

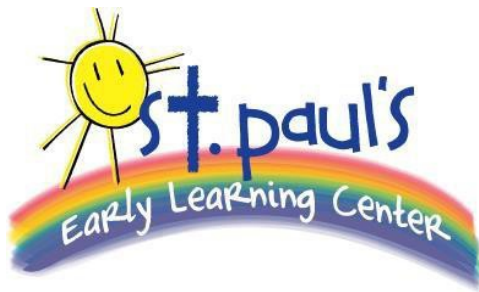


**St. Paul's Early Learning Center**  
*A Ministry of St. Paul's Lutheran Church*

1 Bachrach Court  
Decatur, IL 62526  
PH: (217) 424-9183 | Fax: (217) 424-9189

*SPLDECATUR.ORG*  
daycare@spldecatur.org





# ELC Registration Checklist

Name of Parent \_\_\_\_\_ Date \_\_\_\_\_

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

\_\_\_\_ ELC Enrollment Forms

\_\_\_\_ Health Forms

\_\_\_\_ Certificate of Child Health Examination Form (DCFS Form)

\_\_\_\_ TB Test or Exemption (12 months and older)

\_\_\_\_ Lead Screening or Exemption (12 months and older)

\_\_\_\_ DCFS Summary of Licensing Standards for Day Care Centers  
(Please read and return the Verification of Receipt Form)

\_\_\_\_ ISBE Household Eligibility Form

\_\_\_\_ ISBE Annual Enrollment Form – Child and Adult Care Food Program

\_\_\_\_ Copy of Child's Official County Birth Certificate

*Completion of additional forms may be required based on the age and needs of your child. The St. Paul's Early Learning Center staff will provide those items for your completion as necessary.*





## St. Paul's Early Learning Center

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### ENROLLMENT FORM

Enrollment Date: \_\_\_\_\_ Scheduled Hours of Care \_\_\_\_\_ to \_\_\_\_\_

Days Scheduled \_\_\_\_\_

Name of Child: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City/Zip Code: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ SS#: \_\_\_\_\_

Name of Father: \_\_\_\_\_ SS#: \_\_\_\_\_

Marital Status of Parents: \_\_\_\_\_

Custody Arrangements\*: \_\_\_\_\_

*\*If St. Paul's Early Learning Center is to prevent a father or a mother from bringing, picking up, or visiting his or her child, we must have a legal document on file in the office.*

Child's Brothers and/or Sisters

Date of Birth

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **CHURCH INFORMATION**

Do you currently attend a church? (Circle one)

YES

NO

Name of Church You Attend: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

How often do you and your child(ren) attend church? (Circle one)

Regularly

A few times per month

Every few months

A few times per year



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

**CONTACT INFORMATION**

Primary Caregiver(s): \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address (if different than child's): \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

Second Primary Caregiver (Optional): \_\_\_\_\_

Relationship to child: \_\_\_\_\_ Home phone: \_\_\_\_\_

Address (if different than child's): \_\_\_\_\_

Employer: \_\_\_\_\_

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

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

**RELEASE OF CHILD FROM EARLY LEARNING CENTER**

*According to the Licensing Standards for Daycare Centers and the Child Care Act, daycare centers must have on file a list provided by the parent(s), or legal guardian, of each child in care designating persons to whom the center may release custody of the child. This includes a primary list of persons to whom the facility can expect to occasionally release custody.*

In a case where I cannot be reached, I grant permission to the St. Paul's Early Learning Center to call the people indicated on this list in case of an emergency. I hereby agree to release custody of my child to the following people if needed:

**Emergency/Contingency Contacts**

Name:	Address:	Relationship:	Phone Number:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I will notify St. Paul's Early Learning Center **in writing** if any of the above information changes.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Arrival and Departure**

Upon arrival and departure, the parent must sign-in/out his/her child on the computer located at the St. Paul's ELC office. The parent should accompany the child to his/her assigned classroom, and make sure one of the teachers or assistants acknowledges the child's arrival (and departure at pick up time). To sign in and out on the computer, the user must touch the main screen (schoolhouse image) to begin – a keypad screen with numbers will then appear. Enter the ID code, followed by your password (both of your choosing, between 4-8 digits). The child's name will appear in a box on screen and indicate "will be checked in" or "will be checked out". If a change is to be made, touch the box with the child's name until it changes. If no changes need to be made, touch the "Finish" button in the lower right corner of the screen. A confirmation screen will appear – if correct, touch "Finish" to complete check-in or check-out. Only authorized adults are allowed to pick up the child. If someone not on the list would need to pick up the child, they must present a photo ID at the ELC office that will be copied and kept on file. The time and date of pickup will be recorded as well as who authorized the pickup. This person should then be added to the authorized pick up list by the parent.



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

**MEDICAL INFORMATION**

Family Doctor/Pediatrician: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_

Location: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Health Insurance: \_\_\_\_\_

Hospital Preference: (Circle one) St. Mary's Decatur Memorial (DMH) Other: \_\_\_\_\_

**Medical History**

Any frequent medications? NO YES Please list: \_\_\_\_\_

Does your child experience frequent: (Place an "x" next to those that apply)

\_\_\_\_\_ Colds \_\_\_\_\_ Stomach ache \_\_\_\_\_ Tonsillitis \_\_\_\_\_ Headaches \_\_\_\_\_ Leg aches  
\_\_\_\_\_ Ear aches/Infections \_\_\_\_\_ Asthma \_\_\_\_\_ Hay fever \_\_\_\_\_ Hives \_\_\_\_\_ Seizures

Other \_\_\_\_\_

Allergies: \_\_\_\_\_

How do the allergies manifest themselves: \_\_\_\_\_

Has your child had any serious accidents? NO YES \_\_\_\_\_

**Medical Attention Received From**

**Medical Attention Outcome**

Eye Doctor \_\_\_\_\_

Ear Doctor \_\_\_\_\_

Dentist \_\_\_\_\_

Orthopedic Doctor \_\_\_\_\_

Speech Therapist \_\_\_\_\_

Other \_\_\_\_\_

**Past Illnesses** (Place an "x" next to those that apply)

\_\_\_\_\_ Chicken Pox \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Diabetes \_\_\_\_\_ Mumps

\_\_\_\_\_ Measles \_\_\_\_\_ Hepatitis \_\_\_\_\_ Cystic Fibrosis

Other \_\_\_\_\_

Does your child have any special needs? NO YES \_\_\_\_\_

Any dietary restrictions? NO YES \_\_\_\_\_



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

**PERSONAL HISTORY**

Does your child sleep well?	Totally	Limited	Not at all
Is your child potty trained?	Totally	Limited	Not at all
Does your child have a security blanket/toy?	Totally	Limited	Not at all
Does your child dress himself/herself?	Totally	Limited	Not at all
Does your child feed himself/herself?	Totally	Limited	Not at all
Does your child undress himself/herself?	Totally	Limited	Not at all
Does your child wash his/her own hands?	Totally	Limited	Not at all

Hand dominance:                      Left                      Right                      Either

Any other important information? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any fears? (i.e. storms, dogs, etc.) \_\_\_\_\_

Does your child have any behavior problems? \_\_\_\_\_

Previous daycare or nursery school experience? \_\_\_\_\_  
\_\_\_\_\_

Has your child had preschool screening?    NO    YES    Location? \_\_\_\_\_

Please list anything else you feel we need to know about your child: \_\_\_\_\_  
\_\_\_\_\_





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## SPECIAL PERMISSIONS

### PERMISSION TO PROVIDE EMERGENCY SERVICES

I, \_\_\_\_\_ (Mother/Father) of \_\_\_\_\_  
(Child's Name)

Birth Date: \_\_\_\_\_ do hereby give permission and/or consent to the personnel of St. Paul's Early Learning Center to secure and authorize such emergency medical care and/or treatment or other emergency measures (disaster, evacuation, etc.) as judged necessary while under the supervision of St. Paul's Early Learning Center.

I also agree to pay all the costs and fees contingent on any emergency medical care and/or treatment of my child as secured or authorized under this consent.

In cases of medical emergencies, I understand that my child will be transported to \_\_\_\_\_ by the local emergency unit for treatment, if the local emergency resource (police, rescue squad, etc.) deems it necessary.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

Name of Preferred Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

### PERMISSION FOR USE OF SUNSCREEN

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

I give St. Paul's Early Learning Center permission to use sunscreen on my child during any time that the group goes outside to play.

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

Please note: If your child has sensitive skin and needs his/her own sunscreen, be sure to send it along with your child to the center. Thank you!

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# St. Paul's Early Learning Center

## Guidelines, Rates and Fees

Effective January 1, 2024

### Early Learning Center Guidelines

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- ï **DAY CARE HOURS & PICK-UP:** The Early Learning Center operates Monday through Friday 7:00 AM – 5:00 PM. The Center closes PROMPTLY AT 5:00 PM. *If a child is left after 5:00PM, a fee of \$15.00 per every 5 minutes late will be charged.*
- ï **TUITION:** Payment is due on the first day of attendance each week. A \$15.00 late fee can be charged for late payment. If you are unable to pay, please contact the office immediately.
- ï **TUITION EXPRESS:** Automatic payments are required to be set up within 2 weeks of your child's start date. You may use a checking or savings account, or credit/debit card.
- ï **DISCOUNTS:** The Early Learning Center does support a multi-child discount for families with more than one child in attendance – 10% off for the second and third child. No additional discounts after that.
- ï **RETURNED CHECKS (NSF):** A \$35.00 fee will be charged for payments returned to the Early Learning Center for insufficient funds.
- ï **VACATION:** Families are allowed 5 vacation days after every 6 months of consecutive attendance.
- ï **FIELD TRIPS:** Children may periodically be taken on field trips (as outlined in the Consent for Daycare Services). There may be an additional charge for such field trips.
- ï **WITHDRAWAL FROM CENTER:** A minimum of a one week notice is required for a child to be withdrawn from the Early Learning Center. If the required notice is not given, the Center will still charge tuition for that week.

### Childcare Weekly Rates

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**PLEASE NOTE:** For daycare participants, there is a registration fee of \$50.00 per family plus first week's tuition.

AGE GROUP	WEEKLY RATE
INFANT & WADDLER (6 wks-15 mo)	\$282.00
TODDLER (15 months to 24 months)	\$260.00
TWO YEARS	\$235.00
THREE & FOUR YEARS	\$225.00

## Care Options for School-Aged Children

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**PLEASE NOTE:** The St. Paul's Early Learning Center does offer care options for School-Aged children. Five year olds must be currently enrolled in Kindergarten to qualify for this care program, which serves children aged 5 – 12 years.

CARE PROGRAM	PROGRAM RATES
BEFORE/AFTER SCHOOL CARE	\$120.00 per week; after only \$95.00 per week
DAYS OFF CLUB	\$60.00 per full day or \$30.00 per ½ day
SUMMER CAMP**	\$225.00 per 5-day week

## Our Staff and Contact Information

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Questions? You may contact us by phone at 217-424-9183 or you can e-mail us at [jamie@spldecatour.org](mailto:jamie@spldecatour.org). Our staff would be glad to assist you!

Jamie Stanzione     Director

[jamie@spldecatour.org](mailto:jamie@spldecatour.org)



# Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

#### SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

#### For Official Use Only

Date Received
Employee Signature







## CONSENT FOR DAYCARE SERVICES

The undersigned parent or guardian agrees that St. Paul's Early Learning Center shall provide child care services for the child named below and agrees and consents to the following:

1. I have read the manual for parents of St. Paul's Early Learning Center and understand each section in the manual and hereby agree to follow the policies and procedures as set forth in the manual.
2. I agree to allow my child to participate in activities that develop Christian mental, social, physical and emotional growth.
3. I understand and hereby agree to the policies as established for absences, illnesses, and education. In the event an emergency happens and I cannot be reached and other listed adults cannot be reached, I give permission for my child to receive emergency medical care at the doctor or hospital listed on my child's personal history form.
4. I agree that photographs, videos, and recordings may be taken of my child for publicity purposes or for classroom activities.
5. I understand that I must stop at the St. Paul's Early Learning Center office to be granted permission before any camera, video, or recording equipment is used at the ELC (with the exception of public evening performances).
6. I agree that my child may take field trips, with the understanding that such trips are under the supervision of authorized personnel of the Early Learning Center and that all possible precautions are taken to ensure the health and safety of my child. This trip may include walking and transportation by motor vehicle.
7. I agree that my child may be disciplined as stated in the manual. I also understand that no child will be dismissed from the center unless or until every effort has been made to help the child conform with the rules through a cooperative effort on the part of the staff, director, and parents.
8. I hereby give consent to St. Paul's Early Learning Center for my child to pray at opening, Jesus time, meals, snacks, and for any other appropriate reason.
9. I give authorization for participation in activities such as bowling or roller skating that may be located off the premises of the ELC.
10. The ELC is open whenever possible, but should it be absolutely necessary to close because of severe weather conditions, I understand the closing will be announced on the following radio and television stations: WSOY, Y103, and WAND-TV.
11. In the case of withdrawal of my child from St. Paul's Early Learning Center, I agree to give the ELC a minimum of one week's written notice prior to withdrawal. If I withdraw from the ELC with a remaining balance on my account, I agree to pay that remaining balance in full within two weeks of the date of departure. If I do not pay my remaining balance within this period of time, I understand that my account will be turned over to a collection agency, and I will be responsible for my unpaid balance and all associated costs of this action (collection fees, attorney's fees, court costs, etc.).



I understand that I am responsible for payment of the outlined tuition and fees, and I agree to pay the following:

- ï Registration fee: \$50.00
- ï Weekly Tuition fee (based on age group and classroom assignment – see rate sheet)

Additional fees (where applicable):

- ï Late payment fee: \$15.00
- ï Late pick-up fee: \$15.00 for every 5 minutes after 5:00 pm. *I understand legal authorities will be contacted if my child is left at St. Paul's Early Learning Center more than one hour after closing time.*
- ï Returned check fee: \$35.00

I understand and agree that within two weeks of my child's start date, I will complete a Tuition Express automatic payment authorization, to remain in effect until my child is withdrawn from the ELC. I will update credit card or bank account information as needed to keep it current.

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Name of Child (please print)

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Name of Parent/Guardian (please print)

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Signature of Parent/Guardian

Date

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Signature of St. Paul's Early Learning Center Director

Date





## ITEMS CHILDREN NEED TO BRING TO THE SPL EARLY LEARNING CENTER EVERYDAY

There is a basket kept in your child's cubby to place all the items listed. PLEASE make sure your child's name is marked with permanent black ink on all items brought into the Center.

All children are to wear tennis shoes with socks at all times. Dress shoes and sandals are dangerous in a daycare setting because of all the indoor and outdoor playing we do.

Please dress your child accordingly, with consideration for the weather, and in clothes that can get dirty. Play may occur inside and outside of the Center, and children often engage in art projects and other activities that could be messy (and fun).

### PLEASE SUPPLY THE FOLLOWING FOR YOUR CHILD:

**INFANTS CLASSROOM:** Formula, bottles, diapers and wipes, special blanket, if needed for your child. Feet need to be covered every day with socks, 3 sets of extra clothes which must be changed according to the weather, on cold days: infant coat and hat. Each infant is assigned their own crib to sleep in.

**TODDLERS AND TWO'S CLASSROOMS:** Diapers and wipes. Blanket and pillow with a pillowcase for nap time. 2 sets of extra clothes which include shirt, pants, or shorts, socks. Potty training children who are using training underwear may require a change of at least 6 pair of clothes a day and 6 pair of underwear. Be sure to take home the dirty clothes nightly and bring fresh clothes the next day. Remember, when children wet, they usually get their socks wet too, so supply lots of socks. Pull ups may be used instead of underwear. On cold days: coat, gloves, hat, boots, or tennis shoes with socks.

Children who are using the restroom should wear clothes that they can take on and off by themselves (no belts please), so that they will not have any problems using the toilet.

**THREE's, FOUR's CLASSROOMS:** Blanket and pillow with a pillowcase for nap time. 1 set of extra clothes which include shirt, pants, or shorts, socks. Remember, when children wet, they usually get their socks wet too, so supply lots of socks. On cold days: coat, gloves, hat, boots, or tennis shoes with socks.

**MORNING PRESCHOOL THREE'S AND FOUR'S:** Change of clothes (with child's name on them), 2 boxes Kleenex, 2 rolls paper towels, 1 box washable markers, photo of family (for classroom use only).



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**SUMMARY OF  
LICENSING  
STANDARDS  
FOR  
DAY CARE  
CENTERS**



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## **Introduction**

The Department of Children and Family Services (DCFS) is responsible for licensing day care centers. When a day care center is licensed, it means that a DCFS licensing representative has inspected the facility and the facility was found to meet the minimum licensing requirements. A license is valid for three years. The day care center's license must be posted. It will indicate the maximum number of children allowed in the facility and the areas where children may receive care.

Licensed day care facilities are inspected annually by DCFS licensing staff. If a complaint has been received regarding a violation of the licensing standards of a day care center, a licensing representative will conduct a licensing complaint investigation to determine if the alleged violation should be substantiated or unsubstantiated. Individuals may contact the Day Care Information Line to learn of substantiated violations.

## **Day Care Information Line**      **1-877-746-0829**

This statewide toll-free information line provides information to the public on the past history and record, including substantiated violations, of licensed day care homes, day care centers, and group day care homes. This number operates Monday through Friday from 8:30 a.m. to 5:00 p.m.

## **Summary of Licensing Standards for Day Care Centers**

The following is a summary of the licensing standards for day care centers. It has been prepared for you so that you may monitor the care provided to your child. This is a summary and does not include all of the licensing standards for a day care center. State licensing standards are *minimum* standards. If you observe a violation of any of these standards, you are encouraged to discuss your concerns with the day care center operator. In most cases, parents and day care operators are able to resolve the parents' concerns and issues. If you believe the day care operator is not responding to your concerns and may not be meeting state licensing standards, you may make a complaint to the local DCFS Licensing Office or by calling the Child Abuse Hotline at 1-800-252-2873 and stating that you want to make a licensing complaint. A DCFS licensing representative will investigate

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your complaint and report the results back to you. The day care center is required to provide a copy of its own written policies regarding the operation of the facility to each staff person and to parents of enrolled children.

### **Staffing**

- ï The day care center must have a qualified child care director on site at all times. The director must be at least 21 years old, have completed two years of college or have equivalent experience and credentials.
  - ï Early childhood teachers must be at least 19 years old, have two years of college or have equivalent experience and credentials.
  - ï School-age workers must be at least 19 years of age and at least five years older than the oldest child in their care. They must have completed one year of college or have the equivalent experience and credentials.
  - ï Early childhood assistants and school-age assistants must have a high school diploma or the equivalent and must work under direct supervision of an early childhood teacher or a school-age worker.
  - ï Student and youth aides must be at least 14 years of age, at least five years older than the oldest child in their care, and must work under direct supervision of an early childhood teacher or a school-age worker.
  - ï Student and youth aides are not generally counted for purposes of maintaining staff/child ratios.
  - ï The director and all child care staff must have 15 hours of in-service training annually.
  - ï All staff must have current medical reports on file and are subject to background checks for any record of criminal conviction or child abuse and neglect.
  - ï A person certified in first aid, including CPR and the Heimlich maneuver, must be present at all times.
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### **Group Size and Staff Requirements:**

<b>AGE OF CHILDREN</b>	<b>STAFF/CHILD RATIO</b>	<b>MAXIMUM GROUP SIZE</b>
Infants (6 weeks through 14 months)	1 to 4	12
Toddlers (15 through 23 months)	1 to 5	15
Two years	1 to 8	16
Three years	1 to 10	20
Four years	1 to 10	20
Five years (preschool)	1 to 20	20
School-age: Kindergartners present	1 to 20	30

- ï Exception: One early childhood teacher and an assistant may supervise a group of up to 30 children if all of the children are at least five years of age.
- ï Whenever children of different ages are combined, the staff/child ratio and maximum group size must be based on the age of the youngest child in the group.

### **General Program Requirements**

- ï Parents must be allowed to visit the center without an appointment any time during normal hours of operation.
  - ï Staff must demonstrate respect for each child enrolled regardless of gender, ability, cultural, ethnic or religious differences.
  - ï There must be a balance of active and quiet activity. Daily indoor and outdoor activities are to be provided for children to make use of both large and small muscles.
  - ï In pre-school programs where children receive care for less than three hours per day, outdoor activity is not required.
  - ï Children may not be left unattended at any time.
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### **Infants and Toddlers**

- ï Infants and toddlers must be in separate space away from older children.
- ï A refrigerator and sink must be easily accessible.
- ï Toys and indoor equipment must be cleaned and disinfected daily. Safe, durable equipment and play materials must be provided.
- ï Either the day care center or the parent may provide food for infants not consuming table food. Feeding times and amounts consumed must be documented in writing.
- ï No food other than formula, milk, breast milk or water may be placed in a bottle for infant feeding. Microwaves are not to be used for bottle warming.
- ï Children who cannot turn over alone must be placed on their backs.
- ï The facility must have a clearly defined diaper changing area with the procedures for changing diapers clearly posted. A hand-washing sink must be accessible for hand washing.
- ï Staff changing diapers must wash their hands and the child's hands with soap and running water after diapering.
- ï Information about feeding, elimination and other important information must be recorded in writing and made available to parents when the child is picked up at the end of the day.
- ï Only new cribs manufactured on or after June 28, 2011 must be in place

### **School-Age Children**

- ï The facility must have a designated area for school-age children so they do not interfere with the care of younger children.
  - ï Clear definitions of responsibility and procedures are to be established among parent, day care center and school when children move to and from school.
  - ï A variety of developmentally appropriate activities and materials must be available for children. Opportunities must be provided to do homework, if requested.
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### **Evening, Night and Weekend Care**

- ï Family-like groups of mixed ages are allowed.
- ï Staff must be awake at all times and in the sleeping area whenever children are sleeping.
- ï Each child must have an individual cot, bed or crib.
- ï An evening meal and a bedtime snack must be served.
- ï Breakfast must be served to all children who have been at the facility throughout the night and are present between 6:30 a.m. and 8:30 a.m.

### **Enrollment and Discharge**

- ï Parents must be provided the names, business address and telephone number of persons legally responsible for the program.
- ï Parents must be provided, in writing, information on the program, fees, arrival and departure policies explaining to the parents and guardians what actions the caregiver will take if children are not pick up at the agreed upon time, and the guidance and discipline policies.
- ï Parents must complete an enrollment application, which includes, for first time enrolment, providing a certified copy of their child's birth certificate (which will be copied by the center and returned to the parent), emergency numbers, and persons authorized to pick up their child.
- ï A child may only be released to a parent or other responsible person designated by the parent.
- ï Daily arrival and departure logs must be kept by the center.

### **Guidance and Discipline**

- ï Parents must be given a copy of the guidance and discipline policy.
  - ï The following are prohibited:
    - corporal punishment
    - threatened or actual withdrawal of food, rest or use of the bathroom
    - abusive or profane language
    - public or private humiliation
    - emotional abuse, including shaming, rejecting, terrorizing or isolating a child
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- ï “Time-out” is to be limited to one minute per year of age. “Time-out” may not be used for children less than two years of age.

### **Transportation**

- ï The driver must be 21 years of age and hold a driver’s license that has been continuously valid for three years.
- ï Children must not be allowed to stand or sit on the floor of the vehicle. Age appropriate safety restraints must be used when transporting children in vehicles other than school buses.
- ï The driver must make sure that a responsible person is present to take charge of a child when delivered to his or her destination.

### **Health Requirements for Children**

- ï A medical report indicating that the child has been appropriately immunized must be on file for each child. Parents are encouraged to be informed about childhood immunizations by going to the following Web site: [http://www.state.il.us/dcf/daycare/Childhood\\_Immunizations.shtml](http://www.state.il.us/dcf/daycare/Childhood_Immunizations.shtml). A tuberculin skin test is to be included in the initial exam unless waived by a physician.
  - ï The medical report is valid for two years for infants and preschool children. Exams for school-age children are required consistent with the requirements of the public schools.
  - ï The center will comply with the Illinois Department of Public Health’s Hearing and Vision Screening Codes and the Illinois Child Vision and Hearing Test Act.
  - ï Children aged one to six years must have either a lead risk assessment or a lead screening.
  - ï Water must be freely available to all children.
  - ï Children’s hands must be washed with soap and water upon arrival at the center, before and after meals or using the toilet, after wiping or blowing their noses, after outdoor play and after coming into contact with any soiled objects.
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- ï Prescription and non-prescription medication may be accepted only in its original container. The center must maintain a record of the dates, times administered, dosages, prescription number (if applicable) and the name of the person administering the medication.
  - ï Medication must be kept in locked cabinets or other containers that are inaccessible to children.

### **Nutrition and Meals**

- ï Menus must be posted.
- ï Meals and snacks must meet nutritional guidelines.
- ï Children in care two to five hours must be served a snack. Children in care five to 10 hours must be served a meal and two snacks or two meals and one snack. Children in care more than 10 hours must be served two meals and two snacks or one meal and three snacks.

### **Napping and Sleeping**

- ï Children under six years of age who remain five or more hours must have the opportunity to rest or nap.
- ï Infants must sleep in safe, sturdy, freestanding cribs or portable cribs.
- ï Toddlers may use either stacking cots or full-size cribs.
- ï A cot or bed must be provided for each toddler or preschool child in attendance five or more hours. Each cot, bed or crib must be labeled with the name of the child.

### **Physical Space**

- ï Infants and toddlers must be housed and cared for at ground level unless special approval has been granted from the Department.
  - ï Indoor space must provide a safe, comfortable environment for the children. Floors and floor coverings must be washable and free from drafts and dampness.
  - ï Toilets and lavatories must be readily accessible to the children.
-

- 
- ï Hot and cold running water must be provided.
  - ï Hazardous items must be inaccessible to children.
  - ï Parents must be notified before pesticides are applied, unless in an emergency
  - ï Exits must be unlocked and clear of equipment and debris.
  - ï Drills for fire and tornado must be conducted. A floor plan must be posted in every room indicating the areas providing the most safety in the case of a tornado and the primary and secondary exit routes in case of fire.
  - ï Smoking or the use of tobacco products in any form is prohibited in the child care center or in the presence of children while on the playground or on trips away from the center.
  - ï Play materials must be durable and free from hazardous characteristics.
  - ï The facility may not use or have on the premises any unsafe children's product as described in the Children's Product Safety Act. Lists of unsafe children's products and recalls from 1989 to now are available at: [www.idph.state.il.us/webapp/SRSApp/pages/index.jsp](http://www.idph.state.il.us/webapp/SRSApp/pages/index.jsp).
  - ï The facility must be cleaned daily and kept in sanitary condition at all times.
  - ï First-aid kits must be maintained and readily available for use.

### **Outdoor Play Area**

- ï Play space must be fenced or otherwise enclosed or protected from traffic and other hazards. There must be a shaded area in summer to protect children from excessive sun exposure.
  - ï All areas of the outdoor play space must be visible to staff at all times.
  - ï Equipment must be free of sharp points or corners, splinters, protruding nails or bolts, loose or rusty parts, the potential for entrapment and/or other hazards.
  - ï Protective surfaces must be provided under equipment from which a child might fall
-

- 
- ï All swimming pools must be fenced or otherwise inaccessible to children.
  - ï During hours of operation and at all times that children are present there must be a means for parents of enrolled children to have direct telephone contact with a center staff person.

*This summary has been developed to assist parents in monitoring the care provided by the day care center.*

*For a complete copy of the Licensing Standards, write or call*

*Department of Children and Family Services  
Office of Child and Family Policy  
406 East Monroe Street  
Springfield, Illinois 62701  
Telephone (217) 524-1983*

*Licensing Standards for Day Care Centers may also be accessed through the DCFS website: [www.state.il.us/dcfs](http://www.state.il.us/dcfs) and following the links to Part 407, Licensing Standards for Day Care Centers. You may also contact your nearest DCFS office.*

CFS 581  
Rev. 12/2000

State of Illinois  
Illinois Department of Children and Family Services

**VERIFICATION OF RECEIPT**

I/WE, \_\_\_\_\_  
Please Print Name(s)

parent(s) of \_\_\_\_\_, hereby certify that I/we have  
Name(s) of Child(ren)

received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.**

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## State of Illinois Certificate of Child Health Examination

FOR USE IN DCFS LICENSED CHILD CARE FACILITIES  
CFS 600  
Rev 12/2011



<b>Student's Name</b>				<b>Birth Date</b>	<b>Sex</b>	<b>Race/Ethnicity</b>	<b>School /Grade Level/ID#</b>
Last	First	Middle		Month/Day/Year			
<b>Address</b>				<b>Parent/Guardian</b>		<b>Telephone # Home</b>	
Street	City	Zip Code					Work

**IMMUNIZATIONS:** To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given after the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

Vaccine / Dose	1 MO DA YR			2 MO DA YR			3 MO DA YR			4 MO DA YR			5 MO DA YR			6 MO DA YR		
	<b>DTP or DTaP</b>																	
<b>Tdap; Td or Pediatric DT</b> (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
<b>Polio</b> (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
<b>Hib</b> Haemophilus influenza type b																		
<b>Hepatitis B (HB)</b>																		
<b>Varicella</b> (Chickenpox)										<b>COMMENTS:</b>								
<b>MMR Combined</b> Measles Mumps. Rubella																		
<b>Single Antigen Vaccines</b>	<b>Measles</b>			<b>Rubella</b>			<b>Mumps</b>											
<b>Pneumococcal Conjugate</b>																		
<b>Other/Specify</b> Meningococcal, Hepatitis A, HPV, Influenza																		

**Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below.** If adding dates to the above immunization history section, put your initials by date(s) and sign here.)

<b>Signature</b>	<b>Title</b>	<b>Date</b>
<b>Signature</b>	<b>Title</b>	<b>Date</b>

**ALTERNATIVE PROOF OF IMMUNITY**

1. Clinical diagnosis is acceptable if verified by physician. \*(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

\*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.  
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease	Signature	Title	Date
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3. Laboratory confirmation (check one) Measles Mumps Rubella Hepatitis B Varicella  
Lab Results Date MO DA YR (Attach copy of lab result)

**VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN**

Date	R		L		R		L		R		L		R		L		Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts
Age/Grade																	
Vision																	
Hearing																	

Last	First	Middle	<b>Birth Date</b> Month/Day/ Year	<b>Sex</b>	<b>School</b>	<b>Grade Level/ ID</b>
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**HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER**

<b>ALLERGIES</b> (Food, drug, insect, other)			<b>MEDICATION</b> (List all prescribed or taken on a regular basis.)		
Diagnosis of asthma?	Yes	No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No
Child wakes during night coughing?	Yes	No	Hospitalizations? When? What for?	Yes	No
Birth defects?	Yes	No	Surgery? (List all.) When? What for?	Yes	No
Developmental delay?	Yes	No	Serious injury or illness?	Yes	No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No	TB skin test positive (past/present)?	Yes*	No
Diabetes?	Yes	No	TB disease (past or present)?	Yes*	No
Head injury/Concussion/Passed out?	Yes	No	Tobacco use (type, frequency)?	Yes	No
Seizures? What are they like?	Yes	No	Alcohol/Drug use?	Yes	No
Heart problem/Shortness of breath?	Yes	No	Family history of sudden death before age 50? (Cause?)	Yes	No
Heart murmur/High blood pressure?	Yes	No	Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other		
Dizziness or chest pain with exercise?	Yes	No	Information may be shared with appropriate personnel for health and educational purposes.		
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			<b>Parent/Guardian Signature</b>	<b>Date</b>	
Ear/Hearing problems?	Yes	No			
Bone/Joint problem/injury/scoliosis?	Yes	No			

**PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA**  
**HEAD CIRCUMFERENCE** if < 2-3 years old      **HEIGHT**      **WEIGHT**      **BMI**      **B/P**

**DIABETES SCREENING** (NOT REQUIRED FOR DAY CARE) **BMI>85% age/sex** Yes  No  And any two of the following: **Family History** Yes  No   
**Ethnic Minority** Yes  No  **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes  No  **At Risk** Yes  No

**LEAD RISK QUESTIONNAIRE** Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten.

**Questionnaire Administered?** Yes  No       **Blood Test Indicated?** Yes  No       **Blood Test Date** \_\_\_\_\_ (Blood test required if resides in Chicago.)

**TB SKIN OR BLOOD TEST** Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines.      **No test needed**       **Test performed**

**Skin Test:** Date Read / /      **Result:** Positive  Negative       mm \_\_\_\_\_  
**Blood Test:** Date Reported / /      **Result:** Positive  Negative       Value \_\_\_\_\_

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit				Sickle Cell (when indicated)
Urinalysis				Developmental Screening Tool

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears			Gastrointestinal	
Eyes		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	

Currently Prescribed Asthma Medication:  
 Quick-relief medication (e.g. Short Acting Beta Antagonist)  
 Controller medication (e.g. inhaled corticosteroid)

**NEEDS/MODIFICATIONS** required in the school setting      **DIETARY** Needs/Restrictions

**SPECIAL INSTRUCTIONS/DEVICES** e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

**MENTAL HEALTH/OTHER** Is there anything else the school should know about this student?  
If you would like to discuss this student's health with school or school health personnel, check title:     Nurse     Teacher     Counselor     Principal

**EMERGENCY ACTION** needed while at school due to child's health condition (e.g. ,seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?  
**Yes**  **No**  If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in \_\_\_\_\_ (If No or Modified please attach explanation.)  
**PHYSICAL EDUCATION** Yes  No  Modified       **INTERSCHOLASTIC SPORTS** (for one year) Yes  No  Limited

**Print Name** \_\_\_\_\_ (MD,DO, APN, PA)      **Signature** \_\_\_\_\_      **Date** \_\_\_\_\_

**Address** \_\_\_\_\_      **Phone** \_\_\_\_\_

**(Complete Both Sides)**



**PARENT LETTER  
FOR CHILD CARE CENTERS**  
July 1, 2021 Through June 30, 2022

Parent or Guardian:

This child care center participates in the USDA Child and Adult Care Food Program (CACFP) and receives Federal funds to provide healthy meals and snacks to all of the enrolled children. The amount of reimbursement the center receives is based on the information you provide on the attached Household Eligibility Application. Part of the USDA requirement is to ask you to complete the application. If your income is equal to or less than the income listed in the chart below for your household size, the center will receive a higher level of reimbursement. Read the attached instructions carefully and fill out all required information. We cannot approve an application that is not complete. Please return the completed application back to our center as soon as possible.

If a member of your family (child or adult) receives Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) benefits; or you care for a foster child that is the legal responsibility of the State through DCFS or the court, these children are eligible for meal benefits regardless of your household income.

If your income(s) is over the income guidelines listed below, you are not required to complete this application; however, it would be helpful if you would write your child's name on the application and return it to our center. Please notify us, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the income eligibility standards.

**Income Eligibility Guidelines**  
Effective from July 1, 2021 to June 30, 2022

**Reduced-Price Meals**  
185% Federal Poverty Guideline

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,828	1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
For each additional family member, add	8,399	700	350	324	162

The information you provide on the application will be used to determine your child's eligibility for meal benefits. The information will be kept confidential and only available to staff directly connected with administering the CACFP.

By signing the section on the application for the Illinois All Kids Health Insurance, you are stating you do not want your information shared with the Illinois Department of Healthcare and Family Services. If you agree to disclose the application information, it may be used to identify your child(ren) for the health insurance program. If you would like more information on All Kids, call toll-free (866) 255-5437 or (877) 204-1012 (TTY).

If you have any questions or need help, please contact our center.

The USDA Household Income Eligibility Guidelines are listed for families who do not receive TANF or SNAP benefits. If a household's income falls within or below the listed guidelines, they should contact their child care center or day care home provider for the benefits of the program. They may be required to complete an application and provide income, TANF, or SNAP information.

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](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. (10/15)

**ILLINOIS STATE BOARD OF EDUCATION**

**Annual Enrollment Form**

**Child and Adult Care Food Program**

This form is required for Child Care Centers, Pre-K, Head Start, Even Start, and Licensed Outside School Hours Programs.

This form is NOT required for At-Risk After-School, License-exempt Outside School Hours, or Emergency Shelters.

**Parents/Centers:** This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents or guardians to complete or review a CACFP Annual Enrollment Form when enrolling their child(ren) and every year thereafter. This information will help ensure all children receive appropriate meals during their care. The parent or center may complete Sections 1 through 4. The parent must review to ensure accuracy; then complete Section 5, sign and date Section 6. Section 5: this section is optional. CACFP sponsors must ensure households are made aware that failure to provide racial or ethnic identity information will not impact their eligibility. However USDA strongly encourages CACFP sponsors to explain the importance of this data to parents/guardians to complete this section. The center will review completed enrollment form.

(Include Birth Date/Age) FULL NAME OF ENROLLED CHILD \_\_\_\_\_  
 IN ATTENDANCE DAYS OF WEEK \_\_\_\_\_  
 TIMES CHILD NORMALLY ATTENDS DURING WEEK \_\_\_\_\_  
 MEALS RECEIVED \_\_\_\_\_

<b>First Child</b>		<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> O.A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack	
Name		TIME IN		TIME OUT		TIMES CHILD ATTENDS				
-B,-l-r-t,...h,-D-a-t-e-----	1	AM	PM	TIME	AM	PM	TIME	H_o_o_l	Leaves Center	Returns To Center
A-g-e-----	1	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours								

<b>Second Child</b>	<input type="checkbox"/> Same Days as Above	<input type="checkbox"/> Same Times as Child Above	<input type="checkbox"/> Same Meals as Above							
Name	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> O.A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack		
-B-l-r-t_h_d_a-t-e-----	1	AM	PM	TIME	AM	PM	TIME	H_o_o_l	Leaves Center	Returns To Center
A-g-e-----	1	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours								

<b>Third Child</b>	<input type="checkbox"/> Same Days as Above	<input type="checkbox"/> Same Times as Child Above	<input type="checkbox"/> Same Meals as Above							
Name	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	<input type="checkbox"/> Early Morning Snack <input type="checkbox"/> Breakfast <input type="checkbox"/> O.A.M. Snack <input type="checkbox"/> Lunch <input type="checkbox"/> P.M. Snack <input type="checkbox"/> Supper <input type="checkbox"/> Evening Snack		
-B,-l-r-t,...h,..D-a-t-e-----	1	AM	PM	TIME	AM	PM	TIME	H-o-o-l	Leaves Center	Returns To Center
A-g-e-----	1	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours								

**Please answer both questions. This information is voluntary.**

**ETHNIC/RACIAL CATEGORIES-**

A. Ethnic data of child(ren)- Mark only one.  Hispanic or Latino  Not Hispanic or Latino

B. Racial data of child(ren)- Mark one or more that apply.  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White  American Indian or Alaska Native

**SIGNATURE**  
 I certify the information above is correct. \_\_\_\_\_  
*Signature of Parent or Guardian* \_\_\_\_\_ *Date* \_\_\_\_\_ *Telephone Number of Parent or Guardian* \_\_\_\_\_

**CHILD CARE REPRESENTATIVE USE ONLY**

Effective Date of this enrollment form: \_\_\_\_\_

The effective date may be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month in which this form is received.

The U.S Department of Agriculture 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 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](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](mailto: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 (Spanish). USDA is an equal opportunity provider and employer

**HOUSEHOLD ELIGIBILITY APPLICATION FOR CHILD CARE CENTERS  
CHILD AND ADULT CARE FOOD PROGRAM**

All Household Members		FOSTER CHILD		SNAP OR TANF CASE NUMBER Skip to Part 6 if you list a SNAP or TANF case number. At least one SNAP/TANF must be provided below.
NAMES OF ALL HOUSEHOLD MEMBERS First, Middle Initial, Last	Ages of Children at Center	Foster children are a legal responsibility of DCFS or court. If all are foster children, skip to Section 6		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		
		<input type="checkbox"/>		

**Homeless, Migrant, or Runaway**

Homeless    Migrant    Runaway    Head Start

Signature of Homeless Liaison, Migrant Coordinator, or Head Start Director \_\_\_\_\_ Date \_\_\_\_\_

**Total Household Gross Income (before deductions) You must tell us how much and how often.**

NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT WAS RECEIVED (Example: \$100/month; \$100 /twice a month; \$100/every other week; \$100/week)							
	Earnings From Work (Before Deductions)		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp./ Unemployment, SSI, etc. (All other income)	
	Amount	How often?	Amount	How often?	Amount	How often?	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

**Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Section 5 is completed or if zero income is listed, 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.

**X X X \_ X X \_**  
Social Security Number

**DI** do not have a Social Security Number.

*I certify all information on this application is true and all income is reported. I understand the center will get federal funds based on the information I give. I understand the institution, Illinois State Board of Education, or Office of Inspector General, may verify this information on the application. Deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.*

\_\_\_\_\_  
Date    Printed Name of Adult Household Member    Signature of Adult Household Member

**Contact Information (Optional)**

Work Telephone Number (Include Area Code)      Home Telephone Number (Include Area Code)      Home Address (Number, Street, City, State, ZIP Code)

**Children's Racial and Ethnic Identities (Optional)**

Mark one ethnic identity:    Mark one or more racial identities:

Hispanic/Latino     Asian     Black or African American     Native Hawaiian or other Pacific Islander

Not Hispanic/Latino     White     American Indian or Alaska Native

**Optional - Sharing Information With All Kids Insurance Program**

May we share your information on this application with the All Kids Insurance Program, the complete health insurance program for every child in Illinois? If **yes**, do not sign below.

No, I do not want my information from this application shared with the All Kids Insurance Program.

Date: \_\_\_\_\_ Sign here: \_\_\_\_\_

CHILD CARE REPRESENTATIVE USE ONLY			
Eligibility Determination - Complete Sections A and B Below			
<b>SECTION A</b>	Annual Income Conversion Weekly X 52    Every 2 Weeks X 26    Twice a Month X 24    Once a Month X 12	Convert income only if different frequencies of pay are reported.	
<b>TOTAL INCOMES</b>	Per; <input type="checkbox"/> Week <input type="checkbox"/> Every 2 Weeks <input type="checkbox"/> Twice a Month <input type="checkbox"/> Month <input type="checkbox"/> Year	<b>NUMBER IN HOUSEHOLD:</b>	
<input type="checkbox"/> <b>Free based on:</b>	<input type="checkbox"/> <b>Reduced based on:</b>	<input type="checkbox"/> <b>Denied - Reason:</b>	
<input type="checkbox"/> foster child	<input type="checkbox"/> household's Income	<input type="checkbox"/> Income too high	
<input type="checkbox"/> SNAP or TANF		<input type="checkbox"/> Incomplete application	
<input type="checkbox"/> homeless		<input type="checkbox"/> Non-qualifying SNAP/TANF	
<input type="checkbox"/> migrant			
<input type="checkbox"/> runaway			
<input type="checkbox"/> household's Income			
<input type="checkbox"/> Head Start			
<b>SECTION B</b>	Signature of Determining Official: _____ Date: _____		

## INSTRUCTIONS FOR APPLYING- COMPLETE ONE APPLICATION PER HOUSEHOLD

Follow These Instructions and Return the Completed form to your Center. Once approved for meal benefits, a child's Household Eligibility Application is effective for 12 months.

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### FOSTER CHILD(REN)

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A foster child remains the legal responsibility of the state through a foster care agency or the court. If you submit documentation from the state or local agency that the child is in foster care, that documentation replaces completing a Household Eligibility Application.

- 1) If all children in your household (who attend this center) are foster children that are the legal responsibility of a foster care agency or court, provide the following:
  - Part 1 - List the name(s) and age(s) of your foster child(ren) attending this center.
  - Part 2 - Check the box(es) indicating a foster child(ren).
  - Part 3 - 5 Skip
  - Part 6 - Provide a signature of an adult household member and date the application.
  - Parts 7-9 - (OPTIONAL)
  
- 2) If you have some foster children that are the legal responsibility of a foster care agency or court along with other children attending this center, please provide the following:
  - Part 1 - List ALL household members, including the foster child(ren), and the age(s) of the child(ren) attending the center.
  - Part 2 - Check the box(es) identifying the foster child(ren).
  - Part 3 - Record a valid SNAP/TANF case number if applicable
  - Part 4-Skip
  - Complete Parts 5 and 6 if applicable. See the instructions for **INCOME-HOUSEHOLDS REPORTING** section.
  - Parts 7-9 - (OPTIONAL)

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### SNAP OR TANF BENEFITS - HOUSEHOLDS RECEIVING

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If any member (child or adult) of your household receives SNAP or TANF benefits, provide the following:

- Part 1 - List ALL people in your household (including grandparents, other relatives, or friends who live with you) and the age(s) of the child(ren) attending the center.
- Part 2-Skip
- Part 3 - Record a valid SNAP or TANF case number for any member (child or adult) of this household. You will find your SNAP or TANF case number on your letter of eligibility for benefits.
- Part 4 - 5 Skip
- Part 6 - Provide a signature of an adult household member and date the application.
- Parts 7-9 - (OPTIONAL)

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### HOMELESS, MIGRANT, RUNAWAY, OR HEAD START

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If no one in your household receives SNAP or TANF benefits and if any child is homeless, a migrant, a runaway, or head start, follow these instructions.

- Part 1 - List ALL household members, and the age(s) of the child(ren) attending the center.
- Part 2 - 3 Skip
- Part 4 - If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your local school.
- Part 5 - Complete only if a child in your household isn't eligible under Part 4. See instructions for **INCOME - HOUSEHOLDS REPORTING** section below and complete Parts 5 and 6.
- Part 6 - Provide a signature of an adult household member and date the application.
- Parts 7-9 - (OPTIONAL)

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### INCOME • HOUSEHOLDS REPORTING

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If no one in your household receives SNAP or TANF benefits, please report all household income. The Household Eligibility Application must include the following information:

- Part 1 - List the names of ALL household members and the age(s) of the child(ren) attending the child care center.
- Part 2 - 4 Skip
- Part 5 - List total gross income (before deductions), not take-home pay; and the frequency, how often the money is received, for each household member for last month. If the income last month was not the usual amount you normally receive, you may provide a projected amount that better represents your gross income.
  - o For ONLY the self-employed, list income after expenses. This is for your business, farm, or rental property.
  - o If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.
  - o If you have no income, list zero in the earnings from work column.
- Part 6 - Provide a signature of an adult household member and date the application. Also, provide the last four digits of the Social Security Number for the adult signing the application. If you refuse to provide the last four digits of the social security number, the application cannot be approved. If the adult does not have a Social Security Number, mark the box, I do not have a Social Security Number.
- Parts 7-9 - (OPTIONAL)

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### PRIVACY AND DISCRIMINATION STATEMENT

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The Richard B. Russell National School Lunch Act requires the Information on this application. You do not have to give the Information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program, or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR Identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the Child and Adult Care Food Program. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and Institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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](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](mailto:program.intake@usda), 9.Q.V. This institution is an equal opportunity provider.