



Updated August 2023

P.O. Box 1572 – 454 East Hennick
www.pinedalediscoverycenter.org
307.367.6272 Phone
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-----CHILD CARE APPLICATION-----

Today's Date: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Town of Pinedale Resident: Yes / No Sublette County Resident: Yes / No

Physical Address: \_\_\_\_\_ Sex: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_ Home Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Who will usually bring and pick up your child? \_\_\_\_\_

Names of Siblings: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Other than the above parent/guardians, only the following person(s) may remove your child from care without previous notice. PHOTO ID WILL BE REQUIRED.

Table with 3 columns: Name, Relationship, Phone. Three rows of blank lines for entry.

## SUPERVISION NEEDS CHECKLIST

The following information is requested to provide the best care for your child. Your responses assist us in getting to know your child, as well as allowing us to be consistent with daily routines as much as possible. All information is confidential.

Other languages spoken at home: \_\_\_\_\_

Have there been any changes in your family structure? (ex: separation, divorce, death of someone close to your child, a move, marriage?) \_\_\_\_\_

Is there a family history of learning/behavioral difficulties? \_\_\_\_\_

Please **circle** the words that best describe your child:

Calm	Shy	Excitable
Cheerful	Loud	Easily Angered
Temper Tantrums	Active	Aggressive
Gives in easily	Curious	Hyperactive
Shares well	Loving	Unfocused
Busy	Contended	Happy
Bites	Destructive	Bright
Sensitive	Slow Learner	Jealous
Stubborn	Quiet	On Task
Refuses Eye Contact	Other: _____	

How does your child get along with other children? \_\_\_\_\_

How does your child express feelings? \_\_\_\_\_

What behavior do you find most difficult to handle? \_\_\_\_\_

What method of discipline works best with your child? \_\_\_\_\_

Who does most of the disciplining? \_\_\_\_\_

Are there “family” rules I should be aware of? \_\_\_\_\_

What are your child’s favorite activities? \_\_\_\_\_

Least favorite? \_\_\_\_\_

Does your child require assistance with: (circle any that apply)

Buttons	Zippers	Snaps	Velcro	Getting on or off: pants, shoes, jackets, shirts.
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Does your child: (circle any that apply)	Use a pacifier	Suck Thumb	Fingers
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Does your child have a “fussy” time? \_\_\_\_\_  
 \_\_\_\_\_ When? \_\_\_\_\_

How do you handle those “fussy” times? \_\_\_\_\_

What frightens your child? \_\_\_\_\_

Has your child been in child-care before? \_\_\_\_\_

Is your child toilet-trained? How does he/she communicate with you when its time? \_\_\_\_\_

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

## Medical Information

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

List any frequent illnesses and/or hospitalizations: (ear infections, strep throat, seizures, etc.)

List any know allergies: \_\_\_\_\_

List any communicable diseases has your child had? (chicken pox, measles, mumps, etc.)

Is your child currently taking medications?  YES  NO

If yes, what? \_\_\_\_\_

Are there any special medical concerns we should know about?

Does your child receive therapeutic services in a developmental center or school? YES  NO

If yes, please list which services: \_\_\_\_\_

Does your child need glasses? \_\_\_\_\_ Does your child use sign language, lip reads, or wears hearing aids? List all that apply. \_\_\_\_\_

### Medical Information

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Information:

Insurance Company: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_ ID Number: \_\_\_\_\_

#### **PARENTS ARE RESPONSIBLE FOR ALL EMERGENCY MEDICAL TREATMENTS.**

In the event of an emergency, please list where you and all authorized individuals can be reached:

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Authorized Individual: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

- The health history and medical information I have provided is correct and I understand that it is my responsibility to provide updates of health status, any changes in health conditions or medicinal needs as they occur throughout my child's time at the CDC.
- I do hereby release, discharge, and hold harmless the CDC employees from all such claims, demands, injuries, damage to person or property, action or causes of action, including but not limited to all acts of active or passive negligence on the part of Children's Discovery Center employees.

I have read, understand, and agree to the terms and conditions of this release. By signing, I am also indicating this was done freely and without inducement.

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

# Authorization of Medical Treatment

## AUTHORIZED ADULTS

In the event of an emergency, please indicate your name and phone number where you and the authorized person can be reached.

Father's name \_\_\_\_\_ Phone \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone \_\_\_\_\_

Another authorized person \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

Another authorized person \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

I, \_\_\_\_\_ hereby give permission to \_\_\_\_\_  
To obtain medical or surgical care from a health care facility, physicians or dentists for my child, whose full name is \_\_\_\_\_ and date of birth is \_\_\_\_\_ should the need arise. It is understood that a conscientious effort will be made to locate me before action will be taken. If this is not possible, treatment, as deemed necessary by the physicians/dentists, may be taken. I further consent to transportation of the above-named child to the nearest or most appropriate medical facility.

The medical insurance company that covers the above-named child is:

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

I authorize the hospital and attending physicians to submit claims to the above-named company and hereby assign benefits directly to this company. I understand that I am financially responsible to providers of service for charges not covered by any insurance payments.

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

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

# Preschool Tuition Contract

This agreement is made between **The Children’s Discovery Center and**

Parent/Guardian (print name): \_\_\_\_\_

Parent/Guardian (print name): \_\_\_\_\_

On Behalf of Child (print name): \_\_\_\_\_

Child’s D.O.B. \_\_\_\_\_

Age Group: (check one)

\_\_\_\_ 2-3 yrs.                      \_\_\_\_ 3-4 yrs.                      \_\_\_\_ 4-5 yrs.

**Contract days (new rates starting September 1<sup>st</sup>, 2021):** (circle one)

<b>1 day</b>	<b>2 days</b>	<b>3 days</b>	<b>4 days</b>	<b>5 days</b>	<b>DROP IN:</b>
<b>(\$200)</b>	<b>(\$350)</b>	<b>(\$470)</b>	<b>(\$600)</b>	<b>(\$735)</b>	<b>\$40</b>

Upon discussion with Director, which days will your child be attending (circle): **M T W Th F**

Contract Tuition Amount per month: \$ \_\_\_\_\_

- There is no discount, refund, or other allowance for absence, illness, vacation, holidays, school closures, or any other reason.
- The tuition fee is due **before the 5th of each month**. When a payment is not received the space is no longer reserved for your child, and your child cannot attend the center. CDC may terminate childcare if an invoice has not been paid by the 5th of the month or payment arrangements have not been made with the administration.
- CDC is aware that parents experience occasional emergencies and with proper notice the fees may be waived by the administration.
- Families meeting income and need requirements as determined by the Department of Family Services may be eligible for childcare assistance and we will arrange contracts accordingly.
- Parents/Guardians will be required to give one month’s notice to terminate enrollment, submitted on the school *Withdrawal Notice/Schedule Change Request Form*. Parents/Guardians will pay tuition for the one-month notice period, even if the child does not attend the school during that month.
- School operational hours are Monday – Friday from 7:30 AM to 5:30 PM in the months of June, July and August, and 7:15 AM to 5:30 PM during the months of September - May (with the exception of school holidays listed and other school closures listed on the yearly calendar.)  
**Families picking up children after the conclusion of the scheduled departure, will be charged a late fee of \$1.00 for each minute they are late.**

Responsible Party

I hereby acknowledge that I have read this form and I understand its contents. **By signing below, each signatory declares to have read, understood, and come into agreement with the terms of this Preschool Tuition Contract. Furthermore, each Parent or Guardian signing below has received, reviewed, and agreed to policies and procedures of the Children’s Discovery Center Parent Handbook.**

\_\_\_\_\_  
Signature of Mother/Guardian                      Date

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Signature of Father/Guardian                      Date

\_\_\_\_\_  
Social Security #

## USDA-CACFP #10.558

### SAMPLE LETTER TO HOUSEHOLD (FREE/REDUCED PRICE MEALS) CHILD AND ADULT CARE FOOD PROGRAM

Dear Parent/Guardian:

Please help us comply with the requirements of the United States Department of Agriculture's Child and Adult Care Food Program (CACFP) by completing the Meal Benefit Form and returning it as quickly as possible. This information is necessary so that we may receive reimbursement for the meals served to the children in our program. This form will be placed in our files and treated as confidential information.

All children enrolled in our center(s) receive their meals at no separate charge, but the determination of eligibility category affects the amount of federal funding we receive.

In order to be approved for free or reduced price meal benefits, your application must contain either: (1) a POWER, Food Stamp or Food Distribution Program on Indian Reservations (FDPIR) number or (2) your household's income, by source. The Department of Agriculture defines "household" as a group of related or unrelated individuals (not residents of an institution or boarding house) who are living as one economic unit (i.e. sharing living expenses).

The **income** you report must be the total gross income received last month listed by source for each household member. 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 Chart, the center receives a higher level of reimbursement for meals served to your children.

FOOD STAMP/POWER/FDPIR HOUSEHOLD: If your household currently receives food stamps or if you receive POWER or FDPIR benefits for the child(ren) listed in Section 1 of the application, you will only have to list the child(ren)'s name(s), your food stamp, POWER or FDPIR case number, your name, and dated signature.

If you are receiving POWER, but are not receiving it for all the children listed in Section 1 of the application, you will need to complete the entire application. Those children for whom POWER is being provided will be eligible for free meals. The eligibility of the other children listed for Free or Reduced Price meals will be based on household income as outlined in the following paragraph.

ALL OTHER HOUSEHOLDS: If your household income is at or below the level shown on the Income Chart on the following page, your children are eligible for either free or reduced price meal benefits.

Households are no longer required to report changes in circumstances, such as an increase in income, a decrease in household size or when the household is no longer certified eligible for food stamps or Temporary Assistance for Needy Families. Therefore, effective immediately, once properly approved for free or reduced price benefits, a household will remain eligible for those benefits for a period not to exceed 12 months.

You should note that, if you have a foster child, that child may be eligible for free or reduced price meals regardless of household income (see application). Please refer to the instructions on "How to Complete the Meal Benefit Form" for additional information.

The information on the form will be used to decide the level of reimbursement the center is eligible to receive. We may inform officials of other child nutrition, health and education programs of the information on your form to determine benefits for those programs.

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:

1. mail:  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

## INCOME ELIGIBILITY GUIDELINES

(Effective from July 1, 2023 to June 30, 2024)

Household Size	REDUCED PRICE MEALS -- 185%				
	Annually	Monthly	Weekly	Every Two Weeks	Twice a Month
1	\$26,973	\$2,248	\$519	\$1,038	\$1,124
2	\$36,482	\$3,041	\$702	\$1,404	\$1,521
3	\$45,991	\$3,833	\$885	\$1,769	\$1,917
4	\$55,500	\$4,625	\$1,068	\$2,135	\$2,313
5	\$65,009	\$5,418	\$1,251	\$2,501	\$2,709
6	\$74,518	\$6,210	\$1,434	\$2,867	\$3,105
7	\$84,027	\$7,003	\$1,616	\$3,232	\$3,502
8	\$93,536	\$7,795	\$1,799	\$3,598	\$3,898
For each additional family member, <b>ADD</b>	\$9,509	\$793	\$183	\$366	\$397

**NOTE: YOUR MEDIA RELEASE MUST INCLUDE THE INCOME FOR BOTH REDUCED PRICE MEALS AND FREE PRICE MEALS.**

**NOTE: YOUR MEDIA RELEASE MUST INCLUDE THE INCOME FOR BOTH REDUCED PRICE MEALS AND FREE PRICE MEALS.**

## CHILD AND ADULT CARE FOOD PROGRAM ANNUAL ENROLLMENT FORM

- Our center participates in the Child and Adult Care Food Program and receives Federal reimbursement for the meals served to your child(ren).
- The Federal Regulations require us to collect and update this information on an annual basis **for all of our enrolled children.**
- The indication of racial and ethnic background is located on the back page and is optional and will not affect eligibility for the program. This information is used for reporting purposes only. If racial/ethnic background is not reported, a visual identification of the child's race and ethnicity will be made.
- Participation in the program is not determined by income status. All children enrolled at this center are part of the Child and Adult Care Food Program.
- The **amount** of reimbursement your center receives from the CACFP Program **is** based on income guidelines. That is why it is important for you to fill out the following Meal Benefit Form. Your cooperation will help the center get the proper reimbursement for nutritious snacks and meals that your child(ren) are receiving.

**You must sign and date this annual enrollment form at the bottom of the page.**

### Meal Benefit Form

NAME OF CHILD(REN) ENROLLED IN THE CENTER	AGE	SNAP (Food Stamp) Case #	POWER/TANF CASE # <small>Not Caretaker or Relative</small>	FDPIR Case#

- If you listed a **SNAP, POWER/TANF or FDPIR** case number listed above. **Go directly** to the signature and date at the bottom of the page.
- Check here if a **FOSTER CHILD(ren)** lives in your household . List name(s) of the Foster child(ren) \_\_\_\_\_
- If your child is not a foster child or does not have a **SNAP, POWER/TANF (Not Caretaker or Relative)** or **FDPIR Case #** please fill out the following section:
- **HOUSEHOLD MEMBERS AND MONTHLY INCOME:**

Names of All Household Members (include children listed above)	Gross <b>Monthly</b> Earnings (before deductions) Job 1	Gross <b>Monthly</b> Earnings (before deductions) Job 2	Monthly Welfare Payments, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Any Other <b>Monthly</b> Income
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

**Monthly Income Conversion: Weekly Pay X 52/12; Every 2 weeks Pay X 26/12; Twice monthly Pay X 2.**

**SIGNATURE AND SOCIAL SECURITY NUMBER:** I certify that all of the above information is true and correct, that the SNAP, POWER/TANF, or FDPIR program case number is either current/correct, or that all income is reported. I understand that this information is being given for the receipt of federal funds, that child care institution or state officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.

\_\_\_\_\_  
**Signature of Adult Household Member completing form**

Date Signed \_\_\_\_\_

**Last four digits of Social Security Number** \_\_\_\_\_ (required for validity and integrity of the Child and Adult Care Food Program--This form will be kept confidential with no public or staff access to the information) **If your child is a foster child, or has a SNAP, POWER/TANF (Not Caretaker or Relative) or FDPIR Case Number the Social Security Number is not required.**



Printed Name \_\_\_\_\_

Home Telephone No \_\_\_\_\_

Work Telephone No. \_\_\_\_\_

Street/Apt. No. \_\_\_\_\_

City/State/Zip \_\_\_\_\_

\*PRIVACY ACT STATEMENT: SECTION 9 OF THE NATIONAL SCHOOL LUNCH ACT REQUIRES THAT, UNLESS YOUR CHILD'S SNAP, POWER OR FDPIR CASE NUMBER IS PROVIDED, YOU MUST INCLUDE THE SOCIAL SECURITY NUMBER OF THE ADULT HOUSEHOLD MEMBER SIGNING THE APPLICATION OR INDICATE THAT THE HOUSEHOLD MEMBER DOES NOT HAVE A SOCIAL SECURITY NUMBER. PROVISION OF A SOCIAL SECURITY NUMBER IS NOT MANDATORY, BUT IF A SOCIAL SECURITY NUMBER IS NOT GIVEN OR AN INDICATION IS NOT MADE THAT THE SIGNER DOES NOT HAVE SUCH A NUMBER, THE APPLICATION CANNOT BE APPROVED. THE SOCIAL SECURITY NUMBER MAY BE USED TO IDENTIFY THE HOUSEHOLD MEMBER IN CARRYING OUT EFFORTS TO VERIFY THE CORRECTNESS OF INFORMATION STATED ON THE APPLICATION. THESE VERIFICATION EFFORTS MAY BE CARRIED OUT THROUGH PROGRAM REVIEWS, AUDITS, AND INVESTIGATIONS; AND MAY INCLUDE CONTACTING EMPLOYERS TO DETERMINE INCOME, CONTACTING A SNAP OR WELFARE OFFICE OR FOOD DISTRIBUTION OFFICIAL TO DETERMINE CURRENT CERTIFICATION FOR RECEIPT OF SNAP, POWER/TANF OR FDPIR BENEFITS, CONTACTING THE STATE EMPLOYMENT SECURITY OFFICE TO DETERMINE THE AMOUNT OF BENEFITS RECEIVED, AND CHECKING THE DOCUMENTATION PRODUCED BY HOUSEHOLD MEMBERS TO PROVE THE AMOUNT OF INCOME RECEIVED. THESE EFFORTS MAY RESULT IN A LOSS OR REDUCTION OF BENEFITS, ADMINISTRATIVE CLAIMS OR LEGAL ACTIONS IF INCORRECT INFORMATION IS REPORTED.

**ETHNICITY:** Please report the ethnic identify of your child(ren). You are not required to answer this question.

Hispanic # \_\_\_\_\_

Non-Hispanic # \_\_\_\_\_

**RACE:** Please report the racial identity of your child(ren). You are not required to answer this question

White # \_\_\_\_\_

Alaskan Native or American Indian # \_\_\_\_\_

Black or African American # \_\_\_\_\_

Asian # \_\_\_\_\_

Native Hawaiian/Other Pacific Islander # \_\_\_\_\_

**USDA Nondiscrimination Statement**

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

2. fax:  
(833) 256-1665 or (202) 690-7442; or

3. email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider

**FOR CENTER USE ONLY - DO NOT WRITE BELOW THIS LINE**

CHILD OR CHILDREN \_\_\_\_\_

Total Household Size: \_\_\_\_\_

Monthly Income: \_\_\_\_\_

SNAP #: \_\_\_\_\_ POWER/TANF# \_\_\_\_\_ FDPIR #: \_\_\_\_\_ FOSTER CHILD: \_\_\_\_\_

Eligibility Determination: Approved Free \_\_\_\_\_ Approved Reduced: \_\_\_\_\_ Denied: \_\_\_\_\_

Reason for Denial: Income too high: \_\_\_\_\_ Incomplete Application: \_\_\_\_\_ Other: \_\_\_\_\_

Signature of Determining Official\*: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Application determination must be completed no later than 10 days of parent signature date by Designated Determining Official**

## Eating Habits

Child's favorite foods: \_\_\_\_\_

Food Dislikes? \_\_\_\_\_

Does your child use utensils successfully? \_\_\_\_\_

Does your child drink from: (Circle all that apply)                      Bottle                      Sippy Cup                      Regular Cup

What eating habits you are concerned with? \_\_\_\_\_

Does your family eat together frequently? \_\_\_\_\_

Does your child help you cook? \_\_\_\_\_

Do you have a garden? Is your child involved in the process? \_\_\_\_\_

How do you instill healthy eating habits? \_\_\_\_\_

Does your child frequently drink water or milk? \_\_\_\_\_

What else can you share with us about your child during mealtimes? \_\_\_\_\_

Would you be willing to join us for lunch? \_\_\_\_ If so, please let our Head Cook know. We love having visitors!

## Permission to use Sunscreen/Bug Spray

Name of Child (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

As the parent/guardian of the above child, I recognize that too much exposure to UV rays can harm my child. Therefore, I give permission for the staff at the Children's Discovery Center to apply sunscreen (**Thinkbaby SPF 50+**) when he/she is playing outside, especially during the months of April – September. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

I also know that my child is exposed to the outdoors and that mosquitoes and other insects may bite my child. Therefore, I give permission for the staff at the Children's Discovery Center to apply bug spray (**Ecosmart Organic Insect Repellent**) when he/she is playing outside, especially during the months of April – September.

I give permission for the administration of the following over the counter medications that the CDC supplies:

\_\_\_\_\_ I do not know of any allergies my child has to sunscreen. (**Thinkbaby SPF 50+**)

OR

\_\_\_\_\_ I would like to provide my own sunscreen to use for my child.  
\_\_\_\_\_

\_\_\_\_\_ For medical or other reasons, please do NOT apply sunscreen to the following areas of my child's body: \_\_\_\_\_

\_\_\_\_\_ I do not know of any allergies my child has to bug spray. (**Ecosmart Organic Insect Repellent**)

OR

\_\_\_\_\_ I would like to provide my own bug spray to use for my child.  
\_\_\_\_\_

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

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

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

## Field Trip Permission

Name of Facility: Children's Discovery Center  
Address of Facility: 454 East Hennick St. Pinedale, WY 82941

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

*Consent is given for the items initialed below:*

### Walking trips

\_\_\_\_\_ Walking trips to the following locations, (but not limited to): Recycling Center, Pinedale Aquatic Center, Sublette County Library, Baseball Fields, Sublette Center and bike trail behind school.

### Motor Vehicle Transportation

\_\_\_\_\_ Trips are frequently taken by the program in the CDC School Bus with a licensed CDL driver, with all children secured in a seat belt or child safety device (as per Wyoming State Law) while being transported. Special Field Trip Permission forms will be filled out for trips made *outside of Sublette County*.

With this understanding, I hereby give the Children's Discovery Center permission to take my child, \_\_\_\_\_ off the premises and on excursions that will take place during regular childcare hours. I understand that trips will be supervised and that all precautions will be made for the safety and well-being of all the children. I also understand that The Children's Discovery Center will not be liable for any accident or injury.

\*\*Swimming will not take place by CDC staff, but can take place with parent permission at the Pinedale Aquatic Center (PAC) with certified swim instructors. A separate field trip permission form must be filled out.

When children are transported there will be a 1st Aid Kit, emergency medical release forms and a current attendance record immediately available. I/we follow Federal Motor Vehicle Safety Standards for child restraint systems and cannot transport without proper safety restraints. Direct staff supervision will always be maintained.

Are there any other activities in which your child *should not* participate?

\_\_\_\_\_

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

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

## Photography & Video Release

I, \_\_\_\_\_, hereby give permission to use a **photo, video** and **voice recording** of \_\_\_\_\_ (child's name) to the Children's Discovery Center. I understand that these images may be published. I understand that the images of the minor may be used in educational services, with other clients of our facility as well as posted around our classroom, and public-service advertisements to promote the Children's Discovery Center. (i.e. Facebook, Instagram, newspapers, website, and other media outlets)

I, \_\_\_\_\_ do NOT give permission for \_\_\_\_\_'s images to be used.

(Annual school portfolios are considered internal school publications and are not subject to these restrictions. If you wish your child's name/photo not be included in the annual school portfolios, please notify office in writing.)

X

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

X

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

## Checklist to start Childcare

- \_\_\_ Application Packet returned including:
  - \_\_\_ Childcare Application
  - \_\_\_ Supervision Needs Checklist
  - \_\_\_ Medical Information Form
  - \_\_\_ CACFP Annual Meal Enrollment Form
  - \_\_\_ Permission to apply Sunscreen/Bug spray Form
  - \_\_\_ Preschool Tuition Contract
  - \_\_\_ Authorization to Transport (field trips) Form
  - \_\_\_ Photography and Video Release Form
  - \_\_\_ **Downloaded Brightwheel App**
  
- \_\_\_ child is at least 2 years of age
  
- \_\_\_ **current** immunization records attached
  
- \_\_\_ Read Parent Handbook and returned the Handbook Agreement form
  
- \_\_\_ Turned in school supplies

# Parent Handbook

## Agreement

This parent handbook has been prepared as a summary of the policies, philosophies, and procedures of the Children's Discovery Center (CDC). Please read it carefully. Upon completion of your review of this handbook, sign the statement below, and return it to the director.

I, \_\_\_\_\_, have received and read a copy of the CDC Parent Handbook which summarizes the goals, policies, procedures, and expectations of CDC, as well as my responsibilities as a parent.

I have familiarized myself with the contents of this handbook. By my signature below, I acknowledge, understand, accept, and agree to comply with the information contained in the Parent Handbook provided to me by CDC.

The Board of Directors and the administration retain the right to change the contents of this handbook as they deem necessary, with or without notice.

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

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

## Parent Involvement

I would like to be involved and support the Children's Discovery Center in the following ways:

\_\_\_\_\_ Fundraisers – please circle (Day/Night Golf Tournament, Harvest Festival Fundraiser, Touch-A-Truck, Wreaths, & Farmer's Market)

\_\_\_\_\_ Grant writing/editing

\_\_\_\_\_ Building Projects Indoor/Outdoor

\_\_\_\_\_ Volunteer Field Trips

\_\_\_\_\_ Guest Speaker

\_\_\_\_\_ Donation

A project I would like to help with is:

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A talent I would like to share is:

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A holiday party that I would like to plan is:

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Other ideas I have: \_\_\_\_\_



# Preschool Supplies List



Please bring the following at Open House or the child's 1<sup>st</sup> day of school:

- 1 can of Lysol spray
- 1 box of tissues
- 1 full change of clothes in a large clear bag labeled with child's name (shirt, bottoms, underwear, and socks)
- Pre-K Class (4-5 yr olds) Paper Plates
- Preschool Class (3-4 yr olds) Napkins
- Toddler Class (2-3 yr olds) Paper Cups
- Elmer's Glue Sticks
- *Band-Aids*

\*If your child is still in diapers, please bring a box of diapers (labeled with your child's name) and 1 box of UNSCENTED wipes. We will do a wipe box share with other families throughout the year, so this may need to be replaced again as the year goes on.

**The following items are not required but are greatly appreciated!**

- 1 box of Ziplock sandwich bags/gallon
- Thinkbaby Sunscreen
- 1 bottle of bleach
- Trash bags (13 gallon)
- 1 ream of white paper
- Stamps
- Dishwasher Detergent
- Coffee ☺

Throughout the year we have apples on the front door of supplies we need for the classrooms. Please keep an eye out for that also.

Thank you for your cooperation!