



CONTACT US:

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Office Use ONLY: Confirm document review and understanding upon receipt		
Classroom	Initials	Date

REGISTRATION FORM (Infant)

Child's Last Name First Name Date of Birth

Street Address City/Town Zip

Elementary Home School District Child's Gender (Please choose one):
 Male Female Decline to Specify

Parent/Caregiver's Name

Cell Phone Number Cell Phone Provider (for text messaging) Email Address

Parent/Guardian Employer Work Phone Number Work Email (if Applicable)

Emergency Contacts Relationship to Child	Name	Address (Daytime)	Phone #	Cell Phone #
Primary Physician				

The Downtown Ithaca Children's Center is open from 7:30am to 5:30pm, Monday-Friday. Meals are served every day: Breakfast -9am, Lunch-11:30, Snack-3pm.
 IMPORTANT INFORMATION – Diet Restrictions, Allergies (Food or Environmental)

AGREEMENT:

- I consent to the enrollment of the child listed above in the Downtown Ithaca Children's Center and have been advised of the policies regarding fees, transportation and the services provided by the Center and the New York State Office of Family and Children's Services regulations under which it operates.
- I agree that in case of accident or injury, emergency medical care may be given in the event that I or person(s) designated above cannot be reached.
- I have read and understand the information in the Downtown Ithaca Children's Center Parent handbook.

Parent/Guardian Signature Date Social Security #

**Optional - Please provide your child's race & ethnicity (more than one race can be chosen)*

Ethnicity: ___ Hispanic/Latino ___ Not Hispanic/Latino
Race: ___ American Indian or Alaskan Native ___ Asian ___ Black or African American ___ Native Hawaiian or Pacific Islander ___ White

In accordance with Federal Law, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

**Parent/Guardian Permission
For Child Pick Up**

Child Name: _____

The following people have my permission to pick up my child
from the Downtown Ithaca Children's Center.

Name	Address	Phone #

(Please note: Emergency Closing Notifications will be sent via text message and email. If we do not have an email or cell phone number on file for you, we will place a phone call to the telephone number on file.)

Parent Signature

Date

Picture Consent

Child Name: _____

I give the Downtown Ithaca Children's Center permission for the following pictures and specified use of pictures taken of my child:

_____ Pictures

_____ Video

_____ Pictures for the Newspaper

_____ Internet/Television

DO NOT take any pictures of my child.

Parent Signature

Date

Parent/Guardian Permission For Staff to Apply Topical Ointment

Child Name: _____

Downtown Ithaca Children's Center staff members have my permission to apply to my child when appropriate, the following over the counter topical ointments:

Diaper rash ointment (on diaper area as part of diapering routine when redness or rash is present). *Choose one:*

_____ Product provided by the Center

_____ ONLY product supplied by Parent

Antibiotic ointment, cream or other appropriate topical over the counter product used for first aid (on the affected area when a slight injury requires the product for first aid). *Please list any exceptions:*

Sun Screen (on skin that is exposed to the sun before going outside). *Choose one:*

_____ Product provided by the Center

_____ ONLY product supplied by Parent

I understand that staff members will read and follow all instructions and report any unusual reactions to me (the parent).

COVID-19/Pandemic Protocol Safety Measure

Mask/Face Covering (one reusable will be provided to each child – parent responsibility to launder). *Choose one:*

_____ Understand my child will wear mask/face covering

_____ Prefer my child NOT wear mask/face covering

Parent Signature

Date

Napping Agreement

Child Name: _____

I agree to have my child nap in/on a **mat, cot or crib** (*circle one*) which will be placed in the child's classroom while s/he is in the Downtown Ithaca Children's Center's child care program.

DICC will directly supervise my child during nap time. The program will adhere to the required ratios of caregivers to children at all times as determined by regulations.

Sleeping arrangements for infants require that the infant be placed on his/her back to sleep, unless medical information is presented to the provider by the parent which shows this arrangement is inappropriate for that child.

Parent/Guardian Name (*Please Print*)

Signature

Date

Transportation Agreement

Child Name: _____

I give permission for the Downtown Ithaca Children's Center, or any approved employee of Downtown Ithaca Children's Center, to transport my child for field trips, excursions to the park, emergency purposes or any reason deemed necessary by the program.

As per the DICC Transportation Policy:

1. DICC will obtain written consent from the parent/caregiver for any transportation of their child and will keep the transportation policy and the written parental consent on file at the center. Parents can be given a copy.
2. A child will never be left unattended in any motor vehicle or other form of transportation.
3. Every child will board or leave a vehicle from the curb side of the street.
4. Each child will be secured in safety seats or safety belts as required by law. Safety seats will be supplied by the parents/caregiver or the daycare. Notice will be given on who will be supplying the safety seats.
5. Drivers will be 18 years of age or older and hold a current valid license to drive the class of vehicle they are operating. All vehicles used to transport children must have a current registration and inspection sticker.
6. The parents/caregiver will be provided a copy of this plan at enrollment. If the plan changes, the parents/caregiver will be provided a copy of the amended transportation plan prior to its start date.
7. The use of cell phones or any other electronic device during transport, including hands-free devices, is prohibited. Necessary calls will be made once the vehicle is parked in a legally permitted position off the road.
8. During the transport of children, the program will adhere to the required ratio of caregivers to children at all times as determined by regulations.

Parent/Guardian Name *(Please Print)*

Parent/Guardian Signature

Date

Key Fob Contract

Child Name: _____

I understand that it is my responsibility to report any lost, stolen or misplaced key fobs immediately to DICC Administration. I understand and agree to pay a \$10.00 replacement fee per fob for a duplicate copy.

I also understand and agree to return the key fob to the office when permanently leaving the Center if I fail to do so I will pay a \$10.;00 fee. This is imperative for the safety of all children and staff.

Parent/Guardian Name(s) _____

Parent/Guardian Signature(s) _____ Date _____

_____ Date _____

Office Use ONLY:

Key Fob # _____

New Enrollment - Infant Intake Form

Child Name: _____

Date of Birth: _____

Feeding Schedule and Instructions:

Bottles How many ounces? _____
 How often? (Specific times?) _____
 Warmed? _____

Food Please indicate what is to be fed, when and how it should be prepared.
 (If this changes daily, please provide each day's instructions **dated in writing**)

Any allergies, special food needs or constraints (i.e. vegetarian, kosher, non-dairy, etc.):

Sleeping Schedule and Instructions:

Agreement:

- I agree to label all bottles and food containers with my child's full name and date.
- I agree to label my child's diaper bag and other belongings with my child's full name.

Parent Signature

Date

Infant Feeding Statement

Child Name: _____

Date of Birth: _____

Dear Parent/Guardian:

This center participates in the Child and Adult Care Food Program and we will give your baby _____ and solid food. If you want to bring breast milk or your own formula or food, you can do that instead. Please indicate your choice below.

Formula (check one)		Food (check one)	
	The center/provider can give my baby the formula they buy.		The center/provider can give my baby solid foods when I tell then the child is ready. <i>(Should also complete a CACFP</i>
	I will bring breast milk or formula for my baby.		I will bring solid foods for my child.

Parent Signature

Date



Dear Parent, Guardian or CACFP Participant,

This center participates in the Child and Adult Care Food Program (CACFP) and provides healthy meals at no cost to all children and adults enrolled in the daycare center. By completing and returning the attached Income Eligibility Form, you will help your center receive money from CACFP for the meals that are served. If your household's income is equal to or less than the amounts indicated for your household size on the chart below, the center will receive a higher rate of funding for the meals served. The Income Eligibility Form needs to be completed every year. Your center and CACFP will keep all information private.

**INCOME ELIGIBILITY GUIDELINES
(Effective July 1, 2020 until June 30, 2021)**

HOUSEHOLD SIZE	REDUCED-PRICE MEALS		
	YEAR	MONTH	WEEK
1	23,606	1,968	454
2	31,894	2,658	614
3	40,182	3,349	773
4	48,470	4,040	933
5	56,758	4,730	1,092
6	65,046	5,421	1,251
7	73,334	6,112	1,411
8	81,622	6,802	1,570
FOR EACH ADDITIONAL FAMILY MEMBER	+8,288	+691	+160

Krista Tripp

SPONSOR/CENTER OFFICIAL

Downtown Ithaca Children's Center

SPONSORING ORGANIZATION

2022

DATE

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME _____

Print the name of the child(ren) enrolled in this child care center

1. _____ 2. _____ 3. _____

DIRECTIONS

Complete SECTION A if anyone in your household

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

SECTION A

SNAP Case # _____

TANF # _____

FDPIR # _____

Names of Foster Children _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature _____

Date _____

FOR SPONSOR USE ONLY

CACFP Agreement # _____

Total Number of Household Members _____
(INCLUDING FOSTER CHILDREN, IF APPLICABLE)

Total Household Income \$ _____

Free _____ Reduced _____ Paid _____

Date of Determination _____

Signature of Center Staff _____

Complete SECTION B if no one in your household participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION B

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature _____

Print Name _____

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER

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DATE _____

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the form. The Social Security Number is not required when you: apply on behalf of a foster child; provide a SNAP, TANF or FDPIR number; or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

INSTRUCTIONS FOR COMPLETING DOH-3688

Definition of Income

Income means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

Definition of Household

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

INSTRUCTIONS FOR PARENTS OR GUARDIANS

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

Section A: If anyone in your household participates in the Supplemental Nutrition Assistance Program (SNAP), receives Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the SNAP, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

Foster children: If your household includes a foster child who is in child care, write in the names of the foster children.

Section B: Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

INSTRUCTIONS FOR CENTERS AND SPONSORS

The For Sponsor Use Only section is to be completed, signed and dated by center or sponsor staff. The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The CACFP Agreement Number.

Total Number of Household Members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

Total Household Income – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid*.

Number of Free, Reduced or Paid – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, last four digits of Social Security Number or SNAP, TANF or FDPIR numbers) are categorized in the paid category.

The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member. For example, a form signed on May 12, 2014 is valid until May 31, 2015.