**Parent**

**Handbook**

“Providing Safe and Quality Care for Children”

Since 2002

This handbook has been designed to provide you with important information about the program policies and procedures that will affect you and your child. If you have any questions or concerns, you are encouraged to talk with the provider.

**Table Of Contents:**

**Program’s Philosophy, goals and objectives 4**

**Services/Programs 4**

**OVERNIGHT CARE 4**

**Scheduled Closings: 4**

**Things to bring to the Center: 5**

**Things to leave at home: 5**

**Payment Provisions 5**

**Arrival/Departure Procedures: 5**

**Staff Qualifications/Education: 6**

**Parental Rights. 7**

**Reporting Policy 7**

**Ways you can get involved: 7**

**Meals: 8**

**Sleeping infants 8**

**Animals Policy 9**

**Children with allergies and/or special needs 9**

**Liability Insurance 9**

**Safety Procedure of swimming pool or wading pool: 9**

**Parties: 9**

**Behavior Management policies, and procedures: 10**

**Expulsion and suspension policy: 10**

**Policy regarding sick children: 11**

**Policy regarding sick staff: 13**

**Child/Abuse Neglect: 13**

**Injury/Accident Prevention guidelines: 13**

**How do we Negotiate Differences? ( Staff/Parents) 14**

**Orientation 14**

**Conferences/Communication 14**

**Authorized Person to pick-up Child: 14**

**Materials that are accessible to you: 14**

**Medication Policy: 14**

**Field Trip Policy: 16**

**Scheduled Closings/Holidays: (Very rare) 16**

**Termination of Services Agreement: 16**

**Weapons: 17**

**Contacting: 17**

**Our Philosophy & Beliefs:**

I believe that children should be in a warm loving nurturing environment that meets children’s social, emotional, intellectual, physical and spiritual needs. We believe in learning through play and using everyday moments for growth and development. We believe in creating an environment where families and children feel supported in their needs and we work with parents to give consistency to the children.

**Purpose:**

To provide quality care for children ages 0-12 years of age.

**Our Mission:**

To provide High Quality Early Child Care and Education.

**Goals:**

For the children- meet their developmental needs while playing a lot!!

For Parents-Partner with parents to provide consistency for the child while helping them feel comfortable with their childcare choices.

For the Community- Partner with surrounding businesses and schools to support on another and help the children be involved in their community

**Services/Programs:**

Infant/Toddler Care (0-23mos)

Part/Full Day Preschool Program (2-5yrs)

Before/After School Program (6-12yrs)

Full-Day /Summer Camp (6-12yrs)

**OVERNIGHT CARE**

While we are very attached to your children and love them as our own, our staff need to have time outside of work to rest and recharge. To allow for this, our facility does not provide overnight care. If you will be late, after closing, please make other arrangements for your children to be picked up and safely cared for.

**Scheduled Closings:**

New Year’s Day

4th of July

Memorial Day

Thanksgiving Day and Day after

Christmas Eve and Day

New Year’s Eve (based on sign ups) If there are other holidays where we do not have enough sign ups (4 or more) we will close. We will give plenty of notice.

**Things to bring to the Center:**

Send a change of clothes, If not potty trained please send all diapers and wipes. We share wipes, we all bring wipes the first day of the month. If you wish to not share please let us know.

We provide napping linens so please leave all blankets and personal items at home.

**Things to leave at home:**

Please do not bring food, drinks and or toys into the center except for special occasions or for a child that has special dietary needs. Please do not bring a diaper bag or other bags. Please do not plan on leaving car seats at the daycare. If they need to be left they can be left out front.

The staff will make an effort to safeguard personal belongings brought by the children but shall not be responsible for lost or broken items.

**Payment Provisions:**

Tuition and childcare payment are due the first day of care for the week.

\*\*\* Late fee: ($10 accrued each week) care can be denied if payment is not made.

Payments must be given to the Director or be left with the Director’s Assistant.

Payments must be made by: cash, card or on line through the brightwheel app.

Childcare Payment authorizations must be received from your child’s caseworker before you can pay the lesser rate. All DFS parents must pay full rates until paperwork is finalized.

**\*\* Parents must pay for ALL days signed up for, even if there is a last minute cancellation. (no matter the reason) This does mean the 24 hour period for sick days as well. In order to guarantee our teachers their hours and retain quality teachers we bill for days signed up for not days attended. If you have a schedule change please update by Sunday for the upcoming week so you are only billed for days you need.**

I will need your work schedule as soon as possible no later than Thursday 12p.m. This allows for staffing to be scheduled and plans to be made. If payment is not paid on time your child's spot cannot be guaranteed.

**Arrival/Departure Procedures:**

\* Children must arrive by scheduled time unless other arrangements have been made with the Director and/or teacher. Please notify your child’s teacher in the event of an absence.

Upon arrival, a staff member will greet you and your child in a warm and friendly manner. Please sign your child into the program and walk your child into his/her designated area to drop off their shoes and coat. Please note that if your child appears to be ill, expect in some cases your child will not be accepted into our care. You are expected to notify us if your child was injured prior to arriving to the center.

Please pick up your child at the time you have scheduled pickup. With the way staff is scheduled, there is rarely room for children to stay after their scheduled pickup time.

**Staff Qualifications/Education:**

Before the owner, director, their staff, household member, employee, substitute or

volunteer assume responsibility for children, provide direct care of children, work in the facility

or move into the Family Child Care Home or Family Child Care Center, the following shall be

on file:

1. Current tuberculosis (TB) risk assessment

2. Start date

3. A Central Registry or child abuse/neglect check which does not reveal any

disqualifying information shall be completed in Wyoming and in all states lived in for the past

five (5) years for staff and all adult household members including any adult who intends to move

into the home

4. Completed National Sex Offender Registry check and state Sex Offender

Registry checks for Wyoming and for each state the person has lived in for the past five (5) years for staff, household members, substitutes, and volunteers. A person shall not be employed or present in the facility if the Sex Offender Registry check(s) states the person is a registered sex offender.

5. A full fingerprint based national criminal history record background

check. A state criminal registry check for Wyoming and each state the person has lived in for the past five (5) years is also required. Staff, household members, substitutes, and volunteers may not be employed or present in the facility if the background checks indicate they have been

convicted or have a pending deferred prosecution of a felony or misdemeanor involving:

* Felony: Abuse, neglect, abandonment, exploitation or endangering children or vulnerable adults; A sexual offense against a person or child; Allowing the commission of a sexual offense against a child; Violence, including rape, sexual assault, physical assault, kidnapping, battery or homicide; A crime against a child (including child pornography) or vulnerable adult; Physical assault; Domestic violence; Battery; Drug offense (within the last 10 years); Arson; or Alcohol related offense (within the last 10 years).
* Misdemeanor: Violent misdemeanor committed as an adult against a child; Battery, physical assault, or domestic violence within the last five (5) years; A sexual offense against an adult or child; Allowing the commission of a sexual offense against an adult or child; Child endangerment or similar offense within the last five (5) years; or Drug or alcohol offense (within the last 5 years), excluding the first misdemeanor Driving Under the Influence (DUI).

The owner or director (completed prior to license issuance) and all staff shall

complete pre-service training which shall include, but not be limited to:

(i) Safety and health of children (emergency preparedness and disaster planning);

(ii) Fire safety (building and physical premises safety);

(iii) Sanitation procedures (handling and storage of hazardous materials);

(iv) First Aid (FA) and pediatric and adult cardiopulmonary resuscitation(CPR) (including in-person skills demonstration from a certified instructor);

(v) Medication administration

(vi) Sudden Infant Death Syndrome (SIDS)

(vii) Safe sleep practices

(viii) Infectious Disease Control (blood borne pathogens);

(ix) Mandatory reporting (recognition and reporting of suspected child abuse or neglect);

(x) Shaken Baby Syndrome(xi) Food allergies (nutrition); and

(xii) Transportation safety

All staff over the age of 18 shall have a Department-approved pediatric and adult CPR and FA

training and certification shall be kept current. The certification shall include in-person skills

demonstration with a certified instructor. At least one (1) person certified in infant/child CPR and first aid shall be in attendance at all times and in all areas that children are in care.

\*\*Staff under the age of majority shall be under the direct supervision of a staff over 18 who is also infant/child CPR certified at all times. Minimum age of staff shall be 16 years. Staff under the age of majority will complete all other state training requirements before the first day of working with children.

**Parental Rights.**

Parents or guardians shall have unrestricted and immediate access to his/her

children and any area of the facility where their child is located.

Parents have a right to the following information:

(i) All inspection reports required as a condition for the licensing of the facility;

(ii) Phone number for the facility;

(iii) All known and/or treated injuries that occur to his/her child while he/she is in care;

(iv) Any situation that occurred during child care that caused concerns for the child’s health or safety;

(v) Staff:child ratio requirements;

(vi) Weekly menus;

(vii) Complaint and compliance history; and

(viii) Documentation of owner, director, and staff training.

If you would like to file a complaint you may call the local Afton DFS office at: (307)886-9232

**Reporting Policy**

Our inspections, visit reports, complaints and compliance history are available for public inspection at [www.findchildcarewy.org](http://www.findchildcarewy.org/) or by contacting our Licenser Kelli Dunne @ 307.249.5848.

**Ways you can get involved:**

Parents are encouraged to be involved in the program in a variety of ways. Here are some examples of parent involvement:

Parent surveys

Volunteer in classroom

Assist on fieldtrips

Send treats to parties

Volunteer your talent or work experience

Help with fundraisers

Help organize events

If you would like to help us in other ways please let us know.

**Meals:**

Our full day centers are on the Child and Adult Care Food Program through the USDA. We follow all guidelines and regulations to ensure your child has the most nutritious meals possible. Parent’s are allowed to bring 1 component of the meal if they choose to enroll.

* Nutritionally balanced snacks, meals and appropriate portions for the needs and

ages of children shall be provided;

* Adequate fluids shall be provided and encouraged; and
* Special dietary needs and/or food allergies shall be posted in food preparation areas and in the area the child eats.
* If a child is in attendance for five (5) or more hours, a meal shall be provided,

unless a child arrives after lunchtime and an evening meal is not provided by the facility. In this

case, a nutritious snack shall be provided.

* Pasteurized milk shall be made available at all meals, unless written

documentation is provided by the parent and is on file.

* Parents may provide meals and bottles for their own child. These meals and

bottles shall be clearly marked with the child’s name, stored and served in accordance with

approved health and sanitation procedures.

* Food shall be served on plates, other disinfected containers, or clean single use

items such as napkins. Food shall not be placed on bare surfaces.

* Children shall not be forced to eat.

**Food Service for Infants:**

* Staff may prepare bottles, when doing so must use an approved water source. Formula shall be stored in its original container and the manufacturer’s mixing instructions shall be followed and any deviation from these instructions shall be accompanied by written instructions from a licensed health care provider.
* Expressed human milk shall: Be labeled with a water-resistant label with the child’s name and the date and time the milk was expressed; and be refrigerated immediately upon arrival at the facility.Bottle propping shall not be permitted. Infants shall receive individual direct care during feeding. Bottles shall not be left with a sleeping infant.
* Infants shall be fed on demand unless the parent provides written instructions otherwise.
* All infant feeding shall be documented and available to parents daily.

**Sleeping infants**

* Be placed on their backs for sleeping, unless a licensed health care
* provider signs a waiver.
* Be placed on a firm, flat surface for sleeping with no loose bedding;
* Have nothing placed in or over the infant’s sleep space;
* Pacifiers shall only be used when provided by the parent(s) and attachments to pacifiers are prohibited;
* Have nothing placed over his/her head or face while sleeping;
* Be placed in the same or adjacent room with enough light to see each infant’s face
* Be actively supervised by staff in an ongoing manner by checking on them for the above every five (5) minutes;
* Not be swaddled without a licensed healthcare professional statement
* A one-piece sleeper or sleep may be used per the manufacturer’s guidelines (if a swaddle is attached, refer to (viii) above); and be moved as soon as possible if he/she falls asleep in any piece of infant equipment other than a crib, bassinet or playpen

**Animals Policy**

We are a pet-free facility and for the safety of our children with allergies, we do not allow furry visitors of any kind. Please refrain from bringing pets to show or share.

**Children with allergies and/or special needs**

All children with food and other allergies will need have an emergency care

plan in place. For food allergies, the plan shall provide detailed instructions about which food(s)

the child is allergic to and what to do if an allergic reaction occurs, including the names, doses,

and methods of administration of any medications that the child should receive in the event of a

reaction. The plan shall also include specific symptoms that would indicate the need to

administer one or more medications. The same shall be developed and in place for children with

any other allergy. All persons who come in contact with the children who have a plan for

emergencies, shall be fully aware of the plan and the plan shall be followed.

All children with special health care needs (ie. asthma, seizures, diabetes,

etc.) who require scheduled daily medication or medications to be given on an emergency basis

(Benadryl, EpiPen, rescue asthma medication, etc.) shall have a care plan. Care plans shall have clearly stated parameters, directions, and symptoms for giving the medications. Care plans shall be updated as needed, but at least yearly. All persons who come in contact with the children who have a plan for emergencies, shall be fully aware of the plan and the plan shall be followed.

**Liability Insurance**

Star Valley Insurance

**Safety Procedure/conditions for use of swimming pool or wading pool:**

Our facility does not have or use a swimming or wading pool and will not do field trips to use these items or do swimming/ wading. We do however use a sprinkler and will alert parents to planned water days so all children may bring water clothes and shoes.

**Parties:**

Birthdays and Holidays are special events at Adventure Kids. If you choose to celebrate your child’s birthday, we will plan a birthday celebration on your child’s birthday at snack time. We require that treats be store bought. We only provide decorations and games. Parents are welcome to send a cake or cupcakes to the birthday celebration.

**Below is a list of Parties/events that we plan throughout the year:**

Valentine’s Day

St. Patrick’s Day

Year End Party

Fall Festival (Oct 31)

Christmas

Cinco De Mayo

Mardi gras

If you would like for your child to celebrate any of the above events/holidays, please feel free to send treats to the event or assist with the event. We will send out reminders about these events.

**Behavior Management policies, and procedures:**

When behavior problems occur we will together develop a plan to improve your child’s behavior. We will continue to provide positive guidance and help your child gain self-control and take responsibility for his/her own behavior.

* When “time out” is used, it shall:

(i) Enable the child to regain control of himself/herself and shall keep the

child in visual contact with a caregiver;

(ii) Be a last resort technique for a child who is harming another, or in danger

of harming himself/herself; and

(iii) Be used infrequently and for very brief periods of time-out using one (1)

minute for each year of the child’s age. It shall be used selectively, taking into account the

child’s developmental stage and the usefulness of “time out” for the particular child.

* Children in care shall not act as or be employed as staff or be allowed authority

over other children.

* The following behavior shall be prohibited

(i) Punishment associated with food, rest or toileting;

(ii) Rough handling of children, including but not limited to hitting, spanking,

beating, shaking, pinching, pushing or other measures that could produce physical pain;

(iii) Inappropriate use of language, including but not limited to profanity,

name-calling, derogatory or demeaning terminology or screaming related to disciplinary

purposes;

(iv) Any form of humiliation including threats of physical punishment;

(v) Any form of emotional maltreatment including rejecting, terrorizing,

corrupting, isolating or ignoring a child. Children can be removed from a group, but not isolated.

Behaviors of a child may be ignored, but not the child;

(vi) Any form of confining a child’s movement or restraining a child as a

means of punishment; and

(vii) Any form of guidance and/or discipline delivered by any non-staff person.

**Expulsion and suspension policy**: We will work with families to ensure the best actions are chosen to promote the social emotional and behavioral health of children and limit the use of expulsion, suspension and other exclusionary practices. The policy will communicate clearly with a parent any concerns they may have regarding the child's behavior and intervention will be implemented. Examples of interventions are, daily tips and tricks, things tried at home, positive reinforcements. There may also be outside resources that are used like counseling and other professional advice/help. Before we as a program determine whether an expulsion or suspension is appropriate, the program shall collaborate with the parents and engage available community resources to address challenging behaviors.

If the behavior continues, your child will be excluded from the program for up to 24-48 hours and possibly terminated from the program.

**Policy regarding sick children:**

Please keep your child home if your child has a temperature of **101 degrees or higher**, chronic cough, sore throat, pinkeye w/drainage, unusual skin rash, diarrhea and/or vomiting. If any of these symptoms occur while your child is in our care, you will be contacted to come for your child. Your child will be isolated until your arrival. Your child will be allowed to re-enter the program if he/she has been free of the above symptoms for more than **24 hours** and in some cases a doctor’s statement may be required before your child can return to the center. In the case of being home for 24 hours, **you will still be required to pay for that missed day. (see payment policy).** If your child is too sick for Outdoor play, he/she is too sick for daycare. We are required by the Health Department to provide the children with a minimum of 1 hour of outdoor play each day. (weather permitting)

* Any child who cannot participate in a regular child care program

due to discomfort, injury or other symptoms of illness may be refused for care by the facility staff.

* A facility serving well children may not admit a child who has any of the illnesses/symptoms of illness specified below:
* A communicable disease, or being a carrier of such, that is

listed on the Wyoming Department of Health (WDH) Reportable Disease and Condition List,

Unless:

* They have been declared non-infectious to others by a licensed physician, physician assistant (PA), or nurse practitioner (NP); or approval has been given by the local or state department of health; or
* In the case of Hepatitis B, Hepatitis C, or HIV the infected individual has been determined to be of negligible risk to other persons in routine childcare settings by a licensed physician and the facility director.
* Diarrhea, when it is:

-Due to disease spread by fecal contamination as verified by a licensed physician, PA, or NP; or accompanied by evidence of dehydration or fluid loss, identified by sunken eyes or poor skin elasticity; or accompanied by a history of poor fluid intake or unusual drowsiness; or continued beyond four (4) days unless a physician provides written documentation that it is safe to readmit the child for care.

* Severe pain or discomfort;
* Two (2) or more episodes of acute vomiting within a period of twenty-four (24) hours;
* Difficult or rapid breathing;
* Yellowish eyes or skin unless due to a non-infectious condition as verified by a licensed physician, PA, or NP;
* Sore throat with a fever over 101 degrees or severe coughing;
* Head lice, until after first treatment;
* Scabies, until treatment is completed;
* Children suspected of being in contagious stages of hepatitis A, chicken pox, pertussis, measles, mumps, rubella or diphtheria;
* Skin infection or rash, excluding diaper rash, unless under the care of a licensed physician, PA, or NP, and the licensed healthcare provider has approved in

writing their return to child care;

* Purulent conjunctivitis;
* Swollen joints or visibly enlarged lymph nodes, unless

under the care of a licensed physician, PA, or NP, and the licensed healthcare provider has

approved in writing their return to child care;

* Elevated oral temperature of 101 degrees or over, unless

under the care of a licensed physician, PA, or NP, and the licensed healthcare provider has

approved in writing their return to child care;

* Blood in urine, unless under the care of a licensed

physician, PA, or NP, and the licensed healthcare provider has approved in writing their return to

child care;

* Mouth sores associated with drooling, unless under the care

of a licensed physician, PA, or NP, and the licensed healthcare provider has approved in writing

their return to child care;

* Other conditions may be determined by the Wyoming Department of Health (WDH) or provider on an individual basis.

1. The parent shall be notified immediately when a child has

symptoms requiring exclusion from care. The child care facility must provide adequate

separation and direct supervision of a sick child until he/she can be removed from the facility.

2. If a child or employee becomes seriously or suspiciously ill with a

communicable disease during the hours of operation of the facility, he/she shall be separated, and children shall be supervised, from the rest of the children until he/she can be removed from care and/or examined or treated by a licensed physician, PA, or NP and verified to be non-infectious to others.

2. A room or other area that can be used for separation shall be

provided at each facility for persons becoming ill or suspected of being ill with a communicable

disease, and it shall be equipped with a cot or bed and bedding material that can be easily

sanitized.

3. When communicable diseases occur and attendees or other staff

have been exposed, all staff members shall be advised and all parents or guardians of exposed

children shall be immediately notified by the provider to observe for symptoms; the specific

identity of the persons infected with a communicable disease shall not be revealed except to

authorized health authorities.

4. Facilities shall report any communicable disease listed on the

Wyoming Department of Health Reportable Diseases and Conditions list occurring to the

children to the local public health office and to licensing.

5. Facilities shall obtain the current list of reportable diseases and

conditions from the office of the State Epidemiologist, Wyoming Department of Health.

\*\* Chronic upper respiratory problems, except common allergies, shall require annual examinations by a physician.

\*\* Deteriorating health conditions shall be brought to the attention of the certifying authority.

**Policy regarding sick staff:**

* Communicable diseases

1. No person with a communicable disease, or being a carrier of such, that is

listed on the Wyoming Department of Health (WDH) Reportable Disease and Condition List

shall work in a childcare facility, unless they have been declared non-infectious to others by a licensed physician, physician assistant (PA), or nurse practitioner (NP); or Approval has been given by the local or State Department of Health; or

2. In the case of Hepatitis B, Hepatitis C, or HIV the infected

individual has received bloodborne pathogen training and has been determined to be of

negligible risk to other persons during the routine care of children by a licensed physician and

the facility director; or

3. In the case of a sexually transmitted disease the infected individual has been determined to be of negligible risk to other persons during the routine care of

children by a licensed physician, physician assistant, or nurse practitioner.

No person shall work in a child care facility while they are experiencing any of the following:

1. Skin infection or rash unless the lesion can be completely covered

and drainage contained by an impervious dressing, all other persons are prevented from having

contact with the lesion, and the affected person can practice adequate hand hygiene; or the

condition is due to a non-infectious condition as verified by a licensed physician, PA, or NP.

2. Jaundice unless due to a non-infectious condition as verified by a licensed physician, PA, or NP.

3. Purulent conjunctivitis

4. Head lice, until after first treatment.

5. Scabies, until treatment is completed.

6. No person shall work in a child care facility if exclusion is directed by state or local public health officials.

**Child/Abuse Neglect:**

The staff of Adventure Kids is required to report to the Local Division of Family Services, as required by laws, any suspicions of child Abuse, sexual or otherwise neglect or endangerment of which they may become aware.

**Injury/Accident Prevention guidelines:**

If your child becomes injured other than a minor scrape or bruise you will be notified immediately. The incident will be assessed and documented. You will be given a copy of the incident report at pick-up time. In case of an emergency you must supply us with (2) back up contacts. You must be easily reached during the hours your child is in our care.

Do not allow your children to run on the parking lot, hold your child’s hand: children should not be left unattended in the car

Loose comfortable clothes must be worn. Sweatshirts with strings around the hood are not allowed.

**How do we Negotiate Differences? ( Staff/Parents)**

Step1… Reflect on what happened (“I see how upset you are about the situation”)

Step2…Explain (“Here’s what I think”)

Step3…Reason (I will give you a reason for what I think)

Step4…Understanding (Try to see the conflict from both point of views)

Step5…Negotiate (Begin to look for a solution when both parties are clear about the issues and our differing perspectives (What can we do about this situation?)

**Process for orientating child/family to program:**

Before your child attends the program, you will be encouraged to visit the program with your child. You and your child will be invited to a mealtime, a daily activity or just to stop by the classroom and meet the teacher and the other children at any time.

Parents must meet with the director, before the child’s first day, to review all required enrollment forms, review/discuss the family Handbook and share your goals for your child.

**Parent Conferences/Communication**:

Parent conferences are scheduled once a year in person or by telephone. Together you and your child’s teacher will review your child’s progress, needs and set goals for your child.

Others ways that we will communicate with you:

Brief discussions upon arrival

Daily/weekly reports

Telephone calls during teachers planning time

Monthly newsletters

Open house events

**Authorized Person to pick-up Child:**

Children may not be released to unauthorized persons without prior parent approval and proper identification

**Materials that are accessible to you:**

Criminal Background Checks of Owners and All staff members

Bureau of Child care Licensing Rules

Lesson Plans

Daily Schedules

Information on Parents as teachers and/or Special needs services

Family/Child resources

Referral services

Child care Assistance information (Division of Family Services)

Child developmental records

**Medication Policy:**

Medications shall be given in child care when the facility has agreed to administer

medications and shall adhere to the following:

Staff who administers medication has received the training approved by the Department on administration of medication; and a medication consent form has been completed and signed by the parent or legal guardian and includes:

(A) Name of child and parent or guardian; and

(B) Name of medication and specific instructions for the date and time to be administered and dosage; or

(C) A standing order from a parent, legal guardian or health professional for commonly used nonprescription medication that defines what medication and

when a medication should be used.

(D) Prescription medications and pharmaceutical samples prescribed by a physician or

licensed health professional and all over the counter medications shall bear the original

prescription label or written instructions to include the following information:

(i) Child’s name printed on the container;

(ii) Amount and frequency of dosage; and

(iii) Name of prescribing physician or other health professional, with the exception of over-the-counter medications.

All medications shall be stored per manufacturer’s instructions and:

(i) In a safety lock container;

(ii) In an enclosed space that is inaccessible to children; or

(iii) In a refrigerator separated from food in a sealed plastic container, inaccessible to children.

The facility shall keep a written record of all medication, including over-the-

counter medication given to children. This record shall include:

(i) Name of child;

(ii) Name of medication;

(iii) Date and time the medication was administered;

(iv) Amount of medication given; and

(v) Signature or initials of person administering medication.

(e) Notification of medication administration shall be given to the parent or guardian

on the day it was administered.

(f) Any deviation from recommended dosage on the label shall be accompanied by a

physician’s written instructions.

(g) Medications shall not be used beyond the date of expiration and shall not be

stored on premises when no longer needed.

(h) The use of sunscreen, insect repellant, essential oils and over the counter topical

medications shall not be subject to the requirements of this Section.

(i) The sunscreen, insect repellant, essential oils and over the counter topical

medications shall be stored in the original container and the manufacturer’s instructions for use shall be followed; and

(ii) A consent form, signed by the parent or legal guardian, which allows the

application of sunscreen, insect repellant, essential oils and over the counter topical medications on his/her child and indicates the brands of sunscreen unless supplied by parent for his/her child only.

Please keep in mind that there are great risks associated with administering over the counter medication to children without consulting a physician. We will not administer Fever Reducers!

**Field Trip Policy:**

Field trips are scheduled a few times a year if weather permits. Parents are informed in advance of outings and written permission must be obtained before your child can attend the field trip.

(a) Vehicles used to transport children shall be maintained in safe condition and

comply with applicable motor vehicle laws.

(b) Operators of vehicles used to transport children shall have the appropriate type of

driver's license and be at least 18 years of age.

(c) The number of persons in a vehicle used to transport children shall not exceed the

manufacturer's recommended capacity nor the number of seat belts installed when the vehicle

was manufactured.

(d) Each child who is a passenger shall be properly secured in a child safety restraint

system or seat belt as required by law. The child safety restraint system shall conform to Federal

Motor Vehicle Safety Standards for child restraint systems.

(e) When children are taken off site, there shall be:

(i) A first aid kit;

(ii) Emergency medical release forms on all children;

(iii) A current and updated attendance record (which documents periodic counts of children to include when getting on and off the mode of transportation);

(iv) Direct staff supervision at all times, with a written plan for supervision maintenance at all times; and

(v) Physical boundaries identified for children.

Children under the age of 3 might be kept at the center depending on the field trip. If a parent wants a younger child to go on a trip where they will be left behind they will be required to come along.

**Scheduled Closings/Holidays: (Very rare)**

1. Power outage in the winter if the building temperature drops below 65 degrees for longer than an hour without a scheduled time from the power company to have the power back on.
2. Power outage for longer than 3 hours without a scheduled time from the power company to have the power back on. (it will affect the way we use the bathrooms.)
3. Inclement Weather (Icy Roads, etc)
4. Emergency Closings
5. If we have to leave the building we will be relocating to the near by Library (Alpine) high school (Afton) Etna Elementary School (Etna)

**Termination of Services Agreement:**

Either parent/guardians of the child may terminate this childcare contract by giving a two-week advance notice, when able to. Payment for childcare services is due for two weeks’ notice period. If you leave the program without giving notice and not paying your tuition, your account will be sent to collection and you will be responsible for all legal fees. Adventure Kids may terminate this agreement immediately without any notice if parents or guardians do not make payments when due, we cannot establish a mutually working relationship or if your child causes harm to other children.

**Weapons:**

The facility shall prohibit firearms or other weapons on the grounds of the

facility or program or in any building used by children, except by law enforcement personnel in

emergency and non-emergency situations, and as provided in (ii) below;

No explosives of any type shall be allowed.

No weapons shall be allowed on the premises

**Contacting:**

If it is after hours and you need to get a hold of someone immediately because of a situation that will affect the next day, please call/text (307)389-0388 or message brightwheel. If it is something that can wait until business hours M-F 7am-7pm contact us then.

**Afton Facility 5AM-6PM - 799 County Road 137 Afton WY 83110**

* **(307)389-0388**

**Thayne Facility5AM-7PM - 2335 Muddy String Road Thayne WY 83127**

* **(307)389-0388**

**Etna Facility3PM-7PM - 107736 HWY 89 Room #12 Etna WY 83118**

* **(307)389-0388**

**Alpine Facility6AM-7PM - 260 River Circle Alpine WY 83128**

* **(307)389-0388**

Contacting DFS: Please feel free to contact them:

Please feel free to contact the local child care licensor, Kelli Dunne at 307.249.249.5848. Licensed child care complaint and compliance history can be found at [findchildcarewy.org](http://findchildcarewy.org/) or by contacting the local child care licensing official.

**Policies are subject to change.**

Please initial each policy/procedure that you have read below and or have explained to you and return this page to the Director with your signed Childcare contract.

Policy and/or procedure Initials

**Program’s Philosophy, goals and objectives \_\_\_\_\_\_\_**

**Services/Programs \_\_\_\_\_\_\_**

**OVERNIGHT CARE \_\_\_\_\_\_\_**

**Scheduled Closings: \_\_\_\_\_\_\_**

**Things to bring to the Center: \_\_\_\_\_\_\_**

**Things to leave at home: \_\_\_\_\_\_\_**

**Payment Provisions \_\_\_\_\_\_\_**

**Arrival/Departure Procedures: \_\_\_\_\_\_\_**

**Staff Qualifications/Education: \_\_\_\_\_\_\_**

**Parental Rights. \_\_\_\_\_\_\_**

**Reporting Policy \_\_\_\_\_\_\_**

**Ways you can get involved: \_\_\_\_\_\_\_**

**Meals: \_\_\_\_\_\_\_**

**Sleeping infants \_\_\_\_\_\_\_**

**Animals Policy \_\_\_\_\_\_\_**

**Children with allergies and/or special needs \_\_\_\_\_\_\_**

**Liability Insurance \_\_\_\_\_\_\_**

**Safety Procedure of swimming pool or wading pool: \_\_\_\_\_\_\_**

**Parties: \_\_\_\_\_\_\_**

**Behavior Management policies, and procedures: \_\_\_\_\_**

**Expulsion and suspension policy: \_\_\_\_\_**

**Policy regarding sick children: \_\_\_\_\_**

**Policy regarding sick staff: \_\_\_\_\_**

**Child/Abuse Neglect: \_\_\_\_\_**

**Injury/Accident Prevention guidelines: \_\_\_\_\_**

**How do we Negotiate Differences? ( Staff/Parents) \_\_\_\_\_\_**

**Orientation \_\_\_\_\_\_**

**Conferences/Communication \_\_\_\_\_\_**

**Authorized Person to pick-up Child: \_\_\_\_\_\_**

**Materials that are accessible to you: \_\_\_\_\_\_**

**Medication Policy: \_\_\_\_\_\_**

**Field Trip Policy: \_\_\_\_\_\_**

**Scheduled Closings/Holidays: (Very rare) \_\_\_\_\_\_**

**Termination of Services Agreement: \_\_\_\_\_\_**

**Weapons: \_\_\_\_\_\_**

**Contacting: \_\_\_\_\_\_**

Parent signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_

**ADVENTURE KIDS DAYCARE**

**Child Care Agreement**

Adventure Kids Daycare, herein called AKD, agrees to provide child care for

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, born \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_,

beginning \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_on the following terms and conditions:

**A. FEE AND PAYMENT PROCEDURES:** Initials:\_\_\_\_\_\_\_\_\_\_

1.Parent(s) agrees to compensate AKD for child care services and preschool at the the rates listed below. Payments will be made (Check one) □ WEEKLY, □ Bi-weekly OR □ MONTHLY. If payment is not received in advance, AKD has the right to refuse your Child into the center.

Full Day (5-12 hours)

* + Single Child - $39
  + 2nd Child - $34
  + Each Additional Child - $27
  + Infant (0-2) - $44
  + Every hour over over 12 hours - $7 per hour for the family as a whole

Hourly

* + Single Child - $7
  + 2nd Child - $6
  + Each Additional Child - $5

**\*\*Parents must pay for ALL days signed up for, even if there is a last minute cancellation. (no matter the reason) This does mean the 24 hour period for sick days as well. In order to guarantee our teachers their hours and retain quality teachers we bill for days signed up for not days attended. If you have a schedule change please update by Sunday for the upcoming week so you are only billed for days you need.**

**2.** Late fee: ($10 accrued each week) care can be denied if payment is not made.

Payments must be given to the Director or be left with the Director’s Assistant.

Payments must be made by: cash, card or on-line through the Brightwheel app.

Childcare Payment authorizations must be received from your child’s caseworker before you can pay the lesser rate. All DFS parents must pay full rates until paperwork is finalized.

**Payments are due on Monday and late on Tuesday. If payment is not received by 7:00 pm on Monday then a $5 daily late fee will be assessed and your child will not be able to return to care until paid in full.**

3.AKD shall be entitled to the above fee even if Child is not present at the Child Care Facility on Monday. You agree to pay for all days signed up for at the beginning of each week. If you don’t sign up for a day then you don’t pay for that day. To guarantee a spot for your child please sign up for the days you think you will need when turning in your schedule. We may have room for your child if you didn’t sign up for a day that you ended up needing but it can’t be guaranteed, please call as soon as you know to make arrangements.

4. AKD will notify Parent(s) of any changes in child care fees or the child care contract 30 days before the new rate or contract goes into effect.

**B. TERMINATION PROCEDURE BY adventure kids daycare :** Initials:\_\_\_\_\_\_\_\_\_\_

1. The first two weeks of the Child’s attendance at the Child Care Facility shall be classified as an adjustment period. If, in the judgment of AKD, the Child is not environmentally compatible with the Child Care Center, AKD shall issue a written termination notice. The termination date shall be one week after the Parent(s) has/have received the termination notice. Parent(s) will be solely responsible for alternate child care after the expiration of said one week period. Parent(s) is/are responsible for any unpaid child care fees that have accrued up to the termination date.

2. At any time after the adjustment period, AKD may terminate this agreement without cause by issuing a written termination notice. The termination date shall be two weeks after the Parent(s) has/have received the notice of termination. Parent(s) is/are responsible for any unpaid child care fees that have accrued up to the termination date.

3. AKD may terminate this agreement at any time for cause by issuing a written termination notice. The termination date shall be 24 hours after the Parent(s) has/have received the termination notice under the following circumstances:

a. Failure to pay child care fees despite warning.

b. Failure of Child or Parent(s) to refrain from violent behavior despite warning.

c. Failure of Child to refrain from destroying personal or AKD property despite warning.

d. Continued failure of Parent(s) to drop off and pick up Child at scheduled hours despite warning.

e. Failure of Parent(s) to repair/replace damaged properties per this agreement.

f. Failure of Parent(s) to refrain from bringing an ill Child to the Child Care

Facility despite warning.

g. Failure of Parent(s) after notification to pick up an ill Child from Child Care Facility despite warning.

h. Parent(s) using or threatening to use corporal punishment on any Child, including his or her own, while on Child Care Facility property or a Facility sponsored field trip.

Parent(s) is/are responsible for any unpaid child care fees that have been accrued up to the termination date.

**C. TERMINATION PROCEDURE BY PARENT**  Initials:\_\_\_\_\_\_\_\_\_\_

1. Parent(s) may terminate this agreement at any time by issuing a written termination notice. Parents are responsible for any unpaid child care fees that have accrued up to the termination date.

**D. ATTENDANCE OF CHILD** Initials:\_\_\_\_\_\_\_\_\_\_

1. The schedule of hours for child care is as follows: Monday – Friday 5:00am-7:00pm.

2. Unless prior arrangements are made, Child shall be dropped off and picked up at the above listed times each day. Parent(s) understand that if Child is not picked up at said time, Parent(s) will immediately tender payment to the teacher left waiting with the Child at the rate of $1.00 per minute past 7:00pm.

3. Schedules for your child are due by Thursday 12pm for the upcoming week. Please message the Brightwheel parent app with your child’s schedule.

**E. ILLNESS PROCEDURE**  Initials:\_\_\_\_\_\_\_\_\_\_

1. If Child is ill, Child shall not be allowed to attend the Facility and AKD staff shall be notified immediately of Child’s illness.

2. If Child becomes ill after his/her arrival at the Child Care Facility, Parent(s)

agree(s) upon notification to immediately pick up Child.

3. A Child may return to the Child Care Facility following illness as outlined in the AKD Policy Statement, and at the discretion of the AKD director on duty.

4. Parent(s) shall notify AKD staff of the diagnosis and prognosis of any illness suffered by Child.

5. For the sake of the Child and other children at the Facility, all immunizations proper to the Child’s age must be given and kept on file.

**F. HOLIDAY/VACATION PERIOD** Initials:\_\_\_\_\_\_\_\_\_\_

1. AKD will not provide child care services on the following holidays: New Year’s Day, Fourth of July, Thanksgiving and the day following, Christmas Eve (open until 12pm), Christmas Day and the day following, Memorial Day. If there ends up being other closures there will be 4 weeks notice.

2. Parents shall be responsible for arranging alternate child care during the holiday periods defined herein. We may be able to make arrangements for child care if an employee is available, but is not guaranteed.

**G. LIABILITY/HOLD HARMLESS** Initials:\_\_\_\_\_\_\_\_\_\_

1. Parent(s) agree(s) to be responsible for any damages to the AKD’s real property or to the personal property of another child at the Facility caused by his/her Child. Parent agrees to repair or replace said property promptly.

2. I understand certain “activities” that my Child may participate in, including daycare, preschool, outside and inside play time, etc., involve risk and possible injury, including but not limited to:

• Exposure to illnesses, viruses, and other medical conditions passed from

person to person;

• Sprains, strains, broken bones;

• Fatigue, dehydration, nicks, cuts, bumps, bruises.

I further understand that not each and every potential risk can be listed above but, nonetheless agree to voluntarily release, forever discharge, and agree to hold harmless and indemnify The Playroom Learning Center, LLC (DBA Adventure Kids Daycare) and its agents, successors, heirs, from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my Child’s participation in activities at Adventure Kids Daycare.

I understand that if my Child has a pre-existing medical condition or allergy that is not disclosed to Adventure Kids Daycare and there is a medical emergency that arises from the non-disclosure I agree to voluntarily release, forever discharge, and agree to hold harmless and indemnify Adventure Kids Daycare and its agents, successors, heirs, from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my Child’s participation in activities at Adventure Kids Daycare.

**H. PHOTOGRAPHY/VIDEO RELEASE** Initials:\_\_\_\_\_\_\_\_\_\_

Initial one:

1. \_\_\_\_\_ I hereby give permission to Adventure Kids Daycare permission to publish photos and videos of my Child on the www.adventurekdc.com website and on our Facebook page at https://www.facebook.com/amber.merritt.378. I understand that photos and videos of my child may appear throughout the website, including the front page, sub-pages. I understand that photos/videos of my child may remain on the website even if my child no longer attends Adventure Kids as a student.

\_\_\_\_\_ I do not give permission to Adventure Kids to publish photos and videos of my Child. I understand that if my child is in a picture or a video that AKD posted, their faces will be blurred.

**I. LICENSING INSPECTIONS** Initials:\_\_\_\_\_\_\_\_\_\_

1. Licensed child care centers in Wyoming are inspected regularly by the Department of Family Services. This department of the state has the authority to: enter and inspect our facility anytime during hours when children are in care, talk privately to children and/or staff, and to inspect, audit and/or copy child or child care center records.

**J. MISCELLANEOUS PROVISIONS** Initials:\_\_\_\_\_\_\_\_\_\_

1. Meals: Breakfast, Morning Snack, Lunch and Afternoon Snacks are provided when a Child is present at the Facility. Parents are responsible for sending lunch with Child if they have any allergies and/or food sensitivities.

**Meals times are as followed:**

Breakfast 8:30

Lunch 11:30

PM snack 2:30

2. Diapers/Clothing: Diapers and wipes are not included in tuition. One complete clean change of clothing must be brought in with the Child each day, or one complete clean change of clothing must be left at the Facility for each Child.

3. Medications: We do not administer medications at Adventure Kids.

4. Other: Parent has read and agrees to the Rules and Responsibilities outlined in the Policy Statement.

**K. WAIVER OF BREACH** \_ Initials:\_\_\_\_\_\_\_\_\_\_

Any waiver granted by the AKD of any of the terms of this agreement shall not constitute a continuing waiver for that or any other term of this agreement.

**L. MODIFICATION** \_ Initials:\_\_\_\_\_\_\_\_\_\_

Any modification of this agreement shall be in writing.

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

Parent Signature Parent Name Printed

**Child Record**

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

Child's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child's Birth date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child's Birth date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child's Birth date:\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Drop off time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick up time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It varies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parents must notify the center in the event of arrival and/or pick-time changes.**

My family receives subsidized child care \_\_\_Yes\_\_\_ No (fees will change based on assistance

amount)

Mother's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email address:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father's Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different from above):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Information**

Physician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dentist:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTS ARE RESPONSIBLE FOR ALL EMERGENCY MEDICAL TREATMENTS**

**In case of emergency:**

#1 contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

#2 contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Other than the above parent/guardians, only the following person(s) may remove your child from care without previous notice. PHOTO ID WILL BE REQUIRED.

Name: Relationship: Phone:

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

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

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

If a sudden illness or other serious medical emergency should occur and I cannot be reached, my signature below authorizes the person in charge to call my child's physician or dentist, take my child to the nearest emergency medical facility or call 911 for an ambulance to transport my child.

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

**Signature of Parent or Guardian Date:**

**Health Information**

List any frequent illnesses and/or hospitalizations: (ear infections, strep throat, seizures, etc.

List any known allergies:

Is there any pertinent social information that we should know about?

Is there anyone who CANNOT pick up the child/children from Adventure Kids? (if possible please provide any court documents backing this up.)

**LETTER TO HOUSEHOLD (FREE/REDUCED PRICE MEALS)**

**CHILD AND ADULT CARE FOOD PROGRAM**

Dear Parent/Guardian:

Please help us comply with the requirements of the United States Department of Agriculture’s Child and Adult Care Food Program (CACFP) by completing the Meal Benefit Form and returning it as quickly as possible. This information is necessary so that we may receive reimbursement for the meals served to the children in our program. This form will be placed in our files and treated as confidential information.

All children enrolled in our center(s) receive their meals at no separate charge, but the determination of eligibility category affects the amount of federal funding we receive.

In order to be approved for free or reduced price meal benefits, your application must contain either: (1) a POWER, Food Stamp or Food Distribution Program on Indian Reservations (FDPIR) number or (2) your household’s income, by source. The Department of Agriculture defines “household” as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e. sharing living expenses).

The **income** you report must be the total gross income received last month listed by source for each household member. If last month’s income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month’s income as a basis to make this projection. If your household’s income is equal to or less than the amounts indicated for your household’s size on the attached Income Chart, the center receives a higher level of reimbursement for meals served to your children.

FOOD STAMP/POWER/FDPIR HOUSEHOLD: If your household currently receives food stamps or if you receive POWER or FDPIR benefits for the child(ren) listed in Section 1 of the application, you will only have to list the child(ren)’s name(s), your food stamp, POWER or FDPIR case number, your name, and dated signature.

If you are receiving POWER, but are not receiving it for all the children listed in Section 1 of the application, you will need to complete the entire application. Those children for whom POWER is being provided will be eligible for free meals. The eligibility of the other children listed for Free or Reduced Price meals will be based on household income as outlined in the following paragraph.

ALL OTHER HOUSEHOLDS: If your household income is at or below the level shown on the Income Chart on the following page, your children are eligible for either free or reduced price meal benefits.

Households are no longer required to report changes in circumstances, such as an increase in income, a decrease in household size or when the household is no longer certified eligible for food stamps or Temporary Assistance for Needy Families. Therefore, effective immediately, once properly approved for free or reduced price benefits, a household will remain eligible for those benefits for a period not to exceed 12 months.

You should note that, if you have a foster child, that child may be eligible for free or reduced price meals regardless of household income (see application). Please refer to the instructions on “How to Complete the Meal Benefit Form” for additional information.

The information on the form will be used to decide the level of reimbursement the center is eligible to receive. We may inform officials of other child nutrition, health and education programs of the information on your form to determine benefits for those programs.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002- 508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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.

INCOME ELIGIBILITY GUIDELINES

(Effective from July 1, 2022 to June 30, 2023)

|  | REDUCED PRICE MEALS -- 185% | | | | |
| --- | --- | --- | --- | --- | --- |
| Household Size | Annually | Monthly | Weekly | Every Two Weeks | Twice a Month |
| 1 | $25,142 | $2,096 | $484 | $967 | $1,048 |
| 2 | $33,874 | $2,823 | $652 | $1,303 | $1,412 |
| 3 | $42,606 | $3,551 | $820 | $1,639 | $1,776 |
| 4 | $51,338 | $4,279 | $988 | $1,975 | $2,140 |
| 5 | $60,070 | $5,006 | $1,156 | $2,311 | $2,503 |
| 6 | $68,802 | $5,734 | $1,324 | $2,647 | $2,867 |
| 7 | $77,534 | $6,462 | $1,492 | $2,983 | $3,231 |
| 8 | $86,266 | $7,189 | $1,659 | $3,318 | $3,595 |
| For each additional family member, **ADD** | $8,732 | $728 | $168 | $324 | $350 |

**NOTE: YOUR MEDIA RELEASE MUST INCLUDE THE INCOME FOR BOTH REDUCED PRICE MEALS AND**

**USDA 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, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint\_filing\_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; or

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

This institution is an equal opportunity provider

**CHILD AND ADULT CARE FOOD PROGRAM ANNUAL ENROLLMENT FORM**

* Our center participates in the Child and Adult Care Food Program and receives Federal reimbursement for the meals served to your child(ren).
* The Federal Regulations require us to collect and update this information on an annual basis **for all of our enrolled children.**
* The indication of racial and ethnic background is located on the back page and is optional and will not affect eligibility for the program. This information is used for reporting purposes only. If racial/ethnic background is not reported, a visual identification of the child’s race and ethnicity will be made.
* Participation in the program is not determined by income status. All children enrolled at this center are part of the Child and Adult Care Food Program.
* The **amount** of reimbursement your center receives from the CACFP Program **is** based on income guidelines. That is why it is important for you to fill out the following Meal Benefit Form. Your cooperation will help the center get the proper reimbursement for nutritious snacks and meals that your child(ren) are receiving.

**You must sign and date this annual enrollment form at the bottom of the page.**

**Meal Benefit Form**

| NAME OF CHILD(REN) ENROLLED IN THE CENTER | AGE | SNAP (Food Stamp) Case # | POWER/TANF CASE #  Not Caretaker or Relative | FDPIR Case# |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

* **If you listed a SNAP, POWER/TANF or FDPIR case number listed above. Go directly to the signature and date at the bottom of the page.**

* **Check here if a FOSTER CHILD(ren) lives in your household** **☐. List name(s) of the Foster child(ren)**

* **If your child is not a foster child or does not have a SNAP, POWER/TANF (Not Caretaker or Relative) or FDPIR Case # please fill out the following section:**
* HOUSEHOLD MEMBERS AND MONTHLY INCOME:

| Names of All Household Members  (include children listed above) | Gross **Monthly** Earnings (before deductions)  Job 1 | Gross **Monthly** Earnings (before deductions)  Job 2 | **Monthly** Welfare Payments, Child Support, Alimony | **Monthly** Payments from Pensions, Retirement, Social Security | Any Other **Monthly** Income |
| --- | --- | --- | --- | --- | --- |
|  | $ | $ | $ | $ | $ |
|  | $ | $ | $ | $ | $ |
|  | $ | $ | $ | $ | $ |
|  | $ | $ | $ | $ | $ |
|  | $ | $ | $ | $ | $ |
|  | $ | $ | $ | $ | $ |
|  | $ | $ | $ | $ | $ |
|  | $ | $ | $ | $ | $ |

**Monthly Income Conversion: Weekly Pay X 52/12; Every 2 weeks Pay X 26/12; Twice monthly Pay X 2.**

**SIGNATURE AND SOCIAL SECURITY NUMBER:** *I certify that all of the above information is true and correct, that the SNAP, POWER/TANF, or FDPIR program case number is either current/correct, or that all income is reported. I understand that this information is being given for the receipt of federal funds, that child care institution or state officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.*

**\_\_\_**

**Signature of Adult Household Member completing form**

**Date Signed**      

**Last four digits of Social Security Number** (required for validity and integrity of the Child and Adult Care Food Program--This form will be kept confidential with no public or staff access to the information) **If your child is a foster child, or has a SNAP, POWER/TANF (Not Caretaker or Relative) or FDPIR Case Number the Social Security Number is not required.**

Printed Name                     

Home Telephone No            Work Telephone No.      

Street/Apt. No.                                    

City/State/Zip                                    

**\***PRIVACY ACT STATEMENT: SECTION 9 OF THE NATIONAL SCHOOL LUNCH ACT REQUIRES THAT, UNLESS YOUR CHILD’S SNAP, POWER OR FDPIR CASE NUMBER IS PROVIDED, YOU MUST INCLUDE THE SOCIAL SECURITY NUMBER OF THE ADULT HOUSEHOLD MEMBER SIGNING THE APPLICATION OR INDICATE THAT THE HOUSEHOLD MEMBER DOES NOT HAVE A SOCIAL SECURITY NUMBER. PROVISION OF A SOCIAL SECURITY NUMBER IS NOT MANDATORY, BUT IF A SOCIAL SECURITY NUMBER IS NOT GIVEN OR AN INDICATION IS NOT MADE THAT THE SIGNER DOES NOT HAVE SUCH A NUMBER, THE APPLICATION CANNOT BE APPROVED. THE SOCIAL SECURITY NUMBER MAY BE USED TO IDENTIFY THE HOUSEHOLD MEMBER IN CARRYING OUT EFFORTS TO VERIFY THE CORRECTNESS OF INFORMATION STATED ON THE APPLICATION. THESE VERIFICATION EFFORTS MAY BE CARRIED OUT THROUGH PROGRAM REVIEWS, AUDITS, AND INVESTIGATIONS; AND MAY INCLUDE CONTACTING EMPLOYERS TO DETERMINE INCOME, CONTACTING A SNAP OR WELFARE OFFICE OR FOOD DISTRIBUTION OFFICIAL TO DETERMINE CURRENT CERTIFICATION FOR RECEIPT OF SNAP, POWER/TANF OR FDPIR BENEIFTS, CONTACTING THE STATE EMPLOYMENT SECURITY OFFICE TO DETERMINE THE AMOUNT OF BENEFITS RECEIVED, AND CHECKING THE DOCUMENTATION PRODUCED BY HOUSEHOLD MEMBERS TO PROVE THE AMOUNT OF INCOME RECEIVED. THESE EFFORTS MAY RESULT IN A LOSS OR REDUCTION OF BENEFITS, ADMINSTRATIVE CLAIMS OR LEGAL ACTIONS IF INCORRECT INFORMATION IS REPORTED.

**ETHNICITY:**  Please report the ethnic identify of your child(ren). You are not required to answer this question.

Hispanic #

Non-Hispanic #

**RACE:** Please report the racial identity of your child(ren). You are not required to answer this question

White #

Alaskan Native or American Indian #

Black or African American #

Asian #

Native Hawaiian/Other Pacific Islander #

**USDA Nondiscrimination 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/USDA-OASCR%20P-Complaint-Form-0508-0002- 508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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

**FOR CENTER USE ONLY - DO NOT WRITE BELOW THIS LINE**

CHILD OR CHILDREN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Household Size: Monthly Income: \_\_\_\_\_\_\_

SNAP #: \_\_\_\_\_\_\_\_\_ POWER/TANF#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FDPIR #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ FOSTER CHILD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Eligibility Determination: Approved Free Approved Reduced: Denied:

Reason for Denial: Income too high: \_\_ Incomplete Application: \_\_ Other: \_\_\_\_\_\_

Signature of Determining Official**\***: Date: \_\_\_\_\_\_\_\_\_

**\*Application determination must be completed no later than 10 days of parent signature date by Designated Determining Official**

**CACFP Infant Feeding Benefit Notification and Acknowledgement**

**Infant’s Name:** **Date of Birth:**

**To: Parents/Guardians of infants, birth through 11 months old**

Your childcare provider participates in the Child and Adult Care Food Program (CACFP). The CACFP is administered by the Wyoming Department of Education and is funded by the United States Department of Agriculture (USDA). The CACFP provides reimbursement for healthy meals provided and served to your baby while in care. Your childcare provider follows the USDA Healthy Meal Pattern for Infants shown below. The types and amounts of food vary according to the age and development readiness of your baby. As the parent/guardian, you are the main source of nutritional and developmental information for your baby.

USDA supports and encourages mothers to continue breastfeeding when returning to work or school.

**This Center will provide the following USDA-approved iron-fortified infant formula, iron-fortified infant cereal, and commercial baby food or/and table food at the right consistency:**

**Center must complete:**

Milk-based iron-fortified formula: \_\_\_Tippy Toes\_\_\_\_\_\_\_\_

Iron-fortified infant cereal: \_\_\_\_\_\_\_Gerber\_\_\_\_\_\_\_\_

* Commercial Baby Food and /or
* Table food offered at the appropriate consistency for the development of the infant

**USDA Healthy Meal Pattern Requirements for Infants**

| **Age** | **Breakfast** | **Lunch or Supper** | **Snack** |
| --- | --- | --- | --- |
| **0-5**  **months** | 4-6 fluid ounces breast- milk or iron- fortified infant formula | 4-6 fluid ounces breast- milk or iron-fortified infant formula | 4-6 fluid ounces breast- milk or iron-fortified infant formula |
| **6 - 11** | 6-8 fluid ounces breastmilk | 6-8 fluid ounces breastmilk | 2-4 fluid ounces |
| **months** | or formula | or formula | breastmilk |
|  | **and** | **and** | or formula |
|  | 0-4 tbsp. infant cereal, meat, fish, poultry, | 0-4 tbsp. infant cereal, | **and** |
|  | whole eggs, cooked dry beans or peas; or | meat, fish, poultry, whole | 0-½ bread slice; |
|  | 0-2 oz. cheese; or 0-4 oz. (volume) cottage | eggs, cooked dry beans or | or 0-2 crackers; |
|  | cheese; or 0-4 oz. yogurt; or a | peas; | or 0-4 tbsp. infant |
|  | combination\* | or 0-2 oz. cheese; or 0-4 oz. | cereal |
|  | **and** | (volume) cottage cheese; or | or ready-to-eat |
|  | 0-2 tbsp. vegetable, fruit or both\* | 0-4 oz. yogurt; or a | cereal\* |
|  |  | combination\* | **and** |
|  |  | **and** | 0-2 tbsp. vegetable, |
|  |  | 0-2 tbsp. vegetable, fruit or | fruit or both\* |
|  |  | both\* |  |

\*Required when infant is developmentally ready.

All serving sizes are minimum quantities of the food components that are required to be served. Parents may provide only one component per meal.

**Must have a medical statement on file for food substitution**

You have the right to the benefits described in this letter. If you choose not to take part in the CACFP you may supply your own breast milk and/or formula and foods for your infant. You have the right to CACFP benefits in the future if you choose to accept CACFP benefits in the future, you must notify your child care provider.

**The parent/guardian must answer the following questions and mark one of the choices from each of the three sections below; then sign and date this form.**

**What are you currently feeding your infant?**

* Iron-fortified infant formula
* Breast milk
* Low-iron or another type of infant formula provided for medical reasons.

**The parent or guardian would like their infant to be fed the following while in care. Section 1 – Infant Formula or Breast Milk**

* **Choice 1 - I want my infant to receive the child care center provided iron-fortified infant formula** identified above. I will not bring infant formula from home.
* **Choice 2 -** I understand I am not required to bring my own formula that I purchase or receive from WIC, however, **I want to bring my own formula/breast milk.** If I should forget to bring infant formula/breast milk, the child care center will contact me immediately and I may request they serve my infant the center-provided iron-fortified infant formula that day.

**Section 2 – Infant Cereal**

**I will discuss with the center when to start feeding infant cereal to my child.**

* **Choice 1- I want my infant to receive the child care center – provided iron-fortified infant cereal,** identified above. I will not bring infant cereal from home.
* **Choice 2 –** I understand I am not required to bring iron fortified infant cereal that I purchase or receive from WIC, however, **I want to bring my own infant cereal.** If I should forget to bring the cereal, the child care center, will call me immediately and I may request they serve my infant the center-provided iron-fortified infant cereal that day.

**Section 3 – Baby Food**

**I will discuss with the center when to start feeding baby food to my child.**

* **Choice 1 – I want my infant to receive the child care center-provided baby food** identified above.

I will not bring baby food from home.

* **Choice 2 –** I understand I am not required to bring baby food that I purchase, however, **I want to bring my own baby food.** If I should forget to bring the baby food, the child care center will contact me immediately and I may request they serve my infant the center provided baby food that day.

## **If I decide to change the selections I made above, I will be required to complete another form.**

**This center has not requested or required me to provide infant formula or food for my infant. I understand that I have the choice of having my infant participate in the Child and Adult Care Food Program.**

Parent’s Signature Date

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**USDA Nondiscrimination Statement**

Para todos los demás programas de asistencia de nutrición del FNS, agencias estatales o

locales y sus subreceptores, deben publicar la siguiente Declaración de No Discriminación: De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de

discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y

orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de

derechos civiles.

La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés.

Las personas con discapacidades que requieren medios alternos de comunicación para obtener la

información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas

americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de

administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o

comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un

formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual

puede obtenerse en línea en: https://www.fns.usda.gov/sites/default/files/resource-files/usda-

program-discrimination-complaint-form-spanish.pdf, de cualquier oficina de USDA, llamando al

(866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del

demandante, la dirección, el número de teléfono y una descripción escrita de la acción

discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles

(ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario

AD-3027 completado o la carta debe presentarse a USDA por:

(1) correo:

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 o (202) 690-7442; o

(3) correo electrónico:

program.intake@usda.gov

Esta entidad es un proveedor que brinda igualdad de oportunidades.

**Topical Permission**

**Parent name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Childs name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I give permission for Adventure Kids Daycare to use the following: Please check all that apply.**

**\_\_\_\_\_ Over the counter lotion for dry skin, whatever brand they have on hand.**

**\_\_\_\_\_ Over the counter buttpaste whatever brand they have on hand (diapered kids only).**

**\_\_\_\_\_ Sunscreen, whatever brand they have on hand.**

**I prefer to provide my own:**

**\_\_\_\_\_ Lotion**

**\_\_\_\_ Buttpaste**

**\_\_\_\_ Sunscreen**

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

**Authorization of Medical Treatment**

**AUTHORIZED ADULTS**

**In the event of an emergency, please indicate your name and phone number where you and an authorized person can be reached:**

**Father’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Other authorized person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby give permission to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to obtain medical or surgical care from a health care facility, physicians or dentists for my child, whose full name is\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and date of birth is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ should the need arise. It is understood that a conscientious effort will be made to locate me before action will be taken. If this is not possible, treatment as deemed necessary by physicians/dentists may be taken. I further consent to transportation of the above named child to the nearest or most appropriate medical facility.**

**The medical insurance company that covers the above named child is:**

**Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name of Policy Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I authorize the hospital and attending physicians to submit claims to the above named company and hereby assign benefits directly to this company. I understand that I am financially responsible to providers of service for charges not covered by any insurance payments.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Witness Date**