

Kids R Us of Tecumseh ADMISSION AGREEMENT

Child's Full Legal Name _____

Parent's Legal Name _____
First
Middle
Last

Child's Date of Birth _____ Age _____
Month/Day/Year

I am enrolling my child in:

- | | |
|----------------------------|--|
| _____ Infant Program | _____ Pre-School Program |
| _____ Toddler Program | _____ School Age before/after School Program |
| _____ Two Year Old Program | _____ Summer Day Camp Program |

I agree to pay an annual enrollment fee of _____.

TUITION PAYMENT SCHEDULE

I agree to pay in advance:

- | | |
|--------------------|--------------------------------|
| \$ _____ Each Week | \$ _____ Every Two Weeks |
| \$ _____ Per Month | \$ _____ Other (explain below) |

Explanation: _____

DHS Co Payment must be paid by 10th of every month.

Please indicate by initialing next to each heading you have read and fully understand each section of the Parent Handbook.

- | | |
|--|--|
| _____ Mission Statement | _____ Meal Service - Breakfast/Lunch/Snack |
| _____ Philosophy | _____ Health and Safety Admission Requirements |
| _____ Approach to Learning | _____ Medication |
| _____ Appropriate Clothing for School | _____ Injuries and Illness |
| _____ Behavior and Guidance Policies | _____ Exclusion Policy |
| _____ Programs Available | _____ Field Trips |
| _____ Class Placement | _____ Summer Program |
| _____ Special Needs | _____ Mandatory Reporting of Child Abuse/Neglect |
| _____ Non-Discrimination Policy | _____ Tuition and Fees |
| _____ Attendance | _____ Tuition Payment |
| _____ Hours of Operation | _____ Registration Fee |
| _____ Weather Closings | _____ Withdrawal/Dis-enrollment request |
| _____ Receiving and Releasing Children | _____ Communication and Parent Involvement |
| _____ Children's Personal Belongings | _____ Parent Code of Conduct |

I have read and agree to abide by the Kids R Us of Tecumseh Policies, Procedures, and Tuition Payment Schedule:

Signature _____ Date _____

Permission For Photographs & Videotaping

Dear Parents,

Occasionally the Kids R Us of Tecumseh staff or approved visitors take pictures of or videotape the children. These pictures (still or moving) are used for the following Kids r Us of Tecumseh activities. No photos or video will be taken of children whose parents do not grant permission.

1. Child portfolios
2. Accreditation
3. STARS verification
4. Class posters & videos
5. Promoting center activities

Sincerely,
Kids R Us of Tecumseh

Permission for photograph/videotape

_____ I give permission for my child to be photographed or videotaped while at the center or on center-sponsored field trips for promoting the center and its activities.

_____ I do not give permission for my child to be photographed or videotaped while at the center or on center-sponsored field trips for promoting the center and its activities.

Parent/Guardian Signature _____ Date _____

Child Profile

Child's name _____ Age _____ Date _____

You know your child better than anyone. You are uniquely qualified to share an insight into your child's development with us. Please take a moment to answer the following questions about your child. Your answers to these questions will help us to better know your child and his/her individual needs.

1. What would you like most for your child to experience with us?

2. What does your child enjoy doing the most?

3. What are your child's favorite toys?

4. Who lives with your child? Please list names and relationships, and names and ages of other children.
Adults: Name _____ Relationship _____
 Name _____ Relationship _____
 Name _____ Relationship _____
Children: Name _____ Age _____
 Name _____ Age _____
 Name _____ Age _____
5. Please list others that care for your child.

6. What language(s) is(are) spoken in your home?

7. Please list any medical or physical needs for your child.

8. Please list any allergies your child may have.

9. What are the foods your child likes the best?

10. What are your child's mealtime routines at home?

11. How many hours of sleep does your child receive at night?

12. Does your child need to be awakened in the morning to attend the center?

13. What is your child's sleeping arrangements? Please circle appropriate items.
Own room shares with _____ sleeps in crib sleeps in bed

14. What are your child's bedtime rituals? _____
15. Does your child take naps? _____ How long? _____
16. Does your child need a favorite item (such as a blanket) for naptime? _____
17. What words are spoken in your home for toileting? _____
18. How does your child express anger or react to frustration? _____
19. Does your child have any fears? _____ If yes, please describe _____
20. How does your child comfort himself/herself? _____
21. What are your child's play interest (creative, dramatic, or constructive play)? _____
22. How does your child react to change? _____
23. List the ages and gender of children with whom your child plays _____
24. How do you discipline your child? _____
25. When did your child begin to use language? _____
26. How do you describe your child (personality characteristics)? _____
27. What do you enjoy the most about your child? _____
28. What is a favorite family recreational activity with your child? _____
29. To better meet your child's needs, is there anything else you would like to tell us? _____
30. Has your child had previous childcare experience? _____
31. Are you available to help us with field trips or other special events? _____
32. Do you have a special interest or hobby you would like to share with the children? _____

Parent's Signature _____ Date _____



OKLAHOMA Human Services

Compliance File Notification:
Child Care Programs and
Family Child Care Homes

Program Information

Kids R Us of Tecumseh
 Program name K830024732
License number

1100 W. Jefferson
 Street address Tecumseh
City OK
State 74873
ZIP code

same
 Mailing address

(405)598-8797
 Phone Angela Clayton
Owner

Child Information

Please list the name(s) and birth date(s) for any child(ren) you are enrolling in this program:

Name	Date of birth

Agreement and Signature

- I understand and am aware:
 - this program is required to maintain a copy of the compliance file on-site and the information contained in the file is available for inspection.
 - of the Compliance File location and its contents.
 - this form is to be completed:
 - upon child enrollment; and
 - every 12 months thereafter.
 - a copy of the program specific Notice to Parents is to be provided to parent(s) or legal guardian(s) upon enrollment.

For program specific information contained in the Notice to Parents, select one:

- DHS Publication No. 14-01, Notice to Parents for Child Care Program
- Form 07LC084E, Notice to Parents for Family Child Care Home

Parent or legal guardian name Parent or legal guardian signature Date

MEDICAL INFORMATION

Child's Name: _____ Family Name: _____
 Physician or Clinic: _____ Telephone: _____
 Address: _____ City: _____ Zip: _____
 Dentist: _____ Telephone: _____
 Address: _____ City: _____ Zip: _____
 List diagnosed medical conditions (if none, write "None"): _____

LIST MEDICATIONS REGULARLY TAKEN BY THIS CHILD

Name of Medication	Condition	Frequency and Dosage

Does this child have _____
 Special needs? _____ Parent/Guardian Initials: _____
 If yes, please describe: _____
 Allergies to foods, medications, etc? _____
 If yes, please describe: _____

TRANSPORTATION & MEDICAL RELEASE

I give permission for my child or children to be transported by a representative of Kids R US
 To a medical facility during an emergency if I cannot be immediately reached;
 On field trips;
 To or from school;
 To or from the child's home due to extenuating conditions; and
 During unusual or unexpected circumstances
 And to consult with health and child development professionals regarding my child's needs.
 Furthermore, I hereby authorize Kids R US and/or its representative to obtain emergency medical care and/or treatment if I cannot be immediately reached and do hereby give my consent for such emergency care or treatment as deemed medically necessary.
 I also verify that my child has had a health exam and screenings indicating normal results with no necessary follow up and is able to attend group child care.
 Signature of Parent/Guardian _____ Date _____

ACKNOWLEDGEMENT

I, the undersigned parent or guardian, accept responsibility for and acknowledge that the information provided on this form is true and correct. I also understand and acknowledge it is my responsibility to update this information within seven (7) calendar days from the date of change and that the information provided on this form will remain valid until updated by me or my authorized representative. I further understand and accept the financial responsibility for the tuition and/or co-payments due for my child or children while enrolled at Kids R US. This information will be shared with the center's parent board and other outside party's concerning the start's program.

Signature of Parent/Guardian _____ Date _____

Attach immunization forms

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE & INCOME APPLICATION AND ENROLLMENT FORM FOR YEAR 2024-2025**

Enrollment Section: (To be completed by Parent/Guardian)

If a child is receiving SNAP, TANF, FDPIR or is a Foster child, also complete the last two columns of this section and skip to Part 3

Participant's Last Name	Participant's First Name	Birth Date	Meals Normally Eaten (Circle all that apply)	Normal Times in Care	Foster	SNAP, TANF, or FDPIR # (List CASE #)
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	

Normal Days In Care : Monday Tuesday Wednesday Thursday Friday Saturday Sunday

PART 1: PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Mark one ethnic identity: Hispanic or Latino Not Hispanic or Latino

Mark one or more racial identities: Asian White American Indian or Alaskan Native Black or African American Native Hawaiian or Other Pacific Islander

PART 2. INCOME APPLICATION, HOUSEHOLD MEMBERS, AND INCOME

A. NAME OF OTHER HOUSEHOLD MEMBERS Including Children not listed above	B. GROSS INCOME AND HOW OFTEN PAID				Zero Income
	Earnings From Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income or SNAP, TANF, FDPIR #	
1.	\$	\$	\$	\$	<input type="checkbox"/>
2.	\$	\$	\$	\$	<input type="checkbox"/>
3.	\$	\$	\$	\$	<input type="checkbox"/>
4.	\$	\$	\$	\$	<input type="checkbox"/>

PART 3. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

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

Signature of Adult Household Member _____ Home/Cell Phone Number _____ Date _____

Last four digits of social security number: **** - ** - _____ I do not have a social security number

FOR INSTITUTION USE ONLY: Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12

Application Approved For: Free Reduced Not Eligible SNAP/TANF/FDPIR Foster Income: Total Income : \$ _____

Signature of Determining Official _____ Date _____

How often Paid? (circle one): Weekly Every 2 weeks Twice a month Monthly Annually

Household Size _____

7 CFR 226.15(e)(2)
 *The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov This institution is an equal opportunity provider

LETTER TO THE HOUSEHOLD

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. (Name of Center) _____ offers healthy meals to all enrolled children as part of our participation in the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached CACFP Family-Size and Income Application (FSIA). In addition, by filling out this application, we will be able to determine if your children qualify for free or reduced-price meals.

1. **Do I need to fill out an FSIA for each of my children in day care?** You may complete and submit one FSIA for all children enrolled in child care in your household *ONLY* if the children in child care are enrolled in the same center. We cannot approve an FSIA that is not complete, so be sure to read the instructions carefully and fill out all required information. *Return the completed FSIA to:* (Name of Center) _____, (Address) _____, (Phone Number) _____.
2. **Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in Women, Infants, and Children (WIC) *MAY* be eligible for free meals.
3. **Who can get reduced-price meals?** Your children can get low-cost meals if your household income is within the reduced-price limits on the Income-Eligibility Guidelines, shown on the application. Children in households participating in WIC *MAY* be eligible for reduced-price meals.
4. **May I fill out an FSIA if someone in my household is not a United States (U.S.) citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.
5. **Who should I include as members of my household?** You must include all people in your household (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you. You also must include foster children who live with you.
6. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income-Eligibility Guidelines, the center will receive a higher level of reimbursement. Once properly approved for free or reduced-price benefits, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for the current fiscal year. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.
7. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.
8. **What if I have foster children?** Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the FSIA but are not required to include payments received for the foster child as income.
9. **We are in the military; do we include our housing and supplemental allowance as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

This institution is an equal opportunity provider.

If you have other questions or need help, call (Phone Number) (405) 598-8797

Sincerely,

(Signature) Angela Clayton

INSTRUCTIONS FOR COMPLETING THE CACFP FAMILY-SIZE AND INCOME APPLICATION

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM *SNAP*, *TANF*, OR *FDPIR*, FOLLOW THESE INSTRUCTIONS:

- Top Section:** List all enrolled children, include his/her birth date.
Circle the meals the child normally eats.
Insert the normal hours the child is in care.
List the case number for any household member (including adults) receiving *SNAP*, *TANF*, or *FDPIR* benefits.
Check normal days the child is in care.
- Part 1:** Answer this question if you choose.
Part 2: Skip this part.
Part 3: Sign the form. The last four digits of a social security number are *NOT* necessary.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

- Top Section:** List all enrolled children, include his/her birth date.
Circle the meals the child normally eats.
Insert the normal hours the child is in care.
Check any child enrolled that is a foster child (a child awarded to the State)
Check normal days the child is in care.
- Part 1:** Answer this question if you choose.
Part 2: Skip this part.
Part 3: Sign the form. The last four digits of a social security number are *NOT* necessary.
- If any child in the household is a foster child, mark the foster box in the top section for each foster child in the household.

IF YOU ARE APPLYING BASED ON INCOME, FOLLOW THESE INSTRUCTIONS:

- Top Section:** List all enrolled children, include his/her birth date.
Circle the meals the child normally eats.
Insert the normal hours the child is in care.
Check any child enrolled that is a foster child (a child awarded to the state)
Check normal days the child is in care.
- Part 1:** Answer this question if you choose
Part 2: Follow these instructions to report total **CURRENT** household income .
- **Column A—Name:** List only the first and last names of *EACH* person living in your household, related or not (such as grandparents, other relatives, or friends who live with you), with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
 - **Column B—Gross Income:** For each household member receiving income, list each income received and the interval the household member is paid.
In Box 1, list the *gross income*, not the take-home pay. Gross income is the amount earned *BEFORE* taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.
 - If any member of the household does not receive income, the zero income box should be marked as no reportable income or \$0 can be listed in the income box.
- Part 3:** Sign and date the form. The last four digits of a social security number *IS* necessary, or if the parent or guardian does not have a social security number, the box indicating this must be checked.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Top Section: List all enrolled children, include his/her birth date.

Circle the meals the child normally eats.

Insert the normal hours the child is in care.

Check normal days the child is in care.

Part 1: Answer this question if you choose

Part 2: Follow these instructions to report total current household income.

- **Column A—Name:** List only the first and last names of *EACH* person living in your household related or not (such as grandparents, other relatives, or friends who live with you), with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
- **Column B—Gross Income:** For each household member receiving income, list each income received for the month.

In Box 1, list the *gross income*, not the take-home pay. Gross income is the amount earned *BEFORE* taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.

If any member of the household does not receive income, the zero income box should be marked or \$0 can be listed in the income box.

Part 3: Sign and date the form. The last four digits of a social security number *IS* necessary, or if the parent or guardian does not have a social security number, the box indicating this must be checked.

NONDISCRIMINATION STATEMENT: This explains what to do if you believe you have been treated unfairly.

Building for the Future

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

Each day millions of children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet United States Department of Agriculture (USDA) requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals

CACFP homes and centers follow meal patterns established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the Five Groups)
Milk, 1% Fruit Vegetable Grains	Milk, 1% Meat or Meat Alternate Grains Fruit Vegetable	Milk, 1% Meat or Meat Alternate Grains Fruit Vegetable

Participating Facilities

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

- **Child care centers**—Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family day care homes**—Licensed or approved private homes.
- **At-Risk Programs**—Centers in low-income areas provide free snack and meal to school-age children and youth.
- **Homeless shelters**—Emergency shelters provide food services to homeless children.

Eligibility

State agencies reimburse facilities that offer nonresidential day care to the following children:

- Children aged 12 and under
- Migrant children aged 15 and younger
- Youths through the age of 18 in At-Risk Programs in needy areas

Contact

Information

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

Sponsoring Organization/Center
Kids R Us of Tecumseh 1100 W Jefferson Tecumseh, OK 74873 (405) 598-8797

State Department of Education
Child Nutrition Programs
2500 North Lincoln Boulevard
Oklahoma City, Oklahoma 73105-4599
405-521-3327

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