

IMPORTANT

COVID-19

INFORMATION



Dear Parent(s),

Our commitment and priority at Stepping Stones Academy-Reading is to keep the children under our care safe. **As a result of the coronavirus (COVID-19) pandemic**, It is extremely important that you understand the Academy is doing everything possible to keep your child protected from the spread of this very aggressive virus.

Before a new child can enroll, their parent(s) must watch a pre-recording zoom meeting held regarding COVID-19 Policy and Procedures. Afterwards, the parent(s) must successfully complete a brief quiz acknowledging they watched and understood the materials that were presented in the video. The video can be found on our website at: <https://www.steppingstonesacademy-reading.com/covid19>.

In addition to the video, parents must also sign off on *Stepping Stones Academy-Reading COVID-19 Public Health Emergency Special Program Attendance Acknowledgment and Disclosure*. You will find this document in your enrollment packet.

Stepping Stones Academy-Reading understands these are extremely stressful times. The academy will take every precaution to keep your child(ren) safe. Please understand there is no list of restrictions, guidelines, or practices will remove 100% of the risks of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. Please understand you play a crucial role in keeping everyone in the academy safe and reducing the risk of exposure by following the practices outlined by the CDC, local and state government. Also by avoiding "hotspot states" or coming in contact/socializing with individuals living in those "hotspot states".

Respectfully yours,

Deloris Reviere

Owner

Stepping Stones Academy-Reading



COVID-19 Health and Safety Plan

As a result of the recent pandemic, new policies and procedures have been established. There are so many "unknown/fluid" factors concerning COVID-19. The policy and procedures outlined below may change due to availability of additional information/research.

Stepping Stones Academy-Reading understands these are extremely stressful times. The academy will take every precaution to keep your child(ren) safe. Please understand there is no list of restrictions, guidelines, or practices will remove 100% of the risks of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. Please understand you play a crucial role in keeping everyone in the academy safe and reducing the risk of exposure by following the practices outlined herein.

Before a currently enrolled child returns to the academy, their parents must watch a video regarding policy and procedures due to COVID-19. Afterwards, they must successfully complete a brief quiz acknowledging they watched and understood the materials that were presented in the video. Stepping Stones Academy-Reading understands these are extremely stressful times. The academy will take every precaution to keep your child(ren) safe. Please understand there is no list of restrictions, guidelines, or practices will remove 100% of the risks of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. Please understand you play a crucial role in keeping everyone in the academy safe and reducing the risk of exposure by following the practices outlined herein. This procedure will also be followed for any new enrollments.

At the time this document was written the county was "Green". Although restrictions have decreased, there has been a slight incline in cases in Pennsylvania, and several states are now having an increase in COVID-19 cases and death. This document will be valid until such time that the spread and mitigation of the virus is contained.

COVID-19 Academy Visitation Policy

At this time for safety reasons and to reduce the number of people entering the academy, parents/visitors are NOT permitted to enter the academy. Parents are only permitted to enter if there is an emergency regarding their child. If a parent or visitor must enter, they **MUST** have a

mask on (provided by the parent/visitor), have their temperature checked (must be less than 100.4) and they will be asked the following questions:

- ☐ Have you traveled internationally in the last 30 days
- ☐ Have you or anyone in your household had the following symptoms:
 - ☐ Coughing
 - ☐ Temperature
 - ☐ Trouble breathing or shortness of breath
- ☐ Have you been in contact with anyone who has tested positive for COVID-19

COVID-19 Sign-In Procedures and Mask

- ☐ Children must arrive at the center wearing their personal mask. Prior to entering the center, parents will remove their child's personal mask and take it with them
- ☐ Children who are between 2 and 2 ½ will wear a mask IF they can tolerate it.
- ☐ Parents will sign their child in at the front door using their cell phone by scanning the barcode displayed at the door
- ☐ The parents must check off the following three questions in the academy app:
 - ☐ Has your child had a fever
 - ☐ Has your child experienced a shortness of breath
 - ☐ Has your child had contact with anyone with COVID-19
 - ☐ This information is then posted to their child's portal in our Brightwheel application.
- ☐ Staff will put a mask on your child which is provided by the center
 - ☐ The mask will remain at the center and will be washed daily
- ☐ Parents will remain outside the door while a "safety check" is conducted on their child. If any of the following symptoms exist, the child **WILL NOT BE PERMITTED TO STAY**.
 - ☐ Child's temperature is 100.4 or above (temperature will be taken with a non-touch thermometer)
 - ☐ Trouble breathing, rapid breathing
 - ☐ *Coughing and or/runny nose
 - ☐ Diarrhea
 - ☐ Chills
 - ☐ Muscle Pain
 - ☐ Headache
 - ☐ Sore Throat
 - ☐ Rash
 - ☐ Loss of taste or smell (parents will be asked)

Note: These symptoms may not be related to COVID-19, however, every safety measure will be taken to ensure the safety of all enrolled children and staff.

If a child has a cough and or/runny nose, as long as those are mild respiratory symptoms and DOES NOT have a fever, the child **MAY BE permitted to stay. This is at the discretion of the Director/Owner.*

COVID-19 Pick-Up Procedure

- ☐ Parents ring the buzzer
- ☐ Sign their child out at the front door using their cell phone by scanning the barcode displayed at the door.
- ☐ Parent should have their child's personal mask
- ☐ Child will be brought to the front door
- ☐ Staff will remove the child's academy mask (it will be washed for use for the following day)
- ☐ If the parent or guardian is not able to pick up your child. Designate a person who is NOT a vulnerable person (older person, such as a grandparent or a person with serious underlying medical condition). *Please inform them of the new COVID-19 procedures.*

Please note: designated person must be 18 years of age or older.

Staff and Mask

Staff members are required to wear a mask while they are in the academy. When they are eating, they may remove the mask. When they are done eating, the mask must be put on.

While staff are outside with the children, a mask will be required. If a staff has a medical condition that would exacerbate their condition, they must provide documentation indicating such from their physician.

While outside, if they are physically distancing the mask maybe remove for a couple of minutes, but must be placed back on.

Multisystem Inflammatory Syndrome in Children (MIS-C) Associate with COVID-19

MIS-C is a diagnosis that impacts children and has recently been introduced by medical professionals. These symptoms vary from case to case:

- ☐ Fever - prolonged and persistent
- ☐ Rash
- ☐ Conjunctivitis (redness of the white part of the eye)
- ☐ Stomachache, vomiting and/or diarrhea
- ☐ Tongue is redder than usual and looks like a strawberry
- ☐ Swollen hands and/or feet, lymph nodes
- ☐ Irritability and/or usual sleepiness or weakness

We encourage parents to look for these symptoms, as we will look for them at the center to help ensure the safety of the children enrolled in the program.

Child Exhibits a Symptom of COVID-19

- ☐ Child will be isolated in a corner of a class room with a cot
- ☐ Child must wear a mask during this quarantine
- ☐ Parents/guardians will be contacted immediately
- ☐ Parents/guardians must immediately pick up the ill child (within 30 minutes)
- ☐ Contact their child's healthcare provider
- ☐ Notify the academy of the findings from the child's healthcare provider
- ☐ Cot will be cleaned and disinfected after the child leaves

When the Child Can Return to Care

- ☐ Your child will need to be symptom free without any medication for 72 hours before returning to the facility.
- ☐ Certain circumstances will require documentation from the child's physician.

COVID-19 Reporting Procedures

If there is a positive case of COVID-19 in a child or adult who has been present at the academy:

- ☐ Pennsylvania Department of Health will be contacted
- ☐ OCDEL will be contacted
- ☐ All parents are informed and updated
- ☐ Academy will be closed for 24 hours for a deep cleaning and sanitation

If an enrolled child or staff is diagnosed with COVID-19, they will not be permitted to return until they can provide proof of a negative COVID-19 test.

Each circumstance will be handled by a case by case basis, and depends on the type of contact the person has had with an enrolled student.

Cleaning and Sanitation Procedures

The academy

Other Changes Due to COVID-19

- ☐ Staggered times for:
 - ☐ Snacks

- ☐ Lunch
- ☐ Outside play time
- ☐ Children will remain with their assigned cohort and staff
- ☐ Children will have their own educational supplies (pencils, crayons, scissors, play dough, etc).
- ☐ Personal items must be left at home
 - ☐ Book bag
 - ☐ Stuffed Animals
 - ☐ Toys
 - ☐ Electronic (Cell phones, Ipads, etc)

The academy understands parents are concerned that children are not going to wear a mask all day. We strongly encourage you to tell your child(ren) how important wearing a mask while at the academy. It adds a layer of protection and is recommended by the Center for Disease and Control. Please work with your child and encourage him/her to wear their mask often, and practice wearing their mask at home and outside of the home.

RONALD V. MCGUCKIN AND ASSOCIATES

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HR & CHILD CARE SPECIALIST
Dawn K. Martini BS Ed.

CHILD CARE SPECIALIST
Janice A. Neliwocki, BS

STEPPING STONES ACADEMY-READING COVID-19 PUBLIC HEALTH EMERGENCY SPECIAL PROGRAM ATTENDANCE ACKNOWLEDGMENT AND DISCLOSURE

FAMILY/CHILD VERSION: This should be initialed and signed by BOTH parents.

Please read and initial each statement below.

1. _____ I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein.
2. _____ I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area I MUST wash my hands before entering, remove my shoes and wear a mask. While in the facility I must practice social distancing and remain 6ft from all other people, except for my own child.
3. _____ I understand that to enter upon the facility premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the center. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.

Symptoms include,

- Fever of 100.4 degrees Fahrenheit or higher
- Dry cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle aches

While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take

them seriously. Your child will need to be symptom free without any medications for 72 hours before returning to the facility.

4. _____ I understand that my child's temperature will be taken several times throughout the day while on facility premises.
5. _____ I understand that my child must wear a mask while in the facility and on facility premises.
6. _____ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
7. _____ I understand that outside of care, in order to control my child's exposure in the community, I will comply with any and all state, county or local stay-at-home orders, will limit my child's contact outside of care to persons living in my household. I will not take my child out to stores unless it is absolutely necessary and then only to shop for essential items like food, medicines and toiletries. I will follow any recommendations from the CDC that limits my child's risk for exposure including wearing a mask in all public areas and remaining 6ft from all other people.
8. _____ I will adhere to the COVID-19 policies issued by the state and local health officials that the COVID-19 Public Health Emergency is over.
9. _____ I will immediately notify Stepping Stones Academy-Reading management if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify Stepping Stones Academy-Reading management if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether or not I have had direct contact with that person.
10. _____ I understand that while present in the facility each day my child will be in contact with children, families and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Stepping Stones Academy-Reading will result in termination of services. I acknowledge that care for my child will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child's Name: _____

DOB: _____

Parent's Name: _____

Parent Signature

Date

Parent's Name: _____

Parent Signature

Date

Management Team Witness

Date



50 4th North Street, Suite 102 | Reading PA 19601 | 610.340.3561 or 610.571.8441

TEMA: No discriminación en los servicios

A: Los padres

DESDE: Deloris Reviere and Tyeca Reviere

Las admisiones, las disposiciones de los servicios y las referencias de los clientes se realizarán sin distinción de raza, color, credo religioso, discapacidad, ascendencia, organización nacional (incluida la competencia limitada en inglés), edad o sexo.

Los Servicios del programa estarán disponibles para las personas con discapacidades elegibles a través de los métodos más prácticos y económicamente factibles disponibles. Estos métodos incluyen, entre otros, el rediseño del equipo, la provisión de ayudantes y el uso de ubicaciones alternativas para la prestación de servicios. Las modificaciones estructurales se considerarán sólo como último recurso entre los métodos disponibles.

Cualquier individuo/cliente/estudiante (y/o su tutor) que crea que ha sido discriminado, puede presentar una queja de discriminación con:

STEPPING STONES ACADEMY-READING

50 North 4th Street, Suite 102
Reading PA, 19601

Departamento de Servicios Humanos

Oficina de Igualdad de Oportunidades
Sala 223, Edificio de Salud y Bienestar
PO Box 2675
Harrisburg PA, 17105

Departamento de Salud y Servicios Humanos de los Estados Unidos

Oficina de Derechos Civiles
Suite 372, edificio del libro mayor público
150 South Independence Mall West
Philadelphia PA, 19106-9111

Comisión de Relaciones Humanas de la Autoridad Palestina

Oficina Regional de Philadelphia
110 North 8th Street, Suite 501
Philadelphia PA, 19107

Commonwealth of Pennsylvania

DHS Oficina de Igualdad de Oportunidades
Oficina Regional del Sureste
801 Market Street, Suite 5034
Philadelphia, PA 19107

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

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

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 file 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, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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) 690-7142; or
EMAIL: program.intake@usda.gov
This institution is an equal opportunity provider.

*Only use this address if you are filing a complaint of discrimination.

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	How often?	Household size	Categorical Eligibility	Eligibility
	<input type="radio"/> Weekly <input type="radio"/> Biweekly <input type="radio"/> Monthly <input type="radio"/> 2x Month		<input type="checkbox"/>	<input type="radio"/> Free <input type="radio"/> Reduced <input type="radio"/> Denied
Determining Official's Signature	Date	Confirming Official's Signature	Date	Follow-up Official's Signature

**Child and Adult Care Food Program
Child Enrollment Form (Sample)**

Sponsor: _____
Center: _____

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE (SAMPLE)

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

PARENTS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same.

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK								MEALS RECEIVED
		TIME IN			TIME OUT			TIME CHILD ATTENDS SCHOOL		
		AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER	
FIRST CHILD	<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: _____ Enrollment Date: _____ Withdrawal Date: _____								<input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME										
BIRTH DATE										
AGE										
SECOND CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: _____ Enrollment Date: _____ Withdrawal Date: _____								<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME										
BIRTH DATE										
AGE										
THIRD CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: _____ Enrollment Date: _____ Withdrawal Date: _____								<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME										
BIRTH DATE										
AGE										
FOURTH CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: _____ Enrollment Date: _____ Withdrawal Date: _____								<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME										
BIRTH DATE										
AGE										
FIFTH CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: _____ Enrollment Date: _____ Withdrawal Date: _____								<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME										
BIRTH DATE										
AGE										

Signature

Signature of Parent or Guardian

Date

Telephone Number of Parent or Guardian

CHILD CARE REPRESENTATIVE USE ONLY:

Name of Representative/Signature

Date

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

This portion of the form can be used to capture multi-year annual updates.

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ Date _____

Signature Center Administrator/Home Provider _____ Date _____

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ Date _____

Signature Center Administrator/Home Provider _____ Date _____

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ Date _____

Signature Center Administrator/Home Provider _____ Date _____

Annual Time Period Covered by Signature: _____ to _____

Signature Parent/Guardian _____ Date _____

Signature Center Administrator/Home Provider _____ Date _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (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.

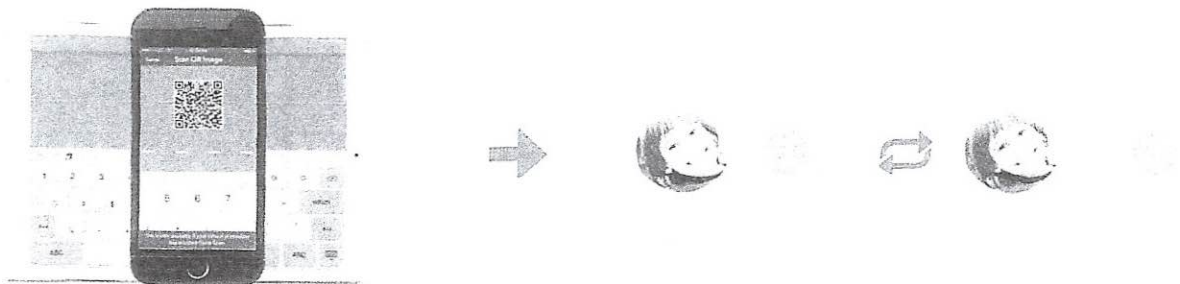
This institution is an equal opportunity provider.

CHECK IN HERE!

1. Open the brightwheel app and tap "**Check in/out**"



2. Scan the **QR Image**. Then toggle your child in or out on your phone



3. Tap "Done" then enter your **4 digit pin** on your phone.





To: Family of [student name]

Action Required - Please Sign Up Within 2 days

Welcome to brightwheel! Brightwheel is an all-in-one platform that makes communication and coordination much easier. It helps save time for staff members, while giving parents a closer connection to their child. It's free and takes only a few minutes to sign up.

Instructions:

- 1) Download the brightwheel app from the Apple App Store or Google Play
- 2) Create a new parent account
- 3) Enter your personalized parent invite code: [CODE]

That's it! By entering your invite code, your account will automatically be linked to your child. You can also create an account online: visit www.mybrightwheel.com, and select Sign Up.

After you've signed up, here's a few suggested next steps:

- Enter Your Info: Tap your profile in the main menu (left side of app) to add a profile photo and update your contact info.
- Choose a Check-in Code: If your provider is using brightwheel's check-in system, you can set a custom 4 digit code in My Profile.
- Update Your Child's Info: Tap "edit" on your child's profile to view and update info.
- Add Family or Approved Pick Ups: You can invite parents, family, and approved pickups within your child's profile. For example, a nanny or friend who has your approval to pick up your child from school, or a grandparent that would like to see daily photos on brightwheel.

Questions? Please contact the brightwheel team at help@mybrightwheel.com or visit www.mybrightwheel.com/support.