



27 Memorial Drive St Johnsbury, VT 05819

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CAMP LOL – it is our mission to provide children with high quality care and education at a superior standard of professionalism.

I would like to welcome you and your child to Camp LOL, your away from school fun and learning place. We open our doors at 6:30 a.m. and close at 5:30 p.m. I understand the many difficulties that parents face to balance work, commitments and responsibilities. Through the daily hustle and bustle of your life, I want you to know and feel confident that while your child is at Camp LOL, he/she will be surrounded with high quality care, love and nurture with the utmost respect, giggling and safe. I will provide you with a peace of mind knowing that he/she is being well taken care of and loved in the same fashion that you yourself would provide. I want you as the parent/guardian to remember that your child is always the number one priority of my program, and with that in mind, you, the parent/guardian are the first and foremost powerful teacher in your child's life. I respect and appreciate you.

My personal beliefs about Early Childhood Education that I implement at my childcare facility are based upon the knowledge that a child's growth is developmental. It is very clear that a child's early years build a foundation for their lifetime pursuits of a happy and successful life. My staff and I provide each individual munchkin with love, support, and respect. We believe that each child is unique with an individual pattern and timing of social, emotional, physical, and intellectual development. If your child has a diverse need, we open our doors to all service providers to allow for any services to take place right here at the center, allowing for you to continue to work with the reassurance your child is receiving the help they need. We also work closely with other community members allowing for you and your child to be part of a strong support network that reaches outside of the center.

CAMP LOL creates a curriculum that focuses on exploration, discovery, creative expression, exciting adventures, and social as well as emotional well-being. We believe that self-confidence is at the core of meaningful learning, and therefore, we provide unique opportunities through supported learning situations that promote positive experiences. We recognize and value the importance of each "day family" member, and will provide a safe and welcoming environment for your little one(s). We open heartedly strive to instill open and supportive communication between staff members, you as the parents / guardians, and your child. We look forward to your smile each and every morning, learning of your child's hopes and dreams,....and doing everything we can to support and create success on every level.

*Welcome to our family.....*

## What to bring

Camp LOL requires at least 2 extra changes of clothes to be supplied each day. You may choose to leave them here at our center and take them back and forth daily. This should include socks, underwear, pants, and a shirt. During the summer, we ask that you supply sunscreen and bug spray for your child, as well as swim wear, a towel and water shoes if preferred. They must have at least one pair of close-toed shoes, and a water bottle as well, a back pack is also encouraged. During cold weather, all children are required to have snow pants, snow boots, jacket, hat, and gloves or mittens. Please label all your children's clothing and include a toothbrush for after meal hygiene.

I will supply sleeping mats, portable cribs/ playpens, pillows (if age appropriate), blankets and sheets for your child. If your child has a favorite sleeping blanket or stuffed toy he/she may bring them to sleep with. Please send in a toothbrush and toothpaste for healthy hygiene after lunch.

## Family style meals:

CAMP LOL will provide an early morning snack, breakfast, lunch, an afternoon snack, and even a small 5:00 p.m. snack. Our meals are completely homemade and follow the CACFP state regulations. Cakes, cookies, and sweets may only be served for special events and holidays. Our center has safe drinking water that is free from lead. Please be sure to let me know of any special dietary needs or food allergies that your child may have. All our meals are served as family style dining to reinforce serving and social skills. With that said, I would like to personally invite you in to join us for a delicious lunch anytime with your child at our center. All I ask is that you let us know you will be joining us 1 day prior so we can set a place for you

The advantages of family style meals for children include:

- Family style meals reinforce social skills by:
  - Taking turns
  - Passing food in serving dishes to others
  - Saying please and thank you
  - Helping to set the table for friends
- Children practice serving skills to:
  - Practice fine and gross motor skills to serve and pass food
  - Learn appropriate mealtime behaviors (ex. serving without touching the food)
  - Learn not to eat out of the serving dishes or from serving utensils.
- Children who feel in control of their eating tend to:
  - Take small servings of food and take additional food later in the meal
  - Choose not to take food initially but change their minds as the meal proceeds
  - Feel confident that additional food will be available throughout the meal
- Our amazing staff indirectly encourages children to try new foods
  - Children who feel in control of their eating are more likely to try new foods
  - With time, children learn to take the amounts of food they will eat, decreasing the amount of waste.

I encourage you as the parents/ guardians to come join us for lunch anytime.... your child would love to see you, and we would love to visit with you.

## What your child's day looks like.

### Daily Schedule Includes:

Free Play  
Outdoor Play  
Small Motor Play  
Circle Time  
Creative Activities  
Time for field trips  
Stories, songs, rhymes

### Meal Times:

8:00-8:30 a.m. Breakfast  
11:15 a.m. Lunch  
2:30-3:15 p.m. Afternoon Snack  
5:00 p.m. Small "to get me through until supper" Snack

**Quiet Time/ Napping:.....12:15-2:15 p.m.**

Please feel free to contact me with any questions, suggestions, or concerns you may have, at any time of the day or night. My cell (802) 473-2772, or our landline at CAMP LOL is (802) 424-1144.

Heather Smires

## Rates and Fees:

Rates are based on 5 STAR reimbursement set by Vermont Department of Children and Families. Families who do not qualify for the financial program can meet with me or the director in regards to financial assistance.

**\*Fees for that week of care are due in full by the end of business on Friday.**

We hope your child can come to our Center every day, but there are times when children should stay home for their own safety and well-being, or to prevent the spread of a contagious conditions. Please call me at any time if you have any questions. Below is a list of reasons when your little peanut should remain home or will need picking up from our Center. Please keep children home for at least 24 hours if they have had any of the following:

- Fever over 100 degrees
- Diarrhea
- Vomiting
- Infectious disease
- Unexplained rashes
- Conjunctivitis (Pink Eye)
- Impetigo
- Head lice and nits

## CAMP LOL Ensures:

- A complete first aid kit is kept on the premises always.
- Parents will be notified of all accidents, and asked to sign and date an accident report. All injuries will be kept on file.
- If your child becomes ill during the day, they will need to be picked up.
- If your child will be absent from CAMP LOL due to illness, please let me know as soon as possible.
- A medication log must accompany all over the counter medicine & prescription. Over the counter medicine is usually given for short term health conditions. We do not accept expired medication.
- Prescription must be dated within the past 30 days, have the child's name printed clearly on the label, and have dosage amount and times to be administered.
- The medication log must include date, child's name, doctor's name and phone number, pharmacist name and phone number, name of medication, dosage amounts and times to be administered, route of medication, why medication is needed, date medication is to end, special directions, and a parent's signature. If this is not completed in entirety, we cannot administer and medication.

## Arrival and Departure.

Please escort your little munchkins in and out of CAMP LOL building. Children must not be left unattended at any time. If a child is to be picked up by someone other than yourself or designee, please notify me in advance. An alternate pick up individual will need to be prepared to provide a form of photo identification.

I must assume that both parents have the right to pick up your child, unless you give me a copy or court order stating otherwise. We will need to discuss how I should handle the non-custodial parent who arrives to pick up your child. Without a copy of the court order, I cannot refuse a parent pick-up. If I have a court order and non-custodial parent does try to pick-up their child, I will immediately call the police and report the situation. I will not allow your child to leave the his/her classroom, nor will I place other children at risk in a confrontation with the non-custodial parent. I will ask that you always keep me informed of any new cell numbers or places of employment so that I have the ability to reach you within minutes. Thank you.

It is very important to me that your child arrives home safely. Therefore, if an individual arrives to pick up your child appears intoxicated or otherwise incapable of bringing your child home safely, I will call you, the parent or an emergency contact person listed on the "Child Information Card" to request their assistance. If the situation occurs a second time it may hold a termination of your child's slot.

## Behavior:

If disruptive behavior occurs. . . our staff and myself begin with redirection, guidance, and talking about the situation. At no time will a child be physically or verbally abused in any way. We strive to foster the partnership between provider and family, and will always inform parents of any behavioral issues. We will then work as a team to provide the emotional support needed to assist

the child with modifying the behavior at home and in care & create a behavior plan that will allow your child to understand the methods to take to ask for support and what is expected.

At times, there may be behaviors which continue after all supportive resources have been exhausted. If these behaviors create an environment which is not conducive to learning for the other children in care; or if the family is unwilling to work with the staff to resolve the issues, the family then may be given a two week notice in which to find alternative care.

### *Children with Special Needs:*

CAMP LOL invites all children to join our family, regardless of special health care needs and disabilities. We work closely with children's Interrogated services and local school districts to be able to implement plans that have been developed with our teachers. Teachers or a child care representative will attend meetings to advocate for your child. Adaptations and accommodations will be made in all activities, interactions, teaching strategies, and materials to foster our high-quality care.

### *Abuse and Neglect:*

As a Child Care Provider, I am required by law to report any suspected child abuse or neglect.

### *Fire Safety:*

Fire safety is a regular theme of the children's curriculum. CAMP LOL practices fire drills monthly. Evacuation routes are posted throughout the Center. With consideration to age-appropriateness, children will practice exiting the center, and learn about fire prevention and safety.

### *Transportation:*

CAMP LOL offers transportation to those children whom live in the town of St. Johnsbury. We can pick up your munchkin each morning as early as 8:30 am, and return them back home to you between 2:30 pm and 4:00 pm depending on your location. A small additional fee of \$25.00 per week will be billed for this service. Please ask for more details.

### *Potty Training:*

Potty training shouldn't be rushed; it is important that your child is psychologically and physically ready for training. Pull ups must be provided by you, the parent/ guardian, during this transition period. We will not use regular style training pants or underwear until your child maintains 2 continuous weeks of bladder/bowel control. If your child regresses after this 2 week period, we will assess the next step that is best for your little munchkin, however we will not be able to leave your child in underwear due to regulations regarding sanitation.

## Field Trips:

CAMP LOL will provide prior notice in the event of a planned field trip. Field trip permission forms will include date, place of event, whom will be driving, and expected arrival and departure times, and required parent signature permission. We highly encourage you to join us on these field trips spending quality time and creating memories with your child as they make new friends and just think of all the fun you will have!

## Confidentiality:

We take confidentiality very seriously. No employee is ever allowed to disclose any information concerning a parent, child, coworker, or our center without proper authorization. All staff are mandated and have signed a confidentiality form stating that they understand and will abide by the policies of confidentiality.

## Equal Opportunity Provider:

CAMP LOL is an equal opportunity provider. Applications for enrollment are accepted without regard to race, sex, religion or national origin.

## Emergency Protocols:

The center has a procedure for all emergencies that may occur in a center. Please see the aquatic plan, fire alarm protocol, and other emergency protocol attached.

## Concerns:

If you have ANY concerns at all, please don't hesitate to contact me at any time. If you feel that your concerns are not being addressed, you may contact the Child Care Consumer Line at (1-800-649-2642) to get more information and to file a complaint. If you would like to access any of the regulations and other information about child development online, please do visit [http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/Licensing/CBCCPP\\_Regulations\\_FINAL.pdf](http://dcf.vermont.gov/sites/dcf/files/CDD/Docs/Licensing/CBCCPP_Regulations_FINAL.pdf)

## Child's File:

Your child's file will include the admission form, information about address and phone numbers, date of birth, physical and health history, any related needs of the child, authorization to obtain emergency medical care and transportation, current immunization record, permission forms, court order if applicable, and any injuries discovered and documented. All this documentation is saved for 365 days after a child's last day of attendance and is available to parents within five business days from the time of a request.

## Forms:

Periodically we will have forms for you to sign or read over so your child can continue participating in the program or for information gathering purposes. They will either be handed out at pick up, or be put in a folder for your child to bring home. If you do not return these forms promptly you will be required to fill forms out before you and your child leave that evening.

### Electronics:

If children bring electronics (tablets, phones, game systems, etc.) to the center they must give them to staff upon arrival to have it securely stored in the office.

### Movies:

Occasionally the program will play movies for the children. Most often it will be for educational purposes to emphasize some part of that week's theme. Though once a month we may have a movie for entertainment. The movie will be voted upon by children and will be rated G, or PG if the staff have seen it before and approved it. If you have any questions or concerns about this please feel free to talk to staff.

### Trading Cards:

Pokémon and other such trading/collectable cards are not allowed at the center. We have had many upset children and parents about trades and things being brought here so please just keep them home.

### Personal Toys:

We request that personal toys are kept at home in order to ensure they are not misplaced or broken. If there is an activity in which children are asked to bring in toys teachers will notify you of the dates of activities and a plan to ensure safe storage of personal toys.

**\* Smoking is prohibited on the premises of our center.**

## Final Thoughts:

As a parent of our Child Care Center & Preschool, please . . .

- Take an interest in your child's activities and development at my center, and share your child's habits, fears, and concerns with me.
- Read all correspondence given to you, and those posted. Promptly sign and return those forms needing to be signed.
- Remember that you are responsible for your child while on my premises so please remain in complete contact with your child during that time.
- Call me! Your concerns and feedback are important to me.
- Play is the highest form of research.

As always, if you have any questions, concerns, or suggestions please do not hesitate to reach out to me..

Heather Smires  
(802) 473-2772 – Cell  
(802) 748-8230 – Landline  
Hudsonabc@yahoo.com- Email



CAMP LOL  
27 Memorial Drive  
St. Johnsbury, VT  
(802) 473-2772 or (802) 424-1144  
hhudsonabc@yahoo.com

**ENROLLMENT AGREEMENT**

To the parent:

Please read the Agreement carefully. If you do not understand any part of this Agreement, feel free to contact Heather with any concerns or questions. This Agreement establishes your legal rights and responsibilities, and those of the Center, regarding your child's participation in the Center. Throughout this Agreement, the terms "you" and "parent" refer to the parents(s) or legal guardian(s) of the child enrolled in the Center, and the terms "Center" and "we" refer to CAMP LOL and its staff members. The term "school day" means a day when the Center is open and operating.

You, \_\_\_\_\_ (parent(s) or guardian(s)), agree to enroll your child, \_\_\_\_\_ in CAMP LOL. The Center agrees to accept your child's enrollment, under the following terms and conditions.

**1. Program and Hours of Care:**

Beginning on \_\_\_\_\_, CAMP LOL will provide care for your child \_\_\_\_\_, in the **4 year old preschool program** or in the **After-School Program** according to the following schedule.

2.

\_\_\_\_\_ Preschool

\_\_\_\_\_ Afterschool

\_\_\_\_\_ Transportation Needed: \$25 per week

\_\_\_\_\_ Immunization Record attached

**3. Methods of Payment:**

Payments may be made by credit card, cash, or check, due every Friday before the upcoming week. There is a lockbox located on the left wall as you walk into the center where payments may be deposited. Payment obligation is based on the days agreed to use child care, not on actual attendance. There is no change in fee due to your child's absences. **\*Late payments- A \$25 late payment fee (per child) applies for any payment not received on the Friday of that week of care ends. If payment is not received on the Monday of the next week an additional \$10 fee per day will be charged.**

**4. Late Pick - Up Penalties:**

If your child is not picked up by 5:30 p.m., you will owe a late fee of **\$5 for each 5-minute period**, or portion thereof, after the scheduled time. Any unpaid balances need to be cleared up within 30 days.

**5. Changes in Tuition:**

The monthly tuition rate is subject to change and you agree that you will pay the new rate after a sixty day written notice of such change is posted.

**6. Absences:**

You are responsible for paying the full weekly tuition, even if your child is absent (due to illness or other).

**7. Holiday Schedule and Weather Closings:**

The Center will be closed on the following holidays and for occasional professional development:

- Half-day New Years Eve
- New Years Day
- Memorial Day
- Independence Day (Observed Friday, July 3rd)
- Labor Day
- Thanksgiving Day
- Half-day Christmas Eve
- Christmas Day

\*(if any of these holidays fall on a weekend we will usually make up our days off with a Monday or Friday attached to the weekend)

**8. Adjustment and Trial Period:**

Your child is accepted for enrollment in the Center for a trial period of 1 month. If at any time during the first month, the Center determines that your child is unable to adjust to the Center's program, either you or the Center may terminate your child's enrollment immediately. WE will make reasonable attempts to work with you and your child to help solve adjustment problems.

**9. Withdrawal by Parent:**

After the adjustment period, you will continue to have the right to withdraw your child from the program. However, you must notify myself, Heather Smires, with a 14 day notice of withdrawal. Thank you.

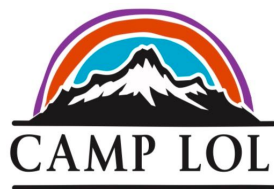
**10. Termination:**

The Center reserves the right to terminate this Contract if the parent does not meet the payment and all other terms of contract.

In signing this agreement, I (we) hereby certify that I am (we are) the sole legal guardian (s) of the child.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Childs Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_

Parent or Guardian #1: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact: Home [ ] Work [ ] Cell [ ] Email [ ]

Parent or Guardian #2: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred method of contact: Home [ ] Work [ ] Cell [ ] Email [ ]

**Emergency Contacts** (to whom your child may be released to when parent or guardian cannot be reached, must list two)

Name #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Written permission must be on file for anyone other than a parent/guardian to pick up your child at the center.

### **Child's Primary Medical Care**

Physicians Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

In case of an emergency, hospital to take your child: \_\_\_\_\_

Dentists Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Child's Health Insurance:**

Name of Insurance Plan: \_\_\_\_\_

Certificate Number (or ID) #: \_\_\_\_\_ Group #: \_\_\_\_\_ \

Policy Holder Name: \_\_\_\_\_

**As parent/guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance.**

**Parent/Guardian #1 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian #2 Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PEOPLE WHO MAY NOT PICK UP CHILD:**

Name: \_\_\_\_\_ Reason: \_\_\_\_\_

Name: \_\_\_\_\_ Reason: \_\_\_\_\_

Name: \_\_\_\_\_ Reason: \_\_\_\_\_

**WRITTEN CONSENT IS GIVEN FOR ITEMS BELOW:** (Parent/Legal Guardian signature required)

\_\_\_\_\_ Administration of Minor First Aid (REQUIRED FOR ADMITTANCE PER DPW REGULATIONS)

\_\_\_\_\_ Emergency Medical Treatment (REQUIRED FOR ADMITTANCE PER DPW REGULATIONS)

\_\_\_\_\_ Emergency Medical Transportation (REQUIRED FOR ADMITTANCE PER DPW REGULATIONS)

\_\_\_\_\_ Administration of Prescription Medications (Current Instructions from Physician Must Be Provided)

\_\_\_\_\_ Administration of Nonprescription Medication – Circle All That May Be Administered, Dosage and

List Product Brand Name -- Acetaminophen (Tylenol), Diaper Ointment, Sunscreen, Other: \_\_\_\_\_

\*A Non-prescription Administration form must be completed by your child’s physician to support the administration of all non-prescription medications.

\_\_\_\_\_ Administration of Special Dental or Dietary Needs (List All That Apply and Portion Size/Dosage:

\_\_\_\_\_ Permission for my child to be released from HLC’s care (out of the classroom) for services to be performed by  
specialists/therapists from outside agencies as designated and authorized by parents (i.e. services provided by early  
intervention, intermediate units – speech therapists, occupational therapists, social workers, psychologists, etc.)

\_\_\_\_\_ I give permission for my child to be transported to a second, parent designated agency via bus or other parent  
approved mode of transportation.

\_\_\_\_\_ If child is transported by the facility, are there any special instructions for care (i.e. motion sickness, seizures)  
during transportation? \_\_\_\_ Yes \_\_\_\_ No If Yes, please specify: \_\_\_\_\_

\_\_\_\_\_ I give permission for my child’s health records to be kept confidential and viewed only by: \_\_\_\_\_

(Director), \_\_\_\_\_ (Assistant Director / Program specialist in the absence of the Director),  
and \_\_\_\_\_ (family members).

\_\_\_\_\_ Authorization to post child’s allergies in the center

\_\_\_\_\_ Walking Excursions (Off Premises)

\_\_\_\_\_ Field Trips

\_\_\_\_\_ Swimming

\_\_\_\_\_ Wading

\_\_\_\_\_ Homework Supervision

\_\_\_\_\_ I give permission for my child to be photographed and/or videotaped and for them to be displayed.

\_\_\_\_\_  
Signature of Parent / Legal Guardian

\_\_\_\_\_  
Date

Children are 1/3 of our population and all of our future.  
Tell us about your child...

What activities does your child enjoy the most: \_\_\_\_\_

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Does your child take care of their own needs/help around the house? If yes please elaborate:

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### Swimming

1. Can your child swim?
2. Do they need assistance when swimming? (PFD, inflatable arm things or tube, etc)
3. Can they swim underwater?
4. Has your child ever been canoeing/kayaking? Are they comfortable with it?
5. Has your child been fishing? Are they comfortable with it?
6. Do you have any concerns with your child being around water?

### Social

1. Does your child spend time playing with children other than those living at home?
  - a. If yes, how often and what is the age range of children?
2. Does your child prefer playing alone?
3. Does your child have an imaginary friend?
  - a. If yes, what is their name/role?
4. Has your child been cared for outside the home prior to this center experience?
  - a. If yes, how old was your child and how long was he/she in this care?
5. Have you and your child had any extended separation from each other?
  - a. If yes, who cared for your child during this time and how did your child respond to the separation?

6. How does your child respond to new situations away from his/her family?
7. What are your routines in saying good-bye to your child?
8. Has your child experienced any losses?
  - a. If yes, how did he/she respond?
9. Has your child witnessed any violence?
  - a. If yes, how did he/she respond?
10. Does your child have any fears? What can we do to help your child feel secure?

### Health

1. Does your child have any health history and medical information relevant to routine child care? Explain.
2. Does your child have a diagnosis or treatment in case of emergency? Explain.
3. Does your child take medication? If so, what medication and how much? Medication must be documented on our Center's medication form.
4. Does your child have any allergies? Please explain.
5. Does your child have any special needs or health problems that I should know about?

### Program Goals

1. List three of your most important goals/expectations for your child while attending this program.
  - A.
  - B.
  - C.
2. Describe your most common method of guidance/discipline. (What happens when your child breaks a rule?)
3. Please describe your child, or give pertinent information that is not included in this questionnaire.

Please sign to agree you filled this out to the best of your ability:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Sunscreen Policy and Consent

The American Academy of Pediatrics recommends that children stay out of the sun between the hours of 10 AM and 4 PM. This is the time of day that the sun is at its highest point and may cause the most damage to skin. Even on cool or cloudy days UV rays are able to travel through clouds resulting in sunburn that children often do not notice because the temperature or breeze keeps their skin feeling cool. To be sure that all children are able to enjoy the outdoors, CAMP LOL has extended this time period to 11 AM to 3 PM, taking into consideration that there is shade available and skin protection is in place to ensure that all children have the opportunity to play outdoors, weather permitting.

When children are outdoors, CAMP LOL encourages the use of UVA ray and UVB ray protection sunscreen with an SPF of 15 or higher for children who are over six months of age.

To assist with supervision and the prevention of allergic reactions, we request that parents/legal guardians apply the child's sunscreen while at home, prior to arrival at the center. If you are trying a new brand of sunscreen, remember to try the sunscreen prior to providing to the center to monitor for any reactions. CAMP LOL will be responsible for applying a layer of sunscreen in the afternoon to areas of exposed skin. If water play is included in the classroom's morning schedule, sunscreen will be reapplied.

- Sunscreen is to be brought to the center in its original packaging or bottle.
- Sunscreen may not be used if it has expired.
- The child's name must be written on the sunscreen bottle or tube.
- Consent for sunscreen application must be given by the child's parent/legal guardian in writing each year.
- Sunscreen may be left at the center overnight stored in a locked cabinet away from children's belongings.
- Sunscreen will not be applied to children less than six months of age. Application of sunscreen to children less than six months will only occur when written permissions and instructions have been provided by the child's physician.
- Directions for application are to be followed per the instructions on the product's label unless otherwise indicated by a physician, in writing. Based upon general recommendation, sunscreen is to be applied approximately 20-30 minutes before going outdoors to allow for absorption.
- Sunscreen may not be shared with other children. If a sibling is in the center but not the same classroom, each child is required to have their own container of sunscreen.
- Yes, I wish to have sunscreen applied to my child for afternoon outdoor play and reapplied in the morning when water play is part of the classroom schedule. I agree to provide the center with sunscreen for my child. I understand the risks of sunburn and will not hold CAMP LOL responsible should I fail to apply sunscreen prior to arrival to the center each day.
- No, I do not want sunscreen applied to my child by CAMP LOL. I understand the risks of sunburn and will not hold CAMP LOL responsible should I fail to apply sunscreen prior to arrival to the center each day.

By enrolling in this program, I understand that outdoor play is a part of the program's daily schedule (weather permitting) per state regulations.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian's Name: \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_



## **Insect Repellent Policy**

There are a wide variety of products that claim to repel insects. The Centers for Disease Control and Prevention recommends using products that contain active ingredients that are registered with the Environmental Protection Agency (EPA). The products have been tested and have been found to be both safe and effective in preventing insect bites when used per the product labels. Each product is unique and may have a different concentration of repellent. The labels should indicate the concentration and how many hours the repellent is capable of being effective before another application is needed. Remember that higher concentrations of repellent do not mean that they work better; rather, they may work for a longer period. To reduce the risk of adverse effects, the lowest concentration that can be used for your situation would be best.

Use of Insect Repellent requires written permission from the child's parent/legal guardian daily. A Medication Administration Form is to be completed each day the product is to be applied in addition to the attached general consent (below). Any time the product does not meet the recommendations listed below, a note from the child's physician is required.

The following recommendations from the American Academy of Pediatrics, CDC and EPA strictly adhered to: Products must be EPA approved.

Products containing DEET must have 30% or less concentration (of DEET) to be used in the child care setting unless otherwise indicated by a child's physician.

No repellents will be used on children under the age of two months. Products containing DEET may not be used on children less than 6 months of age.

Products that contain both DEET and sunscreen will NOT be accepted.

Repellent may only be applied once per day.

When Insect Repellent is indicated for use, the following guidelines will be followed:

1. Families must try the insect repellent at home prior to providing to the center to allow for the family to observe for any reaction.
2. Read the label with each use and follow the instructions as stated by the manufacturer.
3. Repellents will only be applied to exposed skin. Do not use under clothing.
4. Never use Repellents over cuts, wounds or irritated skin.
5. Do not apply to eyes or mouth, and use in moderation around ears.
6. Repellent is to be applied to the teacher's gloved hands and then applied to the child's exposed skin.
7. Do not spray in enclosed areas or near food.
8. Do not allow children to handle the product and do not apply the product to the child's hands.
9. Keep Repellents away from children in a locked cabinet or lock box, away from children's belongings, food and other medications. Repellents can be kept at the center overnight and do not need to be removed daily.
10. If a child develops a rash, stop using the product! Should this occur while the child is at the center, staff will wash the areas treated with Repellent with a mild soap and water and call the child's parents and the Poison Control Center for further guidance.
11. Log application of Insect Repellent after each application.

Alternative products (repellent stickers or bracelets) are to be discussed with the Director to determine if they can be used in a group setting.

I hereby acknowledge that I have been provided with, and have read the CAMP LOL Insect Repellent Policy and agree to abide by the policy and procedures detailed herein during the period my child is enrolled at the child care center.

Child's Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_



Social Media Policy

Parents and caregivers are requested to bring any questions or concerns to either the owner or director, or both. Negative and defaming posts on social media can result in termination of care. We work hard to communicate with all families in a positive manner, and hope to have the same in return.

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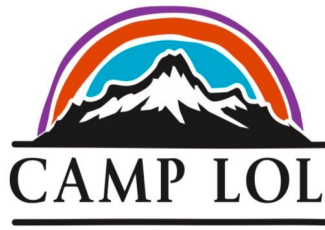
Name of Child

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Signature of caregiver

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Date



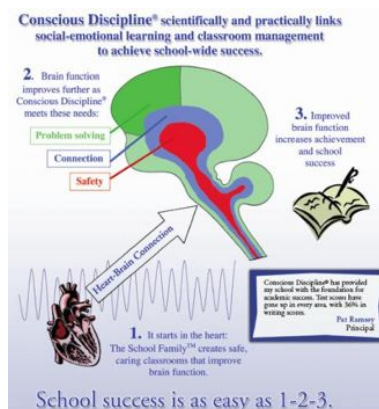
## Guidance and Behavior Management Policies

The ultimate goal of discipline is self-discipline—self-control and self-direction. Our goals in caring for our daycare children include directing their behavior with words and by example, so that they will learn the skills necessary to control their own behavior and cooperate with others. In our childcare center, it is our intention to try to prevent many behavior problems by providing direct supervision and guidance, age appropriate activities, love and interaction, a daily routine, and clear boundaries. I have found, that most young children will “follow the leader” when taught to.

Camp LOL and ABC & LOL Child Care Center & Preschool uses the Conscious Discipline method when guiding children (developed by Dr. Becky Bailey). Conscious Discipline links social-emotional learning with behavior management for overall success. It is based on the principle that children learn best when they feel safe, loved and calm. It is based on current brain research, child development information, and developmentally appropriate practices. Conscious Discipline has been specifically designed to make changes in the lives of adults first. The adults, in turn, change the lives of children.

Conscious Discipline is a way of organizing schools and classrooms around the concept of a School Family. Each member of the family—both adult and child—learns the skills needed to successfully manage life tasks such as learning, forming relationships, communicating effectively, being sensitive to others’ needs and getting along with others. Conscious Discipline empowers teachers and other adults with the Seven Powers for Self-Control. These powers change the adults’ perception and relationship with conflict, empowering them to be proactive instead of reactive during conflict times. These core beliefs strengthen our utilization of the frontal lobes of the brain. The frontal lobes are to the brain as a conductor is to an orchestra. The frontal lobes are our moral leader.

From the beliefs instilled with the Seven Powers for Self-Control emerge the Seven Basic Skills of Discipline. These skills change how adults respond to conflict in such a way as to facilitate the development of the frontal lobes in children. The Seven Skills are the only skills an adult needs to constructively transform conflict into teaching moments. Through the Powers and Skills, adults stay in control of themselves and in charge of children.



\* all information, charts and artwork listed here about Conscious Discipline have been taken from Dr. Becky Bailey's website or book "Conscious Discipline." For more information please consult either source.

### **Other Discipline Techniques**

Our goal is to use as little "Discipline" as possible, we much prefer the term "GUIDANCE" .... However, occasionally the need for correction and discipline does arise. When a child must be disciplined at the daycare, caregivers will choose a method most fitting to the circumstance from the following methods.

A.) Redirecting the child's behavior often will fix the problem. By just talking with the child, explaining the rule or expectation and showing him how to change his behavior, many problems can be corrected. With very young children, sometimes just distracting the child or providing them with an alternate toy or activity can be all it takes to turn tears and tantrums into smiles and giggles.

B.) Time Out's may be used to remove the child from a situation to discontinue negative behavior. The caregiver will respond immediately with a brief explanation. If the child's behavior is out of control to the extent that he/she cannot stand or sit independently, the caregiver will assist the child in calming down. The caregiver may need to stand or sit with the child in time-out, and possibly hold the child's hand or place her hand on the child's shoulders or back to assist the child in calming down. Breathing and relaxation techniques will also be encouraged.

C.) To use a consequence as a learning experience for the child, the caregiver will remove a privilege that is a logical response to an inappropriate or un-allowed behavior. For example, if the child continues to jump of the swing set in an unsafe manner after being aware of the safety rules, the caregiver may take away the privilege of swinging for a period of time.

D.) If the caregiver feels that the child has gotten out of control, in certain situations, Parent's Involvement may be required. Daycare staff will notify a parent if this is the case, or if there seems to be a consistent problem area that needs to be addressed. Our daycare believes that it is very important for parents to work closely together in any child-rearing goals, especially with discipline issues. We want to work together with parents to solve any problems that arise. We will communicate any behavior issues with you either during our end of the day conversation, by a phone call to your home or work, or by a note or email. If a serious problem needs to be discussed we may choose to schedule an appointment to explore solutions. The communication street runs two ways—if a parent feels there is an issue to discuss regarding discipline or any other issue, we would expect they would also voice their concerns.

Camp LOL and ABC & LOL Child Care Center also feels it important to let parents know what we will NOT do when disciplining children. Children are precious, and will not be treated in a demeaning way or physically harmed in any way. The State of Vermont Licensing Rules provide very exact guidelines regarding what is and is not allowed regarding discipline. Camp LOL and ABC & LOL Child Care Center whole-heartedly agrees with this rule, as copied below, not only because it is law, but because it is right. It is there to protect our children.

### **6.2.7 Positive Guidance and Behavior Management**

- Staff's expectations of children's behavior and responses to children's behavior shall be appropriate to each child's level of development and understanding. Guidance shall be designed to meet the individual needs of each child.
- Staff shall use positive methods of guidance and behavior management that encourage self-control, self-direction, self-esteem and cooperation.
- No form of inappropriate discipline or corporal punishment shall be used with children such as but not limited to:
  - Hitting, shaking, biting, pinching;
  - Restricting a child's movements through binding, tying, or use of any other mechanical restraint;
  - Withholding of food, water, or toilet use;

- o Confining a child in an enclosed or darkened area, such as a closet or a locked room;
- o Inflicting mental or emotional punishment such as humiliating, shaming, threatening, or frightening a child; or
- o Making disparaging remarks regarding a child or his/her family.
- No punitive action shall be taken with children for not going to sleep, for toileting accidents, for failure to eat all or part of a meal or for failure to complete a prescribed activity.
- Profanity and obscene language shall not be used in the center while children are present.
- The program director shall consult with parents and professionals to design an effective behavior management plan and adapt behavioral management practices for a child who exhibits a pattern of challenging behaviors.

## **Inappropriate and Unacceptable Behavior Policy**

### **PURPOSE**

Camp LOL and ABC & LOL Child Care Center must ensure that the play and learning environment for all children is safe, respectful, and provides a model of proper behavior to all children within our care. We also must ensure that inappropriate and unacceptable behavior is addressed in a timely, consistent, and fair manner for the well-being of each individual child as well as the group. This policy will address our plan for Inappropriate and Unacceptable Behavior.

### **DEFINITION**

Inappropriate and Unacceptable Behavior May Include (but is not limited to):

- \*Aggressive, physical, or verbally threatening actions directed at another individual
- \* Profane or abusive language (does not have to be directed at another individual)
- \* Refusal to comply with a teacher's instruction or request.
- \* Treating (or another individual's) property with a lack of respect
- \* Disrespecting another child or an employee
- \* Self-Destructive Behavior
- \* Other behavior determined by a staff member to be unacceptable.

### **POLICY**

While in the care of our center, we teach children to respect themselves, their friends and teachers, their environment and materials. Most of the time, small behavior issues and concerns are communicated to the parents through routine interactions at drop off and pick up times. In some instances, children who are disruptive or continuously aggressive may need a behavioral plan put in place. A parent meeting will be requested if a behavioral plan needs to be put in place for any child.

While understanding that children of different ages will have varied expectations regarding what is developmentally appropriate behavior, Camp LOL and ABC & LOL Child Care Center will not be able to tolerate continuous disruptive, aggressive or violent behavior by children of any age. If a child's behavior continuously takes away from the care and safety of the others, enrollment termination might be required. However, in most cases, the following processes will be followed:

\*\* Teachers will log behavior issues on Incident Report forms. A copy of each incident report will be given to the parents and discussed. Parents are expected to further address the issue with their child at home. Parents will be expected to cooperate for continued enrollment.

\*\* If a child exhibits violent or aggressive behavior, the child will be excluded from group activities for a period of time, and will be sent to an Admin office. Depending on the age of the child and the severity of the incident, the child may be allowed to return to the group after the situation is diffused. (This will be allowed no more than two times in one day)

\*\* If a child's aggressive behavior continues the same day, the child will be sent to the director's office again, and the parent will be called. The parent will be expected to make arrangements to pick up the child immediately. The child will be excluded from group activities for the rest of the day until the parent picks the child up.

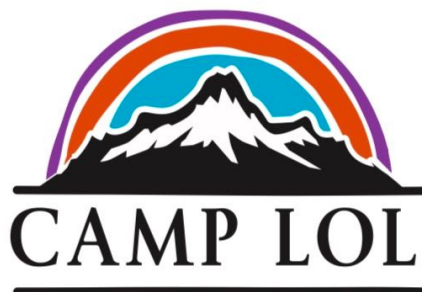
If child is sent home more than 3 times due to aggressive or violent behavior, the following options are available.

- o A parent meeting to discuss and implement a behavioral action plan, which may include additional professional services and assessments.
- o The center can hire another staff member to shadow their child, at the expense of the parent. (Approx \$375/wk)
- o The family can seek an alternate care arrangement for their child. In most cases, we can accommodate up to a 2-week period while a family is looking for another arrangement. Please see the director to see if this is possible for your family.



## **Behavior Management Policy Agreement**

I \_\_\_\_\_ have read and agree to the above behavior policy that our centers have implemented to keep our children and staff safe.



**CHILD CARE GENERAL HEALTH EXAMINATION FORM**

**Note:** *This form can be used for child care programs as required documentation of a child's general health examine. Other physical forms used by the health provider's office documenting the child's age appropriate well care exam and information regarding any health conditions and medications that may impact the care of the child in child care are also acceptable.*

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Last Exam: \_\_\_\_\_

This child has no health conditions or medications that impact enrollment in child care.

This child has a condition or medication that should be known by the child care provider:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Care Provider Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_





27 Memorial Drive St Johnsbury, VT 05819

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### Authorization for Exchange of Information

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian/Surrogate Name: \_\_\_\_\_

I hereby authorize the release and exchange of the following information between Camp LOL and the following providers:

- CIS/Children's Integrated Services
- Community Connections
- Pediatrician \_\_\_\_\_
- Department of Children and Families
- Umbrella
- School District \_\_\_\_\_

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Parent/Guardian Signature

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Date

## Child & Adult Care Food Program Enrollment Form

This center or program participates in the Child & Adult Care Food Program (CACFP). The food program provides federal money in the form of reimbursement to the center for meals and/or snacks served to children in care through the United States Department of Agriculture, Child Nutrition Programs. We are required to collect this enrollment information and the parent's signature **annually**. Please complete the form below and return it to us. **Please complete a separate form for each child.**

|  |   |   |                                   |               |       |
|--|---|---|-----------------------------------|---------------|-------|
| <b>Center Name</b>   |   |   |                                   |               |       |
| <b>Child's Name</b>  |   |   |                                   |               |       |
| <b>Child's Date of Birth</b>   |   |   |                                   |               |       |
| <b>Normal Days in Care</b><br>(please check <input checked="" type="checkbox"/> )  | <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su                 |   |                                   |               |       |
| <b>Normal Hours/Days in Care</b><br><br>(If hours vary by day, please be specific) | <b>Monday</b>   |   |                                   |               |       |
|  | <b>Tuesday</b>  |   |                                   |               |       |
|  | <b>Wednesday</b>  |   |                                   |               |       |
|  | <b>Thursday</b>   |   |                                   |               |       |
|  | <b>Friday</b>   |   |                                   |               |       |
|  | <b>Saturday</b>   |   |                                   |               |       |
|  | <b>Sunday</b>   |   |                                   |               |       |
| <b>Meals/Snacks received while in care</b>   | <input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Supper<br><input type="checkbox"/> AM Snack <input type="checkbox"/> PM Snack <input type="checkbox"/> Evening Snack |   |                                   |               |       |
| <b>Special Diet Needs:</b>   | This child has a food allergy or special diet need.<br><input type="checkbox"/> No <input type="checkbox"/> Yes                      If yes, please indicate:   |   |                                   |               |       |
| <b>Ethnic Data</b>   | Hispanic or Latino  |   | Not Hispanic or Latino            |               |       |
| <b>Racial Data</b>   | Black or African American   | Native Hawaiian or Other Pacific Islander | American Indian or Alaskan Native | Asian         | White |
|  |   |   |                                   |               |       |
| <b>Parent's Signature:</b>   |   |   | Date:                             | Printed Name: |       |
| <b>Mailing Address</b>   | Street Address/PO Box   |   |                                   |               |       |
|  | Town, State, Zip Code   |   |                                   |               |       |
| <b>Telephone Number</b>  |   |   |                                   |               |       |

**CHILD & ADULT CARE FOOD PROGRAM INCOME ELIGIBILITY FORM 2020-2021**

Child Care Centers

Center Name: \_\_\_\_\_

Instructions for completing this form are on the other side of this sheet. If you have questions, please contact the Center Director for help.

|  |  |                                    |
|--|--|------------------------------------|
| <b>Part 1. List each child's information.</b>        |  | <b>Check box if a Foster Child</b> |
| List FULL NAME(S) OF CHILD(REN) attending the center |  | <input type="checkbox"/>           |
|  |  | <input type="checkbox"/>           |
|  |  | <input type="checkbox"/>           |

**Part 2 Benefits:** If any member of your household received 3SquaresVT or Reach-Up assistance, provide the name of the head of household and the case number for the person who receives benefits. **If no one receives these benefits, skip to part 4.**

|             |                    |
|-------------|--------------------|
| Name: _____ | Case Number: _____ |
|-------------|--------------------|

**Part 3.** If any child you are applying for is **Homeless, Migrant**, or a **Runaway** check the appropriate box and contact your school Homeless Liaison or Migrant Coordinator. [ ] Homeless [ ] Migrant [ ] Runaway

| <b>Part 4. INCOME Eligibility</b> (If you completed 3SquaresVT or Reach Up section of Part 2 above, skip to Part 5) | <b>Enter gross income (before deductions) of each household member and state how often it is received (Weekly, monthly, every two weeks, twice a month, or annually)</b> |                                   |                                     |                  |                          |
|---|--|-----------------------------------|-------------------------------------|------------------|--------------------------|
| Name of household member<br>List names of all household members, including children listed above                    | Gross Earnings from work - before deductions   | Child Support, Alimony or Welfare | Social Security Pensions Retirement | Any other Income | Check if No Income       |
| Sample: <i>Jane Smith</i>   | \$ 249.00 / weekly   | \$ 300.00 / month                 | \$ ____ / ____                      | \$ ____ / ____   | <input type="checkbox"/> |
|   | \$ ____ / ____   | \$ ____ / ____                    | \$ ____ / ____                      | \$ ____ / ____   | <input type="checkbox"/> |
|   | \$ ____ / ____   | \$ ____ / ____                    | \$ ____ / ____                      | \$ ____ / ____   | <input type="checkbox"/> |
|   | \$ ____ / ____   | \$ ____ / ____                    | \$ ____ / ____                      | \$ ____ / ____   | <input type="checkbox"/> |
|   | \$ ____ / ____   | \$ ____ / ____                    | \$ ____ / ____                      | \$ ____ / ____   | <input type="checkbox"/> |
|   | \$ ____ / ____   | \$ ____ / ____                    | \$ ____ / ____                      | \$ ____ / ____   | <input type="checkbox"/> |

**Part 5. SIGNATURE AND SOCIAL SECURITY NUMBER:** I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that school officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State or Federal laws.

|                                       |   |
|---------------------------------------|---|
| Signature of Parent or Legal Guardian | Social Security Number:<br>XXX - XX - _____ <input type="checkbox"/> I do not have a Soc. Sec. number |
| Street/Apt No.                        | Home Phone  |
|                                       | Work Phone  |
| City/State/Zip                        | Date Signed   |

**Other Benefits:** For information on free or low-cost health insurance contact Green Mountain Care at 1-800-250-8427 or [www.GreenMountainCare.org](http://www.GreenMountainCare.org).

For information on 3SquaresVT to help with food costs, call 1-800-479-6151 or visit [www.vermontfoodhelp.com](http://www.vermontfoodhelp.com).

**THE SPACE BELOW IS FOR CENTER USE ONLY**

|  |   |   |   |
|--|---|---|---|
| Household Size: ____   | Total Income _____ Per Time Period<br>____ Year ____ Month ____ X Month ____ Every 2 Weeks ____ Week  | <b>NOTE: Annual Income Conversion -</b><br>Weekly x 52 • Every 2 weeks x 26 • Twice a Month x 24 • Monthly x 12 |   |
| To be valid, this form must be signed and dated.<br><br>_____<br><b>Signature of Director</b>                                | Eligibility Determination:<br>(Check the box and circle the reason)<br><input type="checkbox"/> Free Income<br>3SquaresVT / Reach-Up<br>Migrant/Runaway/Homeless<br><br>Name Of Foster Child: _____ | <input type="checkbox"/> Reduced Income   | <input type="checkbox"/> Denied Over Income Incomplete Form |
| Center Directors: Be sure to use the Income Eligibility Guidelines for CACFP to approve this form.<br><br>See CACFP Form #25 |   |   |   |

Vermont Agency of Education  
**INSTRUCTIONS FOR APPLYING**

**If your household receives 3SquaresVT OR REACH UP, follow these instructions:**  
**Part 1:** List each child's name enrolled and attending the center.  
**Part 2:** Enter the name of the head of household and the Case Number. (NOTE: a Dr. Dynasaur or Medicaid number does not qualify your child for free school meals. Do not enter a Medicaid case number.)  
**Part 3 & Part 4:** Skip these parts.  
**Part 5:** Sign the form. The last four digits of the Social Security number are not necessary if you are listing a 3SquaresVT or Reach Up case number.  
**Note:** The 3SquaresVT Program may send you a letter that shows that your child is eligible for free meals. You may send this letter to the center instead of completing the Income Eligibility Form.

**If you are applying only for a FOSTER CHILD(ren), follow these instructions:**  
**Part 1:** List the child's name and check the box.  
**Parts 2 through Part 4:** Skip these parts.  
**Part 5:** Sign the form. The last four digits of the Social Security number are not necessary for foster parents.  
**If some of the children in the household are foster children:**  
**Part 1:** List all children enrolled and attending the center. Check the box if the child is a foster child.  
**Part 2:** If the household does not have a case number, skip this part.  
**Part 3:** If any child you are applying for is homeless, migrant or runaway check the appropriate box and call your school.  
**Part 4:** See the instructions for All other Households, Part 4 below.  
**Part 5:** Adult household member must sign and include the last four digits of the Social Security Number.

**If you are applying for a Homeless, Migrant, or Runaway youth, follow these instructions:**  
**Part 1:** List the child's name enrolled and attending the center.  
**Part 2:** Skip this part.  
**Part 3:** Check the appropriate box and call your school for the Homeless Liaison or Migrant Coordinator.  
**Part 4:** Skip this part.  
**Part 5:** Sign the form. The last four digits of the Social Security number are not necessary.

**ALL OTHER HOUSEHOLDS, follow these instructions:**  
**Part 1:** List each child's name enrolled and attending the center.  
**Part 2:** Skip this part if the household does not have a case number.  
**Part 3:** Skip this part.  
**Part 4:** Follow these instructions to report total household income from last month.  
**First Column –Name:** List the first and last name of each person living in your household, related or not (such as grandparents, other relatives, or friends). You must include yourself and all children including the child(ren) you are applying for. Attach another sheet of paper if you need to.  
**Gross Income and How Often It Was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. For earnings, be sure to list **gross income** – not take home pay. Gross income is the amount earned before taxes and other deductions. This should be on your pay stub or your boss can tell you. For other income, list the amount each person got for the month from welfare, child support, alimony, pensions, retirement, Social Security, Supplemental Security Income (SSI), Veterans Benefits (VA benefits), and disability benefits. Under *Any other Income* list Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from 3SquaresVT, WIC, Federal Education benefits and foster payments received by the family from the placing agency. For ONLY the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.  
**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security number.

**Income Eligibility Guidelines**

| Household Size                           | Yearly | Monthly | Twice Per Month | Every Two Weeks | Weekly |
|--|--------|---------|-----------------|-----------------|--------|
| 1  | 23,606 | 1,968   | 984             | 908             | 454    |
| 2  | 31,894 | 2,658   | 1,329           | 1,227           | 614    |
| 3  | 40,182 | 3,349   | 1,675           | 1,546           | 773    |
| 4  | 48,470 | 4,040   | 2,020           | 1,865           | 933    |
| 5  | 56,758 | 4,730   | 2,365           | 2,183           | 1,092  |
| 6  | 65,046 | 5,421   | 2,711           | 2,502           | 1,251  |
| 7  | 73,334 | 6,112   | 3,056           | 2,821           | 1,411  |
| 8  | 81,622 | 6,802   | 3,401           | 3,140           | 1,570  |
| For each additional household member add | 8,288  | 691     | 346             | 319             | 160    |

The chart to the left shows the reduced price guidelines. Your children may qualify for free OR for reduced price meals if your household income falls within the limits on this chart. This means that by completing this form, your center will earn a higher rate of reimbursement for meals and snacks served to children.

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 your child 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 is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (3SquaresVT), Temporary Assistance for Needy Families (Reach-Up) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.