School Age Services
2017-2018 Parent Handbook
Table of Contents

About Children, Inc. 2

Welcome to Children, Inc. School Age Services 3
   Before School Program
   After School Program

Registration and Enrollment 4

Attendance, Fees and Financial Assistance 4-5

Tax Information 5

Non-Discrimination Policy 6

Inclusion Policy 6-7

Behavior Expectations 8

Parent Responsibilities 9

Medication 10

Allergies 10

Incident Report 10

Well Child Policy 11

Publicity Release 11

Inclement Weather Policy 12

Kids Contract 13

Emergency Registration Information Form 15

Authorization to Release Form 17

W-10 Dependent Care Provider’s Identification and Certification Form 19

KY Child and Adult Care Food Program Income Application 21

Parent/Guardian Handbook Policy Agreement Form 23

Memorandum of Understanding Medication Administration 24

Revised August 2015
Statement of Philosophy

Children, Inc. Vision Statement
Young children are ready to succeed in school and life.

Children, Inc. Mission Statement
We advance the success of young children by partnering with families, professionals and the community through exemplary services, training, research and advocacy. We accomplish our mission within a culture of innovation, collaboration and shared leadership.

Our Beliefs
We believe in children. We believe that children of all backgrounds and abilities have great worth and unique gifts. Therefore we,
- Respect the child’s worth in each and every interaction.
- Create learning environments that nurture each child’s gifts.

We believe in families. We believe that all families have a great capacity to nurture their children. Therefore we,
- Listen and communicate respectfully with each family.
- Commit to programming that values the diversity of our families.
- Support and enhance our families’ role as primary teacher.

We believe in our community. We believe that Northern Kentucky can provide the support families need to successfully nurture their children. Therefore we,
- Share information about the community’s many resources with our families.
- Partner with other members of the community to develop needed services.
- Encourage more members of our community to be involved in the support of families and children.

We believe in ourselves. We believe that the employees of Children, Inc. have a great opportunity to make a real difference in the lives of children and their families. Therefore we,
- Recruit and retain a board and staff dedicated to and skillful in implementing the organization’s mission.
- Support staff through high quality training, strong team development, and creating environments where all staff feel valued and respected.
- Pilot innovative best practices in family-centered child care.
- Seek new opportunities to provide high quality services.
- Advocate for all young children and their families at regional, state, and national levels.
Welcome to Children, Inc. School Age Services!

Since 1986 Children, Inc. School Age Services has offered quality programming for the school age child and is currently at 19 elementary schools throughout Northern Kentucky. Programs participate in Kentucky’s quality rating system, STARS FOR KIDS NOW and hold multi-STAR ratings. School Age Services offers a wide variety of options for full or part time care that are convenient, quality-oriented and affordable. The learning and fun continue in out of school time with friends in a familiar place. Besides being safe and happy, there is active learning to promote social emotional skills, recreational reading, service learning that helps children know they can give back to their community, health/fitness and more. All staff are specially trained in the care of the school age child and participate in on-going professional development activities. Staff are also required to have full security clearance and are certified in First Aid/CPR.

Before School Program
Before School Care is a morning program designed to meet the needs of parents whose schedule requires child care before school starts. The programs operate on site from 6:30-7:00 (depending on location) until the start of school. There is two day/week minimum.

After School Care
The After School Care program begins at the end of the school day and is open until 6:00 p.m. Activities follow a planned curriculum that facilitates enhanced learning beyond the school day through recreational activities, games, and projects. A Social Emotional Learning (SEL) environment builds confidence and skills. There is time for giving back to the community through Service Learning. Academic skills are strengthened in a fun format through Enrichment activities in STEAM (Science, Technology, Engineering, Art and Math). Time is allotted for homework. Children also receive a healthy snack and have time for physical activity/fitness. There is two day/week minimum enrollment.
Registration and Enrollment

All Children, Inc. School Age Services programs are licensed by the state of Kentucky and participate in the STARS for KIDS NOW! Initiative. Every child must complete an enrollment form in order to attend any of our programs. SAS does not discriminate on the basis of race, color, creed, religion, national origin, or special needs. Families needing care must register every year and each program requires separate registration.

Registration can be initiated by:
- Visiting www.childreninc.org
- Calling our office at 859-431-2075
- Completing a registration form and mailing to 333 Madison Ave., Covington, KY 41011
- Faxing a registration form to 859-431-3134

Please allow two full business days before your child can start a program.

Before your child can start the program we will need the following:
- A registration form for each child
- A current immunization certificate for each child, signed and dated
- Emergency Registration Information form for each child
- Authorization to Release form for each child
- Family Handbook Policy Agreement form

Attendance, Fees and Financial Assistance

Enrollment at all programs is on a first come, first served basis. A (non refundable) registration fee is required and will secure your space once it is received by Children, Inc., provided the site does not have a waiting list.

- Tuition is due each Monday. If it is not received by Friday you will receive a notice. If it is not paid by the following Monday your child may be dis-enrolled from the program.

- You pay for the number of days you register for, regardless of whether or not your child attends. You may change the number of days your child attends by contacting the Site Director at the program your child attends or by calling the office at 859-431-2075.

- When alternate care is provided by Children, Inc., then you are charged for which days you are registered.

- All outstanding balances MUST be paid in full before your child can attend any Children, Inc. programs.
Payments are to be paid using the Payment Link attached to emailed statements sent weekly by either Credit Card, Debit Card, or ACH Payment. Your statement will be email to the primary Email address listed on your registration. Check or Money Orders may also be mailed or delivered to the main office at 333 Madison Ave., Covington, KY 41011. **No payment is accepted at the site unless special arrangements have been made. Exceptions to this policy must be discussed with the Director of School Age Services in advance.**

There is a $25.00 charge for returned checks and a $35.00 fee for insufficient funds when paying online.

There is a two day minimum necessary when enrolling for any of the SAS programs.

State funding is also available. To determine your eligibility, call an intake worker with the Child Care Assistance Program (CCAP) at 1-800-809-7076 or visit www.childreninc.org under Tuition Assistance for more information. Please note that you will be charged full fees until funding has been approved.

Children, Inc. is a United Way agency and sliding scale fees are available to qualifying families. To apply, the KY Child and Adult Care Food Program Income application is in the back of this handbook and must be completed along with income verification for qualifying families. Families will be charged full fees until funding has been approved. All tuition fees MUST be kept current, SAS reserves the right to deny services to anyone leaving an outstanding balance.

**IMPORTANT TAX INFORMATION - PLEASE READ**

Children, Inc.’s tax identification number is 31-0910787 (see W-10 on page 19)

* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * *
Non-Discrimination Policy
All nutrition and health services programs and activities are operated in accordance with the U.S. Department of Agriculture policy which does not permit discrimination race, color sex, age, disability, or national origin. Any person who believes he/she has been discriminate against in any USDA-related activity should write immediately to: Secretary of Agriculture, Washington, DC 20205

Inclusion Policy
Children, Inc. celebrates the diversity within our community and welcomes the inclusion and participation of children with special needs or chronic handicapping as can be reasonably accommodated with the resources available to our programs. In implementing this policy and in recognition of the provisions, spirit and intent of Title III of the Americans with Disabilities Act, Children, Inc. programs make reasonable accommodations to promote the inclusion of children with special needs.

If a parent indicates at the time of enrollment that their child has a special need, the SAS Director will do an initial screening to determine whether special accommodations are needed for the participation of that child in the program. If the Director determines that special accommodations may be required, more extensive evaluation involving Children, Inc. Central Office personnel or other designated parties as necessary will be performed.

- If a parent fails to disclose the presence of a child’s special needs at the time of enrollment, Children, Inc. reserves the right to hold that child to same standard of conduct and behavior as the other program participants.

Participation and inclusion of children with special needs will be evaluated on an individual basis, and the evaluation may consider the following elements:

- The strengths as well as the limitations of the child.

- Focus on the safety, well being and best interest of the child and others in the program. As with all children in Children, Inc. programs, the desired outcomes for participation of children with special needs are enhanced physical, personal, social and emotional development.
Inclusion Policy (cont’d)

- The adaptive skills of the child; psychological and emotional issues; physical health/safety issues; and environmental consideration.

- Assess the supports needed by the child to participate successfully in the program and the availability of resources within the program to provide these needed supports.

- The evaluation be conducted by the program Director and/or designated Central Office personnel in collaboration with program staff and others as deemed necessary.

The decision regarding reasonable accommodations to meet the needs of the child will be made by the evaluation team.

In situations where the evaluation indicates the child would be difficult or impossible to serve without significant adaptations and accommodations in staff, environment, and training, the solution must be achieved through input from the parents, the school and Children, Inc.

In situations requiring additional staff to accommodate the child’s participation in the program, all three of the partners indicated above must share responsibility to the extent possible in the fiscal, operational, and training requirements associated with the requisite adaptations and accommodations.

For example: If needed, Children, Inc. would partner with the parents and the school in an effort to recruit suitable one-on-one staff to work with the child in the program. The one-on-one staff would be hired by the parent on a contractual basis to provide individualized care for their child within the context of the SAS program. A percentage of financial support for this one-on-one staff person may be provided by Children, Inc. through tuition waivers, State or United Way funds when possible, and/or direct payments based on the income of the family.

In the training of additional staff, the parents and Children, Inc. will look to the school for their assistance in making the child’s teacher, teacher’s aide, or other staff familiar with the child. Children, Inc. will partner with the school in adapting the physical environment of the school setting to accommodate the participation of the child with special needs.

In order to insure the safety of the child as well as other program participants, the child’s participation in the program is contingent on the availability of the one-on-one staff person. If that person is unavailable, the child’s participation must be suspended until a replacement person is recruited. Children, Inc. will work closely with the parent and the school to recruit a replacement as quickly as possible.
Behavior Expectations

Children are expected to show respect for staff, school property, and other children in the program. All school rules apply as well as the rules incorporated into this document while children are attending our programs. Licensed programs must follow KRS Statute 199.896(18) that states “A child shall not be subjected to corporal physical discipline, loud, profane, threatening, frightening, or abusive language or discipline that is associated with rest, toileting or food.” Positive guidance strategies are used and include:

- An environment that is structured with a daily schedule of activities (predictability invites good behavior)
- There are age-appropriate rules and limits.
- There is consistency and follow through with simple instructions.
- Adult role modeling and teaching the expected behaviors set the tone.
- Verbal cues are used to remind children of what they should be doing.
- Adults remain in close physical proximity of children and children are within sight and sound at all times.
- Redirection is used to support acceptable replacement behaviors.
- Adults help children express feelings to prevent verbal or physical altercations. A strength-based model of intervention using the FLIP-IT strategy has been very successful. This social emotional intervention helps children who have behavioral challenges make better choices and learn self-regulation. It is a four step process: 1. Feelings are validated; 2. Limits are set; 3. Inquiries about other acceptable behaviors are explored; and 4. Prompts give the child other acceptable options.
- Choices and consequences are used with interruption of unacceptable behaviors.
- Cool down time in a quiet space in the room for children who need alone time to calm down is offered.

Chronically disruptive behavior and/or infractions of a severe nature can result in probation, suspension or disenrollment from the program at the discretion of the District Coordinator or SAS Director.

- Chronically disruptive behavior is defined as being disrespectful to staff, disobeying the rules, bullying others or creating an unsafe situation for the child or others in the program.
- More serious infractions which are grounds for immediate disenrollment include but are not limited to: leaving the program, possessing illegal materials (firearms, knives, and drugs), hurting another child including a sibling, or any extreme behavior which endangers the child, other children, staff or the program.

School Age Services reserves the right to dis-enroll a child from the program at any time for improper or inappropriate behavior.

Probation: When a child is placed on probation or has received a warning, this should serve as notification to parent that there is a problem. Staff and parent will then create a plan of action for desired behaviors.

Suspension: When several or numerous attempts have been made to work with you and your child toward an acceptable level of behavior and negative behavior is still evident it may be necessary to suspend your child from the program. You will receive written notification and the number of days your child is suspended. See Kids Contract in the back of this handbook.

Disenrollment: When numerous attempts have been made to work with you and your child and the undesirable behavior persists, and we feel as though the behavior cannot be remedied or that your child is not able to cooperate in a group situation, he/she may be dis-enrolled from the program.

Note: Parents and other adults are expected to model safe and respectful behavior as well. Harsh verbal or physical punishment on-site by an adult, whether staff or a parent is not acceptable.
Parent Responsibilities

- Keep program staff informed of changes in contact information or attendance.
- Submit all required paperwork including current immunization certificate within 5 days of enrollment. Failure to do so will result in disenrollment from the program.
- You must sign your child in for the before school program and out of the program in the afterschool program daily. State licensing requires that a responsible designated adult sign children in and out each day (must be 18 years or older) with the time of arrival or departure indicated. It is also a safety feature to protect your child.
- Our program closes at 6:00 p.m. Please be on time to pick up your child. If you find that you are running late, please arrange an alternate to pick up your child. There is a .50 cent per minute late fee.
- Parents are required to stay current on tuition (The enrolling parent (parent #1 on the registration form) is ultimately responsible for all tuition fees.
- Until staff become familiar with you, it will be necessary to show identification when picking up your child.
- Children are released only to adults authorized by the parent on the release form. Please be sure to include all persons your child can be released to. A court order is required to be on file with us if a child cannot be released to a parent.
- SAS supports and invites family involvement. There is a parent information table with a wealth of information about our programming, resources and other information. Please check it out.
- Parents are responsible for any damages caused by their child’s actions to school facilities, school property or another child’s personal property.
- Children are not permitted to bring items from home including electronic devices, toys or other games. Children, Inc. is not responsible for lost or stolen items.
- Parents are to conduct themselves in a professional manner at all times to other children, parents and Children, Inc. staff. Failure to do so can result in your child’s disenrollment from the program.
- It is the parent’s responsibility to read, understand and comply with the contents of this handbook.
Medication

Due to our inability to store medications appropriately we do NOT dispense medication at the Before or After School programs. If your child is due for medication at or around dismissal time, you may need to contact your physician about changing the time your child receives medication and have it dispensed by the school clinician prior to school ending.

Allergies

Parents should notify staff of any allergies their child may have. Since we are in shared space, we cannot guarantee the program will be free of allergens that could cause a reaction. If your child has an Epi-pen or inhaler, please notify staff for its safe keeping. If your child has a severe allergy, please contact the SAS Director so that appropriate action can be taken.

Incident Report

Parents can be assured that safety is our number one priority. Incidents such as falls, nose bleeds, bumps or bruises require that staff complete an Incident Report outlining what happened, who witnessed it and other information. Parents will be asked to sign it and let SAS know if the child will see a doctor or be taken to the emergency room. If an incident of a serious nature should occur, staff will contact their District Coordinator, the parent and call emergency care if needed. All staff are trained in CPR and First Aid. All incidents requiring medical attention must be reported to licensing within 24 hours.
Well Child Policy

To ensure a healthy, safe environment at the program for all children, efforts are made to keep the spread of communicable diseases to a minimum. If a child becomes ill while at the program, all efforts are made to keep the child away from the other children to minimize the risk of exposure until the child is released to an authorized adult. Parents will be notified of outbreaks of contagious illnesses that occur.

Children may not be admitted or permitted to stay at the Program if they exhibit any of the following symptoms:

- fever of 100 degrees or above
- skin rashes that have not been treated by a physician
- diarrhea (more than 2 unexplainable loose stools)
- Vomiting (more than 2 episodes)
- conjunctivitis (pink eye)
- presence of head or body lice, nits, bedbugs, and/or other parasites
- yellowish skin or eyes
- severe or persistent coughing
- rapid or difficult breathing
- Earaches
- severe head cold
- other evidence of infection
- general listlessness

Children may be re-admitted:

- After 24 hours symptom-free or with a physician’s statement indicating it is safe to readmit your child to the program, provided that the child is free from communicable disease
- If visibly free from communicable disease such as fever (without fever reducing medicine), diarrhea, vomiting for at least 24 hours and is back on a normal diet.
- If returning to the program poses no risk to the other children.

Publicity Releases

From time to time, there are different organizations, newspapers, TV stations, non-profit agencies or internal needs to take photos, film the agency or activities and children, or to visit or publicize the program and/or activities of the program. Under the Parent Handbook Policy Agreement (last page of this document), there is a signed consent statement to indicate whether a parent grants or denies permission for his or her child to participate in such activities. It is important for a parent/guardian to complete this form.
Inclement Weather Policy

Before School Program

If the school is on a delay, the Before School Program does not operate.

After School Program

In the event that school dismisses early due to weather or other emergency, the After School program will be cancelled. You are responsible to contact your child’s school prior to the early dismissal to make transportation arrangements.

In the event the school does not dismiss early the after school program will be in session unless the school closes the building and requires all persons vacate the premises. We ask that even if the program remains open and if weather conditions are worsening, you make every attempt to pick up your child as soon as possible at the program so that our staff can get home safely.
Kids Contract

Being a member of the Before and After programs through Children, Inc. means that you have to abide by the rules so that everyone is safe, happy and feels accepted. Please sign at the bottom of this page that you understand these guidelines.

- I will be kind and respectful to everyone.
- I will keep my hands to myself.
- I understand bullying is not acceptable.
- I will treat everyone as I would like to be treated.
- I will leave my personal items at home so that they will not be lost or stolen.
- I will stay with my group at all times.
- I understand that once I come to the program I cannot go back to my classroom, even if I forget something.
- I will follow the school rules as well as the Children, Inc. rules.
- I will have a great time and a great attitude each and every day.

Signed ___________________________ Age ________
# Emergency Registration Information (one form per child)

<table>
<thead>
<tr>
<th>Child’s Name</th>
<th>Birth Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Street Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Home Phone**

To serve your child better in case of an accident or sudden illness, it is necessary that you furnish the following information for emergencies.

<table>
<thead>
<tr>
<th>Guardian #1 Name</th>
<th>Work Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Guardian #2 Name</th>
<th>Work Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please list two neighbors/relatives who will assume temporary care of your child if you can not be reached. (Please update if circumstances should change)

<table>
<thead>
<tr>
<th>Name</th>
<th>Work Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Work Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**PLEASE LIST ANY HEALTH CONDITIONS SUCH AS HEART CONDITIONS, DIABETES, SEVERE ALLERGIES, EYE OR EAR PROBLEMS, OR ANY CHRONIC CONDITION.**

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<p>| |</p>
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

**Child’s Physician**

<table>
<thead>
<tr>
<th>Preferred Hospital</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I, the undersigned, do hereby authorize the personnel of Children, Inc. (SAS) to contact directly the persons named on this form, and do authorize the named physician to render such treatment as deemed necessary in an emergency for the health of said child.

In the event the physician or other persons named on this form cannot be contacted, the Site Director/District Coordinator or Children, Inc. Administration are hereby authorized to take whatever action is deemed necessary, in their judgment, for the health of the child. I will not hold Children, Inc. (SAS) financially responsible for the emergency care and/or transportation of said child.

__________________________
Signature of Parent/Guardian

__________________________
Date
Authorization to Release Form (one form per child)

Child’s Name

________________________________________________________________________

I authorize the staff of Children, Inc. (SAS) to release my child/ren from the School Age program at

(School) ______________________________ to the following people 18 or over years of age:

Name __________________________________________ Relationship __________________

Name __________________________________________ Relationship __________________

Name __________________________________________ Relationship __________________

Name __________________________________________ Relationship __________________

Name __________________________________________ Relationship __________________

I understand that should it be necessary for anyone else to pick up my child from the program, I must contact site staff, district coordinator, or call our main office 859-431-2075.

________________________________________________________________________

Signature of Parent/Guardian Date
Children, Inc.

333 Madison Avenue
Covington, KY 41011

February 20, 2015

[Signature]

General Instructions
Section references are to the Internal Revenue Code.

Purpose of form.—You must get the information shown in Part I from each person or organization that provides care for your child or other dependent if:
1. You plan to claim a credit for child and dependent care expenses on Form 1040 or 1040A, or
2. You receive benefits under your employer’s dependent care plan.

If either 1 or 2 above applies, you must show the correct name, address, and taxpayer identification number (TIN) of each care provider on Form 2441, Child and Dependent Care Expenses, or Schedule 2, Child and Dependent Care Expenses for Form 1040A Filers, whichever applies.

You may use Form W-10 or any of the other sources listed under Due diligence below to get this information from each provider.

Penalty for failure to furnish TIN.—TINs are needed to carry out the Internal Revenue laws of the United States. Section 6109(a) requires a provider of dependent care services to give to you a valid TIN, even if the provider is not required to file a return. The IRS uses the TIN to identify the provider and verify the accuracy of the provider’s return as well as yours.

A care provider who does not give you his or her correct TIN is subject to a penalty of $50 for each failure unless the failure is due to reasonable cause and not willful neglect. This penalty does not apply to an organization described in section 501(c)(3). See Tax-exempt dependent care provider later.

If incorrect information is reported.—You will not be allowed the tax credit or the exclusion for employer-provided dependent care benefits if:
• You report an incorrect name, address, or TIN of the provider on your Form 2441 or Schedule 2, and
• You cannot establish, to the IRS upon its request, that you used due diligence in trying to get the required information.

Due diligence.—You can show due diligence by getting and keeping in your records any one of the following:
• A Form W-10 properly completed by the provider.
• A copy of the provider’s social security card or driver’s license that includes his or her social security number.
• A recently printed letterhead or printed invoice that shows the provider’s name, address, and TIN.
• If the provider is your employer’s dependent care plan, a copy of the statement provided by your employer under the plan.
• If the provider is your household employee and he or she gave you a properly completed Form W-4, Employee’s Withholding Allowance Certificate, to have income tax withheld, a copy of that Form W-4.

If your care provider does not comply with your request for one of these items, you must still report certain information on your Form 2441 or Schedule 2, whichever applies. For details, see the Form 2441 or Schedule 2 instructions.

Specific Instructions
Part I
The individual or organization providing the care completes this part.

Enter the provider’s name, address, and TIN. For individuals and sole proprietors, the TIN is a social security number (SSN). But if the provider is a nonresident or resident alien who does not have and is not eligible to get an SSN, the TIN is an IRS individual taxpayer identification number (ITIN). For other entities, it is the employer identification number. If the provider is exempt from Federal income tax as an organization described in section 501(c)(3), see Tax-exempt dependent care provider below.

How to get a TIN.—Providers who do not have a TIN should apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office. To apply for an ITIN, get Form W-7, Application for IRS Individual Taxpayer Identification Number, from the IRS. To apply for an EIN, get Form SS-4, Application for Employer Identification Number, from the IRS.

Note: An ITIN is for tax use only. It does not entitle the individual to social security benefits or change his or her employment or immigration status under U.S. law.

Tax-exempt dependent care provider.—A provider who is a tax-exempt organization described in section 501(c)(3) and exempt under section 501(a) is not required to supply its TIN. Instead, the provider must complete the name and address lines and write “tax-exempt” in the space for the TIN. Generally, an exempt 501(c)(3) organization is one organized and operated exclusively for religious, charitable, scientific, testing for public safety, literary, or educational purposes, or for the prevention of cruelty to children or animals.

Income tax reporting requirements for dependent care providers.—The individual provider must report on his or her income tax return all income received for providing care for any person. If the provider is a self-employed individual, the income is reported on Schedule C or C-EZ (Form 1040), whichever applies.

Part II
Complete this part only if you are leaving the form with the dependent care provider to return to you later.
KY Child and Adult Care Food Program Income Application

Complete this form in order for this center to qualify for reimbursement for meals served to your child(ren).

1. CHILD INFORMATION (print)

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Birthdate</th>
<th>Food Stamp#</th>
<th>K-TAP#</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. PROGRAM BENEFITS

   If Foster Child, Kinship Care check here and give child’s income.

   |                     |           |             |        |
   |                     |           |             |        |
   |                     |           |             |        |

3. HOUSEHOLD MEMBERS AND MONTHLY INCOME: If you gave a food stamp or K-TAP case number, go to Part 4.

   NAMES OF HOUSEHOLD MEMBERS Including Children Not Listed Above
   LAST     FIRST

<table>
<thead>
<tr>
<th>NAMES OF HOUSEHOLD MEMBERS</th>
</tr>
</thead>
</table>
   | including Children Not Listed Above
   | LAST     FIRST |

   GROSS MONTHLY
   Income
   From Work
   (Before Deductions)

   MONTHLY Income
   From Welfare
   Payments, Child
   Support, Alimony

   MONTHLY Income
   From Pension
   Retirement
   Social Security

   Any Other
   MONTHLY
   Income

   Are you employed?_____
   Where?_____

4. SIGNATURE AND 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 and that deliberate misrepresentation of the same information is subject to prosecution under applicable state and federal laws.

   X __________________________
   Signature of Adult Household Member

   X __________________________
   Date

   X __________________________
   Social Security Number

   Home Telephone No. ____________________________________________

   Work Telephone No. ____________________________________________

   Printed Name ________________________________________________

   Street/Apt. No. ______________________________________________

   City/State/Zip: _____________________________________________

5. RACE: Please check the racial or ethnic identity of the participant. You are not required to complete this part.

   ___ White, not Hispanic: ___ Black, not Hispanic: ___ Hispanic: ___ Asian/Pacific Islander: ___ American Indian/Alaskan Native

6. OTHER BENEFITS: Health Insurance: Please check "Yes" if you agree to have information from this form released to KY Children’s Health Insurance Program (KCHIP) officials for use in the determination of your child’s eligibility for KCHIP.

   I certify that I am the parent/guardian of the child for whom application is made.

   Signature of Parent/Guardian __________________________________

   Date ______________

---

FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.

MONTHLY INCOME CONVERSION - WEEKLY X 4.33  EVERY 2 WEEKS X 2.15  TWICE A MONTH X 2

☐ Food Stamp/K-TAP

☐ Income Household:

   Total Household Monthly Income: ____________________________

   Household Size: ____________________________

   Temporary approval for: ☐ Free Meals, Expires: ____________________

   ☐ Reduced Price Meals

   ☐ Paid
Please sign the following document and return it to the Site Director of the program your child attends after thoroughly reading the Family Handbook.

My child is enrolled at: ____________________________________________________________

My child(ren)’s names are __________________________________________________________

I, the undersigned, hereby _____ consent _____ do not consent to the reproduction, publication and other use of photographs, or cinematic imagery or voice of myself and/or my child by Children, Inc. or affiliated organizations in newspapers, TV stations, non-profit agencies or other organizations or businesses and without monetary compensation.

Please initial the following:

___ I have received a copy and have read and understand the School Age Services Family Handbook and agree to abide by the policies.

___ I agree to keep School Age Services informed of any changes in phone numbers and contact persons with the knowledge that this is for my child’s safety.

___ I understand that all paperwork: Authorization to Release, Emergency Registration Information and a current Immunization Form, be completed and returned within 5 days of enrollment. Failure to return required paperwork will result in disenrollment of your child. This paperwork is a licensing mandate.

___ I understand that tuition is due on Monday of each week and agree to pay on time.

___ I understand that I pay for the number of days I register for, regardless of whether my child attends. For exceptions see page 4.

___ I have read and understand the Inclement Weather Policy and understand that I am required to pay for snow day closings and 1 hour delays.

___ I understand that Children, Inc. is inclusive of all children, regardless of race, religion, physical or mental limitations, however, children enrolled must be able to cooperate in a group situation, per 922.KAR 2:120 Section 1, to ensure the safety of all children.

___ I understand that I should save all receipts for tuition payment as Children, Inc. does not issue financial statements.

Signed ........................................................................................................ Date ___________________
SCHOOL AGE SERVICES
MEMORANDUM OF UNDERSTANDING
MEDICATION ADMINISTRATION

- School Age Services staff does not administer medication.
- When it is necessary for a child to bring an inhaler or Epi-Pen to a school age program, for the safety of all children, staff will store the item in a locked cabinet or box for the child. It is the responsibility of the parent/guardian to ensure that the medication expiration date is acceptable at all times.
- The medication will be retrieved from the locked area and given to a child for self-administration in the event that the medication is needed.
- If a child is unable to administer an emergency medication, staff will administer the medication provided the parent/guardian has provided full instruction to the staff about how and when to administer the medication and permission to do so.
- Staff will call 911 and notify parent/guardian via their listed emergency numbers if a medical emergency arises with their child. It is the responsibility of parent/guardian to ensure that staff has their current and viable emergency numbers including work, home and cell phones and at least two emergency contacts.
- Children, Inc. staff are trained in First Aid and CPR and will respond to any medical emergency as is reasonable for an individual certified in these areas, with a call to 911 for back up response if necessary.
- In addition, if the administration of an Epi-Pen is necessary, 911 will be called to respond to the emergency and/or transport a child to the emergency room.
- If a child stops attending a program, it is the responsibility of the parent to request and pick up any medications immediately upon dis-enrolling.

These areas must be completed

___ Yes   ___ No   I, ______________________, have received, understand and agree to abide by

Legal guardian/parent name

Children, Inc.’s medication policy.

___ Yes   ___ No   I give my permission for staff to administer the emergency medication of

______________________________ in the event my child is unable to do so. In addition, I attest that I have trained

how and when to administer the medication to the following staff persons: ________________________________

I have also signed other necessary medication permission forms to allow a staff person to administer the

medication. I understand that a trained person is not available or my child can not administer the medication and

an emergency arises, the medication will not be administered and 911 will be called immediately.

______________________________
Parent Signature

______________________________
Date

______________________________
Witness Signature

______________________________
Date

revised Aug. 2012