

Child Development Center & Preschool Enrollment Information

CHILD'S INFORMATION

Child's Full Name: _____ Nickname: _____

Birth Date: _____ Sex: _____ Start Date: _____ School (if school age): _____

Please list all Allergies: _____

*MUST INCLUDE A COPY OF CHILD'S BIRTH CERTIFICATE FOR FILE (All but school age)

FATHER'S INFORMATION

Name: _____ Primary Email Address: _____

Home address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Cell Carrier: _____

Employer: _____ Dept: _____ Work Phone: _____

MOTHER'S INFORMATION

Name: _____ Primary Email Address: _____

Home address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Cell Carrier: _____

Employer: _____ Dept: _____ Work Phone: _____

Marital status of parents: Married Divorced Single Separated Foster Parent

In cases other than married with who does the child reside: _____

INSURANCE INFORMATION – Must be completed.

Does your child have health insurance? Yes No We do not have health insurance

Company: _____ ID #: _____

Does your child have dental insurance? Yes No We do not have dental insurance

Company: _____ ID #: _____

By checking this box and typing your name in the signature field, you are stating that the information you've provided herein is true and correct to the best of your knowledge.

Signature: _____ Date: _____

Medical/Dental Consent

In the event reasonable attempts to contact the parent/guardian have been unsuccessful, I, _____ (Mother/Father) of _____, do hereby give my permission to the personnel of MercyOne Child Development Center & Preschool, to secure and authorize such emergency medical/dental care and /or treatment at _____ (*hospital of choice) as my child might require while under supervision of the Child Development Center. I agree to pay all costs and fees contingent on any emergency treatment needed for my child as secured and authorized under this consent. This authorization shall remain effective during the entire period that aforesaid minor is enrolled at MercyOne Child Development Center & Preschool.

Physician & Dentist (must be listed)

Physician name	Address	City, State	Phone
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Dentist name	Address	City, State	Phone
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Screening Information: Does your child visit a dentist: Yes No Had a Lead Test: Yes No

If yes please provide the date of the last screening. Dental: _____ Lead: _____
(Regardless of whether or not your child has had a dental screening you must list a dental provider above.)

*If you wish for your child to be treated at a hospital other than MercyOne, we will contact you so that you may make arrangements for transportation. In the event of a situation that we judge to be an emergency, the child will be taken to MercyOne Emergency Department.

Emergency Contact and Authorized Pick Up Persons

Please list persons to contact in the event parents cannot be reached and are authorized to pick up child:

It is the responsibility of the parents to notify the center, in writing, of any changes.

1. Contact/Pick up Is this person over 18 years of age? Yes No
Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Contact/Pick up Is this person over 18 years of age? Yes No
Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

3. Contact/Pick up Is this person over 18 years of age? Yes No
Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

4. Contact/Pick up Is this person over 18 years of age? Yes No
Name: _____ Relationship to child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

If at any time the center does not feel comfortable releasing your child to a pick up person, the parent will be notified to make other arrangements. MercyOne does not assume responsibility for care once the child is released to an authorized pick up person.

Are there any custody orders or restraining orders for persons who may attempt to pick up or have contact with the child while in care at the center? Are there any people that may NOT pick up your child?

Name: _____ Name: _____

By checking this box and typing your name in the signature field, you are stating that the information you've provided herein is true and correct to the best of your knowledge.

Signature: _____ Date: _____

MercyOne Child Development Center & Preschool Permission Slip

Community Participation

As part of our educational program in the preschool classrooms, the children may occasionally be taken on field trips away from MercyOne Child Development Center. These trips may include scenic walks and bus rides to points of interest. These excursions will help broaden the preschooler's experiences and knowledge.

When my child is age appropriate I do do not give permission for my child _____ to go on community events, activities, or field trips.

Media

I do do not give permission for my child _____ to be photographed or video taped by authorized person of MercyOne Child Development Center & Preschool. If photos are used for any purpose other than within the center parents will be contacted for specific permission.

Sunscreen

- I give permission for MercyOne Child Development Center & Preschool staff to apply a sunscreen of SPF 30 or higher to my child (age 6 months or older) as specified below for outdoor activities.
- I do not know of any allergies my child has to sunscreen. Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.
- My child is allergic to some sunscreens. Please use only the following brand sunscreen I have provided _____.
- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body: _____

Parent Handbook

I _____ (parent) understand it is my responsibility to read and abide by all MercyOne Child Development Center policies contained in the Parent Handbook. The handbook can be found at MercyOne.org/dubuque/careers/mercyone-child-development-center-and-preschool. I understand that MercyOne CDC reserves the right to unilaterally change, modify, amend, add, rescind or terminate any or all Child Development Center policies, at any time, with or without notice, as it determines appropriate in its sole discretion. I further acknowledge that failure to comply with policies and procedures of the CDC may result in removal of my children from the MercyOne Medical Center CDC.

As a parent, I understand I have the right to change this at any time and can do so by completing a new permission slip.

- By checking this box and typing your name in the signature field, you are stating that the information you've provided herein is true and correct to the best of your knowledge.

Signature: _____ Date: _____

Secured Access Information Form

MercyOne Child Development Center & Preschool's secured access system requires that each authorized user have an access code in order to be able to enter the Center. In most cases, one code will be assigned to each parent. If your situation is grandma or nanny also frequently picks up the children, then you may ask to have that individual assigned an access code also. Please keep in mind that the system is designed to limit access to the Center, so authorization given to those other than parents should be considered carefully.

Adults who need access to the Child Development Center & Preschool on an infrequent basis, will need to call into the Center on a courtesy phone and be given clearance before being able to enter the Center.

Please complete the following information. PLEASE PRINT!!

Names of children: _____

Mother's name: _____ Last four of social security #: _____

Father's name: _____ Last four of social security #: _____

Please consider carefully others you would like to have authorized access.

Name: _____ Last four of social security #: _____

Relationship to child: _____

Name: _____ Last four of social security #: _____

Relationship to child: _____

Signature: _____ Date: _____

Request for Electronic Communication Agreement

Daily communication through Procure or other electronic program: MercyOne Child Development Center & Preschool (MCDC) can now deliver daily communication regarding each child's daily activities, meals, toileting and so much more. MCDC will be delivering all communication through this form, unless you choose to opt out. MCDC has partnered with Procure to provide an online and app version of daily communication. Procure has a Secure Sockets Layer (SSL) certificate, ensuring all data passed between the Procure server and your browser remains private. However, with any data system there may be risks associated with the technology and it could be hacked and or have a security compromise. MCDC will retain all log in information and passwords in a secure location and the information will not be shared by Management outside the agency. MCDC staff monitors system security notices and updates per information provided. By signing this agreement you are providing consent that you are willing to accept the risk associated with the product that staff use and you will hold MCDC harmless should a breach occur.

Note that sometimes other children in the center may feature in photos, videos or stories of your child. By giving your consent you agree not to share photos or videos of any child, other than your own, outside MCDC without permission.

How to withdraw Consent: You may withdraw your consent to receive communication in electronic form by updating this form at any time. At that point you will no longer receive updates through Procure and will be given a paper version of daily communication.

- I request that daily communications from MCDC be delivered to me through Procure or other electronic program. I understand that this form of communication may have risks associated with it including security, creating a risk of improper disclosure to unauthorized individuals. I am willing to accept this risk, and will not hold MCDC responsible should such incident occur.
- I elect to opt out of daily communication through Procure, by checking this I understand that MCDC will not communicate with me through Procure, unless I sign an agreement in the future.

Names of children: _____

Email: To link your electronic daily communication we will use the emails currently on file. You will receive an email confirming this communication through Procure with directions for signing on. If you wish to use a different email or add an additional email please include them below.

Name: _____ Email Address: _____

Name: _____ Email Address: _____

- By checking this box and typing your name in the signature field, you are stating that the information you've provided herein is true and correct to the best of your knowledge.

Signature: _____ Date: _____

Child and Adult Care Food Program (CACFP)

What is CACFP?

The Child and Adult Care Food Program (CACFP) is a federal program that provides nutritious meals and snacks to eligible children and adults who are enrolled for care at participating child care centers, day care homes, and adult day care centers.

Each day, more than 3.2 million children and 112,000 older adults participate in CACFP. Through CACFP, participants' nutritional needs are met on a daily basis. The program plays a vital role in improving the quality of child care and making it affordable for many low-income families.

In addition to day care, CACFP helps make afterschool programs more appealing to at-risk youth. By offering nutritious and tasty snack in programs serving low-income areas, centers can increase participation and know that youth are getting a healthy snack.

Homeless children and children from temporarily displaced families can also receive up to three meals each day through shelters that operate the program.

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Who is eligible for CACFP meals:

- Children age 12 and under
- Migrant children age 15 and younger
- Functionally impaired adult participants or adults age 60 and older enrolled in an adult day care center
- Youths through age 18 in afterschool programs

What kinds of meals are served?

- CACFP facilities follow meal patterns established by USDA.
- Breakfast consists of a serving of milk; fruits or vegetables, and grains or bread.
- Lunch and dinner require milk, grains or bread, meat or meat alternate, and two servings of fruits or vegetables
- Snacks include two of the four components: milk, fruits/vegetables, grains/bread or meat/meat alternate

CACFP facilities

Many different facilities operate CACFP, all sharing the common goal of bringing nutritious meals and snacks to participants.

- Child Care Centers: Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers serve meals to large numbers of children.
- Family Child Care Homes: Small groups of children receive nonresidential day care in licensed or approved private homes.
- Afterschool Care Programs: Centers in low-income areas provide free snacks to school-aged children and youth.
- Homeless Shelters: Emergency shelters provide residential and food services to homeless children.
- Adult Day Care Centers: Public, private nonprofit, and some for-profit adult day care facilities provide structured, comprehensive services to functionally impaired, nonresident adults.

How does CACFP work?

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

The State education or health department administers CACFP in most States. State agencies approve sponsoring organizations and independent centers to operate the program on the local level. The State 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 day care providers and centers, through training, technical assistance and monitoring. All family or group day care must come into the program under a sponsoring organization. Several types of organizations are approved by the States to serve as sponsors – community action groups, nonprofit organizations and churches.

Contacts

If you are a parent of children receiving child care or a child care facility interested in participating in the CACFP, or have questions about the Program, contact USDA at 703-305-2590 or the Iowa State agency at:

Iowa Department of Education

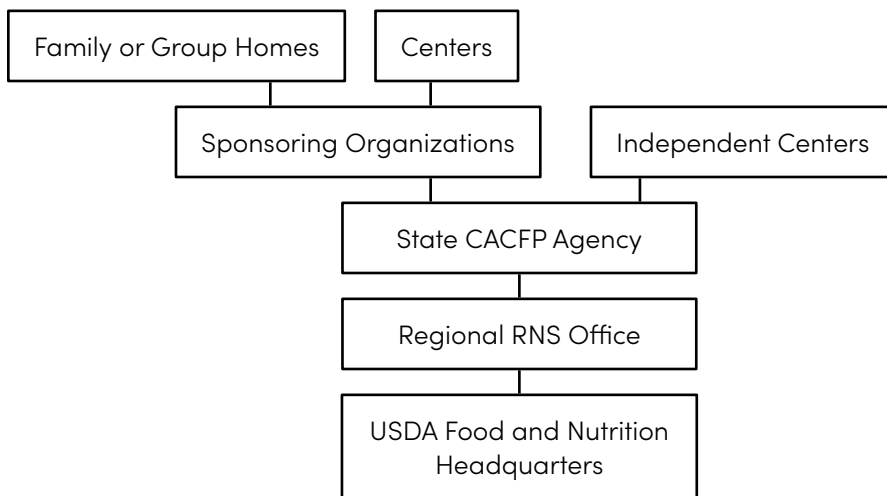
Bureau of Nutrition and Health Services

Grimes State Office Building
Des Moines, Iowa 50319-0146
Phone: 515-281-5356

Iowa Nondiscrimination Statement:

"It is the policy of this CNP provider not to discriminate on the basis of race, creed, color, sex, sexual orientation, gender identity, national origin, disability, age, or religion in its programs, activities, or employment practices as required by the Iowa Code section 216.6, 216.7, and 216.9. If you have questions or grievances related to compliance with this policy by this CNP Provider, please contact the Iowa Civil Rights Commission, Grimes State Office Building, 400 E. 14th St. Des Moines, IA 50319-1004; phone number 515-281-4121, 800-457-4416; website: <https://icrc.iowa.gov/>."

CACFP partners



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 <https://www.usda.gov/oascr/home>. 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 Ave., S.W., Washington, D.C. 20250-9410, by fax (202)690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339; or 800-845-6136 (Spanish).



Your child is enrolled in a center that participates in the Child and Adult Care Food Program (CACFP). By participating in this Program, the center follows federal meal pattern requirements and receives reimbursement to assist with food costs. The CACFP requires parents to provide specific enrollment information on an annual basis. This form will be placed in center files and treated as confidential information. Complete one form for all of your children who are enrolled at the center.

Iowa Child and Adult Care Food Program Child Care Enrollment Form

Last Name, First Name	Birthdate	Times of Care		Regular Days of Care							Meals Served During Care						Ethnicity/Race*	
		Arrival	Departure	M	T	W	Th	F	S	S	B	AM Sn	Lu	PM Sn	D	E Sn	Ethnicity	Race

*Ethnicity (Select one and enter in the chart above): H=Hispanic or Latino or N=Not Hispanic or Latino

*Race (Select one or more and enter in the chart above): W=White, B=Black or African American, I=American Indian or Alaska Native, A=Asian, and P=Native Hawaiian or Other Pacific Islander This information is requested by the Federal Government in order to monitor compliance with Civil Rights law. You are not required to furnish this information, but are encouraged to do so. The law requires that organizations may not discriminate on the basis of this information nor on whether you choose to furnish it.

Infants only (0 to 12 months): I am not enrolling an infant (skip this section)

As a participant in a USDA Child Nutrition Program, our center offers meals to children of all ages; you are not required to provide infant food or formula. Infant feeding is based on Academy of Pediatrics nutrition guidelines. Infant foods served are appropriate for the age and developmental readiness of your infant. Mark (X) to indicate your choice(s) below:

- I will provide breastmilk for my infant. Yes No ***If infant is still hungry and no breastmilk is available, list what to feed*** _____
- I would like to breastfeed on site, if this option is available¹. Yes No If yes, time(s) _____
- I will provide formula for my infant. Name of formula (must be iron-fortified and manufactured in the USA): _____
- I accept the center's formula for my infant. Name of iron-fortified formula: _____
- I will submit a Diet Modification Request Form for non-reimbursable formula. Name of formula: _____
- I accept the center's solid foods (appropriately textured) to be served to my infant as s/he is ready for them, and after I have discussed it with the caregiver.
- I will provide solid foods for my infant². The center may supplement with additional solid foods when my infant needs them: Yes No

Parent Signature _____ Date: _____

¹Ask your center if you can breastfeed on-site.

²The parent may provide no more than one required meal component in order for the center to claim reimbursement for the meal. DHS licensed centers must follow CACFP infant meal pattern requirements regardless of who supplies the food. Your center can provide a copy of the CACFP infant meal pattern and a list of reimbursable foods upon request.

Women, Infants and Children (WIC)

WIC Income Eligibility Guidelines 2023-24

Income Eligibility Guidelines (Effective from July 1, 2023 to June 30, 2024)

Household Size	Federal Poverty Guidelines- 100%					Reduced Price Meals - 185%				
	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
48 Contiguous States, D.C., Guam and Territories										
1	\$14,580	\$1,215	\$608	\$561	\$281	\$26,973	\$2,248	\$1,124	\$1,038	\$519
2	19,720	1,644	822	759	380	36,482	3,041	1,521	1,404	702
3	24,860	2,072	1,036	957	479	45,991	3,833	1,917	1,769	885
4	30,000	2,500	1,250	1,154	577	55,500	4,625	2,313	2,135	1,068
5	35,140	2,929	1,465	1,352	676	65,009	5,418	2,709	2,501	1,251
6	40,280	3,357	1,679	1,550	775	74,518	6,210	3,105	2,867	1,434
7	45,420	3,785	1,893	1,747	874	84,027	7,003	3,502	3,232	1,616
8	50,560	4,214	2,107	1,945	973	93,536	7,795	3,898	3,598	1,799
Each add'l fam mem add	+ \$5,140	+ \$429	+ \$215	+ \$198	+ \$99	+ \$9,509	+ \$793	+ \$397	+ \$366	+ \$183
Alaska										
1	\$18,210	\$1,518	\$759	\$701	\$351	\$33,689	\$2,808	\$1,404	\$1,296	\$648
2	24,640	2,054	1,027	948	474	45,584	3,799	1,900	1,754	877
3	31,070	2,590	1,295	1,195	598	57,480	4,790	2,395	2,211	1,106
4	37,500	3,125	1,563	1,443	722	69,375	5,782	2,891	2,669	1,335
5	43,930	3,661	1,831	1,690	845	81,271	6,773	3,387	3,126	1,563
6	50,360	4,197	2,099	1,937	969	93,166	7,764	3,882	3,584	1,792
7	56,790	4,733	2,367	2,185	1,093	105,062	8,756	4,378	4,041	2,021
8	63,220	5,269	2,635	2,432	1,216	116,957	9,747	4,874	4,499	2,250
Each add'l fam mem add	+ \$6,430	+ \$536	+ \$268	+ \$248	+ \$124	+ \$11,896	+ \$992	+ \$496	+ \$458	+ \$229
Hawaii										
1	\$16,770	\$1,398	\$699	\$645	\$323	\$31,025	\$2,586	\$1,293	\$1,194	\$597
2	22,680	1,890	945	873	437	41,958	3,497	1,749	1,614	807
3	28,590	2,383	1,192	1,100	550	52,892	4,408	2,204	2,035	1,018
4	34,500	2,875	1,438	1,327	664	63,825	5,319	2,660	2,455	1,228
5	40,410	3,368	1,684	1,555	778	74,759	6,230	3,115	2,876	1,438
6	46,320	3,860	1,930	1,782	891	85,692	7,141	3,571	3,296	1,648
7	52,230	4,353	2,177	2,009	1,005	96,626	8,053	4,027	3,717	1,859
8	58,140	4,845	2,423	2,237	1,119	107,559	8,964	4,482	4,137	2,069
Each add'l fam mem add	+ \$5,910	+ \$493	+ \$247	+ \$228	+ \$114	+ \$10,934	+ \$912	+ \$456	+ \$421	+ \$211

Women, Infants and Children (WIC)

WIC Income Eligibility Guidelines 2023-24

Income Eligibility Guidelines (Effective from July 1, 2023 to June 30, 2024) Household Size Larger Than 8

Federal Poverty Guidelines - 100%						Reduced Price Meals - 185%				
Household Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
48 Contiguous States, D.C., Guam and Territories										
9	\$55,700	\$4,642	\$2,321	\$2,143	\$1,072	\$103,045	\$8,588	\$4,294	\$3,964	\$1,982
10	60,840	5,070	2,535	2,340	1,170	112,554	9,380	4,690	4,329	2,165
11	65,980	5,499	2,750	2,538	1,269	122,063	10,172	5,086	4,695	2,348
12	71,120	5,927	2,964	2,736	1,368	131,572	10,965	5,483	5,061	2,531
13	76,260	6,355	3,178	2,934	1,467	141,081	11,757	5,879	5,427	2,714
14	81,400	6,784	3,392	3,131	1,566	150,590	12,550	6,275	5,792	2,896
15	86,540	7,212	3,606	3,329	1,665	160,099	13,342	6,671	6,158	3,079
16	91,680	7,640	3,820	3,527	1,764	169,608	14,134	7,067	6,524	3,262
Each add'l fam mem add	+ \$5,140	+ \$429	+ \$215	+ \$198	+ \$99	+ \$9,509	+ \$793	+ \$397	+ \$366	+ \$183
Alaska										
9	\$69,650	\$5,805	\$2,903	\$2,679	\$1,340	\$128,853	\$10,738	\$5,369	\$4,956	\$2,478
10	76,080	6,340	3,170	2,927	1,464	140,748	11,729	5,865	5,414	2,707
11	82,510	6,876	3,438	3,174	1,587	152,644	12,721	6,361	5,871	2,936
12	88,940	7,412	3,706	3,421	1,711	164,539	13,712	6,856	6,329	3,165
13	95,370	7,948	3,974	3,669	1,835	176,435	14,703	7,352	6,786	3,393
14	101,800	8,484	4,242	3,916	1,958	188,330	15,695	7,848	7,244	3,622
15	108,230	9,020	4,510	4,163	2,082	200,226	16,686	8,343	7,701	3,851
16	114,660	9,555	4,778	4,410	2,205	212,121	17,677	8,839	8,159	4,080
Each add'l fam mem add	+ \$6,430	+ \$536	+ \$268	+ \$248	+ \$124	+ \$11,896	+ \$992	+ \$496	+ \$458	+ \$229
Hawaii										
9	\$64,050	\$5,338	\$2,669	\$2,464	\$1,232	\$118,493	\$9,875	\$4,938	\$4,558	\$2,279
10	69,960	5,830	2,915	2,691	1,346	129,426	10,786	5,393	4,978	2,489
11	75,870	6,323	3,162	2,919	1,460	140,360	11,697	5,849	5,399	2,700
12	81,780	6,815	3,408	3,146	1,573	151,293	12,608	6,304	5,819	2,910
13	87,690	7,308	3,654	3,373	1,687	162,227	13,519	6,760	6,240	3,120
14	93,600	7,800	3,900	3,600	1,800	173,160	14,430	7,215	6,660	3,330
15	99,510	8,293	4,147	3,828	1,914	184,094	15,342	7,671	7,081	3,541
16	105,420	8,785	4,393	4,055	2,028	195,027	16,253	8,127	7,502	3,751
Each add'l fam mem add	+ \$5,910	+ \$493	+ \$247	+ \$228	+ \$114	+ \$10,934	+ \$912	+ \$456	+ \$421	+ \$211