



Child Information



First Christian Church Child Care Center
 Program name K830000001
 K8 Date

Child Information

Child's name Gender Date of birth
 Home street address City Oklahoma
State
 Mailing address City Oklahoma
State
 Finding directions ZIP County

Parent or guardian name, adult **whom child lives with** Phone Alternate phone
 Place of employment Business phone Email

Parent or guardian name, adult **whom child lives with** Phone Alternate phone
 Place of employment Business phone Email

Emergency Contact

List individuals to notify, in case of emergency, when the parent or guardian cannot be reached. List in order of preference:

Name	Phone

Immunization Record

Attach a copy of the child's immunization record. An immunization record or exemption is obtained prior to the first day of attendance and is to be updated when the child receives additional vaccines. **Parent/guardian must provide a copy of the current updated immunization record to the child care program.** Refer to Appendix II, Immunizations, in Requirements for Child Care Programs for immunization and exemption procedures.

Health Record

Child's physician or clinic _____

Phone _____

Street address _____

City _____

Oklahoma

State _____

ZIP _____

I understand that a signed parent/guardian permission is obtained prior to administration of any medication to any child.

Does your child have any specific needs involving routine care, behavior modification, communication, eating, or sleeping activities? When yes, describe:

Does your child have any known allergies?

Yes No

When yes, list:

Does the known allergy require special precautions, actions, or medications?

Yes No

When yes, describe:

Describe any special precautions for diet, medication, or activity, when applicable:

Are there any other special considerations that would assist this program in providing care to your child? When yes, describe:

Will your child receive any specialized services from professionals outside of this program's personnel?

Yes No

When yes, I understand that a signed and dated parent permission is required.

I give permission for program personnel to consult with specialized personnel regarding the needs of my child?

Yes No

Transportation

- I do not give permission to transport my child.
- I give permission for my child to be transported by this program under the following circumstances:

Select all that apply:

- When an emergency occurs and I cannot be reached
- Field trips
- To and from home

Drop-off time: _____ Pick-up time: _____

Specific plan for transfer and supervision:

- To and from home

Drop-off time: _____ Pick-up time: _____

Specific plan for transfer and supervision:

- Other, specify:

Pick Up Permission

Individuals who have permission to pick up my child:

Name	Phone

Signature

I understand this form is supplied by the Department of Human Services (DHS) for the convenience of the child care program and me to assist with care of my child. Supplying this form in no way imposes any responsibility or obligation upon DHS.

Program policies are provided to parents upon enrollment and when revisions are made.

Selecting Quality Child Care - A Parent Guide, DHS publication 87-91, Licensing Requirements for Child Care Programs, DHS publication 14-05, and the program compliance file are all made accessible to parents in a prominent location.

Parent/guardian signature

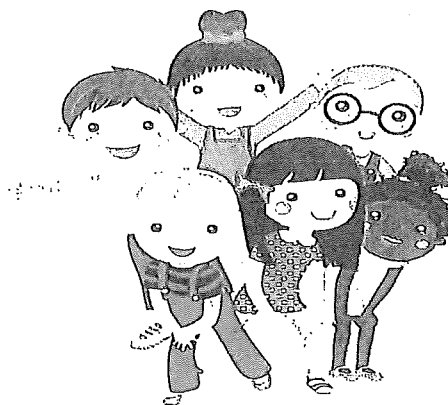
Date

Child Care Program Use

Date child entered program: _____

Date child withdrawn: _____

HAPPY FACES



First Christian Child Care Center,

Photographs are taken on different occasions such as birthdays, holidays, outings and special occasions. We use these pictures in our child care center for teaching arts and crafts, albums and various other things. I understand that these photographs will not be sold, or distributed without my permission. (May be used on FCCCCC website)

_____ I give FCCCCC permission to take and use my child's picture.

_____ I do not want my child's picture taken while at FCCCCC.

Date: _____

Child's Name: _____

Parent Signature: _____

Liability Release Form

We the undersigned, being 21 year of age or older, do for ourselves (myself) and for and on behalf of my son/daughter (if not 21 years of age), hereby release, forever discharge and agree to hold harmless First Christian Church of Edmond, Oklahoma, and the Board, staff, members, volunteers, sponsors, and agents thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and my son/daughter that occur while said child is participating in any church sponsored activity or program.

Furthermore, we (I) and on behalf of our (my) son/daughter, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved herein.

Further authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

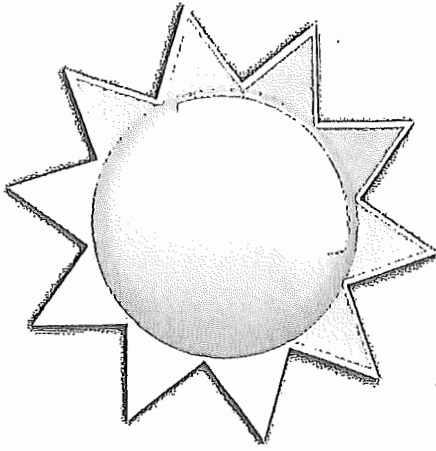
The undersigned further hereby agree to hold harmless and indemnify said church, its Board, staff, members, volunteers, sponsors and agents for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

(Complete if the participant has not attained the age of 21 years): We (I) are the parents or legal guardian(s) of this participant, and hereby grant our (my) permission for him/her to participate fully in said activity or trip. We have signed a Medical Authorization Form granting permission to one of the adult leaders to seek necessary medical treatment for our child.

(Only participant need sign if 21 years of age or older. If under 21, BOTH parents must sign unless separated or divorced in which case the custodial parent must sign.)

Parent/Participant

Parent/Participant



Permission to Apply Sunscreen

Parents are to supply the Child Care Center with sunscreen for their child labeled with their child's name.
There will be no sharing of sunscreen among the children.

I/We give permission for staff at First Christian Church Child Care Center to apply the sunscreen product we provided to my child.

I/We understand that the sunscreen we supplied will be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms and legs.

I/We do not know of any allergies my/our child has to the supplied sunscreen:

_____ (Initial) _____ (Initial)

For medical or other reasons, please do not apply sunscreen to my child:

_____ (Initial) _____ (Initial)

Child's Name:

Parent Signature:

Date:



First Christian Church Childcare Center
Release of Liability and Participant Agreement

In consideration of being allowed to enter the play area(s) and/or participate in any bounce houses brought to First Christian Church Childcare Center the undersigned, on his or her own behalf of the minor participant(s) identified below, acknowledges, appreciates and agrees to the following conditions:

I, the parent/legal guardian/representative of the participant(s), agree that the participant(s) and I shall comply with the stated and customary terms, rules, and conditions for the participation in any bounce house activity at First Christian Church Childcare Center. I acknowledge that failure to do so may result in expulsion from the bounce houses at First Christian Church Childcare Center.

I, the parent/legal guardian/legal guardian/representative of the participant(s) acknowledge and understand that there are dangers and risks associated with the activities at First Christian Church Childcare Center, and agree to freely assume all risk of personal injury, both known and unknown including the potential for paralysis and death even if arising from the negligence of others.

I, for myself and the participant(s), and our respective heirs, assigns, administrators, personal representatives, spouse, guardians/representative, and next of kin, promise not to sue and hereby forever release and hold harmless, First Christian Church Childcare Center, and it's owners, agents, directors, members, officers, employees, volunteers, equipment manufactures and any and all other persons acting on its behalf, from any and all claims, actions damages, liability, disability, or death or loss or damage to person or property to the fullest extent of the law including cost or expenses, including attorney fees which are related or arise out of my child(s) participation or use of the facility including those resulting from acts of negligence.

Participant:** _____ Birth Date:** _____

Participant:** _____ Birth Date:** _____

Participant:** _____ Birth Date:** _____

By signing below, I am acknowledging that I have read and agree to the above terms and conditions. By signing below, I am also acknowledging that I, for myself, spouse, guardian, representative am a participant on all rides and inflatables and I voluntarily affix my name in agreement.

Parent/Guardian Name Print: ** _____

Parent/Guardian Name Signature: ** _____ Date: ** _____

*EMERGENCY CONTACT #: _____

First Christian Church Childcare Center, rents these play structures. You'll be running, jumping, climbing, and sliding! No climbing on inflatable walls, no flips, 1 person at a time on a slide, no jumping off an inflatable. No shoes, sharp objects, belts, watches, earrings, or gum in the Bounce Arena. Comfortable clothing recommended!

I have received and understand the policies in the Parent Handbook of the First Christian Church Child Care Center.

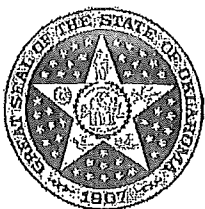
Parent Signature _____

Child's Name _____

Date _____

The rest of this page has been left empty for parents to use if they have additional questions.

Thank You



Medication Permission and Administration for Child Care Programs



Medication Authorization

This form is for child care centers, day camps, drop-in programs, out-of-school time programs, part-day programs, and programs for sick children.

I, _____ authorize the designated personnel of _____
Parent or legal guardian name Program name

to administer the supplied medication listed below to _____
Child's name

Medication to be administered*: _____

Select if medication is for chronic and/or life-threatening condition:

- Chronic Life-threatening

Note: Permission is granted for up to 12 months for chronic or life-threatening conditions

Permission end date (up to 12 months for chronic or life-threatening conditions): _____

Medication Administration

Instructions (must be same as the container, or include a licensed physician's written statement for over-the-counter medication when instructions differ from container instructions):

Reason for medication: _____

Medication storage instructions: _____

Signature

I understand this form is supplied by the Oklahoma Department of Human Services (DHS) and no way imposes any responsibility or obligation upon DHS. It serves as a convenience to the child care program with safe medication administration.

Parent or legal guardian signature

Date

Date	Time dispensed	Amount dispensed	Designated personnel signature

*oral medications are administered with a measuring device designed for medication

Special Dietary Needs Statement

Date _____ Classroom _____

Child's Name _____ Child's Age _____

Parent's Name _____

Parent's Phone Number _____

Parent's Email Address _____

Description of child's special dietary needs that restrict the child's diet

If dairy is to be omitted which category is your child in?

1. No dairy of any kind no milk, cheese, yogurt, including cooked in, such as biscuits, pancakes, mash potatoes, etc.
2. No dairy including milk, cheese, pizza, yogurt, alfredo sauce, butter.
But, cooked in dairy is ok.
3. No milk only. All other food is ok including cheese, yogurt, etc.

We are on the Child and Adult Care Food Program and we follow its guidelines.

The center does not allow nut based milk such as almond or coconut milk because of allergies.

Almond, Coconut, Rice, Oat, Flax Seed, Ripple Pea milk are not creditable on the food program.

There could be others. **See back page for milk guidelines.**

The center will provide Lactose Free or Soy Milk as a substitution.

List a milk substitution. _____

List any other Foods to be omitted

If these restrictions are due to a medical reason, according to the food program requirements, you may be asked to bring a doctor's note.

Parent's Signature _____

Nondairy Beverages

In the case of children who cannot consume fluid milk due to medical or other special dietary needs other than a disability, nondairy beverages may be served in lieu of fluid milk. Nondairy beverages must be nutritionally equivalent to milk and meet the Nutrient Standards found in cow's milk. Nondairy beverage nutrient requirements per cup include each of the following:

Calcium	276 mg
Protein	8g
Vitamin A	500 IU
Vitamin D	100 IU
Magnesium	24 mg
Potassium	349 mg
Phosphorus	222 mg
Riboflavin	0.44 mg
Vitamin B-12	1.1 mg

LETTER TO THE HOUSEHOLD

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **(Name of Center)** _____ offers healthy meals to all enrolled children as part of our participation in the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached CACFP Family-Size and Income Application (FSIA). In addition, by filling out this application, we will be able to determine if your children qualify for free or reduced-price meals.

1. **Do I need to fill out an FSIA for each of my children in day care?** You may complete and submit one FSIA for all children enrolled in child care in your household *ONLY* if the children in child care are enrolled in the same center. We cannot approve an FSIA that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed FSIA to: (Name of Center)** _____, **(Address)** _____, **(Phone Number)** _____.
2. **Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in Women, Infants, and Children (WIC) *MAY* be eligible for free meals.
3. **Who can get reduced-price meals?** Your children can get low-cost meals if your household income is within the reduced-price limits on the Income-Eligibility Guidelines, shown on the application. Children in households participating in WIC *MAY* be eligible for reduced-price meals.
4. **May I fill out an FSIA if someone in my household is not a United States (U.S.) citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.
5. **Who should I include as members of my household?** You must include all people in your household (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you. You also must include foster children who live with you.
6. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income-Eligibility Guidelines, the center will receive a higher level of reimbursement. Once properly approved for free or reduced-price benefits, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for the current fiscal year. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.
7. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.
8. **What if I have foster children?** Foster children who are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the FSIA but are not required to include payments received for the foster child as income.
9. **We are in the military; do we include our housing and supplemental allowance as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

This institution is an equal opportunity provider.

If you have other questions or need help, call **(Phone Number)** _____.

Sincerely,

(Signature) _____

INSTRUCTIONS FOR COMPLETING THE CACFP FAMILY-SIZE AND INCOME APPLICATION

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM *SNAP*, *TANF*, OR *FDPIR*, FOLLOW THESE INSTRUCTIONS:

- Top Section:** List all enrolled children, include his/her birth date.
Circle the meals the child normally eats.
Insert the normal hours the child is in care.
List the case number for any household member (including adults) receiving *SNAP*, *TANF*, or *FDPIR* benefits.
Check normal days the child is in care.
- Part 1:** Answer this question if you choose.
Part 2: Skip this part.
Part 3: Sign the form. The last four digits of a social security number are *NOT* necessary.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

- Top Section:** List all enrolled children, include his/her birth date.
Circle the meals the child normally eats.
Insert the normal hours the child is in care.
Check any child enrolled that is a foster child (a child awarded to the State)
Check normal days the child is in care
- Part 1:** Answer this question if you choose.
Part 2: Skip this part.
Part 3: Sign the form. The last four digits of a social security number are *NOT* necessary.

- **If some of the children in the household are foster children:**

IF YOU ARE APPLYING BASED ON INCOME, FOLLOW THESE INSTRUCTIONS:

- Top Section:** List all enrolled children, include his/her birth date.
Circle the meals the child normally eats.
Insert the normal hours the child is in care.
Check any child enrolled that is a foster child (a child awarded to the state)
Check normal days the child is in care.
- Part 1:** Answer this question if you choose
Part 2: Follow these instructions to report total **CURRENT** household income .
- **Column A—Name:** List only the first and last names of *EACH* person living in your household, related or not (such as grandparents, other relatives, or friends who live with you), with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
 - **Column B—Gross Income:** For each household member receiving income, list each income received and the interval the household member is paid.
In Box 1, list the *gross income*, not the take-home pay. Gross income is the amount earned *BEFORE* taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.
 - If any member of the household does not receive income, the zero income box should be marked as no reportable income or \$0 can be listed in the income box.
- Part 3:** Sign the form. The last four digits of a social security number *IS* necessary.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Top Section: List all enrolled children, include his/her birth date.
Circle the meals the child normally eats.
Insert the normal hours the child is in care.
Check normal days the child is in care.

Part 1: Answer this question if you choose

Part 2: Follow these instructions to report total current household income.

- **Column A—Name:** List only the first and last names of *EACH* person living in your household, related or not (such as grandparents, other relatives, or friends who live with you), with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
- **Column B—Gross Income:** For each household member receiving income, list each income received for the month.

In Box 1, list the *gross income*, not the take-home pay. Gross income is the amount earned *BEFORE* taxes and other deductions. You should be able to find it on your pay stub, or your boss can tell you.

If any member of the household does not receive income, the zero income box should be marked or \$0 can be listed in the income box.

Part 3: Sign the form. The last four digits of a social security number *IS* necessary.

NONDISCRIMINATION STATEMENT: This explains what to do if you believe you have been treated unfairly.

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)
FAMILY-SIZE & INCOME APPLICATION AND ENROLLMENT FORM FOR YEAR 2022-23**

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

If a child is receiving SNAP, TANF, FDPIR or is a Foster child, also complete the last two columns of this section and skip to Part 3

Participant's Last Name	Participant's First Name	Birth Date	Meals Normally Eaten (Circle all that apply)	Normal Times in Care	Foster	SNAP, TANF, or FDPIR # (List CASE #)
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	

Normal Days In Care : Monday Tuesday Wednesday Thursday Friday Saturday Sunday

PART 1: PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Mark one ethnic identity:

Mark one or more racial identities:

- Hispanic or Latino Asian American Indian or Alaskan Native Black or African American
 Not Hispanic or Latino White Native Hawaiian or Other Pacific Islander

PART 2. INCOME APPLICATION, HOUSEHOLD MEMBERS, AND INCOME

A. NAME OF OTHER HOUSEHOLD MEMBERS Including Children not listed above	B. GROSS INCOME AND HOW OFTEN PAID				Zero Income
	Earnings From Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income or SNAP, TANF, FDPIR #	
1.	\$	\$	\$	\$	<input type="checkbox"/>
2.	\$	\$	\$	\$	<input type="checkbox"/>
3.	\$	\$	\$	\$	<input type="checkbox"/>
4.	\$	\$	\$	\$	<input type="checkbox"/>

PART 3. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

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

Signature of Adult Household Member _____

Home/Cell Phone Number _____

Date _____

Last four digits of social security number: **** - ** - _____ I do not have a social security number

FOR INSTITUTION USE ONLY:

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

Application Approved For:

- Free SNAP/TANF/FDPIR
 Reduced Foster
 Not Eligible Income: Total Income : \$ _____

Signature of Determining Official _____

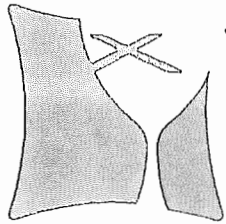
Date _____

How often Paid? (circle one): Weekly Every 2 weeks Twice a month Monthly Annually
Household Size _____

7 CFR 226.15(e)(2)

"The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The last four digits of the Social Security Number are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov This institution is an equal opportunity provider



First Christian Church Child Care Center

I understand that First Christian Church Child Care Center swaddles infants birth through three months of age. I give FCC permission to swaddle my infant.

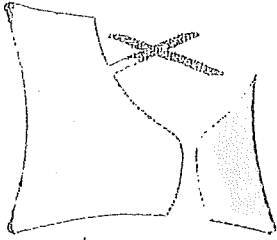
Name

Date

I prefer that First Christian Church Child Care Center not swaddle my infant.

Name

Date



First Christian Church

(DISCIPLES OF CHRIST)

201 East Second Street, PO Box 3548, Edmond, OK 73083
405.341.3544 www.fccedmond.org

From the First Christian Church Child Care Center Office

Medical Health Assessment

To Whom It May Concern:

_____ is in good health and is able to
participate in group care.

Signature of Health Care Professional