



## Registration Checklist

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### Name of Child

- \_\_\_\_\_ Enrollment Application
- \_\_\_\_\_ Current Immunization Records
- \_\_\_\_\_ Dad's Driver's License
- \_\_\_\_\_ Mom's Driver's License
- \_\_\_\_\_ 2022-2023 Tuition Rate Sheet
- \_\_\_\_\_ The Audubon School Financial Agreement
- \_\_\_\_\_ The Audubon School Parent Financial Obligation Form Cash (if applicable)
- \_\_\_\_\_ The Audubon School Parent Financial Obligation Form Agency
- \_\_\_\_\_ Pick up Authorization Form
- \_\_\_\_\_ Uniform Policy
- \_\_\_\_\_ Administration of Medicine Policy
- \_\_\_\_\_ Parental Authorization for Medication
- \_\_\_\_\_ Physician's Statement of Well Health
- \_\_\_\_\_ Authorization for Consent to Treatment of Minors
- \_\_\_\_\_ Epipen Authorization for Exposure to Peanuts or Fish
- \_\_\_\_\_ Permission to Apply Sunscreen etc.
- \_\_\_\_\_ Tuition-Express-Parent-Authorization (if applicable)
- \_\_\_\_\_ Child and Adult Care Food Program (CACFP) Application (if applicable)



**Application for Enrollment**

Application Date: \_\_\_\_\_ Desired Date of Enrollment: \_\_\_\_\_

**Child's Name** \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

**Parent/Guardian Information 1**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer: \_\_\_\_\_ Work Hours/Schedule: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Parent/Guardian Information 2**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

Employer: \_\_\_\_\_ Work Hours/Schedule: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone Carrier: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Agreement:**

We hereby certify that we have read The Audubon School Handbook and therefore agree to abide by the policies and procedures outlined within the handbook. We also hereby authorize the The Audubon School to:

- Care for our child during the time he or she is in the center.
- Secure emergency medical care for our child in case one or both of us are unable to be reached in a timely and safe manner.

Parent/Guardian's #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**Office Use Only-**

Date Received: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_ Class: \_\_\_\_\_



## Welcome to The Audubon School

Dear The Audubon School Parents,

We are so happy that you have chosen The Audubon School for your child's educational and social needs. We know this will be a wonderful and rewarding experience not only for you, but for your child as well. We strive to deliver the best and most trusted early childhood education to each of our families and we look forward to being involved in the continual growth of your child.

Enclosed in the packet are some very important forms. Please take a few minutes to complete each form, making sure every blank is filled in, and writing N/A for any and all information that does not apply to you. This process may seem a little overwhelming; however, it is mandatory that we have these forms in each child's file to comply with The Audubon School Standards and Arkansas Division of Child Care and Early Childhood Education requirements.

Please have all requested information returned to the school no later than the week prior to the first day of attendance.

If you have any questions, please do not hesitate to contact any member of our management team at [management@theaudubonschool.com](mailto:management@theaudubonschool.com). Again, we welcome you to The Audubon School and we look forward to a great year!

Sincerely,

*Ka-Ron Smith*

Ka-Ron Smith  
Chief Executive Officer  
The Audubon School, LLC



## Welcome to The Audubon School

Dear The Audubon School Parents

We believe part of what your child's learning experience at The Audubon School is dependent upon the trusted partnerships and open communication we establish with parents. To further this goal, we are excited to tell you that The Audubon School has a new school-to-home communication tool, The Audubon School Procure.

Our teachers will use The Audubon School Daily Procure App in their classroom to document your child's eating, sleeping, diapering, and activities as they happen throughout the day. As a parent, you can download the app to see how your child's day is going, or check the information on your app, with the ultimate goal of giving you a glimpse of his/her school experience firsthand.

To capture this information in real-time, each classroom will be equipped with an iPad Mini, used specifically to share information about your child's day. All information captured is considered private communication between our school and our families. No personal information is shared with an external party, and each parent will receive emails specific only to their child.

We will be implementing The Audubon School Daily Procure App in within the first few two weeks of the school opening. During this time, we encourage our parents to provide feedback on the daily reports they receive via email so that we can refine the process over the next month.

Note: Parents will receive a separate email letting them know how to get started. We have linked your email to your child profile. Let us know if you wish us to link a different email address or add another email address.

Sincerely,

*Ka-Ron Smith*

Ka-Ron Smith  
Chief Executive Officer  
The Audubon School, LLC



Dear The Audubon School Parents

We will also need documentation for your child's personal file which includes:

1. A copy of your child's current certificate of immunization records.
2. Provide an updated copy of all parent/guardian Drivers License's

**For Infant to Toddler Parents Only:**

To ensure that your child's is comfortable each day, we require that you provide the following supplies"

- Two Complete change of clothes. Label with your child's name place in a zipper-sealed bag and leave in your child's tote bag for emergencies
- Disposable Diapers or Pull-ups
- Disposable Diaper Wipes

Please bring these items to school at the beginning of each week. Due to the sensitivity of many young children's skin, we are unable to share the supplies. It is important to keep an adequate supply at the school to meet your child's daily needs. Teachers will send home any soiled clothes each day.

Thank You,

Management



Dear Audubon School Parents,

Please see the below important information regarding preschool policy:

The Audubon School does not allow outside food into the school unless there is a specific dietary requirement which is accompanied by a note from a Physician. Please work hard to adhere to this policy. In addition, the Audubon school is a No Nut Policy. Please see below:

### **No Nut Policy**

Because we have several children who have allergies to peanuts and/or tree nuts, we have a strict no nut policy. Nut allergies are serious and can result in life-threatening situations. Nut allergies can elicit reactions from ingestion, direct contact, or in some cases, airborne contact with nuts or nut products. We rely on the cooperation of the faculty, the students, and the parents of the Audubon School to ensure that no nuts or nut products are brought to school at any time.

No nuts or nut products are allowed at the Audubon School at any time. For whole school events, only foods determined to be safe will be provided.

For classroom events, teachers will notify parents in advance of foods being served and will work closely with parents to provide nut-free foods. In classrooms where there is a child with a nut allergy, only nut-free foods will be allowed. The no-nut policy will be monitored closely by school administrators and teachers to provide, to the extent possible, a safe school environment for children with allergic reactions to peanuts or any other types of nuts.

While we do enforce our no-nut policy, we cannot guarantee that the Audubon School is completely nut free.

Thank you in advance for your time and consideration in this matter. Should you have any questions or concerns please do not hesitate to contact us at [management@theaudubonschool.com](mailto:management@theaudubonschool.com).

Sincerely,

Keidra Burrell,

The Audubon School



## Financial Agreement

The undersigned agree and understand that the services rendered for childcare are subject to the following conditions:

1. Tuition and fees are to be paid weekly, **IN ADVANCE**, on Friday prior to the week services are to be rendered
2. If all tuition and fees have not been paid by NOON on Monday of the week in which services are being rendered, a late fee of \$27 will be charged to the account and will be immediately due and payable.
3. There will be a \$25 NSF fee charged for each return auto debit/ACH payment
4. Late pick up fees are \$25 for any portion of the first 15- minute after 6pm. The fee will rise to \$1.00 per minute thereafter.
5. There is no reduction in weekly tuition costs for school holiday closing. In addition, so long as your child is enrolled, tuition and fees are due and payable regardless of weather conditions and regardless of your child's absence.
6. Any family with an outstanding account balance over two weeks past due will be dis-enrolled and will **NOT** be allowed to return to The Audubon School. After all past due tuition and fees have been paid in full, re-enrollment will be based upon space availability ad a review of payment history.
7. A two week written notice is mandatory when you withdraw your child from school.
8. In the event an account is turned over to a collection agency or attorney for collection, each parent or sponsor signing below agrees to pay a reasonable attorney's fee plus all attendant cost of collection and court cost.
9. All accounts for children withdrawn from the school with an outstanding balance will be reported for collections and will be reported to credit reporting agencies.

I have read and understand the financial responsibility policy for The Audubon School.  
I agreed to abide by the rules and agreement set in the Financial Agreement

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Father's/Guardian Signature

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's/Guardian Signature

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Date



2206 Ridgway Rd

Pine Bluff, AR 71603

O: (870) 619-2904 F: (480)-393-4146

Email: [management@theaudubonschool.com](mailto:management@theaudubonschool.com)

[www.theaudubonschool.com](http://www.theaudubonschool.com)

*Enrollment & Tuition Information is subject to change with 30 Days Notice*

### The Audubon School 2022-23 Tuition Rates: Effective 08/15/22

All students pay:

- \$60 Annual Registration Fee
- \$125 Bi-Annual Supply Fee
- Weekly tuition

Student Age	Weekly Tuition Rate
Infants (6 weeks- 17 months)	\$148
Toddlers (18 months - 2 Years)	\$148
Pre-School (3 Years - 5 Years)	\$148

Miscellaneous fee some students pay:

- \$4.00 Processing/Convenience fee added to each payment made by Credit Card, Debit Card, or ACH. **\*\*There is no additional processing fee for payments made with cash\*\***
- \$27 Late tuition fee will be charged by noon on Monday for delinquent accounts
- \$30 NSF fee charge for each return auto debit/ACH payment
- \$25 Late fee will be charged for any portion of the first 15- minute late period after 6pm. The fee will rise to \$1.50 per minute thereafter.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





**Financial Obligation Form  
(Cash Payor)**

PLEASE PRINT

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: Mom \_\_\_\_\_ Dad \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

STUDENT'S NAME (Last, First)	CLASS	WEEKLY FEE
#1 _____	_____	_____
#2 _____	_____	_____
#2 _____	_____	_____

**Weekly Tuition:** \_\_\_\_\_

Parent Weekly Responsibility: \_\_\_\_\_

Non-Refundable Annual Registration Fee \$60.00

Bi-Annual Supply Fee Payments: 1st (\$100) Payment **October** and 2nd (\$100) Payment **March**

All Payment are to be made in Cash, Money Order or Cashier Check. No Personal Checks.

**AGREEMENT**

I agree to the above charges and will make payments to the school office on or before the due dates stated. All payments must be paid by Cash, Money Order, Credit Card, Debit Card, ACH Debit.

\_\_\_\_\_  
Parent's/Guardian Signature

\_\_\_\_\_  
Date



**Financial Obligation Form  
(Agency Payor)**

PLEASE PRINT

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: Mom \_\_\_\_\_ Dad \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

STUDENT'S NAME (Last, First)	CLASS	WEEKLY FEE
#1 _____	_____	_____
#2 _____	_____	_____
#2 _____	_____	_____

**Weekly Tuition:** \_\_\_\_\_

Agency Weekly Subsidy Payment: \_\_\_\_\_

Parent Weekly Co-Pay Responsibility: \_\_\_\_\_

Non-Refundable Annual Registration Fee \$60.00

Bi-Annual Supply Fee Payments: 1st (\$100) Payment **October** and 2nd (\$100) Payment **March**

All Payment are to be made in Cash, Money Order or Cashier Check. No Personal Checks.

**AGREEMENT**

I agree to the above charges and will make payments to the school office on or before the due dates stated. All payments must be paid by Cash, Money Order, Credit Card, Debit Card, ACH Debit.

\_\_\_\_\_  
Parent's/Guardian Signature

\_\_\_\_\_  
Date



## Authorization Form

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

### Authorization For Pickup

The Audubon School is extremely conscientious about releasing children to only authorized persons. Please indicate below those persons to whom we may release your child. Please include parents and guardians listed on the first page of the application on this list. If a teacher does not recognize you as an authorized person your I.D. will be checked. A child will never be released to anyone unless authorized in writing by parent or guardian.

It is important for you to notify us of any custody disputes, divorces, or tense emotional situations that might jeopardize the safety of your child and the safety of other in the school, and provide all court documents and custodial agreements.

Persons to whom my child may be released in order of whom I want reached first in the case of an emergency.

<u>Name</u>	<u>Relationship</u>	<u>Phone Numbers</u>
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____

I agree that all persons listed have my permission to pick up my child.  
Parents/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Authorization for Photographs and Recordings

I agree that pictures of my child may be taken for use within and outside The Audubon School.  
Parents/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am aware The Audubon School utilizes recording and/or taping of my child such as digital recordings, videotaping, audio recordings, web cam while in the center for observation/security purposes.

Parents/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Uniform Policy

1. As a condition of enrollment in toddler program and above, children will attend The Audubon School in uniform attire Monday through Thursday.
2. The Audubon School uniform consists of a polo shirt (Navy, Hunter Green, Baby Blue, Gray Marron, and White) with Audubon patch or jumper for girls, khaki, navy, or black pants, short, and/or shirts.
3. Bottoms should be khaki, black, or navy twill pants, shorts, skirts, jumpers.
4. Friday is Clothing Choice Day where children can wear their uniforms or a favorite outfit. (No costumes please). Some Fridays may require regular uniforms and others, themed apparel.
5. Solid white, blue, etc. tops and or denim blue jeans do not meet The Audubon School Uniform Policy. (Children are encouraged to wear these items on Clothing Choice Day, which is every Friday)
6. Shoes must be closed toed.

Please sign below to confirm your understanding of The Audubon School Uniform Policy.

Thanks You,

The Audubon School

Parents Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

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



## Administration of Medication Policy Reminder

Dear Parents:

Parents must complete in full and sign the Parental Authorization for Medication form prior to the administration of any medication. This form is available at the front desk and accessible for your convenience on The Audubon School website. State licensing regulations requires that parents provide signed authorization including administration and dosage procedures of each medication to be administered. Any potential adverse reaction to the medicine must be listed on the authorization so that the child can be properly monitored and parent notified accordingly. This authorization must specify the specific dates the medication is to be administered. A New authorization is required at the beginning of each calendar week.

The Audubon School will not administer any medications.

NO OVER THE COUNTER MEDICATIONS OF ANY KIND WILL BE ADMINISTERED WITHOUT WRITTEN NOTICE FROM LICENSED MEDICAL PHYSICIAN. THIS NOTICE SHOULD HAVE THE CHILD'S NAME, MEDICATION NAME, REASON FOR MEDICINE, DOSAGE TO BE ADMINISTERED AND THE START AND END DATE OF THE MEDICATION. THIS NOTICE HAS TO BE SIGNED BY A LICENSED MEDICAL PHYSICIAN

All medication must be dropped and picked up at the front desk each day. These medications will be stored in a locked secure area inaccessible to the children. NO MEDICATION MAY BE PLACED IN THE CHILD'S BACK PACK OR TAKEN INTO THE CLASSROOM FOR ANY REASON

All medication will be administered by the parents. Special circumstances requiring the administration of additional medications must be discussed with the director. It is the discretion of the director to make exceptions to this policy in order to meet the needs of the child.

All medication must be taken home daily to ensure proper parental control.

Thank you for adhering to this policy to ensure the health and safety of all children.

The Audubon School

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# The Audubon School



## PARENTAL AUTHORIZATION FOR MEDICATION

**No** medication shall be given by the school staff. A parent or family member can come by the school and give the medication. This form has been completed and signed by the parent or legal guardian and will be kept in the child's file. The Audubon School does not permit the administering of over-the-counter medicine due to possible serious side effects attributed to certain drugs such as aspirin and its detrimental association with Reye's Syndrome.

<b>Child's Name</b>	
<b>Name of Medicine:</b>	<b>Prescription #</b>
<b>Dosage Amount:</b>	<b>Expiration Date:</b>
<b>Enter Date Medicine is to be Administered</b>	<b>Instructions (how to give or apply, such as given by mouth, apply to skin, inhale, drops in eyes, etc.)</b>
Monday	
Tuesday	<b>Time of last dosage given at home:</b>
Wednesday	
Thursday	
Friday	

I hereby request \_\_\_\_\_, Relationship to child ( \_\_\_\_\_ ) through its designated authority, to administer medication according to the above instructions. I release the school and any school employee from any liability for administering this medication. I agree to take home the medication at the end of each day.

Signature of Parent or Legal Guardian

Date

### FOR OFFICE USE ONLY

DATE	TIME AM/PM	DOSAGE AMOUNT	STAFF SIGNATURE	ADVERSE REACTION

**This copy must be filed in the child's file at the end of each week.**



## Physician's Statement of Well Health

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

This child has been examined by me and is found in good health and able to attend care. This child is physically and mentally able to participate in all aspects of the child care program including outside play.

\_\_\_\_\_  
Parent's/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name (Please Print)

\_\_\_\_\_  
Physician's Office Address

\_\_\_\_\_  
Office Phone Number



### Authorization for Consent to Treatment of Minors

I, the undersigned parent/legal guardian hereby authorize the hospital of choice as agent for the undersigned to consent to medical treatment of my child as indicated below when I cannot be contacted. Such consent includes, without limitation, x-rays, injections, anesthetic, medical or surgical diagnosis and treatment, and hospital care which is deemed advisable, and rendered under the general supervision of any licensed physician or surgeon, whether such diagnosis or treatment is rendered at the office of said physician/surgeon or at any hospital facility.

This authorization shall remain in effect until enrollment in The Audubon School is terminated.

\_\_\_\_\_  
Father's Last Name                      Father's First Name                      MI

\_\_\_\_\_  
Mother's Last Name                      Mother's First Name                      MI

\_\_\_\_\_  
Street Address                      City/State                      Zip Code

\_\_\_\_\_  
Home Phone                      Work Phone                      Cell Phone

\_\_\_\_\_  
Street Address                      City/State                      Zip Code

\_\_\_\_\_  
Child's Name                      Date of Birth

Allergies \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Office Address                      Office Phone

\_\_\_\_\_  
Father's/Guardian Signature                      Driver's License Number                      Date

\_\_\_\_\_  
Mother's/Guardian Signature                      Driver's License Number                      Date





## EMERGENCY MEDICAL AUTHORIZATION

I hereby authorize The Audubon School and its representatives to administer an EpiPen treatment to \_\_\_\_\_ in the event of exposure to peanuts or fish.

\_\_\_\_\_  
Parent's/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name (Please Print)

\_\_\_\_\_  
Physician's Office Address

\_\_\_\_\_  
Office Phone Number



## Permission to Apply Sunscreen, Mosquito Spray or Neosporin

I, \_\_\_\_\_, give The Audubon School Permission to apply.

(Parent or Guardian)

sunscreen (supplied by parents), mosquito spray (supplied by parents) and/or Neosporin (supplied by school) to my child, \_\_\_\_\_ for protection

(Child's Name)

each day they attend school.

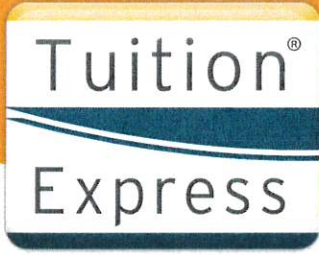
It is understood that:

1. We are to provide sunscreen and mosquito spray labeled with our child's name.
2. Only the sunscreen and mosquito spray provided by us will be applied to my child
3. We, the parents, are able to apply the sunscreen and/or mosquito spray in the morning before school and it will be reapplied by staff after the rest period in the afternoon.

---

Parents Signature

Date



Automated Payment Processing
Safe - Convenient - Easy

We are excited to offer the safety, convenience and ease of Tuition Express—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

I (we) hereby authorize (business name) to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

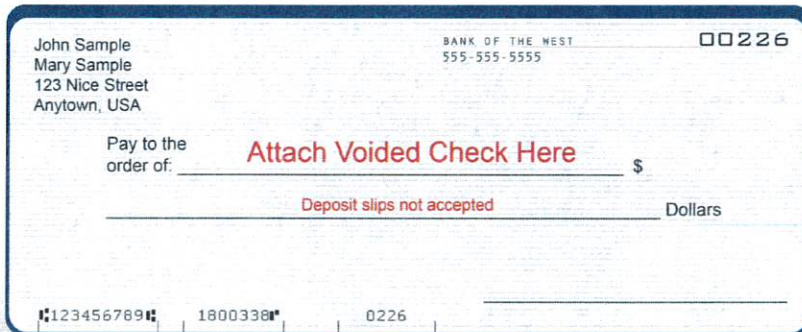
Form fields for Section A: Cardholder Name, Phone #, Cardholder Address, City, State, Zip, Account Number, Expiration Date, Cardholder Signature, Date.

SECTION B (Bank Account)

Form fields for Section B: Your Name, Phone #, Address, City, State, Zip, Bank or Credit Union Name, Bank or Credit Union Address, City, State, Zip, Routing Transit Number, Account Number, Checking/Savings checkboxes, Authorized Signature, Date.

For Official Use Only

Form fields for official use: Date Received, Employee Signature.



A service of



procure SOFTWARE

**Special Nutrition Programs  
Child and Adult Care Food Program  
Letter to Parents**

Dear Parent/Guardian:

The Audubon School \_\_\_\_\_ participates in the Child and Adult Care Food Program (CACFP) administered by the United States Department of Agriculture (USDA). Please help us comply with the requirements of the CACFP by completing, signing, and returning the attached statement as soon as possible. This information is necessary so that we may receive CACFP reimbursement for the meals served to children in our program. This form will be placed in our files and treated as confidential information. All children in our program receive their meals free of charge, but the determination of eligibility category affects the amount of Federal funding received by us.

A foster child who is the legal responsibility of a welfare agency or court may be certified as eligible for free meals regardless of your household income. Please contact us for additional information if you have a foster child enrolled in our program.

If you receive food stamps then you need to only list your food stamp case number. In addition, you must complete Section 5 of the form including all required information with signature, Social Security Number of an adult household member, and date form was completed.

If a food stamp case number is not reported, you must complete Section 4 and Section 5 on the eligibility statement. Section 4 should include the names of all household members and the total current household income by source. Section 5 must include all required information with signature, Social Security Number of an adult household member, and date form was completed.

USDA defines a household as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e., sharing living expenses). The income you report must be last month's total gross household income listed by source, for each household member. If last month's income does not accurately reflect your circumstances, you may provide a projection of your annual income, and you may use last year's income as a basis for making this projection if no significant changes have occurred. If your household's income is equal to or less than the amounts indicated for your households size on the chart below, the center will receive a higher level of reimbursement.

You are required to notify us if there is a change in household size or an increase in income that exceeds \$50 per month or \$600 per year. If you list a food stamp case number, you must notify us when you no longer receive food stamps. Similarly, you should notify us if you become unemployed and the loss of income during the period of unemployment causes your family to be within the eligibility standards.

All meals served to children under the Child and Adult Care Food Program are served free regardless of race, color, sex, age, disability, or national origin.

There is to be no discrimination in admissions policy, meal service, or the use of facilities. Any complaints of discrimination should be submitted in writing to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Thank you for your cooperation.

Institution Representative  
(NPC-4 Rev. 07/18)

<b>USDA CHILD NUTRITION PROGRAM INCOME GUIDELINES</b>			
July 1, 2018– June 30, 2019			
<b>Household Size</b>	<b>Annual</b>	<b>Monthly</b>	<b>Weekly</b>
1	\$22,459	\$1,872	\$432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
each added household member	+7,992	+666	+154

**CHILD CARE FOOD PROGRAM  
ENROLLMENT FORM**  
(to be completed by parent or guardian)

Provider's Initial: _____  Date: _____  <b>For Facility/Provider Use Only:</b>
--

You have chosen a daycare that participates on the USDA Child and Adult Care Food Program (CACFP). It is our goal to assist in providing your child with nutritious meals/snacks. This enrollment information may be verified. The meal times, the meal pattern and the daily menus should be posted and available for parents at all times. If you have questions, or comments, or would like to learn more about the Child and Adult Care Food Program, contact our office.

<u>The Audubon School</u>	<u>2617 South Hazel, Pine Bluff, AR 71603</u>
Name of Day Care Facility	Address
<u>870-619-2904</u>	_____
Telephone	Address

The following information is required by USDA Federal Regulation CFR 226.15(e)(2).

I wish to enroll my child(ren), whose names and enrollment information are given below, in the USDA Child and Adult Care Food Program. I understand this program reimburses day care facilities for serving nutritious, well balanced meals/snacks to day care children.

My child(ren) will be served the following meals:

(Please Circle):      **Breakfast**      **AM Snack**      **Lunch**      **PM Snack**      **Supper**      **Late Snack**

Child(ren) Information (please print)

First Name                      Last Name                      Age      Birthdate                      Hrs of Care                      Days /Week                      Gender

			/ /	from	SAT - SUN	M
			/ /	to	M - T - W - TH - FR	F
			/ /	from	SAT - SUN	M
			/ /	to	M - T - W - TH - FR	F
			/ /	from	SAT - SUN	M
			/ /	to	M - T - W - TH - FR	F

Note here any food allergies or special dietary needs your child(ren) have: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Doctor's Telephone: \_\_\_\_\_

I understand my child(ren) will receive meals at no extra charge to me when they are in care during any scheduled meal service and receive meals. I understand that the day care facility cannot and will not discriminate for reasons of race, color, national origin, sex, or disability. There is to be no discrimination in admission policy, meal service, or use of facility. Any complaints should be addressed to: USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider.

In case of emergency, please call: HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

Parent Address: \_\_\_\_\_

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

(form valid one (1) year from this date)



## Obligation to Serve Infants in the CACFP

Dear Parents/Guardians:

This center/home/ministry participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants and children. Participation in this program requires caregivers to follow specific meal patterns according to the age of the child being fed.

Policy requires a center/home/ministry participating in the CACFP to offer formula and meals to infants who are in care during meal service times. Parents/guardians, however, may decline what is offered, and supply the infant's meals instead.

Please complete the following information:

**Name of Provider/Child Care Center:** The Audubon School

**Type(s) of formula offered:** Parent's Choice Non-GMO Premium Infant Formula with Iron

**Name of Infant** \_\_\_\_\_ **Birth date** \_\_\_\_\_

**1. Select the correct option (s) below:**

	I accept the type(s) of formula offered by my provider/childcare center/ministry.
	I declined the type(s) of formula offered by my provider/childcare center/ministry. Select option below.
	I will provide _____ formula for my infant. (name of formula)
	I will provide breast milk or breast-feed my infant on-site at the facility

**2. Select the correct option below:**

	I accept the meals and snacks offered by my provider/childcare center/ministry.
	I decline the meals and snacks offered by my provider/childcare center/ministry.
	I will provide meals and snacks for my infant.

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**

1. This form must be kept on file for each infant enrolled in childcare.
2. As situation changes, such as a medical authority changing the infant's formula, a new form should be completed.
3. This form must be kept current and accurate for each infant enrolled for childcare until the infant reaches one year of age or is no longer on infant formula.
4. If the parent/guardian declines the formula offered but supplies formula or breast milk and the provider supplies meals and/or snack components, the meal may be claimed for reimbursement.
5. If the parent/guardian declines infant meals/snacks, meals and snacks may NOT be claimed for reimbursement.

## CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Facility Name The Audubon School

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Part 1. CHILDREN				
NAME OF ENROLLED CHILDREN	AGE	FOSTER CHILD YES - NO	ADDITIONAL HOUSEHOLD CHILDREN	AGE

**Part 2. Benefits:** If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**A Case number is not the number found on the EBT card or an individual's Social Security number.**

**Part 3.** If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [Your School, Homeless Liaison, or Migrant Coordinator. Homeless  Migrant  Runaway

**Part 4. Total Household Gross Income:** You must tell us how much and how often: example – weekly/monthly/yearly

Names of all Household Members, except children listed above	Earnings from work before deductions	Welfare, Child Support, Alimony	Pensions, SSI, VA Benefits, Social Security, Retirement	All other income	Check here if No Income
	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>
	\$ _____	\$ _____	\$ _____	\$ _____	<input type="checkbox"/>

**Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)**

An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Statement on the back of this page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_ (form valid for one (1) year from this date)

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: \* \* \* - \* \* - \_\_\_\_\_

(required)

I do not have a Social Security Number

**CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)**

Facility Name The Audubon School

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<b>Part 6. Participant's ethnic and racial identities (optional)</b>	
Mark one ethnic identity:	Mark one or more racial identities:
<input type="radio"/> Hispanic or Latino <input type="radio"/> Not Hispanic or Latino	<input type="radio"/> Asian <input type="radio"/> White <input type="radio"/> Black or African American <input type="radio"/> American Indian or Alaska Native <input type="radio"/> Native Hawaiian or Other Pacific Islander
<b>Don't fill out this part. This is for official use only.</b>	
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12	
Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____	
Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free___ Reduced___ Denied___ Tier I___ Tier II___	
Reason: _____	
Temporary: Free___ Reduced___ Time Period: _____ (expires after ___ days)	
Determining Official's Signature: _____ Date: _____	
If applicable, Sponsor Signature: _____ Date: _____	

**Refer to the current USDA Income Eligibility Guidelines for making determinations of 'Free', 'Reduced', or 'Paid'.**

HNP Representative Initials/Date (for use during CACFP Reviews)  _____
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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.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."