

Afterschool Program 2024

Dear Parent,

Thank you for your interest in Emmanuel Family & Child Development Center Afterschool/Summer School Program. We are eager to offer your scholar quality services.

The following items are required to enroll your child:
☐ Enrollment Form
☐ Immunization Record
☐ Medical Examination (Physical form to be signed by Parent)
☐ Emergency Contact/ Pick Up Form
☐ CACFP Income Eligibility Form
☐ Parent and Child Social Security Cards
☐ Child's Proof of Birth
☐ Parent ID
☐ Proof of Residency
☐ Proof of income
☐ Copy of Work/School Schedule

Child care subsidy: to continue service before/after the summer program you must have state assistance. Please contact your Caseworker (1 855-373-4536) and provide EFCDC **DVN# 002795042**



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION OFFICE OF CHILDHOOD – CHILD CARE COMPLIANCE

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE

CHILD CARE ENROLLMENT FORM

Cities of the Entholesia Cities		
FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)		•
IDENTIFYING INFORMATION	24 5 7 7 8 9 9 9	
MOTHER'S/GUARDIAN'S NAME	TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE	1	
E-MAIL ADDRESS		
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER	
FATHER'S/GUARDIAN'S NAME	TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE		
E-MAIL ADDRESS		
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER	
EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE (OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT		
NAME		EPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD TEL	LEPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
COMMENTS ON CHILD'S DEVELOPMENT (PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, 8	MINDIVIDUAL NEEDS)	

&

	RELATED CHILD				251193149	
	□YES □NO		HOW IS CHILD RELATED TO CHILD CAR	RE PROVIDER		
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		RT TIME	WHAT TIME DOES YOUR	WHAT TIME DOES		ES, OR VARIATIONS IN
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CACFP REQUIREENT	THURSDAY	\sqcup	☐AM ☐PM			
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	SUNDAY		□АМ □РМ			
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	(JANUARY)		(JANUARY)	(FEBROART)		(MARCH/ALRIE)
	☐ MEMORIAL DAY		☐ INDEPENDENCE DAY	☐ LABOR DAY		COLUMBUS DAY
	(MAY)		(JULY)	(SEPTEMBER)		(OCTOBER)
	VETERANS DAY (NOVEMBER)		(NOVEMBER)	THANKSGIVING (NOVEMBER)		CHRISTMAS DAY (DECEMBER)
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NAME				1666	FHONE NOMBER	
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Н	I HAVE BEEN INFORMED AND HA	VE RECEIVED A COPY OF THE FACILITY'S SAFE SLEEP POLICY WHEN ONE (1) YEAR OF AGE.	PARENT/GUARDIAN INITIALS
1		AY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE LDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR MPTION HAS BEEN FILED.	PARENT/GUARDIAN INITIALS
PAREN	T'S/GUARDIAN'S SIGNATURE		DATE
	FIRST ANNUAL UPDATE	PARENT/GUARIAN SIGNATURE	DATE
CACFP	SECOND ANNUAL UPDATE	PARENT/GUARIAN SIGNATURE	DATE
J	SECOND ANNUAL UPDATE THIRD ANNUAL UPDATE	PARENT/GUARIAN SIGNATURE	DATE

USDA Nondiscrimination Statement

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, (AD-3027) found online at https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- 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.

This institution is an equal opportunity provider.

Child and Adult Care Food Program Parent Letter – Non-Pricing Child Care Centers July 1, 2023 through June 30, 2024

Dear Parent or Legal Guardian:

Our center is currently participating in the Child and Adult Care Food Program. This program reimburses the center for the partial cost of meals provided to children and allows the center to provide nutritious meals without increasing the center's fees to you. If your yearly income is equal to or below the amount listed for your family size on the chart below, your child is eligible for free or reduced-price meals. If the income is higher than the amount listed for your family size, you do not need to complete the income application.

Family Size	Yearly Income	Family Size	Yearly Income
1	\$26,973	5	\$65,009
2	\$36,482	6	\$74,518
3	\$45,991	7	\$84,027
4	\$55,500	8	\$93,536

For each additional family member, add \$9,509

To apply for free or reduced-price meal benefits for your children, you must complete the attached Income Eligibility Form (IEF). Your application for free or reduced-price meal benefits cannot be approved unless the attached application is completed according to the directions provided; however, you are not required to complete the IEF. Notify the center should the household income decrease and/or if the household size increases. A participant may be eligible for free or reduced-price meals. The application is valid until the last day of the month in which the form was approved/dated/signed one year earlier.

Sincerely,

Center Owner/Director

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

This institution is an equal opportunity provider.

12/09/2022

SAVE
PRINT
RESET

CHILD'S NAME	DIDTUDATE	
OFFICE S NAME	BIRTHDATE	
HEALTH STATEMENT (CHECK ONE)		
1		
☐ My child is in good health, is able to participate in group care, has	s no special health or medical requ	uirements.
☐ My child is able to participate in group care but has special health		below.
SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIRE	EMENTS	
PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRON SPECIAL NEEDS, ETC.	NIC HEALTH PROBLEMS (SUCH AS ASTHM	MA, SEIZURES), BEHAVIORAL DISORDERS,
PARENT OR LEGAL GUARDIAN SIGNATURE		DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE CHILD AND ADULT CARE FOOD PROGRAM INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

Complete information below for children enroled this center. If child/(en) are receiving Supplemental Nutrition Assistance Program (SN (comerly Food Samp) or Temporary Assistance) (Commity Food Samp) or Temporary Assistance (Commity Food Samp) or Temporary Assistance (Commity Food Samp) or Temporary Assistance (Committy Food Samp) or	(formerly Foo		THE OH	D CARE C	ENTER			nio form a	TOTAL TOTAL TO	ine child	care center.
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School Records Release Form

Directions to the applicant/parent: Please complete these records form so that Emmanuel Family and Child Development Center may obtain records from your child's school. Students Name: (Last, First, Middle) _____ Grade: _____ Date of Birth: ____ I authorize _____(name of School) to release and provide copies of the following documents to Emmanuel Family & Child Development Centers staff. Parent/Guardian signature Date Directions to the sending school Please include the following documents if available: ☐ Official transcripts- including standarized achievements, intelligence, aptitude test scores, grade cards, MAP test scores and an explanation of your grading system. ☐ Health records/immunization records ☐ Teacher and/or counselor observations and comments or recommendation. ☐ Results of any special academic or psychological evaluation with document of special needs and copy of IEP. ☐ Record of extracurricular activites