

CHILD CARE ENROLLMENT

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

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

CHILD INFORMATION

Name (Last, First, MI)

Birthdate (mm/dd/yyyy)

First Day of Attendance

PARENT OR GUARDIAN – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

a. Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Home Address (Street, City, State, Zip)

Does child reside at this location?
 Yes No

Place of Employment and Work Phone No.

b. Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Home Address (Street, City, State, Zip)

Does child reside at this location?
 Yes No

Place of Employment and Work Phone No.

AUTHORIZED PERSONS – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Place of Employment and Work Phone No.

b. Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Place of Employment and Work Phone No.

EMERGENCY CONTACT – The person to be notified in an emergency when parents / guardians cannot be reached.

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

Name and Relationship to Child

Home / Cell Phone No.

Email Address Where Reachable While Child is in Care

Place of Employment and Work Phone No.

PHYSICIAN OR MEDICAL FACILITY

Name

Address (Street, City, State, Zip Code)

Telephone Number

AUTHORIZATIONS

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

SIGNATURE – Parent or Guardian

Date Signed

Health History and Emergency Care Plan

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

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

CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance (mm/dd/yyyy)
Home Address (Street, City, State, Zip Code)		

PARENT / GUARDIAN INFORMATION

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

Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number

PHYSICIAN / MEDICAL FACILITY INFORMATION

Physician Name	Medical Facility Address	Telephone Number
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SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)6., Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6 months and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.	Equate Lotion UVVA/UVB	SPF50
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.	Unscented Cutter contains DEET	10% DEET

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

- Check any special medical condition that your child may have.
 - No specific medical condition
 - Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism
 - Asthma
 - Cerebral palsy / motor disorder
 - Diabetes
 - Epilepsy / seizure disorder
 - Gastrointestinal or feeding concerns, including special diet and supplements
 - Other condition(s) requiring special care – Specify.

- Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
- Food allergies – Specify food(s).

Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

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

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

a.

b.

c.

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

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

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

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates:

Child Health Report – Child Care Centers

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

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

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

Child's Name (Last, First, MI)	Child's Birthdate (mm/dd/yyyy)
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Child's Address (Street, City, State, Zip Code)

Parent or Guardian Name (Last, First, MI)

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

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

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

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

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

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

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

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

AUTHORIZATION

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

Name – MD, PA, or other EPSDT Provider (type or print)	Address (Street, City, State, Zip Code)
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SIGNATURE – MD, PA, or other EPSDT Provider	Date of Examination
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CHILD CARE IMMUNIZATION RECORD

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

PERSONAL DATA

PLEASE PRINT

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

IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (Chickenpox)					

History of Varicella/Chickenpox
 In accordance with DHS 144.03(2)(g), I attest that this child has a reliable history of varicella disease and is not required to receive Varicella vaccine.

SIGNATURE – Physician/PA/APNP Date Signed

REQUIREMENTS

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

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

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

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

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

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

COMPLIANCE DATA AND WAIVERS

STEP 4 **IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR**
IF THE CHILD DOES NOT MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).

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

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

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

Physician's Signature Required

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

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

SIGNATURE

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

SIGNATURE - Parent, Guardian or Legal Custodian Date Signed

Account Information
(adult/s responsible for childcare payments)

Name	Name
Address	Address
Phone Home: _____ Work: _____ Cell: _____ Cell provider: _____ (Our Procure system requires this in order for us to send you messages via text)	Phone Home: _____ Work: _____ Cell: _____ Cell provider: _____ (Our Procure system requires this in order for us to send you messages via text)
Place of Employment (name and address)	Place of Employment (name and address)
DOB	DOB
SS#	SS#
DL#	DL#
Email	Email



Permission to Photograph

I, _____, give permission for United Child Care Center to
(Parent or Guardian name) (Child Care Provider)

photograph my child, _____, for the following purposes:
(Child's name)

***Only first names will be displayed.** (Please specify if you give permission and do not want their first names displayed at all for any of the items below.)

Type of Use:	Please check one	
	Grant Permission	Decline Permission
Still Photographs:		
Post photos on United Child Care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Display photos on United Child Care's website*	<input type="checkbox"/>	<input type="checkbox"/>
Display w/in United Child Care center	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	<input type="checkbox"/>
United Child Care Centers Newsletters <i>(This newsletter is posted on our website monthly)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Walworth County Community Websites	<input type="checkbox"/>	<input type="checkbox"/>
Walworth County Community Facebook pages	<input type="checkbox"/>	<input type="checkbox"/>
Videos:		
United Child Care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
United Child Care's website*	<input type="checkbox"/>	<input type="checkbox"/>

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed: _____
(Parent or Guardian)

(Date)



HOUSEHOLD SIZE – INCOME STATEMENT

Child and Adult Care Food Program

An adult household member must complete this form (HSIS) and return it to the center. Complete one HSIS per household. Refer to the accompanying Household Letter for instructions on completing this form.

First and Last Name(s) of Enrolled Child(ren): Center United Child Care Center

PART 1: BENEFITS

Do any household members currently participate in FoodShare WI, WI Works Programs, or FDPiR? If yes, check the program and write the corresponding case number below; then go to Part 3. If no, skip to Part 2.

FoodShare Wisconsin (10-digit case number): DO NOT list a 16-digit Quest Card number: Wisconsin Works (W-2) Programs (10-digit case number): FDPiR (9-digit case number):

PART 2: HOUSEHOLD SIZE AND INCOME

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

a) Household Members Information: List full names of all members in first column, including yourself and all children. b) List all income on the same line as the person who receives it.

Table with columns: Household Member Names, Age, Check if Foster Child, Check if No Income, Gross wages, Net income, Retirement, Social Security, VA benefits, Child Support, Alimony, Private pensions, Trusts, Annuities, Investments, Interest, Net rental income, Savings withdrawals, Any other income.

c) Record total # of household members:

PART 3: SIGNATURE

An adult household member must sign and date this form

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

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

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

SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN): American Indian or Alaska Native Black or African American White Asian Native Hawaiian or Other Pacific Islander

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

Signature of Adult Household Member Signature Date Mo./Day/Yr. Last 4 digits of SS# (or check "None" if you do not have a SS#)

FOR CENTER USE ONLY - Complete all 3 sections

Section 1: Basis of Determining Eligibility (A or B) Section 2: Eligibility Determination Section 3: Determining Official's Initials/Approval Date Effective Month of Determination

*Convert to yearly income only when multiple pay frequencies are reported, using only these multipliers: Weekly x 52, Twice a month x 24, Monthly x 12 **This form expires one year from the Effective Month of Determination.

Dear Parent or Guardian:

United Child Care Center is enrolled in the CACFP, a USDA program which
 (Name of Agency)

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

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

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

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

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

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

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

Household-Size Income Scale (Effective July 1, 2023 to June 30, 2024)

Household Size	Annual Income Level (at or below)
1	\$ 26,973
2	\$ 36,482
3	\$ 45,991
4	\$ 55,500
5	\$ 65,009
6	\$ 74,518
7	\$ 84,027
8	\$ 93,536
For each additional Household Member, add:	+\$ 9,509

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

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

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

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

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

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

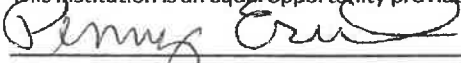
- **Foster children:** Your completed HSIS with the 'Foster Child' box checked next to your foster children's names. When including them on your HSIS completed for your non-foster children, any income reported for your foster children must only be for their personal use. Your foster children will then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

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

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

Refer to the [USDA Non-Discrimination Statement and Complaint Filing Procedure \(https://dpi.wi.gov/nutrition#discrimination\)](https://dpi.wi.gov/nutrition#discrimination).

This institution is an equal opportunity provider.



Signature of Agency Representative



CACFP ENROLLMENT FORM

Parent/Guardian Instructions:

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

Child Care Name:

United Child Care Center

HOURS AND MEALS WHILE IN CARE											
Child's Name:	Days Normally in Care (Check <input type="checkbox"/>)	From		To		Meals Normally Received While in Care (Check <input type="checkbox"/>)					
						9-930 Breakfast	AM Snack	12-1230 Lunch	PM 300-415 Snack	415 Supper	Evening Snack
	<input type="checkbox"/> Sunday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Monday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Tuesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth:	<input type="checkbox"/> Wednesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Thursday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Friday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Saturday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information (Year One):		Additional Information (Year Two):				Additional Information (Year Three):					

HOURS AND MEALS WHILE IN CARE											
Child's Name:	Days Normally in Care (Check <input type="checkbox"/>)	From		To		Meals Normally Received While in Care (Check <input type="checkbox"/>)					
						9-930 Breakfast	AM Snack	12-1230 Lunch	PM 300-415 Snack	415 Supper	Evening Snack
	<input type="checkbox"/> Sunday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Monday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Tuesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth:	<input type="checkbox"/> Wednesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Thursday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Friday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Saturday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information (Year One):		Additional Information (Year Two):				Additional Information (Year Three):					

HOURS AND MEALS WHILE IN CARE											
Child's Name:	Days Normally in Care (Check <input type="checkbox"/>)	From		To		Meals Normally Received While in Care (Check <input type="checkbox"/>)					
						9-930 Breakfast	AM Snack	12-1230 Lunch	PM 300-415 Snack	415 Supper	Evening Snack
	<input type="checkbox"/> Sunday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Monday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Tuesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth:	<input type="checkbox"/> Wednesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Thursday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Friday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Saturday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Information (Year One):		Additional Information (Year Two):				Additional Information (Year Three):					

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

United Child Care Center Contract

Schedule Contract and Agreement to Pay Fees

I am enrolling my child, _____, (Birthdate: _____),
at United Childcare Center for _____ through _____.
Start Date End Date

In enrolling, I signify that I have read and agree to the Operating Policies and Fee Schedule, and all fees associated with that schedule including, but not limited to: Registration, Tuition, Early Drop-off/Late Pick-up, and Late Payment.

I understand that the days and times that I have contracted for remain fixed and I am charged for these days regardless of attendance. I may not subtract from those hours contracted (except for the purpose of a permanent contract change which requires a two week notice), but with approval and proper notice, I may add hours for service, if available.

Absent credits will only be accepted for credit if all other charges are paid in full, and cannot be used during two-week notice of termination.

The schedule below can be changed with a two-week notice. A two-week notice is required to terminate this contract.

New contracts will be issued and renewed for each school year and each summer.

I am contracting for the following schedule of hours:

(Please list specific drop off and pick up times for each scheduled day)

Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

Total hours per week _____ Weekly Tuition \$ _____
(Office use only) (Office use only)

For School Age (4k and up) children only: (Children enrolled in Central Denison & East View)

I will need childcare on **all** days school is closed. A \$20.00 fee will be applied weekly when this box is selected).
Start time _____ End time _____

I will **only** need childcare on work/in-service day's school is closed. A \$20.00 fee will be applied weekly when this box is selected). Start time _____ End time _____

(By checking one of the boxes above, your child will be scheduled and you will be charged tuition for the full day of care. The \$20.00 fee will be waived during a week your child is scheduled a full day. If the above box/es are not checked, your child will not be scheduled and you will not be charged. If you need care on any non-school day or work/in-service day but did not check the box/es above, care that day would be based on availability and the \$5 drop in fee would apply.)

(Parent signature)

(Date signed)

(Director's signature)

(Date signed)

PARENT/GUARDIAN ORIENTATION

Bring Enrollment Folder, First Weeks Tuition and Registration Fee (annually, first week of September) at time of Orientation

During Initial Tour, I received the following:

- Tour of the Facility
- Introduction to Teaching Staff
- Overview of available family support resources and activities
- Interpreter (If needed) Spanish- Mrs. Ruth all other languages use translation app.

During Initial Orientation, I received the following:

- **Locked Door Practice:**
UCCC is a locked facility. We have a keyless entry. Every Authorized & Emergency contact person is given an access code (EACH INDIVIDUAL MUST HAVE THEIR OWN CODE, NO SHARING PLEASE)
- **Payment Options:**
UCCC Payment Box is located by our sign in computer. UCCC accepts Checks and Money Orders
Credit Card- Visa or Master (At sign in computer or at myprocare.com)
Automatic Withdrawal- Fill out and submit form with a blank check to the office.
Wisconsin Shares- receive a booklet and fill out and put in payment box.
Payments are due in full each Friday for the following week.
- **Family Mail Boxes:**
It is important to check your mailbox every day. Please take any items/paperwork home and look over. Some paperwork can be time sensitive and may be required by a specific due date. A late paperwork fee may apply.
- **Children's Belongings:**
Children participate in messy play in the classroom and outside. Please don't send child/ren in clothes that can't get dirty.
Parents are responsible for ensuring there is an extra set of clothes at all times- please check regularly (outgrown, seasonally appropriate)
LABEL ALL ITEMS BROUGHT IN
- **Food Pantry Location:**
Hours of operation: (M, W, F 9:00am-11:00am)
We have a divider located along our School Age Classroom. A food pantry volunteer is located at the top of the stairs and escorts people in and out at all times. Their door is locked as well.
- **Cameras:**
We have cameras located in every classroom, on our front door & part of our playground.
- Parent visit with the classroom teacher
- Overview of parent handbook
- Discussion of expectations of family and the needs of the child
- Discussion of Health and developmental needs and screening expectations
- Discussion of parent/legal guardian and teacher roles
- Opportunity for extended visit in the classroom by both parent and child for a period of time to allow both to be comfortable in the new surrounds.
- Parking (**PLEASE DO NOT PARK IN PASTOR, SECRETARY OR DIRECTOR SPOTS!**)

X

Parent Signature & Date

X

Director/Assistant Director Signature & Date

School Age Room Schedules



Before School Schedule

6:00-7:15	Interactive Play
7:15-7:30	Bathroom/Wash
7:30-8:00	Breakfast/Interactive Play
8:00-8:30	Clean up/Get ready for school bus

After School Schedule

4:00-4:15	Snack Time
4:15-5:00	Interactive Play
5:00-6:00	Outside Play

Non School Day Schedule

6:00-8:30	Drop off/Interactive Play
8:45-9:00	Bathroom/Wash
9:00-9:30	Breakfast
9:30-10:00	Interactive Play
10:00-10:30	Circle Time
10:30-11:00	Music/Movement/Small Group Offered
11:00-11:45	Outside Play
11:45-12:00	Bathroom/Wash
12:00-12:30	Lunch
12:30-1:00	Quiet Reading
1:00-2:00	Outside Play
2:00-3:00	Educational Small Group Activity (Art, Writing, Math, or Science)
3:00-3:30	Bathroom/Wash and Snack Time
3:30-4:00	Interactive Play
4:00-5:15	Outside Play
5:15-6:00	Interactive Play/ Pick Ups

•Interactive Play: all centers will be open for children to explore with teacher interaction: Music and Movement, Science, Dramatic Play, Math & Manipulatives, Sensory, Blocks, Art, Writing & Reading

•Substantial Portion of the day = 5.25 hours

•Hands washed before and after every meal

•First 20 minutes of outside play is teacher led •••Outdoor Physical Activity- 2 hours

•Bathroom Breaks are given every 2 hours or as needed

Through Your Eyes

I would like to get to know your child through your eyes.

This will assist in meeting their needs in our classroom.

Child's name: _____

List 4 words that you would use when describing your child

1. _____ 2. _____
3. _____ 4. _____

What motivates your child? _____

What upsets your child? _____

What are your hopes or goals for your child this year?

What are your child's strengths?

What kinds of things does your child find difficult?

What else would you like me to know about your child?

Thank you!



United Child Care School Age Electronic Contract

I, _____, agree to only use my electronic device during quiet time. I promise to only play the games that my parents/guardians approve of. I understand that my electronic device should come fully charged every day and that I will not be able to charge it at daycare.

I understand that playing on my electronic device at United Child Care Center is a privilege that can be taken away if I make poor choices throughout the day. I also understand that if I violate this contract, I will not be able to bring my device for the remainder of the summer.

Child's Signature: _____ Date: _____

I, _____, have read over this agreement with my child and understand the rules of using electronic devices at United Child Care Center. I understand that United Child Care Center is not responsible for my child's electronic device and is not liable for any lost or damaged devices.

Please Check One:

I give my child permission to bring their electronic device to United Child Care Center.

I do not give my child permission to bring their electronic device to United Child Care Center or to observe another child playing on a device.

Parent's Signature: _____ Date: _____



myprocare[®]

Dear parent/guardian,

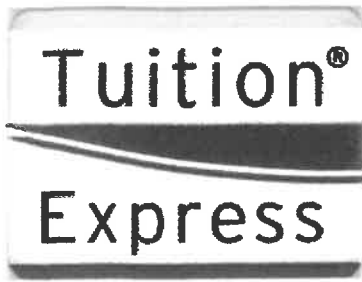
United Child Care Center is pleased to offer **MyProcure**, a free online portal for you to access account information and easily pay tuition. MyProcure is safe, secure and created with your convenience in mind.

Log in today!

1. Go to MyProcure.com.
2. Enter your email address (the email you have on file with United Child Care Center) and choose **Secure Login**.
3. Enter the confirmation code sent to your email, choose a password, and press **Submit**.
4. Then you may:
 - a. View your child's account and more.
 - b. Use the **Pay** button to make a payment with your card.

Thank you!

United Child Care Center and MyProcure



Automated Payment Processing

Safe- Convenient- Easy

We are excited to offer the safety, convenience and ease of Tuition Express- a payment processing system that allows secure, on-time tuition and fee payments to be made from your bank account for a small fee of .75 per week. If you sign up for Tuition Express Automated Payment Processing your account will be billed a .75 ACH processing fee every Tuesday.

Payments will be processed every Friday

I (we) hereby authorize United Child Care Center to initiate debit entries to my (our) checking or savings account, indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days' written notice. If your bank has insufficient funds at the time payment is processed a \$20.00 ACH Return Fee will be applied to your account. After two ACH Return fees you will be removed from Automated Payment Processing and you will be responsible for payment in the form of a cashier's check, money order, or credit card payment.

Your Name _____ Phone# _____

Address _____ City _____ State _____ Zip _____

Bank Name _____

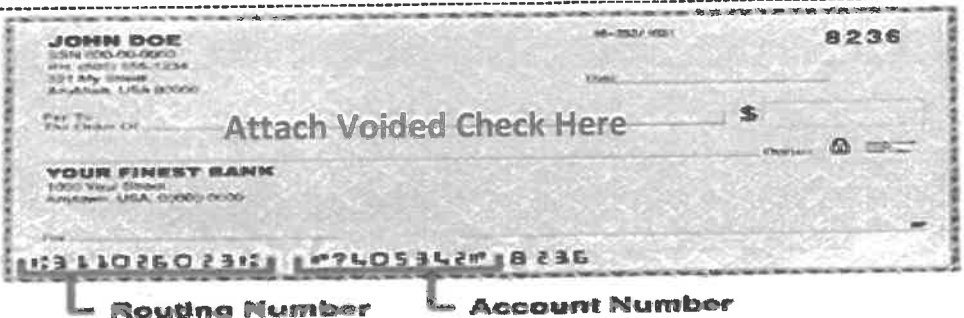
Bank Address _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____

Account Number (see sample below) _____ Checking Savings

Authorization Signature _____ Date _____

For Official Use Only
Date Received _____
Employee Signature _____





Hello New Family,

I'm excited to inform you that United Child Care Center uses Procure as our communication tool. Procure will help simplify how we communicate with you and keep you in the know of what your child is doing while in our care. Here is what Procure provides for us:

Procure is accessible from your computer, phone or tablet via their app or website. You will receive an email at the end of your child's day which will include; feedings/meals, diapering/potty, photos/videos, learning activities, naps, moods, medications given, incidents, notes on items needed and more. Procure will be our main form of communication with families so it is important to read your emails. If UCCC were to have an emergency or have to close the center due to inclement weather we will send out a message through Procure. We will also send our monthly newsletters and documents that need to be completed by you.

When you are invited to Procure, you get to choose whether or not you want to create an account. If you are reluctant for any reason, no big deal. You will still receive emails about your child/ren. Once you create an account you are able to edit your profile setting. You can decide what push and email notifications you would like to receive. Our recommendation is to always enable push notifications for meds & incidents, calendar events, and staff messages as they are important to receive immediately.

When you create an account, here is what you will get...

1. **A secure and private network**
2. **Staff Messaging-** When you send a message it will be sent to your child's primary teachers and also admin for quicker response.
3. **Information about only your child**
4. **Calendar-** To see events or fieldtrips coming up
5. **Documents-** You will be able to look over, sign, date and return all documents.
6. **Make a payment-** Currently we do not have this feature but it will be coming soon.

By using this app within our classroom & center, we will be able to eliminate paper daily sheets, paper newsletters, such reports, and paper documents. We want to make family communication our goal, and as seamless as possible. Procure is a secure way to share updates with our families, without the burden of a social network.

Thank you!
Jessica Beske & Leila Wissell

Please complete the Code of Conduct and Media Agreement on the back and return to the UCCC office

Code of Conduct

- Procare is a positive forum. I agree to respect the UCCC staff when communicating in a polite and positive manner.
- Present personal concerns to your child's teacher, directly and privately - without informing or involving other staff.
- Address the issue with the day care director if the problem persists.

Parent/Guardian Name

Parent/Guardian Signature

Date

Media Agreement

As the parent/guardian of _____
I understand Procare is used in my child's classroom as a secure communication tool between UCCC staff and parents. I understand that photos of my child shared on Procare will only be viewed by other parents within my child's classroom. I understand that images uploaded on Procare will not be used for commercial gain, or will not be sold for commercial use.

I DO NOT wish for my child's image to appear on Procare for other families to see.

Parent/Guardian Name

Parent/Guardian Signature

Date



Family Intake Form

Please take some time to fill out this questionnaire to allow us to get to know your family better and provide the best care for your child/ren and your family.

Child/ren's Name(s): _____

Parent/Guardian(s) Name: _____

1. Tell us about your household & family:

Adults living in the household: _____

Child/ren living in the household (names & ages): _____

Pets (What kind & name): _____

2. What kind of things do you do as a family? What does your family do during free time?

Briefly tell us about some of the different occupations and hobbies represented in your family.

Would you be willing to volunteer in our classroom to share this information? _____

3. Does your family have any traditions or aspects from your culture that you would like us to incorporate into our program or share with us? _____

Would you be willing to volunteer in our classroom to share this information? _____

4. Please circle which holidays your family celebrates and list any other holidays your family celebrates:

Easter Independence Day Labor Day Memorial Day Thanksgiving Halloween Christmas

Other: _____

Are there any holidays you would not like your child to celebrate/learn about while in our program? _____

5. What are your expectations of our center? _____

Has your child/ren been in child care before? YES NO

If yes, type of childcare: Group Center or In Home Child Care

What did you like most about your previous child care center? _____

What did you like least about your previous child care center? _____

6. What types of behaviors do you discipline your child/ren for and what methods of discipline do you use?

1. Tell us about your child/ren

Child 1. Name: _____ Nickname(s): _____ Birthdate: _____

Immediate family members that live in a different household: _____

Other adults that play an important role in your child's life & what does your child call them: _____

Sleeping habits: Typical bedtime: _____ Typical wake up time: _____ Does your child nap: _____ Typical naptime: _____

Eating habits:

Favorite food(s): _____ Least favorite food(s): _____ Allergies: _____

Willingness to try new foods: Very Sometimes Little/not at all

Activities: Favorite activities: _____

Activities/items that helps calm your child: _____

Sports/Activities involved in at school or in the community: _____

What developmental goals would you like your child to work on?

Child 2. Name: _____ Nickname(s): _____ Birthdate: _____

Immediate family members that live in a different household: _____

Other adults that play an important role in your child's life & what does your child call them: _____

Sleeping habits: Typical bedtime: _____ Typical wake up time: _____ Does your child nap: _____ Typical naptime: _____

Eating habits:

Favorite food(s): _____ Least favorite food(s): _____ Allergies: _____

Willingness to try new foods: Very Sometimes Little/not at all

Activities: Favorite activities: _____

Activities/items that helps calm your child: _____

Sports/Activities involved in at school or in the community: _____

What developmental goals would you like your child to work on?

Child 3. Name: _____ Nickname(s): _____ Birthdate: _____

Immediate family members that live in a different household: _____

Other adults that play an important role in your child's life & what does your child call them: _____

Sleeping habits: Typical bedtime: _____ Typical wake up time: _____ Does your child nap: _____ Typical naptime: _____

Eating habits:

Favorite food(s): _____ Least favorite food(s): _____ Allergies: _____

Willingness to try new foods: Very Sometimes Little/not at all

Activities: Favorite activities: _____

Activities/items that helps calm your child: _____

Sports/Activities involved in at school or in the community: _____

What developmental goals would you like your child to work on?

2. **Is there any other information you would like to share with us?**

Parent/Guardian Signature: _____ Date: _____

Annual Update: (Initial & Date) _____