

Enrollment Form



Welcome to The Children's Workshop. We are honored and excited to be with your child during this public health crisis. We take the health and safety of your family and our educators very seriously. All of our families are feeling stress and adjusting to abrupt change; we are here to partner with you to make your child's life as peaceful as possible during this time of turmoil.

Instructions: The parent/guardian shall fill out the form completely, sign it, and submit to enrollment@childrensworkshop.com prior to first day of attendance. Information on this form must be kept current.

Child Information

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance
Allergies and/or Chronic Health Conditions:		

Parent/Guardian Information

All parents/guardians are permitted to dismiss, visit, or request information about child's care unless prohibited or restricted by a court order. Copies of court orders must be on file with TCW.

a. Name and Relationship to Child	Email Address
Home Address (Street, City, State, Zip)	Best Phone Number
Does child reside at this location? Yes <input type="checkbox"/> No <input type="checkbox"/>	Place of Employment and Work Phone Number
b. Name and Relationship to Child	Email Address
Home Address (Street, City, State, Zip)	Best Phone Number
Does child reside at this location? Yes <input type="checkbox"/> No <input type="checkbox"/>	Place of Employment and Work Phone Number

Emergency Contacts / Authorized Persons

List in order to be notified in an emergency when parent/s guardians cannot be reached. All persons authorized to pick up your child must have written permission on file with TCW. You may modify this list at any time by emailing enrollment@childrensworkshop.com.

a. Name and Relationship to Child	Phone Number
Email Address	Place of Employment and Work Phone Number
Address (Street, City, State, Zip)	Is this person authorized to pick your child up? Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Name and Relationship to Child	Phone Number
Email Address	Place of Employment and Work Phone Number
Address (Street, City, State, Zip)	Is this person authorized to pick your child up? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Name and Relationship to Child	Phone Number
Email Address	Place of Employment and Work Phone Number
Address (Street, City, State, Zip)	Is this person authorized to pick your child up? Yes <input type="checkbox"/> No <input type="checkbox"/>

Physician or Medical Facility

A current physical and full immunization record must be on file with TCW prior to your child's first day of attendance. Documentation from your child's physician can be faxed to our HIPPA compliant line at 401-335-4500.

Name & Address:

Email Address:	Phone Number:
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Authorizations

- | | |
|--|---|
| <input type="checkbox"/> yes <input type="checkbox"/> no | I hereby give my consent for basic first aid and emergency medical care or treatment of my child. |
| <input type="checkbox"/> yes <input type="checkbox"/> no | I have received and had the opportunity to review the policies of The Children's Workshop. |
| <input type="checkbox"/> yes <input type="checkbox"/> no | I give permission for my child to be photographed individually or with siblings while at the center. |
| <input type="checkbox"/> yes <input type="checkbox"/> no | I give permission for TCW to include my child in group pictures while at the center. |
| <input type="checkbox"/> yes <input type="checkbox"/> no | I give permission for TCW to send me photos of my child electronically. I understand that if I have consented to group photos, my child's image may be shared with the families of other children pictured. |

Parent Signature: _____ Date: _____

Care Overview for Children 2 Years Old and Younger



Instructions: TCW needs to know all relevant information necessary to provide exceptional care for your infant or toddler. The information you provide here will guide us as we develop an individual learning plan aligned with your child's needs.

This form must be completed in full by a parent/guardian and uploaded to your electronic file prior to your child's first day of attendance. A copy of this form will be kept in your child's classroom. If additional space is needed, please feel free to attach a separate sheet. Email enrollment@childrensworkshop.com with any questions.

Child Information

Name – Child (Last, First, MI)	Nickname (if any)	Birthday (mm/dd/yyyy)
Name – Primary contact while child is in care (Last, First, MI)		Best Phone Number

Health Information

If your child has allergies or a chronic health condition that may affect their care, you will also be contact by our Childcare Health Care Consultant (CHCC) to discuss and complete an Individual Health Care Plan. Your child's medical information will be shared with all TCW team members.

Allergies – describe any and all allergies your child has and what their reactions are. If your child does not have any known allergies, please write "None"

Does this allergy require emergency medication: ☐ no ☐ yes – list medication(s):

General Health – describe your child's general health and medical history, including but not limited to any chronic conditions (ex. Eczema, asthma, etc.) and their treatments, any complications during pregnancy or at birth, any surgical history, etc.

Routine medications –list any and all prescription or over the counter medications, including vitamins or supplements, that your child takes on a routine basis.

Does your child need any of these medications while in care: ☐ no ☐ yes – list medication(s):

Meals & Feedings

TCW offers a hot, fresh, nutritious breakfast, lunch, and afternoon snack that meets all applicable USDA guidelines to our students daily. Vegetarian options are available daily. TCW can provide cow's milk, Berkley & Jensen Infant formula, and a range of pureed foods. TCW will not feed a child a new food for the first time; all foods need to have been tried at home prior to being served in our school.

Menus and more information can be found at www.childrensworkshop.com. Meals will be prepared on site daily at our central kitchen, which is licensed by the RI DOH. All meals will be made and served in accordance with all applicable increased COVID-19 related health and safety guidance. You are also welcome to bring food in from home, provided that it meets the allergy guidelines in our Family Handbook.

Select One: ☐ TCW provided food ☐ I will provide food from home

My child eats (check all that apply):

☐ breastmilk ☐ formula ☐ cow's milk ☐ pureed foods ☐ solid food ☐ other milk:

Describe your child's current feeding schedule:

My child is fed (check all that apply)

☐ held in lap ☐ in highchair ☐ self-feeding with utensil or hands

Describe any special feeding needs or preferences:

Favorite Foods	Refused Foods
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Parent Signature: _____ Date: _____

Care Overview for Children 2 Years Old and Younger



Sleep

The American Academy of Pediatrics has determined that placing a baby on his/her back to sleep may reduce the risk of Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexplained death of a baby under one year of age. If your infant does not usually sleep on his/her back, please contact your pediatrician immediately to discuss best sleeping positions for your baby.

At The Children's Workshop we follow these required safe sleep practices as recommended by the American Academy of Pediatrics. Infants up to twelve months of age will be placed for sleep in a supine position (wholly on their back) for every nap or sleep time. Infants will be placed for sleep in a safe sleep environment; which includes: a firm mattress covered by a tight-fitting sheet in a safety-approved crib and no other items will be placed in the crib occupied by an infant except for a pacifier. Infants may not sleep in a car seat, bouncy seat, infant seat, swing, or any other type of furniture/equipment that is not a safety-approved crib. Soft or loose bedding will be kept out of sleep environments. These include, but are not limited to: pillows, sleep positioning devices, blankets, bibs, etc. Infants will not be swaddled, but rather parent provided one-piece sleepers may be used.

Describe your child's current sleep schedule:

Falls asleep easily:

☐ yes ☐ no

Mood upon waking:

Comfort items your child needs for sleep, including words they use for them:

Diapering / Toileting

For children who do not yet use the toilet, families must provide enough supplies (diapers, wipes, cream) for TCW to change your child every two hours while they are in care, or more frequently if your child has a bowel movement. We happily accept either cloth or disposable diapers. We have plenty of storage; you are welcome to bring in as many supplies as you want and we will advise you when you are running low. All children should also have at least one full change of clothing available at the school in the likely event that clothing becomes wet or soiled. Please label you child's extra clothing with their full name.

Diaper type: ☐ cloth ☐ disposable ☐ neither, my child uses the toilet consistently ☐ other:

Sensitive skin?

☐ yes ☐ no

Frequent diaper rash?

☐ yes ☐ no

Regular bowel movements?

☐ yes ☐ no

Diaper cream used:

TCW may apply this diaper cream to my child during changes ☐ yes ☐ no

Describe any attempts at toilet learning:

Describe any special preferences or needs for diapering / toileting:

Communication & Self-Expression

Family's primary language:

Additional languages spoken in the home:

Child speaks in:

☐ words ☐ sentences ☐ neither

Describe any special words or phrases your child uses that would not be commonly known outside of your family (example: "kiki" for blanket):

What makes your child fussy?

How does your child usually prefer to be comforted:

☐ hug ☐ sung to ☐ rocked ☐ read a book ☐ other – specify:

Special things you do or say to comfort your child:

What causes your child to feel angry or frustrated? How do they usually show/tell you they are frustrated?

How do you usually encourage and motivate your child?

Parent Signature: _____ Date: _____

Care Overview for Children 2 Years Old and Younger



Physical & Social Development

Is your child able to (check all that apply): ☐ roll ☐ sit up without help ☐ pull up to standing ☐ crawl ☐ walk with help
☐ walk without help ☐ climb stairs without help ☐ open doors

What experiences has your child had playing with other children (ex. siblings, playground groups, childcare, etc.)?

Tell us some fun facts about your family that can help us form relationships (example pets at home):

What are your child's favorite interests/toys/activities?

List any information about your child's habits, abilities, personality, or needs that you feel will be helpful to our educators that will be caring for your child.

What are your hopes for you child's time with us at TCW?

Is there any other information we should know about your child or your child's family to best care for your child?

Parent Signature: _____ Date: _____

The Role of Child Care Health Consultants



Child Care Health Consultants are licensed health professionals with education and experience in community health and child care. Child Care Health Consultants and child care staff work together to promote healthy and safe environments for children. Through onsite and telephone consultation, health education, and technical assistance, Child Care Health Consultants work with individual child care facilities to help create environments that best support the healthy growth and development of young children.

Child Care Health Consultants:

- assess the health and safety needs and practices in the child care facility,
- review safe medication administration practices,
- develop strategies for inclusion of children with special care needs,
- establish and review health policies and procedures,
- manage and prevent injuries and infectious diseases,
- connect families with community health resources, and
- provide health education for staff members, families and children.

Please note that Child Care Health Consultants are not direct care providers and should not be considered part of your child's direct care team. The Children's Workshop employ a full time Child Care Health Consultant, Mary Cote RN, to assist all of our schools. Our Health Consultant is not on premises at every school 100% of the time, nor should their advice or information they share be relied upon solely – parents should always consult their child's pediatrician or health care professional.

I acknowledge that I have received, read, and understand this information and I understand the role of the Child Care Health Consultant at The Children's Workshop. I hereby give permission for the Child Care Health Consultant employed by The Children's Workshop to access my child's file including immunization records, physical exam, and medication administration information.

Child's Name _____ Guardian Initial _____

Release of Information

I _____ give my permission to _____, at _____ Parent's Name
Pediatrician or Practice Name

(____) _____ to release the following to The Children's Workshop for patient Phone Number

_____ Child's Name

Immunization Record ☐ Verbal Communication ☐

Lead Level ☐ Yearly Physical ☐

Medication Instructions ☐ IHCP ☐

Signature: _____ Date: _____

TCW Use Only

CCHC Screening call signature: _____ Date: _____

Enrollment Contract



Child's Name: _____ Effective Date: _____

The Children's workshop believes strongly in the value of a diverse learning community and welcomes all children and families regardless of their race, religion, gender, cultural heritage, political beliefs, national origin, parents' marital status, disability, or sexual orientation.

The Children's Workshop (TCW) Family Handbook is available on our website at: <http://www.childrensworkshop.com/tcw-formsinformation>. Hard copies may be requested from your School Director as well. Please read and review it thoroughly prior to completing this Enrollment Packet.

In consideration of the enrollment or renewed enrollment of my child, named above, at TCW, by signing below, I acknowledge that I understand and will abide by the policies as outlined in this contract, the Family Handbook. *During the public health emergency, these policies will be subject to change with a minimum 24 hour written notice to families.*

Enrollment Process

To enroll your child at TCW, you will first submit an Enrollment Request Form. TCW will reach out to confirm availability of your child's start date.

Your child's start date will not be secured until The Children's Workshop receives all necessary enrollment paperwork, a deposit equal to one week of tuition, and your child's registration fee. Registration fees will be due annually, starting one year from your child's start date. *Registration fees will not be charged to families enrolled with TCW in March 2020 until the year anniversary of their child's reenrollment date.*

You may change or cancel your requested start date up to one week prior to starting care. In the event of cancellation, your deposit will be returned to you, but registration fees are non-refundable.

Registration Fee
\$125 CACFP Paid
\$60 CACFP Reduced
\$30 CACFP Free/DHS Subsidy

Enrollment forms must be kept up to date at all times. Parents must submit any changes to information provided on enrollment forms to School Director in writing. If your child has an allergy, chronic health condition, or requires specialized care you must also have an IHCP reviewed and signed by TCW's nurse on file. Any emergency medication identified in the IHCP must be at school any day your child attends.

In the event that enrollment requests for a classroom exceed classroom capacity, a lottery process will be used to determine enrollment. *Families enrolled at TCW in March 2020 will receive early access to classroom lotteries as spaces become available.*

Withdrawal

TCW requires a one-week written notice to withdraw your child from the program. The one week notice period will begin no sooner than the Monday following the day a Notice of Withdrawal Form is submitted to your School Director.

Hours of Operation & Holidays

Classrooms will operate for staggered 9-hour windows Monday through Friday, (e.g. 7AM – 4PM; 8 AM -5 PM; 9 AM – 6PM). School Directors will maintain a list of available classrooms by operating hours and age groupings.

TCW is closed for the following holidays:

New Year's Day
Martin Luther King Day
President's Day
Patriot's Day (Teacher Professional Development)
Memorial Day
Independence Day
Labor Day

Columbus Day
Veteran's Day (Teacher Professional Development)
Thanksgiving Day
Day after Thanksgiving
Christmas Eve Day
Christmas Day
New Year's Eve: close at 3 pm if a weekday

Parent/Guardian Signature: _____ Date: _____

Enrollment Contract



Child's Name: _____ Effective Date: _____

Illness and Other Absences

Because of staff scheduling requirements, credits or refunds are not given for illness or other absences.

Emergency Conditions

The Children's Workshop endeavors to open and remain open for as long as safety permits, even during inclement weather. Full tuition is due for weeks in which emergency conditions (including weather related closures, facility emergencies, or DOH/DHS mandated closures due to COVID-19 related health risks) require the school to close. We will notify families via Kaymbu for all emergency closures. Please see your School Director for sign up instructions.

Weekly Schedule

To protect the health of our school community, each TCW classroom will have a stable grouping of children. Infant/Toddler classrooms will have no more than 8 total children and Preschool/School Age classrooms will have no more than 9 total children. To meet this standard, all children will be enrolled Monday through Friday for full time care and each stable group will have set operating hours. Attendance is never mandatory; families may select when to have their child attend school.

Drop Off & Dismissal

TCW staff will receive your child outside of our main door. Children who meet the health requirements will be admitted into school only after a DHS attestation form has been completed. To safely facilitate this process, you must select a 30 minute window within your child's classroom's operating hours for drop off and dismissal. To reduce wait time, TCW kindly requests you provide us as much notice as possible if you will arrive before or after your designated window.

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop Off	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
Pick Up	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

Weekly Tuition

Weekly tuition is due no later than the close of business on each Friday **prior** to the week for which care will be provided. You may pay tuition no more than 2 months in advance. If you are unable to pay your tuition, you should notify your School Director as soon as possible to review available resources and create a payment plan. It is always our intention to provide continuous care for children; however, enrollment must be suspended if weekly tuition remains unpaid by the Friday following tuition due date. *Families will be eligible to request a return to enrollment date as soon as their account is paid in full; this includes families who were enrolled at TCW in March 2020 with outstanding balances.*

Classroom Ages	Weekly Tuition
Infant/Toddler (12 weeks – 2 years)	\$283
	\$272 CACFP Reduced
	\$258 CACFP Free
Preschool/School Age (3 years – 12 years)	\$241
	\$219 CACFP Reduced
	\$200 CACFP Free

Tuition Discounts

Due to reduced capacities in each classroom, TCW will no longer be able to offer tuition discounts to families. We have implemented an income based sliding scale as noted above. In addition, we are open to partnering with any outside agencies – such as the Cabrini Fund, GSA, or employers, to support family efforts to offset the cost of care.

Parent/Guardian Signature: _____ Date: _____

Enrollment Contract



Child's Name: _____ Effective Date: _____

Tuition Subsidies

TCW proudly accepts RI DHS childcare subsidies. Children must have an eligible DHS certification number enrolled in our system prior to the week of care starting.

If applicable, your DHS assigned family share (co-pay) will be due to TCW no later than close of business on each Friday prior to the week for which care will be provided. Your deposit will be equal to your family share (co-pay).

Tuition as listed on page 2 in the "Weekly Tuition" section of this contract will be due anytime your child attends for a week that their DHS status is "ineligible" or "pending". In the event that DHS backdates eligibility; TCW will issue you a credit to your account for all weeks covered by DHS funding.

If you would like to know more about DHS subsidies and whether your family would qualify, please see your School Director.

Meals

TCW proudly partners with the Rhode Island Department of Education (RIDE) to participate in the Child and Adult Care Food Program (CACFP). TCW can provide breakfast, lunch, and an afternoon snack that meets all USDA nutritional guidelines daily to our students. There is no additional cost to our meal program. Families must complete and annually update CACFP enrollment and benefit eligibility paperwork in accordance with RIDE policies.

Policy & Tuition Changes

The terms of this agreement are subject to change in whole or in part at any time. The Children's Workshop will, whenever possible, give at least two weeks' advance notice of any changes. We examine our tuition rates on an annual basis in order to keep up with the rising costs of business, invest in our programs and facilities, and ensure we are rewarding our dedicated and talented staff with competitive wages and benefits.

Tuition Payment Methods

The Children's Workshop prefers contactless payment. You may process a payment online with a credit or debit card or from a checking or savings account by logging into your Parent Portal or over the phone by calling your School Administration. If absolutely necessary, tuition can be paid with cash or a money order. You must submit payment to a member of the School Administration team and receive a receipt.

Authorization

I understand that my weekly tuition payment will be as follows: \$_____ and that my first tuition payment is due no later than Friday _____.

By signing below, I acknowledge that I understand that any tuition paid late will be subject to a late fee as described in the "Fees" section below. In addition, I understand that accounts one (1) week in arrears will be given a written enrollment suspension notice from the School Director. If payment is not received within five (5) business days, or if special arrangements have not been made, child care services will be terminated, and parent/guardian may be subjected to collection and/or litigation for any monies owed. Further, your signature below signifies that you acknowledge and agree that you shall be responsible for all costs of collection, including, but not limited to, reasonable attorney fees.

Tuition rates are typically reassessed annually between July and September; however, The Children's Workshop reserves the right to raise rates at any time with a two-week minimum notice.

Additional Fees

- Returned Check Charge: \$35 will be charged for each returned check/ACH Payment
- Late Payment Charge: \$10 will be charged for each instance that tuition is paid late; TCW will waive **ONE** late fee only in any rolling twelve-month period
- Late Pickup Charge: \$1 per minute per family, beginning at classroom closing time

Parent/Guardian Signature: _____ Date: _____

Sunscreen Permission Form



Child's Name: _____ Date of Birth: _____

Sun Protection: What you Need to Know

The sun is a necessary part of life, but too much can cause unwanted health effects. Below are some facts that you should know.

Recommendations for children:

Infants under 6 months:

- To prevent sunburn in infants under six months of age, the American Academy of Pediatrics recommends avoiding sun exposure by dressing infants in lightweight long pants, long-sleeved shirts, and brimmed hats that shade the neck.

For infant, toddlers and children over 6 months:

- The first, and best, line of defense against the sun is covering up. Wear a hat with a three-inch brim or a bill facing forwards, sunglasses (that block 99-100% of UV rays) & light weave cotton clothing.
- Stay in the shade whenever possible, limit sun exposure during the peak hours – 10 A.M. to 4 P.M.
- On both sunny and cloudy days use a sunscreen with SPF 15 or greater that protects against UVB & UVA rays.
- Be sure to apply enough sunscreen – about one ounce per sitting.
- Reapply sunscreen every two hours, or after swimming or sweating
- Use extra caution near water and sand (or even snow!) as these materials reflect UV rays and may result

I, _____, give the staff at The Children's Workshop permission to sunscreen on my child when going outdoors. The Children's Workshop can provide this sunscreen free of charge. Sunscreen provided by TCW will be SPF level 50 or above, waterproof, hypoallergenic, and PABA-free. I understand information on sunscreen specific brand and ingredients can be requested at any time from my School Director.

TCW staff has permission to apply sunscreen to my child, including their face and hands: ☐ **Yes** ☐ **No**

Sunscreen choice: ☐ TCW provided sunscreen ☐ I will provide my own non-aerosol sunscreen

Parent/Guardian Signature: _____ Date: _____

Media Release



Child's Name: _____ Date: _____

The Children's Workshop needs parent permission to use a student's photograph, voice, or video recording in media project. Our media projects are used to share our school activities and achievements with the outside community, in internal handbooks and training documents, and for early childhood advocacy projects.

Please read the following, then date and sign where indicated. Thank you!

☐ **YES** – I grant permission for The Children's Workshop to use my child's image (photographs and/or video) in media publications including:

- Email and print newsletters
- Internal or external brochures, handbooks and flyers
- Professional development presentations
- Blogs, op-eds, and articles
- Website
- Social media platforms (facebook, Instagram, twitter, etc.)

In granting this permission, I also waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunctions with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image

☐ **NO** – I do not grant permission for The Children's Workshop to use my child's image (photography and/or video) in media publications as described above.

By signing below, I am confirming that I am the parent or legal guardian of the above named child. I have read this release before signing below, and I fully understand the contents, meaning and impact of this release. I understand that I am free to address any specific questions regarding the release by submitting those questions to my School Director in writing prior to signing, and I agree that not submitting questions will be interpreted as a free and knowledgeable acceptance of the terms of this release.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

Child and Adult Care Food Program (CACFP)

Child Care Center Child Enrollment Form

The Children's Workshop participates in the U. S. Department of Agriculture Child and Adult Care Food Program (CACFP). This program helps us provide nutritious meals and snacks to children enrolled at our center. The requirements and portion sizes for those meals and snacks are included as an attachment to this enrollment form. Under the regulations of the CACFP, you are not charged separate fees for meals nor may you be asked to provide food for your children for those meals or snacks claimed under the program. Regular child care fees cover the cost of care and food costs not reimbursed by the CACFP.

Check here ONLY if you are choosing **not** to enroll your child in CACFP, then sign and date the bottom of the form:

☐ I do not want my child to participate in the Child and Adult Care Food Program (CACFP)

To verify the enrollment of your child in this child care center complete the following information, sign and date the bottom of the form and return it to the child care center:

Child Care Center's Name: The Children's Workshop

Your Child's Name:

Last Name

First Name

Month, Date & Year of Birth

Age

First Day of Attendance: _____

My child will normally be in child care during the following days and times and receive the meals as indicated below:

Normal day of care (check each applicable day)	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Normal hours in care (indicate AM or PM)	____ To ____ And ____ To ____	____ To ____ And ____ To ____	____ To ____ And ____ To ____	____ To ____ And ____ To ____	____ To ____ And ____ To ____
Meals normally served to my child	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack

Parent/Guardian Name (Please Print): _____

Address (Please Print): _____

Work Phone: _____ Home Phone: _____

Parent/Guardian Signature: _____ Date: _____

TCW Use Only

Sponsor Representative Signature: _____ Date: _____

Building for the Future

This child care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving child 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 that meet USDA requirements. The program plays a vital role in improving the quality of child 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 five groups:)
Milk Fruit or Vegetable Grains	Milk Meat or meat alternate Grains Fruit Vegetable	Milk Meat or meat alternate Grains Fruit 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.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

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

- Children age 12 and under
- Migrant children age 15 and younger, and
- Youths through age 18 in afterschool care programs in needy areas

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

The Children's Workshop
Food Services Department
151 Hunt St.
Central Falls, RI
(401) 334-0100

Child Nutrition Programs
RI Department of Education
255 Westminster Street
Providence, RI 02903
(401) 222-4600

USDA Nondiscrimination 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 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: 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.

CACFP Meal Benefit Income Eligibility Form Instructions

The Child and Adult Care Food Program (CACFP) makes good food a regular part of your child's child care! Please fill out the *CACFP Meal Benefit Income Eligibility* form. It helps us find out if your household qualifies for free or reduced-price meals. This lets us know how much money CACFP will give to support your child care home or center.

Instructions

Here are instructions to help you fill out the form. Before you begin, turn the form over to learn why we ask for this information. It tells you how we use the information and what rights you have. It also tells you how to contact USDA if you believe you are treated unfairly.

Please make sure to fill in all of the requested information. Use a pen to mark your answers on one form, or complete electronically. When you are finished, please return the form to us at:

School Director, The Children's Workshop or email enrollment@childrensworkshop.com

Step 1:

List all the children from your household in the child care. Use one line for each child's name. Write one letter in each box. Stop if you run out of space. If there are more children, add their names on a second piece of paper.

Do you have any foster children? If you answer *Yes*, mark the *Foster Child* box next to the child's name. If you are only applying for foster children, finish Step 1 and go to Step 4. If you are applying for both foster and non-foster children, go to Step 2.

Are any children migrant, runaway, homeless, or enrolled in Head Start? If *Yes*, mark the correct boxes next to the child's name and go to Step 4.

Step 2:

You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR).

Do any household members, including you, currently receive SNAP, TANF, or FDPIR? If *Yes*, write the case number in the box and go to Step 4. You only need to provide one case number. If *No*, go to Step 3.

Step 3:

Report current income for all household members. Skip this step if you answered *Yes* in Step 2.

How do you report child income? Turn the form over and use the *Source of Income for Children* chart to see if your household has income to report. Write the amount in the boxes in part A of the form. Mark how often the amount is earned. Write 0 in the box if there is no income to report.

How do you report income of adult household members? Turn the form over and use the *Source of Income for Adults* chart to see if your household has income to report.

In part B, list all the adults in your household, including you, even if each of you doesn't receive income. Include all adults, such as grandparents, other relatives, and friends who live with you and share household income and expenses. Write the amount of income

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each of you receives, in the boxes next to your names. Mark how often the amount is received. Write 0 in the box if there is no income to report.

Make sure you report the current amount of money you get before taxes. Don't include SNAP, FDPIR, WIC, student financial aid, or money you receive for a foster child as income.

Count the number of all children and adults in your household. Include all infants, children, students, and adults. Write the total number in the box under the list of adult household members.

Do you or another adult household member have a Social Security number? Write the last four digits in the boxes. If there is no Social Security number, mark the *Check if no SSN* box.

Points to Remember:

If:	Then:
Your income isn't always the same	List the amount of money that you normally get. For example, don't include overtime pay, if you don't normally get it. If your income is normally higher or lower, you can report annual income instead.
Your household includes members who aren't citizens	You or your children don't have to be U.S. citizens to qualify for meal benefits.
You are in the military	Don't include your Family Subsistence Supplemental Allowance (FSSA), combat pay, or the money you receive for privatized housing. If deployed, count the amount of pay that is made available to your household as income.

Step 4:

An adult household member must sign this form. The signer promises that all information is true and complete.

Print the name, address, and telephone or email of the adult signer. Sign and write today's date in the marked boxes.

Optional

We ask about your children's ethnicity and race to make sure we do our best to serve our community. Providing this information is not required. You won't be denied benefits based on your race, color, national origin, sex, age, or disability.

CACFP Meal Benefit Income Eligibility Form
Sharing Information with Medicaid and SCHIP



Children who get Child and Adult Care Food Program (CACFP) free or reduced-price meals may also qualify for low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP).

We may share your child's CACFP eligibility information with Medicaid or SCHIP, *unless you tell us not to*. Medicaid and SCHIP *only* use the information to find out if children are eligible for their programs. Their staff may contact you to offer to enroll your children in these health insurance programs.

If you **do not** want us to share your information with Medicaid or SCHIP, fill out this page. You should send this page with your *CACFP Meal Benefit Income Eligibility* form when you apply. Sending in this page will not change your child's eligibility for free or reduced-price meals.

☐ **No! I do not** want my child's CACFP eligibility information shared with Medicaid or SCHIP.

If you checked no, fill this out:

Child's Name:

Child's Name:

Child's Name:

Child's Name:

Today's Date:

Print Your Name:

Address:

Signature of Parent or Guardian:

If you have questions or need help, please contact **The Children's Workshop** at **401-334-0100** or **enrollment@childrensworkshop.com**.

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CACFP Meal Benefit Income Eligibility Form
Letter to Parents (Non-Pricing Centers)



May 27, 2020

Dear Parent or Guardian:

The Children's Workshop offers healthy meals and snacks to children as part of the Child and Adult Care Food Program (CACFP). **The Children's Workshop** receives support from CACFP to serve those meals. CACFP gives more support if your household income is less than or equal to the limits on this chart:

Federal Income Standards for Reduced-Price Meals for July 1, 2020 - June 30, 2021		
Household size	Yearly Income	Monthly Income
1	\$23,606	\$1,968
2	\$31,894	\$2,658
3	\$40,182	\$3,349
4	\$48,470	\$4,040
5	\$56,758	\$4,730

Please fill out a *CACFP Meal Benefit Income Eligibility* form. It will help us find out how much support **The Children's Workshop** receives. Please be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms. Please send the completed form to:

**The Children's Workshop – School Director or
enrollment@childrensworkshop.com**

Thank you for taking the time to fill out the form. We hope your child enjoys CACFP meals!

In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you have questions or need help, please contact **The Children's Workshop** at **401-334-0100** or **enrollment@childrensworkshop.com**.

Sincerely,
Bailey M. Kent

President & CEO

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CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:

Insert URL Here

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	Foster Child	Migrant	Runaway	Homeless	Head Start
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income

How often?

Weekly Bi-Weekly Monthly Bi-Monthly

B. All Adult Household Members (Including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and last)	Earnings from Work	How often?				Welfare/Child Support/Alimony	How often?				Pensions/Retirement/ Social Security/SSI/ VA Benefits	How often?				
		Weekly	Bi-Weekly	Monthly	2x Month		Weekly	Bi-Weekly	Monthly	2x Month		Weekly	Bi-Weekly	Monthly	2x Month	
	\$															
	\$															
	\$															
	\$															
	\$															

Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member

X X X X X

Check if no SSN

STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form

Signature of Adult

Today's Date

Address

City

State

Zip

Phone/Email

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none">A child has a regular full or part-time job where they earn a salary or wages
Social Security <ul style="list-style-type: none">- Disability Payments- Survivors Benefits	<ul style="list-style-type: none">A child is blind or disabled and receives Social Security benefitsA parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	<ul style="list-style-type: none">A friend or extended family member regularly gives a child spending money
Income from any other source	<ul style="list-style-type: none">A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none">Salary, wages, cash bonusesNet income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none">Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)Allowances for off-base housing, food, and clothing	<ul style="list-style-type: none">Unemployment benefitsWorkers compensationSupplemental Security Income (SSI)Cash assistance from State or local governmentAlimony paymentsChild support paymentsVeterans benefitsStrike benefits	<ul style="list-style-type: none">Social Security (including railroad retirement and black lung benefits)Private Pensions or disability benefitsIncome from trusts or estatesAnnuitiesInvestment incomeEarned interestRental incomeRegular cash payments from outside household

OPTIONAL

Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

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

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

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, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of 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 or other FDPIR identifier for your child 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 the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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, (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:

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.

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***Only use this address if you are filing a complaint of discrimination.**

DO NOT FILL OUT

For official use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income

How often?

Weekly

Bi-Weekly

Monthly

2x Month

Household size

Categorial Eligibility

☐

Eligibility

Free

Reduced

Denied

Determining Official's Signature

Date

Confirming Official's Signature

Date

Follow-up Official's Signature

Date