

Application Package

Ready.Set.Learn
Child Care Center
educating our children one step at a time





Mission Statement

The Ready, Set, Learn Child Care Center's mission is to provide high quality child care and after-school program within an optimum environment to promote the healthy development of children. The objectives of our mission will be met by providing education, nurturing and love with "hand chosen" staff who embrace and perpetuate our philosophy of providing the best environment for care. There is an old African motto that was coined by Senator Hillary Clinton that states "It takes a village to raise a child...". RSL, along with Parents, Teachers, community and Friends have created that village!

Objectives of the mission will be met by:

- Providing education, care, and nurturing for children, staff, and community members
- Utilizing culturally and developmentally appropriate practices
- Serving as a role model of child care excellence for the community

Philosophy

At RSG our philosophy is to provide the best possible environment for the care, education, and development of your child/children. We believe that your child/children are entitled to the best that modern knowledge makes available about the education, care and guidance of children. Our philosophy is expressed in a curriculum that encourages:

- Programs that are designed to be different, flexible, and encourage active hands-on learning because all children are unique with individual skills and interests
- Freedom and opportunity to develop physical, cognitive, and social skills at a child's own pace
- A warm relationship with adults that gives children a feeling of support while developing a sense of self-worth and independence.
- Consistent and understanding adult guidance, which supports needs yet limits actions and promotes a child's gradual growth towards responsibility and self-control.

Program Goals

Our goal is to build and maintain a strong, diverse, and inclusive organization that allows us to achieve the following objectives:

- Supporting families in achieving their own goals
- Providing opportunities and resources for children to develop cognitive, motor, communication, and social skills
- Promoting developmental progress of a child's self-care, self-esteem, and self-control
- Promoting child engagement, mastery and independence
- Providing and preparing for life experiences.

Program Standards

RSL maintains exceptional program standards. Our program standards provide opportunities and resources that allow for a healthy environment and constructive education for children through developmentally, culturally, and linguistically appropriate practices.

Developmentally Appropriate Programming

Our programs incorporate developmentally appropriate practices into our curriculum. Our programs are designed to reduce gender, racial, and cultural stereotypes and to foster positive intercultural relationships through a conscious effort to integrate an anti-bias model within the curriculum. Our programs are developed to provide an environment that builds self-esteem, teaches personal life skills, enhances health, and promotes social responsibility. Additionally, our programs provide a group experience where children learn social-interaction skills and make individual and/or group decisions.

Culturally and Linguistically Appropriate Programming

Our programs are designed to support and encourage understanding and appreciation of various cultures, customs, and languages. We promote an understanding and appreciation of similarities and differences through culturally and linguistically appropriate methods.

Culturally Sensitive

The program supports each child's construction of a knowledgeable and confident self-identity including both personal and group identity emphasizing confidence, not superiority.

The program supports each child's critical thinking about intolerance by helping children develop the cognitive skills to identify stereotypes, comments, and behaviors directed at one's own or another's identity.

The program supports each child's ability to stand up for herself/himself and for others in the face of bias.

Linguistically Sensitive

The program supports each child's understanding, acquisition, and appreciation of her/his language(s) as a valid way of communicating with others.

Families and Children

We believe that families are the child's first teacher and are to be valued as such. Our program provides a safe and supportive environment that extends and enhances the family's role and supports families in their child rearing efforts. We are committed to respecting and responding to the diverse needs and interests of families and children from many social and economic environments. Our program maintains a policy of openness without regard to ethnicity, religion, gender, handicapping conditions, economic status or national origin.

Children with Diverse Abilities

Our program supports and encourages the inclusion of children of diverse ability. The staff has the education and experience to provide high quality, developmentally appropriate programming to children with diverse abilities. We strive to support the right of each child to play and learn in inclusive programs, to the fullest extent, consistent with the best interests of all involved.

Program Outreach to Families

We place immense value on open communication between your family and our organization. As a result, our program supports outreach to families through:

- Monthly newsletter
- Informal meetings between staff and families
- An open-door policy
- Home visits and child progress conferences
- Parenting groups and workshops when interest is demonstrated
- Phone calls and written communication with families
- Family involvement in their child's experience as time and energy permit.

Qualified Personnel

At the RSL, we are committed to providing your child/children with a safe, nurturing, and stimulating educational environment. Our staff is comprised of thoroughly screened Early Childhood professionals with the education and experience to promote the developmental progress of children. Our professional staff is required to complete a minimum of 12-24 hours of additional early educational training per year. Additionally, all staff members abide by the National Association for the Education of Young Children's ***Code of Ethical Conduct***. (To obtain a copy of the ***Code***, please make your request to the RSL Director)

We maintain a low adult/child ratio in our program by utilizing college work-study students, field experience students, and community volunteers to assist our staff. We work together as a team, striving for communication between children, families, staff, and the community.

All professional staff members maintain current First Aid and CPR certifications. Furthermore, our professional staff has been trained to identify signs and symptoms of child abuse/neglect.

Childcare Application
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(If either parent is a student, please list name of school, telephone number and current schedule)

School _____

Telephone Number _____

School Schedule _____

Persons authorized to pick up child:

Name _____ Name _____

Name _____ Name _____

Name _____ Name _____

Authorized Persons are required to show identification at the request of the Academy staff.

(Under no circumstances will a child be released to anyone not known to the center without written authorization from parents or guardian)

Persons to be called in case of Emergency (be sure to include someone who will know your whereabouts)

Name _____ Relationship to child _____

Address _____ Home Telephone Number _____

Pager _____ Cell Phone _____



PARENTAL AUTHORIZATION FOR PEDIATRIC MEDICAL EMERGENCY AND/OR SURGICAL TREATMENT

AUTHORIZATION: In case of emergency I authorize the doctor or the hospital to which my child or children may be brought, (whomever they may designate as their assistants), to perform any emergency procedure or operation, and/or treatments and the administration of an anesthetic to my child during his/her stay with READY SET LEARN child care center.

Name of Child _____
First Last

Age Sex Date of Birth

Address of Child _____
Number Street City State Zip Code Apt. #

- Blue Cross/Blue Shield Policy Number _____
- Medicaid Policy Number _____
- HIP Policy Number _____
- Aetna US Health Care Policy Number _____
- Child Health Plus Policy number _____
- Other _____ Policy Number _____

**Parental Authorization for Pediatric Medical Emergency and/or Surgical Treatment,
Page-2-**

MEDICAL HISTORY:

Allergies _____

Special Diet _____

Penicillin or other drug reactions: _____

Explanation: **It is our firm hopes that the authorization granted on this form will never need to be used. For the SAFETY of the children however, sound Medical practices call for such authorization. In emergency situation, where for some reason the parent of the child cannot be contacted immediately, this form will be used only where absolutely necessary and only after every attempt has been made to first contact the parent(s).**

Signature _____

Relationship to child _____ Date _____



Ready, Set, Learn! Child Care Center
Health Policy

****** DO NOT BRING YOUR CHILD TO THE CENTER IF HE OR SHE IS SICK ******

Please take the time to observe your child's health each day. Because our concern is for the welfare of ALL the children in our care, we try to prevent the spreading of contagious viruses/diseases by asking you to keep your child at home if he/she:

- Exhibits Symptoms of a fresh cold
- Had a fever during the previous 24 hours of 100+
- Vomited or had diarrhea during the previous 24 hours
- Had a throat culture taken in the last 24 hours and/or has been taking antibiotics for fewer than 24 hours
- Exhibits behavior that indicates illness; such as lack of energy, sleepiness, loss of appetite or severe congestion.

A sick child will be uncomfortable participating in the daily activities at the center and often requires the constant attention of a teacher which is unfair to the child, staff members and other children. If your child is not well enough to play outside, your child is not well enough to be at school. It is in everyone's best interest to keep a child with questionable health at home.

If at any time a teacher/staff member becomes concerned about a child's health a phone call will be placed to the parent/guardian requesting that the child be picked up from school expeditiously. A doctor's visit may be recommended and an "able to return to school" note will be required.

We also need to know if your child develops any contagious viruses/diseases such as fifth disease, chicken pox, strep throat, head lice, ringworm, scabies, conjunctivitis etc.. We will post notices at the center if we have any such contagious cases among our families. If we see any of the above symptoms with any child we will remove child from classroom and contact the parent/guardian immediately.

Please think ahead and prepare alternative arrangement for care if your child is too ill or listless to be at school.

*** **

I have read and receive a copy of the Health Policy

(Please tear off and give to registrar)

Child's Name _____ Date _____

Parent's Name _____

Parent's Signature _____



Ready, Set, Learn! Child Care Center
**Topical
Medication Form**

It is the policy of this center NOT to administer any medication that is not topical.

Child's Full Name _____ Date _____

I, _____ give permission for RSL (Ready, Set, Learn Child Care Center) teachers/staff to administer the following topical medication to my child.

Please circle to approve the items that can be used.

Antibacterial Soap

Diaper Cream

Toothpaste

Band Ai

Diaper Wipes

Hand Sanitizer

First Aid Tape

Vaseline

Sunscreen

Parent/Guardians Signature _____ Date _____

You must notify us immediately if any of the previous information changes.

If you provide something special it needs to have a doctor's note to be used by the teacher/staff. passed along to the parents. All of the factors above can be traumatizing to the child, the family and the staff members.



3467 Ready, Set, Learn! Child Care Center

Tuition Fees

REGISTRATION FEE	\$100.00	(Non-Refundable)
INSURANCE FEE	\$150.00	per year
DAY CARE (Toddler)	\$255-338	PER WEEK (ages 2-2.11)
DAY CARE (Pre-School)	\$217- 245	PER WEEK (Ages 3-5.11)
SUMMER PROGRAM	\$217-255	PER WEEK (ages 4-5.11yrs)
SUMMER CAMP	\$195 -225	PER WEEK (ages 6-12.11 yrs)
SCHOOL AGE PROGRAM (FULL WEEK)	\$195 -225	PER WEEK (ages 6 -12.11yrs)
SCHOOL AGE PROGRAM (REGULAR AFTER SCHOOL)	\$115-195	PER WEEK (ages 6 -13 yrs)
SPECIAL NEEDS	\$545	PER WEEK

SCHOLARSHIPS ARE AVAILABLE UPON BOARD APPROVAL**

Scholarships are for families that are ineligible for any other subsidies and are granted on basis of need and availability, scholarships will cover up 35% of tuition charges.

Scholarship Fund Application

The Scholarship fund was created to assist parents who do not qualify for any other type of assistance with child care fees. The funds are available on a first come, first served basis until all available funding is exhausted. Funds are replenished through grants writing and fundraising efforts.

Application Date _____

DOB _____

Child's Name _____

Address _____ Apt. _____

City _____ New York _____ Zip _____

Mother's Name _____

SS# _____ Annual Salary _____
I am applying for the RSL Scholarship to assist with child care payment my child (listed above).

Signature _____

Father's Name _____

SS# _____ Annual Salary _____
I am applying for the RSL Scholarship to assist with child care payment my child (listed above).

Signature _____

Please include a picture of your child and 2 or three paragraphs describing why you think your child should receive the Scholarship and what pre-school can do for the child. Please note the scholarship will only cover up to 1/2 of the cost of tuition, and is not given to parents that receive other types of tuition assistance.

Also submit three (3) consecutive, recent pay stubs and copy of W-2 for the past year.

For Office Use Only

Approved _____

Disapproved _____

3 Paystubs _____

W-2 _____

Signature _____



Tuition Fee Agreement

I agree to pay tuition in the amount of \$_____ per week for the entire school year of September 1 – June 30. I understand that I am responsible to pay for each week during that period of time. With the exception of two weeks vacation that time. I understand that I must notify the center in advance of schedule vacation time. I understand that I must pre-enroll for summer program and can take either, four (4), six (6) or eight (8) weeks of summer care.

Section 1:

A non refundable registration fee of \$100 shall be paid by the parent for each child upon submission of the application forms. The insurance fee for each child is \$150.00 per year.

Section 2:

Tuition in the amount designated by the Board of Directors shall be paid for each child. Tuition may be paid weekly or monthly in advance. If payment is not received by Wednesday of the week your account will be assessed a \$20 late fee, increasing by \$10 if not paid by Friday.

Section 3:

If third party arrangements are made for tuition payments, you must comply with all deadlines for recertification or services will be interrupted and late fees will be assessed to your account. (Please note that although a third party may have arranged to pay child care payments on your behalf, you are still the legally responsible party to see that child care payments are made)

Section 4:

Should your family experience a financial crisis or great difficulties please speak with the center's Director. The RSL Foundation has set up a scholarship fund to provide tuition assistance for those families that are not eligible for any other subsidies. Tuition assistance is given as long as the funds raised are available.

*** **

I have read and receive a copy of the Tuition Fee Agreement

(Please tear off and give to registrar)

Child's Name _____ Date _____

Parent's Name _____

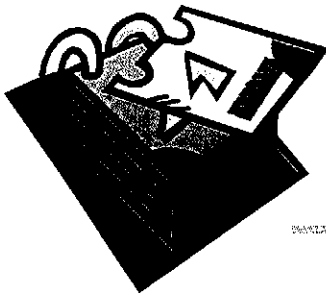
Parent's Signature _____



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Sample of Daily Class Schedule

Time	Monday	Tuesday	Wednesday	Thursday	Friday
7:45-9:00	Breakfast and Greetings	Breakfast and Greetings	Breakfast and Greetings	Breakfast and Greetings	Breakfast and Greetings
9:00-9:45	Circle Time	Circle Time	Circle Time	Circle Time	Circle Time
9:47-10:05	Story & Activity	Story & Activity	Story & Activity	Story & Activity	Story & Activity
10:07-10:47	Free Play	Free Play	Free Play	Free Play	Free Play
10:30-10:50	Early Snack	Early Snack	Early Snack	Early Snack	Early Snack
10:52-11:15	Listening & Oral Expression	Listening & Oral Expression	Listening & Oral Expression	Listening & Oral Expression	Listening & Oral Expression
11:17-11:40	Counting/Math	Counting/Math	Counting/Math	Counting/Math	Counting/Math
11:40-12:00	Break	Break	Break	Break	Break
12:00-12:45	Lunch	Lunch	Lunch	Lunch	Lunch
12:45-2:30	Nap	Nap	Nap	Nap	Nap
2:30-2:50	Transition From Nap	Transition From Nap	Transition From Nap	Transition From Nap	Transition From Nap
2:50-3:10	Art	Social Studies	Social Studies	Music	Music
3:10-3:30	Snack	Snack	Snack	Snack	Snack
3:30-3:50	Word Build	Word Build	Word Build	Word Build	Word Build
3:50-4:10	Gym	Science	Science	Art	Gym
4:10-4:50	Self-Selected Play	Self-Selected Play	Self-Selected Play	Self-Selected Play	Self-Selected Play
4:50-5:00	Clean-up	Clean-up	Clean-up	Clean-up	Clean-up
5:00-5:13	Character Talk	Character Talk	Character Talk	Character Talk	Character Talk
5:15 - 5:45	Activity & Dismissal	Activity & Dismissal	Activity & Dismissal	Activity & Dismissal	Activity & Dismissal



Ready Set Learn Child Care Center

3467 THIRD AVENUE Bronx NY 10456 P-718.665.1234 F-718.513.1322

2009-2010 School Year Calendar

Please note school is subject to closing on severe weather days.

You may call the school or watch Fox 5 news for weather authority for updates.

-2009-

September

7 st Monday	Labor Day -SCHOOL CLOSED
24 th Thursday	Parent Teacher Conference 6pm
25 th Friday	Early Dismissal - Closing at 1pm

October

12 th Monday	Columbus Day- SCHOOL CLOSED
30 th Friday	Early Dismissal - Closing at 1pm

November

11 th Tuesday	Veterans Day-SCHOOL CLOSED
19 th Thursday	Progress Reports
20 th Friday	Early Dismissal - Closing at 1pm
26 th Thursday	Thanksgiving Day- SCHOOL CLOSED
27 th Friday	Day after Thanksgiving- SCHOOL CLOSED

December

15 th Tuesday	Holiday Show (classes 1-5)
16 th Wednesday	Holiday Show (classes 6-10)
18 th Friday	Early Dismissal - Closing at 1pm
24 th Thursday	Early Dismissal - Closing at 1pm
25 th Friday	Christmas Day- SCHOOL CLOSED
31 st Thursday	Early Dismissal - Closing at 1pm

2010-continued

June

10 th Thursday	Graduate Meeting
11 th Friday	Early Dismissal - Closing at 1pm
21 st Monday	Final Report Cards
22 nd Tuesday	Graduation
25 th Friday	Recess Begins (return July 5 th)

July

5 th Monday	Summer Program Begins (ages 2-5)
	Summer Camp Program Begins (ages 6-13)

August

27 th Friday	End of Summer Program
	Recess Begins (Return Sep 7 th)

September

7 th Tuesday	First day of School
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-2010-



January

1 st Friday	New Year's Day-SCHOOL CLOSED
18 th Monday	Martin Luther King's Day-SCHOOL CLOSED
29 th Friday	Early Dismissal - Closing at 1pm

February

15 th Monday	President's Day SCHOOL CLOSED
25 th Thursday	Progress Report/Parent Teacher Conference
26 th Friday	Early Dismissal - Closing at 1pm

March

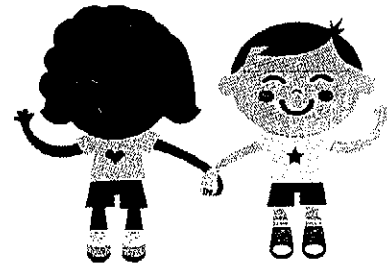
10 th Wednesday	Multi-Cultural Day
26 th Friday	Early Dismissal - Closing at 1pm

April

9 th Friday	Good Friday-SCHOOL CLOSED
23 rd Friday	Early Dismissal - Closing at 1pm

May

28 th Friday	Early Dismissal - Closing at 1pm
31 st Monday	Memorial Day-SCHOOL CLOSED





Class Supplies

Your child must have the following items beginning _____

1. A book bag
2. 2 black & white composition notebooks
3. Two Pencils (chubs pencil for children 3 and under)
4. One small bottle of Elmer's glue
5. One box of crayons (8 colors)
6. One child safety scissors
7. One small sheet (Crib size sheets fit the cots & mats at the school)
8. One small blanket (Crib size blanket is best)
9. A complete change of clothing in a plastic shoe box container with cover (please ask your child's teacher to show you the appropriate size box. Large containers will be return to you.

Please label all items and clothing belonging to your child. This includes sweaters, jackets, hats, underwear, change of clothing, books, and book bags, etc.

In addition we also request that each parent send in the following items to their child's classroom every other month: Two rolls of paper towels, Two boxes of facial tissues, and Two soft-soaps (liquid hand washing soap).



RSL (Ready, Set, Learn!) Discipline Policy for Teachers and Staff

All children are precious. We never call a child bad. We never tell a child that he or she has done a bad thing. Bad is not a part of our vocabulary. Create incentives for good behavior with praise and rewards.

If you see a child doing something wrong, do not yell across the room or playground. Walk over to the child and speak in a normal tone of voice. Kneel down so you are at the child's eye level. Have the child look at you while you are talking. Ask if he or she understands what you are saying. You can ask the child to repeat the message back to you to insure that your message is understood.

Young children do not always understand the why and the psychology of what they are doing. Remember the following:

- Redirect an unruly child. Get him interested in an alternative activity.
- If the unruly behavior continues, distract him again and explain why he cannot behave in that manner.
- If the child persists, warn him that he will be put in "time-out" if he misbehaves one more time.
- **Oops! Time-out!** One minute per age of the child. Designate a particular spot in the classroom as the time-out spot. Do not forget to take the child out of time-out after a few minutes. If another teacher has placed a child in time-out, please be courteous and check with that teacher before letting the child out of time-out.
- Infants are never placed in time-out.

Never be rough with a child. Never hit or shake a child.

If you need help, ask! It is the responsibility of your coworkers to help you.

Try to anticipate a problem or conflict before it happens. You need to stay alert and keep your eyes on the children. Do not turn your back on the children. Share responsibilities with coworkers. Work together.

Use these words:

- *You NEED to _____.*
- *I am going to count to (5-10), then you will need to _____.*
- *At Precious Time we _____.*

Repetition, repetition, repetition!

**Remember to catch a child doing something good!
Give praise generously. Young children try hard to please.**

Childhood is a time of learning and exploration. Young children need to learn social skills. During this process all children make mistakes, test their limits, and wind up in time-out. This is normal. DO NOT greet parents with the details of their child's shortcomings! Parents need to hear about their child's accomplishments. The teacher or director will address any serious behavior problems.

If a child in your class has a chronic behavior problem, the teacher and director will establish a behavior modification plan. It is easier to allow a child to do whatever they want rather than discipline them. Take the time to train your students well, and you will be rewarded in the end!

Section 9

Unless you list the child's food stamp, FDPIR or TANF case number or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the social security number of the household member signing the application or indicate that the household member signing the application does not have a social security number. You do not have to list a social security number, but if a social security number is not listed or an indication is not made that the adult household member signing the application does not have a social security number, we cannot approve the application. The social security number may be used to identify the household member in verifying the correctness of the information stated on the application. This may include program reviews, audits and investigations and may include contacting employers to determine income, contacting a food stamp, FDPIR or TANF office to determine current certification for food stamps, FDPIR or TANF benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

Definition of Income

Income means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) public assistance or welfare payments; (7) unemployment compensation; (8) government civilian employee or military retirement, or pensions or veteran's payments; (9) private pensions or annuities; (10) alimony or child support payments; (11) regular contributions from persons not living in the household; (12) net royalties; (13) military benefits received in cash, such as housing allowance; and (14) any other cash income.

Definition of Household

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

INSTRUCTIONS FOR COMPLETING DOH-3688

Instructions for Parents or Guardians:

Write in the name of the day care center in the space provided.

Print the name of each child in your household who attends this day care center.

Section A: If your household receives Temporary Assistance for Needy Families (TANF) or Food Stamps or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the TANF, FS or FDPIR number (do not use your ACD or DSS child care subsidy number) and sign and date the form and return it to the day care center.

Foster children: If your household includes a foster child who is in day care, complete Section A only. Write in the foster child's name and any income that the child receives from social services for his or her personal use. Write in 0 if the foster child does not receive any income. A separate application must be completed for each foster child. The foster parent or an official who represents the child must sign and date the form and then return it to the day care center.

Section B: Write in the names of all the people living in your household, even if they do not have any income. Include yourself and all other adults and children in the household, including unrelated people. Do not include the children in day care, who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household above. If any amount last month was more or less than the usual, write in that person's usual income. The signature and social security number of the adult signing the certification is required. If you do not have a social security number, write *none*.

Instructions for Centers and Sponsors

The For Sponsor Use Only section is to be completed, signed and dated by day care center or sponsor staff.

The sponsor/center representative must review the income eligibility application and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The sponsor agreement number.

Total household members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in day care.

Total Income – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the application must be categorized as *paid*.

Free, Reduced or Paid – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete applications (missing signatures, income information, social security numbers, TANF FDPIR or Food Stamp numbers) are categorized in the paid category.

The income eligibility application is valid for one calendar year only.

CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please
Print Clearly
Press Hard

STUDENT ID NUMBER
OSIS

Child's Last Name _____ First Name _____ Middle Name _____ Sex Female Male Date of Birth (Month/Day/Year) _____/_____/_____

Child's Address _____ Hispanic/Latino? Yes No Race (Check ALL that apply) American Indian Asian Black White
 Native Hawaiian/Pacific Islander Other _____

City/Borough _____ State _____ Zip Code _____ School/Center/Camp Name _____ District Number _____ Phone Numbers
Home _____
Cell _____
Work _____

Health Insurance (including Medicaid)? Yes No Parent/Guardian Last Name _____ First Name _____
 Foster Parent

Birth history (age 0-6 yrs)

Uncomplicated Premature: _____ weeks gestation

Complicated by _____

Allergies None Epi pen prescribed

Drugs (list) _____

Foods (list) _____

Other (list) _____

Does the child/adolescent have a past or present medical history of the following?

Asthma (check severity and attach MAF/Asthma Action Plan): Intermittent Mild Persistent Moderate Persistent Severe Persistent
If persistent, check all current medication(s): Inhaled corticosteroid Other controller Quick relief med Oral steroid None

Attention Deficit Hyperactivity Disorder Orthopedic injury/disability
 Chronic or recurrent otitis media Seizure disorder
 Congenital or acquired heart disorder Speech, hearing, or visual impairment
 Developmental/learning problem Tuberculosis (latent infection or disease)
 Diabetes (attach MAF) Other (specify) _____

Medications (attach MAF if in-school medication needed)

None Yes (list below)

Dietary Restrictions

None Yes (list below)

Explain all checked items above or on addendum

PHYSICAL EXAMINATION

Height _____ cm (_____%ile)
Weight _____ kg (_____%ile)
BMI _____ kg/m² (_____%ile)
Head Circumference (age ≤2 yrs) _____ cm (_____%ile)
Blood Pressure (age ≥3 yrs) _____ / _____

General Appearance:

<input type="checkbox"/> HEENT	<input type="checkbox"/> Lymph nodes	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Skin	<input type="checkbox"/> Psychosocial Development
<input type="checkbox"/> Dental	<input type="checkbox"/> Lungs	<input type="checkbox"/> Genitourinary	<input type="checkbox"/> Neurological	<input type="checkbox"/> Language
<input type="checkbox"/> Neck	<input type="checkbox"/> Cardiovascular	<input type="checkbox"/> Extremities	<input type="checkbox"/> Back/spine	<input type="checkbox"/> Behavioral

Describe abnormalities:

DEVELOPMENTAL (age 0-6 yrs)

Within normal limits

If delay suspected, specify below

Cognitive (e.g., play skills) _____

Communication/Language _____

Social/Emotional _____

Adaptive/Self-Help _____

Motor _____

SCREENING TESTS

	Date Done	Results
Blood Lead Level (BLL) <i>(required at age 1 yr and 2 yrs and for those at risk)</i>	____/____/____	____ μg/dL
Lead Risk Assessment <i>(annually, age 6 mo-8 yrs)</i>	____/____/____	<input type="checkbox"/> At risk (do BLL) <input type="checkbox"/> Not at risk
Hearing <input type="checkbox"/> Pure tone audiometry <input type="checkbox"/> OAE	____/____/____	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal
Hemoglobin or Hematocrit (age 9-12 mo)	____/____/____	____ g/dL ____ %

Head Start Only

Tuberculosis

Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school

	Date Done	Results
PPD/Mantoux placed	____/____/____	Induration _____ mm
PPD/Mantoux read	____/____/____	<input type="checkbox"/> Neg <input type="checkbox"/> Pos
Interferon Test	____/____/____	<input type="checkbox"/> Neg <input type="checkbox"/> Pos
Chest x-ray <i>(if PPD or Interferon positive)</i>	____/____/____	<input type="checkbox"/> NI <input type="checkbox"/> Not Indicated <input type="checkbox"/> Abnl
Vision <i>(required for new school entrants and children age 4-7 yrs)</i>	____/____/____	Acuity Right ____/____ Left ____/____ <input type="checkbox"/> with glasses Strabismus <input type="checkbox"/> No <input type="checkbox"/> Yes

IMMUNIZATIONS - DATES

CIR Number of Child _____

Hep B _____

Rotavirus _____

DTP/DTaP/DT _____

Hib _____

PCV _____

Polio _____

Influenza _____

MMR _____

Varicella _____

Td _____

Tdap _____ Hep A _____

Meningococcal _____

HPV _____

Other, specify: _____

RECOMMENDATIONS

Full physical activity Full diet

Restrictions (specify) _____

Follow-up Needed No Yes, for _____ Appt. date: ____/____/____

Referral(s): None Early Intervention Special Education Dental Vision

Other _____

ASSESSMENT

Well Child (V20.2) Diagnoses/Problems (list)

ICD-9 Code _____

Health Care Provider Signature _____

Date ____/____/____

Health Care Provider Name and Degree (print)

Provider License No. and State

Facility Name

National Provider Identifier (NPI)

Address _____ City _____ State _____ Zip _____

Telephone (____) _____ Fax (____) _____

DOHMH PROVIDER ONLY

TYPE OF EXAM: New Patient MAF Print

Comments

Date Reviewed

REVIEWER

See INSTRUCTIONS on reverse.

DAY CARE CENTER NAME: _____

Print the name of the child(ren) enrolled in Day Care:

1. _____ 2. _____ 3. _____

DIRECTIONS:

Complete SECTION A if your household:

1. Receives Temporary Assistance to Needy Families (TANF)
2. Receives Food Stamps
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR)
4. Currently has a foster child enrolled in day care

Complete SECTION B if Section A does not apply:

Sign, date and indicate the Social Security number of the adult signing the certification and return the completed form to the day care center.

SECTION A	SECTION B															
<p>TANF Number _____</p> <p>Food Stamp Case Number _____</p> <p>FDPIR Number _____</p> <p>Foster Child's Name _____</p> <p>Foster Child's Personal Monthly Income \$ _____</p> <p>An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</p> <p>Signature: _____</p> <p>Date: _____</p>	<p>List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received last month in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, welfare payments, child support and any other sources of income.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Name of Household Members</th> <th style="width: 30%;">Monthly Gross Income</th> </tr> </thead> <tbody> <tr><td>1. _____</td><td>\$ _____</td></tr> <tr><td>2. _____</td><td>\$ _____</td></tr> <tr><td>3. _____</td><td>\$ _____</td></tr> <tr><td>4. _____</td><td>\$ _____</td></tr> <tr><td>5. _____</td><td>\$ _____</td></tr> <tr><td>6. _____</td><td>\$ _____</td></tr> </tbody> </table> <p>An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</p> <p>Signature: _____</p> <p>Print Name: _____</p> <p>SS# _____ Date: _____</p>		Name of Household Members	Monthly Gross Income	1. _____	\$ _____	2. _____	\$ _____	3. _____	\$ _____	4. _____	\$ _____	5. _____	\$ _____	6. _____	\$ _____
Name of Household Members	Monthly Gross Income															
1. _____	\$ _____															
2. _____	\$ _____															
3. _____	\$ _____															
4. _____	\$ _____															
5. _____	\$ _____															
6. _____	\$ _____															
FOR SPONSOR USE ONLY																
<p>Sponsor Agreement Number: _____</p> <p>Total Household Members: _____</p> <p>Total Income \$: _____</p> <p>Free _____ Reduced _____ Paid _____</p> <p>Signature of Determining Official: _____</p> <p>Date Determined: _____</p>																

Dear Parent, Guardian or CACFP Participant:

Your program participates in the Child and Adult Care Food Program (CACFP) and serves nutritious meals each operating day. The information requested on the attached Income Eligibility Application determines how much reimbursement your program will receive from CACFP for these meals and snacks, based on the United States Department of Agriculture (USDA) family income criteria listed below. We encourage you to complete the attached form promptly so your center can maximize its reimbursement for healthy meals and snacks. One form needs to be completed for each household every year. All information on the application will be confidential and used only for the purpose of determining CACFP reimbursement for meals and snacks served at the program.

Guidelines for completing the Income Eligibility Application are listed below:

DOH-3688: Income Eligibility Application

- Households currently receiving Food Stamps, FDIPIR, or Temporary Assistance to Needy Families (TANF) are automatically eligible for the highest reimbursement and need only complete Section A of the application. You must immediately notify your child care program if your household no longer participates in any of these programs.
- Head Start participants in federally funded slots are automatically eligible for the highest rate of reimbursement from CACFP.
- The eligibility of a foster child is dependent on the foster child's own income rather than the income of the individual(s) with whom they reside. If you are completing this form for a foster child, you need to complete only Section A of the application. A separate form must be completed for each foster child.

DOH-3834: Adult Income Eligibility Application

- Adult participants eligible for Food Stamps, SSI or Medicaid are automatically eligible for the highest reimbursement and need only complete parts 1 and 3 of the adult application. You must immediately notify the program if the household no longer participates in any of these programs.

INCOME ELIGIBILITY GUIDELINES
 (Effective from July 1, 2008 to June 30, 2009)

Household Size	REDUCED PRICE MEALS		
	Year	Month	Week
1	19,240	1,604	370
2	25,900	2,159	499
3	32,560	2,714	627
4	39,220	3,269	755
5	45,880	3,824	883
6	52,540	4,379	1,011
7	59,200	4,934	1,139
8	65,860	5,489	1,267
For each additional family member	+6,660	+555	+129

No person will be discriminated against because of race, color, national origin, sex, age or disability in the operation of the Child and Adult Care Food Program. If you believe that you have been discriminated against, write immediately to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call 1-800-795-3272 (voice) or 1-202-720-6382 (TTY). USDA is an equal opportunity provider and employer.

 Sponsor/Center Official

 Sponsoring Organization

 Date