

It Takes a Village  
Academy



IT TAKES A VILLAGE ACADEMY  
SUMMER CAMP REGISTRATION FORM

DATE: \_\_\_\_\_

NAME OF PARENT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

DAYS: M T W TH F (CIRCLE)

APPROXIMATE TIMES: \_\_\_\_\_

REGISTRATION FEE \$25.00/CHILD PAID \_\_\_\_\_

CHECK # \_\_\_\_\_ CASH \_\_\_\_\_ ZELLE \_\_\_\_\_ BRIGHTWHEEL \_\_\_\_\_

PAPERWORK COMPLETE: \_\_\_\_\_

START DATE: \_\_\_\_\_



## **IT TAKES A VILLAGE ACADEMY SCHEDULE**

### **SUMMER CAMP (SAMPLE)**

<b>6:30-8:30</b>	<b>ARRIVAL/QUIET ACTIVITIES</b>
<b>8:30-9:00</b>	<b>BREAKFAST</b>
<b>9:00-10:00</b>	<b>OUTDOORS/GYM</b>
<b>10:00-11:45</b>	<b>ACTIVITY CENTERS</b>
<b>11:45-12:00</b>	<b>PREPARE FOR LUNCH</b>
<b>12:00-12:30</b>	<b>LUNCH</b>
<b>12:30-2:00</b>	<b>REST/QUIET ACTIVITIES</b>
<b>2:00-3:00</b>	<b>OUTDOORS/GYM</b>
<b>3:00-3:30</b>	<b>SNACK</b>
<b>3:30-5:00</b>	<b>ACTIVITY CENTERS</b>
<b>5:00-6:30</b>	<b>GYM/DISMISSAL</b>

**CHANGES ARE MADE BASED ON EACH DAYS FIELDTRIPS**

**WRITTEN INFORMATION PACKET DOCUMENTATION**  
Michigan Department of Licensing and Regulatory Affairs  
Child Care Licensing Bureau

<b>Child(ren)'s Name(s) (Last, First)</b>	<b>Facility's Name and License Number</b>
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A written information packet has been provided at the time of enrollment. The packet included all the following information (*R 400.8146 (1-2)*):

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open, and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, and illnesses.
- Transportation policy, if applicable.
- Medication policy.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook. (CENTER MUST CHECK ONE)
  - The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigation reports, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).
  - The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).
- Other \_\_\_\_\_

I certify that I received all of the above items.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Note: A single CCL-4340 form may be used for all children in the same family.

LARA is an equal opportunity employer/program.



# IT TAKES A VILLAGE ACADEMY Food and Nutrition Policy

Child's Name \_\_\_\_\_

1. It Takes a Village Academy will provide
  - a. Breakfast
  - b. Lunch
  - c. PM Snack

to all children that attend our preschool program

2. The academy will provide Milk as the beverage for Breakfast and Lunch
3. List all known Food Allergies that have been documented by a physician:

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

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff / Director Initials:

\_\_\_\_\_



## IT TAKES A VILLAGE ACADEMY Authorization for Non-Prescription Topical Ointment

I give It Takes a Village Academy permission to apply \_\_\_\_\_  
*(name of ointment)*

to \_\_\_\_\_ for the following purpose:  
*(name of child)*

\_\_\_\_\_

from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (not to exceed 90 days)

All ointment should be provided in the original container, with a valid expiration date, labeled clearly with the child's name and given directly to the child's teacher.

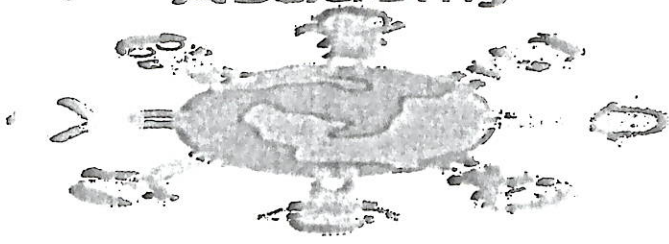
Special Instructions:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature

\_\_\_\_\_  
Date

SACC

It Takes a Village Academy



Child Care Program: It Takes A Village Academy School Program (a.m./p.m. Transportation)

I, \_\_\_\_\_, give permission for my child care provider, or any approved  
(Name of parent)

employee of the above program, to transport my child(ren) \_\_\_\_\_  
(Name(s) of child(ren))

for the following reasons (check all that apply):

- \_\_\_\_\_ a.m. school drop off
- \_\_\_\_\_ p.m. School pick up

It is agreed that:

1. The caregiver will never leave my child(ren) unattended in any motor vehicle or other form of transportation.
2. Each child will board or leave a vehicle from the curb side of the street.
3. My child(ren) will be secured in safety seats or by safety belts as appropriate for the age of the child(ren) in accordance with the law.
4. Any motor vehicle used to transport my child(ren) will have current registration and inspection stickers, and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.
5. The caregiver will notify me in advance of any instance where my child(ren) will be transported while in care.

\_\_\_\_\_  
(Parent or Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Provider/Director)

\_\_\_\_\_  
(Date)



# CHILD INFORMATION FORM

Child's Name \_\_\_\_\_ Nickname \_\_\_\_\_ Age \_\_\_\_\_  
 Birthday \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Scheduled days to attend \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
 Name and age of brother(s) \_\_\_\_\_ Name and age of sister(s) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Has your child been cared for by anyone other than parents? \_\_\_\_\_

Has your child previously attended a day care center? \_\_\_\_\_

Does your child use the restroom independently? \_\_\_\_\_

Does your child need help dressing or undressing? \_\_\_\_\_

Does your child take a nap? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

Does your child dislike any particular foods? \_\_\_\_\_

Does your child require any special medical care? \_\_\_\_\_ Explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have a history of:

Physical impairment? \_\_\_\_\_ Visual impairment? \_\_\_\_\_

Speech problems? \_\_\_\_\_ Hearing Impairment? \_\_\_\_\_

Explain: \_\_\_\_\_

Current prescribed medication: \_\_\_\_\_

Doctor: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### Play Experiences

Favorite games: \_\_\_\_\_ Favorite toys: \_\_\_\_\_

Outdoors: \_\_\_\_\_ With other children: \_\_\_\_\_

Books: \_\_\_\_\_ Favorite TV show: \_\_\_\_\_

\_\_\_\_\_

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



**IT TAKES A VILLAGE ACADEMY**  
**Food and Nutrition Policy**



Child's Name: \_\_\_\_\_

1. As a participant in the State of Michigan Child and Adult Care Food program, upon return of a completed Department of Education Household Income Statement, *It Takes a Village Academy* will provide
  - a. Breakfast
  - b. Lunch
  - c. Afternoon Snackto all children who attend our program.
  
2. Following State Licensing requirements, the academy will provide Milk as the beverage for Breakfast and Lunch
  - a. Unflavored Whole Milk for children age 1-2
  - b. Unflavored low-fat (1%) or fat-free (skim) milk for children age 2-12
  - c. Children with a milk allergy (see below) may request the center provide an unflavored Soy or Lactose-Free milk substitute (Milk Substitution Request available in the office)
    - In the case of a Milk Substitution Request due to reasons other than allergy, the parent may provide an unflavored Soy or Lactose-Free substitute. The following non-dairy beverages do not meet USDA nutritional standards and should not be served: almond, cashew, coconut, hemp, oat or rice
  
3. Children with a confirmed allergy require a Request for Special Meals and/or Accommodations form, available in the office. Your licensed medical professional will document the allergy
  - a. List the specific food item(s) to be omitted and any suggested USDA-approved substitutions
  - b. Describe how exposure to the food affects the child
  - c. Provide an Emergency Care Plan in case of accidental exposure to the food, including any special equipment the family must provide, such as an epi pen
  
4. Special meal accommodations due to religious, cultural or personal preference may be made as long as the substitution fully meets USDA meal pattern requirements
  - a. *It Takes a Village Academy* provides dietary substitutions after a case-by-case review
  
5. *It Takes a Village Academy* does permit children to bring in a special occasion "treat" for their classroom. Due to health concerns and possible classroom allergies, at this time such treats are limited to commercially packaged items with all ingredients visible on the label

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Food Service Coordinator Initials: \_\_\_\_\_

It Takes a Village  
Academy



## School-Age Parent Health Statement

I attest to the fact that my child, \_\_\_\_\_ is in good Physical health, that their immunizations are up to date, and there are no changes in his/her physical condition since receiving a physical on \_\_\_\_\_(date).

He/She is physically able to participate in the activities involved in the School-Age Program, and is free from any illness or communicable disease at this time.

His/Her specific limitations include:

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Should any of the above conditions change, I would promptly notify the Director and staff.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date





**PARENT AGREEMENT WITH IT TAKES A VILLAGE ACADEMY**

The name of my child is \_\_\_\_\_ . I am the parent or legal guardian of this child. I have received and read the Parent's Handbook issued by It Takes A Village Academy. I am enrolling my child under the rules and regulations specified there.

I understand the policy of It Takes A village Academy regarding tuition, attendance, health, clothing, scheduled school holiday and other holidays.

I agree to pay Tuition of \$\_\_\_\_\_ per week (please see itemized accounting below). I understand this payment is due on Tuesday of each week. I also understand that tuition is not lowered in the case of my child's absence, except for scheduled Vacation time as outlined in the Parent Handbook. If my child attends more often than his/her scheduled time, I will pay the higher tuition due. Late payments made after Tuesday will be assessed a \$15 late fee.

I understand that It Takes A Village will notify me two weeks prior to any changes in tuition rates. I agree to pay the new rate on the specified date.

If I decide to withdraw my child from the Academy, I will notify the Academy two weeks in advance and will be financially responsible for payment for those last two weeks.

Signature of Parent Guardian: \_\_\_\_\_

Signature of 2nd Parent or Guardian (optional): \_\_\_\_\_

Starting Date: \_\_\_\_\_

Number of Children: \_\_\_\_\_

Days Contracted: \_\_\_\_\_

Rates per day/Week: \_\_\_\_\_

Transportation per Trip: \_\_\_\_\_



# IT TAKES A VILLAGE ACADEMY

## Family Schedule

Today's Date: \_\_\_\_\_

### FAMILY INFORMATION

Parent / Guardian's Name: \_\_\_\_\_

Child's Name \_\_\_\_\_ Classroom \_\_\_\_\_

Child's Name \_\_\_\_\_ Classroom \_\_\_\_\_

Child's Name \_\_\_\_\_ Classroom \_\_\_\_\_

### SCHEDULE

DAY	FROM	TO	TOTAL HOURS
<i>(Example)</i>	8:00am	6:00pm	10
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Academy Director Signature \_\_\_\_\_ Date \_\_\_\_\_



# IT TAKES A VILLAGE ACADEMY Parent Contractual Agreement

The Parent Handbook Policies have outlined our mutual responsibilities, concerns, expectations and obligations. We have carefully explained the policies to ensure the care, comfort and safety of your child and of every enrolled in our academy. You can expect us to adhere to all State and Local licensing rules regarding safety, health, program operation and adult supervision. We encourage and welcome your comments and suggestions, and extend our sincere thanks for your cooperation in adhering to our academy's policies.

My child, \_\_\_\_\_ will be attending It Takes a Village Academy. I have received the Parent Handbook and agree to comply with the established policies through the course of my child's attendance. I am responsible for all tuition costs, change of schedule fees and late / early fees for my weekly tuition.



## Health, Safety & Photo Permission Slip

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Please check the following that apply:

\_\_\_\_\_ I will provide a crib sheet and blanket for my child(ren) if my child(ren) attends hours greater than nine (9) hours, and they will be taken home for laundering on a weekly basis

\_\_\_\_\_ My child has permission to go on supervised walks

\_\_\_\_\_ I will give permission for my child to be photographed in the classroom. Photographs videos taken may be used online and in pamphlets, brochures, newspaper publications and displays to promote our program

\_\_\_\_\_ I give permission for my child to be photographed in the classroom, but do not want them used for advertisements

\_\_\_\_\_ I do not give permission for my child to be photographed in the classroom

\_\_\_\_\_ Academy staff has my permission to apply insect repellent on my child (summer). I will provide the repellent in a sealed container clearly labeled with my child's name.

\_\_\_\_\_ Academy staff has my permission to apply sunscreen on my child (summer). I will provide the sunscreen in a sealed container clearly labeled with my child's name.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Director Signature \_\_\_\_\_

Date \_\_\_\_\_



## IT TAKES A VILLAGE ACADEMY

### Child Release Notification

**Important notice concerning persons to whom your child may be released.  
Please read carefully and sign it as part of the registration procedure  
for your child.**

When you enroll your child, you fill out a card that asks you to list "Names of Persons Other Than Parent to Whom Child May Be Released". We will not release your child to anyone who is not listed on the card, or who cannot show us identification proving they are the person listed on the card. If for any reason you want someone who is not listed on the card to pick up your child, you must personally notify one of our staff members, giving us the person's name and the date they will pick up your child.

The Child Information Card does not reflect possible schedule conflict between the child's parents. For this reason, we require that you check the appropriate box below. This is to protect your child as well as the school.

\_\_\_\_\_ This child's parents are husband and wife.  
(The academy may release the child to either parent)

\_\_\_\_\_ I, the undersigned, am this child's only legal parent.  
(Divorce does not change legal parentage)

\_\_\_\_\_ This child's legal parents are unmarried, divorced or separated.  
(The academy may release the child to either parent).

\_\_\_\_\_ This child's legal parents are divorced or legally separated. The child should not be released to \_\_\_\_\_ father \_\_\_\_\_ mother.  
(You may check this box only if you have been awarded sole physical custody of the child by a court. You must provide us with a copy of the pertinent section of the court order for us to be able to honor this instruction).

Child's Name: \_\_\_\_\_

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

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



## IT TAKES A VILLAGE ACADEMY Agreement on Your Rights to Privacy

**Client Records:** The academy needs to maintain records concerning your child and your family. These include names, addresses, telephone numbers, email addresses and medical records. In addition, our staff develops its' own set of records on each child, such as developmental assessments as well as notes on classroom behavior, special needs and health concerns.

All of the records are used exclusively by members of the staff. No information is given, unless required by law, to any outside person or agency without the parent's written consent. It is, however, understood that children's names may be posted in the classroom with notations concerning allergies or medical problems to which the staff may need quick reference to ensure the health and safety of the children.

**Photography:** From time to time, various photographs, slides, or videotapes are taken of the children engaged in activities in the classroom, on the playground, or on field trips. These are used within the academy on occasions such as Family Nights, or may be displayed in the classroom for the children's enjoyment. The children are not identified by name in this type of usage. Any parent who has an objection to their child being photographed has the right to make their objection known to the Director.

I have read and understand the policy on the right of privacy.

Child's Name: \_\_\_\_\_

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



## PARENT NOTIFICATION OF THE LICENSING NOTEBOOK REQUIREMENT Child Care Organizations Act, 1973 Public Act 116

All child care center must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the licensed is closed.

- o This center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- o The notebook will be available to parents for review during regular business hours.
- o Licensing inspection and special investigation reports from the past two years are available on the Bureau of Children and Adult Licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare) .

I have read the above statement issued by It Takes a Village Academy.

Parent Name (please print): \_\_\_\_\_

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



**IT TAKES A VILLAGE ACADEMY  
Child Allergy Information**

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

Date of Birth \_\_\_\_\_

Allergen

\*Symptom

\*\*Treatment

Allergen	*Symptom	**Treatment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\*In the case of food allergies, appropriate substitutions will be provided by the parents  
\*\*If treatment requires administering any medication, then all necessary medication authorization paperwork must be completed with a physician's signature prior to treatment date.

Further emergency response procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional information/Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To ensure the safety of your child, It Takes a Village Academy cannot delete an allergy which has previously been documented unless we have a note from the child's physician stating that the child is no longer allergic to that item (and may now have that specific food), nor can we add an item or change a medication with a note from the child's physician.

By signing below, we understand It Takes a Village Academy requires the most up-to-date information regarding the child's allergy. We also understand that for the safety of the child, the child's photograph and allergy information will be posted in the classroom and kitchen on the Allergy Awareness Chart.

\_\_\_\_\_  
Parent Name (Print)

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Name (Print)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

## **CULTURAL COMPETENCY POLICY**

ITAVA believes that being culturally competent is the necessary concept that shows every individual has worth; that we need to be respected, and everyone's dignity is preserved. We believe that by creating respect-based communication, "affirmative action," "equal opportunity," or even "sensitivity training," that we can go beyond ourselves and create a more well-known cultural competency.

### **GOALS:**

To address any cultural, linguistic, or economic barriers to care.

To provide a staff that reflects the composition of the community being served.

To be aware that families might hold different beliefs about the causes and treatment of diseases or discipline.

To realize that culture is critical to each person's understanding of food, nutrition, and physical activity.

To increase the ability of children and families being able to relate to each other as well as others.

To enhance the sense of dignity and self-worth within the child and family.

To know that every individual is rooted in their culture.

Culturally relevant programming requires learning accurate information about various cultures and disregarding stereotypes.

Addressing that cultural relevance in curriculum choices is necessary.

Every individual has the right to maintain their own identity while acquiring skills to function in a culturally diverse society.

Multicultural programming for children enables children to develop an awareness and respect for individual cultural differences.

Culturally relevant programming requires a staff to reflect the community they serve.

Successful programs for children respect and incorporate each child's contemporary culture. Children must not be expected to sacrifice their own cultural identity, but rather to take pride in themselves, their families, and their culture. Cultural identity should not restrict individual growth, development, and/or success; the task of an individual is not to have to "fit into" a culture but to use the cultural context as a vehicle to reach full potential.

## ITAVA SPECIAL NEEDS/INCLUSION PLAN

1. Children with special needs will be accepted into our program under the guidelines of the Americans with Disabilities Act (ADA).
2. All families will be treated with dignity and with respect for their individual needs and/or differences.
3. The staff at ITAVA will be responsible for ensuring that confidentiality about special needs is maintained for all families and staff in the program.
4. Children with special needs will be given the opportunity to participate in the program to the fullest extent possible. To accomplish this, the staff at ITAVA may consult with the Wayne County Intermediate School District, Community Mental Health, and the Department of Human Services as needed, provided parental permission is granted. Inclusion of program staff on IFSP and IEP case conferences is desired to ensure the ITAVA childcare program provides the most supportive environment possible.
6. All staff will receive general training on the benefits of inclusion of children with special needs and training on specific accommodations that any child in their classroom may need.
7. The individual written plan of care for children with special care needs will be followed in all emergency situations.

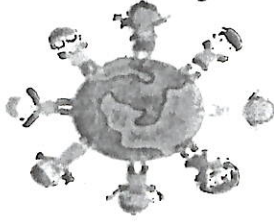
### **Expulsion**

Our staff is committed to working with all children and their parents to improve any behavioral difficulties we may encounter in a positive, nurturing manner. However, if the behavior exhibited poses a health or safety risk for the child, other children, parents or staff, the ITAVA reserves the right to expel any child from programming immediately without following the disciplinary actions listed in the handbook.

At our discretion, we may consider a child for reapplication into ITAVA licensed program on a probationary basis providing that the parent/guardian can show professional counseling or behavior modification techniques have been successfully implemented. There will be no refunds issued (including registration fees) when a child is suspended or expelled from a childcare program.



**It Takes a Village  
Academy**



I have read, understood and agree to all of the policies and procedures outlined in the Parent-handbook.

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**It Takes a Village  
Academy**



## **Tuition Rate Sheet**

### **GSRP Tuition Free Preschool Program (4 year olds)**

Weekly M-TH (Qualifying Families)	8:15-3:45
M-TH Before & After Care	\$80/Week
M-TH Before Care Only	\$40/Week
M-TH After Care Only	\$60/Week
Friday All Day Care	\$50/Day

### **Tuition Based Preschool (4 year olds)**

Weekly M-TH	8:15-3:45	\$150
Friday All Day Care		\$50
M-F (Up To 10 Hours)		\$200/Week

### **School-Age: Before & After School Care (Includes Transportation)**

Before & After Care M-F	\$160/Week
Before Care Only	\$75/Week
After Care Only	\$110/Week
All Day Care	\$50
½ Day Dismissal (Additional)	\$25 (If you attend before school care)
½ Day Dismissal (Additional)	\$18 (If you attend after school care)

### **Summer Camp/Holiday Care**

M-F (When school is not is session)	\$200/Week
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IT TAKES A VILLAGE ACADEMY  
 28482 Cherry Hill Road  
 Garden City, Michigan 48135  
 (734) 744-7951  
[ITAVA919@gmail.com](mailto:ITAVA919@gmail.com)

Welcome to meal program for It Takes a Village Academy. Our school is a proud participant in the State of Michigan's Child and Adult Food Program, or CACFP. What does this mean for your child? Meals and snacks served according to the USDA's nutrition standards for content and portion control! A typical day looks like this:

<u>Breakfast</u> (all of the following)	<u>Lunch</u> (all of the following)	<u>Snack</u> (two of the following)
Milk	Milk	Milk
Vegetable or Fruit	Vegetable	Vegetable
Grain or Meat/Meat Substitute	Fruit or 2 <sup>nd</sup> Vegetable	Fruit
	Meat/Meat Substitute	Meat/Meat Substitute
	Grain	Grain

#### Things to Do

Fill Out the Attachments: Attached are two forms required by the State of Michigan for all children enrolled. Multiple children can be listed on a single form. These forms must be returned before your child is added to our meal program.

- o Participant Enrollment Form (new): this form is **REQUIRED** by the State of Michigan for each child enrolled for Summer 2022 and/or the 2022/2023 School Year.
- o Parent/Guardian Letter: this is an informational letter provided by the Federal Government for all families with children enrolled in a school participating in the CACFP. Please refer to the income chart when completing the next form.
- o Household Income Eligibility Statement: this form is **REQUIRED** if your child attends our school:
  - o If your Household Income exceeds that shown on the Parent/Guardian Letter, simply check the box in the upper right corner, clearly print the name/age/birth date of your enrolled child(ren) in Part 2, then complete the signature section. You're all done!
  - o If you are receiving FAP, FIP or FDPPIR benefits: clearly print the beneficiary's name and DHS case number under Part 1, clearly print the name/age/birth date of your enrolled child(ren) plus any household members receiving FIP/FAP/FDPPIR in Part 2, then complete the signature section.
  - o All others should closely follow the highlighted instructions attached to the Statement.

#### Things to Know

Milk: You will notice that Milk is always served at breakfast and lunch, and may also be offered at snack. Drinking milk is an important habit for young children to develop, because milk is loaded with essential nutrients needed for growth and development of healthy bodies: teeth, bones, muscles and even the brain! In accordance with State regulations, we serve Whole Milk to children ages 1 and 2, and 1% or Fat Free Milk to children ages 3 to 12.

- o For those children with a documented dairy allergy or trouble with lactose, we also offer Soy or Lactose-free milk substitutes *once the appropriate paperwork has been completed*. Due to their lack of federally mandated proteins and vitamins, we do NOT serve other milk substitutes unless required by your pediatrician. If your pediatrician recommends a nut-based milk substitute and there is a nut allergy in your child's classroom, we may have to deny your request.

# Participant Enrollment Form

**Instructions:**

1. List full name of participant(s) enrolled in day care
2. Circle the typical days each participant is in care
3. List scheduled time participant is in care
4. Circle the meals and snacks each participant typically receives while in care
5. Select the ethnicity of each participant under the following codes:
6. Select one or more racial designations of each participant using the following codes:

H = Hispanic or Latino

N = Not Hispanic or Latino\*

A/I = American Indian or Alaskan Native

H/P/I = Native Hawaiian or Pacific Islander

B = Black or African American

W = White

Participant's First and Last Name	Typical Days in Care (circle all that apply)					List Times of Care	Meals / Snacks Received (circle all that apply)	Ethnicity	Race
	Mon	Tue	Wed	Thu	Fri		Breakfast AM-Snack Lunch		
	Mon	Tue	Wed	Thu	Fri		PM Snack Supper Evening-Snack AM-Snack Lunch		
	Mon	Tue	Wed	Thu	Fri		Breakfast PM Snack Supper Evening-Snack Lunch		
	Mon	Tue	Wed	Thu	Fri		Breakfast PM Snack Supper AM-Snack Lunch		

\*This information is voluntary. This will assist us in assuring the Child and Adult Food Care Program is administered in a nondiscriminatory manner.

Adult/Parent/Guardian's Address

Adult/Parent/Guardian's Phone Number

Signature of Adult/Parent/Guardian

Date Signed

Non-Discrimination Statement in accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) ([http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html)) online, 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.



# CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

**STEP 1** List ALL children in day care. If more spaces are required for additional names, attach another sheet of paper.

**Definition of Household Member:** Anyone who is living with you and shares income and expenses, even if not related.  
 Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

Child's First Name	MI	Child's Last Name	Foster Child	Migrant	Runaway	Homeless	Head Start
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

**STEP 2** Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR? **CASE NUMBER:** \_\_\_\_\_

**IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)**

**STEP 3** Report income for ALL Household Members (Skip this step if you answered "Yes" to STEP 2). Write only one case number in this space.

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.  
 The "Sources of Income for Children" chart will help you with the Child Income section.  
 The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

**A. Child Income**  
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.  
 Child Income: \$ \_\_\_\_\_  
 How often? Weekly  Bi-Weekly  Monthly  Bi-Monthly

**B. All Adult Household Members (including yourself)**  
 List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and last)	Earnings from Work		How often?		Welfare/Child Support/Alimony	How often?		Pensions/Retirement/Social Security/SSI/VA Benefits	How often?	
	Weekly	Bi-Weekly	Monthly	Bi-Monthly		Weekly	Bi-Weekly		Monthly	Bi-Monthly
	\$		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>
	\$		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults)  X  X  X  X  X  
 Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member:      
 Check if no SSN:

**STEP 4** Complete information and adult signature. **RETURN COMPLETED FORM TO: It Takes a Village Academy A/T/N: Terri Gamble**

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
 Signature of Adult: \_\_\_\_\_ Phone/Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Source of Income for Children**

Source of Child Income	Examples
Earnings from work	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> </ul>
Social Security - Disability Payments - Survivors Benefits	<ul style="list-style-type: none"> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>
Income from person outside of household	<ul style="list-style-type: none"> <li>A friend or extended family member regularly gives a child spending money</li> </ul>
Income from any other source	<ul style="list-style-type: none"> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

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

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one):  Hispanic or Latino  Not Hispanic or Latino

Race (check one or more):  American Indian or Alaskan Native  Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

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, the funds your child care center/provider receives may be impacted. 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 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 the meal reimbursement for your child care center/provider. 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, 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.ascrueda.gov/complaint\\_filing\\_cust.html](http://www.ascrueda.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:

MAIL\*: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or  
EMAIL: program.intake@usda.gov

\*Only use this address if you are filing a complaint of discrimination.  
This institution is an equal opportunity provider.

**Source of Income for Adults**

Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li>Net income from self-employment (farm or business)</li> <li>If you are in the U.S. Military:                             <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

**DO NOT FILL OUT For official use only**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income

Household size

How often?  
 Weekly  Bi-Weekly  Monthly  2x-Month

Eligibility  
 Free  Reduced  Denied

Categorical Eligibility

Determining Official's Signature

Confirming Official's Signature

Date

Follow-up Official's Signature

Date

**Instructions for Parents/Participants/Guardians  
Household Income Eligibility Statement - Child Care Institutions**

**If you are applying for foster child(ren) only, follow these instructions:**

**Part 1:** Do not complete.

**Part 2:** List name, age, and birth date of foster child(ren); check the box for foster child.

**Part 3:** Sign and date the form. The last four digits of a social security number are not necessary.

**If your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, follow these instructions:**

**Part 1:** List the name and case number for any household member (including adults) receiving FAP, FIP, or FDPIR.

**Part 2:** List the name, age, and birth date for all children enrolled in day care.

**Part 3:** Sign and date the form. A Social Security Number is not necessary.

**Note:** Benefits received under WIC, Medicaid, or Department of Health and Human Services (DHHS) Child Care Assistance Program (where DHHS pays a portion of your child care expense) does not automatically qualify for Category A (free) meals.

**All other households, including households where some of the children are foster children, follow these instructions (not required if household is over the income limits and don't have any foster children):**

**Part 1:** Do not complete.

**Part 2:** List the names and ages of everyone (related or not related) living in your household, including you, other adults and children (If you need more space, use a separate sheet of paper.)

Place a ✓ in the column for all children enrolled in child care

List household members' ages and dates of birth

Place a ✓ in the next column if children in the household are foster children

If no case number is indicated in Part 1, list (by person) the amount and source of income received last month. List monthly earnings before deductions, monthly welfare, child support or alimony or any other income including retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits, Worker's Compensation, unemployment, strike benefits, regular contributions of people who do not live in your household or any other income

Place a ✓ in the box for those listed who do not have income

If you are in the Military Housing Privatization Initiative or receive Combat Pay, do not include the housing allowance as income

Foster child payments received by the family from the placement agency are not considered income and do not have to be reported. The presence of a foster child in a family does not make all children in the household automatically eligible for free meals

If you are a farmer or self-employed, monthly income is gross farm or business income received in the month prior to application minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as income. A loss from self-employment must be listed as zero income and cannot reduce other income

**Part 3:** Sign and date the form and list the last four digits of your Social Security Number or check the box indicating "I do not have a Social Security Number."

**Help With Income** To determine annualized income:

If paid every week, multiply the total gross income by 52.

If paid every two weeks, multiply the total gross income by 26.

If paid once a month, use the total gross monthly income.

If paid twice a month, multiply the total gross income by 24.

If paid once a year, use the total gross yearly income.

Return the completed application to the child care center.