



New Star Child Care Center LLC

Enrollment Application

"GETTING TO KNOW YOU"

Name of child: _____ Birthday: _____ Male/female _____

Address: _____

City: _____ State: _____ Zip code: _____

Parents/legal guardian#1: _____ formal education _____

Address: _____ phone#: _____

Work: _____ business hours: _____

Parents/legal guardian#2: _____ formal education _____

Address: _____ phone#: _____

Work: _____ business hours: _____

Days/hours when care is needed: _____ reason for entry to childcare _____

Transportation arrangement to and from program: _____

Family composition: _____

Any previous child care experience: _____

Our program does not exclude children with special needs if we can provide a safe environment. The following information is requested to help us plan care for your child.

Special needs of parents (e.g. Inability to climb stairs, difficulty lifting child, etc.): _____

special needs of child (medications, treatments, allergies, food intolerance, behaviors, ect) _____

Usual eating schedule: _____

Food child likes: _____ dislikes: _____

things that comfort child: _____ scare child: _____

Cultural habits/home issues that may affect child's behavior: _____

Who will care for your child when he/she is sick? _____

Parent Signature: _____ Date: _____

Enrollment Date: _____

Attachment 6 – Child Pick-Up Authorization

I, _____, authorize New Star Child Care Center to release my child(ren) to the person(s) designated. This is in consonance with New Star Child Care Center emergency plan.

Child's Name

Designated Custodian(s) Name & Relationship

Your Signature

Relationship

Date

Print Name

Address

(Home Phone)

(Work)

(Cell)

Note: Parents and guardians should designate themselves as designated custodians. Friends, neighbors and other relatives may also be designated.

PLEASE PRINT CLEARLY.

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

AGREEMENT


55 PA CODE CHAPTERS 3270.123 &.181(C); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
Care		
Meals		
Snacks		
Learning Activities		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$ \$10.00	PER MIN-HR HR	
Extra services to be provided at an additional fee if applicable		
School Transportation(drop off & pick up) \$10		

I, the parent/guardian;

received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a mininum. (§ 3270.124, 3280.124, 3290.124)



 SIGNATURE-OPERATOR

 DATE

 SIGNATURE-PARENT OR GUARDIAN

 DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
_____ SIGNATURE-PARENT OR GUARDIAN	_____ DATE

Child and Adult Care Food Program Child Care Center Meal Benefit Income Eligibility Form

Part 1. All Household Members		
Names of Enrolled Child(ren) (First, Middle Initial, Last)	Check if a foster child (the legal responsibility of a welfare agency or court) * If all children Listed below are foster children, skip to Part 5 to sign this form.	Check if NO income
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Names of all Household Members (First, Middle Initial, Last)		
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**
 NAME: _____ CASE NUMBER: _____ - _____ - _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call **[Your center director, Homeless Liaison, Migrant Coordinator at Phone #]** Homeless Migrant Runaway

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income)	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) Jane Smith	\$200/weekly _____	\$150/twice a month _____	\$100/monthly _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the “I do not have a Social Security Number” box.** (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign Here: _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____

Last four digits of Social Security Number: * * * - * * - _____ I do not have a Social Security Number

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

Mark one or more racial identities:

- Asian
- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

Don't fill out this part. This is 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: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied (Paid) _____ Date Withdrawn: _____

Reason for Denied: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Household size	Yearly
1	\$20,665
2	\$27,991
3	\$35,317
4	\$42,643
5	\$49,969
6	\$57,295
7	\$64,621
8	\$71,947
Each additional person:	+\$7,326



Automated Payment Processing Safe – Convenient –Easy

Dear Parent,

At New Star Child Care Center, we are constantly looking at ways to improve the service we provide you and your children. With this in mind, we are now moving to **mandatory automated tuition and fee payments as of Feb 5th2016**.

Tuition Express – part of the Procure Software system we use to manage our center – allows us to process payments safely, quickly and efficiently. In a matter of minutes we can accomplish what previously took us hours to complete – leaving us even more time to spend with the children.

Tuition Express is a PCI Level 1 Service Provider. Your personal account information could not be safer. Automated payments are proven safer than paying by check – the potential for check fraud and identity theft are eliminated.

Please look over the Tuition Express Frequently Asked Questions. There, you will find answers to questions you may have regarding Tuition Express or automated payments in general. If you have further questions, don't hesitate to ask. More information is available at TuitionExpress.com.

Tuition Express is "The way we process payments at New Star Child Care Center".

We offer the following Tuition Express payments options:

- Automated Credit Card Transactions

By completing the Tuition Express Parent Enrollment Form, you will help us make tremendous strides in simplifying our tuition and fee payment processing – strides that will allow us to spend even more time with the children in our care, and less time processing payments.

Tuition Express is a win-win-win – convenient for you, efficient for us and best for the children.

Sincerely,

New Star Child Care Center



Automated Payment Processing Safe – Convenient – Easy

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

ELECTRONIC FUND TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD

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

COMPLETE SECTION

(Credit Card)

Cardholder Name Phone #

Cardholder Address City State Zip

Account Number Expiration Date

Cardholder Signature Date

Date Received
Employee Signature