



27 Memorial Drive St Johnsbury, VT 05819

Heather Smires- Owner (802) 473-2772

Kaylin Brousseau 802-279-0023

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“It is our mission to provide each child and their family with high quality care and education at a superior standard of professionalism.” - CAMP LOL

We would like to welcome you and your child to Camp LOL, you're away from school fun and learning place. We open our doors at 6:30 a.m. and close at 5:30 p.m. We understand the many difficulties that parents face to balance work, commitments and responsibilities. Through the daily hustle and bustle of your life, we want you to know and feel confident that while your child is at Camp LOL, he/she will be surrounded with high quality care, love and nurture with the utmost respect, and have a fun and safe environment. We will provide you with a peace of mind knowing that he/she is being well taken care of and loved in the same fashion that you yourself would provide. We want you as the parent/ guardian to remember that your child is always the number one priority of our program, and with that in mind, you, the parent/guardian are the first and foremost powerful teacher in your child's life. We respect and appreciate you.

Our personal beliefs about Early Childhood Education that we implement at our childcare facility are based upon the knowledge that a child's growth is developmental. It is very clear that a child's early years build a foundation for their lifetime pursuits of a happy and successful life. Our staff and I provide each individual child with love, support, and respect. We believe that each child is unique with an individual pattern and timing of social, emotional, physical, and intellectual development. If your child has a diverse need, we open our doors to all service providers to allow for any services to take place right here at the center, allowing for you to continue to work with the reassurance your child is receiving the help they need. We also work closely with other community members allowing for you and your child to be part of a strong support network that reaches outside of the center.

CAMP LOL creates a curriculum that focuses on exploration, discovery, creative expression, exciting adventures, and social as well as emotional well-being. We believe that self-confidence is at the core of meaningful learning, and therefore, we provide unique opportunities through supported learning situations that promote positive experiences. We recognize and value the importance of each “day family” member, and will provide a safe and welcoming environment for your little one(s). We strive to instill open and supportive communication between staff members, you as the parents / guardians, and your child. We look forward to your smile each and every morning, learning of your child's hopes and dreams.....and doing everything we can to support and create success on every level.



## **Welcome to our Family!**

### **What to bring:**

Camp LOL requires at least 2 extra changes of clothes to be supplied each day. You may choose to leave them here at our center or take them back and forth daily. This should include socks, underwear, pants, and a shirt. During the summer, we ask that you supply sunscreen, as well as swimwear, a towel and water shoes if preferred. They must have at least one pair of close-toed shoes, and a backpack is also encouraged. During cold weather, all children are required to have snow pants, snow boots, jacket, hat, and gloves or mittens. Please label all your children's clothing. If your child is joining our Pre-K program, please include a toothbrush for after meal hygiene. We will supply sleeping mats, blankets and sheets for your child. If your child has a favorite sleeping blanket or stuffed toy he/she may bring them to sleep with.

### **Family style meals:**

CAMP LOL will provide an early morning snack, breakfast, lunch, an afternoon snack, and even a small 5:00 p.m. snack. Our meals are homemade and follow the CACFP state regulations. Cakes, cookies, and sweets may only be served for special events or holidays. Our center has safe drinking water that is free from lead. Please be sure to let us know of any special dietary needs or food allergies that your child may have. All our meals are served as family style dining to reinforce serving and social skills. With that said, we would like to personally invite you in to join us for a delicious lunch anytime with your child at our center. All we ask is that you let us know you will be joining us 1 day prior so we can set a place for you.

The advantages of family style meals for children include:

- Family style meals reinforce social skills by:
  - Taking turns
  - Passing food in serving dishes to others
  - Saying please and thank you
  - Helping to set the table for friends
- Children practice serving skills to:
  - Practice fine and gross motor skills to serve and pass food
  - Learn appropriate mealtime behaviors (ex. serving without touching the food)
  - Learn not to eat out of the serving dishes or from serving utensils.
- Children who feel in control of their eating tend to:
  - Take small servings of food and take additional food later in the meal
  - Choose not to take food initially but change their minds as the meal proceeds
  - Feel confident that additional food will be available throughout the meal
- Our amazing staff indirectly encourages children to try new foods
  - Children who feel in control of their eating are more likely to try new foods



We encourage you to come join us for lunch anytime. Your child would love to see you, and we would love to visit with you.

**Daily Schedule Includes:**

- Free play and outdoor play
- Small motor and large motor play
- Morning meeting/circle time and social-emotional circle
- Creative activities and expression/dance
- Field trips
- Stories, and songs
- Swimming lessons (during summer months)

**Meal Times:**

- 6:30-9:00 a.m. Breakfast
- 11:30 a.m. Lunch
- 2:30-3:15 p.m. Afternoon Snack
- 5:00 p.m. Small "to get me through until supper" Snack

**Quiet Time/ Napping:**

12:15-2:15 p.m. If you prefer your child does not take a nap, or would like them to have a shorter nap, please let us know.

**Rates and Fees:**

Rates are based on 5 STAR reimbursement set by the Vermont Department of Children and Families. Families who do not qualify for the financial program can meet with Heather Smires in regards to financial assistance.

**\*Fees for that week of care are due in full by the end of business on Friday.\***

We hope your child can come to our Center every day, but there are times when children should stay home for their own safety and well-being, or to prevent the spread of contagious conditions. Please call us if you have any questions. Below is a list of reasons when your child should remain home or will need to be picked up from our Center. Please keep children home for at least 24 hours if they have had any of the following:

- Fever over 100 degrees (child needs to be fever free for 24 hours without the aid of tylenol before returning)
- Diarrhea (child needs to have a regular BM before returning)
- Vomiting



- Infectious disease
- Unexplained rashes
- Conjunctivitis (Pink Eye)
- Impetigo
- Head lice and nits

**\*Please review our COVID-19 sick policy on the following pages.\***

Dear Families,

If your child is experiencing any of the following symptoms they will not be allowed to be in childcare until they are symptom free for 24 hours. If your child starts to experience any of these **symptoms** while at Childcare we will ask that you come pick your child up as soon as possible.

- Fever of 100.4 or higher
- Cough
- Shortness of breath
- Chills
- Fatigue
- Muscle pain or body aches
- Headache
- Sore throat
- Loss of taste or smell
- Congestion or runny nose that has green mucus
- Nausea, vomiting or diarrhea (diarrhea is defined as frequent loose or watery stools)

### **COVID-19 exposure**

Should you, your child or another family member of your household be exposed to COVID-19 we will ask that your child remain at home until we have confirmation that ALL Covid-19 tests come back negative. Once a negative result has been given your child may return to childcare. Should your child's school have a COVID-19 case and need to close (this also means for remote learning) for contact tracing we will ask that your child remain home until contact tracing has been completed. Your child may return to childcare once screening is complete and you were not notified for contact tracing.

### **Drop-off and Pick-up**

We ask that if you are experiencing any COVID-19 symptoms please stay home and refrain from entering our center. We also ask that your child wash his or her hands before entering the classroom, and if you are entering the classroom with your child please wash your hands.

Thank you for your understanding.



### **CAMP LOL Ensures:**

- A complete first aid kit is always kept on the premises.
- Parents will be notified of all accidents, and asked to sign and date an accident report that will be kept on file.
- If your child becomes ill during the day, they will need to be picked up.
- If your child will be absent from CAMP LOL due to illness, please let us know as soon as possible. You can call the center directly, text your child's teacher or the director.
- A medication log must accompany all over the counter medicine & prescriptions. Over the counter medicine is usually given for short term health conditions. We do not accept expired medication. Once your child's medication has expired it will be sent home and a new medication will be required to be brought in.
- Prescriptions must be dated within the past 30 days, have the child's name printed clearly on the label, be in its original box, and have dosage amount and times to be administered.
- The medication log/permission form must be filled out by you, the parent/guardian, and must include child's name and date of birth, prescribing doctor, name of medication, dosage amounts and times to be administered, route of medication, why medication is needed, date medication is to end, storage instructions, and a parent's signature and date. If this is not completed in entirety, we cannot administer the medication.

### **Arrival and Departure:**

Please escort your child in and out of the CAMP LOL building. Children must not be left unattended at any time. If a child is to be picked up by someone other than yourself or a designee, please notify us in advance. An alternate pick up individual who has never picked up before will need to be prepared to provide a form of photo identification. I must assume that both parents have the right to pick up your child, unless you give me a copy or court order stating otherwise. We will need to discuss how I should handle the non-custodial parent who arrives to pick up your child. Without a copy of the court order, I cannot refuse a parent pick-up. If I have a court order and a non-custodial parent does try to pick-up their child, I will immediately call the police and report the situation. I will not allow your child to leave his/her classroom, nor will I place other children at risk in a confrontation with the non-custodial parent. I will ask that you always keep me informed of any new cell numbers or places of employment so that I have the ability to reach you within minutes. Thank you.

It is especially important to us that your child arrives home safely. Therefore, if an individual arrives to pick up your child who appears intoxicated or otherwise incapable of bringing your child home safely, we will call you, the parent or an emergency contact person listed on the "Child Information Card" to request their assistance. If the situation occurs a second time it may hold a termination of your child's slot.

**Behavior:**

If disruptive behavior occurs, our staff and myself begin with redirection, guidance, and talking about the situation. At no time will a child be physically or verbally abused in any way. We strive to foster the partnership between provider and family, and will always inform parents of any behavioral issues. We will then work as a team to provide the emotional support needed to assist the child with modifying the behavior at home and in care & create a behavior plan that will allow your child to understand the methods to take to ask for support and what is expected.

At times, there may be behaviors which continue after all supportive resources have been exhausted. If these behaviors create an environment which is not conducive to learning for the other children in care; or if the family is unwilling to work with the staff to resolve the issues, the family then may be given a two week notice in which to find alternative care.

**Children with Special Needs:**

CAMP LOL invites all children to join our family, regardless of special health care needs and disabilities. We work closely with children's Integrated Services and local school districts to be able to implement plans that have been developed with our teachers. Teachers or a child care representative will attend meetings to advocate for your child. Adaptations and accommodations will be made in all activities, interactions, teaching strategies, and materials to foster high-quality care.

**Abuse and Neglect:**

As a Child Care Provider, we are required by law to report any suspected child abuse or neglect.

**Fire Safety and Lock Down:**

Fire safety is a regular theme of the children's curriculum. CAMP LOL practices fire drills monthly. Evacuation routes are posted throughout the Center. With consideration to age-appropriateness, children will practice exiting the center, and learn about fire prevention and safety. Lock down drills can be a scary time for children and staff alike, but with our safety action plan in place our number one goal is to keep all children safe and calm to the best of our abilities as the situation allows.

**Transportation:**

CAMP LOL offers transportation to those children who live in the town of St. Johnsbury or within a ten mile radius of the center. We can pick up your child(ren) each morning as early as 8:30 am, and return them back home to you between 2:30 pm and 4:00 pm depending on your location. A small additional fee of \$35.00 per week will be billed for this service. Please ask for more details.

**Potty Training:**

If your child is not potty trained prior to the start of care, Camp LOL is happy and willing to help with the potty training process. We will not use regular style training pants or underwear until your child maintains 2 continuous weeks of bladder/bowel control. If your child regresses after this 2 week period, we will assess the next step that is best for your child, however we will not be able to leave your child in underwear due to regulations regarding sanitation.

**Field Trips:**

CAMP LOL will provide prior notice in the event of a planned field trip. Field trip permission forms will include date, place of event, expected arrival and departure times, and required parent signature permission. We will have a blanket permission slip for all field trips within a 10 mile radius of Camp LOL. We invite you to join us on these field trips, spending quality time and creating memories with your child as they make new friends, and just think of all the fun you will have!

**Confidentiality:**

We take confidentiality very seriously. No employee is ever allowed to disclose any information concerning a parent, child, coworker, or our center without proper authorization. All staff are mandated and have signed a confidentiality form stating that they understand and will abide by the policies of confidentiality.

**Equal Opportunity Provider:**

CAMP LOL is an equal opportunity provider. Applications for enrollment are accepted without regard to race, sex, religion or national origin.

**Emergency Protocols:**

The center has a procedure for all emergencies that may occur inside or outside the building. Please find attached the aquatic plan, fire drill, and emergency preparedness procedures.

**Concerns:**

If you have ANY concerns at all, please don't hesitate to contact us at any time. If you feel that your concerns are not being addressed, you may contact the Child Care Consumer Line at (1-800-649-2642) to get more information and to file a complaint. If you would like to access any of the regulations and other information about child development online, please do visit [http://dcf.vermont.gov/sites/DCF/files/CDD/Docs/Licensing/CBCCPP\\_Regulations\\_FINAL.pdf](http://dcf.vermont.gov/sites/DCF/files/CDD/Docs/Licensing/CBCCPP_Regulations_FINAL.pdf)

**Child's File:**

Your child's file will include the admission form, information about address and phone numbers, date of birth, physical and health history, any related needs of the child, authorization to obtain emergency medical care and transportation, current immunization record, permission forms, court order if applicable, and any injuries discovered and documented. All this documentation is saved for 365 days after a child's last day of attendance and is available to parents within five business days from the time of a request.

**Forms:**

Periodically we will have forms for you to sign or read over so your child can continue participating in the program or for information gathering purposes. They will either be handed out at pick up, or be put in a folder for your child to bring home. If you do not return these forms promptly you will be required to fill forms out before you and your child leave that evening.

**Electronics:**

If children bring electronics (tablets, phones, game systems, etc.) to the center they must give them to staff upon arrival to have it securely stored in the office. During the school year if children are remote learning there will be an exception to our no electronics policy.

**\*Smoking is prohibited on the premises of our center.\***

**Final Thoughts:**

As a parent of Camp LOL, please

- Take an interest in your child's activities and development at our center, and share your child's habits, fears, and concerns with us.
- Read all correspondence given to you, and those posted. Promptly sign and return those forms needing to be signed.
- Remember that you are responsible for your child while on the premises so please remain in complete contact with your child during that time.
- Call us! Your concerns and feedback are important to us.
- Play is the highest form of research and learning.

**From Camp LOL staff to you:**

Our caring encompasses empathy and connection with each child, parent, and friend of our extended family. As always, if you have any questions, concerns, or suggestions please do not hesitate to reach out to us.

Director: Kaylin Brousseau  
C: (802) 279-0023  
W: (802) 424-1144  
k.brousseauabc@gmail.com

Owner: Heather Smires  
C: (802) 473-2772  
W: (802) 748-8230  
[hhudsonabc@yahoo.com](mailto:hhudsonabc@yahoo.com)



CAMP LOL  
27 Memorial Drive  
St. Johnsbury, VT  
(802) 473-2772 or (802) 424-1144  
hudsonabc@yahoo.com

**ENROLLMENT AGREEMENT**

To the parent:

Please read the Agreement carefully. If you do not understand any part of this Agreement, feel free to contact Heather with any concerns or questions. This Agreement establishes your legal rights and responsibilities, and those of the Center, regarding your child's participation in the Center. Throughout this Agreement, the terms "you" and "parent" refer to the parents(s) or legal guardian(s) of the child enrolled in the Center, and the terms "Center" and "we" refer to CAMP LOL and its staff members. The term "school day" means a day when the Center is open and operating.

You, \_\_\_\_\_ (*parent(s) or guardian(s)*),  
agree to enroll your child, \_\_\_\_\_ in CAMP  
LOL. The Center agrees to accept your child's enrollment, under the following terms and  
conditions.

**Program and Hours of Care:**

Beginning on \_\_\_\_\_ (date), CAMP LOL will provide care for your child

\_\_\_\_\_ (name) according to the following schedule:

Monday drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_

Tuesday drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_

Wednesday drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_

Thursday drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_

Friday drop off time: \_\_\_\_\_ Pick up time: \_\_\_\_\_

## Transportation

We provide transportation within the town of Saint Johnsbury for \$35 per week. Will you need transportation for your child?

- Yes    Pick up and drop off address: \_\_\_\_\_
- No

## Methods of Payment:

Payments may be made by debit or credit card via online smartcare app, cash, or check, due every Friday before the upcoming week. There is a gray lockbox located on the right wall as you walk into the center where payments may be deposited. Payment obligation is based on the days agreed to use child care, not on actual attendance. There is no change in fee due to your child's absences. **\*Late payments- A \$25 late payment fee (per child) applies for any payment not received on the Friday of that week of care. If payment is not received on the Monday of the next week an additional \$10 fee per day will be charged.**

## Late Pick-Up Penalties:

If your child is not picked up by 5:30 p.m., you will owe a late fee of **\$5 for each 5-minute period**. Any unpaid balances need to be cleared up within 30 days.

## Changes in Tuition:

The monthly tuition rate is subject to change and you agree that you will pay the new rate after a sixty day written notice of such change is posted.

## Absences:

You are responsible for paying the full weekly tuition, even if your child is absent (due to illness or other).

## Holiday Schedule and Weather Closings:

The Center will be closed on the following holidays and for occasional professional development training:

- Half-day New Years Eve
- New Years Day
- Memorial Day
- Independence Day (Observed Monday, July 5th 2021)
- Labor Day
- Thanksgiving Day & the day after
- Half Day December 23rd, Christmas Eve Day & Christmas Day

**\*Please see the full calendar attached for all other closings.\***

**Adjustment and Trial Period:**

Your child is accepted for enrollment in the Center for a trial period of 1 month. If at any time during the first month, the Center determines that your child is unable to adjust to the Center's program, either you or the Center may terminate your child's enrollment immediately. We will make reasonable attempts to work with you and your child to help solve adjustment problems.

**Withdrawal by Parent:**

After the adjustment period, you will continue to have the right to withdraw your child from the program. However, you must notify Heather Smires, with a 14 day notice of withdrawal.

**Termination:**

The Center reserves the right to terminate this Contract if the parent does not meet the payment and all other terms of the contract.

In signing this agreement, I (we) hereby certify that I am (we are) the sole legal guardian(s) of the child.

**Parent(s)/Guardian(s)**

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

**Director**

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

Signature: \_\_\_\_\_



<b>Childs Name:</b>	<b>Birth Date:</b>
<b>Parent/Guardian Name:</b> _____	
Street Address: _____ City: _____	
State: _____ Zip Code: _____ Email: _____	
Cell phone: _____ Work phone: _____	
<b>Parent/Guardian Name:</b> _____	
Street Address: _____ City: _____	
State: _____ Zip Code: _____ Email: _____	
Cell phone: _____ Work phone: _____	
<b>To whom your child may be released to when parent or guardian cannot be reached, must list two</b>	
<b>Emergency Contact Name:</b> _____	
Relationship: _____ Phone number: _____	
Street Address: _____ City: _____	
State: _____ Zip Code: _____	
<b>Emergency Contact Name:</b> _____	
Relationship: _____ Phone number: _____	
Street Address: _____ City: _____	
State: _____ Zip Code: _____	
Written permission must be on file for anyone other than parents, guardians, or emergency contacts to pick up your child.	

**Child's Primary Medical Care**

Physician Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Dentist Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

In case of emergency I prefer my child be transported to the following hospital:

\_\_\_\_\_

**Child's Health Insurance:**

Name of Insurance Plan: \_\_\_\_\_

Certificate Number (or ID) #: \_\_\_\_\_

Group #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

**As parent/guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance.**

**Parent(s)/Guardian(s)**

Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

PEOPLE WHO MAY NOT PICK UP CHILD:

Name: \_\_\_\_\_

Reason: \_\_\_\_\_

Name: \_\_\_\_\_

Reason: \_\_\_\_\_

Name: \_\_\_\_\_

Reason: \_\_\_\_\_

PEOPLE WHO MAY PICK UP CHILD (in addition to emergency contacts):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**WRITTEN CONSENT IS GIVEN FOR ITEMS BELOW:** (Parent/Legal Guardian *signature* required on each line)

Administration of Minor First Aid \_\_\_\_\_

Emergency Medical Treatment \_\_\_\_\_

Emergency Medical Transportation \_\_\_\_\_

Administration of Prescription Medications \_\_\_\_\_

(Current Instructions from Physician Must Be Provided and Medication Permission form from you, the parent, must be signed)

Administration of Nonprescription Medication \_\_\_\_\_

Circle All That May Be Administered, Dosage and **List** Product Brand Name:

Acetaminophen (Tylenol), Diaper Ointment, Sunscreen, Other: \_\_\_\_\_

**\*A Medication permission form must be completed to support the administration of all non-prescription medications.**

Administration of Special Dental or Dietary Needs \_\_\_\_\_  
(List All That Apply and Portion Size/Dosage) \_\_\_\_\_

Permission for my child to be released from Camp LOL's care (out of the classroom) for services to be performed by specialists/therapists from outside agencies as designated and authorized by parents (i.e. services provided by early intervention, intermediate units – speech therapists, occupational therapists, social workers, psychologists, etc.) \_\_\_\_\_

I give permission for my child to be transported to a second, parent designated agency via bus or other parent approved mode of transportation. \_\_\_\_\_

If your child is transported by the facility, are there any special instructions for care (i.e. motion sickness, seizures) during transportation? \_\_\_\_\_

Yes If Yes, please specify: \_\_\_\_\_

No

I give permission for my child's health records to be kept confidential and viewed only by: the Director, Assistant Director / Program specialist in the absence of the Director, and \_\_\_\_\_ (family members/other).  
\_\_\_\_\_

Authorization to post child's allergies/medical care in the center \_\_\_\_\_

Walking Excursions (Off Premises) \_\_\_\_\_

Field Trips via our center van \_\_\_\_\_

Administration of bug spray \_\_\_\_\_

Swimming \_\_\_\_\_

Wading \_\_\_\_\_

Homework Supervision \_\_\_\_\_

I give permission for my child to be photographed and/or videotaped and for them to be displayed in the classroom only. \_\_\_\_\_

I give permission for my child to be photographed and/or videotaped and for them to be posted on our private Facebook page. \_\_\_\_\_

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



**Children are 1/3 of our population and all of our future.**

**Tell us about your child:**

What activities does your child enjoy the most:

Does your child take care of their own needs/help around the house? If yes please elaborate:

Is your child more of a visual or hands on learner?

**Swimming**

Can your child swim?

Do they need assistance when swimming? (PFD, inflatable swimmies etc.)

Can they swim underwater?

Do you have any concerns with your child being around water?

**Social**

Does your child spend time playing with children other than those living at home?  
If yes, how often and what is the age range of children?

Does your child prefer playing alone?

Does your child have an imaginary friend? If yes, what is their name/role?

Who does your child reside with?

Has your child been cared for outside the home prior to this center experience? If yes, how old was your child and how long was he/she in this care?

Have you and your child had any extended separation from each other? If yes, who cared for your child during this time and how did your child respond to the separation?

How does your child respond to new situations away from his/her family?

What are your routines in saying good-bye to your child?

Has your child experienced any losses? If yes, how did he/she respond?

Has your child witnessed any violence? If yes, how did he/she respond?

Does your child have any fears?

What can we do to help your child feel secure?

Does your child have any sensory or sensitivity needs?

How does your child prefer to be comforted?

Is DCF currently involved with your child or family?

**Health**

Does your child have any health history and medical information relevant to routine child care?  
If yes, please explain.

Does your child have a diagnosis or treatment in case of emergency? If yes, please explain.

Does your child take medication? If so, what medication and how much? **Medication must be documented on our Center's medication form.**

Does your child have any allergies? If yes, please explain.

Does your child have any special needs or health problems that we should know about? If yes, please explain.

**Program Goals:**

List three of your most important goals/expectations for your child while attending this program.

A.

B.

C.

**Services**

Does your child receive services through your school district? If yes, please provide information.

Is your child currently receiving any support such as an IEP or 504? If yes, please provide information.

**Family Background:**

What is your primary language spoken at home?

What does behavior redirection look like in your home?

If your child is in a 2-home living arrangement, please provide us with the most up to date custody arrangement.

In case of emergency or illness, is there a preference to who is called or is the custody schedule followed?

What else would you like us to know about your child?

Please sign to agree you filled this out to the best of your ability:

**Parent(s)/Guardian(s)**

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_



## **Sunscreen Policy and Consent**

The American Academy of Pediatrics recommends that children stay out of the sun between the hours of 10 AM and 4 PM. This is the time of day that the sun is at its highest point and may cause the most damage to skin. Even on cool or cloudy days UV rays are able to travel through clouds resulting in sunburn that children often do not notice because the temperature or breeze keeps their skin feeling cool. To be sure that all children are able to enjoy the outdoors, CAMP LOL has extended this time period to 11 AM to 3 PM, taking into consideration that there is shade available and skin protection is in place to ensure that all children have the opportunity to play outdoors, weather permitting.

When children are outdoors, CAMP LOL encourages the use of UVA ray and UVB ray protection sunscreen with an SPF of 15 or higher for children who are over six months of age. To assist with supervision and the prevention of allergic reactions, we request that parents/legal guardians apply the child's sunscreen while at home, prior to arrival at the center. If you are trying a new brand of sunscreen, remember to try the sunscreen prior to providing it to the center to monitor for any reactions. CAMP LOL will be responsible for applying a layer of sunscreen in the afternoon to areas of exposed skin. If water play is included in the classroom's morning schedule, sunscreen will be reapplied.

- Sunscreen is to be brought to the center in its original packaging or bottle.
- Sunscreen may not be used if it has expired.
- The child's name must be written on the sunscreen bottle or tube.
- Consent for sunscreen application must be given by the child's parent/legal guardian in writing each year.
- Sunscreen may be left at the center overnight will be stored in a cabinet away from children's belongings.
- Sunscreen will not be applied to children less than six months of age. Application of sunscreen to children less than six months will only occur when written permissions and instructions have been provided by the child's physician.
- Directions for application are to be followed per the instructions on the product's label unless otherwise indicated by a physician, in writing. Based upon general recommendation, sunscreen is to be applied approximately 20-30 minutes before going outdoors to allow for absorption.
- Sunscreen may not be shared with other children. If a sibling is in the center but not the same classroom, each child is required to have their own container of sunscreen.
- Aerosol cans are not accepted per state regulations.

Yes, I wish to have sunscreen applied to my child for afternoon outdoor play and reapplied in the morning when water play is part of the classroom schedule. I agree to provide the center with sunscreen for my child. I understand the risks of sunburn and will not hold CAMP LOL responsible should I fail to apply sunscreen prior to arrival to the center each day.

No, I do not want sunscreen applied to my child by CAMP LOL. I understand the risks of sunburn and will not hold CAMP LOL responsible should I fail to apply sunscreen prior to arrival to the center each day.

**Childs name:** \_\_\_\_\_

**Parent(s)/Guardian(s)**

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

By enrolling in this program, I understand that outdoor play is a part of the program's daily schedule (weather permitting) per state regulations.

**Weather Guidance**

# Child Care Weather Watch

Wind-Chill Factor Chart (in Fahrenheit)									
Wind Speed in mph									
Air Temperature	CALM	5	10	15	20	25	30	35	40
50	50	48	40	36	32	30	28	27	26
40	40	37	28	22	18	16	13	11	10
30	30	27	16	9	4	0	-2	-4	-6
20	20	16	4	-5	-10	-15	-18	-20	-21
10	10	6	-9	-18	-25	-29	-33	-35	-37
0	0	-5	-21	-36	-39	-44	-48	-49	-53
-10	-10	-15	-33	-45	-53	-59	-63	-67	-69
-20	-20	-26	-46	-58	-67	-74	-79	-82	-85
-30	-30	-36	-58	-72	-82	-87	-94	-98	-102

Comfortable for out door play
  Caution
  Danger

Heat Index Chart (in Fahrenheit)																
Relative Humidity (Percent)																
Temperature (°F)	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90
110	108	112	117	123	130	137	143	150								
105	102	105	109	113	118	123	129	135	142	149						
100	97	99	101	104	107	110	115	120	126	132	138	144				
95	91	93	94	96	98	101	104	107	110	114	119	124	130	136		
90	86	87	88	90	91	93	95	96	98	100	102	106	109	113	117	122
85	81	82	83	84	85	86	87	88	89	90	91	93	95	97	99	102
80	76	77	77	78	79	79	80	81	81	82	83	85	86	86	87	88
75	71	72	72	73	73	74	74	75	75	76	76	77	77	78	78	79

Childs name: \_\_\_\_\_

Parent(s)/Guardian(s)

Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_



## Social Media Policy

Parents and caregivers are requested to bring any questions or concerns to either the owner or director, or both. Negative and defaming posts on social media can result in termination of care. We work hard to communicate with all families in a positive manner, and hope to have the same in return.

**Childs name:** \_\_\_\_\_

**Parent(s)/Guardian(s)**

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_



## **Guidance and Behavior Management Policies**

The role of discipline is for your child to learn the skills of self-regulation, self-direction (initiative) and cooperation. We believe that to best support children in achieving these skills, we need to create environments that feel safe, build connections with children and teach them missing skills. Then, when we introduce a consequence, it is effective and leads to sustainable change.

We strive to use positive language to guide the children through their daily age-appropriate routines. The staff use a social-emotional lens when interacting and help break down the rules of problem-solving, making and playing with friends and getting their needs met in appropriate ways.

To aid the staff, there are early childhood assessments that might be used that aid in ascertaining the social-emotional skills that children have. Some of the assessments (though not exclusive) are the Devereux Early Childhood Assessment (DECA) and the Ages and Stages Social-Emotional (ASQ-SE).

When a child needs extra guidance in a situation, staff might employ redirection, or child initiated use of a quiet space in the room (for preschoolers).

If the caregiver feels that the child has gotten out of control, in certain situations,

Guardians involvement may be required. Childcare staff will notify a parent if this is the case, or if there seems to be a consistent problem area that needs to be addressed.

Our childcare views parents as the essential part of their child's team. We want to work together with parents to solve any problems that arise. We will communicate any behavior issues with you either during our end of the day conversation, by a phone call to your home or work, or by a note or email. If a serious problem needs to be discussed, we may choose to schedule an appointment to explore solutions. The communication street runs two ways—if a parent feels there is an issue to discuss regarding discipline or any other issue, we highly encourage you to voice your concerns.

The State of Vermont Child Care Licensing Regulations provide very exact guidelines regarding what is and is not allowed regarding discipline. ABC Nature Academy wholeheartedly agree with this regulation, as copied below, not only because it is law, but because it is right. It is there to protect our children.

### **6.2.7 Positive Guidance and Behavior Management**

6.2.7.1 The program director shall develop and implement a policy in plain language regarding positive guidance and behavior management of children. The policy shall be routinely provided to staff and parents.

6.2.7.2 Staff's expectations of children's behavior and responses to children's behavior

shall be appropriate to each child's level of development and understanding. Guidance shall be designed to meet the individual needs of each child.

6.2.7.3 Staff shall use positive methods of guidance and behavior management that self-control, self-direction, self-esteem, and cooperation.

6.2.7.4 No form of inappropriate discipline or corporal punishment shall be used with children such as but not limited to:

6.2.7.4.1 Hitting, shaking, biting, pinching;

6.2.7.4.2 Restricting a child's movements or actions through use of physical force, binding, tying, use of any other mechanical restraint, or using medication without written parental permission, without following the medicine's label, and/or without following medical prescription;

6.2.7.4.3 Withholding of food, water, or toilet use;

6.2.7.4.4 Confining a child in an enclosed or darkened area, such as a closet or a locked room;

6.2.7.4.5 Inflicting mental or emotional punishment such as humiliating, shaming, threatening, or frightening a child; or

6.2.7.4.6 Making disparaging remarks regarding a child or his/her family.

6.2.7.5 No punitive action shall be taken with children for not going to sleep, for toileting accidents, for failure to eat all or part of a meal or for failure to complete a prescribed activity.

6.2.7.6 Profanity and obscene language shall not be used in the CBCCPP while children are present.

6.2.7.7 The program director shall consult with parents and professionals to design an effective behavior management plan and adapt behavior management practices for a child who exhibits a pattern of challenging behaviors.

## Inappropriate and Unacceptable Behavior Policy

### **PURPOSE**

ABC Nature Academy must ensure that the play and learning environment for all children is safe, respectful, and provides a model of proper behavior to all children within our care. We also must ensure that inappropriate and unacceptable behavior is addressed in a timely, consistent, and fair manner for the well-being of each individual child as well as the group. This policy will address our plan for Inappropriate and Unacceptable Behavior.

### **DEFINITION**

Inappropriate and Unacceptable Behavior May Include (but is not limited to):

Aggressive, physical, or verbally threatening actions directed at another individual

Profane or abusive language (does not have to be directed at another individual)

Refusal to comply with a teacher's instruction or request.

Treating (or another individual's) property with a lack of respect

Disrespecting another child or an employee  
Self-Destructive Behavior  
Other behavior determined by a staff member to be unacceptable.

## **POLICY**

While in the care of our center, we teach children to respect themselves, their peers and teachers, their environment and materials. Most of the time, small behavior issues and concerns are communicated to the parents through routine interactions at drop off and pick up times. In some instances, children who are disruptive or continuously aggressive may need a behavioral plan put in place. A parent meeting will be requested if a behavioral plan needs to be put in place for any child. A more in-depth and specific plan for children enrolled in our after-school program will be provided.

While understanding that children of different ages will have varied expectations regarding what is developmentally appropriate behavior, ABC and LOL will not be able to tolerate continuous disruptive, aggressive or violent behavior by children of any age. If a child's behavior continuously takes away from the care and safety of the Others, enrollment termination might be required. In a case of potential termination CDD licensing specialist and advanced specialized care coordinator will be contacted and their presence will be requested for meetings. However, in most cases, the following processes will be followed:

- Teachers will log behavior issues on Incident Report forms. A copy of each incident report will be given to the parents and discussed. Parents are expected to further address the issue with their child at home. Parents will be expected to cooperate for continued enrollment.
- If a child exhibits violent or aggressive behavior, the child will receive support from our Positive Behavioral Specialist and the Director.
- If a child's aggressive behavior continues the same day, the child's family will need to be contacted. The parent will be expected to make arrangements to set up a meeting time as soon as possible to go over the unsafe behaviors and make a further plan for the success of the child.
- A parent meeting to discuss and implement a behavioral action plan, which may include additional professional services and assessments.
- Continued meetings and check-ins regarding the behavioral support plan will be required for all team members.

## Behavior Management Policy Agreement

I have read and agree to the above behavior policy that our centers have implemented to keep our children and staff safe.

**Childs name:** \_\_\_\_\_

### Parent(s)/Guardian(s)

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

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

## CHILD CARE GENERAL HEALTH EXAMINATION FORM

**Note:** *This form can be used for child care programs as required documentation of a child's general health exam. Other physical forms used by the health provider's office documenting the child's age appropriate well care exam and information regarding any health conditions and medications that may impact the care of the child in child care are also acceptable.*

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

Date of Birth: \_\_\_\_\_ Date of Last Exam: \_\_\_\_\_

\_\_\_ This child has no health conditions or medications that impact enrollment in child care.

\_\_\_ This child has a condition or medication that should be known by the child care provider:  
Please provide information:

Health Care Provider Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Health Care Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_



27 Memorial Drive St Johnsbury, VT 05819

**Authorization for Exchange of Information**

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

Parent/Guardian Name: \_\_\_\_\_

I hereby authorize the release and exchange of the following information between Camp LOL and the following providers (Please check all that apply):

\_\_\_\_\_ CIS/Children’s Integrated Services

\_\_\_\_\_ Community Connections

\_\_\_\_\_ Pediatrician \_\_\_\_\_

\_\_\_\_\_ Department of Children and Families

\_\_\_\_\_ Umbrella

\_\_\_\_\_ School District \_\_\_\_\_

\_\_\_\_\_ Therapist/Counselor \_\_\_\_\_

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

\_\_\_\_\_  
Date

# ABC & LOL, ABC Little Sprouts, and CAMP LOL 2024 CALENDAR

January 1st-Closed  
 January 2nd-Closed  
 January 3rd-Closes at 5pm  
 January 15th - Closed for Inservice

JANUARY 2024						
S	M	T	W	Th	F	S
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

July 2024						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

July 4th - Closed  
 July 5th - Closed  
 July 31st - Close at 3pm and Pool Party/ BBQ

February 2nd- Close at 12pm for Inservice  
 February 7th-Closes at 5pm

FEBRUARY 2024						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

August 2024						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August 1st - Closed  
 August 2nd - Closed  
 August 5th- Closed  
 August 6th - Closed  
 August 7th - Closed  
 August 14th - Close at 5pm for staff meeting

March 1st - Closed  
 March 4th - Closed  
 March 6th - Close at 5pm

MARCH 2024						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

September 2024						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

September 2nd - Closed  
 September 4th-Close at 5pm

April 3rd-Closes at 5pm  
 April 11th - Open House 4:30 - 5:30 ABC/Little Sprouts  
 April 18th - Open House 4:30 - 5:30 CAMP  
 April 19th - Closed for Inservice conference

APRIL 2024						
S	M	T	W	Th	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	21
22	23	24	25	26	27	28
29	30					

October 2024						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

October 2nd-Closes at 5pm  
 October 10th - LS Open House  
 October 14th - Closed for Inservice  
 October 16th - CAMP Open House  
 October 17th - ABC Open House  
 October 31st - Close at 3pm

May 1st-Closes at 5pm  
 May 10th - Mother's Day Tea  
 May 20th - May 24th - Parent Teacher Conferences  
 May 27th- Closed

MAY 2024						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November 2024						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

November 6th-Closes at 5pm  
 November 21st - Thanksgiving Family Lunch  
 November 28th - Closed  
 November 29th - Closed

June 5th-Closes at 5pm  
 June 6th - Closed for Inservice  
 June 7th - Closed for Inservice  
 June 13th - Preschool Closes at 2pm for Preschool Graduation  
 June 20th - Father's Day BBQ 4:30 - 5:30

JUNE 2024						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
31						

December 2024						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

December 4th-Closes at 5pm  
 December 6th - PJ Day/ Toy Drive  
 December 24th - Close at 12pm  
 December 25th - Closed  
 December 26th - Closed  
 December 31st - Close at 12pm

**Key:** RED= Days off Yellow= ½ day closing at noon Green= Special Occasions Blue= Open houses Purple=Closes at 5pm

# Application for Child Care Financial Assistance

## To Be Eligible for Assistance, Your Family Must

- Have an accepted service need (reason) for child care.
- Meet the income guidelines.
- Live in Vermont.

## How to Apply

1. Fully complete this application. Incomplete applications will be returned.
2. Sign at the bottom of page 10. Use a pen.
3. Complete any additional forms that are required (e.g., Verification of Employment Form).
4. Gather copies of required verification documents (e.g., child support order). Originals may be returned upon request.
5. Send your application, along with required documents and forms, to your local Community Child Care Support Agency (see list on bottom of page 2). They can help you apply.

**Note:** If you get Reach Up, ask your case manager if they can authorize Child Care Financial Assistance for you. If they can, you DO NOT have to complete this application.

## What Happens Next

1. Your local agency will determine your eligibility for assistance based on your need for child care, household income, and family size.
2. If you are eligible, assistance may begin immediately.

If English is not your primary language and you need help understanding this information, tell your local office.

إذا لم تكن اللغة الإنجليزية لغتك الأولى وتحتاج إلى الحصول على المساعدة قم بإبلاغ المكتب الفرعي القريب منك.

Ako engleski jezik nije Vaš primarni jezik i ako Vam je potrebna pomoć da razumijete ovu informaciju, obavijestite svoj lokalni ured.

आमद्वारा अंग्रेजी न होना आपकी मातृभाषा है और आपको इन जानकारियों को समझने में मदद करने के लिए आपको अपने स्थानीय कार्यालय से सहायता चाहिए।

Si vous n'êtes pas anglais de langue maternelle et que vous avez besoin d'aide pour comprendre ces informations, dites-le à votre bureau local.

Mugihe icongereza atari ururimi rw'awe rw'amavukiro ukaba ushaka impfashanyo y'ugusobanukirwa iy'inkenuzo, egera ibiro vyaho uba.

यदि अङ्ग्रेजी तपाईंको मुख्य भाषा होइन र तपाईंलाई यो बुझ्न सहयोग चाहिएमा, तपाईंको स्थानीय कार्यालयम भन्नुहोस्।

Haddii luuqada Ingiriisiga aysan ahayn luuqadaada asaasiga ah aadha u baahan tahay caawimaad ah fahanka macluumaadka, u sheeg xafiiska deegaankaaga.

Si su idioma materno no es el inglés y necesita ayuda para comprender esta información, infórmelo a su oficina local.

Ikiwa Kiingereza sio lugha yako ya msingi na unahitaji msaada wa kufahamu maelezo haya, waeleze ofisi yako ya mtaa.

Nếu tiếng Anh không phải là ngôn ngữ chính của quý vị và quý vị cần trợ giúp để hiểu thông tin này, hãy cho văn phòng tại địa phương quý vị biết.



## Document Checklist

Review this list and make sure you send all the required documents and forms.

- Education savings account:** Send proof of any contributions to a qualified account.
- Reason for child care:** Complete the required forms and gather the documents required to verify the service need for child care.
- Child support:** Send a copy of any child support order. If you're not getting or paying the amount on the order, send a 6-12 month payment history from the Office of Child Support.
- Household income:** Include all documents required to verify all sources of income.
- State adoption:** If you have an adoption assistance agreement with the State of Vermont, send a copy. Income limits may be waived, but you'll still need to provide income information and verification and have a service need (reason) for child care.

## Community Child Care Support Agencies

Staff in your local agency can:

- Answer your questions about assistance and help you apply.
- Provide copies of any additional forms you need to fill out.
- Help you find a child care provider if you don't already have one.

<p style="text-align: center;"><b>Addison</b></p> <p>Child Care Services at Mary Johnson Children's Center 81 Water Street Middlebury, VT 05753 (802) 388-4304</p>	<p style="text-align: center;"><b>Franklin/Grand Isle</b></p> <p>Family Center of Northwestern Counseling &amp; Support Services 130 Fisher Pond Road St. Albans, VT 05478 (802) 524-6554</p>	<p style="text-align: center;"><b>Rutland</b></p> <p>Vermont Achievement Center 88 Park Street Rutland, VT 05701 (802) 773-4365 (child care subsidy) (802) 747-0033 (child care referral)</p>
<p style="text-align: center;"><b>Bennington</b></p> <p>Sunrise Family Resource Center 238 Union Street Bennington, VT 05201 (802) 442-0052</p>	<p style="text-align: center;"><b>Lamoille</b></p> <p>Lamoille Family Center 480 Cady's Falls Road Morrisville, VT 05661 (802) 888-5229</p>	<p style="text-align: center;"><b>Washington</b></p> <p>Family Center of Washington County 383 Sherwood Drive Montpelier, VT 05602 (802) 262-3292</p>
<p style="text-align: center;"><b>Caledonia/Essex South</b></p> <p>Kingdom Child Care Connection at Umbrella 1330 Main Street St. Johnsbury, VT 05819 (802) 748-1992 (option 3)</p>	<p style="text-align: center;"><b>Orange/Windsor North</b></p> <p>The Family Place 319 US Route 5 South Norwich, VT 05055 (802) 649-3268, 1-800-639-0039</p>	<p style="text-align: center;"><b>Windham South</b></p> <p>Winston Prouty 209 Austine Drive, Vermont Hall Brattleboro, VT 05301 (802) 257-7852</p>
<p style="text-align: center;"><b>Chittenden</b></p> <p>Child Care Resource 300 Cornerstone Drive, Suite 128 Williston, VT 05495 (802) 863-3367</p>	<p style="text-align: center;"><b>Orleans/Essex North</b></p> <p>Kingdom Child Care Connection at Umbrella 79 Coventry Street, Suite 3 Newport, VT 05855 (802) 624-4157</p>	<p style="text-align: center;"><b>Windsor South/ Windham North</b></p> <p>Springfield Area Parent Child Center 80 Jack &amp; Jill Lane North Springfield, VT 05150 (802) 886-5242, 1-800-808-4442</p>

# Child Care Financial Assistance Application

Please print clearly and answer all questions completely.

## 1. Tell Us About Yourself (the applicant).

First name, middle name, last name, and suffix (Jr., Sr., III, etc.)			
Other names (e.g., maiden name, nicknames, or aliases)		Date of birth (mm/dd/yyyy)	
Social Security number*		Email address	
<b>Phone numbers:</b> (Check preferred one)	<input type="checkbox"/> Cell (with area code)	<input type="checkbox"/> Home (with area code)	<input type="checkbox"/> Work (with area code)
Physical address (street address, city, state, zip code)			
Mailing address (if different from physical address)			
<b>Primary Language:</b>		<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
<b>Race (check all that apply):</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer to self-describe (explain) _____ <input type="checkbox"/> Prefer not to answer			
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-describe (explain) _____			<b>Pronouns (optional):</b>
<b>Marital Status:</b> <input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Legally Separated <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widowed			<b>Vermont Resident:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a million dollars or more in assets?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you put money into a qualified education savings account (e.g., Vermont Higher Education Investment Plan, other 529 Plan)?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in the home pay child support?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is any parent/caregiver currently on active duty in the U.S. military or a member of a National Guard or Military Reserve unit?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which one: <input type="checkbox"/> Active Military <input type="checkbox"/> National Guard/Military Reserve			
Is your family experiencing homelessness?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a single-parent household?			<input type="checkbox"/> Yes <input type="checkbox"/> No

\*You are not required to provide your social security number. However, not providing it might delay the process of your application.

## 2. Tell Us Why You Need Child Care. (What Is Your Service Need?)

To complete section 2 and 3:

1. Check the reason you need child care.
2. Provide other required information or forms.
3. Contact your local child care support agency or visit [dcf.vermont.gov/cdd/families/forms](http://dcf.vermont.gov/cdd/families/forms) for forms.

Reason for Care	Required Information and Forms		
<input type="checkbox"/> <b>Self-employed</b>	Send a completed <i>Self-Employment Business Plan</i> form. If you have been self-employed for: <ul style="list-style-type: none"> <li>• More than a year, send a copy of your individual and business taxes, including all schedules.</li> <li>• Less than a year, send a profit and loss statement.</li> </ul>		
<input type="checkbox"/> <b>Medically unable</b>	Send a completed <i>Special Health Needs (Adult)</i> form.		
<input type="checkbox"/> <b>Looking for work</b>	Send a completed <i>Seeking Employment Plan</i> form.		
<input type="checkbox"/> <b>Attending school or training</b>	Send a completed <i>Training Plan</i> form and copy of your current registration form/class schedule.		
	Bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If you already have a bachelor's degree, this cannot be the reason you need child care.		
<input type="checkbox"/> <b>Working</b>	<ul style="list-style-type: none"> <li>• Send two consecutive pay stubs from the last 30 days for each job you have.</li> <li>• If your job is new and you don't have paystubs yet, send a completed <i>Verification of Employment</i> form.</li> <li>• If your employer does not withhold taxes for you, follow the instructions for self-employment above.</li> <li>• Employer name:</li> <li>• Employer phone:</li> <li>• Employer address:</li> <li>• Does your employer contribute towards child care costs? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Work hours (circle AM or PM)</li> </ul>		
	Sunday Start ____am / pm End ____am / pm	Monday Start ____am / pm End ____am / pm	Tuesday Start ____am / pm End ____am / pm
	Wednesday Start ____am / pm End ____am / pm	Thursday Start ____am / pm End ____am / pm	Friday Start ____am / pm End ____am / pm
	Saturday Start ____am / pm End ____am / pm	Flexible schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No	Scheduled hours per week ____
<input type="checkbox"/> <b>Child with special health needs</b>	Send a completed <i>Special Health Needs (Child)</i> form.		
<input type="checkbox"/> <b>Family support</b>	If your family is experiencing extreme short-term stress (e.g., shelter, safety, emotional stability, substance abuse, or children's behaviors), contact your local CIS Child Care Coordinator ( <a href="http://dcf.vermont.gov/contacts/partners/scc">dcf.vermont.gov/contacts/partners/scc</a> ).		
<input type="checkbox"/> <b>Protective services</b>	Discuss your need for child care with your Family Services worker.		

### 3. Tell Us About Any Other Parent/Caregiver in the Home.

**You MUST list your spouse, civil union partner, or legal parent of your child(ren).**

First name, middle name, last name, and suffix (Jr., Sr., III, etc.)		Relationship to applicant	
Primary language	DOB (mm/dd/yyyy)	Social Security number*	
<b>Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer to self-describe (explain) _____ <input type="checkbox"/> Prefer not to answer			
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-describe (explain) _____			Preferred Pronoun
Reason for Care		Required Information and Forms	
<input type="checkbox"/> <b>Self-employed</b>		Send a completed <i>Self-Employment Business Plan</i> form. If you have been self-employed for: <ul style="list-style-type: none"> <li>• More than a year, send a copy of their individual and business taxes, including all schedules.</li> <li>• Less than a year, send a profit and loss statement.</li> </ul>	
<input type="checkbox"/> <b>Medically unable</b>		Send a completed <i>Special Health Needs (Adult)</i> form.	
<input type="checkbox"/> <b>Looking for work</b>		Send a completed <i>Seeking Employment Plan</i> form.	
<input type="checkbox"/> <b>Attending school or training</b>		Send a completed <i>Training Plan</i> form and copy of their current registration form/class schedule.  Bachelor's degree? <input type="checkbox"/> Yes <input type="checkbox"/> No If parent/caregiver already has a bachelor's degree, this cannot be the reason for child care.	
<input type="checkbox"/> <b>Working</b>		<ul style="list-style-type: none"> <li>• Send two consecutive pay stubs from the last 30 days for each job.</li> <li>• If their job is new and they don't have paystubs yet, send a completed <i>Verification of Employment</i> form.</li> <li>• If their employer does not withhold taxes, follow the instructions for self-employment above.</li> <li>• Employer name:</li> <li>• Employer phone:</li> <li>• Employer address:</li> <li>• Does the employer contribute towards child care costs? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>• Work hours (circle AM or PM)</li> </ul>	
		Sunday Start ____am / pm End ____am / pm	Monday Start ____am / pm End ____am / pm
		Tuesday Start ____am / pm End ____am / pm	Wednesday Start ____am / pm End ____am / pm
		Thursday Start ____am / pm End ____am / pm	Friday Start ____am / pm End ____am / pm
		Saturday Start ____am / pm End ____am / pm	Flexible schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No  Scheduled hours per week ____

**4. Tell Us About Other Household Members. Include your children and anyone else you claim as a dependent on your taxes. Use extra paper if needed.**

First name, middle name, last name, and suffix (Jr., Sr., III, etc.)		Relationship to applicant
Primary language	DOB (mm/dd/yyyy)	Social Security number*
<b>Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer to self-describe (explain) _____ <input type="checkbox"/> Prefer not to answer		
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Citizenship (required only for a child accessing child care):</b> <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Qualified Immigrant* <input type="checkbox"/> None of the above	
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-describe (explain) _____		
Is this a child under 19 who has special health needs and requires child care?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a child you get Act 166 funds for?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are both parents present in the household?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, name of the absent parent: _____		
Physical address (or last known address) of the absent parent: _____		
Are you, or were you (the applicant), married to the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, were you separated in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you (the applicant) receive child support/other goods from the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a child support order in place for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you paying child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		

First name, middle name, last name, and suffix (Jr., Sr., III, etc.)		Relationship to applicant
Primary language	DOB (mm/dd/yyyy)	Social Security number*
<b>Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer to self-describe (explain) _____ <input type="checkbox"/> Prefer not to answer		
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Citizenship (required only for a child accessing child care):</b> <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Qualified Immigrant* <input type="checkbox"/> None of the above	
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-describe (explain) _____		
Is this a child under 19 who has special health needs and requires child care?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a child you get Act 166 funds for?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are both parents present in the household?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, name of the absent parent: _____		
Physical address (or last known address) of the absent parent: _____		
Are you, or were you (the applicant), married to the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, were you separated in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you (the applicant) receive child support/other goods from the absent parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is there a child support order in place for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you paying child support for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		

\* A child is a qualified immigrant if they have one of the following immigration statuses: lawful permanent resident, asylee, refugee, paroled into the U.S. for at least one year, granted withholding of removal, victim of abuse or trafficking.

**4. Tell Us About Other Household Members (Continued). Include your children and anyone else you claim as a dependent on your taxes. Use extra paper if needed.**

First name, middle name, last name, and suffix (Jr., Sr., III, etc.)		Relationship to applicant
Primary language	DOB (mm/dd/yyyy)	Social Security number*
<b>Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer to self-describe (explain) _____ <input type="checkbox"/> Prefer not to answer		
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Citizenship (required only for a child accessing child care):</b> <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Qualified Immigrant* <input type="checkbox"/> None of the above	
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-describe (explain) _____		
Is this a child under 19 who has special health needs and requires child care?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a child you get Act 166 funds for?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are both parents present in the household?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, name of the absent parent: _____		
Physical address (or last known address) of the absent parent: _____		
Are you, or were you (the applicant), married to the absent parent?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, were you separated in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you (the applicant) receive child support/other goods from the absent parent?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a child support order in place for this child?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you paying child support for this child?		<input type="checkbox"/> Yes <input type="checkbox"/> No

First name, middle name, last name, and suffix (Jr., Sr., III, etc.)		Relationship to applicant
Primary language	DOB (mm/dd/yyyy)	Social Security number*
<b>Race:</b> <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Prefer to self-describe (explain) _____ <input type="checkbox"/> Prefer not to answer		
<b>Ethnicity:</b> <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<b>Citizenship (required only for a child accessing child care):</b> <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Qualified Immigrant* <input type="checkbox"/> None of the above	
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Prefer to self-describe (explain) _____		
Is this a child under 19 who has special health needs and requires child care?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a child you get Act 166 funds for?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are both parents present in the household?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, name of the absent parent: _____		
Physical address (or last known address) of the absent parent: _____		
Are you, or were you (the applicant), married to the absent parent?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, were you separated in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you (the applicant) receive child support/other goods from the absent parent?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there a child support order in place for this child?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you paying child support for this child?		<input type="checkbox"/> Yes <input type="checkbox"/> No

\* A child is a qualified immigrant if they have one of the following immigration statuses: lawful permanent resident, asylee, refugee, paroled into the U.S. for at least one year, granted withholding of removal, victim of abuse or trafficking.

**5. Tell Us About Your Child Care Provider(s). To receive payments, the provider you use must be registered, licensed, or certified by the Child Development Division.**

<b>Child's name:</b>	<b>Indicate hours needed, circle AM or PM:</b>
<b>Child care provider information:</b>	Sunday _____ am/pm to _____ am/pm
Name:	Monday _____ am/pm to _____ am/pm
Phone:	Tuesday _____ am/pm to _____ am/pm
Location:	Wednesday _____ am/pm to _____ am/pm
Relationship to child:	Thursday _____ am/pm to _____ am/pm
Child care start date:	Friday _____ am/pm to _____ am/pm
	Saturday _____ am/pm to _____ am/pm

Will the child use the same child care program for the summer months?  Yes  No

<b>Child's name:</b>	<b>Indicate hours needed, circle AM or PM:</b>
<b>Child care provider information:</b>	Sunday _____ am/pm to _____ am/pm
Name:	Monday _____ am/pm to _____ am/pm
Phone:	Tuesday _____ am/pm to _____ am/pm
Location:	Wednesday _____ am/pm to _____ am/pm
Relationship to child:	Thursday _____ am/pm to _____ am/pm
Child care start date:	Friday _____ am/pm to _____ am/pm
	Saturday _____ am/pm to _____ am/pm

Will the child use the same child care program for the summer months?  Yes  No

<b>Child's name:</b>	<b>Indicate hours needed, circle AM or PM:</b>
<b>Child care provider information:</b>	Sunday _____ am/pm to _____ am/pm
Name:	Monday _____ am/pm to _____ am/pm
Phone:	Tuesday _____ am/pm to _____ am/pm
Location:	Wednesday _____ am/pm to _____ am/pm
Relationship to child:	Thursday _____ am/pm to _____ am/pm
Child care start date:	Friday _____ am/pm to _____ am/pm
	Saturday _____ am/pm to _____ am/pm

Will the child use the same child care program for the summer months?  Yes  No

<b>Child's name:</b>	<b>Indicate hours needed, circle AM or PM:</b>
<b>Child care provider information:</b>	Sunday _____ am/pm to _____ am/pm
Name:	Monday _____ am/pm to _____ am/pm
Phone:	Tuesday _____ am/pm to _____ am/pm
Location:	Wednesday _____ am/pm to _____ am/pm
Relationship to child:	Thursday _____ am/pm to _____ am/pm
Child care start date:	Friday _____ am/pm to _____ am/pm
	Saturday _____ am/pm to _____ am/pm

Will the child use the same child care program for the summer months?  Yes  No

## 6. Tell Us About Your Household Income and Expenses.

You must include your spouse, civil union partner, or legal parent of your child(ren) if they live with you.

Check this box if your household has no income, benefits, or expenses. <input type="checkbox"/>		
Gross Monthly Income (before deductions such as taxes)	Applicant	Other Parent/Caregiver
<b>Earned Income</b>		
<input type="checkbox"/> Salaries, wages, tips, etc.	\$	\$
<input type="checkbox"/> Bonuses (ongoing)	\$	\$
<input type="checkbox"/> Military pay (active, reserve, deployed)	\$	\$
<input type="checkbox"/> Self-employment	\$	\$
<input type="checkbox"/> Vista or AmeriCorps stipend	\$	\$
<b>Unearned Income</b>		
<input type="checkbox"/> Alimony	\$	\$
<input type="checkbox"/> Child support	\$	\$
<input type="checkbox"/> Dividend, interest, or trust fund income	\$	\$
<input type="checkbox"/> Rental Income	\$	\$
<input type="checkbox"/> Retirement benefits	\$	\$
<input type="checkbox"/> Pension	\$	\$
<input type="checkbox"/> Social Security Benefits	\$	\$
<input type="checkbox"/> Unemployment compensation	\$	\$
<input type="checkbox"/> Veteran's benefits	\$	\$
<input type="checkbox"/> Worker's compensation	\$	\$
<b>Public Benefits</b>		
<input type="checkbox"/> PSE Education/Reach Up	\$	\$
<input type="checkbox"/> Reach Up Child Only	\$	\$
<input type="checkbox"/> 3SquaresVT (EBT Cash Only)	\$	\$
<input type="checkbox"/> Housing Assistance	\$	\$
<input type="checkbox"/> Supplement Security Income (SSI)	\$	\$
<b>Other Income</b>		
<input type="checkbox"/> Explain:	\$	\$
<input type="checkbox"/> Explain:	\$	\$
Monthly Expenses	Applicant	Other Parent/Caregiver
<input type="checkbox"/> Child Support Paid	\$	\$
<input type="checkbox"/> VHEIP/529 College Savings Plan	\$	\$



## 7. Provide Your Consent to Exchange Information

I authorize my local child care support agency to exchange information needed to determine my eligibility for assistance with any of the agencies checked below.

- Economic Services Division – Department for Children and Families (DCF)
- Office of Child Support – DCF
- Family Services Division – DCF
- Vermont Department of Labor
- Vocational Rehabilitation Division – Department of Disabilities, Aging and Independent Living
- Child care provider: \_\_\_\_\_
- Child's school: \_\_\_\_\_
- Employer: \_\_\_\_\_
- Family Support Team
- Early Childhood Special Education (ECSE)
- Visiting Nurses Association (VNA)
- Home Health and Hospice
- Children's Integrated Services (CIS)
- Other

## 8. Sign and Certify Your Application

By signing below, I certify that I understand that:

- I will be notified in writing about the decision on my application.
- I must report any changes that may affect my eligibility within 10 business days (e.g., changes in my household size, marital status, employment or training status, address, and income).
- I could be prosecuted for fraud if I don't report changes within 10 business days of the change or I provide incorrect or misleading information.
- If I get assistance, I am responsible for paying the difference between the child care financial assistance I receive and what my provider charges. During the time I am not eligible for assistance, I am responsible for paying for any child care costs incurred.
- Failing to provide the required documents may result in denial of this application.

**Sign and date your application using a pen. Unsigned applications will be returned.**

*I certify that the information provided on this application is true and complete to the best of my knowledge.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

# Additional Resources for Families

## Assistance and Referral

### Vermont 2-1-1:

Dial 2-1-1 toll free from anywhere in Vermont. Discover hundreds of local, regional and statewide programs, services, and resources. [vermont211.org](http://vermont211.org)

## Child Care

### Child Care Consumer Line:

Get information about specific child care providers and state licensing requirements; voice a concern or make a formal complaint. Call 1-800-649-2642 (press 3).

[dcf.vermont.gov/cdd/families/reach-out](http://dcf.vermont.gov/cdd/families/reach-out)

### Child Care Licensing Regulations:

Read the rules established to protect the health and safety of children in out-of-home care.

[dcf.vermont.gov/cdd/laws-rules/licensing](http://dcf.vermont.gov/cdd/laws-rules/licensing)

### Child Care Referral:

Your local child care support agency can help you find a provider and answer your questions. See the list of agencies on page 2.

### Publications for Families:

Get a copy of the booklets below from your local child care support agency or online at [dcf.vermont.gov/cdd/families/publications](http://dcf.vermont.gov/cdd/families/publications).

- *Child Care Financial Assistance Program:* describes the program, how it works and your rights and responsibilities if you get help.
- *Using Regulated Child Care in Vermont:* provides an overview of the health and safety requirements that regulated child care programs must follow.

## Health Care

### Early and Periodic Screening, Diagnostic, and Treatment Service

Call 1-800-250-8427 to find out about this Dr. Dynasaur/Medicaid benefit that helps keep children and youth under 21 healthy.

[greenmountaincare.org/health-plans/medicaid](http://greenmountaincare.org/health-plans/medicaid)

## Economic Help

### Benefits Available From:

- DCF - [dcf.vermont.gov/benefits](http://dcf.vermont.gov/benefits)

- Other Organizations - [dcf.vermont.gov/benefits/other](http://dcf.vermont.gov/benefits/other)

### Community Action Agencies:

Based on your income, your local agency can help you meet your basic needs (e.g., emergency food help, fuel and utility assistance and housing assistance). [vermontcap.org](http://vermontcap.org)

## Parenting/Child Development Support

### Children's Integrated Services (CIS):

Are you pregnant and have a condition that may impact your baby? Have a baby or toddler with a developmental delay? Child up to age 6 that may need additional support around behaviors? Trouble accessing or finding child care due to your child's specialized needs? Services are available at low or no cost to families. Call your CIS Coordinator.

[dcf.vermont.gov/services/cis](http://dcf.vermont.gov/services/cis)

### Help Me Grow Phone Line:

Dial 2-1-1 to talk to a child development specialist who can answer questions about your child's development and connect you to resources in your community. [helpmegrowvt.org](http://helpmegrowvt.org)

### Parent Child Centers:

Contact your local center to ask about services that can help your children get off to a healthy start. This may include early childhood services, home visits, playgroups, parent education and support and information and referral.

[dcf.vermont.gov/contacts/partners/pcc](http://dcf.vermont.gov/contacts/partners/pcc)

### Resources for Families:

Find resources on topics such as child development, child trauma, domestic violence, early childhood, education, health/mental health, legal, LGBTQ, parenting, and pregnancy.

[dcf.vermont.gov/divisions](http://dcf.vermont.gov/divisions)

## Education

### VT529 (Formally VHEIP)

A college savings account that can help you pay for college/training for you or your family in the future. Account qualifies for 10% VT state income tax credit on annual contributions or gifts to your account. [vheip.org](http://vheip.org)

# Child and Adult Care Food Program (CACFP) Enrollment Form

This Program participates in the Child and Adult Care Food Program (CACFP). The food program provides federal money in the form of reimbursement to the Program for meals and/or snacks served to children in care through the United States Department of Agriculture (USDA). The Program is required to collect enrollment information annually. Please complete the form below and return it to the Program. **Please complete a separate enrollment form for each child enrolled in care.**

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

## Normal Days and Times in Care (please indicate drop off and pick up times):

- Monday: \_\_\_\_\_
- Tuesday: \_\_\_\_\_
- Wednesday: \_\_\_\_\_
- Thursday: \_\_\_\_\_
- Friday: \_\_\_\_\_
- Saturday: \_\_\_\_\_
- Sunday: \_\_\_\_\_

## Meals and Snacks Received While in Care (please check all that apply):

- Breakfast
- AM Snack
- Lunch
- PM Snack
- Supper
- Evening Snack

## Special Dietary Needs:

- Yes (please explain): \_\_\_\_\_
- No

## Ethnic Data:

- Hispanic or Latino
- Not Hispanic or Latino

## Racial Data (please check all that apply):

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

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

Mailing Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## USDA Non-discrimination 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.

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; 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.

## Child and Adult Care Food Program (CACFP) Child Care Center Income Eligibility Form 2024-2025

Center Name: \_\_\_\_\_

Additional instructions for completing this form are on the back of this sheet. If you have questions, please contact the Center Director for help.

1. List the <b>Full Name (first and last name)</b> of Participant attending the center.	Check box if	List the <b>Full Name (first and last name)</b> of Participant attending the center.	Check box if	List the <b>Full Name (first and last name)</b> of Participant attending the center.	Check box if
<b>Name:</b>	<input type="checkbox"/> Foster <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	<b>Name:</b>	<input type="checkbox"/> Foster <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway	<b>Name:</b>	<input type="checkbox"/> Foster <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant <input type="checkbox"/> Runaway

2. If any member of the household receives **3SquaresVT** or **Reach Up**, provide the name of the individual receiving the benefit and the **full case number** associated with the benefit. **If completed, skip to Number 5.**

**Name:** \_\_\_\_\_ **Case Number:** \_\_\_\_\_

3. List the <b>Full Name(s) (first and last name) of Household Members</b> . This includes all people living in the household.	Check if no income	4. Enter <b>gross income</b> (before deductions) of <b>each household member</b> for the last month under <b>how often it is received</b> (Weekly, monthly, every two weeks, twice a month, or annually).														
		Gross Earnings from Work – Before Deductions					Child Support, Alimony or Welfare					Social Security, Pensions, Retirement or Other Income				
		Week	Every Two Weeks	Twice per Month	Month	Annual	Week	Every Two Weeks	Twice per Month	Month	Annual	Week	Every Two Weeks	Twice per Month	Month	Annual
	<input type="checkbox"/>															
	<input type="checkbox"/>															
	<input type="checkbox"/>															
	<input type="checkbox"/>															
	<input type="checkbox"/>															
	<input type="checkbox"/>															

5. Please provide a signature and the last four digits of the signer's social security number.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds. Officials may verify the information on the application and deliberate misrepresentation of information may be subject to prosecution under applicable State or Federal laws.

Signature of Parent or Legal Guardian:	Street Address	City
Social Security Number: XXX – XX – _____	State	Zip code
<input type="checkbox"/> I do not have a Social Security Number	Home/Cell Phone	Date Signed

**Other Benefits:** For information on free or low-cost health insurance contact Green Mountain Care at 1-800-250-8427 or [www.GreenMountainCare.org](http://www.GreenMountainCare.org). For information on 3SquaresVT to help with food costs, call 1-800-479-6151 or visit [www.vermontfoodhelp.com](http://www.vermontfoodhelp.com).

**CENTER PERSONNEL MUST COMPLETE THE SPACE BELOW**

Household Size: _____	Total Income Reported: _____	Time Period Used (check off): <input type="checkbox"/> Weekly <input type="checkbox"/> Every Two Weeks <input type="checkbox"/> Twice per Month <input type="checkbox"/> Monthly <input type="checkbox"/> Annually	
		Annual Income Conversion: Weekly x 52 • Every 2 weeks x 26 • Twice a Month x 24 • Monthly x 12	
Current Income Eligibility Guidelines must be used to approve this form. Do not use the income guidelines listed on the back of this form. This form must be signed and dated by the individual approving the form.		Eligibility Determination (Below): Check the box and circle the qualifying reason.	
		<input type="checkbox"/> <b>Free</b> Income 3SquaresVT or Reach Up Foster, Homeless, Migrant, Runaway	<input type="checkbox"/> <b>Reduced</b> Income
Signature of Approver (Center Personnel Only) _____		Date _____	
		<input type="checkbox"/> <b>Denied</b> Over Income Incomplete Application	

**Instructions:**

**Number 1:** Print the **Full Name(s) (first and last name)** of Participant(s) attending the center. If the child you are applying for is a **Foster, Homeless, Migrant, or a Runaway** check the appropriate box and contact the local school's Homeless Liaison or Migrant Coordinator. **If completed, skip to number 5.**

**Number 2:** If the participant(s) live in a household receiving **3SquaresVT** or **Reach Up**, please list the name of the individual receiving the benefit and the case number associated with the benefit. **If completed, skip to number 5.**

**Number 3:** Print the **Full Name(s) (first and last name)** of each person living in the household, related or not (such as grandparents, other relatives, or friends).

**Number 4:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. For earnings, be sure to list gross income – not take-home pay. *Gross income* is the amount earned before taxes and other deductions. This should be on your pay stub, or your boss can tell you. For *child support, alimony, or welfare*, list the amount each person got for the month. *Pensions, retirement, Social Security, Supplemental Security Income (SSI), Veterans Benefits (VA benefits), and disability benefits* must be listed for each person who received these benefits. *Any other Income* includes Worker's Compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income. Do not include income from 3SquaresVT, WIC, Federal Education benefits and foster payments received by the family from the placing agency. For **ONLY** the self-employed, under *Earnings from Work*, report income after expenses. This is for your business, farm, or rental property. If you are in the Military Privatized Housing Initiative or get combat pay, do not include these allowances as income.

**Number 5:** Adult household member must sign and date the form and list the last four digits of the Social Security number.

**Income Eligibility Guidelines**

The chart below shows **reduced-priced guidelines**. Households earning more than the income(s) listed per time period below are Over Income.

Please refer to the Current Income Eligibility Guidelines to view free guidelines.

Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	27,861	2,322	1,161	1,072	536
2	37,814	3,152	1,576	1,455	728
3	47,767	3,981	1,991	1,838	919
4	57,720	4,810	2,405	2,220	1,110
5	67,673	5,640	2,820	2,603	1,302
6	77,626	6,469	3,235	2,986	1,493
7	87,579	7,299	3,650	3,369	1,685
8	97,532	8,128	4,064	3,752	1,876
For each additional household member add	9,953	830	415	383	192

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 your child 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 is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (3SquaresVT), Temporary Assistance for Needy Families (Reach Up) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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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 Right 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)

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