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Welcome to ABC Nature Academy, a program created with our community and your child in mind. This afterschool program serves children 5-13 years of age. Our mission is to strive to create a curriculum that focuses on exploration, discovery, creative expression, exciting adventures, and social and emotional well-being. Self-identity is at the core of meaningful learning, and therefore, we provide unique opportunities through supported learning situations that promote positive experiences. Our highly qualified staff advocates for inclusive and equitable practices throughout the program. We open-heartedly strive to create an environment that includes supportive communication between staff members, guardians, and children. We pride ourselves in providing high-quality child care that focuses on the individual needs of each and every child in a reliable and safe environment.

This Nature-based program will consist of endless adventures outdoors. Our goal is to engage children in developmentally appropriate learning opportunities within our natural surroundings. We will provide themed-based enrichment during the summer, vacations, and daily afterschool.

To offer messy learning and play that they may not get outside the center.

ABC Nature Academy is an extension of our ABC and LOL programs located in St. Johnsbury, Peacham, and Cabot. This program was created due to the increasing need for child care for children ages 5-12 years of age. Our location is a newly renovated 1800's farm house located on three acres of land. The property has an extensive place for outdoor education and enrichment that includes large raised gardens, Mud kitchens, space for climbing, exploring in the woods, lawn games, and much more.

We are open 6:30-5:30 during summers and school vacations and 2:30-5:30 for after school care during the school year. We are on the bus route for the St. Johnsbury School and we offer transportation for Lyndon Town School to this location daily.

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### **What to bring...**

ABC Nature Academy students will be spending a large part of their day outdoors exploring. We require that each child be provided with at least 2 extra changes of clothes. These can be stored on site and refilled as needed or brought daily with the child. This should include socks, underwear, pants, a shirt, a change of shoes/boots, and rain gear. During the summer, we ask that you supply sunscreen and bug spray for your child. 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. Please send in a toothbrush and toothpaste for healthy hygiene daily. We also ask that you provide a water bottle for your child that will remain at the center and be sanitized daily. If for any reason your family experiences hardship in supplying these items please reach out to the director for support.

### Quick list of what to bring:

- 2 complete changes of clothes (details above)
- Inside shoes and outdoor shoes
- Rain gear
- Jacket or sweatshirt
- Toothbrush and toothpaste
- Water bottle
- Sunscreen/bug spray

## **Family Style meals:**

ABC Nature Academy 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 and must be prepackaged with a tree nut/peanut free label . Our center has safe drinking water that is free from lead. Please be sure to let us 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, we would like to personally invite you in to join us for a delicious lunch anytime with your child at our center. All we 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.

## **For all other FNS nutrition assistance programs, state or local agencies, and their subrecipients, must post the following Nondiscrimination Statement:**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language), 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) (<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>), (AD-3027) found online at: [How to File a Complaint](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint) (<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)

### **ABC & LOL Civil Rights Complaint Procedure**

Individuals and groups are never discouraged from submitting a complaint of discrimination. Complaints may be written or verbal. Complaints may be anonymous. The ABC & LOL instructs program participants to send complaints of discrimination directly to the USDA Office of the Assistant Secretary for Civil Rights (OASCR). The complainant must file within 180 days of the alleged act of discrimination. The superintendent or appointed designee is responsible for implementing the Civil Rights Complaint Procedure. The complainant can file on their own directly with the USDA or report the complaint to the SFA. The contact information is found on the “And Justice for All” posters which are prominently displayed in all required areas.

1. All complaints alleging discrimination on the basis of race, color, national origin, age, sex, or disability will be forwarded to the USDA Office of the Assistant Secretary for Civil Rights immediately.

**mail:**

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

**fax:**

(202) 690-7442; or

**Email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

Complaints should be put into writing, by the complainant, using [USDA Program Discrimination Complaint Form](#), (AD-3027), (AD-3027) found online at:

<https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>.

This form is available in English and Spanish.

- English version:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

- Spanish Version:

[https://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish\\_Form\\_508\\_Compliant\\_6\\_8\\_12\\_0.pdf](https://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf)

2. In the event that a complainant makes the allegations verbally or in person and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made must record the details of the complaint for the complainant. Every effort will be made to have the complainant provide the following information:

a) Name and contact information for the complainant.

b) The date(s) during which the alleged discriminatory actions occurred or, if continuing, the duration of such actions.

c) The specific location and name of the entity delivering the service or benefit.

d) The nature of the incident or action that led the complainant to feel that discrimination was a factor.

e) The basis on which the complainant feels discrimination exists within any of the protected classes.

f) The names, titles, and business addresses of persons who may have knowledge of the discriminatory action.

3. If the USDA determines that a civil rights complaint warrants an investigation, it will occur based on established FNS policy and procedures, and then finalized into a report. They will investigate the complaint and this is the sole responsibility of the USDA.

4. In addition to submitting the complaint to the USDA, the SFA will keep a Civil Rights Complaint Log on site. Maintaining confidentiality is crucial. As much information as possible will be documented, including:

- Name and contact information of complainant
- Description of incident including date, time, location, and persons present
- Relevant Protected Base(s)
- Name of organization and individuals alleged to have engaged in discrimination
- Date of referral to USDA
- The findings of any investigation conducted
- Description of the final disposition of the complaint including any corrective action planned or taken

5. The SFA will also notify Child Nutrition Programs at Vermont Agency of Education of any complaints of discrimination. The State Agency maintains the information in a confidential database with limited access. Child Nutrition Programs does not investigate complaints of discrimination, but ensures complaints are received by the USDA and will cooperate in the tracking, processing, and resolving of complaints of discrimination.

6. The Vermont Agency of Education does not discriminate on the basis of race, color, national origin, creed, marital status, sex, disability, age, gender identity, or sexual orientation in its programs and activities. Complaints alleging discrimination related to the Vermont Agency of Education protected bases of religion, sexual orientation, gender identity, or martial/civil union status, will be sent to Clare O'Shaughnessy, Staff Attorney, at [clare.oshaughnessy@vermont.gov](mailto:clare.oshaughnessy@vermont.gov) or (802)-828-0105



A typical Day at ABC Nature Academy:

*During the summer or school vacations*

6:30-8:30 Arrival Time

- Outdoor exploration time Weather dependent
- Quiet reading or table activity time

8:15-8:45 Breakfast time for Caterpillars (5-8 year olds)

8:45-9:15 Breakfast time for Butterflies (8-13 year olds)

Morning Meeting

8:45 Caterpillars

9:15 Butterflies

9/9:30 until 10 Classroom time

- Fine motor skills
- Sensory play
- Literacy Development
- Exploration stations

10-11:30 Daily outside Discovery time (outdoor classroom model)

- Indoor gross motor play if experiencing extreme weather conditions
- Field trips as scheduled

11:30-12 Lunchtime for Caterpillars (5-8 year olds)

12-12:30 Lunch time for Butterflies (8-13 year olds)

12/12:30 until 1/1:30 Quiet activity time

Children will be encouraged to engage in reading books, listening to stories, playing board games or small group activities

1:30 Whole group lesson

- Sensory activity
- Science lesson
- Whole group games

2:30 Snack time (outside picnic style if weather allows)

3-5:30 Outdoor Gross Motor play (5pm small snack available)

A typical Day at ABC Nature Academy:

*During school (after school only care)*

2:50-3:10 pm St. Johnsbury school bus arrival

3:15 Snack for all children upon arrival

3:30-5:30 Outdoor Gross Motor play (5pm small snack available)

A table will be set up for children to receive support with completion of homework as needed or requested.

### ***Rates and Fees:***

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

If you are receiving financial assistance it will be your responsibility to not let it lapse. If you would like any help with your financial assistance application feel free to reach out to our director, Jasmine Brooks at any time.

For our families that attend childcare full time, a 10 percent discount will go toward the second child's tuition. Should you have any questions please reach out to our director.

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

We hope your child can come to our Center everyday, but there are times when children should stay home for their own safety and well-being, or to prevent the spread of contagious conditions. Please call at any time if you have any questions. Below is a list of reasons when your child 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 100.3 degrees
- Diarrhea
- Vomiting
- Infectious disease
- Unexplained rashes
- Conjunctivitis (Pink Eye) (until treated)
- Impetigo
- Covid-19
- The Flu
- Strep throat
- Head lice and nits (until treated)

### **ABC Nature Academy Child Care Ensures:**

- A complete first aid kit is kept on the premises
- 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 ABC Nature Academy due to illness, vacations, or any other reason please let me know as soon as possible.
- A medication log must accompany all medicine & prescription. We do not accept expired medication.

- Prescriptions 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 any medication.

**Arrival and Departure:**

Please escort your child in and out of all ABC & LOL Centers. 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.

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

It is especially important to us that your child arrives home safely. Therefore, if an individual arrives to pick up your child who appears intoxicated or otherwise incapable of bringing your child home safely, we will call you, the parent or an emergency contact person listed on Brightwheel to request their assistance. If the situation occurs a second time it may hold a termination of your child's slot. Our staff members/classroom teachers will sign your child in and out upon arrival and pick up.

**Children with Special Needs:**

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

**Abuse and Neglect:**

As a Child Care Provider, all employees required by law to report any suspected child abuse or neglect. All of our employees are mandated reports.

**Fire Safety & Lock Down:**

Fire safety is a regular theme in our curriculum. ABC & 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 fire prevention and safety measures.

Lock down drills can be a scary time for children and staff alike, but with our safety action plan in place our number one goal is to keep all children safe and calm to the best of our abilities as the situation allows.

**Transportation:**

ABC & LOL offers transportation to those children who live in the town of St. Johnsbury and up to a ten-mile radius. We offer a daily morning pickup between 8:00-9:30 am and will return them back home to you between 2:30 pm and 4:00 pm depending on your location. An additional fee of \$35.00 per week will be billed for this service. Please inquire for more details.

**Field Trips:**

ABC & LOL will provide prior notice in the event of a planned field trip. Field trip permission forms will include date, place of event, who will be driving, expected arrival and departure times, and required parent signature permission. We invite you to join us on any and all field trip excursions. This is a perfect opportunity to create memories with your child as they make new friends, and just think of all the fun you will have!

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

**Confidentiality:**

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

**Equal Opportunity Provider:**

ABC & LOL is an equal opportunity provider. Applications for enrollment are accepted regardless of applicants 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 protocols attached.

**Concerns:**

If you have ANY concerns at all, please do not hesitate to contact the director or owner 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.

**Final Thoughts:**

As a parent of ABC Nature Academy , please . . .

- Take an interest in your child's activities and development at our center, please share your child's habits, fears, and concerns with us.
- Read all correspondence given to you, and those posted. Promptly sign and return any forms needing to be signed, and do not be afraid to reach out if you have any questions or concerns.
- Remember that you are responsible for your child while you are on ABC & LOL premises, so please remain in complete contact with your child during that time.
- Call us! Your concerns and feedback are important to us.

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

## ENROLLMENT AGREEMENT

To the parent:

Please read the Agreement carefully. If you do not understand any part of this Agreement, feel free to contact Jasmine 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 ABC Nature Academy 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 ABC Nature Academy. The Center agrees to accept your child's enrollment, under the following terms and conditions.

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

Beginning on \_\_\_\_\_, ABC Nature Academy will provide care for your child \_\_\_\_\_, According to the following schedule indicated below. We ask that if your schedule differs from the one listed below by more then 15 minutes that you notify the director or classroom teacher the day prior.

**Age of child:** \_\_\_\_\_ M T W TH F    Drop off \_\_\_\_\_    Pick up \_\_\_\_\_

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

### **2. Methods of Payment:**

Payments may be made by debit or credit card (via our online Brightwheel app), cash, or check, due every Friday before the upcoming week. There is a lockbox located on the wall as you walk into the center where payments may be deposited. Payment obligation is based on the days agreed to use childcare, 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.**

### **3. Late Pick - Up Penalties:**

If your child is not picked up by 5:30 p.m., you will owe a late fee of **\$10 for each 5-minute period**, or portion thereof, after the scheduled time. Any unpaid balances need to be cleared up within 30 days.

### **4. Changes in Tuition:**

The weekly 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.

**5. Absences:**

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

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

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

Half-day New Years Eve

- New Years Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- The day after Thanksgiving
- Christmas Eve
- Christmas Day
- Professional Development trainings (3-4 days per year) Please see attached Calendar
- Staff meetings (First Wednesday of each month we close at 5:00pm)

Please see our attached calendar.

**7. 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.

**8. Withdrawal by Parent:**

After the adjustment period, you will continue to have the right to withdraw your child from the program. However, please notify the director, within 14 days 'notice of withdrawal.

**9. Termination**

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



Children are 1/3 of our population and all of our future.

### **Tell us about your child...**

Check the type of activities that your child enjoys:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Books                | <input type="checkbox"/> Blocks or other building materials | <input type="checkbox"/> Water and sand play            |
| <input type="checkbox"/> play-doh             | <input type="checkbox"/> Puzzles                            | <input type="checkbox"/> Dolls, dress-up, dramatic play |
| <input type="checkbox"/> Legos, tinker toys   | <input type="checkbox"/> Arts and Craft activities          | <input type="checkbox"/> Balls, jump ropes, trikes      |
| <input type="checkbox"/> Trucks, trains, cars |   |   |
| <input type="checkbox"/> Outdoor exploration  |   |   |

1. What school does your child or will your child be attending? \_\_\_\_\_

2. Is your child Potty trained or do they need assistance with any toileting needs?

\_\_\_\_\_

3. How does your child communicate their toileting needs (words/actions/sign language )?

\_\_\_\_\_

4. Does your child spend time playing with children other than those living at home? (if so how often and what is the age range of the children)

\_\_\_\_\_

5. Does your child prefer playing alone? \_\_\_\_\_

6. Who does your child reside with? \_\_\_\_\_

7. Has your child been cared for outside the home prior to this center experience? \_\_\_\_\_

8. Has your child experienced any losses? (if yes please explain how they responded)

\_\_\_\_\_

9. Has your child witnessed any violence? (if yes how did they respond)

\_\_\_\_\_

10. Does your child have any fears? Do you have any suggestions on how we can help your child feel secure?

\_\_\_\_\_

11. Does your child have any sensory or sensitivity needs? \_\_\_\_\_

13. How does your child prefer to be comforted? \_\_\_\_\_

14. Is DCF currently involved with your child or family? \_\_\_\_\_

**Health and wellness information:**

1. Does your child have any health history and medical information relevant to routine child care?

Explain. \_\_\_\_\_

2. Does your child have a medical, or physical diagnosis, or plan in case of emergency? Explain.

\_\_\_\_\_

3. Does your child take medication? If so, what medication, how much, and how often? Medication must be documented on our Center's medication form.

\_\_\_\_\_

4. Does your child have any allergies? Please explain.

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5. Does your child have any special needs or health problems that I should know about?

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**Program Goals**

1. A copy of our program philosophy is in this handbook. Do you have any questions? Would you like additional information?

2. List three of your most important goals/expectations for your child while attending our program.

a.

b.

c.

3. Does your child receive services through Children’s integrated services or your school district?

**Family Background**

1. What is the primary language spoken at home?

2. What does behavior redirection look like in your home?

3. If your child is in a multi-home living arrangement, please provide us with the most up to date custody agreement.

4. Are there any holiday traditions or family customs we should be aware of?

5. In case of emergency or illness, is there a preference to who is called or is the custody schedule followed?

6. Please describe your child and give any pertinent information that is not included in this questionnaire?

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

Birthdate: \_\_\_\_\_

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

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

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

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

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

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

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

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

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: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

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

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

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

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

**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 MY CHILD:**

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

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

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

**Additional people who MAY PICK UP your child from our Center:**

1. \_\_\_\_\_ relationship: \_\_\_\_\_

2. \_\_\_\_\_ relationship \_\_\_\_\_

3. \_\_\_\_\_ relationship \_\_\_\_\_

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

**WRITTEN CONSENT IS GIVEN FOR ITEMS BELOW:**  
(Parent/Legal Guardian **initial** all lines and **signature** required at bottom)

| <b>Initials</b> | <b>Consent is given for....</b>  | <b>Notes</b>                |
|-----------------|--|-----------------------------|
|                 | Administration of Minor First Aid  |                             |
|                 | Emergency Medical Treatment  |                             |
|                 | Emergency Medical Transportation   |                             |
|                 | Administration of Prescription Medications<br><b>(Please fill out a separate Med. Permission slip required)</b>                          |                             |
|                 | Administration of Non-Prescription Medications<br><b>(Please fill out a separate Med. Permission slip required)</b>                      |                             |
|                 | Application of cream/ ointment as needed   |                             |
|                 | Administration of special Dental or Dietary needs  | <b>List all that apply:</b> |
|                 | To be transported to a second, parent designated agency via bus or other parent approved mode of transportation                          |                             |
|                 | For my child's health records to be kept confidential and viewed only by ABC Directors/ Health Staff                                     |                             |
|                 | I give permission for ABC & LOL, ABC Little Sprouts and CAMP LOL to access my child's vaccination records using the vaccination registry |                             |
|                 | If my child is transported by facility, are there any special instructions? (motion sickness, seizures)                                  | <b>List all that apply:</b> |
|                 | Authorization to post child's allergies in the center  |                             |
|                 | Walking Excursions (Off Premises)  |                             |
|                 | Field Trips via Center Van(s)  |                             |
|                 | Swimming   |                             |
|                 | I give permission for my Child to use a Pacifier while in care   |                             |

|  |  |  |
|--|--|--|
|  | Homework supervision   |  |
|  | Permission for my child to be photographed and/ or videotaped and the photographs/ videotapes to be displayed.   |  |
|  | Permission for my child to be released from ABC & LOL, ABC Little Sprouts, or CAMP LOL (out of classroom) for services to be performed by specialists/ therapists from outside agencies as designated and authorized by parents/ guardians (i.e services provided by early intervention, intermediate units- speech therapists, occupational therapists, social workers, psychologists, ect) |  |

### **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 can 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, ABC & LOL Child Care Center & Preschool 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, ABC & 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. ABC & LOL Child Care Center & Preschool 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.
- Aerosol cans are not accepted per state regulations.

**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 ABC & LOL Child Care Center & Preschool responsible.**

**No, I do not want sunscreen applied to my child by ABC & LOL Child Care Center & Preschool. I understand the risks of sunburn.**

**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: \_\_\_\_\_ Date: \_\_\_\_\_

### **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.
- Aerosol cans are not permitted per state regulations.

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 it 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 it under clothing.
4. Never use Repellents over cuts, wounds or irritated skin.
5. Do not apply to eyes or mouth, 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

I hereby acknowledge that I have been provided with, and have read the ABC & LOL Child Care Center & Preschool 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: \_\_\_\_\_ Date: \_\_\_\_\_

### **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.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

## **Clothing Policy**

ABC Nature Academy is a nature focused after school age program. Our program includes an extensive outdoor educational setting for the children to learn, grow, and explore. Our outdoor space includes gardens, mud kitchens, sand climbing structures, and loose nature based parts.

With that being said your child/ren will be engaging in messy play daily. They will be expecting dirt and water play daily which means that their clothes may be getting dirty, wet, muddy, etc. We are **requesting that every family provides and replenishes your kiddos clothing within their classrooms** as needed so that they have a total of **at least two different outfits** to be able to wear when attending school. We ask that these outfits be appropriate for the weather and seasonal changes. Meaning that if it is hot out but a cool morning please pack a pair of shorts and maybe a tank top for your child to be changed into in the afternoon when it warms up if you don't feel like putting them in them in the morning. Also please keep in mind the type of shoes that you are putting your kiddo in as well and possibly pack an extra pair of shoes to be changed into if necessary.

If we notice that your child is wet, muddy or very dirty we will change your child's clothing if your child does not have adequate clothing to be changed into we will change them into some of the extra's that we keep within the center classrooms.

We will also begin playing outdoors if there is light rain. So please provide adequate rain gear for your child. During portions of the summer we will be able to enjoy field trips to the pool or other bodies of water which will require your child be sent to child care with appropriate swim attire and a towel.

If any of these materials are a hardship for your family to obtain please reach out to the director's support. **Please also keep in mind to bring in sunscreen for your kiddo so that it can be applied before going outside.**

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

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

Parent Signature: \_\_\_\_\_

Print: \_\_\_\_\_

**CHILD CARE GENERAL HEALTH EXAMINATION FORM**

*Note: This form can be used for childcare programs as required documentation of a child's general health examination. 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 childcare 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 childcare.

\_\_\_ This child has a condition or medication that should be known by the childcare provider:

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

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

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

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

## What our families have to say:

I would highly recommend ABC/LOL daycare for anyone who is looking for exceptional daycare services. I have utilized ABC/LOL for approximately the last eight years for four children and will continue to use their services. ABC/LOL is a professional child care center focused on promoting optimal outcomes for all children they serve. At my daughter's very first parent-teacher conference, her teacher informed me that whatever we have been doing to get her ready for kindergarten was certainly working and to continue doing it. I cannot take that credit, it was all ABC/LOL and their knowledgeable staff. Communication has always been effective. Whenever I had a question for staff members, I always received a prompt and professional response. ABC/LOL has gone above and beyond. When I was postpartum, ABC/LOL provided transportation from my home for my daughter so I would not need to pack a newborn. They are always extremely accommodating to my family's needs. The staff is a second family for us. Some staff members have watched all four of my kids grow through the years. They have celebrated holidays with our family and invited my children to birthday parties. I cannot express enough how amazing they are and how appreciative we are for all that they have done and continue to do. ~ Chelsea Colgrove

After taking a tour of the facility by the director/owner on a weekend, ABC/LOL was an easy decision for us to send our girls to. ABC/LOL displays a family culture. The low turnover and involved director/owner allows for a supportive community to thrive at ABC/LOL. They exemplify a loving and caring environment, where children feel safe and parents are reassured their children are in good hands. Teachers employ the desire in children to thrive through exploration learning. The certified/trained teachers are attuned to child development, looking for ways to aid in growth and development. ~ Ashley Gerrish

From day one, ABC LOL has been a reliable and caring place for my baby to spend time. As a new mom, the transition back to work is not an easy one. It can be a bit scary to entrust the care of your child to others, but ABC LOL has made me feel very comfortable every step of the way. They have always been very welcoming to me as a parent and have treated my child – and all the other kiddos – with the individual attention and care that we know helps children to grow and thrive. Once, when my baby was having a rough day, they called me

to check in and chat about what could be done to help her. It's little things like this which really inspire confidence as a parent and make me happy that we chose ABC LOL! ~ Caryn Everett

## **Aquatic Plan:**

### **Overview**

ABC & LOL LLC are dedicated to meeting the needs of children and families by providing a safe, nurturing, developmentally appropriate environment that fosters active, age-appropriate, intellectual, emotional, social, and physical development. Giving children the opportunity to experiment with water encourages active exploration and discovery of the natural environment. ABC & LOL LLC staff are knowledgeable of potential hazards associated with water play and therefore review their aquatic plan annually with center staff to provide children with a safe, stimulating environment when participating in aquatic activities.

### **Responsibilities**

It is the program director's responsibility to review the Aquatic plan every 365 days and update as needed. A copy of this plan will be handed to each ABC & LOL Nature Academy staff member to review each year at staff meetings. All employees hired after this review will receive a copy prior to their start date and the program director will review it with them. It is also the director's responsibility to send a copy of our aquatic plan to the organization or the lifeguard prior to swim activities. The director will also ask the organization or the lifeguard for a copy of their aquatic plan (if applicable) to review with staff before the swim activities occur.

It is each staff member's responsibility to review the Aquatic plan in its entirety and always keep a copy in their emergency binder. Each classroom's emergency binder contains this aquatic plan, children's parent(s) contact numbers, two emergency contact numbers, any allergies or other medical conditions, and each child's swim card. All swim cards will have their picture, swim level and color associated with their level. It is also the staff members responsibility to identify each bather by name and status of swimmer's ability and the area to which the bather is assigned. If a bather is a non-swimmer the staff member is to assign the bather to an area that is less than waist deep. Follow the K.I.D.S. Aquatic plan (page 2) of this plan. Staff shall always keep a 1st aid kit and their classroom's emergency binder with them in the swimming area. Staff shall also locate 1<sup>st</sup> aid sites on the premises. Staff will always supervise children and ensure that there is no diving.

It is the swim assessor's responsibility (when swimming off-site in water deeper than waist level) to assess and document each child's swimming ability. The swim assessor is a person who holds a valid American Red Cross Water Safety Instructor Certificate. In the event that a swim assessor is unavailable, swimmers will remain in water waist deep or less until one becomes available.

### **K.I.D.S. Aquatic Plan**

1. **Kid: Teacher Ratio:** Regardless of the number of children participating, a minimum of two staff members must supervise aquatic activities. A 1:10 ratio will be maintained by staff with children that are 8 or older, a 1:8 ratio with children from 6 to 7 years of age, a 1:6 ratio with children from 3 to 5 years of age, and a 1:3 ratio for children under 3 years of age. Staff will always have a means of communication with them during swim activities.

2. **Identification:** All swimmers will be wearing the same colored wristband to identify they are from ABC & LOL LLC. Swimmers will also wear a second colored wrist band, this color will match their skill level, to ensure quick visibility by supervising staff. Staff will implement a designated swim area for each child based on their level of swimming. Each swimmer will have a swim card with their name, picture, swimmer or non-swimmer, swim ability/current swim level, the area they are assigned, and color wristband associated with that level/swim area. As they move up, staff will update their swim card and wristband color. Staff will have a swim log where they will be responsible to record the entry to and exit from the swim area for each bather.

3. **Daily Attendance:** Children will arrive and leave by van. Upon arrival and dismissal, a count will be completed, and compared to daily attendance sheets. A visual count will be maintained every 15 minutes thereafter, and as children exit the pool every 30 minutes, a formal count will be made. Prior to participation, staff will implement a buddy system to assist with safety management and assign each child to a swimmer of the same level. Each child will be instructed to notify the lifeguard if their buddy is distressed or missing. Staff will monitor any group of children who cannot use the buddy system if necessary.

4. **Supervision:** Staff must devote their full attention to supervising the children in their pre-assigned areas of coverage and must communicate with one another about children moving from one area to another area. Children will be required to swim only within their skill level, unless approved otherwise by aquatic director or certified lifeguards. Staff will monitor children as they enter and exit the swimming area.

### **Plot Plan**

Written permission for all water play, on and off site, is obtained prior to the event and stored in each child's file either on the permission page of the enrollment packet or on a separate permission slip form.

**Onsite-** All water play onsite is done in a waiting pool, water sprinkler, or in a sensory bin with toys. No other water play is done onsite. Therefore, this aquatic plan is not used for onsite water play.

**Swimming Pools-** During off site swimming the program director will ensure that any swimming pools in which ABC & LOL LLC attend have certified lifeguards that will be present for the duration of swim activities. Upon arrival at the pool staff members will locate the pool's 1<sup>st</sup> aid kits, designate a safe space to perform 1<sup>st</sup> aid (if needed), and designate a meeting spot for evacuation of the pool. Staff will also locate the bathrooms and check in with the lifeguards. The staff members will then group the swimmers and go over the location of the bathrooms, the rules and expectations of the pool, and review what swim level each child is currently at. The lifeguards will also share their rules and expectations with the swimmers before entry into the pool.

**Lakes and Ponds-** During off site swimming to lakes or ponds, the program director will ensure that CAMP LOL or ABC & LOL Child Care Center & Preschool confirm that one or more certified lifeguards are present during swimming activities. Upon arrival at the lake/pond staff members will locate any 1<sup>st</sup> aid kits, designate a safe space to perform 1<sup>st</sup> aid (if needed), and designate a meeting spot for evacuation of the water. If there are no certified lifeguards present, CAMP LOL or ABC & LOL Child Care Center & Preschool will hire one or more certified lifeguards for any swimming activities to lakes or ponds. Staff will also locate the bathrooms and check in with the lifeguards. The staff members will then group the swimmers and go over the location of the bathrooms, the rules and expectations of the lake/pond, and review what swim level each child is currently at. The lifeguards will also share their rules and expectations with the swimmers before entry into the water.

#### **Lost K.I.D. Plan-Pool**

- In the event that a swimmer should be lost either during a 15-minute count, a pool evacuation, or a general scan of the area; all swimming shall cease, and the pool shall be evacuated. Staff members will remain with the group who have been evacuated and supervise all children while the search for the lost swimmer is in progress. One of the staff members will assist in the search of the premises, including bathrooms, and all areas out of the water.
- The lifeguards assigned to the pool shall begin their Lost Swimmer scan plan; two lifeguards shall enter the water and scan the bottom of the pool while the remaining lifeguards do a general "comb" of the area.
- Once the swimmers are in the designated meet spot, the childcare staff shall notify the Program Director of the search in progress. The director will head to the pool to further assist with the search.
- All swimmers remain inactive during the search until the lost swimmer is found.
- In the event the swimmer is not found within 10 minutes, an employee shall call 911 for the appropriate emergency responders and notify the parent of the current station.

### **Lost K.I.D. Plan- Lake/Pond**

- In the event that a swimmer should be lost either during a 15-minute count, a lake/pond evacuation, or a general scan of the area; all swimming shall cease, and the lake/pond shall be evacuated. Staff members will remain with the group who have been evacuated and supervise all children while the search for the lost swimmer is in progress. One of the staff members will assist in the search of the premises, including bathrooms, and all areas out of the water.
- The lifeguards shall begin their Lost Swimmer scan plan; two lifeguards shall enter the water and scan the bottom while the remaining lifeguards do a general "comb" of the area.
- Once the swimmers are in the designated meet spot, the childcare staff shall notify the Program Director of the search in progress. The director will head to the lake/pond to further assist with the search.
- All swimmers remain inactive during the search until the lost swimmer is found.
- In the event the swimmer is not found within 10 minutes, an employee shall call 911 for the appropriate emergency responders and notify the parent of the current situation.



## **Emergency Procedures**

### **Shelter-in-place Procedures:**

When a threat creates hazardous conditions outside the center, Child Care staff may need to use a shelter-in-place. Shelter-in-place involves keeping children and staff in place inside the building and securing the center for immediate emergency. Examples of such situations include extreme weather, community violence or a hazardous material spill.

- Bring children and staff to their classrooms.
- Close and lock all windows and doors
- Conduct a roll call to ensure everyone is present and accounted for in the classroom.
- Move children away from any doors and windows
- Listen to the radios for announcements from the owner and director.

### **Lock-Down:**

The purpose of a lock down is to keep children and staff inside the building by securing them inside a classroom due to immediate threat inside the center. Lock-down procedures will be used in situations that may result in harm to persons inside the Child Care Center, such as a shooting, hostage incident, intruder, trespassing, disturbance or at the discretion of the director or owner.

- The director or owner will notify the local emergency services and initiate the lock-down procedure by announcing it over the radios.
- The director will announce that there is a lock-down situation.

- In a lock-down situation, all children are kept in the classrooms out of view and away from danger and perform the following steps:
  1. Shut all shades and lock all doors.
  2. Shut off the lights.
  3. Move children away from windows and doors.
  4. Create a barrier to protect the children and staff.
  5. Staff members should put their cell phones on silent mode if they have them on.
  6. Staff and children remain in the classroom, ensuring the doors are locked, the lights are turned off, and the windows are shut and shades are pulled.
  7. If possible, engage in a quiet storytime activity at whisper level volume to encourage children to be quiet until the teachers hear “all clear” over the radios.
- Staff members are responsible for ensuring all children are present and accounted for and that no one leaves the classroom.

**Evacuation:**

Evacuation of a center involves moving children and staff out of the building that is affected by the emergency and relocating them to a safer area. There are three types.

- Onsite: Evacuation to the designated safe area on site the child care center (the large tree on the backarea of the property)
- Offsite: Movement of children and staff off the premises of the child care center to the designated shelter relocating area due to a threat (natural, man-made, or hazardous chemical release) to the children and center. Transportation will be provided via ABC and LOL buses to Camp LOL at 27 Memorial Drive for a 1<sup>st</sup> location and the St. Johnsbury Mall parking lot as an alternative.
- Reverse Evacuation: Movement of children and staff back into the child care center due to a danger/emergency outside. An example of this is a suspicious or criminal act occurring nearby.

**In the event of a fire, extreme weather, Center emergency, bomb threat, or any other situation that results in the child care center needing to be evacuated, all staff should adhere to the following.**

- The director will call any local emergency services needed.
- Evacuate all child care attendees and staff members to the designated safe area away from the building as quickly as possible.

- BEFORE leaving the childcare center confirm attendance to ensure all children and staff members are accounted for.
- Bring attendance and emergency cards along to the evacuation site.

The staff will evacuate children as follows:

- The youngest groups of the children will be loaded in transportation vehicles first. As needed employee vehicles will be utilized depending on the immediate threat of the situation
- No person should return into the center until deemed safe by the proper authorities.

NOTE: During an evacuation under no circumstances should staff stop for any of their own or children's personal belongings, including jackets, bags etc.

NOTE: LEPC #9 has been notified that this location is a child care center and given the number of enrolled children.

### **Fire:**

If the fire alarm goes off:

- Get all of the children in the classroom together in a line and count the number of children. Use the attendance to ensure all the students are present.
- Grab the ipad and walkie talkie
- Classroom teachers will ensure all of their students are accounted for and safely make it out of the building
- The director will complete a whole building sweep before exiting the building
- Once at the designated onsite evacuation spot (Near the large tree) check the attendance again for all children and give the director the head count numbers and verify this with daily attendance
- Group your children together where the teachers can see all children easily.
- Wait for further instructions. Do not reenter the building until the owners, the director, or the fire professionals have given the clear.
- If the director is not on site the assistant or manager that was allocated for the day will complete all tasks of the director

### **Off Site Evacuation:**

- The director will set up transportation to the offsite location via ABC and LOL childcare buses (Camp LOL or The mall parking lot)
- Stay with your children and keep them entertained while waiting for your transportation (Sing songs, or play a quiet, calm game)
- Once you are on the ABC and LOL van conducts another attendance check to make sure all students are present.

- When you have reached the off site evacuation spot and have all of your students together conduct another attendance check and wait for further instructions.
- In case the center needs to close for the day, parents will be called by classroom head teachers. The director and owner will work together to notify the radio stations and the school to ensure the after school children are not dropped off.

# ABC & LOL, ABC Little Sprouts, ABC Nature Academy and CAMP LOL 2025 CALENDAR

January 1st - Closed  
 January 8th - Close at 4:00 for Staff Meeting.  
 January 20th - Closed for Inservice

| JANUARY 2025 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|
| S            | M  | T  | W  | Th | F  | S  |
|              |    |    | 1  | 2  | 3  | 4  |
| 5            | 6  | 7  | 8  | 9  | 10 | 11 |
| 12           | 13 | 14 | 15 | 16 | 17 | 18 |
| 19           | 20 | 21 | 22 | 23 | 24 | 25 |
| 26           | 27 | 28 | 29 | 30 | 31 |    |

| July 2025 |    |    |    |    |    |    |
|-----------|----|----|----|----|----|----|
| S         | M  | T  | W  | Th | F  | S  |
|           |    | 1  | 2  | 3  | 4  | 5  |
| 6         | 7  | 8  | 9  | 10 | 11 | 12 |
| 13        | 14 | 15 | 16 | 17 | 18 | 19 |
| 20        | 21 | 22 | 23 | 24 | 25 | 26 |
| 27        | 28 | 29 | 30 | 31 |    |    |

July 2nd - Close at 4:00 for Staff Meeting.  
 July 4th - Closed  
 July 25th - Summer Bash - Centers closing at 3:00pm

February 5th - Close at 4:00 for Staff Meeting  
 February 28th - Closed

| FEBRUARY 2025 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| S             | M  | T  | W  | Th | F  | S  |
|               |    |    |    |    |    | 1  |
| 2             | 3  | 4  | 5  | 6  | 7  | 8  |
| 9             | 10 | 11 | 12 | 13 | 14 | 15 |
| 16            | 17 | 18 | 19 | 20 | 21 | 22 |
| 23            | 24 | 25 | 26 | 27 | 28 |    |

| August 2025 |    |    |    |    |    |    |
|-------------|----|----|----|----|----|----|
| S           | M  | T  | W  | Th | F  | S  |
|             |    |    |    |    | 1  | 2  |
| 3           | 4  | 5  | 6  | 7  | 8  | 9  |
| 10          | 11 | 12 | 13 | 14 | 15 | 16 |
| 17          | 18 | 19 | 20 | 21 | 22 | 23 |
| 24          | 25 | 26 | 27 | 28 | 29 | 30 |
| 31          |    |    |    |    |    |    |

August 4th - Closed  
 August 5th - Closed  
 August 6th - Closed  
 August 7th - Closed  
 August 8th - Closed  
 August 13 - Close at 4:00 for Staff Meeting

March 3rd - Closed  
 March 5th - Close at 4:00 for Staff Meeting

| MARCH 2025 |    |    |    |    |    |    |
|------------|----|----|----|----|----|----|
| S          | M  | T  | W  | Th | F  | S  |
|            |    |    |    |    |    | 1  |
| 2          | 3  | 4  | 5  | 6  | 7  | 8  |
| 9          | 10 | 11 | 12 | 13 | 14 | 15 |
| 16         | 17 | 18 | 19 | 20 | 21 | 22 |
| 23         | 24 | 25 | 26 | 27 | 28 | 29 |
| 30         | 31 |    |    |    |    |    |

| September 2025 |    |    |    |    |    |    |
|----------------|----|----|----|----|----|----|
| S              | M  | T  | W  | Th | F  | S  |
|                | 1  | 2  | 3  | 4  | 5  | 6  |
| 7              | 8  | 9  | 10 | 11 | 12 | 13 |
| 14             | 15 | 16 | 17 | 18 | 19 | 20 |
| 21             | 22 | 23 | 24 | 25 | 26 | 27 |
| 28             | 29 | 30 |    |    |    |    |

September 1st - Closed  
 September 3rd - Close at 4:00 for Staff Meeting

April 2nd - Close at 4:00 for Staff Meeting  
 April 3rd - Open House 4:30 - 5:30 ABC  
 April 10th - Open House 4:30 - 5:30 Little Sprouts  
 April 17th - Open House 4:30 - 5:30 Nature Academy  
 April 24th - Open House 4:30 - 5:30 Camp  
 April 18th - Closed for Inservice

| APRIL 2025 |    |    |    |    |    |    |
|------------|----|----|----|----|----|----|
| S          | M  | T  | W  | Th | F  | S  |
|            |    | 1  | 2  | 3  | 4  | 5  |
| 6          | 7  | 8  | 9  | 10 | 11 | 12 |
| 13         | 14 | 15 | 16 | 17 | 18 | 19 |
| 20         | 21 | 22 | 23 | 24 | 25 | 26 |
| 27         | 28 | 29 | 30 |    |    |    |

| October 2025 |    |    |    |    |    |    |
|--------------|----|----|----|----|----|----|
| S            | M  | T  | W  | Th | F  | S  |
|              |    | 1  | 2  | 3  | 4  | 5  |
| 6            | 7  | 8  | 9  | 10 | 11 | 12 |
| 13           | 14 | 15 | 16 | 17 | 18 | 19 |
| 20           | 21 | 22 | 23 | 24 | 25 | 26 |
| 27           | 28 | 29 | 30 | 31 |    |    |

October 1st - Close at 4:00 for Staff Meeting  
 October 9th - LS and Nature Academy Open House 4:30 - 5:30  
 October 13th - Closed for Inservice  
 October 15th - Camp Open House 4:30 - 5:30  
 October 16th - ABC Open House 4:30 - 5:30  
 October 31st - Close at 3:00

May 7th - Close at 4:00 for Staff Meeting  
 May 9th - Mother's Day Tea  
 May 19th - May 23rd - Parent Teacher Conferences  
 May 26th - Closed  
 May 29th - Preschool Graduation

| MAY 2025 |    |    |    |    |    |    |
|----------|----|----|----|----|----|----|
| S        | M  | T  | W  | Th | F  | S  |
|          |    |    |    | 1  | 2  | 3  |
| 4        | 5  | 6  | 7  | 8  | 9  | 10 |
| 11       | 12 | 13 | 14 | 15 | 16 | 17 |
| 18       | 19 | 20 | 21 | 22 | 23 | 24 |
| 25       | 26 | 27 | 28 | 29 | 30 | 31 |

| November 2025 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| S             | M  | T  | W  | Th | F  | S  |
|               |    |    |    |    |    | 1  |
| 2             | 3  | 4  | 5  | 6  | 7  | 8  |
| 9             | 10 | 11 | 12 | 13 | 14 | 15 |
| 16            | 17 | 18 | 19 | 20 | 21 | 22 |
| 23            | 24 | 25 | 26 | 27 | 28 | 29 |
| 30            |    |    |    |    |    |    |

November 5th - Close at 4:00 for Staff Meeting  
 November 20th - Thanksgiving Family Lunch  
 November 27th - Closed  
 November 28th - Closed

June 4th - Close at 4:00 for Staff Meeting  
 June 6th - Closed for Inservice  
 June 12th - Father's Day BBQ

| JUNE 2025 |    |    |    |    |    |    |
|-----------|----|----|----|----|----|----|
| S         | M  | T  | W  | Th | F  | S  |
| 1         | 2  | 3  | 4  | 5  | 6  | 7  |
| 8         | 9  | 10 | 11 | 12 | 13 | 14 |
| 15        | 16 | 17 | 18 | 19 | 20 | 21 |
| 22        | 23 | 24 | 25 | 26 | 27 | 28 |
| 29        | 30 |    |    |    |    |    |

| December 2025 |    |    |    |    |    |    |
|---------------|----|----|----|----|----|----|
| S             | M  | T  | W  | Th | F  | S  |
|               | 1  | 2  | 3  | 4  | 5  | 6  |
| 7             | 8  | 9  | 10 | 11 | 12 | 13 |
| 14            | 15 | 16 | 17 | 18 | 19 | 20 |
| 21            | 22 | 23 | 24 | 25 | 26 | 27 |
| 28            | 29 | 30 | 31 |    |    |    |

December 3rd - Close at 4:00 for Staff Meeting  
 December 5th - PJ Day/Toy Drive  
 December 24th - Close at 12:00  
 December 25th - Closed  
 December 26th - Closed  
 December 31st - Close at 12:00

**Key:** RED= Days off Yellow= ½ day closing at noon Green= Special Occasions Blue= Open houses Pink= Closes at 4pm

# Application for Child Care Financial Assistance

## To Be Eligible for Assistance, Your Family Must

- Have an accepted service need (reason) for child care.
- Meet the income guidelines.
- Live in Vermont.

## How to Apply

1. Fully complete this application. Incomplete applications will be returned.
2. Sign at the bottom of page 10. Use a pen.
3. Complete any additional forms that are required (e.g., Verification of Employment Form).
4. Gather copies of required verification documents (e.g., child support order). Originals may be returned upon request.
5. Send your application, along with required documents and forms, to your local Community Child Care Support Agency (see list on bottom of page 2). They can help you apply.

**Note:** If you get Reach Up, ask your case manager if they can authorize Child Care Financial Assistance for you. If they can, you DO NOT have to complete this application.

## What Happens Next

1. Your local agency will determine your eligibility for assistance based on your need for child care, household income, and family size.
2. If you are eligible, assistance may begin immediately.

If English is not your primary language and you need help understanding this information, tell your local office.

إذا لم تكن اللغة الإنجليزية لغتك الأولى وتحتاج إلى الحصول على المساعدة قم بإبلاغ المكتب الفرعي القريب منك.

Ako engleski jezik nije Vaš primarni jezik i ako Vam je potrebna pomoć da razumijete ovu informaciju, obavijestite svoj lokalni ured.

အကယ်၍ အင်္ဂလိပ်စကားသည် သင့်၏မူလဘာသာစကား မဟုတ်ပါက သင့်အား အကူအညီပေးရန်အတွက် အကူအညီလိုအပ်ပါက သင့်အထိမ်းအမှတ်ရှိ အခြေအနေအထားကို ဆက်သွယ်ပါ။

Si vous n'êtes pas anglais de langue maternelle et que vous avez besoin d'aide pour comprendre ces informations, dites-le à votre bureau local.

Mugihe icongereza atari ururimi rw'awe rw'amavukiro ukaba ushaka impfashanyo y'ugusobanukirwa iy'inkenuzo, egera ibiro vyaho uba.

यदि अङ्ग्रेजी तपाईंको मुख्य भाषा होइन र तपाईंलाई यो बुझ्न सहयोग चाहिएमा, तपाईंको स्थानीय कार्यालयमा भन्नुहोस्।

Haddii luuqada Ingiriisiga aysan ahayn luuqadaada asaasiga ah aadha u baahan tahay caawimaad ah fahanka macluumaadka, u sheeg xafiiska deegaankaaga.

Si su idioma materno no es el inglés y necesita ayuda para comprender esta información, infórmelo a su oficina local.

Ikiwa Kiingereza sio lugha yako ya msingi na unahitaji msaada wa kufahamu maelezo haya, waeleze ofisi yako ya mtaa.

Nếu tiếng Anh không phải là ngôn ngữ chính của quý vị và quý vị cần trợ giúp để hiểu thông tin này, hãy cho văn phòng tại địa phương quý vị biết.

## Document Checklist

Review this list and make sure you send all the required documents and forms.

- Education savings account:** Send proof of any contributions to a qualified account.
- Reason for child care:** Complete the required forms and gather the documents required to verify the service need for child care.
- Child support:** Send a copy of any child support order. If you're not getting or paying the amount on the order, send a 6-12 month payment history from the Office of Child Support.
- Household income:** Include all documents required to verify all sources of income.
- State adoption:** If you have an adoption assistance agreement with the State of Vermont, send a copy. Income limits may be waived, but you'll still need to provide income information and verification and have a service need (reason) for child care.

## Community Child Care Support Agencies

Staff in your local agency can:

- Answer your questions about assistance and help you apply.
- Provide copies of any additional forms you need to fill out.
- Help you find a child care provider if you don't already have one.

|   |   |   |
|---|---|---|
| <p style="text-align: center;"><b>Addison</b></p> <p>Child Care Services at Mary Johnson Children's Center<br/>81 Water Street<br/>Middlebury, VT 05753<br/>(802) 388-4304</p>                  | <p style="text-align: center;"><b>Franklin/Grand Isle</b></p> <p>Family Center of Northwestern Counseling &amp; Support Services<br/>130 Fisher Pond Road<br/>St. Albans, VT 05478<br/>(802) 524-6554</p> | <p style="text-align: center;"><b>Rutland</b></p> <p>Vermont Achievement Center<br/>88 Park Street<br/>Rutland, VT 05701<br/>(802) 773-4365 (child care subsidy)<br/>(802) 747-0033 (child care referral)</p>         |
| <p style="text-align: center;"><b>Bennington</b></p> <p>Sunrise Family Resource Center<br/>238 Union Street<br/>Bennington, VT 05201<br/>(802) 442-0052</p>                                     | <p style="text-align: center;"><b>Lamoille</b></p> <p>Lamoille Family Center<br/>480 Cady's Falls Road<br/>Morrisville, VT 05661<br/>(802) 888-5229</p>   | <p style="text-align: center;"><b>Washington</b></p> <p>Family Center of Washington County<br/>383 Sherwood Drive<br/>Montpelier, VT 05602<br/>(802) 262-3292</p>   |
| <p style="text-align: center;"><b>Caledonia/Essex South</b></p> <p>Kingdom Child Care Connection at Umbrella<br/>1330 Main Street<br/>St. Johnsbury, VT 05819<br/>(802) 748-1992 (option 3)</p> | <p style="text-align: center;"><b>Orange/Windsor North</b></p> <p>The Family Place<br/>319 US Route 5 South<br/>Norwich, VT 05055<br/>(802) 649-3268, 1-800-639-0039</p>                                  | <p style="text-align: center;"><b>Windham South</b></p> <p>Winston Prouty<br/>209 Austine Drive, Vermont Hall<br/>Brattleboro, VT 05301<br/>(802) 257-7852</p>  |
| <p style="text-align: center;"><b>Chittenden</b></p> <p>Child Care Resource<br/>300 Cornerstone Drive, Suite 128<br/>Williston, VT 05495<br/>(802) 863-3367</p>                                 | <p style="text-align: center;"><b>Orleans/Essex North</b></p> <p>Kingdom Child Care Connection at Umbrella<br/>79 Coventry Street, Suite 3<br/>Newport, VT 05855<br/>(802) 624-4157</p>                   | <p style="text-align: center;"><b>Windsor South/<br/>Windham North</b></p> <p>Springfield Area Parent Child Center<br/>80 Jack &amp; Jill Lane<br/>North Springfield, VT 05150<br/>(802) 886-5242, 1-800-808-4442</p> |

# Child Care Financial Assistance Application

Please print clearly and answer all questions completely.

## 1. Tell Us About Yourself (the applicant).

|  |  |   |   |
|--|--|---|---|
| First name, middle name, last name, and suffix (Jr., Sr., III, etc.)   |  |   |   |
| Other names (e.g., maiden name, nicknames, or aliases)   |  | Date of birth (mm/dd/yyyy)  |   |
| Social Security number*  | Email address                                  |   |   |
| <b>Phone numbers:</b><br>(Check preferred one)   | <input type="checkbox"/> Cell (with area code) | <input type="checkbox"/> Home (with area code)                          | <input type="checkbox"/> Work (with area code)  |
| Physical address (street address, city, state, zip code)   |  |   |   |
| Mailing address (if different from physical address)   |  |   |   |
| <b>Primary Language:</b>   |  | <b>Ethnicity:</b>   |   |
|  |  | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic |   |
| <b>Race (check all that apply):</b><br><input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander<br><input type="checkbox"/> White <input type="checkbox"/> Prefer to self-describe (explain) _____ <input type="checkbox"/> Prefer not to answer |  |   |   |
| <b>Gender:</b><br><input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer<br><input type="checkbox"/> Prefer to self-describe (explain) _____  |  |   | <b>Pronouns (optional):</b>   |
| <b>Marital Status:</b><br><input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Legally Separated <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single<br><input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed  |  |   | <b>Vermont Resident:</b><br><input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Do you have a million dollars or more in assets?   |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                |
| Do you put money into a qualified education savings account (e.g., Vermont Higher Education Investment Plan, other 529 Plan)?  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                |
| Does anyone in the home pay child support?   |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                |
| Is any parent/caregiver currently on active duty in the U.S. military or a member of a National Guard or Military Reserve unit?  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                |
| If yes, which one: <input type="checkbox"/> Active Military <input type="checkbox"/> National Guard/Military Reserve   |  |   |   |
| Is your family experiencing homelessness?  |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                |
| Are you a single-parent household?   |  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No                                |

\*You are not required to provide your social security number. However, not providing it might delay the process of your application.



## 2. Tell Us Why You Need Child Care. (What Is Your Service Need?)

To complete section 2 and 3:

1. Check the reason you need child care.
2. Provide other required information or forms.
3. Contact your local child care support agency or visit [dcf.vermont.gov/cdd/families/forms](http://dcf.vermont.gov/cdd/families/forms) for forms.

| Reason for Care   | Required Information and Forms  |  |   |
|---|---|--|---|
| <input type="checkbox"/> <b>Self-employed</b>                   | Send a completed <i>Self-Employment Business Plan</i> form. If you have been self-employed for: <ul style="list-style-type: none"> <li>• More than a year, send a copy of your individual and business taxes, including all schedules.</li> <li>• Less than a year, send a profit and loss statement.</li> </ul>  |  |   |
| <input type="checkbox"/> <b>Medically unable</b>                | Send a completed <i>Special Health Needs (Adult)</i> form.  |  |   |
| <input type="checkbox"/> <b>Looking for work</b>                | Send a completed <i>Seeking Employment Plan</i> form.   |  |   |
| <input type="checkbox"/> <b>Attending school or training</b>    | Send a completed <i>Training Plan</i> form and copy of your current registration form/class schedule.   |  |   |
|   | Bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If you already have a bachelor's degree, this cannot be the reason you need child care.  |  |   |
| <input type="checkbox"/> <b>Working</b>                         | <ul style="list-style-type: none"> <li>• Send two consecutive pay stubs from the last 30 days for each job you have.</li> <li>• If your job is new and you don't have paystubs yet, send a completed <i>Verification of Employment</i> form.</li> <li>• If your employer does not withhold taxes for you, follow the instructions for self-employment above.</li> <li>• Employer name:</li> <li>• Employer phone:</li> <li>• Employer address:</li> <li>• Does your employer contribute towards child care costs? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Work hours (circle AM or PM)</li> </ul> |  |   |
|   | Sunday<br>Start ____am / pm<br>End ____am / pm  | Monday<br>Start ____am / pm<br>End ____am / pm                                 | Tuesday<br>Start ____am / pm<br>End ____am / pm |
|   | Wednesday<br>Start ____am / pm<br>End ____am / pm   | Thursday<br>Start ____am / pm<br>End ____am / pm                               | Friday<br>Start ____am / pm<br>End ____am / pm  |
|   | Saturday<br>Start ____am / pm<br>End ____am / pm  | Flexible schedule?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Scheduled hours per week ____                   |
| <input type="checkbox"/> <b>Child with special health needs</b> | Send a completed <i>Special Health Needs (Child)</i> form.  |  |   |
| <input type="checkbox"/> <b>Family support</b>                  | If your family is experiencing extreme short-term stress (e.g., shelter, safety, emotional stability, substance abuse, or children's behaviors), contact your local CIS Child Care Coordinator ( <a href="http://dcf.vermont.gov/contacts/partners/scc">dcf.vermont.gov/contacts/partners/scc</a> ).  |  |   |
| <input type="checkbox"/> <b>Protective services</b>             | Discuss your need for child care with your Family Services worker.  |  |   |

### 3. Tell Us About Any Other Parent/Caregiver in the Home.

**You MUST list your spouse, civil union partner, or legal parent of your child(ren).**

| First name, middle name, last name, and suffix (Jr., Sr., III, etc.)  |                  | Relationship to applicant  |   |
|---|------------------|--|---|
| Primary language  | DOB (mm/dd/yyyy) | Social Security number*  |   |
| <b>Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer to self-describe (explain) _____ <input type="checkbox"/> Prefer not to answer |                  |  |   |
| <b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic   |                  |  |   |
| <b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer<br><input type="checkbox"/> Prefer to self-describe (explain) _____  |                  |  | Preferred Pronoun   |
| Reason for Care   |                  | Required Information and Forms   |   |
| <input type="checkbox"/> <b>Self-employed</b>   |                  | Send a completed <i>Self-Employment Business Plan</i> form. If you have been self-employed for: <ul style="list-style-type: none"> <li>• More than a year, send a copy of their individual and business taxes, including all schedules.</li> <li>• Less than a year, send a profit and loss statement.</li> </ul>  |   |
| <input type="checkbox"/> <b>Medically unable</b>  |                  | Send a completed <i>Special Health Needs (Adult)</i> form.   |   |
| <input type="checkbox"/> <b>Looking for work</b>  |                  | Send a completed <i>Seeking Employment Plan</i> form.  |   |
| <input type="checkbox"/> <b>Attending school or training</b>  |                  | Send a completed <i>Training Plan</i> form and copy of their current registration form/class schedule.<br><br>Bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If parent/caregiver already has a bachelor's degree, this cannot be the reason for child care.  |   |
| <input type="checkbox"/> <b>Working</b>   |                  | <ul style="list-style-type: none"> <li>• Send two consecutive pay stubs from the last 30 days for each job.</li> <li>• If their job is new and they don't have paystubs yet, send a completed <i>Verification of Employment</i> form.</li> <li>• If their employer does not withhold taxes, follow the instructions for self-employment above.</li> <li>• Employer name:</li> <li>• Employer phone:</li> <li>• Employer address:</li> <li>• Does the employer contribute towards child care costs? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Work hours (circle AM or PM)</li> </ul> |   |
|   |                  | Sunday<br>Start ____am / pm<br>End ____am / pm   | Monday<br>Start ____am / pm<br>End ____am / pm  |
|   |                  | Tuesday<br>Start ____am / pm<br>End ____am / pm  | Wednesday<br>Start ____am / pm<br>End ____am / pm   |
|   |                  | Thursday<br>Start ____am / pm<br>End ____am / pm   | Friday<br>Start ____am / pm<br>End ____am / pm  |
|   |                  | Saturday<br>Start ____am / pm<br>End ____am / pm   | Flexible schedule?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>Scheduled hours per week ____ |

**4. Tell Us About Other Household Members. Include your children and anyone else you claim as a dependent on your taxes. Use extra paper if needed.**

|   |  |  |
|---|--|--|
| First name, middle name, last name, and suffix (Jr., Sr., III, etc.)  |  | Relationship to applicant                                |
| Primary language  | DOB (mm/dd/yyyy)   | Social Security number*                                  |
| <b>Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer to self-describe (explain) _____ <input type="checkbox"/> Prefer not to answer |  |  |
| <b>Ethnicity:</b> <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Non-Hispanic  | <b>Citizenship (required only for a child accessing child care):</b><br><input type="checkbox"/> U.S. citizen <input type="checkbox"/> Qualified Immigrant* <input type="checkbox"/> None of the above |  |
| <b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer<br><input type="checkbox"/> Prefer to self-describe (explain) _____  |  |  |
| Is this a child under 19 who has special health needs and requires child care?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this a child you get Act 166 funds for?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are both parents present in the household?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, name of the absent parent: _____   |  |  |
| Physical address (or last known address) of the absent parent: _____  |  |  |
| Are you, or were you (the applicant), married to the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |
| If yes, were you separated in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |
| Do you (the applicant) receive child support/other goods from the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |
| Is there a child support order in place for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |
| Are you paying child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |

|   |  |  |
|---|--|--|
| First name, middle name, last name, and suffix (Jr., Sr., III, etc.)  |  | Relationship to applicant                                |
| Primary language  | DOB (mm/dd/yyyy)   | Social Security number*                                  |
| <b>Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer to self-describe (explain) _____ <input type="checkbox"/> Prefer not to answer |  |  |
| <b>Ethnicity:</b> <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Non-Hispanic  | <b>Citizenship (required only for a child accessing child care):</b><br><input type="checkbox"/> U.S. citizen <input type="checkbox"/> Qualified Immigrant* <input type="checkbox"/> None of the above |  |
| <b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer<br><input type="checkbox"/> Prefer to self-describe (explain) _____  |  |  |
| Is this a child under 19 who has special health needs and requires child care?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this a child you get Act 166 funds for?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are both parents present in the household?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, name of the absent parent: _____   |  |  |
| Physical address (or last known address) of the absent parent: _____  |  |  |
| Are you, or were you (the applicant), married to the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |
| If yes, were you separated in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |
| Do you (the applicant) receive child support/other goods from the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |
| Is there a child support order in place for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |
| Are you paying child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |

\* A child is a qualified immigrant if they have one of the following immigration statuses: lawful permanent resident, asylee, refugee, paroled into the U.S. for at least one year, granted withholding of removal, victim of abuse or trafficking.

**4. Tell Us About Other Household Members (Continued). Include your children and anyone else you claim as a dependent on your taxes. Use extra paper if needed.**

|   |  |  |
|---|--|--|
| First name, middle name, last name, and suffix (Jr., Sr., III, etc.)  |  | Relationship to applicant                                |
| Primary language  | DOB (mm/dd/yyyy)   | Social Security number*                                  |
| <b>Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer to self-describe (explain) _____ <input type="checkbox"/> Prefer not to answer |  |  |
| <b>Ethnicity:</b> <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Non-Hispanic  | <b>Citizenship (required only for a child accessing child care):</b><br><input type="checkbox"/> U.S. citizen <input type="checkbox"/> Qualified Immigrant* <input type="checkbox"/> None of the above |  |
| <b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer<br><input type="checkbox"/> Prefer to self-describe (explain) _____  |  |  |
| Is this a child under 19 who has special health needs and requires child care?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this a child you get Act 166 funds for?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are both parents present in the household?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, name of the absent parent: _____   |  |  |
| Physical address (or last known address) of the absent parent: _____  |  |  |
| Are you, or were you (the applicant), married to the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |
| If yes, were you separated in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |
| Do you (the applicant) receive child support/other goods from the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |
| Is there a child support order in place for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |
| Are you paying child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |

|   |  |  |
|---|--|--|
| First name, middle name, last name, and suffix (Jr., Sr., III, etc.)  |  | Relationship to applicant                                |
| Primary language  | DOB (mm/dd/yyyy)   | Social Security number*                                  |
| <b>Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer to self-describe (explain) _____ <input type="checkbox"/> Prefer not to answer |  |  |
| <b>Ethnicity:</b> <input type="checkbox"/> Hispanic<br><input type="checkbox"/> Non-Hispanic  | <b>Citizenship (required only for a child accessing child care):</b><br><input type="checkbox"/> U.S. citizen <input type="checkbox"/> Qualified Immigrant* <input type="checkbox"/> None of the above |  |
| <b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer<br><input type="checkbox"/> Prefer to self-describe (explain) _____  |  |  |
| Is this a child under 19 who has special health needs and requires child care?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this a child you get Act 166 funds for?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are both parents present in the household?  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no, name of the absent parent: _____   |  |  |
| Physical address (or last known address) of the absent parent: _____  |  |  |
| Are you, or were you (the applicant), married to the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |
| If yes, were you separated in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |
| Do you (the applicant) receive child support/other goods from the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |
| Is there a child support order in place for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |
| Are you paying child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |  |

\* A child is a qualified immigrant if they have one of the following immigration statuses: lawful permanent resident, asylee, refugee, paroled into the U.S. for at least one year, granted withholding of removal, victim of abuse or trafficking.

**5. Tell Us About Your Child Care Provider(s). To receive payments, the provider you use must be registered, licensed, or certified by the Child Development Division.**

|   |   |
|---|---|
| <b>Child's name:</b>                    | <b>Indicate hours needed, circle AM or PM:</b><br>Sunday    ___ am/pm to ___ am/pm<br>Monday    ___ am/pm to ___ am/pm<br>Tuesday    ___ am/pm to ___ am/pm<br>Wednesday ___ am/pm to ___ am/pm<br>Thursday   ___ am/pm to ___ am/pm<br>Friday      ___ am/pm to ___ am/pm<br>Saturday   ___ am/pm to ___ am/pm |
| <b>Child care provider information:</b> |   |
| Name:                                   |   |
| Phone:                                  |   |
| Location:                               |   |
| Relationship to child:                  |   |
| Child care start date:                  |   |

Will the child use the same child care program for the summer months?  Yes  No

|   |   |
|---|---|
| <b>Child's name:</b>                    | <b>Indicate hours needed, circle AM or PM:</b><br>Sunday    ___ am/pm to ___ am/pm<br>Monday    ___ am/pm to ___ am/pm<br>Tuesday    ___ am/pm to ___ am/pm<br>Wednesday ___ am/pm to ___ am/pm<br>Thursday   ___ am/pm to ___ am/pm<br>Friday      ___ am/pm to ___ am/pm<br>Saturday   ___ am/pm to ___ am/pm |
| <b>Child care provider information:</b> |   |
| Name:                                   |   |
| Phone:                                  |   |
| Location:                               |   |
| Relationship to child:                  |   |
| Child care start date:                  |   |

Will the child use the same child care program for the summer months?  Yes  No

|   |   |
|---|---|
| <b>Child's name:</b>                    | <b>Indicate hours needed, circle AM or PM:</b><br>Sunday    ___ am/pm to ___ am/pm<br>Monday    ___ am/pm to ___ am/pm<br>Tuesday    ___ am/pm to ___ am/pm<br>Wednesday ___ am/pm to ___ am/pm<br>Thursday   ___ am/pm to ___ am/pm<br>Friday      ___ am/pm to ___ am/pm<br>Saturday   ___ am/pm to ___ am/pm |
| <b>Child care provider information:</b> |   |
| Name:                                   |   |
| Phone:                                  |   |
| Location:                               |   |
| Relationship to child:                  |   |
| Child care start date:                  |   |

Will the child use the same child care program for the summer months?  Yes  No

|   |   |
|---|---|
| <b>Child's name:</b>                    | <b>Indicate hours needed, circle AM or PM:</b><br>Sunday    ___ am/pm to ___ am/pm<br>Monday    ___ am/pm to ___ am/pm<br>Tuesday    ___ am/pm to ___ am/pm<br>Wednesday ___ am/pm to ___ am/pm<br>Thursday   ___ am/pm to ___ am/pm<br>Friday      ___ am/pm to ___ am/pm<br>Saturday   ___ am/pm to ___ am/pm |
| <b>Child care provider information:</b> |   |
| Name:                                   |   |
| Phone:                                  |   |
| Location:                               |   |
| Relationship to child:                  |   |
| Child care start date:                  |   |

Will the child use the same child care program for the summer months?  Yes  No

## 6. Tell Us About Your Household Income and Expenses.

You must include your spouse, civil union partner, or legal parent of your child(ren) if they live with you.

| Check this box if your household has no income, benefits, or expenses. <input type="checkbox"/> |           |                        |
|---|-----------|------------------------|
| Gross Monthly Income (before deductions such as taxes)  | Applicant | Other Parent/Caregiver |
| <b>Earned Income</b>  |           |                        |
| <input type="checkbox"/> Salaries, wages, tips, etc.  | \$        | \$                     |
| <input type="checkbox"/> Bonuses (ongoing)  | \$        | \$                     |
| <input type="checkbox"/> Military pay (active, reserve, deployed)                               | \$        | \$                     |
| <input type="checkbox"/> Self-employment  | \$        | \$                     |
| <input type="checkbox"/> Vista or AmeriCorps stipend  | \$        | \$                     |
| <b>Unearned Income</b>  |           |                        |
| <input type="checkbox"/> Alimony  | \$        | \$                     |
| <input type="checkbox"/> Child support  | \$        | \$                     |
| <input type="checkbox"/> Dividend, interest, or trust fund income                               | \$        | \$                     |
| <input type="checkbox"/> Rental Income  | \$        | \$                     |
| <input type="checkbox"/> Retirement benefits  | \$        | \$                     |
| <input type="checkbox"/> Pension  | \$        | \$                     |
| <input type="checkbox"/> Social Security Benefits   | \$        | \$                     |
| <input type="checkbox"/> Unemployment compensation  | \$        | \$                     |
| <input type="checkbox"/> Veteran's benefits   | \$        | \$                     |
| <input type="checkbox"/> Worker's compensation  | \$        | \$                     |
| <b>Public Benefits</b>  |           |                        |
| <input type="checkbox"/> PSE Education/Reach Up   | \$        | \$                     |
| <input type="checkbox"/> Reach Up Child Only  | \$        | \$                     |
| <input type="checkbox"/> 3SquaresVT (EBT Cash Only)   | \$        | \$                     |
| <input type="checkbox"/> Housing Assistance   | \$        | \$                     |
| <input type="checkbox"/> Supplement Security Income (SSI)                                       | \$        | \$                     |
| <b>Other Income</b>   |           |                        |
| <input type="checkbox"/> Explain:   | \$        | \$                     |
| <input type="checkbox"/> Explain:   | \$        | \$                     |
| Monthly Expenses  | Applicant | Other Parent/Caregiver |
| <input type="checkbox"/> Child Support Paid   | \$        | \$                     |
| <input type="checkbox"/> VHEIP/529 College Savings Plan   | \$        | \$                     |

## 7. Provide Your Consent to Exchange Information

I authorize my local child care support agency to exchange information needed to determine my eligibility for assistance with any of the agencies checked below.

- Economic Services Division – Department for Children and Families (DCF)
- Office of Child Support – DCF
- Family Services Division – DCF
- Vermont Department of Labor
- Vocational Rehabilitation Division – Department of Disabilities, Aging and Independent Living
- Child care provider: \_\_\_\_\_
- Child's school: \_\_\_\_\_
- Employer: \_\_\_\_\_
- Family Support Team
- Early Childhood Special Education (ECSE)
- Visiting Nurses Association (VNA)
- Home Health and Hospice
- Children's Integrated Services (CIS)
- Other

## 8. Sign and Certify Your Application

By signing below, I certify that I understand that:

- I will be notified in writing about the decision on my application.
- I must report any changes that may affect my eligibility within 10 business days (e.g., changes in my household size, marital status, employment or training status, address, and income).
- I could be prosecuted for fraud if I don't report changes within 10 business days of the change or I provide incorrect or misleading information.
- If I get assistance, I am responsible for paying the difference between the child care financial assistance I receive and what my provider charges. During the time I am not eligible for assistance, I am responsible for paying for any child care costs incurred.
- Failing to provide the required documents may result in denial of this application.

**Sign and date your application using a pen. Unsigned applications will be returned.**

*I certify that the information provided on this application is true and complete to the best of my knowledge.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# Additional Resources for Families

## Assistance and Referral

### Vermont 2-1-1:

Dial 2-1-1 toll free from anywhere in Vermont. Discover hundreds of local, regional and statewide programs, services, and resources. [vermont211.org](http://vermont211.org)

## Child Care

### Child Care Consumer Line:

Get information about specific child care providers and state licensing requirements; voice a concern or make a formal complaint. Call 1-800-649-2642 (press 3).

[dcf.vermont.gov/cdd/families/reach-out](http://dcf.vermont.gov/cdd/families/reach-out)

### Child Care Licensing Regulations:

Read the rules established to protect the health and safety of children in out-of-home care.

[dcf.vermont.gov/cdd/laws-rules/licensing](http://dcf.vermont.gov/cdd/laws-rules/licensing)

### Child Care Referral:

Your local child care support agency can help you find a provider and answer your questions. See the list of agencies on page 2.

### Publications for Families:

Get a copy of the booklets below from your local child care support agency or online at [dcf.vermont.gov/cdd/families/publications](http://dcf.vermont.gov/cdd/families/publications).

- *Child Care Financial Assistance Program:* describes the program, how it works and your rights and responsibilities if you get help.
- *Using Regulated Child Care in Vermont:* provides an overview of the health and safety requirements that regulated child care programs must follow.

## Health Care

### Early and Periodic Screening, Diagnostic, and Treatment Service

Call 1-800-250-8427 to find out about this Dr. Dynasaur/Medicaid benefit that helps keep children and youth under 21 healthy.

[greenmountaincare.org/health-plans/medicaid](http://greenmountaincare.org/health-plans/medicaid)

## Economic Help

### Benefits Available From:

- DCF - [dcf.vermont.gov/benefits](http://dcf.vermont.gov/benefits)

- Other Organizations - [dcf.vermont.gov/benefits/other](http://dcf.vermont.gov/benefits/other)

### Community Action Agencies:

Based on your income, your local agency can help you meet your basic needs (e.g., emergency food help, fuel and utility assistance and housing assistance). [vermontcap.org](http://vermontcap.org)

## Parenting/Child Development Support

### Children's Integrated Services (CIS):

Are you pregnant and have a condition that may impact your baby? Have a baby or toddler with a developmental delay? Child up to age 6 that may need additional support around behaviors? Trouble accessing or finding child care due to your child's specialized needs? Services are available at low or no cost to families. Call your CIS Coordinator.

[dcf.vermont.gov/services/cis](http://dcf.vermont.gov/services/cis)

### Help Me Grow Phone Line:

Dial 2-1-1 to talk to a child development specialist who can answer questions about your child's development and connect you to resources in your community. [helpmegrowvt.org](http://helpmegrowvt.org)

### Parent Child Centers:

Contact your local center to ask about services that can help your children get off to a healthy start. This may include early childhood services, home visits, playgroups, parent education and support and information and referral.

[dcf.vermont.gov/contacts/partners/pcc](http://dcf.vermont.gov/contacts/partners/pcc)

### Resources for Families:

Find resources on topics such as child development, child trauma, domestic violence, early childhood, education, health/mental health, legal, LGBTQ, parenting, and pregnancy.

[dcf.vermont.gov/divisions](http://dcf.vermont.gov/divisions)

## Education

### VT529 (Formally VHEIP)

A college savings account that can help you pay for college/training for you or your family in the future. Account qualifies for 10% VT state income tax credit on annual contributions or gifts to your account. [vheip.org](http://vheip.org)



# Child and Adult Care Food Program (CACFP) Enrollment Form

This Program participates in the Child and Adult Care Food Program (CACFP). The food program provides federal money in the form of reimbursement to the Program for meals and/or snacks served to children in care through the United States Department of Agriculture (USDA). The Program is required to collect enrollment information annually. Please complete the form below and return it to the Program. **Please complete a separate enrollment form for each child enrolled in care.**

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

## Normal Days and Times in Care (please indicate drop off and pick up times):

- Monday: \_\_\_\_\_
- Tuesday: \_\_\_\_\_
- Wednesday: \_\_\_\_\_
- Thursday: \_\_\_\_\_
- Friday: \_\_\_\_\_
- Saturday: \_\_\_\_\_
- Sunday: \_\_\_\_\_

## Meals and Snacks Received While in Care (please check all that apply):

- Breakfast
- AM Snack
- Lunch
- PM Snack
- Supper
- Evening Snack

## Special Dietary Needs:

- Yes (please explain): \_\_\_\_\_
- No

## Ethnic Data:

- Hispanic or Latino
- Not Hispanic or Latino

## Racial Data (please check all that apply):

- Black or African American
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Asian
- White

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

Mailing Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## USDA Non-discrimination Statement

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/ad-3027.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:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or
2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

## Child and Adult Care Food Program (CACFP) Child Care Center Income Eligibility Form 2024-2025

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

Additional instructions for completing this form are on the back of this sheet. If you have questions, please contact the Center Director for help.

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| 1. List the <b>Full Name (first and last name)</b> of Participant attending the center. | Check box if   | List the <b>Full Name (first and last name)</b> of Participant attending the center. | Check box if   | List the <b>Full Name (first and last name)</b> of Participant attending the center. | Check box if   |
| <b>Name:</b>  | <input type="checkbox"/> Foster<br><input type="checkbox"/> Homeless<br><input type="checkbox"/> Migrant<br><input type="checkbox"/> Runaway | <b>Name:</b>   | <input type="checkbox"/> Foster<br><input type="checkbox"/> Homeless<br><input type="checkbox"/> Migrant<br><input type="checkbox"/> Runaway | <b>Name:</b>   | <input type="checkbox"/> Foster<br><input type="checkbox"/> Homeless<br><input type="checkbox"/> Migrant<br><input type="checkbox"/> Runaway |

2. If any member of the household receives **3SquaresVT** or **Reach Up**, provide the name of the individual receiving the benefit and the **full case number** associated with the benefit. **If completed, skip to Number 5.**

Name: \_\_\_\_\_ Case Number: \_\_\_\_\_

|   |   |   |                 |                 |       |        |  |                 |                 |       |        |  |                 |                 |       |        |
|---|---|---|-----------------|-----------------|-------|--------|--|-----------------|-----------------|-------|--------|--|-----------------|-----------------|-------|--------|
|   | 4. Enter <b>gross income</b> (before deductions) of <b>each household member</b> for the last month under <b>how often it is received</b> (Weekly, monthly, every two weeks, twice a month, or annually). |   |                 |                 |       |        |  |                 |                 |       |        |  |                 |                 |       |        |
| 3. List the <b>Full Name(s) (first and last name)</b> of <b>Household Members</b> . This includes all people living in the household. | <b>Check if no income</b>   | <b>Gross Earnings from Work – Before Deductions</b> |                 |                 |       |        | <b>Child Support, Alimony or Welfare</b> |                 |                 |       |        | <b>Social Security, Pensions, Retirement or Other Income</b> |                 |                 |       |        |
|   |   | Week  | Every Two Weeks | Twice per Month | Month | Annual | Week                                     | Every Two Weeks | Twice per Month | Month | Annual | Week   | Every Two Weeks | Twice per Month | Month | Annual |
|   | <input type="checkbox"/>  |   |                 |                 |       |        |  |                 |                 |       |        |  |                 |                 |       |        |
|   | <input type="checkbox"/>  |   |                 |                 |       |        |  |                 |                 |       |        |  |                 |                 |       |        |
|   | <input type="checkbox"/>  |   |                 |                 |       |        |  |                 |                 |       |        |  |                 |                 |       |        |
|   | <input type="checkbox"/>  |   |                 |                 |       |        |  |                 |                 |       |        |  |                 |                 |       |        |
|   | <input type="checkbox"/>  |   |                 |                 |       |        |  |                 |                 |       |        |  |                 |                 |       |        |
|   | <input type="checkbox"/>  |   |                 |                 |       |        |  |                 |                 |       |        |  |                 |                 |       |        |

5. Please provide a signature and the last four digits of the signer's 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. Officials may verify the information on the application and deliberate misrepresentation of information may be subject to prosecution under applicable State or Federal laws.

|   |                 |                    |
|---|-----------------|--------------------|
| <b>Signature of Parent or Legal Guardian:</b>                   | Street Address  | City               |
| <b>Social Security Number: XXX – XX – _____</b>                 | State           | Zip code           |
| <input type="checkbox"/> I do not have a Social Security Number | Home/Cell Phone | <b>Date Signed</b> |

**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).

**CENTER PERSONNEL MUST COMPLETE THE SPACE BELOW**

|   |                                     |   |   |
|---|-------------------------------------|---|---|
| <b>Household Size:</b> _____  | <b>Total Income Reported:</b> _____ | <b>Time Period Used (check off):</b> <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Twice per Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually |   |
|   |                                     | <b>Annual Income Conversion:</b> Weekly x 52 • Every 2 weeks x 26 • Twice a Month x 24 • Monthly x 12   |   |
| Current Income Eligibility Guidelines must be used to approve this form. Do not use the income guidelines listed on the back of this form. This form must be signed and dated by the individual approving the form. |                                     | <b>Eligibility Determination (Below):</b> Check the box and circle the qualifying reason.   |   |
| Signature of Approver (Center Personnel Only) _____   |                                     | <input type="checkbox"/> <b>Free</b><br>Income<br>3SquaresVT or Reach Up<br>Foster, Homeless, Migrant,<br>Runaway   | <input type="checkbox"/> <b>Reduced</b><br>Income |
| Date _____  |                                     | <input type="checkbox"/> <b>Denied</b><br>Over Income<br>Incomplete Application   |   |

**Instructions:**

**Number 1:** Print the **Full Name(s) (first and last name)** of Participant(s) attending the center. If the child you are applying for is a **Foster, Homeless, Migrant, or a Runaway** check the appropriate box and contact the local school's Homeless Liaison or Migrant Coordinator. **If completed, skip to number 5.**

**Number 2:** If the participant(s) live in a household receiving **3SquaresVT** or **Reach Up**, please list the name of the individual receiving the benefit and the case number associated with the benefit. **If completed, skip to number 5.**

**Number 3:** Print the **Full Name(s) (first and last name)** of each person living in the household, related or not (such as grandparents, other relatives, or friends).

**Number 4:** 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 *child support, alimony, or welfare*, list the amount each person got for the month. *Pensions, retirement, Social Security, Supplemental Security Income (SSI), Veterans Benefits (VA benefits), and disability benefits* must be listed for each person who received these benefits. *Any other Income* includes 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.

**Number 5:** Adult household member must sign and date the form and list the last four digits of the Social Security number.

**Income Eligibility Guidelines**

The chart below shows **reduced-priced guidelines**. Households earning more than the income(s) listed per time period below are Over Income.

Please refer to the Current Income Eligibility Guidelines to view free guidelines.

| Household Size                           | Yearly | Monthly | Twice Per Month | Every Two Weeks | Weekly |
|--|--------|---------|-----------------|-----------------|--------|
| 1  | 27,861 | 2,322   | 1,161           | 1,072           | 536    |
| 2  | 37,814 | 3,152   | 1,576           | 1,455           | 728    |
| 3  | 47,767 | 3,981   | 1,991           | 1,838           | 919    |
| 4  | 57,720 | 4,810   | 2,405           | 2,220           | 1,110  |
| 5  | 67,673 | 5,640   | 2,820           | 2,603           | 1,302  |
| 6  | 77,626 | 6,469   | 3,235           | 2,986           | 1,493  |
| 7  | 87,579 | 7,299   | 3,650           | 3,369           | 1,685  |
| 8  | 97,532 | 8,128   | 4,064           | 3,752           | 1,876  |
| For each additional household member add | 9,953  | 830     | 415             | 383             | 192    |

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, 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/ad-3027.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: 1. **mail:** U.S. Department of Agriculture Office of the Assistant Secretary for Civil Right 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or 2. **fax:** (833) 256-1665 or (202) 690-7442; or 3. **email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.