



Student Application Bundle of Joy Academy

402 Fowler Road
Simpsonville, SC 29681
(864) 228-9362

"Train up a child in the way he should go; and when he is old, he will not depart from it."

Please complete the entire enrollment application. Failure to do so may delay starting date. If you have any questions or concerns, please contact the director or the assistant director.

Application Checklist

- ☐ Current Immunization Record for Daycare
- ☐ Discipline Policy
- ☐ Childcare Nutrition Policy
- ☐ Application for Free and Reduced-Price Meals
- ☐ General Academy Application

South Carolina Department of Social Services
Child Care Regulatory Services

**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION
TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: Bundle of Joy Academy County: Greenville County

Address: 402 Fowler Road Simpsonville, SC 29681
Street Address – no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) ☐ Yes ☐ No

My Child will regularly attend this facility FROM _____ am/pm TO _____ am/pm

If Child is a drop-in, indicate hours of care: FROM _____ am/pm TO _____ am/pm

Check all days Child will regularly attend this facility: ☐ Mon ☐ Tue ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

Check all meals Child will receive daily: ☐ Meals are not offered ☐ Breakfast ☐ Morning Snack ☐ Lunch

☐ Afternoon Snack ☐ Dinner ☐ Evening Snack

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

Street Address City, State, Zip Telephone

Dental Care Provider: _____
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: _____

Certificate of Immunization: ☐ Yes ☐ No ☐ N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

is in good mental and physical health and able to participate in the child care program at

Bundle of Joy Academy
Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee

Bundle of Joy Academy

Child Registration Form

Child's Information

Child's Full Name: _____ Birth Date: _____
Address: _____ Home Phone: _____
City: _____ State: _____ Zip Code: _____
Nickname: _____

Parent/Guardian Information

Mother's Full Name: _____ Home Phone: _____
Address: _____
Occupation: _____ Work Phone: _____
Name of Employer: _____ Cell Phone: _____
Business Address: _____ City: _____
Work Hours: _____ Driver's License #: _____

Father's Full Name: _____ Home Phone: _____
Address: _____
Occupation: _____ Work Phone: _____
Name of Employee: _____ Cell Phone: _____
Business Address: _____ City: _____
Work Hours: _____ Driver's License #: _____

Parents are:
☐ Married, ☐ Living Together, ☐ Divorced, ☐ Separated, ☐ Widowed, ☐ Single

Parent/Guardian with legal custody _____

Other Household Members:

Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____
Name: _____	Relationship: _____	Age: _____

Bundle of Joy Academy

CHILD PICK-UP INFORMATION

Please list below the people who have ***Permission*** to pick up your child.

***Note: Anyone picking up your child must have picture ID.**

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

Please list those persons who ***Do Not Have Permission*** to pick up your child.

Please explain the reason below or talk to your caregiver so she is aware of the situation.

Name: _____	Phone: _____	Relationship: _____
Name: _____	Phone: _____	Relationship: _____

Reason person is not allowed to pick up your child:

Name: _____

Reason: _____

Name: _____

Reason: _____

EMERGENCY CONTACTS

Primary Emergency Contact (other than parents or guardian)

Name: _____

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Secondary Emergency Contact (other than parents or guardian) Name:

Home Phone: _____ Work Phone: _____

Relationship to Child: _____

Address: _____

Any Special Instructions on how to reach parents:

Bundle of Joy Academy

EMERGENCY INFORMATION

1. Child's Physician: _____ Phone: _____
2. Preferred Hospital: _____ Phone: _____
3. Child's Dentist: _____ Phone: _____
3. Insurance Company: _____ Policy #: _____
4. Regular Medications: _____
5. Blood Type: _____
6. Medicine allergic to: _____
7. Food Allergies: _____
8. Any other Allergies: _____
9. Immunization Record: Date of Last Immunization: _____
10. Any special health conditions:

11. Child has had:

- ☐ Measles
- ☐ German Measles
- ☐ Chicken Pox
- ☐ Mumps
- ☐ Whooping Cough
- ☐ Other _____

Child suffers from:

- ☐ Headaches
- ☐ Earaches
- ☐ Sore Throat
- ☐ Stomach Aches
- ☐ Flu / Colds
- ☐ Other _____

Bundle of Joy Academy

PARENTAL PERMISSION

I give ____ do not give ____ BOJA permission to seek medical attention for my child in an emergency situation.

Parent Signature: _____ Date: _____

I give ____ do not give ____ BOJA permission to photograph my child for display at the Academy.

Parent Signature: _____ Date: _____

I give ____ do not give ____ BOJA permission to transport my child to field trips, and during an emergency crisis or situation.

Parent Signature: _____ Date: _____

OTHER IMPORTANT INFORMATION/PROVISIONS

Child will need special provisions such as:

- [] Extra curricular activity [] Yes [] No
If yes, please give details: (what activity, when, if transportation is required, specific arrangements to attend with other family members/friends, etc.)

- [] Other provisions we should be aware of: _____

Do you have any outstanding concerns? _____

Bundle of Joy Academy

DISCIPLINE POLICY

Name of Facility: Bundle of Joy Academy

The use of corporal punishment is strictly prohibited on the premises of this facility or away on any facility sponsored field trip.

Any staff found guilty of administering corporal punishment as a representative of this facility will be suspended or dismissed, depending on the severity. Parents using corporal punishment at the facility or on a facility sponsored field trip may be barred from the facility except to deliver and pick up their child or their child care slot may be terminated depending on the severity.

Corporal punishment is defined as the use of physical force to the body as a discipline measure. Physical force to the body includes but is not limited to spanking, slapping, biting, and/or shaking.

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self concepts, problem solving abilities, and self-discipline. Based on this belief, a positive approach to discipline is used and this child care facility will practice the following discipline and behavior management techniques.

WE DO:

- ◆ Communicate to children using positive statements
- ◆ Communicate with children on their level
- ◆ Talk with children in a calm quiet manner
- ◆ Explain unacceptable behavior to children
- ◆ Give attention to children for positive behavior
- ◆ Praise and encourage the children
- ◆ Reason with and set limits for the children
- ◆ Apply rules consistently
- ◆ Model appropriate behavior
- ◆ Set up the classroom environment to prevent problems
- ◆ Provide alternatives and redirect children to acceptable activity
- ◆ Give children opportunities to make choices and solve problems
- ◆ Help children talk out problem and think of solution
- ◆ Listen to children and respect the children's needs, desires and feelings
- ◆ Provide appropriate words to help solve conflicts
- ◆ Use storybooks and discussion to work through common conflicts

WE DO NOT:

- ◆ Inflict corporal punishment in any manner upon a child's body.
- ◆ Spank, hit, shake, bite, pinch, push, pull, slap or otherwise physically punish children.
- ◆ Use cruel, harsh, unusual, humiliating or frightening methods of discipline, including threatening the use of physical punishment.
- ◆ Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
- ◆ Shame or punish the children when bathroom accidents occur.
- ◆ Embarrass children in front of others.
- ◆ Compare children.
- ◆ Deny food or rest or physical activity as punishment.
- ◆ Relate discipline to eating, resting, or sleeping.
- ◆ Place children in a locked and/or dark room.
- ◆ Leave the children alone, unattended or without supervision.
- ◆ Allow discipline of children by children.
- ◆ Criticize, make fun of, or otherwise belittle children's parents, families, or ethnic groups.

Conferences will be scheduled with parents if particular disciplinary problems occur. If a child's behavior consistently endangers the safety of the children around him/her, then the Director has the right, after meeting with the parents and documenting behavior problems and interventions, to terminate child care services for that particular child.

My signature below indicates that I have received a copy of the discipline policy and the policy has been reviewed with me. I have read and understand the policy and the consequences of violation of the policy.

Signature _____ Date _____

Please circle as appropriate:

STAFF

PARENT

If parent, name of child _____

Bundle of Joy Academy

Child Care Physical Activity Policy

Policy Statement

Bundle of Joy Academy recognizes the importance of physical activity for young children. Implementation of appropriate physical activity practices supports the health and development of children in care, as well as assisting in establishing positive lifestyle habits for the future.

Physical Activity in Child Care

The purpose of this policy is to ensure that children in care are supported and encouraged to engage in active play, develop fundamental movement skills and to have limited screen time. Our center encourages all children to participate in a variety of daily physical activity opportunities that are appropriate for their age, that are fun and that offer variety. In order to promote physical activity and provide all children with numerous opportunities for physical activity throughout the day

Bundle of Joy Academy will:

Daily Outdoor Play

- ▶ Encourage a least restrictive, safe environment for infants and toddlers at all times.
- ▶ Provide a designated safe outdoor area for infants (ages 0-12 months) for daily outdoor play.
- ▶ Provide toddlers (ages 1 through 2 year olds) with at least 60-90 minutes of daily outdoor active play opportunities across 2 or 3 separate occasions.
- ▶ Provide preschoolers and school age children (ages 3 through 12 year olds) with at least 90-120 minutes of daily outdoor active play opportunities across 2 or 3 separate occasions.
- ▶ Increase indoor active play time so the total amount of active play time remains the same, if weather limits outdoor time. Active play will be inside of the gym area.
- ▶ Provide a variety of play materials (both indoors and outdoors) that promote physical activity.

Role of Staff in Physical Activity

- ▶ Will encourage children to be physically active indoors and outdoors at appropriate times.
- ▶ Will provide 5-10 minutes of planned physical activities at least 2 times daily for children age 3 and older.

Screen Time Limitations

- ▶ Not permit screen time (e.g., television, movies, video games and computers) for infants and children two years and younger.

Physical Activity and Punishment

Staff members do not withhold opportunities for physical activity (e.g., not being permitted to play with the rest of the class or being kept from play time), except when a child's behavior is dangerous to himself or others. Staff members never use physical activity or exercise as punishment, e.g., doing push-ups or running laps. Play time or other opportunities for physical activity are never withheld to enforce the completion of learning activities or academic work. Our center uses appropriate alternate strategies as consequences for negative or undesirable behaviors.

Appropriate Dress for Physical Activity

We at Bundle of Joy Academy have a Ready to Play Policy! Please bring your child ready to play and have fun each day. Your child will participate in both indoor play and outdoor play. Therefore, play clothes and shoes which can get dirty and allow for free and safe movement are most appropriate. We expect parents to provide children with appropriate clothing for safe and active outdoor play during all seasons. The Academy does not allow flip-flops or open-toe shoes for outside play or for inside play in the gym area. If your child wears sandals, please be sure to allow them to wear socks with them. In winter, please provide a warm jacket, hat, gloves or mittens, and weather appropriate shoes or boots. In summer, provide light clothing, hat, and sunscreen. In spring and fall, provide a jacket or sweater, and boots and rain jacket on rainy days. Please be sure to label all outer garments with your child's name. It is our expectation that children will go outside EVERYDAY! **<You may want to insert information here providing specific details from the ABC Standards regarding temperature ranges and weather advisories that would prohibit outdoor play.>** If you feel your child is too sick to go outside then he/she is too sick to be at the child care center. We request that you keep him/her at home until they are well enough to go outside.

Professional Development

Annual training on promotion of children's movement and physical activity is required for all staff.

My signature below indicates that I have received a copy of the physical activity policy, it has been reviewed with me, and I have read and understand this policy.

Signature _____ Date _____

Please circle as appropriate: STAFF PARENT

If parent, name of child _____

Bundle of Joy Academy

Child Care Nutrition Policy

Policy Statement

Good nutrition is vital to children's overall development and well-being. In an effort to provide the best possible nutrition environment for the children in our facility, Bundle of Joy Academy has developed the following child care nutrition policies to encourage the development of good eating habits that will last a lifetime.

Child Care Nutrition

Bundle of Joy Academy follows the child care nutrition guidelines recommended by the USDA CACFP (Child and Adult Care Food Program) for all the foods we serve. To provide a healthy and balanced diet that includes fruits, vegetables, and whole grains and limits foods and beverages that are high in sugar, and/or fat, our nutrition policy includes the following:

Fruits and Vegetables

- ✓ We serve fruit at least 2 times a day.
- ✓ We offer a vegetable other than white potatoes at least once a day.

Grains

- ✓ We serve whole grain foods at least once a day.

Beverages

- ✓ We limit juice intake to once per day in a serving size specified for the child's age group. When served, the juice is 100% fruit juice.
- ✓ We do not serve sugar sweetened beverages.
- ✓ We serve only skim or 1% milk to children age 2 years and older.

Fats and Sugars

- ✓ High fat meats, such as bologna, bacon, and sausage, are served no more than two times per week.
- ✓ Fried or pre-fried vegetables, including potatoes, are served no more than once per week.
- ✓ We limit sweet food items to no more than two times per week.

Role of Staff in Nutrition Education

- ✓ Staff provide opportunities for children to learn about nutrition 1 time per week or more.
- ✓ Staff act as role models for healthy eating in front of the children.

Meal and snack times are planned so that no child will go more than four hours without being offered food. We provide a variety of nutritionally balanced, high quality foods each day so please do not send your child with outside food and drinks.

Please see the Director prior to sending lunch or snack for your child

8/4/2014

Weekly Menus

Our weekly menus are carefully planned to follow child care nutrition guidelines at every meal. Each menu is designed to provide a wide variety of nutritious foods that are different in color, shape, size and texture. All of our child care menus include foods that are culturally diverse and seasonally appropriate. We also like to introduce new and different foods and include children's favorite recipes in our menu planning. Menus are rotated on a three week basis to provide the children with a balance of variety and familiarity. Menus are adapted to incorporate local and fresh in-season produce when available.

Nutrition and Punishment

Staff will never use food as a reward or as a punishment.

Celebrations

From birthday parties to holidays there are many opportunities for celebrations in our child care center. A birthday party will be held monthly in each classroom. If you would like to recognize your child's actual birthday, we request that you not send in treats or goody bags but instead send a birthday book. For holiday celebrations, a sign-up sheet with specific foods and beverages will be placed in each classroom. Please see your child's teacher if you have any questions or concerns.

Professional Development

Annual nutrition training is required to ensure that all staff understand the important role nutrition plays in the overall well-being of children.

My signature below indicates that I have received a copy of the nutrition policy, it has been reviewed with me, and I have read and understand this policy.

Signature _____ Date _____

Please circle as appropriate: STAFF PARENT

If parent, name of child: _____



**LETTER FOR NON-PRICING CHILD CARE INSTITUTIONS
Participating in the Child and Adult Care Food Program**

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. Bundle of Joy Academy offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Application for Free and Reduced-Price Meals in Child Care Food Programs form (DSS Form 16160). This form will be placed in our files and treated as confidential information. All children in our program receive their meals free of charge, but the determination of eligibility category affects the amount of Federal funding received by us. Please review the following questions and answers and the instructions for completing the attached DSS Form 16160.

- 1. Do I need to fill out an Application for Free and Reduced-Price Meals form for each of my children in child care?** You may complete and submit one DSS Form 16160 for all children enrolled in child care in your household only if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to:** Bundle of Joy Academy
- 2. Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Family Independence (FI), or Food Distribution Program on Indian Reservations (FDPIR) can qualify for free meals. Foster children and children enrolled in Head Start are also eligible for free meals. You must provide supporting documentation of a child's enrollment in the Head Start program. A letter from the Head Start agency is sufficient.
- 3. May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.
- 4. Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.
- 5. How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the Income Chart on the attached DSS 16160, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, FI or FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

Dear Parent Letter
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6. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.
7. **What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the DSS Form 16160, but are not required to include payments received for the foster child as income.
8. **We are in the military; do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of child feeding programs, no person will be discriminated on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you have other questions or need help, call (864) 228-9362 or (864) 787-9620

Thank you for your cooperation.

Tamiko Lewis

Institution Director



South Carolina Department of Social Services
**APPLICATION FOR FREE AND REDUCED-PRICE MEALS
IN CHILD CARE FOOD PROGRAMS**

Part 1. Name of Enrolled Child(ren): _____

Part 2. List All Household Members (Including Enrolled Child(ren))

Names of all household members (First, Middle Initial, Last)	Check if No Income	If all children listed below are Foster, Homeless, Migrant or Head Start skip to Part 4 to sign this form.	Foster	Homeless	Migrant	Head Start

Part 3. Benefits: If any member of your household received SNAP (formerly Food Stamps), Family Independence (FI), or FDIPIR provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 4.

NAME: _____ CASE NUMBER: _____

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income)	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) Jane Smith	\$200 Weekly	\$150 Twice a Month	\$100 Monthly	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____	\$ _____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. The adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on page 3 of this form.)

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

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ ☐ I do not have a Social Security Number

INSTRUCTIONS FOR DSS Form 16160

Follow these instructions, if your household gets SNAP (formerly Food Stamps), Family Independence (FI) or Food Distribution on Indian (FDPIR):

Part 1: List all enrolled child(ren).

Part 2: List all household members including enrolled children.

Part 3: List the case number for any household members (including adults) receiving SNAP or FI or FDPIR benefits.

Part 4: Skip this part.

Part 5: Sign and date the form. The last four digits of a Social Security Number are **not** necessary.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If **all** children you are applying for are foster children, or if you are only applying for benefits for the foster child:

Part 1: List all enrolled child(ren).

Part 2: List all foster children. Check the box indicating that the child is a foster child.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign and date the form. A Social Security Number is **not** necessary.

If some of the children in the household are foster children.

Part 1: List all enrolled child(ren).

Part 2: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

Part 3: If the household does not have a case number, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

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

Box 2: List the amount each person got for the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For **ONLY** the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign and date the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all enrolled child(ren).

Part 2: List all and household members including enrolled children. For any people, including children, with no income, you must check the "No Income Box."

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

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

Box 2: List the amount each person got for the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For **ONLY** the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign and date the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
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The participant in the child care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Household size	Yearly
1	\$ 21,590
2	29,101
3	36,612
4	44,123
5	51,634
6	59,145
7	66,656
8	74,167
Each additional person:	+ 7,511

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

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law "The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish)."

For Sponsoring Organization or Child Care Facility Use ONLY.

FOSTER CHILDREN: Are there foster children listed on page 1? ☐ Yes ☐ No

Foster Children are categorically eligible for free. Centers should mark these children free on the Master Roster. Sponsors of homes should mark these children Tier I.

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: _____ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year

Household size: _____

For All Other Children: Eligibility: Free _____ Reduced _____ Paid _____ For Child Care Homes Only: Tier I _____ Tier II _____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

BUNDLE OF JOY ACADEMY
ACKNOWLEDGEMENT OF PARENT RECEIPT
OF
CENTER POLICIES

Name of Facility: Bundle of Joy Academy

By signing below I acknowledge that I have received a copy of the child care facility's handbook outlining the center's policies and resources for children with different abilities/needs. They have been explained to me and I have an understanding of the center policies and resources for children with different abilities/needs based on the information received. I agree to read the handbook thoroughly and after reading the handbook, if there is any policy or provision in the handbook that I do not understand, I will seek clarification from the Director.

Parent Signature: _____ Date: _____

Name of child: _____ Age of Child: _____

Director Signature: _____ Date: _____

**To be placed in child's file*

Name of Facility: Bundle of Joy Academy

RELEASE OF LIABILITY In the event that an accident occurs, I am aware that Bundle of Joy Academy does not provide accident insurance and I will not hold Bundle of Joy Academy responsible for any injury.

Parent/Guardian Signature: _____ Date: _____

CHILD CARE CENTER POLICIES

Parents/Guardian and staff must read, understand, sign and date the following policy agreement, maintained on file and updated annually. DSS Regulation No. 144-503 F(4).

- ☐ 1. Release of Children - DSS Regulation No. 114-503 F(2): this policy must include a security system to prevent the inappropriate release of a child to an unauthorized person, and it should be communicated with parents/guardian.
- ☐ 2. Administration of Medications - DSS Regulation No. 114-503 F(3)(e): Policy must include signed and dated parental consent before administering and medication to any child. Reference DSS Regulation 114-505 D to ensure completion of policy.
- ☐ 3. Discipline and Behavior Management - DSS Regulation No. 114-503 F(3)(f): A CLEARLY DEFINED procedure must include whether or not corporal punishment will be used according to DSS Regulation No. 144-506 B(2). This policy must be re-signed by parents/guardian and staff if any discipline policy changes are made. Parents and staff must sign a facility agreement acknowledging their understanding and acceptance in order to implement the discipline and behavior management policy.
- ☐ 4. Confidentiality - DSS Regulation No. 114-503 I: this policy must safeguard the confidentiality of all records of children to include name, address, and other information about the child or family and information that may identify the child.
- ☐ 5. Tracking Children (Supervision) - DSS Regulation No. 114-504 A(3): Procedures to account for the presence of each child as they enter or exit the premises, enter or exit a vehicle, or move to a new location in or around the center.
- ☐ 6. Emergency Medical Plan - DSS Regulation No. 114-505 C: This plan must address conditions under which emergency medical care or treatment is warranted, steps to be followed in a medical emergency, the hospital/ medical entity to be used, the method of transportation to be used and the a staffing plan to include who will accompany the child with records to the emergency location and will stay with the child until parents/guardian arrive.
- ☐ 7. Evacuation Plan/Emergency Preparedness - DSS Regulation No. 114-505 H(3): The facility must have an up to date written plan for removing the children from the building in case of fire, a natural disaster, or threatening situation that may pose a health or safety hazard. The plan should include procedures for staff training in this emergency plan.
- ☐ 8. Transportation/Field Trips - DSS Regulation No. 114-505 I: Plans are required for routine travel and must be on file in the facility. Plans should include a checklist to account for the loading and unloading of children at every location. Written permission from parents for transporting children to and from the home, school, or other designated places including planned field trips and activities. Reference DSS Regulation No. 114-505 I: to ensure completion of policy.
- ☐ 9. Care of Mildly ILL Children - DSS Regulation No. 114-509 B: If a facility chooses to provide care to children who are mildly ill, written policies and procedures specifying inclusion and exclusion from others is required. The plan must also include communicating with parents/guardian, recording of illness, and listing type of care provided. Specify types of illnesses and symptoms which prohibit care from being provided. Staff must receive training on this plan.

***Family Notices – Parents/Guardian should be provided with the following information upon admission:**

- ☐ 10. Liability Insurance – SC Statute 63-13-210 (A)(B): All child care facilities will be asked to show proof of liability insurance. If facility does not have insurance coverage, a written notice must be provided to parents/guardian of enrolled children.
- ☐ 11. Provisional Employment - SC Statute 63-13-45 (A): If a facility chooses to provisional employ persons to provide care to enrolled children, written statements must be provided to parents/guardian indicating that the facility may provisionally employ a person in order to comply with SC laws and regulations when an unexpected staff vacancy occurs.
- ☐ 12. Free and Full Access - DSS Regulation No. 114-503 F(1): Free and full access must be granted to parents/guardian of children enrolled unless court order stipulates otherwise. The visit must not disrupt instructional activities or classroom.

Signature: _____

Date: _____