORIZATION

If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)6., Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6 months and updated as necessary.

☐ Yes ☐ No I authorize the center to apply sunscreen to my child. Brand Name Ingredient Strength

☐ Yes ☐ No I authorize the center to allow my child to self-apply sunscreen. Brand Name Ingredient Strength

☐ Yes ☐ No I authorize the center to apply repellent to my child. Brand Name Ingredient Strength

☐ Yes ☐ No I authorize the center to allow my child to self-apply repellent. Brand Name Ingredient Strength

HEALTH HISTORY AND EMERGENCY CARE PLAN

If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

☐ No specific medical condition

☐ Asthma ☐ Diabetes

☐ Cerebral palsy / motor disorder ☐ Epilepsy / seizure disorder ☐ Gastrointestinal or feeding concerns, including special diet and supplements

☐ Other condition(s) requiring special care – Specify. ☐ Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism

☐ Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.

☐ Food allergies – Specify food(s).

☐ Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication – Child Care Centers* should be attached to this form. Note: Group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates:

CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

PERSONAL DATA

PLEASE PRINT

STEP 1	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.

☐ Yes year _____ (Vaccine is not required)

☐ No or Unsure (Vaccine is required)

REQUIREMENTS

STEP 3 The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES						
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B		
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ¹	3 PCV ²	2 Hep B	1 MMR ³	
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ¹	3 PCV ²	3 Hep B	1 MMR ³	1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ⁴	4 Polio			3 Hep B	2 MMR ³	2 Varicella

¹If the child began the Hib series at 12-14 months of age, only two doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose four days or less before the first birthday is also acceptable).

²If the child began the PCV series at 12-23 months of age, only two doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

³MMR vaccine must have been received on or after the first birthday (Note: a dose four days or less before the first birthday is also acceptable).

⁴Children entering kindergarten must have received one dose after the fourth birthday (either the third, fourth or fifth) to be compliant (Note: a dose 4 days or less before the fourth birthday is also acceptable).

COMPLIANCE DATA AND WAIVERS

STEP 4 IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR

IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).

☐ Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the child care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of \$25.00 per day of violation.

☐ For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)

Physician's Signature Required

☐ For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

☐ For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

SIGNATURE

STEP 5 To the best of my knowledge, this form is complete and accurate.

SIGNATURE - Parent, Guardian or Legal Custodian

Date Signed

Child Health Report – Child Care Centers

Use of form: Use of this form is required unless the health examination report is on an electronic printout from a licensed physician, physician assistant, or other EPSDT provider. Completion of this form meets the requirements of DCF 202.08 (4), DCF 250.04 (6) (a) 4. and DCF 251.04 (6) (a) 8. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Each child 2 years of age but who is not 5 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant, or other EPSDT provider to be completed, signed, and dated. The licensee / operator shall obtain a copy for the child's record. Note: Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian includes a copy of the child's immunization record when submitting this form to the child care center.

PARENT OR GUARDIAN – This section should be completed by the parent or guardian

Child's Name (Last, First, MI)

Child's Birthdate (mm/dd/yyyy)

Child's Address (Street, City, State, Zip Code)

Parent or Guardian Name (Last, First, MI)

Parent or Guardian Address (Street, City, State, Zip Code)

HEALTH PROFESSIONAL – This section should be completed by the health professional

Instructions for feeding and care of child with special health concerns – Specify: (attach information as necessary).

☐ Yes ☐ No Does the child have a milk allergy? If "Yes," identify the recommended milk substitute.

☐ Yes ☐ No Does this child have any food or non-food allergies? If "Yes," specify and include the treatment plan to be implemented in the event of an allergic reaction.

Date of child's most recent blood lead test: _____ (mm/dd/yyyy).

Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

Immunization(s) not to be administered to child due to medical reason(s) – Specify.

AUTHORIZATION

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA, or other EPSDT Provider (type or print)

Address (Street, City, State, Zip Code)

SIGNATURE – MD, PA, or other EPSDT Provider

Date of Examination



CACFP ENROLLMENT FORM

Child Care Name:

Parent/Guardian Instructions:

This form can be used for up to three children per household. In the spaces below list the child's name, current age, the days and hours normally in care, and the meals normally received while in care. If the child is of school age report the hours in care both before and after school. Child and Adult Care Food Program (CACFP) regulations require that the enrollment form be updated annually and signed by the child's parent or guardian. **This form can be used for three years for the same child(ren), to meet the annual updating requirements.**

HOURS AND MEALS WHILE IN CARE											
Child's Name:	Days Normally in Care (Check ✓)	From	To	From	To	Meals Normally Received While in Care (Check ✓)					
						Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Date of Birth:	<input type="checkbox"/> Sunday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Monday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Tuesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Wednesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Thursday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Friday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Saturday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information (Year One):		Additional Information (Year Two):				Additional Information (Year Three):					

HOURS AND MEALS WHILE IN CARE											
Child's Name:	Days Normally in Care (Check ✓)	From	To	From	To	Meals Normally Received While in Care (Check ✓)					
						Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Date of Birth:	<input type="checkbox"/> Sunday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Monday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Tuesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Wednesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Thursday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Friday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Saturday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information (Year One):		Additional Information (Year Two):				Additional Information (Year Three):					

HOURS AND MEALS WHILE IN CARE											
Child's Name:	Days Normally in Care (Check ✓)	From	To	From	To	Meals Normally Received While in Care (Check ✓)					
						Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Date of Birth:	<input type="checkbox"/> Sunday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Monday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Tuesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Wednesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Thursday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Friday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Saturday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information (Year One):		Additional Information (Year Two):				Additional Information (Year Three):					

PARENT/GUARDIAN SIGNATURE			
Parent/Guardian Signature (Year One):	Date Mo./Day/Yr.	Parent/Guardian Initials (Year Two):	Date Mo./Day/Yr.
Parent/Guardian Signature (Year Three):	Date Mo./Day/Yr.		

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
HOUSEHOLD LETTER (Non-Pricing Programs)

For Group Child Care & Outside of School Hours Centers
FFY 2023, Rev. 6/22

Dear Parent or Guardian:

_____ is enrolled in the CACFP, a USDA program which
(Name of Agency)

provides federal assistance dollars to eligible child care centers for serving more nutritious meals. The amount of money our agency receives from this program is based on the income levels of our families. **In order to continue providing a quality meal service without additional charge, we request every family of our enrolled children to complete new a Household Size-Income Statement form (HSIS) each year. Please complete and return the attached HSIS form to our office. This information will be kept strictly confidential in our files.** Only one completed HSIS is required for all children in your household. Once we have properly approved your HSIS as eligible, our agency will receive the higher ("Free" or "Reduced-price") meal reimbursement rates for your enrolled children, for 12 months from the *Effective Month of Determination* regardless of any change in your household size and/or income or termination from Benefits Programs.

- You are not required to complete this HSIS if no one in your household receives benefits from FoodShare WI (the Supplemental Nutrition Assistance Program (SNAP)), FDPIR (Food Distribution Program on Indian Reservations), Wisconsin Works Programs and your household income is higher than the amount shown for your household size within the table below. In this case, however, we would appreciate you returning the HSIS to us with "N/A" written on it along with your signature and date.

Determining Eligibility based on Participation in Benefits Programs → Complete Part 1 and Part 3 of HSIS form

Our agency receives the Free meal reimbursement rate for children in households receiving benefits from FoodShare WI, FDPIR, or WI Works Programs. **Wisconsin Works Programs** is Wisconsin's Temporary Assistance for Needy Families (TANF) program. **It provides temporary cash assistance through work placement and training programs and IS NOT the WI Child Care Subsidy Program.** WI Works Programs include Trial Employment Match Program (TEMP), Community Service Jobs (CSJ), Case Management, W-2 Transitions (W-2T), Custodial Parent of an Infant (CMC), Minor Parents Services, Noncustodial Parents, and Pregnant Women.

You must include the following information on the HSIS (a-c) for eligibility based on receiving benefits from FoodShare WI, FDPIR, WI Works Programs:

- (a) The names of your enrolled children;
 - DO NOT list case numbers for:
- (b) Checked box for the benefit your household receives and its case number; &
 - Medicaid, SSI, OR Wisconsin Child Care Subsidy program AND
- (c) The signature of an adult member in the household & signature date
 - DO NOT list 16-digit Quest Card number (starts with 5077) for FoodShare WI

Determining Eligibility by Household Size and Income → Complete Part 2 and Part 3 of HSIS form

Household-Size Income Scale (Effective July 1, 2022 to June 30, 2023)

Household Size	Annual Income Level (at or below)
1	\$ 25,142
2	\$ 33,874
3	\$ 42,606
4	\$ 51,338
5	\$ 60,070
6	\$ 68,802
7	\$ 77,534
8	\$ 86,266
For each additional Household Member, add:	+\$ 8,732

If your household earns a total income that is less than or equal to the income levels listed within this table, we will receive higher meal reimbursement rates ("Free" or "Reduced-price" meal rate) for your children. **For determining eligibility based on your household size and income, you must include the following information on the HSIS (a-e):**

- (a) Full names of all household members who share income and expenses, including children, parents, and non-related persons;
- (b) Income received by each household member identified by source of income and its pay frequency;
- (c) Total number of household members;
- (d) The signature of an adult member of the household and signature date; and
- (e) The last four digits of the social security number of the adult household member signing the HSIS or an indication he/she does not have a social security number.

- Disclosure of United States citizenship or immigration status is not required and is not a condition of eligibility for higher meal reimbursement rates.

Eligibilities of Foster, Runaway, Homeless, and Migrant Children, and Children

enrolled in Head Start: Our agency will receive the Free meal reimbursement rates for foster, runaway, homeless, and migrant children and children enrolled in Head Start who reside in your household, when you provide the respective documentation listed below. **The respective documentation is required for these**

children to be eligible for Free Meals: These children's eligibility for Free meals does not extend to other children in your household.

- **Foster children:** Your completed HSIS with the 'Foster Child' box checked next to your foster children's names. When including them on your HSIS completed for your non-foster children, any income reported for your foster children must only be for their personal use. Your foster children will then be eligible at the "Free" meal rate. Your non-foster children's eligibilities will be based on the benefits or income information provided on your household's completed HSIS form.
- **Children Enrolled In Head Start:** Written certification of your child's Head Start enrollment eligibility period from the Head Start administering agency.
- **Runaway, Homeless, and Migrant Children:** Written certification of the child's status from an official of the appropriate Runaway and Homeless Youth Program, Migrant Education Program, or school official.

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You are not required to provide this information, but if you do not, our agency cannot receive higher reimbursement rates for meals served to your children. You must include the last four digits of the social security number of the household member signing the form unless: the HSIS is only for your foster child(ren); you list a case number for receiving benefits from FoodShare WI, WI Works Cash Programs, or FDPIR; or when the household member signing the HSIS checks "None" for not having a SS#.

Sharing Eligibility Information: Children's eligibility information may be shared in accordance with disclosure protection requirements without prior notification, with education, health, and nutrition programs to assess their eligibility for benefits. The law allows us to share your children's eligibility information with programs such as Medicaid or BadgerCare for ensuring their access to free or low cost health insurance, **unless you tell us not to.** This information may only be used for determining eligibility for their programs; if your children are eligible, they may contact you to offer their enrollment options. Filling out this HSIS does not automatically enroll your children in these programs. **If you do not want your information to be shared with these programs, notify us in writing. This notification will not change whether your children's meals are eligible for meal reimbursement.** Your eligibility information provided on the HSIS may also be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

Refer to the [USDA Non-Discrimination Statement and Complaint Filing Procedure](https://dpi.wi.gov/nutrition#discrimination) (https://dpi.wi.gov/nutrition#discrimination). This institution is an equal opportunity provider.

Signature of Agency Representative

HOUSEHOLD SIZE—INCOME STATEMENT

Child and Adult Care Food Program

An adult household member must complete this form (HSIS) and return it to the center. Complete one HSIS per household.

Refer to the accompanying *Household Letter* for instructions on completing this form.

First and Last Name(s) of Enrolled Child(ren):	Center
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PART 1: BENEFITS

Do any household members currently participate in FoodShare WI, WI Works Programs, or FDPIR?

If yes, check the program and write the corresponding case number below; then go to Part 3. If no, skip to Part 2.

<input type="checkbox"/> FoodShare Wisconsin (10-digit case number): DO NOT list a 16-digit Quest Card number: _____	<input type="checkbox"/> Wisconsin Works (W-2) Programs (10-digit case number): Wisconsin Shares Child Care Subsidy benefits is NOT a W-2 Program. It does not qualify a child as free in the CACFP. _____
<input type="checkbox"/> FDPIR (9-digit case number): _____	

PART 2: HOUSEHOLD SIZE AND INCOME

If you did not complete PART 1, complete a, b, and c below; then go to PART 3.

<p>a) Household Members Information: List full names of all members in first column, including yourself and all children.</p>	<p>b) List all income on the same line as the person who receives it.</p> <ul style="list-style-type: none"> Record each income source only once. Check the box for how often each income source is received.
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[illegible]

c) Record total # of household members: _____

PART 3: SIGNATURE

An adult household member must sign and date this form

If PART 2 is completed, the adult signing the form must list the last four digits of their SS# OR check "None" if they do not have a SS#.

ETHNICITY AND RACE DATA COLLECTION – Completion is optional

This center is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. **Please answer both questions.**

IS YOUR CHILD(REN) HISPANIC OR LATINO? ☐ Yes, Hispanic or Latino ☐ No, neither Hispanic nor Latino

SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN):

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

I CERTIFY that all information on this form is true. I understand that this information is given in connection with the receipt of Federal funds and that CACFP officials may verify the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of Adult Household Member	Signature Date <i>Mo./Day/Yr.</i>	Last 4 digits of SS# (or check "None" if you do not have a SS#) <div style="text-align: center;"> *** ** _____ <input type="checkbox"/> None </div>
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FOR CENTER USE ONLY – Complete all 3 sections

Section 1: Basis of Determining Eligibility (A or B)		Section 2: Eligibility Determination	Section 3: Determining Official's Initials/Approval Date Effective Month of Determination
A. Household Size & Income Total Household Size _____ *Total Income \$ _____ / _____ (\$ Amount) (Time Period)	B. Benefits/Foster <input type="checkbox"/> FoodShare WI <input type="checkbox"/> W-2 Programs <input type="checkbox"/> FDPIR <input type="checkbox"/> Foster Child(ren)	 <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Non-Needy	 Initials/Date: _____ **Effective Month of Determination: _____ Month/Year
*Convert to yearly income <u>only</u> when multiple pay frequencies are reported, using only these multipliers:		Weekly x 52 ----- Every 2 weeks x 26	Twice a month x 24 ----- Monthly x 12
**This form expires one year from the Effective Month of Determination.			



Saint Anthony School
Since 1872

Photography or Video Consent and Authorization St. Anthony School

I hereby consent that one or more photographs or video may be taken of my child/children.

I authorize St. Anthony School to use these photos/videos in any way it deems appropriate. I understand and agree that the use of my picture is not an invasion of privacy. Neither I nor anyone claiming to be speaking on my behalf will later object to St. Anthony School use of this/these photographs.

Student Name: _____

Address: _____

Phone: _____

Signature of Parent or Guardian _____

Date: _____



St. Anthony Preschool & Daycare Family Orientation Checklist

- _____ Tour of facility
- _____ Introduction to staff
- _____ Family meets teaching team
- _____ Opportunity given for extended visit in the classroom by both family and child
- _____ Distribute *Family Handbook* and overview of policies/procedures including but not limited to:
- Payment/co-payment and invoices
 - Attendance and late pick-up fee
 - Family mailboxes
 - Family conferences
 - Illness requirements
 - Communications via ClassDojo, Daily Reports, phone calls, etc.
 - Technology usage
- _____ Discussion of family and teacher roles
- _____ Discussion of health and developmental screening
- _____ Discussion of expectations of family and the needs of the child (including any IEPs or special services that are required)
- _____ Overview of available family support resources and activities

All family orientations are completed in the family's home language

Family Signature

Date

Preschool K3 Enrollment Form

Child's Name _____ Child's Age _____

Does your child have a nickname? _____

Has your child been in child care before? Yes ____ No ____

Who lives in the household with your child? (Include parents, siblings and any other people)

Does anyone else ever care for your child? (grandparents, babysitters, etc.)

Does your family have any pets? _____

What are the parents' jobs and hours of work?

What is your child's primary spoken language? _____

Are there other languages spoken at home? _____

Is your child toilet trained? Yes ____ No ____

Does your child need regular reminders to use the bathroom? Yes ____ No ____

Does your child have any allergies? Please list all allergies. _____

Does your child have any fears? Animals _____ Dark _____ Storms _____

Strangers _____ Other _____

Does your child usually take a nap? Does he/she have a special blanket or toy for naptime?

What time does your child go to sleep at night? _____

What are your child's eating habits? (Favorite foods, foods they do not eat)

Does your child have a special diet? _____

What are your child's favorite activities? _____

Are there any restrictions to activities? _____

What are your usual methods of reassuring and rewarding your child? _____

What are your usual methods of responding to your child's negative behaviors? _____

How does your child soothe him/herself when frustrated? _____

Do you have any concerns about your child? Speech _____ Hearing _____
Vision _____ Behavior _____ Other _____

Other comments: _____

Thank you for providing this helpful information. It will help us get to know your child a little better. All the information will be kept confidential and used only by your child's teacher in planning for his/her development.

Special Note:

Please attach a family photo for our class Family Tree. Thank you!

ST. ANTHONY PRESCHOOL & DAYCARE CHILD GUIDANCE/DISCIPLINE

Children arrive at St. Anthony Preschool & Daycare to find nurturing care, reasonable order and the promise of an interesting day. In such an environment, the number of disciplinary concerns is reduced. However, if child guidance becomes necessary, discipline will consist of positive redirection, and setting clear limits designed to help children develop self-control, self-esteem, respect for the rights of others, and positive interactions with other children and adults. Sometimes a child's behavior results in logical consequences that help a child learn the cause-and-effect relationship of his/her actions.

In accordance with St. Anthony policy and State law, St. Anthony staff will not use or permit any person on the premises to use physical punishment or behavior that is humiliating or frightening to a child. Actions that may be psychologically, emotionally, or physically painful, discomforting, dangerous or potentially injurious are prohibited. Examples of prohibited actions include all of the following:

1. Spanking, hitting, pinching, shaking, slapping, twisting, throwing or inflicting any other form of corporal punishment.
2. Verbal abuse, threats or derogatory remarks about the child or the child's family.
3. Withholding food or forcing naps.

Timeouts are limited to one minute per age if used with a maximum time out of five minutes regardless of age above five years old. Time-Out is a guidance technique that can be effective in reducing challenging behaviors of young children. The term "time-out" is short for "time out from positive reinforcement". The strategy is similar to an extended form of selectively ignoring disruptive behavior. Children are removed for a brief time from all sources of reinforcement (e.g., teacher and peer attention) following serious challenging behavior. Usually this strategy requires that a child be removed from an ongoing activity for a brief time, typically by having a child sit on the outside of the activity within the classroom until the child calms down and is ready to rejoin the activity and try again. Time-out is intended to be a non-violent response to conflict that stops the conflict, protects the victim, and provides a 'cooling-off period' for the child.

Time out is only effective when used in context of a comprehensive approach to behavior support that is designed to teach, nurture, and encourage positive social behaviors. Time out should be used only by well-trained teachers and caregivers when less intrusive discipline procedures have been tried and deemed unsuccessful and only in combination with positive procedures designed to teach new skills and prevent challenging behaviors from occurring.

Effective management of behavior should always start with praise and encouragement for pro-social behavior and self-regulation and be accompanied by distraction, redirection, withdrawal of attention, and logical and natural consequences. The child will be praised after completing the time-out, and will be helped to rejoin the group.



**ACKNOWLEDGEMENT AND RECEIPT OF ST. ANTHONY PRESCHOOL & DAYCARE
CHILD GUIDANCE PROCEDURES**

- I received the St. Anthony School Preschool & Daycare Child Guidance Procedures
- I reviewed the information included about the program and the specific policies and procedures.
- I understand the information outlined in the given procedure.

Student Name (Print)

Parent/Guardian

Date

APPENDIX B**TUITION AGREEMENT
(Private Pay)**

This is your child care/preschool tuition agreement form. This is the agreement of when and how you will pay each month. Failure to make payments agreed upon below will result in suspension or termination of child care services. Families/guardians will receive an invoice every two weeks that will reflect two weeks of payment due. A payment calendar is included in the enrollment packet.

Tuition for _____ is \$_____ per week

Tuition for _____ is \$_____ per week

Tuition for _____ is \$_____ per week

Family total tuition due per week \$_____ per week

Family total tuition due per pay period (weekly family total x 2) \$_____ per pay period

I agree to the above terms for payment in order to continue my child care/preschool services. I understand that failing to meet the standards outlined above will result in termination of services and that my account will be turned over to a collection agency. I understand that if my status changes with W2, a new tuition agreement will be issued.

Parent Signature_____ Date_____

Staff Signature_____ Date_____

TUITION AGREEMENT
(My WI Child Care EBT)

This is your child care/preschool tuition agreement form. This is the agreement of when and how you will pay each month. Failure to make payments agreed upon below will result in suspension or termination of child care services. Families/guardians will receive an invoice every two weeks that will reflect two weeks of payment due. A payment calendar is included in the enrollment packet.

EBT card payment for _____ is \$_____ per week

EBT card payment for _____ is \$_____ per week

EBT card payment for _____ is \$_____ per week

Total payment paid by EBT card per week \$_____ per week

Tuition for _____ is \$_____ per week

Tuition for _____ is \$_____ per week

Tuition for _____ is \$_____ per week

Family total tuition due per week \$_____ per week

Family total tuition due per pay period (weekly family total x 2) \$_____ per pay period

I agree to the above terms for payment in order to continue my child care/preschool services. I understand that failing to meet the standards outlined above will result in termination of services and that my account will be turned over to a collection agency. I understand that if my status changes with W2, a new tuition agreement will be issued.

Parent Signature _____ Date _____

Staff Signature _____ Date _____

APPENDIX C

Authorized Child Pick-Up List

****Individuals on this list MUST be 18 years or older******AUTHORIZED PICK-UP LIST:**

NAME:	RELATIONSHIP TO THE CHILD/CHILDREN:	PHONE NUMBER:
1.		
2.		
3.		
4.		
5.		



St. Anthony School
FAITH · FAMILY · FORWARD

How Did You Hear About Us?

Child's Name: _____ Date: _____

_____ Flyer

_____ Google Search

_____ Yelp Search

_____ Telemundo Ad

_____ Facebook Ad

_____ St. Anthony School family

_____ Postcard

_____ Referred by a friend or family member _____
name of person that referred you

_____ Other _____

ACKNOWLEDGEMENT AND RECEIPT OF HANDBOOK

- I received the Parent Handbook of the St. Anthony School Preschool & Day Care Program
- I reviewed the information included about the program and the specific policies and procedures.
- I agree to abide by the policies and procedures within the handbook.

Student Name (Print)

Parent/Guardian

Date

Please initial each policy after orientation:

**Please take this time to ask any questions before signing the policies.

PAST DUE ACCOUNTS

Accounts two weeks past due will be grounds for suspension of child care services until the account is current unless alternative payment arrangements have been made with the Billing Office. (See page 24 for more details.)

REGISTRATION FEES

There is a non-refundable, annual registration fee. These fees are due at the time of enrollment and yearly thereafter. The annual registration fee per child is \$100.00. If families need financial assistance with this fee, please contact your W2 Shares caseworker (See page 24 for more details.)

REMOVAL FROM THE PROGRAM

A written notice from the parent/guardian of withdrawal of the child(ren) for regular childcare from St. Anthony Preschool & Day Care is required at least 10 business days prior to the child(ren)'s last day of attendance. Failure to comply will result in the parent being billed up to 10 days for the scheduled services.

(See page 24 for more details.)

NON-SUFFICIENT FUNDS RECEIVED

A \$25.00 charge is assessed for each Non-Sufficient Funds check received.

(See page 25 for more details.)

APPENDIX A - PAYMENT INFORMATION**ANNUAL REGISTRATION FEES**

There is an annual, non-refundable registration fee. This fee is due at the time of enrollment and each year following. A single child pays a \$100.00 annual registration fee. If families need financial assistance with this fee, please contact your W2 Shares caseworker.

LATE PICK-UP FEE

By State law we are unable to care for children after 6:00pm. If a child is picked up after 6:00pm, the family will be charged \$1.00 for every minute s/he is not picked up. The late fee must be paid by the next school day for the child to be able to attend.

TUITION COSTS AND DEFINATIONS

Full time: Any child in care for more than 20 hours per week.

WEEKLY TUITION FEE: \$325 per child*

Part time: Any child in care for 20 hours per week or less.

WEEKLY TUITION FEE: \$225 per child*

*Families enrolled in the Wisconsin Shares W2 program will be responsible for a weekly co pay per child enrolled in the Preschool & Day Care. Invoices will be sent home every other Tuesday. Payments must be made in full at the preschool front desk by the invoice due date.

HOURS OF CARE NEEDED:

Please list the days and times of drop off so proper staff can be arranged.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
DROP OFF					
PICK UP					

TOTAL HOURS OF CARE NEEDED _____

-BI-WEEKLY PAYMENTS unless formal written agreement is made between family and director.

-NO EBT PAYMENT REFUNDS

(Parent/Guardian Signature)

(Date)



STUDENT SUPPLY LIST

St. Anthony Preschool & Day Care supply list includes:

- 1 backpack – no wheels, large enough to fit a folder labeled with child's name
- 20 glue sticks - purple
- 1 bottle of glue
- 4 large boxes of tissue
- 3 packages of baby wipes
- 1 boxes of 8 count of large crayons (not jumbo)
- 2 packs of washable markers
- 3 rolls of paper towel
- 2 box of Ziplock baggies (1 sandwich and 1 gallon)
- 1 Mr. Clean Magic Eraser
- 1 set of extra clothing – including underwear, socks, shoes labeled in a Ziplock bag

Please refer to the enrollment packet as well as the weekly newsletters for any other supply requests.