

Family – Church – Community

ST. PIUS X DAYCARE CENTER ENROLLMENT FORM

Date: _____.

Child's Information

Child's Full Name _____ Birthdate ____ / ____ / ____.

Preferred Name _____.

Child's Street Address _____.

City _____ State _____ Zip Code _____.

Parent/Guardian Information

Mother or Guardian's Name _____.

Phone Number _____ Work Phone Number _____.

Address (if different from child) _____.

Place of Employment _____.

License Plate Number _____.

Email Address _____.

Father or Guardian's Name _____.

Phone Number _____ Work Phone Number _____.

Address (if different from child) _____.

Place of Employment _____.

License Plate Number _____.

Email Address _____.

Preferred Hospital: Owensboro Health Regional Hospital or _____.

If parents or guardians cannot be reached in case of emergency call

1. Name _____ Relationship _____.

Phone Number _____.

2. Name _____ Relationship _____.

Phone Number _____.

Child's Pick Up/Visit Permission

1. Name _____ Relationship _____.

Phone Number _____.

2. Name _____ Relationship _____.

Phone Number _____.

3. Name _____ Relationship _____.

Phone Number _____.

4. Name _____ Relationship _____.

Phone Number _____.

Signature of Parent/Guardian completing this form _____.

Date: _____.

Called to a deep, personal relationship with God in Jesus Christ, the church community of Saint Pius X, guided by the light of the Holy Spirit, is committed to living and sharing our Catholic faith expressed in love.

Other Information About the Child

Allergies_____

Birth Marks_____

Special Needs_____

Medical History

Name of Physician_____ Phone Number_____

Disease (circle Y or N to indicate whether or not your child has had the following diseases)Whooping Cough Y or N Chicken Pox Y or N Mumps Y or N Measles Y or N .Scarlet Fever Y or N Polio Y or N Typhoid Y or N .

Has child's immunization program been started Y or N . A current immunization record must be on file with the center. I hereby authorize the Daycare Staff to obtain emergency medical care for my child. Child's Name_____

Signature of Parent/Guardian completing this form_____

Date:_____

Integrated Pest Management Initial Notification

Date_____

Special Notice

The St. Pius X Daycare Center has implemented a special program of Integrated Pest Management (I.P.M.) in order to control pests in a way that minimizes economic health and environmental risk via a monitoring and inspection program and the judicious use of pesticides. Those individuals applying pesticides will be properly certified in keeping with applicable legal requirements for I.P.M. program.

If you would like to be notified 24 hours in advance of a planned pesticide application, other than when bait is used, or as soon as possible when an emergency pesticide application is necessary, please mark below. You may also register by calling the Daycare at 270-684-7456

_____ Yes, I would like to be given 24 hour notice of planned pesticide application.

_____ No, I would not like to be given 24 hour notice of planned pesticide application.

Permission to Videotape/Photograph (indicate your preference below)

Child's Name_____

Date_____

_____ Yes, my child has permission to be videotaped/photographed during the day for educational, or public awareness purposes, as well as for special occasions such as participation in classroom activities.

_____ Yes, my child may have pictures uploaded to St. Pius X Daycare Facebook & Classdojo page. This is a private Facebook & Classdojo page for parents and employees.

_____ No, my child does not have permission to have pictures uploaded to St. Pius X Daycare's

Sunscreen/Diaper Cream

I allow St. Pius X Daycare staff to apply sunscreen and diaper cream to my child as needed. I understand that I must supply the sunscreen and diaper cream. I understand that it must be labeled with my child's first and last name and must be up-to-date.

Child's Name_____

Signature of Parent/Guardian completing this form_____

Date:_____

St. Pius Tenth Daycare

Direct Debit Authorization

The undersigned hereby authorizes **St. Pius Tenth Daycare** (hereafter "Company") to initiate electronic debit entries (withdrawals) from my account identified below at the financial institution identified below for the payment of my [x] weekly **Childcare Services Fee**. If the debit entry amount is to be the same each week, that amount is hereby designated as \$_____. If the undersigned has a past due balance on account, an **additional \$25/week** will be withheld until paid in full. The debit entries are to be debited to my account on **Monday of each week**. There will be a **\$25 NSF fee** charged on all debit transactions returned due to insufficient funds (2 occurrences may result in termination). The undersigned acknowledges and agrees that the financial institution named below has no duty or obligation to verify that a debit entry (withdrawal) from the subject account by Company is proper.

Name on Account

Financial Institution Name

Type of Account [] Checking [] Savings

Routing Number

Account Number

The authority granted above is to remain in full force and effect until Company has received written termination notice from the undersigned, and Company has had a reasonable opportunity to act on it. The financial institution named above shall have the right to rely on the authorization granted herein until it receives notice that such authorization has been terminated and the financial institution has a reasonable opportunity to act on it.

Signature

Date

Print Name

Attach a Voided Check or Bank Printout

Please Remember to Sign all Forms

Please keep a copy of this authorization form for your record

CHILD ENROLLMENT FORM/INCOME APPLICATION

Participant Information: (To be completed by Parent/Guardian)

This household receives SNAP/KTAP Benefits (If yes, input the number here:)

1

1

If a child is a SNAP/K-TAP recipient or a Foster/Head Start participant, the child is automatically eligible to receive free Program meal benefits, subject to the requirements of 7 CFR 226.23.

If your participant receives assistance from the items below, they are automatically eligible for free meals. (Please complete and skip to section 2.
If child receives Head Start services, please proceed to complete Section 2. Household Income is not required.

Participant's Last Name	Participant's First Name <i>*If under 12 months, please complete Infant Addendum</i>	Date of Birth	OPTIONAL	OPTIONAL	Meals Normally Eaten (Circle all that apply) B=Breakfast AM=AM Snack L=Lunch PM=PM Snack S=Supper LN=Late Snack	Head Start	Foster
			Ethnicity (Circle One for each participant) H=Hispanic NH=Non Hispanic	Race (List the race/races that apply for each participant) <i>Examples include:</i> Black or African American; White; Native Hawaiian or other Pacific Islander; American Indian or Alaskan Native, Asian; Unknown or Undeclared.			
			H NH		B AM L PM S LN	<input type="checkbox"/>	<input type="checkbox"/>
			H NH		B AM L PM S LN	<input type="checkbox"/>	<input type="checkbox"/>
			H NH		B AM L PM S LN	<input type="checkbox"/>	<input type="checkbox"/>
			H NH		B AM L PM S LN	<input type="checkbox"/>	<input type="checkbox"/>
			H NH		B AM L PM S LN	<input type="checkbox"/>	<input type="checkbox"/>
			H NH		B AM L PM S LN	<input type="checkbox"/>	<input type="checkbox"/>

*Parent/Guardian works multiple shifts and participants may be in care different days/hours ☐ Yes ☐ No

1. Income Application Household Members and Monthly Income:

NAMES OF HOUSEHOLD MEMBERS Including Children Not Listed Above Last, First	GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Child Support, Alimony	MONTHLY Income From Pensions, Retirement, Social Security, Unemployment Compensation	Any Other MONTHLY Income Including Money Received from Kinship/Foster Child
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$

2. Signature and Social Security Number:

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

X

Signature of Adult Household Member

Home/Cell Phone Number

X

☐ No Social Security Number

X

Last four digits Social Security Number*

Date

FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.

Application approved for:

☐ Free Meals

☐ SNAP/KTAP

☐ Reduced Meals

☐ Foster

☐ Paid Meals

☐ Headstart

Signature of Determining Official

☐ Income Household

Total Household Monthly Income
Household Size

Date

*7 CFR 226.15 (e)(2)

(Revised June 2022)

"The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are 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 (FDPPIR) case number for the participant or other (FDPPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program."

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 the [USDA Program Discrimination Complaint Online Form](#) (AD-3027) found online at [How to file a Complaint](#), 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: 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: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov.

Family – Church – Community

ST. PIUS X DAYCARE CENTER

MASS PERMISSION FORM (Pre. A & Camp)

This form gives permission for your child to attend St. Pius X Church Mass the second Friday of every month from 8:00 am-9:00 am. Please fill out this form if you would like for your child to participate in monthly Mass, thanks!

PARENT/GUARDIAN INITIAL: _____.

FIELD TRIP (Pre. A & Camp)

This form gives permission for your child to participate in our walking field trip to the church grass yard, ball field, or youth room 9:00 am & 11:00 am, weather permitting. Under the supervision & direction of St. Pius X Daycare Staff.

PARENT/GUARDIAN INITIAL: _____.

VIDEOTAPE/PHOTOGRAPH

This form gives permission for your child to be videotaped/photographed during the day for educational, or public awareness purposes, as well as for special occasions such as participation in classroom activities.

PARENT/GUARDIAN INITIAL: _____.

SUNSCREEN/DIAPER CREAM

This form gives St. Pius X Daycare permission to apply sunscreen on your child as needed.

Parents/Guardians must provide sunscreen/diaper cream and it must be labeled with your child's name.

PARENT/GUARDIAN INITIAL: _____.

PETROLEUM JELLY

This form gives permission for your child to have petroleum jelly applied to their dry lips as needed by the teacher. The product will be applied with a q-tip so germs will not be spread.

PARENT/GUARDIAN INITIAL: _____.

Child's Name:
Parent/Guardian Contact Information
Father/Guardian Name:
Father/Guardian Phone Number:
Mother/Guardian Name:
Mother/Guardian Phone Number:
Emergency Contact Other Than Parents
Name:
Phone Number:

Parent/Guardian Signature:	Date:
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