



Student Registration Packet

Name of Student: _____

Student Registration Form, General Policies & Procedures, Emergency Medical Authorization & Contract Form, Financial Contact Form

15 Kingsland Dr. Stafford, VA 22556 540.659.9227(tel) 540.659.9228(fax)
805 Lyons Blvd. Fredericksburg, VA 22406 540.371.6510(tel) 540.371-6518(fax)
1179 Courthouse Rd. Stafford, Va 22554 540.318.8349(tel) 540-602-7946(fax)

www.dawning-point.com

On your child's enrollment at Dawning Point Learning Center please remember:

To turn in the following completed forms:

- ☐ Student Registration Form w/USDA Enrollment & Income Eligibility Forms
- ☐ Financial Contract w/Tuition Express Enrollment Form
- ☐ Signed General Policies & Procedures
- ☐ Emergency Medical Authorization & Contact Form (two complete w/address & #)
- ☐ Immunization Record
- ☐ School Health Entrance Form
- ☐ Child's Birth Certificate

All forms must be received before your child may attend the center.

All parents/guardians must sign their child in and out each day. It is important that you bring your child inside the center and leave him/her with the classroom teacher.

Please call us by 9am, if your child is going to be absent or tardy (past 10am). Our phone number is (540) 659-9227 (Stafford Center), 540-371-6510 (Fredericksburg Center) and 540-318-8349 (Courthouse Center).

Please be sure to write your child's name on his/her jackets, sweaters, shoes, extra clothes, nap items, etc. Dawning Point will make every effort to keep track of students' personal items but cannot be held responsible for lost or misplaced personal items. Please take this into consideration when bringing items to the center and with choice of clothing.

Please take the time to read the postings on the door and parent board.

Please remember to check and clear your child's cubby at the end of each day, and take home any notes or artwork, etc.

Feel free to discuss any concerns you have with your child's teacher or a director.

We look forward to a successful and pleasant relationship with each and every one of our parents and children. We are excited that you have chosen our school to impart early learning experiences and foster a love of learning in your child's life.

FIRST DAY ESSENTIALS

- ☐ Change of clothes-labeled w/socks & undergarments
- ☐ Preferred Snacks for picky eaters (Infants/Toddlers ONLY)
- ☐ Sippy cups/Bottles- (If applicable)- labeled w name & date daily
- ☐ Formula/ Breast Milk (If preferred) w/Bottled water (If preferred)
- ☐ Sleeping Blanket & Fitted Crib Sheet: (2) for infants- labeled
- ☐ Diapers/Pull-ups/Wipes

*****PLEASE KEEP THIS SHEET*****

STUDENT REGISTRATION FORM

Child's Name _____ ☐ Latino/Hispanic ☐ Not Latino/Hispanic
Date of Birth _____ Sex _____ AND
_____ Amer Indian or Alaska Native _____ Asian
_____ Black or Afr-Amer _____ White
Phone Number _____ ☐ Native Hawaiian/Pacific Islander
Address _____

Allergies/ Chronic Physical Problems/Pertinent Development Information/ Special Needs Accommodations

Previous Childcare or Schools Simultaneously Attends/ Please include grade & teacher

PARENTS/GUARDIANS

Father 's Name _____ Cell phone _____

Cell Phone Provider for texts: _____

Home Address (please indicate if same as above) _____

SSN: _____

Email: _____

Place Employed _____ Business Phone _____

Business Address _____

Mother 's Name _____ Cell phone _____

Cell Phone Provider for texts: _____

Home Address (please indicate if same as above) _____

SSN: _____

Email: _____

Place Employed _____ Business Phone _____

Business Address _____

Person(s) having legal custody of child/Special custodial arrangements (or "same as above")

Name/Relationship _____

Phone Number(s): (w) _____ (h) _____ (c) _____

I understand:

1. a) Dawning Point Learning Center agrees to notify the parents or guardians whenever their child becomes seriously ill (Temperature of 101o F or higher; Repeated Vomiting, diarrhea as well as other obvious communicable symptoms) and the parents agree to arrange to have their child picked up, as soon as possible, if requested by the Center Director.

b) Parents agree to notify the center within 24 hours or the next business day if your child or an immediate family member develops any reportable communicable disease per State Board of Health, except for life threatening diseases which must be reported immediately.

2. The parents/guardians authorizes Dawning Point Learning Center to obtain immediate critical medical care in case of an emergency.***

3. Upon enrollment a child's birth certificate must be presented within 7 working days for all children ages one (1) through five (5) and school age children even those enrolled in Stafford County Public Schools. If the birth certificate cannot be presented, Dawning Point Learning Center must notify Stafford County Sheriff's Department.

4. Each child must have a current physical form within two weeks of enrollment and complete shot record to be placed in their enrollment file, before care may begin.

5. I have discussed Van Safety Rules with my child and understand the rules will be strictly enforced for all children's safety while being transported in center vehicles.

Other forms required:

- ☐ Authorization Form for Non-prescription OTC skin products
- ☐ USDA Enrollment & Income Eligibility Form
- ☐ Infant Choice Formula Form
- ☐ School Health Entrance Form
- ☐ Immunization Record
- ☐ Financial Contract
- ☐ Tuition Express Enrollment Form

Parent or Guardian Signature _____ Date _____

Center Director or Assistant Director _____ Date _____

Date Child Entered Care _____ Date Child Left Care _____

GENERAL POLICIES & PROCEDURES

Dawning Point Learning Center is a non-religious affiliated, individually owned and operated childcare center located in Stafford County Virginia. Dawning Point Learning Center welcomes children of all ethnic backgrounds, race, color, or religious beliefs. Children who have disabilities may attend Dawning Point Learning Center provided the center is qualified to provide such care. At Dawning Point Learning Center your child's needs and interests are given top priority.

ARRIVAL

Children must be brought into the center fully dressed and checked in upon arrival and checked out upon being picked up. No children may be dropped off in the parking lot, and no child may check themselves in or out of center programs. Please make sure that your child is in care of a staff member, and the staff member is aware of your child's presence before you leave the center. This is to ensure the safety of your child and promotes communication between the center and the parents/guardians.

ILLNESS

Dawning Point Learning Center is a place for well children. If your child has a fever over 101, is vomiting, or has diarrhea, they must be kept home for a period of twenty-four (24) hours after any symptoms occur or prescribed medication is administered, or can provide a doctor's note specifying they may return sooner. Other exclusionary symptoms include rash-like skin conditions, redness, swelling, draining of eyes, or any other clear symptom of a communicable illness.

If your child becomes ill while at the center, you will be notified and expected to pick-up your child, or make arrangements to have your child picked-up as soon as possible. Sick children may not remain at the center to minimize exposure to other children to illness and communicable diseases. School-age children will not be picked-up from the public schools when they are too ill to stay in class or too ill to attend school that day and brought back to center. If a school age child is too ill to attend public school they may not attend the center either. If your child is exposed to a communicable disease while at the center, the center will notify you accordingly.

ACCIDENTS

In the event of an accident, first aid will be administered by a staff member with certified first aid/CPR training. In case of an accident where professional medical treatment may or is needed, the parent/guardian will be notified, and the rescue squad will be called (911).

MEDICATION

The center will administer only emergency medication, this includes rescue inhalers, Epipen, or antihistamines for allergic reaction, etc. Maintenance drugs can only be administered if the specified time on the prescription is explicitly while the child must be in care. Any child with acute medical issues will have to have a treating physician's plan of care on file for any emergency treatment, as well as a signed permission form by the parent/guardian, authorizing Dawning Point Learning Center to follow the written medical plan.

RELEASE OF CHILDREN

Children will be released from center care, only to persons listed on their child's enrollment form. Parents must send a written note authorizing anyone not listed on their child's form, if they wish the release of their child to that person. In an emergency or unforeseen situation a telephone authorization may be accepted by a center director for the release of a child, provided a photo identification is provided upon pick up.

PARENT VISITATION

Dawning Point Learning Center has an open visitation policy. Parents are always welcomed visitors at the center, however, the staff may not have time to chat with parents, and provide quality care for the children at the same time. Conferences may be scheduled. Parents may stop by the office to see the director or assistant director with any concerns, complaints, or compliments.

CLOTHING

Each pre-school age child must have at least one seasonal appropriate complete change of clothing at the center. All clothing items must be clearly labeled with your child's full name. The center cannot be responsible for lost clothing items.

TOYS & PERSONAL BELONGINGS

Children may not bring toys or personal articles from home except in the case of nap time security items or Share and Tell items for their Sharing Day. The center will not be responsible for such articles. All personal articles must be stored in the child's assigned cubby or personal backpack.

FOOD

Only children with special diets authorized by a physician will be allowed to bring food into the center. Special treats from home may be brought in, if there is enough for the child's entire class to share. Appetizing, nutritious meals and snacks are served each day. Dawning Point Learning Center abides by and provides USDA Food Program

guidelines and requirements. Menus are posted weekly for your information. All meals and snacks are included in the charged weekly fees.

NAP/QUIET TIME

Following lunch, a rest or nap time is provided for all the pre-school age children. The center will provide each child with their own individually assigned and marked mat. Parents are required to provide a fitted crib size sheet and non-batted blanket. Their personal bedding will be sent home daily and are required to be laundered.

CORRECTIVE BEHAVIOR

Dawning Point Learning Center will not allow any physical or mental punishment of children in our care. Teachers are trained to use redirection or reasoning techniques to address behavior problems. Occasionally, supervised TIME OUT may be used as a corrective measure. Time Out is limited to one minute per year of age for children to quietly sit. Children are kept actively involved in a wide variety of learning experiences, and positive reinforcement is used to encourage appropriate behavior. In those rare cases where the center's methods of correction do not prove successful, parents may be asked to suggest appropriate methods, within the center's guidelines. If correction of the behavior is documented and unsuccessful and behaviors escalate or prove to be beyond what can be addressed while in care- a parent may be asked to withdraw their child with a one-week notice. Parents may be asked to withdraw a child who purposely harms themselves, other children or staff members, without notice due to safety concerns.

TRANSPORTATION

Transportation to and from local public schools and on center sponsored field trips is provided by Dawning Point Learning Center. All children under the age of eight or four feet nine inches tall must ride in an approved booster seat. Parents may be requested to provide a seat if their child is required to use one. If a child is scheduled to be picked up at a public school and does not show or need transportation for that day, the parent MUST NOTIFY the center at least one hour prior to the scheduled pick up time. If a child does need to be picked up from their public school, but was not at the center earlier that day, the parent MUST NOTIFY the center at least one hour prior to the scheduled pick up time to expect the child's arrival. All children's schedule changes are the responsibility of the parent/guardian, a staff member will check-in any child who was not checked in earlier in the day.

NAP TIME

Nap time is after lunch. ALL children are expected to respect this "quiet time". The children need this rest time and we need the quiet time to be able to clean up and prepare for the afternoon activities, catch up on paperwork etc. Please be reminded

that we do not get "breaks" and "lunch breaks" as in other jobs! Nap time is our only time to regroup in a 12+ hour workday! Parents are discouraged from visiting during nap time unless the child is being picked up for the day. It is very disruptive to the other resting children. They do not understand why one child can get up and play and yet others have to have quiet time.

TUITION

Children may not attend the day care unless FULL payment and ALL late fees have been paid up to date. Partial payment is not acceptable. More specific guidelines are outlined in the Financial Contract.

Dawning Point Learning Center reserves the right to change the above policies with a thirty day written notice. I have read the policies and procedures as stated above and agree to abide by them.

Parent Signature _____ Date _____

Director Signature _____ Date _____

-----**FOR OFFICE USE ONLY**-----

Birth Certificate Information

Birth Place:	Certificate #:	DOB:
Date Viewed:	Administrator's Printed Name:	Administrator's Signature:

Photo Release Permission

As a parent or guardian of this student, I hereby consent to the use of photographs/ videotape taken while in care at Dawning Point Learning Center on the parent engagement app used daily as well as marketing, promotional and/or educational purposes (including publications, presentation or broadcast via newsletters, website/ social media, trainings or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

___ Yes, I give consent for Dawning Point Learning Center to photograph my child while in care.

___ Yes, I give consent for Dawning Point Learning Center to photograph my child for Procure use only and understand that other parents enrolled in his/her classroom may see these images.

___ No, I do not authorize Dawning Point Learning Center to photograph for my child and would prefer his/her face is hidden in photographs he/she may appear in. I understand this will limit the number of photo Procure updates I receive daily.

Parent Signature: _____ Date: _____

Technology & Personal Belongings Policy

To support a focused, safe, and engaging learning environment, students are not permitted to bring personal technology devices (including but not limited to phones, tablets, smartwatches, or gaming devices) onto the premises unless specifically approved for designated days by the classroom teacher.

Staff technology use is limited to the following purposes:

- When it directly supports student learning and is clearly outlined in the lesson plan
- Brief use during classroom transitions (not to exceed 5–15 minutes)
- Playing music for instructional or classroom purposes

Dawning Point is not responsible or liable for any personal belongings that are brought onto the premises, including items that are lost, damaged, or left behind. Students who bring personal items do so at their own risk.

If a student deliberately damages Dawning Point property, including technology or equipment, we reserve the right to request that parents or guardians repair or replace the damaged item. Our goal is to minimize distractions while maintaining a safe and supportive learning environment for all students.

Family Conduct & Respect Policy

We are committed to providing a safe, welcoming, and respectful environment for children, families, and staff. To support this, all parents, guardians, and visitors are expected to communicate and behave in a courteous and appropriate manner while on our property or interacting with our team or our children.

Behavior that is inappropriate, disrespectful, or aggressive may result in being asked to leave the premises and/or termination of childcare services. This includes, but is not limited to:

- Threatening or intimidating behavior
- Use of vulgar or offensive language
- Sexual comments, jokes, or innuendos
- Soliciting or propositioning of any kind

Our goal is always to work positively with families; however, the safety and well-being of children and staff must come first. For this reason, we reserve the right to take immediate action if conduct interferes with a safe and respectful environment.

STUDENT EMERGENCY MEDICAL AUTHORIZATION & CONTACT FORM

Insurance Company _____

Medical Number _____

Allergies, Medications/Dosages & Actions to be taken in case of emergency

Physician's Name _____ Phone: _____

Address _____

Emergency Contacts: **People to be contacted when parents cannot be reached & authorized to pick up with proper identification. MUST PROVIDE TWO w/ADDRESS & PHONE #**

Name: _____ Relationship _____

Address: _____

Phone: _____ Work: _____

Name: _____ Relationship _____

Address: _____

Phone: _____ Work: _____

Name: _____ Relationship _____

Address: _____

Phone: _____ Work: _____

Other pick-up authorizations: _____

List any persons NOT authorized to pick-up: _____

The parents/guardians authorizes immediate medical care and consents to the hospitalization of and/or the performance of necessary diagnostic test upon, the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be immediately contacted.

Parent Signature _____ Date _____

FINANCIAL CONTRACT FORM

I. The following contract is between _____
(Parents of child(ren) in care) and Dawning Point Learning Center located at _____
_____ (Address of child care facility) children
listed below:

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

This contract begins on the following date: _____ and may be terminated by either parent/guardian or provider by giving two weeks' written notice. The provider may terminate the contract without notice if the parent/guardian is over two week(s) late with scheduled payments. Changes to the contract, desired by either provider or parent/guardian, must be made in writing and acknowledged in writing by the other parties at least 2 weeks before the desired change takes effect. A new contract may be signed at that time to reflect the changes.

TUITION FEES AND LATE FEES

A nonrefundable registration fee of \$ 100 for the 1st child and \$50 per additional child is due at the time of enrollment. The total book fee for your child(ren) will be _____. When a child is withdrawn from the center and wishes to re-enroll, a new registration fee must be paid. A registration fee constitutes a hold for up to four weeks, unless otherwise noted by a director. New registration paperwork must be filled out annually.

Tuition is charged weekly throughout the year. A 10% reduction in the weekly fee will be given for each of the second, third, etc. child enrolled within a family. The tuition rate for all children enrolled is _____ per week. This is a flat rate and stays the same amount regardless of attendance or hours. An additional _____ is added for Head Start/School-Age children when there is a full day out of school for a holiday, teacher workday, conferences etc.

Please note- in the event where the center is mandated to close as imposed by another governing agency, power outage or inclement weather due to no fault of its own- tuition will not be reimbursed.

TUTION PAYMENTS

All payments are due in advance. Tuition can be paid weekly, bi-weekly or monthly. Payment is due in full each Thursday, for the following week. Tuition is processed through Tuition Express. All families are required to have a credit card or bank account on file for payments. If parents do not wish for payment to be charged to the credit charge or account on file, tuition must be prepaid by cash, credit card or certified money no later than Wednesday the week before service. Any families without a credit card or bank account on file will be charged a **\$5 handling fee** for each transaction processed- along with the weekly tuition.

ADDITIONAL FEES

Dawning Point does not desire to collect any additional fees from parents or families. Any breach in the financial policies warrant specific fees. The only other monies collected from parents are for a direct service, or special event such as Easter Bunny, Santa Clause, Petting Zoo/Pumpkin Patch visit, field trips, and school photos.

COLLECTION

The information disclosed will be used to collect any debts accrued. If an account is left unpaid for over 30 days it will be turned over to our collections department. Any court fees or collections costs accrued in the attempt to collect a balance will be billed directly to that client.

LATE PAYMENT

There is a late fee of \$15.00 added for each late payment. Any payment made after Thursday, is considered late.

HOURS

Dawning Point Learning Center is open from 5:30 am. to 6:30 p.m. Monday through Friday. The day care is CLOSED at 6:30 pm After 6:35 p.m. late charges will be added at the rate of \$15.00 for every fifteen minutes, added at the BEGINNING of each quarter hour. At 6:36 pm. you are late! The accrued late pick up fees must be remitted upon pick up in cash or will be charged to the account on file. All in and out times are taken from the clock at the day care.

After 7:27pm the charge is an additional \$2/minute in addition to the earlier imposed fees. If a child has NOT been picked up by 7:30pm and the parents/guardians have NOT contacted the center as well as an emergency contact, the Stafford County Sherriff's office will be notified.

HOLIDAYS

The learning center will be closed on federal holidays- New Year's Day, Martin Luther King Jr. Day, President's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day and the day after, and Christmas Day. The childcare center will have to be determined early closings, or full day closings on Christmas Eve and New Year's Eve.

The center reserves the right to close on a non-holiday with a two week's notice if the need for care is less than 25% of the center enrollment. The learning center located at 15 Kingsland Drive and 1179 Courthouse Center will also be closed for Columbus Day and Veteran's Day.

The learning center located at 805 Lyons Blvd. will be closed early at 5:30pm on the first Day of Yom Kippur and Rosh Hoshana, as well as the first full day after. For that reason, the center stays open on Columbus Day and Veterans Day.

It is the parent's responsibility to find alternate care if needed during any holiday closing times. Tuition does not change the week of a holiday unless a vacation has been previously requested. There are no refunds for tuition due to holidays.

There is no maximum hours a student can be in attendance when fulltime. Part time enrollment is defined by designated days & hours. Late fees and additional charges are assessed for attendance outside the designated part time hours/days. Please call and let us know by 10:00am if your child will be late or absent for the day. This helps us know how many students to plan for at lunch, activities etc. Parents must notify the center by 10am if their child will be in attendance any later in the day. Failure to do so, may result in our inability to provide care for said day.

SICK CHILDREN

Sick children may not attend day care. This is a state regulation. Sick children make the other children sick too. "Sick", according to the regulations is any child that may be running a fever, has a rash, unexplained symptoms- red goopy eyes, rashes, blisters and bumps, or who appear to be less than healthy. It is up to the day care provider to decide if a child is too sick to be at day care. If a child becomes ill at day care, the parents will be notified and expected to pick up the child within the hour, or within reason. Ill children will be isolated from the rest of the children. More information on communicable symptoms can be found under general policies & procedures. Tuition remains consistent when students are ill.

VACATION TIME/TUITION BREAK

After a child has been enrolled for a minimum of 6 months, they may take one week of a tuition break per enrollment year with no charge. The child can be present or absent for this tuition break. The center must be given a two weeks' notice to program the tuition break into the payment system. An additional 2 half (50% off) billed weeks are redeemable at any time in the child's enrollment year.

DAMAGES

Small repairs and accidents go with the territory when running a day care facility. However, parents / guardians will be held financially responsible for damages

that cannot be classed as accident or fair wear and tear (Such as deliberate breaking of toys, poking holes in furniture etc.)

Persistent late payments are grounds for termination of childcare services. Childcare positions will be lost after two weeks of non-payment. (late fees will still accrue until the account is paid in full).

If your childcare account remains unpaid for any reason, be advised that your account will also be reported to collection agency immediately. A delinquent account is any account with a balance on it for two weeks or more.

Clients are responsible to pay all tuition, late fees and two weeks' additional fees after submitting notice of termination of childcare services in writing. Clients will also be held responsible for all court, attorney and collection agency fees involved in collection of late payments and debts. Unresolved balances will be submitted to our collections agency and all personal information disclosed in the Registration and Financial Contract Form may be used to collect that debt.

NOTICE OF TERMINATION

Two full weeks advance notice in writing is required to drop your child from the day care facility. Payment is required for these two weeks even if the child is not in attendance.

Dawning Point Learning Center reserves the right to terminate this contract for any reason. Two week's notice will be given under usual circumstances. However we reserve the right to immediate termination of services under certain circumstances. (i.e. children who are a threat to others or themselves, non-payment etc..)

SIGNATURES

By signing this contract, all parties agree to all of the above terms and policies, including financial responsibility for child care provided. The provider is responsible for providing all parties a copy of the signed contract.

Parent Signature: _____ SSN: _____ Date: _____

Parent Signature: _____ SSN: _____ Date: _____

Administrator's Signature: _____ Date: _____

All questions, concerns, redemption of vacation weeks and changes should be submitted by email to arianne@dawning-point.com. Include child's first and last name as well as center location in the email. Please allow 2 to 3 business days for responses during 9 to 5 business hours and 2 week processing times for vacation redemption and account changes. Thank you.



Account Name: _____

Student Names: _____

FINANCIAL CONTRACT

Re: Families receiving alternate tuition assistance

The below reference of "I" implies the parent/guardian of the above students and the responsible party for the above account name.

- I understand that _____ (funding source) pays a set tuition and I, _____ (parent name) and responsible for the difference charged at \$ _____ weekly as well as the \$ _____ (dollar amount) current monthly copay. These terms are subject to change. Special programs, seasonal attendance, and camps may result in a difference in the covered tuition. I am responsible for that difference.
- I understand that a current credit card, debit card, or bank account* must be on file and will be used for copays, late fees, overdraft fees, or any other incurred expenses with prior notice.
- I understand that tuition for the entire week is due regardless of students' attendance unless a vacation week is redeemed with at least 2 weeks' notice in writing,
- I understand that for applicable funding sources- attendance must be entered daily regardless of center status including emergency or inclement weather closing, holiday closing, or early release.
- I understand that if I miss recording attendance within 7 days of any given school day, I will be held responsible for the tuition of the specific days missed and late fees, when applicable.
- I understand that the monthly copay is charged within the first Thursday of each month, and I am responsible for ensuring the funds are available. If it is not, this charge is also subject to return and late fees. I, _____ (parent/guardian) have reviewed this financial contract with _____ (management) and all terms are accepted and understood.

(parent/guardian) Sign _____ Date

(center director/Dawning Point rep) Sign _____ Date

**All cash payments will be assessed a \$5 handling fee as it is not our regular practice to secure, handle, or deposit cash.*

15 Kingsland Drive
Stafford, VA 22556

805 Lyons Blvd
Fredericksburg, Va 22406

1179 Courthouse Rd Ste. 2
Stafford, Va 22554

www.dawning-point.com

COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Health Information Form/Comprehensive Physical Examination Report/Certification of Immunization

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no earlier than one year before your child's entry into school.

Name of School: _____ Current Grade: _____

Student's Name: _____
Last First Middle

Student's Date of Birth: ____ / ____ / ____ Sex: _____ State or Country of Birth: _____ Main Language Spoken: _____

Student's Address _____ City _____ State _____ Zip Code _____

Name of Parent or Legal Guardian 1: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

Name of Parent or Legal Guardian 2: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

Emergency Contact: _____ Phone: _____ - _____ - _____ Work or Cell: _____ - _____ - _____

Hospital Preference: _____

Child's Health Insurance: None ☐ FAMIS Plus (Medicaid) ☐ FAMIS ☐ Private/Commercial/ Employer Sponsored ☐ _____

Box 1. Pre-Existing Conditions					
Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex) Please list Life Threatening Allergies :			Diabetes: Type 1		
			Diabetes: Type 2		
			Insulin pump		
Allergies (seasonal)			Head injury, concussion		
Asthma or breathing conditions			Hearing conditions or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart conditions		
Behavioral/Psych/ Social conditions			Lead poisoning		
Developmental conditions			Muscle conditions		
Bladder conditions			Seizures		
Bleeding conditions			Sickle Cell Disease (not trait)		
Bowel conditions			Speech conditions		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental Health conditions			Vision conditions		
Describe any other important health-related information about your child ☐ Feeding tube, ☐ Trach, ☐ Oxygen support, ☐ Hearing aids, ☐ Dental appliance, ☐ Wheelchair, Hospitalizations, etc.):					

Box 2. Medications			
List all prescription, emergency, over-the-counter, and herbal medications your child takes regularly (Home/ School):			
Medication Name	Dosage	Time Administered (Home/School)	Notes
1.			
2.			
3.			
4.			
Additional Medications (Name, Dose, Time Administered, Notes)			

Check here if you want to discuss confidential information with the school nurse or other school authority. Yes ☐ No ☐ Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

I _____ (do) (do not) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. You may withdraw your authorization at any time by contacting your child's school. When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian: _____ **Date:** ____ / ____ / ____

Signature of Interpreter: _____ **Date:** ____ / ____ / ____

This institution is an equal opportunity provider.

**COMMONWEALTH OF VIRGINIA
SCHOOL ENTRANCE HEALTH FORM
Part II - Certification of Immunization**

Check if the student's
Immunization
Records are attached
using a separate form
signed by HCP

☐

Section I

See Section II for conditional enrollment and exemptions.

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box. Please contact your local health department for assistance with foreign vaccine records.

Student Name:	Date of Birth :	/	/	Sex:
Race (Optional):	Ethnicity: ☐ Hispanic ☐ Non-Hispanic			

IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
	1	2	3	4	5
Diphtheria, Tetanus, Pertussis Vaccine (DTP, DTaP)					
Diphtheria, Tetanus (DT) or Tdap or Td Vaccine (given after 7 years of age)					
Tdap Vaccine booster					
Poliomyelitis Vaccine (IPV, OPV)					
Haemophilus influenzae Type b Vaccine (Hib conjugate) only for children <60 months of age					
Rotavirus Vaccine (RV) only for children < 8 months of age					
Pneumococcal Vaccine (PCV conjugate) only for children <60 months of age					
Varicella Vaccine			Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Measles, Mumps, Rubella Vaccine (MMR vaccine)					
Measles Vaccine (Rubeola)			Serological Confirmation of Measles Immunity:		
Rubella Vaccine			Serological Confirmation of Rubella Immunity:		
Mumps Vaccine			Serological Confirmation of Mumps Immunity:		
Hepatitis B Vaccine (HBV) ☐ Merck adult formulation used					
Hepatitis A Vaccine					
Meningococcal ACWY Vaccine					
Meningococcal B Vaccine					
Human Papillomavirus Vaccine (HPV)					
Influenza (Yearly)					
Other					
Other					

Certification of Immunization

I certify that this child is **ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED** in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's *Regulations for the Immunization of School Children* (Reference Section III).

Signature of Medical Provider or Health Department Official: _____ **Date (Mo., Day, Yr.):** 12 / /

Section II
Conditional Enrollment and Exemptions

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.
This section must be attached to Part I Health Information (to be filled out and signed by parent).

Student's Name: _____ Date of Birth: |____|____|____|
Parent or Legal Guardian Name: _____
Parent or Legal Guardian Name: _____
Phone Number: _____

MEDICAL EXEMPTION: As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

DTP/DTaP/Tdap :[____]; DT/Td:[____]; OPV/IPV:[____]; Hib:[____]; PCV:[____]; RV:[____]; Measles :[____];

Mumps:[____]; Rubella :[____]; VAR:[____]; Men ACWY:[____]; Men B:[____]; Hep A:[____]; HBV:[____]

This contraindication is permanent: [], or temporary [] and expected to preclude immunizations until: Date (Mo., Day, Yr.): |____|____|____|.

Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.): ____/____/____

RELIGIOUS EXEMPTION: The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

CONDITIONAL ENROLLMENT: As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on _____.

Signature of Medical Provider or Health Department Official: _____ Date (Mo., Day, Yr.): ____/____/____

Section III Requirements

For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at
<http://www.vdh.virginia.gov/epidemiology/immunization>

Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).
(Requirements are subject to change.)

Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at www.vahealth.org/schoolhealth.

Student's Name: _____ Date of Birth: ____/____/____ Sex: M F

Health Assessment	Date of Assessment: ____/____/____ Weight: _____ lbs. Height: _____ ft. _____ in. Body Mass Index (BMI): _____ BP _____ ☐ Age / gender appropriate history completed ☐ Anticipatory guidance provided	Physical Examination 1 = Within normal 2 = Abnormal finding 3 = Referred for evaluation or treatment											
		1	2	3		1	2	3		1	2	3	
	HEENT				Neurological				Skin				
	Lungs				Abdomen				Genital				
	Heart				Extremities				Urinary				
Tuberculosis Screening Check the box that applies: ☐ _____ Test for TB Infection: TST IGRA Date: _____ TST Reading _____ mm TST/IGRA Result: ☐ Negative ☐ Positive CXR required if positive test for TB infection or TB symptoms. CXR Date: _____ ☐ Normal ☐ Abnormal													
EPSDT Screens <u>Required</u> for Head Start – include specific results and date: Blood Lead: _____ Hct/Hgb _____													

Developmental Screen	Assessed for:	Assessment Method:	<i>Within normal</i>	<i>Concern identified:</i>	<i>Referred for Evaluation</i>
	Emotional/Social				
	Problem Solving				
	Language/Communication				
	Fine Motor Skills				
	Gross Motor Skills				
Hearing	☐ Screened at 20dB: Indicate Pass (P) or Refer (R) in each box. ☐ Screened by OAE (Otoacoustic Emissions): ☐ Pass ☐ Referred		☐ Referred to Audiologist/ENT ☐ Unable to test – needs rescreen ☐ Permanent Hearing Loss Previously identified: ☐ Left ☐ Right ☐ Hearing aid or another assistive device		
		1000	2000	4000	
	R				
L					

Vision Screen	☐ With Corrective Lenses (Check if yes) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center;">Stereopsis ☐ Pass ☐ Fail</td> <td style="text-align: center;">☐ Not tested</td> </tr> <tr> <td style="text-align: center;">Distance</td> <td style="text-align: center;">Both</td> <td style="text-align: center;">R</td> <td style="text-align: center;">L</td> <td rowspan="3" style="text-align: center; vertical-align: middle;">Test used:</td> </tr> <tr> <td style="text-align: center;">20/</td> <td style="text-align: center;">20/</td> <td style="text-align: center;">20/</td> <td style="text-align: center;">20/</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> <td style="text-align: center;"> </td> </tr> </table> ☐ Pass ☐ Referred to eye doctor ☐ Unable to test-needs rescreen	Stereopsis ☐ Pass ☐ Fail				☐ Not tested	Distance	Both	R	L	Test used:	20/	20/	20/	20/					<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center; vertical-align: middle;">Dental Screen</td> <td> ☐ Problems Identified: Referred for Treatment ☐ No Problem: Referred for prevention ☐ No Referral: Already receiving dental care ☐ Unable to perform </td> </tr> </table>	Dental Screen	☐ Problems Identified: Referred for Treatment ☐ No Problem: Referred for prevention ☐ No Referral: Already receiving dental care ☐ Unable to perform
	Stereopsis ☐ Pass ☐ Fail				☐ Not tested																	
	Distance	Both	R	L	Test used:																	
	20/	20/	20/	20/																		
Dental Screen	☐ Problems Identified: Referred for Treatment ☐ No Problem: Referred for prevention ☐ No Referral: Already receiving dental care ☐ Unable to perform																					

Recommendations to (Pre) School, Child Care, or Early Intervention Personnel	Summary of Findings (check one): ☐ Well child; no conditions identified of concern to school program activities ☐ Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here):	
	_____ Allergy: ☐ food: _____ ☐ insect: _____ ☐ medicine: _____ ☐ other: _____ Type of allergic reaction: ☐ anaphylaxis ☐ local reaction Response required: ☐ none ☐ epinephrine auto-injector ☐ other:: _____	
	_____ Individualized Health Care Plan needed (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)	
	_____ Restricted Activity Specify: _____	
	_____ Developmental Evaluation ☐ Has IEP ☐ Further evaluation needed for: _____	
	_____ Medication. Child takes medicine for specific health condition(s). ☐ Medication must be given and/or available at school.	
	_____ Special Diet Specify: _____	
	_____ Special Needs Specify: _____	
Other Comments: _____		

Health Care Professional's Certification (Write legibly or stamp) ☐ By checking this box, I certify with an electronic signature that all of the information entered above is accurate (enter name and date on signature and date lines below).

Name: _____ Signature: _____

Practice/Clinic Name: _____ Address: _____

Phone: _____ - _____ - _____ This institution is an equal opportunity provider. Fax: _____ E-mail: _____



CACFP (CHILD) LETTER TO HOUSEHOLD (PARENTS/GUARDIANS)
MEAL BENEFIT INCOME ELIGIBILITY FORM

Dear Parent or Guardian:

This center/home participates in the United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP) and receives Federal funds to provide healthy meals and snacks to enrolled children. The amount of reimbursement the center receives is based on the information provided on the attached CACFP Meal Benefit Income Eligibility Form (IEF). Part of the USDA requirement is to complete the IEF. If household income is equal to or less than the income listed in the chart below for household size, the center will receive a higher level of reimbursement. Please return the completed IEF back to the center as soon as possible.

If a member of the family (child or adult) receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) benefits or cares for a foster child(ren) that is the legal responsibility of the Virginia Department of Social Services or the court, children are categorically eligible for meal benefits regardless of household income.

If the household income is over the income guidelines listed below, the family is not required to complete this application. Instead, please write the child's name on the IEF and return it to the center. Please notify the center staff if someone in the household becomes unemployed and the loss of income causes the household income to be within the income eligibility standards.

The information provided on the IEF will be used to determine the child's eligibility for meal benefits. The information will be kept confidential and only available to staff directly connected with administering the CACFP.

Family Access to Medical Insurance Security Plan (FAMIS)

FAMIS is Virginia's health insurance program for children. It provides access to quality health services for children who do not have health insurance. **FAMIS Plus** is Virginia's name for children's Medicaid. **FAMIS Plus** also provides great benefits and covers children in families with low or no income, even if the children are covered by health insurance.

By signing the section on the application for **FAMIS** or **FAMIS Plus**, the family is stating they do not want information shared with the local Department of Social Services. If IEF information is disclosed, it may be used to identify the child(ren) for the health insurance program. More information on **FAMIS** is available at 1-866-873-2647 – Interpreters are available. Log onto www.famis.org to apply online.

A household with income less than or equal to the income chart for reduced-priced meals below is eligible for free or reduced-price meals:

Household Size	Yearly
1	27,861
2	37,814
3	47,767
4	57,720
5	67,673
6	77,626
7	87,579
8	97,532
Each additional person:	9,953

Please feel free to contact the center at () - with questions or concerns.

Nondiscrimination Statement: 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. 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 on-line 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.



Virginia Child and Adult Care Food Program (CACFP)
(Child) Annual Enrollment Form (AEF)

CENTER/PROVIDER COMPLETE THIS SECTION

Center/Provider Name

VA

Street Address

City

State

Zip Code

This institution participates in the Child and Adult Care Food Program (CACFP) and receives Federal reimbursement to provide nutritious meals for children. Federal CACFP regulations require all parents/guardians to complete and sign a separate Annual Enrollment Form for each child when enrolling their child(ren) with this provider, and every 12 months thereafter. **The parent or guardian must complete and ensure accuracy of Sections 1 through 6 below.**

This form is required for:

Child Care Centers, Family Day Care Homes

This form is NOT required for:

Outside School Hours Care Centers, Emergency Shelters

1	FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2	DAYS OF WEEK IN ATTENDANCE	3	TIMES CHILD NORMALLY ATTENDS CARE DURING THE WEEK			4	MEALS RECEIVED
	Child's First Name		☐ Monday		TIME IN	TIME OUT	SPORADIC SCHEDULE (no set schedule of days)		☐ Breakfast
			☐ Tuesday						☐ AM Snack
	Child's Last Name		☐ Wednesday						☐ Lunch
			☐ Thursday						☐ PM Snack
	Date of Birth (mm/dd/yyyy)		☐ Friday		NOTES:				☐ Supper
			☐ Saturday						☐ EV Snack
	Age		☐ Sunday						

5

Parent/Guardian Signature and Date: By signing this form, I certify that I am the parent/legal guardian of the child named in Section 1 of this Annual Enrollment Form and that the information contained on this form is true and correct.

Printed Name:

Signature:

Street Address:

City, State, Zip Code:

Phone Number HOME / WORK / CELL (circle one):

Date:

Nondiscrimination Statement: 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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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.

6

Ethnic and Racial Identification: Parent/Guardian to complete. Please select ONE Ethnicity; Please select ONE OR MORE Races

ETHNIC IDENTIFICATION

☐ **Hispanic, Latino or Spanish Origin:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

☐ **Not Hispanic, Latino or Spanish origin**

☐ **I decline to answer.**

RACIAL IDENTIFICATION

☐ **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains culture identification through tribal affiliation or community attachment (includes Aleuts and Eskimos).

☐ **Black, African American, or Haitian:** A person having origins in any of the black racial groups of Africa.

☐ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **I decline to answer.**

NOTES:

Information on this form must be kept confidential.

Child Care Representative Use Only	
Effective Date of This Enrollment Form:	The effective date may be retroactive to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.
(mm/dd/yyyy)	
Effective Withdrawal Date of This Enrollment Form:	
(mm/dd/yyyy)	
Printed Name of Center Representative	This form is effective for 12 months from the date of parent signature.
Signature of Center Representative	

This institution is an equal opportunity provider.

VIRGINIA CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (IEF) FOR CHILD CARE CENTERS and FAMILY DAY CARE HOMES

1 All Household Members				2		3										
NAMES OF ALL HOUSEHOLD MEMBERS [Adults and Children]				FOSTER CHILD		SNAP, TANF or FDPIR CASE #										
First, Middle Initial, Last			Check if NO income	Ages of children in care	Skip to Part 6 if all are foster children.		Skip to Part 6 if you list a SNAP, TANF or FDPIR case number.									
							SNAP AND TANF MUST BE NINE (9) DIGITS									
1			☐			☐										
2			☐			☐										
3			☐			☐										
4			☐			☐										
5			☐			☐										
6			☐			☐										

4 Homeless, Migrant, or Runaway	
☐ Homeless ☐ Migrant ☐ Runaway	If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your School Homeless Liaison or Migrant Coordinator.

5 Total Household Gross Income (before deductions). You must tell us how much and how often.

NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT IS RECEIVED (Example: \$100/month, \$100/twice a month, \$100/every other week, \$100/week)							
	Earnings From Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp, Unemployment, SSI, etc.	
	Amount	How often	Amount	How often	Amount	How often	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

6 Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 5 is completed or if zero income is listed, the adult signing the form must also list the last four digits of his or her social security number or mark the <i>I do not have a social security number</i> box.	X X X - X X - Social Security Number ☐ I do not have a social security number.
---	--

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.

Date _____ Printed Name of Adult Household Member _____ Signature of Adult Household Member _____

7 Contact Information (Optional)

Work Telephone Number (Include Area Code) _____	Home Address (Number, Street, City, State, Zip Code) _____
---	--

8 Optional - Sharing Information with Virginia's Health Insurance Program for Children (FAMIS)

May we share your information on this application with the FAMIS, the complete health insurance program for every child in Virginia? If **yes**, do not sign below.

☐ No, I do not want my information from this application shared with the FAMIS. Date: _____ Sign here: _____

CHILD CARE REPRESENTATIVE USE ONLY – ELIGIBILITY DETERMINATION – COMPLETE SECTIONS A and B BELOW

SECTION A Annual Income Conversion: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12

TOTAL INCOME Per \$ _____	☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year	Convert income only if different frequencies of pay are reported. NUMBER IN HOUSEHOLD: _____
☐ FREE based on:		
☐ foster child ☐ migrant ☐ SNAP, TANF, FDPIR ☐ household income ☐ income too high ☐ incomplete application ☐ non-qualifying SNAP/TANF		

SECTION B Signature of Determining Official: _____ Date: _____

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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/ad-3027.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:

(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.

Please circle location: Stafford Fredericksburg Courthouse

Automated Payment Processing



Safe. Convenient. Easy. Please charge ___ weekly ___biweekly ___monthly starting on ___ / ___ / ___

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 FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) Dawning Point Learning Center 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 ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date	CVVC	
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	☐ Checking	☐ Savings	
Authorized Signature	Date			

Your Name
Any Street, Anytown
Tel: (001) 555-0000

0001

DATE

PAY TO THE ORDER OF **ATTACH VOIDED CHECK HERE** \$

DEPOSIT SLIPS NOT ACCEPTED

Savings Bank
Any Street, Anytown
Tel: (001) 555-5555

100 DOLLARS

Security features Included Details on back

RE

MP

123456789

000123456789

0001

ROUTING
NUMBER

ACCOUNT
NUMBER

CHECK
NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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