



WELCOME TO OUR CENTER!

Dear Parent/Guardian,

We are excited to have you join our Learning Center, and are committed to providing an excellent experience for you and your child/ren. Please take time to carefully complete each page of the application.

After the application is completed, signed and dated in the appropriate places, call **Susan Stebler** at **330.452.8376 ext. 320** to set up your orientation.

All forms must be complete prior to orientation. In an effort to build an encouraging relationship with our parents and caregivers, we do require that your child attend orientation.

Everything can be completed by you, the parent, with the exception of the medical form. This must be signed by your physician and can be dated anytime within the last year.

We appreciate your cooperation with the enrollment process and look forward to working together to provide your child the best education and care!

JRC Learning Center

2213-14th Street NE
Canton, Ohio 44705-1925

phone: 330.452.8376
fax: 330.452.1137

www.JRCcares.org



Child Care • Preschool • 6 weeks – 12 years



Date: _____

JRC Learning Center

Expected Start Date: _____

2213 14th Street NE Canton, OH 44705-1925

Phone: 330.452.8376 Fax: 330.452.1137



PLEASE PRINT OR TYPE

Child's Name: _____ Sex: _____ Date of Birth: _____
FIRST MIDDLE LAST

Address: _____ Main Contact Email: _____
STREET CITY ZIP CODE

Parent/Guardian 1: _____ Relationship: _____ Pickup: (Y) (N)

Employer/School Name: _____ Phone: _____ (H) (W) (C) Carrier: _____

Parent/Guardian 2: _____ Relationship: _____ Pickup: (Y) (N)

Employer/School Name: _____ Phone: _____ (H) (W) (C) Carrier: _____

_____ I will be paying privately. (I understand payment is due a week in advance)

_____ I will be participating in Publicly Funded Child Care Services. (I understand payment is to be paid in full monthly)

_____ I will be receiving assistance for Child Care Services in another way.

Names and Ages of Other Children in the Family

How Did You Hear About Our Center?

Drop off Time: _____ Pick up Time: _____ Who will pick up: _____

JRC Learning Center

2213-14th Street NE
Canton, Ohio 44705-1925

phone: 330.452.8376
fax: 330.452.1137

www.JRCcares.org



Child Care • Preschool • 6 weeks – 12 years

Additional Enrollment Information



PLEASE CHECK ALL THAT APPLY IN THE FOLLOWING CATEGORIES:

Who has legal custody of the child?

- | | |
|--|--|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> One Parent (Mother or Father) |
| <input type="checkbox"/> Mother and Stepfather | <input type="checkbox"/> Father and Stepmother |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Married |
| <input type="checkbox"/> Ward of the State | <input type="checkbox"/> Separated |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Divorced |
| <input type="checkbox"/> Never Married | <input type="checkbox"/> Other |

***Only choose Mother/Stepfather or Father/Stepmother if BOTH the parent and the stepparent have legal custody of the child and documentation can be provided.**

Type of Custody?

- ☐ Full Custody Do you have a court order restricting the non-custodial parent(s) ____ Yes ____ No ____ N/A
- ☐ Shared/Joint Custody Do you have complete custody papers ____ Yes ____ No ____ N/A

A complete set of current custody and/or guardianship papers may be requested to be kept on file if a situation arises.

Additional Emergency Contacts (not already listed on ETA)

- | | |
|---------------------|--------------------|
| ✓ Contact 1: _____ | Telephone #1 _____ |
| Relationship: _____ | Telephone #2 _____ |
| ✓ Contact 2: _____ | Telephone #1 _____ |
| Relationship: _____ | Telephone #2 _____ |
| ✓ Contact 3: _____ | Telephone #1 _____ |
| Relationship: _____ | Telephone #2 _____ |

Additional children under 18 living in the home

Name	Age

Native Language Spoken: _____ U. S. Citizen? **YES NO** If no, list nationality _____

1. What language did your son or daughter speak when he or she first learned to talk?
2. What language does your son or daughter use most frequently at home?
3. What language do you use most frequently to speak to your son or daughter?
4. What language do the adults at home most often speak?

JRC Learning Center

2213-14th Street NE
Canton, Ohio 44705-1925

phone: 330.452.8376
fax: 330.452.1137

www.JRCcares.org



Child Care • Preschool • 6 weeks – 12 years



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

Child's Name (<i>print or type</i>)	Date of Birth
<p>✓ This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care.</p> <p>✓ This above named child has been immunized in accordance with the requirements of section 5104.014 of the Ohio Revised Code (please note any exceptions below).</p>	
Signature of Examining Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner	Date of Examination
Name of Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner	Telephone Number
Street Address	
City, State and Zip Code	

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS

Exceptions to Immunization requirements pursuant to 5104.014 ORC (please include names of requirement diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent).			
<input type="checkbox"/> I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Please note disease above and sign.			
Signature of Parent			Date of Signature
Optional Recommended Assessments/Screenings			
Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	
Measurements		Notes	
Height			
Weight			
BMI			

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

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

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

Child's Name

Allergies, Special Health or Medical Conditions, and Food Supplements

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Medical/Physical Care Plan" or equivalent form and/or the JFS 01217 "Request for Administration of Medication" must be completed and be kept on file at the center or family child care home.

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

☐ No

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

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

☐ No

☐ Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

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

☐ No

☐ Yes - please explain

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

☐ No

☐ Yes - a JFS 01236 "Medical/Physical Care Plan" or equivalent form and if administering medication, a JFS 01217 "Request for Administration of Medication" must be completed.

Is your child currently using any medication, food supplement or medical food (such as electrolyte solution)? (*check one*)

☐ No

☐ Yes - please explain

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

☐ No

☐ Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication, food supplement or medical food.

☐ N/A - program does not administer any medications.

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

☐ No

☐ Yes - please explain

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

☐ No

☐ Yes - written instructions from the child's health care provider must be on the JFS 01217 "Request for Administration of Medication."

☐ N/A - child does not attend a full time program.

Child's Name
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.
List any additional information about your child that would be useful for staff to know, such as fears, eating or sleeping habits, or special routines. This information should not be medical or health related, as that information should be included on the previous page.

Diapering Statement

Is your child toilet trained? <input type="checkbox"/> Yes (If yes, skip to Emergency Transportation Authorization section) <input type="checkbox"/> No (If no, fill out the following)	
The program's policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:	
<input type="checkbox"/> I agree with the program's schedule	<input type="checkbox"/> I do not agree, please check my child's diaper every _____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport	OR	<u>Do Not Give Permission</u> to Transport
Program or Home Name JRC Learning Center		Program or Home Name JRC Learning Center
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.	Do not sign both	does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature _____ Date _____		Parent's Signature _____ Date _____

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. <input type="checkbox"/> Yes <input type="checkbox"/> No (check one)	
This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.	
Parent/Guardian Signature(s) _____	Date _____
Administrator/Designee Signature _____	Date _____

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

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

PERMISSION SLIP FOR ROUTINE TRIPS



My child _____ is permitted to participate in the following routine activities and / or field trips.

_____ Walking around the neighborhood

_____ Walking to nearby city parks (Cooks & Nimisilla)

_____ Riding bus to area parks (Maple, Stadium, & Magic Rainbow)

_____ Visiting the Madge Youtz Library

_____ Visiting Crystal Park Methodist Church (across from learning center)*

_____ Visiting JRC Adult Day Services 3300 Parkway St. NW Canton

_____ Ride JRC Bus to and from _____ school

_____ Walking to/from bus stop for _____ school

_____ Ride Canton City School bus to/from _____ school

Signature of parent or guardian

Date

This permission will remain valid for one year unless withdrawn in writing by the parent or guardian.

JRC Learning Center

2213-14th Street NE
Canton, Ohio 44705-1925

phone: 330.452.8376

fax: 330.452.1137

www.JRCcares.org



Child Care • Preschool • 6 weeks – 12 years





Before/After School Transportation Agreement

This agreement serves as a reminder of the JRC before/after school transportation procedures. Please read, sign, and return to the Learning Center Office. If you have any questions regarding this agreement, please contact Patty Parola, our Transportation Coordinator **before** signing.

Whenever possible, Canton City Schools will provide transportation to and from neighborhood schools as determined by CCS Transportation Department. Parents interested in this service need to make arrangements by calling CCS Transportation Department. There is no charge for this service.

JRC will provide transportation to and from a selection of alternative CCS and Plain Local Schools as determined by the JRC Transportation Coordinator. In order to use this service parents must communicate directly with office staff each week of their child's schedule for afterschool pickups. There is a \$5.00 per family, per week charge for this service.

The children's safety is our #1 concern. In the event that a child's schedule has changed and they will not ride the bus on any certain day, please notify the Learning Center Office **BEFORE 1:00 P.M.** that day **and** send a note to your child's school. This includes days the child is absent from school and days when someone other than JRC staff pick up the child early from school. When a child is expected at the Center and we have not received a call from the parent, we will contact the parent, and emergency contacts and/or the child's school to determine the whereabouts of the child. **Please help us keep your child safe by keeping the communication lines open.**

If we have to contact you concerning the whereabouts of your child more than (3) three times in a one month period, you will be charged an additional fee of \$5.00 for that month. If this continues for (3) months or more, we will terminate your transportation to/from our center.

While on any JRC bus every child is expected to sit *with* his or her back against the back of the seat keeping seat belts buckled at all times, to face forward, to stay out of the aisle, to use appropriate language with an "inside voice," and to keep his or her hands, feet, and other objects to his or herself. Violations of these rules may also result in the termination of JRC transportation services.

By signing this agreement, you acknowledge that you are aware of these rules, as well as the consequences of these rules being broken. You also acknowledge that you understand these rules and have no questions regarding any of the issues discussed in this agreement.

X _____
Parent Signature

Date

JRC Learning Center

2213-14th Street NE
Canton, Ohio 44705-1925

phone: 330.452.8376

fax: 330.452.1137

www.JRCcares.org



Child Care • Preschool • 6 weeks – 12 years





CREDIT ACCOUNT AGREEMENT

Private Pay Clients: Weekly tuition is to be paid in advance by Friday of the week preceding child care services. Please note that weekly charges apply even when a child is absent on an authorized or scheduled day. If private pay tuition is not paid in full after two weeks, a late fee of \$10 will be added to the balance and services may be suspended until the balance is paid off.

Publicly Funded Child Care Clients: Family copayments, as determined by the Department of Job and Family Services (DJFS), are due in full no later than the last Friday of the monthly DJFS billing cycle preceding services. Please note that weekly charges apply even when a child is absent on an authorized or scheduled day. *DJFS will be notified of all non-payments within 15 days. DJFS will then automatically terminate your services within 10 business days if not paid in full.*
***You will have to reapply for services through DJFS if you are terminated. This process could take up to 30 days to complete for reauthorization.**

Any client with an unpaid balance is required to immediately set up a payment plan with the Office Manager. The payment plan will require all charges be kept current and any past due balance be paid in full within 30 days. If the payment plan is not followed, child care services will be terminated immediately. A late fee of \$10.00 will be added to the balance for failure to pay within 30 days.

There will be a \$25.00 charge for checks returned from the bank marked "non-sufficient funds". Should this occur twice, J.R. Coleman Family Services, Corp. will no longer accept personal checks as payment. The client will then be required to use money orders or cash as payment for services.

I have read and understand the above policy for my account with J. R. Coleman Family Services, Corp.

I agree to follow the payment guideline as stated above.

I understand that failure to follow this guideline may result in termination of my child care services and negatively affect my credit history with this and other agencies.

X

Customer Signature Date

X

JRC Representative Signature Date

Revised 3/10, 11/11, 1/14

Effective 3/1/14 there will be a registration fee of \$20 per child or \$30 per family, whichever is less. This fee is due at the time of orientation and annually. The annual fee can be waived for any parent that has attended a "Parents As Partners" event with a record of attendance in the last year. (This excludes the Back to School Bash)

JRC Learning Center

2213-14th Street NE
Canton, Ohio 44705-1925

phone: 330.452.8376
fax: 330.452.1137

www.JRCcares.org



Child Care • Preschool • 6 weeks – 12 years





JRC Learning Center

2213 - 14th St. NE, Canton, Ohio 44705
Phone: 330-452-8376 Fax: 330-452-1137

Child Care Tuition Rates Per Child

Private Pay Rates Eff. 08/01/2017	Full Time	Grandfather Rate		Part Time	Grandfather Rate	
Infants	\$ 180.00	\$ 160.00		\$ 130.00	\$ 110.00	
Toddlers	\$ 170.00	\$ 140.00		\$ 105.00	\$ 95.00	
Preschools	\$ 140.00	\$ 125.00		\$ 85.00	\$ 75.00	
CCS Preschools 5 days	\$ 100.00	\$ 90.00				
Schoolage AM Only	\$ 55.00	\$ 50.00		\$ 40.00	\$ 35.00	
Schoolage PM Only	\$ 65.00	\$ 65.00		\$ 45.00	\$ 45.00	
Schoolage Am & PM	\$ 100.00	\$ 100.00		\$ 65.00	\$ 65.00	
Schoolage Full Day	\$ 115.00	\$ 110.00		\$ 80.00	\$ 75.00	

**Part -time: 3 days/week **Full-Time: 4-5 days/week

** CCS before/after is same as schoolage

** Grandfather is anyone enrolled and attending before 8/1/2017

New JOBS Rates Eff. 09/04/2016	Full Time 25-60 Hours		Part Time 7-24.9 Hours		Hourly Up to 6.9 or Over 60 Hours	
Age Group	Base Rate	5 Star	Base Rate	5 Star	Base Rate	5 Star
		135%		135%		135%
Infants	\$ 149.04	\$ 201.21	\$ 98.18	\$ 132.54	\$ 6.82	\$ 9.21
Toddlers	\$ 128.41	\$ 173.35	\$ 84.68	\$ 114.31	\$ 5.77	\$ 7.79
Preschool	\$ 114.36	\$ 154.38	\$ 63.21	\$ 85.34	\$ 3.23	\$ 4.37
School Age (will update)	\$ 63.96	\$ 86.35	\$ 44.90	\$ 60.61	\$ 2.66	\$ 3.59
SASE	\$ 109.16	\$ 143.00	\$ 64.49	\$ 84.48	\$ 2.37	\$ 3.20

5- Star non-traditional Hours rate		Full Time	Part Time	Hourly	infant 6wk-18month 1:5 TD 18month-3years 1:6 EHS 1:4 PS 3-5years 1:10 Sage 5years- 1:15
		139.81%	139.81%	139.81%	
Will update for Sage	Infants	\$ 208.38	\$ 137.26	\$ 9.54	
	Toddlers	\$ 179.52	\$ 118.39	\$ 8.07	
	Preschool	\$ 159.88	\$ 88.38	\$ 4.52	
	School Age	\$ 89.43	\$ 62.77	\$ 3.72	
	SASE	\$ 152.61	\$ 90.16	\$ 3.32	

The period for summer rate for school age is from 5/28/17 to 9/2/17

Notes: non-traditional hours are either before 6.00AM or after 7.00 PM

ATTENDANCE AGREEMENT



Parent Name _____

Names of all Children Enrolled _____

As a JRC client you are required to sign your child up each week for the days you plan to use the center. The Master Schedule will be located at the front desk and will be available until the close of business on Thursday each week for the following week. If you have not signed your child up to be here, and you decide you need care, you must call in to request approval. Please ask to speak to **Cindy Ramsey**, Office & Scheduling Administrator, **Ext. 319**.

I understand the following:

- ⇒ My child is approved for a (circle one) **Full-Time** or **Part-Time** slot through DJFS.
- ⇒ My child is approved for (circle one) **3 days** **4 days** **5 days** through private pay tuition.

Please initial beside each of the following:

_____ In order to maintain services, my child must attend the Learning Center as authorized and scheduled.

_____ I am allowed 2 weeks per calendar year of vacation time, which must be used in 1 week consecutive increments.

Outside of these 2 weeks, I will be charged for a week of service whether my child attends or not.

_____ As a PUBLICALLY FUNDED CHILD CARE client, I am responsible to pay a **\$30** fee for any day my child is absent above the 10 days allotted to me in a 6 month period. This fee will be added to my monthly bill.

_____ I agree to contact the Center at **330-452-8376** before 9:00 AM any day the following occurs:

- My child will be absent
- My child was diagnosed with a communicable disease (chicken pox, influenza, etc.) and may have exposed others at the Center
- My work schedule changed (called in early, working late)*

_____ I will ensure my child is accurately **clocked in and out** every day through **ProCare and POS Devices**. I will instruct my authorized emergency contacts of the procedures for picking up or dropping off my child.

- Card must be present at drop-off or the child will not be permitted to stay.
- Swipes will be done **upon entering** the building for drop off times and **after children have been picked up from their classrooms** at pick up.
- You will be billed private pay tuition for any **unswiped** days after the two (2) week back-swipe period has lapsed.

_____ Failure to communicate with the Center for 10 business days may result in termination of my child care services.

_____ Personal belongings left in the Center two (2) weeks beyond the last day of attendance will be considered donations to the Center.

This policy applies to all Center clients whether paying privately or receiving financial assistance through ODJFS.

Parent/Guardian Signature _____

Date _____

* All ODJFS clients must have changes approved by their child care caseworker.

JRC Learning Center

2213-14th Street NE
Canton, Ohio 44705-1925

phone: 330.452.8376

fax: 330.452.1137

www.JRCcares.org



United Way
of Greater Stark County

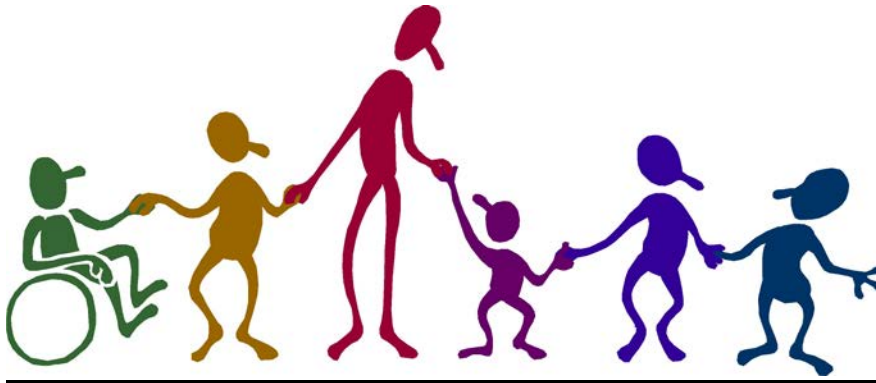


Child Care • Preschool • 6 weeks – 12 years

BASIC CENTER RULES



1. Don't cause harm to anyone or anything.



2. Treat others the way that you want to be treated.



JRC Learning Center

2213-14th Street NE
Canton, Ohio 44705-1925

phone: 330.452.8376

fax: 330.452.1137

www.JRCcares.org



Child Care • Preschool • 6 weeks – 12 years



BEHAVIORAL PLAN

In order to meet the purposes and goals of the center and provide all children with safe and quality childcare, the following behaviors will not be tolerated at JRC Learning Center. These behaviors include, but are not limited to:

Noncompliance: Refusal to follow directions, leaving classroom or center without permission, using equipment in an unsafe manner, disruption of classroom or Center activities, interfering with another child's ability to play and learn, and causing false alarm within the Center.

Verbal Aggression: Yelling at children or staff members, cursing or using obscene language, verbally threatening children or staff members, and derogatory or degrading name-calling.

Physical Aggression: Hitting, kicking, spitting, biting, inappropriate touching, physically threatening children or staff members, throwing objects, using any object as a weapon, and overturning furniture.

Property Damage: Damage to another child's or staff member's personal property, damage to equipment/materials, damage to building, and damage to surrounding property.

A continuum of effective guidance has been created in order to manage children's behavioral issues. The approaches listed below will be taken in accordance with the severity of the behavior. Staff will consistently choose the least restrictive approach while working toward positive resolution of the behavior. Consequences will be developmentally appropriate for each individual child. This continuum includes:

Organization of environment: Planning and monitoring of the physical environment to meet children's ever-changing needs.

Content of classroom: Staff provides children with educational experiences that prepare them for school and stimulate a lifelong desire for learning.

Adult-child relationships: Adults care for children unconditionally, recognizing innate worth of the child, differentiating between the child and the behavior.

Classroom discussions: Children and teachers discuss the needs of the entire group, developing positive strategies for meeting these needs.

JRC Learning Center

2213-14th Street NE
Canton, Ohio 44705-1925

phone: 330.452.8376

fax: 330.452.1137

www.JRCcares.org



United Way
of Greater Stark County



Modeling: Adults and children model appropriate behavior.

Redirection: Use of words and gentle hands-on guidance to direct children toward a more appropriate behavior, especially if there is an issue of safety.

Problem solving: Adults help children to identify the need they are attempting to meet, determine whether the current behavior is working, and find an alternative method for meeting that need.

Natural and logical consequences: A natural consequence is a spontaneous outcome of a problem or conflict, for every action there is a natural consequence and children learn by recognizing these consequences. A logical consequence is communicated by an adult and closely connected to the conflict or issue being processed. Logical consequences resolve the problem in a concrete way and are used as an alternative to punishing the child.

Parental involvement: Parents and caregivers work with Center staff in resolving behavioral issues.

Social service involvement: Linkage to services within the community, which offer support to children and their families that enable children to maintain enrollment in the Center.

Suspension: An interruption of childcare services for a specified number of days. Suspension is utilized in accordance with the severity of the behavior and may be anywhere from one to five days in most cases. If a suspension beyond five days is necessary, a letter of explanation will be provided.

Expulsion: Discontinuation of childcare services within JRC Learning Center. Expulsion is based on the severity of the behavior.

Because these consequences impact the entire family - parents, caregivers, and children are expected to fully cooperate with the Administration and Staff of JRC Learning Center to resolve any behavioral issues that may occur.

If a child's unacceptable behavior continues, or unacceptable behavior is demonstrated by parents/caregivers, and we feel that behavior is endangering the child involved, other children, or staff members physically, emotionally, or socially, we reserve the right to terminate child care services for your child/ren as clients in our center.

Adopted by Board of Directors
November 18, 2002

.....

Parent Signature

Date

Building For the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at child care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups:)
Milk Fruit or Vegetable Grains or Bread	Milk Meat or meat alternate Grains or bread Two different servings of fruits or vegetables	Milk Meat or meat alternate Grains or bread Fruit or vegetable

Participating

Facilities Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care Centers, Head Start programs, and some for-profit centers.
- **Family Child Care Homes:** Licensed or approved private homes.
- **After School Care Programs:** Centers in low-income areas provide free snacks to School-age children and youth.
- **Emergency Shelters:** Programs providing meals to homeless children.

Eligibility State agencies reimburse facilities that offer non-residential day care to the following children:

- Children age 12 and under,
- Migrant children age 15 and younger, and
- Youths through 18 in emergency shelters and after school care programs in needy areas.

Contact

Information If you have questions about CACFP, please contact one of the following:

Sponsoring Organization/Center

JRC Learning Center
2213 14th Street NE
Canton, OH 44705-1925
Phone: 330.452.8376
Fax: 330.452.1137

Ohio Department of Education

CACFP Consultant
25 S. Front Street, MS 303
Columbus, OH 43215-4183
614-466-2945

Nondiscrimination). 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, Director, Office of Adjudication, 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.



United States Department of Agriculture

AND JUSTICE FOR ALL



In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at **(202) 720-2600** (voice and TTY) or contact USDA through the Federal Relay Service at **(800) 877-8339**. Additionally, program information is available in languages other than English.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call **(866) 632-9992**. Submit your completed form or letter to USDA by:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax:

(202) 690-7442; or

email:

program.intake@usda.gov.

This institution is an equal opportunity provider.

Conforme a las leyes federales y a los derechos civiles, reglamentos y políticas del Departamento de Agricultura de los Estados Unidos (U.S. Department of Agriculture, USDA), se prohíbe a esta institución discriminar por motivo de raza, color, nacionalidad, sexo, edad, discapacidad y reprimir o tomar represalias por actividades realizadas en el pasado relacionadas con los derechos civiles. (No todos los principios de prohibición se aplican a todos los programas).

Las personas discapacitadas que requieran medios alternos para que se les comunique la información de un programa (por ejemplo, braille, letra agrandada, grabación de audio, lenguaje de señas estadounidense, etc.) deberán comunicarse con la agencia estatal o local responsable de administrar el programa o el TARGET Center del USDA al **(202) 720-2600** (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al **(800) 877-8339**. La información del programa también está disponible en otros idiomas además del inglés.

Para presentar una queja por alegada discriminación, complete el formulario de quejas por discriminación del programa del USDA, AD-3027, que podrá encontrar en línea en http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf o en cualquier oficina del USDA o escriba una carta dirigida al USDA que incluya toda la información solicitada en el formulario. Para solicitar una copia del formulario de presentación de quejas, comuníquese al **(866) 632-9992**. Envíe su formulario o carta completos al USDA por

correo:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax:

(202) 690-7442; o

correo electrónico:

program.intake@usda.gov.

Esta institución ofrece igualdad de oportunidades.

CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT

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

CENTER NAME				CHECK IF A FOSTER CHILD (The legal responsibility of a welfare agency or court)	PART 2 – LIST EACH CHILD’S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 10 OR 12 DIGITS. DO NOT LIST SWIPE CARD NUMBER. 600... numbers not valid.	
PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER					Check type <input type="checkbox"/> FOOD ASSISTANCE (SNAP) or of benefit: <input type="checkbox"/> OHIO WORKS FIRST (OWF)	
* NAME OF ENROLLED CHILD(REN)	AGE	BIRTH DATE			CASE NO.	_____
1.					CASE NO.	_____
2.					CASE NO.	_____
3.					CASE NO.	_____
4.				CASE NO.	_____	

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

a. LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1	b. CHECK IF NO/ZERO INCOME	c. GROSS INCOME during the last month (amount earned before taxes & other deductions) and HOW OFTEN IT WAS RECEIVED: Weekly, Every 2 Weeks, Twice Per Month, Monthly, Annually			
		1. Earnings from work before deductions	2. Welfare payments, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA	4. All Other Income
EXAMPLE: JANE SMITH	<input type="checkbox"/>	\$ 200 / weekly	\$ 150 / twice month	\$ 100 / monthly	\$ _____/_____
1.	<input type="checkbox"/>	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
2.	<input type="checkbox"/>	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
3.	<input type="checkbox"/>	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
4.	<input type="checkbox"/>	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
5.	<input type="checkbox"/>	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____
6.	<input type="checkbox"/>	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____

PART 4 – SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: Adult household member must sign/date form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his/her Social Security Number or check the “I do not have a Social Security Number” box.

I certify that all information on this form is true and correct and that all income is reported. I understand that the center will get Federal Funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

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

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

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

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

State Distribution: 7/15/2016

THIS SECTION TO BE COMPLETED BY CENTER. Note: All information above this section is to be filled in by the parent or guardian.

<p>Complete information below only if qualifying child(ren) by household income from Part 3. Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion : Weekly x 52, Every 2 Weeks (bi-weekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12</p>		<p>Application Certified/Categorized as:</p> <p><input type="checkbox"/> FREE, based on <input type="checkbox"/> Food Assistance/OWF Case No. <input type="checkbox"/> Household Size & Income <input type="checkbox"/> Foster Child</p>
		<p><input type="checkbox"/> REDUCED, based on Household Size & Income</p>
<p>Total Household Size: _____</p>	<p>Total Household Income: \$ _____</p> <p>Per: <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice Per Month <input type="checkbox"/> Month <input type="checkbox"/> Year</p>	<p><input type="checkbox"/> PAID, based on <input type="checkbox"/> Income Too High <input type="checkbox"/> Incomplete <input type="checkbox"/> Invalid case number or information</p>

Signature of Sponsor / Center Representative	Date Sponsor Certified/Categorized Form	Effective Date	Expiration Date
Note: Effective date is determined by parent or sponsor signature date as selected on CRRS application. If date of parent signature is not within month of certification or immediately preceding month, effective date must be date of sponsor certification.		(From the first of month of date signed)	(Valid until last day of month in which form was signed one year earlier)

HOUSEHOLD LETTER - Dear Parent or Guardian:

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

PART 1 – CHILD INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART (*denotes required info)

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

PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCE OR OHIO WORKS FIRST: COMPLETE THIS PART AND PART 4 – If a child is a member of a food assistance (SNAP) or OWF household, they are automatically eligible to receive free CACFP meal benefits.

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

- List a current food assistance or OWF case number for each child. This will be a 10 or 12-digit number. Do not list a swipe card number.

SKIP PART 3 – Do not list names of household members or income if you listed a valid Food Assistance (SNAP) or OWF case number for each child in Part 2.**PART 3 – TOTAL HOUSEHOLD SIZE, GROSS INCOME AND HOW OFTEN RECEIVED: ALL OTHER HOUSEHOLDS COMPLETE PARTS 3 & 4.**

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

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

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

PART 5 – RACIAL/ETHNIC IDENTITY – OPTIONAL

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

NON-DISCRIMINATION STATEMENT: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA either by mail at U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442, or email to program.intake@usda.gov. USDA is an equal opportunity provider.

REDUCED INCOME ELIGIBILITY GUIDELINES – 185%

Guidelines to be effective from July 1, 2016 through June 30, 2017

Households with incomes less than or equal to the reduced price values below are eligible for free or reduced-price meal benefits.

<u>HOUSEHOLD SIZE</u>	<u>YEAR</u>	<u>MONTH</u>	<u>TWICE PER MONTH</u>	<u>EVERY TWO WEEKS</u>	<u>WEEK</u>
1	21,978	1,832	916	846	423
2	29,637	2,470	1,235	1,140	570
3	37,296	3,108	1,554	1,435	718
4	44,955	3,747	1,874	1,730	865
5	52,614	4,385	2,193	2,024	1,012
6	60,273	5,023	2,512	2,319	1,160
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional household member, add	7,696	642	321	296	148

CACFP ENROLLMENT FORM

Requirements:

- a. CACFP child care centers and Head Start centers must have a completed CACFP Enrollment Form on file for each enrolled child. Siblings must have a separate form as attendance may be different.
- b. The CACFP Enrollment Form is valid for 12 months following the month of parent/guardian dated the form. For example: Parent dated the form on 7/13/2015; form would expire on 7/31/2016). CACFP Enrollment forms must be completed annually by parent/guardian.
- c. The following CACFP program types DO NOT need CACFP Enrollment forms:
 - Outside-School Hours Centers
 - Youth Development Programs
 - After School At Risk Programs
 - Emergency Shelters

Enrollment Form Reminders

- List one child per form
- All parts of form to be completed by parent/guardian including normal days, hours and meals
- If parent/guardian work schedule varies frequently thus the child's attendance pattern will also change frequently then parent should check the box at the bottom of the chart. Parent/guardian is not required to complete another form but may elect to do so.
- For ease of collection, it is highly recommended that agencies/centers distribute enrollment forms to parents/guardians at the same time as the Income Eligibility Application so that it is more likely that the forms would expire on the same date.
- If sponsor decides to develop own CACFP enrollment form, form contain all required information and be approved by State Agency prior to use.

ATTACHMENTS

- State Agency Prototype CACFP Enrollment Form
- Example of completed CACFP Enrollment form

Ohio Department of Education - Office for Child Nutrition
CHILD AND ADULT CARE FOOD PROGRAM
ENROLLMENT FORM

Required Form for use by Child Care Centers and Head Start Programs

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside-School-Hours, Youth Development & After School At Risk

Instructions for Completion

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

CENTER NAME

CHILD'S NAME

(please print)

AGE

BIRTHDATE

month / day / year

**CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE
AND THE MEALS RECEIVED WHILE IN CARE**

Check (✓) Days Child Normally in Care	List Hours Child Normally in Care				Check (✓) Meals Child Normally Receives while in Care					
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

☐ Yes, The schedule listed above may frequently vary due to changes in parents/guardians schedule

**SIGNATURE OF
PARENT/GUARDIAN**

DATE

**DAY PHONE
NUMBER**

MAILING ADDRESS:

STREET /APT.

CITY

ZIP CODE

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

(rev. 12/3/2015)

Ohio Department of Education - Office for Child Nutrition
CHILD AND ADULT CARE FOOD PROGRAM
ENROLLMENT FORM

Required Form for use by Child Care Centers and Head Start Programs

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside-School-Hours, Youth Development & After School At Risk

Instructions for Completion

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

CENTER NAME *Sunshine Child Care*

CHILD'S NAME (please print) <i>ANNIE JONES</i>	AGE 5	BIRTHDATE <i>9</i> / <i>4</i> / <i>2009</i> month / day / year
--	-----------------	--

**CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE
AND THE MEALS RECEIVED WHILE IN CARE**

Check (✓) Days Child Normally in Care		List Hours Child Normally in Care				Check (✓) Meals Child Normally Receives while in Care					
		Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Monday	✓	7:00 am	8:15 am	4:15 pm	6:00 pm	✓			✓		
Tuesday	✓	7:00 am			6:00 pm	✓		✓	✓		
Wednesday	✓	7:00 am	8:15 am	4:15 pm	6:00 pm	✓			✓		
Thursday	✓	7:00 am			6:00 pm	✓		✓	✓		
Friday	✓	7:00 am	8:15 am	4:15 pm	6:00 pm	✓			✓		
Saturday											
Sunday											

☐ Yes, The schedule listed above may frequently vary due to changes in parents/guardians schedule

SIGNATURE OF PARENT/GUARDIAN <i>Mary Jones</i>	DATE <i>7/13/2015</i>	DAY PHONE NUMBER <i>(614) 222-3344</i>
---	---------------------------------	---

MAILING ADDRESS:
STREET /APT. *123 Park St.* **CITY** *Columbus* **ZIP CODE** *43215*

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

(rev. 12/3/2015)

ETHNIC and RACIAL DATA FORM

Agency/Daycare Center _____

Agency/Daycare Address _____

The agency or daycare listed above receives Federal financial assistance for participating in the Child and Adult Care Food Program (CACFP). Because they receive Federal financial assistance they are required to record and maintain the Ethnic and Racial data of all children enrolled in the CACFP. This information is used solely for the purpose of determining compliance with Civil Right laws and will be kept confidential. **We are requesting for each participant to 'Self Identify' and provide this information, however it is optional to Self Identify. If you choose not to Self Identify, then please be aware that the agency/daycare will need to make a judgment of your child's race and ethnicity because Civil Rights law require them to do so.** This ethnic and racial information will remain confidential and on file for 3 years and will only be accessible to authorized personnel.

To Self Identify, please answer the following questions.

Child's name _____

Ethnic Category: Choose one

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino".	
Non-Hispanic or Latino:	

Racial Categories: Check all that apply

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America, (including Central America), and who maintains tribal affiliation or community recognition.	
Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
Black or African American: A person having origins in any of the black racial groups of Africa.	
Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa	
Other	

Parent/Guardian Signature _____ Date _____



MODEL RELEASE

I hereby grant permission to JRC, or its designees, that my vocal, musical, voice over, name, likeness, image, appearance, choreographic or dramatic presentation performance, may be recorded as part of audio, visual or audiovisual recordings, including but not limited to recordings and/or CDs, DVDs and audio or audiovisual digital files, radio and/or television broadcasts, and Internet broadcasts in all formats known or hereafter known. I agree that JRC is the sole owner of all rights to aforementioned recordings of my performances. I further agree that I will not assert any claim to any person or entity for royalties, residuals, or any other further compensation with regard to the making of the aforementioned recordings, and any exploitation (or public performances thereof) in all media, now or hereafter known (including broadcasts) without limitation. This agreement shall be binding on myself, my heirs, administrators, executors and assigns.

For Child / Learning Center

_____ Yes, I give permission for media release

_____ No, I do not give permission for media release

Print Child's Name: _____

I, (please print) _____, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Parent/Guardian Signature: _____

Date: _____

For Adult / ADULT DAY CENTER

_____ Yes, I give permission for media release

_____ No, I do not give permission for media release

Print Client's Name: _____

Print Guardian (If Applicable): _____

Power of Attorney ____ Yes ____ No

Signature: _____

Date: _____



Cell Phone Policy

The use of cell phones is not permitted in the center. Signs are posted throughout the center as reminders of this policy. This policy was created in an effort to build a strong relationship between our parents and teaching staff.

Drop off and pick up time will be filled with communication and interactions between parents, teaching staff, and the children. Please sign below indicating that you have been informed and understand this policy.

If this policy is not followed, you or any visitors you bring in may be asked to leave your phone at the front desk upon your arrival.

Child Name: _____

I, _____, am the parent/legal guardian of the individual named above, I have read this release and approve of its terms.

Signature: _____

Date: _____

JRC Learning Center

2213-14th Street NE
Canton, Ohio 44705-1925

phone: 330.452.8376

fax: 330.452.1137

www.JRCcares.org



Child Care • Preschool • 6 weeks – 12 years





Dear Parents/Guardians,

As part of our Healthy Habits for Life Curriculum we are requesting permission to track the children's BMI (Body Mass Index). BMI will be collected for toddlers, preschool children and school-age children every six months. The results will be shared individually with parents and anonymously with our funders as outcomes of the program. The purpose of collecting this data is to track the trends and help to ensure that the children are at a healthy weight for their stature. It is our goal to instill healthy lifestyles through nutritious foods and physical activity.

I, _____, am the parent/guardian of
_____. I am granting JRC staff permission to weigh and measure my child (named above) in order to calculate their BMI. Permission is granted from today's date and as long as my child is attending the learning center.

Parent Signature

Date

JRC Learning Center

2213-14th Street NE
Canton, Ohio 44705-1925

phone: 330.452.8376
fax: 330.452.1137

www.JRCcares.org





Dear Parents/Guardians,

The following sheet is an opportunity to set an attainable goal for you and your child's teacher to begin creating an action plan towards achievement. As a result of being a highly rated center we offer a curriculum approach that individualizes our lesson planning to meet your child's needs. We like to begin by finding out where your child is currently performing based on an Ages and Stages Questionnaire that you will complete during orientation.

We are asking that you set a simple goal for your child so that they are not feeling overwhelmed or inadequate upon their first days in attendance. Some examples might be anything from working on using silverware at meal times to using more verbal skills with peers or adults. Maybe your child needs assistance with recognizing their emotions or improving fine or gross motor muscles. The goal is really up to you and based on what you are currently observing your child struggling with at home. **Please be sure to sign at the bottom of the page before submitting.**

Once the goal is set your child's teacher will meet with you to discuss some action steps, persons responsible, resources needed and a timeline for progress and completion. You should receive a copy of this completed form after you have met with the teacher and decided how to proceed. This goal will be reviewed frequently informally, and semi-annually formally at parent teacher conferences. It is an expectation of you to communicate any progress you are seeing and update this form at least annually.

JRC Learning Center

2213-14th Street NE
Canton, Ohio 44705-1925

phone: 330.452.8376

fax: 330.452.1137

www.JRCcares.org



United Way
of Greater Stark County



Child Care • Preschool • 6 weeks – 12 years



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

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

Name of Child			Date of Birth	
<i>Additional goals or updates to currently listed goals</i>				
Developmental/Educational Goal				
Action Steps	Person(s) Responsible	Resources Needed	Timeline	Comments on Progress
Developmental/Educational Goal				
Action Steps	Person(s) Responsible	Resources Needed	Timeline	Comments on Progress
Lead Teacher's Name		Signature		Date
Parent/Guardian's Signature				Date

Ohio Department of Job and Family Services
FAMILY INFORMATION
FOR STEP UP TO QUALITY PROGRAMS (SUTQ)

Child's Name (Last)	(First)	Nickname (If any)
<i>By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.</i>		
Who is in the child's immediate family?		
Who lives at home with your child?		
What is the primary language spoken in your child's home?		
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional Details?		
Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) Additional Details?		
Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)		
Do you have any pets at home? If so, what are they and what are their names?		
Has your child had a previous care arrangement? <input type="checkbox"/> Yes or <input type="checkbox"/> No Additional Details? (Center based, in home, with family, with parents, etc.)		
My child drinks <input type="checkbox"/> milk, <input type="checkbox"/> formula, <input type="checkbox"/> juice or <input type="checkbox"/> water. (Check all that apply) How much and how often?		
Does your child have any favorite foods?		
Does your child dislike any foods?		
Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)		

Please check all of the words that best describe your child's personality and behavior

☐ active ☐ adventurous ☐ affectionate ☐ anxious ☐ bossy ☐ bright ☐ busy ☐ calm ☐ cautious ☐ cheerful
☐ content ☐ creative ☐ curious ☐ easily-angered ☐ emotional ☐ energetic ☐ excitable ☐ friendly ☐ gives-in-easily
☐ happy ☐ hesitant ☐ insecure ☐ jealous ☐ likes structure/routines ☐ loud ☐ loving ☐ mellow ☐ outgoing
☐ prefers adult attention ☐ quiet ☐ sensitive ☐ serious ☐ shares-well ☐ social ☐ spontaneous ☐ stubborn ☐ tentative
☐ other:

Are there additional personality and behavior characteristics that would be useful to know about your child?

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Does your child use any special comfort or support items that help him/her go to sleep? If so, what?

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?

My child sits in a ☐ high chair, ☐ booster, ☐ child size chair or ☐ adult size chair. *(Check the one that applies.)*

Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.

Does your child need assistance when using the toilet? If so, how?

What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed at night and wake up in the morning?

What time(s), and for how long, does your child usually nap?

Does your child have trouble sleeping (Night terrors, trouble going to sleep, etc.)? Please explain.	
What might you and/or your child be anxious about as he/she starts in this program?	
What are you and/or your child excited about as he/she starts in this program?	
What are your expectations of this program?	
What other information would be helpful for the staff caring for your child to know?	
Parent/Guardian's Signature	Date

What Do I Bring to My First Visit?

- ♥ Proof of income (current pay stubs, approval letter for Healthy Start, Ohio Works First, Food Stamps or current Medicaid card)
- ♥ Proof of address (utility or credit bill, or Ohio driver's license)
- ♥ Proof of identity for you and any other applicants (birth certificate, driver's license, Medicaid card, crib card or shot record)
- ♥ All family members applying for WIC services
- ♥ If pregnant, a doctor's statement showing due date
- ♥ Children's shot records



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, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

This institution is an equal opportunity provider.

Healthy  hio
The State of Living Well.



The mission of the WIC program is to improve the health status and prevent health problems among Ohio's at-risk women, infants and children.

Visit our Web site: <http://www.odh.ohio.gov>

0700.13

Women,
Infants &
Children



Eat Smart,
Play Hard



Ohio WIC

What is WIC?

WIC is a nutrition education program. WIC provides nutritious foods that promote good health for pregnant women, women who just had a baby, breastfeeding moms, infants and children up to age 5.



What Does WIC Provide?

- ♥ Nutrition education and support
- ♥ Breastfeeding education and support
- ♥ Referral for health care
- ♥ Immunization screening and referral
- ♥ Supplemental foods such as:

Cereal
Eggs
Milk
Whole-grain foods
Fruits and Vegetables
Infant formula



Who is Eligible for WIC?



Women who are pregnant, breastfeeding or have a baby less than 6 months old, and infants and children up to 5 years old are eligible to apply for

WIC. Fathers are welcome to apply for WIC for their children up to age 5.

To qualify for services you must:

- ♥ Live in Ohio
- ♥ Meet WIC income guidelines
- ♥ Have certain nutritional or health risks

How Do I Apply?

Make an appointment

Call your local clinic to schedule an appointment to meet with a WIC staff member or call **1-800-755-GROW (4769)** for locations and more information.

See if you qualify

All it takes is a visit to your local WIC clinic to see if you qualify for services.



Receive WIC coupons

If you are eligible, you will receive coupons to buy healthy foods at local WIC-approved grocery stores.



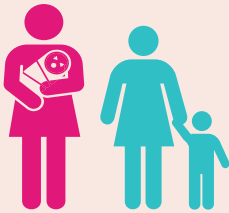
What's the Difference Between WIC & SNAP?

Program Mission

Prevent nutrition-related illness and improve overall health outcomes

Prevent and Reduce Hunger

Who Can Participate?

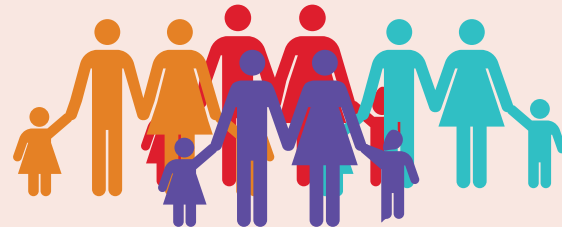
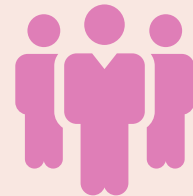


Discretionary
Program does not necessarily receive funds to serve every eligible person.

Pregnant women, postpartum women, infants, and children up to 5 years old with a nutrition risk and with incomes at or below 185% of the poverty line can participate.



Entitlement
All who apply, have incomes below 130% of the poverty line and meet eligibility criteria can receive benefits.



of Participants

>8 million

>46 million

Food Costs

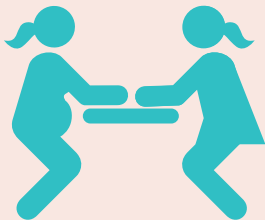
\$43.65 average cost per participant per month

\$125.36 average cost per participant per month

Is there Nutrition Education?

Yes. It is a required WIC service.

Yes, but it is not required.



Other Services

Breastfeeding promotion and support
Health risk assessment
Healthcare and social services referrals

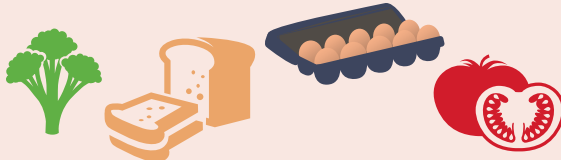
None



What Foods Can Participants Choose?

Only healthy foods recommended by the Institute of Medicine to meet nutritional needs.

Participants can choose any food except some prepared foods.



HOW THE WIC PROGRAM Supports Breastfeeding

WIC provides nutrition and breastfeeding education, nutritious foods, and improved healthcare access for more than 8 million at-risk low-income women, infants, and children.

WHY IT'S IMPORTANT TO SUPPORT BREASTFEEDING

BREASTFEEDING BENEFITS:



Mothers

MAY REDUCE RISKS, SUCH AS:
Breast cancer
Ovarian cancer
Type 2 diabetes
Postpartum depression



Babies

MAY REDUCE RISKS, SUCH AS:
Obesity
Lower respiratory infections
Type 2 diabetes
Asthma
SIDS (sudden infant death syndrome)



Society

If **90%** of women breastfed exclusively for 6 months, it could result in nearly:



\$13 Billion
saved in the U.S. each year.



1,000
infant deaths prevented each year.

CDC 2011 BREASTFEEDING REPORT CARD

79%
of U.S. mothers
initiated breastfeeding



49%
of U.S. mothers still
breastfed at 6 months



HOW THE WIC PROGRAM HELPS

WIC promotes breastfeeding as the optimal infant feeding choice.

THE WIC PROGRAM PROVIDES

Breastfeeding
Peer
Counselors



Lactation
Consultants



Classes &
Support
Groups



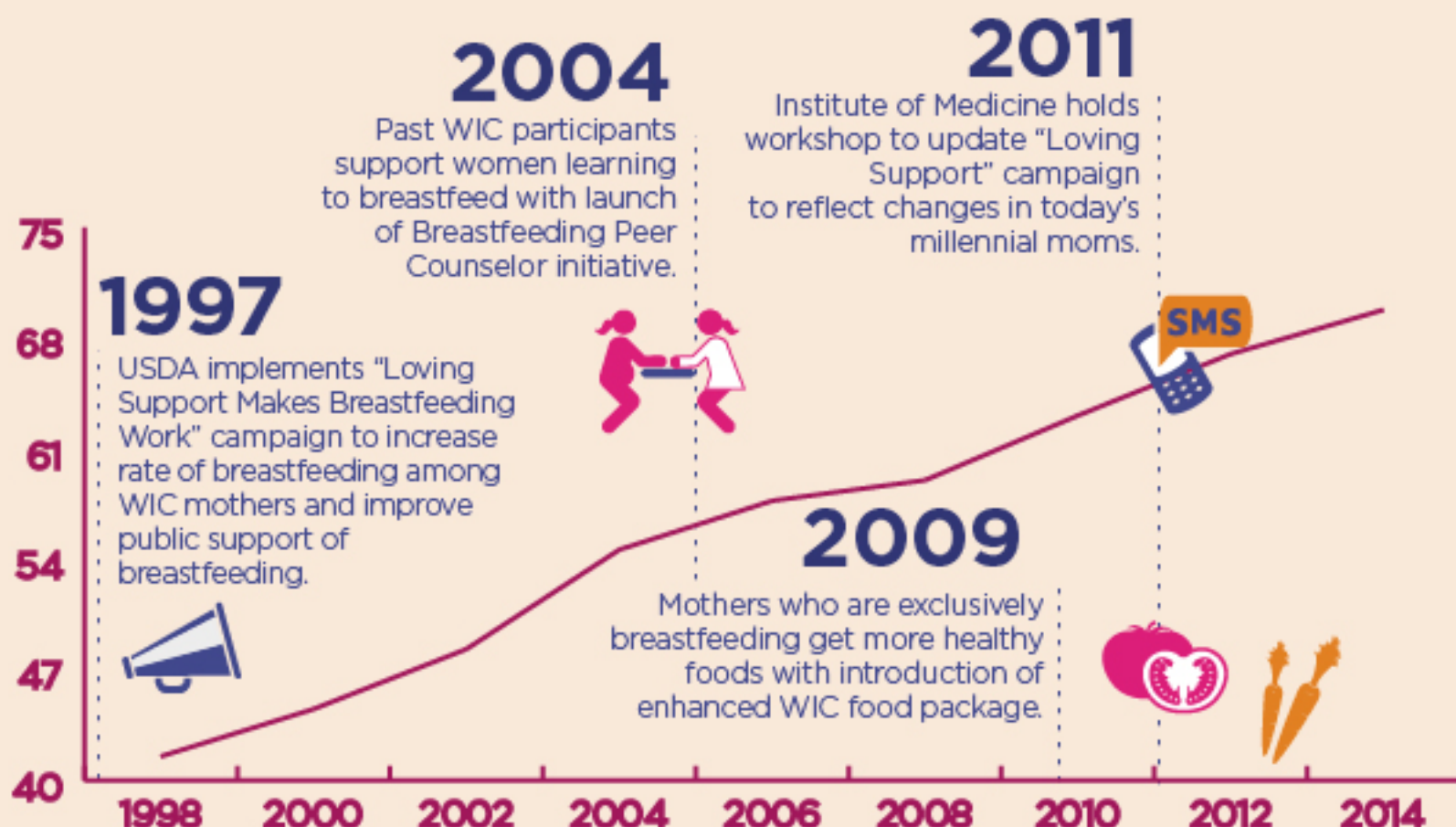
Educational
Materials



Hotlines for
Questions



BREASTFEEDING INITIATIVES



% WIC INFANTS BREASTFED*

*Percentage of infants in WIC aged 6-13 months who were currently breastfeeding or breastfed at some time, 1998-2014.

SUPPORT WIC AT NWICA.ORG

SOURCES

<http://www.womenshealth.gov/breastfeeding/why-breastfeeding-is-important>
<http://pediatrics.aappublications.org/content/early/2010/04/05/peds.2009-1616>
<http://www.cdc.gov/breastfeeding/pdf/2014breastfeedingreportcard.pdf>
<http://www.fns.usda.gov/wic/Breastfeeding/mainpage.HTM>
<http://www.fns.usda.gov/ora/MENU/Published/WIC/FILES/WICPC2010.pdf>
<http://www.iom.edu/Reports/2011/Updating-the-USDA-National-Breastfeeding-Campaign-Workshop-Summary.aspx>
<http://www.fns.usda.gov/ora/MENU/Published/WIC/FILES/WICPeerCounseling.pdf>
<http://www.fns.usda.gov/sites/default/files/WICPC2012.pdf>
<http://www.fns.usda.gov/sites/default/files/cps/WICPC2014.pdf>



National WIC Association