



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION / BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE
CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME TRI-COUNTY YMCA OF THE OZARKS	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

IDENTIFYING INFORMATION

MOTHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
E-MAIL ADDRESS	
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
FATHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
E-MAIL ADDRESS	
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER

**EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY
(OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.**

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

COMMENTS ON CHILD'S DEVELOPMENT

(PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)

RELATED CHILD

☐ YES ☒ NO HOW IS CHILD RELATED TO CHILD CARE PROVIDER?
NA

CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND: <input type="checkbox"/> FULL TIME OR <input type="checkbox"/> PART TIME		WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE AM OR PM	WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? CIRCLE AM OR PM	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES.
MONDAY	<input type="checkbox"/>	AM PM	AM PM	
TUESDAY	<input type="checkbox"/>	AM PM	AM PM	
WEDNESDAY	<input type="checkbox"/>	AM PM	AM PM	
THURSDAY	<input type="checkbox"/>	AM PM	AM PM	
FRIDAY	<input type="checkbox"/>	AM PM	AM PM	
SATURDAY	<input type="checkbox"/>	AM PM	AM PM	
SUNDAY	<input type="checkbox"/>	AM PM	AM PM	

CACFP REQUIREMENT

CHILD MEDICAL EXAMINATION REPORT (INFANT/TODDLER/PRE-SCHOOL)

IDENTIFYING INFORMATION

CHILD'S NAME

BIRTHDATE

CURRENT STATE OF HEALTH

Based on my assessment of this child's medical history, current state of health and my physical examination of the child on ____ / ____ / ____ this child can participate in a child care program. This child has no special care needs unless specified below.

(Date of medical examination must be within the last 12 months.)

PHYSICIAN'S INSTRUCTIONS FOR SPECIALIZED CARE

Complete this section only if child requires special care at a child care facility, e.g. special diets, allergies, ear infections, convulsions, diabetes, asthma, behavior problems, hearing or visual impairment, etc. (Attach additional pages as needed.)

SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN

DATE

PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)

NAME AND ADDRESS OF CLINIC, GROUP, PRACTICE OR OTHER
(MAY USE STAMP.)

IF NURSE IS SUPERVISED BY A PHYSICIAN, INDICATE PHYSICIAN'S NAME
(PLEASE PRINT.)

TELEPHONE NUMBER

Tri-County YMCA of the Ozarks
SCHOOL AGE CHILD CARE

FEE AGREEMENT

I hereby agree to accept full responsibility for all fees required for my child/children attending the AFTERSCHOOL CHILD CARE program regardless of missed days or holidays. I understand the YMCA requires me to submit payment directly to the site director no later than the Friday before my child's following week of care. I understand the Tri-County YMCA's Child Care program runs no later than 6PM and that a late pick-up fee of \$3.00 is charged for every 5 minutes after 6 PM that a child is picked-up, REGARDLESS OF WHY. In the event that I default on my payments, I understand my child may be dis-enrolled from the program and that I will be responsible for any cost of collection. I understand the YMCA DOES NOT ISSUE TAX STATEMENTS, so all parents must keep track of such information if it is needed.

I REQUEST THE FOLLOWING SPECIAL PAYMENT ARRANGEMENTS: _____

Attendance/Withdrawal Policy

I understand I must inform the Site Director if my child will not be attending on days registered. This notification must be given at least 24 hours in advance. I understand I must inform the Site Director of any changes in registration. I understand **that 2 weeks notice is required to terminate** enrollment and for any unpaid balance to be cleared. I understand there are no refunds for nonrefundable deposits or registration payments or for absences due to sickness, mishaps, or holidays. Children will be enrolled in our program 24 hours after receipt of registration payment and completed registration forms. I **further understand the YMCA reserves the right to dis-enroll any child who poses a constant disciplinary problem or who is otherwise disruptive to the program.**

I AGREE TO ACCEPT THE CONDITIONS SPELLED OUT IN THE FEE AGREEMENT AND THE ATTENDANCE/WITHDRAWAL POLICY AND I HAVE RECEIVED, READ AND UNDERSTAND THE CHILD CARE PARENT HANDBOOK. I AGREE TO ABIDE BY THE POLICIES SET FORTH HEREIN.

Parent or Guardian Signature _____

Date _____



TRI-COUNTY YMCA OF THE OZARKS
950 AIRPORT ROAD
OSAGE BEACH, MO 65065
573.348.9230

PHOTO RELEASE

I hereby consent and agree that moving or still pictures may be taken of me by the Tri-County YMCA staff (and whomever they may designate) to be used and displayed at their discretion for marketing/public relations purposes.

Child's Name: _____ (please print)

Parent or Guardian, _____ (please print)

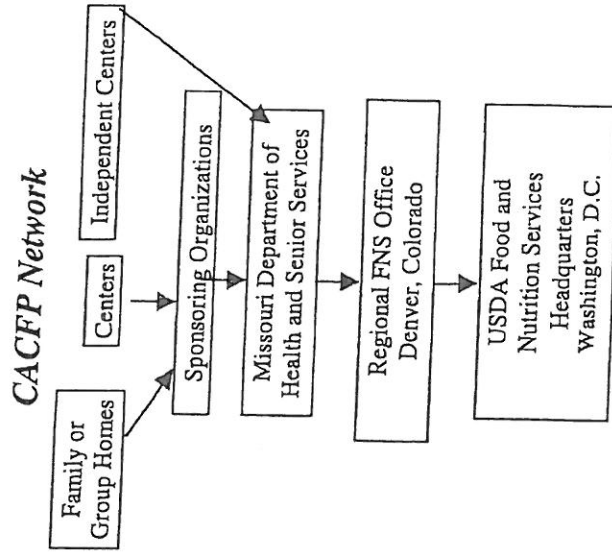
Signature: _____ Date: _____

How does CACFP work?

CACFP reimburses participating centers and child care homes for serving nutritious meals. CACFP is administered at the federal level by the Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture.

The Missouri Department of Health and Senior Services (MDHSS) administers the CACFP. MDHSS approves sponsoring organizations and independent centers to operate the program on the local level. MDHSS also monitors the program and provides guidance and assistance to assure that sponsors and centers are meeting requirements.

Sponsoring organizations play a critical role in supporting home child care providers and centers, through training, technical assistance, and monitoring. All family or group child care homes must participate through a sponsoring organization. Several types of organizations can be approved to serve as sponsors, e.g., community action groups, nonprofit organizations and churches.



If you are interested in the CACFP, or have questions about the Program, call 1-800-733-6251 or access our website at: www.dhss.mo.gov/cacfp

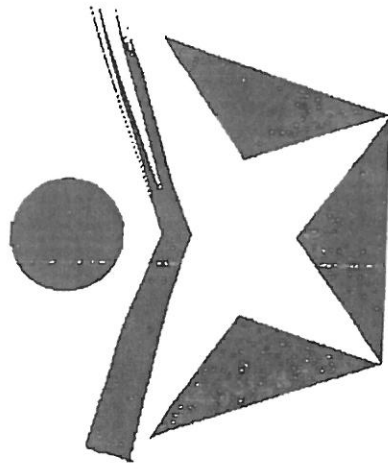
In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Alternate forms of this publication for persons with disabilities may be obtained by contacting the Missouri Department of Health and Senior Services (800) 733-6251 (voice). TDD users can access the preceding number by calling (800) 735-2966. EEO/AAP services are provided on a non-discriminatory basis.

8/08

The Missouri Child and Adult Care Food Program (CACFP)



Building for the Future

Missouri Department of Health
and Senior Services
Bureau of Community Food and
Nutrition Assistance
September 2008

**Child and Adult Care Food Program
Parent Letter – Non-Pricing Child Care Centers
July 1, 2016 through June 30, 2017**

Dear Parent or Legal Guardian:

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

Family Size	Yearly Income	Family Size	Yearly Income
1	\$21,978	5	\$52,614
2	\$29,637	6	\$60,273
3	\$37,296	7	\$67,951
4	\$44,955	8	\$75,647
		For each additional Family Member, add	+ \$7,696

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

Sincerely,

Center owner/director

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, 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:

Child and Adult Care Food Program
Income Eligibility Guidance for Child Care Centers

Parent/Guardian Instructions for Completing the Income Eligibility Form (IEF)

PART 1: CHILDREN ENROLLED AT THE CHILD CARE CENTER

- List all children that you are applying to enroll in the child care.
- List each child's birth date.
- If you are applying for a foster child, the foster child is eligible for free meals regardless of household income, and you do not need to complete the IEF. Talk to the child care center director regarding documentation of a foster child's eligibility.
- If your child receives Temporary Assistance (formerly AFDC, now funded by TANF) payments or Supplemental Nutrition Assistance Program (SNAP, formerly Food Stamps), please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete part 2.
- If you have a SNAP or Temporary Assistance case number for at least one of your children enrolled at the center the eligibility extends to all of your children enrolled at the center. You do not need to complete Part 2.
- If you do not participate in SNAP or TANF you must complete all sections of the form including Part 1, 2, 3, 4.

PART 2: HOUSEHOLD AND INCOME INFORMATION – Not completed if case number for SNAP or TANF is provided in Part 1.

- List all members of the household not included in Part 1. A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses).
- Report the monthly income by source for each household member.
- The income reported on the application must include all income before taxes and before other deductions.
- Income Exclusions not to be reported or counted include:
 1. Payments received for the care of foster children.
 2. Student financial assistance provided for the costs of attendance at an educational institution, such as grants and scholarships.
 3. Loans, such as bank or student loans, since these funds are only temporarily available and must be repaid.

PART 3: RACIAL ETHNIC INFORMATION--Completion is Voluntary

PART 4: SIGNATURE

- The adult household member completing the application must sign and date the application.
- If the child(ren) is not a Temporary Assistance or SNAP recipient, the adult signing the application must provide the last four digits of his/her social security number.
- If you do not have a social security number, write "none" in the space provided.

Child and Adult Care Food Program
Income Eligibility Guidance for Child Care Centers

**Instructions for Reviewing the Income Eligibility Form (IEF) and Determining Eligibility
for Free and Reduced Price Meals for Child Care Centers**

1. Each parent/guardian shall be given the parent/guardian letter and an IEF on a yearly basis. If the parent does not return the completed form, the child shall be classified as paid.
2. The IEF shall be reviewed by the authorized center personnel to determine if all parts (1-4) of the application have been completed. The application is not valid if not fully completed by the parent or guardian.
3. Ensure that the first and last name and the birth date of the child(ren) enrolled at the center is listed on the IEF. Check in the appropriate box if the child is a foster child.
4. A foster child is the ward of a court or State child welfare agency placed in residence in a private household. As such, a foster child is automatically eligible for free meal benefits if the child care center obtains documentation verifying that the child's placement in the household is the responsibility of the State or court. The eligibility of foster children applies only to children formally placed by a State child welfare agency or court. It does not apply to informal arrangements that may exist outside of State or court based systems.
5. Households with foster and non-foster children may choose to include the foster child as a household member, as well as any personal income* earned by the foster child, on the same household application that includes their non-foster children. This may help the foster family's non-foster children qualify for free or reduced price meals based on household size and income. The Bureau of Community Food and Nutrition Assistance will certify the foster child for free meals (with appropriate supporting documentation as described above) and will then make an eligibility determination for the remainder of the household based on the household's income. As before, foster payments received by the family from the State child welfare agency is not considered income and does not need to be reported on the IEF.

*Income for the foster child would include:

- a. Funds received from a welfare agency which can be identified for the personal use of the child. When funds provided by the welfare agency are specified by category, i.e., only those funds that can be identified as personal use funds shall be considered as income. When such funds cannot be identified, no portion of the funds provided by the welfare agency shall be considered as income.
- b. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time jobs.
- c. A child who is not legally designated as a foster child by virtue of not being an official ward of the court and/or welfare agency, does not qualify as a "foster child" for the purposes of the CACFP (i.e. adopted foster child). Such children are considered part of the entire family economic unit for purposes of determining eligibility in the CACFP.

Child and Adult Care Food Program
Income Eligibility Guidance for Child Care Centers

11. The center personnel shall determine the child's claiming category by completing the bottom section of the IEF marked "For Center Use Only". **The IEF is effective from the first day of the month that the form was signed and dated.**
12. Section "For Center Use Only", the center director enters the total household size and total monthly income. Indicate if the eligibility status is based on the household income or Temporary Assistance (formerly AFDC, now funded by TANF) or SNAP (formerly Food Stamp) participation. Check to make sure an 8 digit case number is provided if the child is a SNAP (formerly Food Stamp) or Temporary Assistance recipient. If the child is receiving SNAP (formerly Food Stamp) or Temporary Assistance benefits, the child is automatically eligible for free benefits.
13. Determine claiming status based on the income eligibility guidelines chart on page 13 of this booklet.
14. The child must be claimed in the paid category if:
 - The information given by the parent or guardian is incomplete;
 - The income does not meet income eligibility criteria;
 - The parent or guardian, does not sign and date the form;
 - The last four digits social security number of the person signing the form is missing and the children were not Temporary Assistance or SNAP (formerly Food Stamp) recipients;
 - The IEF has not been signed by authorized center personnel on or prior to the date the child is claimed as free or reduced (if the center determines eligibility based on the date the center official signs and not on the parent signature) ; or
 - The Temporary Assistance or SNAP (Formerly Food Stamp) number is not a valid 8-digit number.
 - The parent chooses not to disclose their income or complete the IEF.
13. The IEF is effective for a one year period from the first day of the month that the form is signed, to the last day of the month the form is signed the following year.



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

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number for all of the children listed in Part 1.

NAME (first and last)	FOSTER CHILD	BIRTH DATE	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

PART 2 HOUSEHOLD AND INCOME INFORMATION

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)	YEARLY <input type="checkbox"/>	MONTHLY <input type="checkbox"/>	2 X A MONTH <input type="checkbox"/>	EVERY 2 WEEKS <input type="checkbox"/>	WEEKLY <input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

PART 3 RACIAL ETHNIC INFORMATION (You are not required to answer this section)

Are you of Hispanic or Latino origin? ☐ YES ☐ NO

What is your race? (Select one or more)

AMERICAN INDIAN OR ALASKA NATIVE <input type="checkbox"/>	ASIAN <input type="checkbox"/>	BLACK OR AFRICAN AMERICAN <input type="checkbox"/>	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER <input type="checkbox"/>	WHITE <input type="checkbox"/>
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PART 4 SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER

SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY)

DATE

PRINTED NAME OF ADULT

ADDRESS

PHONE NUMBER

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR CENTER USE ONLY

TOTAL HOUSEHOLD SIZE

INCOME:

INCOME BASED ON (CHECK ONE)

YEAR
☐

MONTH
☐

2 X A MONTH
☐

EVERY 2 WEEKS
☐

WEEKLY
☐

SNAP (Food Stamp)
☐

TEMPORARY ASSISTANCE
☐

Eligibility Determination: ☐ Free ☐ Reduced ☐ Paid

SIGNATURE OF CENTER REPRESENTATIVE

DATE