Denton Christian Preschool

Enrollment Packet

1114WestUniversityDrive,Denton,TX76201

(940) 383-3332

(940)383-8223 (fax)

www.dentoncps.org

admin@dentoncps.org

Checklist/Lista de control

- **Completed Enrollment Forms with Signatures/formularios de inscripción completados con firmas**
- **Immunization Record and Health Statement (signed by child's doctor)/Vacunas y declaración de salud firmada por el médico del niño(a)**
- **Birth Certificate/Acta de nacimiento**
- **Social Security Card/Tarjeta de seguro social**
- **Utility bill or lease agreement/factura de servicios públicos o contrato de arrendamiento**
- **Parent/guardian photo ID/identificación con foto de padre o tutor**
- **$25 non-refundable enrollment fee**

Partners

940-383-3332

Alicia Blanca, Director

Admissions Information

Child's Name: _____

Nickname: _____ Date of Birth: _____ Sex: _____

Date of Admission: _____ Withdrawal Date: _____

Days and hours the child is normally in care: _____

Days (circle all that apply): M T W TH F Hours: to

I understand the following meals will be served to my child while in care.

Meals child will participate in (check choices): ☐ Breakfast ☐ Lunch ☐ Afternoon Snack

Home Address: _____

City, State, Zip: _____ Home Phone: _____

Whom does the child live with: _____ Custody Documents on file? _____

What is the primary language your child speaks at home? _____

Mothers name/Nombre de mama: _____

Mother's Work Place: _____

Mother's Work Phone: _____ Mother's Mobile: _____

Mother's Email address: _____ Other number/email: _____

Mother's Driver's License Number: _____ Mother's Date of Birth: _____

Father's Name/Nombre de papa: _____

Father's Work Place: _____

Father's Work Phone: _____ Father's Mobile: _____

Father's Email Address: _____ Other number/email _____

Father's Driver's License Number: _____ Father's Date of Birth: _____

Has child been in preschool/daycare before? _____ How long? _____

Where? _____ How did you hear about us? _____

Sign and Date: _____

The following additional people (not including parents) are allowed to pick your child up from Denton Christian Preschool. The people listed must be 18 years of age or older.

In the event a person not listed has to pick up my child, I understand that the office must receive a phone call or email from one of the approved parents stating the person's name and driver's license number. Names may be added or removed from this list at any time.

Name: _____ Phone: _____

Drivers Lic.# _____ Relationship to child: _____

Name: _____ Phone: _____

Drivers Lic.# _____ Relationship to child: _____

Name: _____ Phone: _____

Drivers Lic.# _____ Relationship to child: _____

_____

Signature of Parent or Legal Guardian Date

Medical Information:

Does your child have any disabilities, limitations or restrictions?

Does your child have any environmental or food allergies, existing illness, previous serious illness or hospitalizations during the last 12 months? (Doctors note required)

If yes, what are they?

If your child has any food restrictions DCP must have a Physicians note stating child is restricted from eating certain foods.

Food allergy emergency plan submitted date:_____

Any medication prescribed for long-term continuous use?

If yes, list medication:

Any medication must have the medication form filled out by the parent, be in original container with the child's name clearly marked.

Emergency Contacts

In case you (the parent) cannot be reached, you must give three names, telephone

_____

numbersandaddress of people thatcanpickup your child:

Name_____ Address_____

Telephone_____Relationship to child_____

Name_____Address_____

Telephone_____Relationship to child_____

Name_____Address_____

Telephone_____Relationship to child_____

Authorization for Emergency Medical Attention:

In the event of a medical emergency and a parent cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Name of Doctor:_____ Telephone Number:_____

Complete Address:_____

Hospital of Choice:_____ Telephone Number:_____

Complete Address:_____

Insurance Company:_____ Policy #:_____

I give my consent for necessary emergency treatment when my child is in the care of this physician and/or hospital.

CONSENT TO ADMINISTER EMERGENCY SERVICES

Current and Prospective Parents,

It is the responsibility of Denton Christian Preschool to issue the following statement as part of the school's policy:

In case of emergency, Denton Christian Preschool (DCP) will act as parent or guardian of each child while he/she is under the care of DCP. This means that DCP staff will, in good faith, act in the child's best interest by notifying emergency services of a serious or life-threatening condition. Notification of emergency services will result only if DCP staff, in their sole discretion, judge that the child's health or well-being is threatened for any reason.

Your signature below shall act to indemnify and hold DCP harmless from any claims that arise out of the use of this authorization, and will act to authorize DCP to take such action as it deems necessary, in its sole discretion, to protect your child in the case of a serious or life threatening condition. Further, DCP is not assuming liability for any fees or charges that result from such action, including emergency room bills, emergency transport bills, or hospital or doctors' fees. All such fees shall continue to be the responsibility of the parent and parent shall indemnify DCP for any such fees.

I agree to the terms of the above school policy. In signing, I agree to allow Denton Christian Preschool to act as parent or guardian of my child in case of emergency.

Signature of Parent or Guardian _____

Parent Notifications Agreement

Per the Texas Department of Regulatory Services, we must notify you of every injury/incident your child might have during the school day. In compliance with this rule DCP will notify as indicated below. We will always call if a child hits their head, has excessive bleeding, or other serious injury.

☐ Yes, I want to be called every time, the best number to reach me is _____

☐ No, I only want to be called for major incidents as listed above.

DCP will fill out an incident/accident form for all incidents/accidents. Parents will be asked to sign upon picking up your child. A copy will be given to the parent or person picking up and a copy will be filed.

Photography & Social Media:

I ☐ give ☐ do not give Myconsentformy child to be photographed by the school or other agency. Pictures may be usedinpromotionalmaterials in social media.

Water Play: (please initial onthelineprovided)

_____ I understand that duringthemonthofMay that DCP may have water/sprinkler play with adult supervision. My childwilltakepartofthis activity or

_____ During water play mychildwillsitoutside, and play. We do not have alterative staff to keep children inside duringthistimeframe.All children will be outside. If you choose not to be part of water play, childrenwillbegivenchalk or bubbles.

Transportation: (pleaseinitialonthelineprovided)

_____ I ☐ give consent ☐ donotgiveconsent for my child to be transported and supervised by the school's employees:

☐ for emergency care ☐ onfieldtrips ☐ to and from home ☐ to and from school

Parent Handbook and Policies:(pleaseinitial on the line provided)

_____ I have received and read acopyofDCP parent handbook which includes operational & discipline policies.

_____ I have provided DCP with a current copy of my child's immunization record.

_____ My child has been examined within the past year by a healthcare professional and is able to participate in the DCP program and/or within 12 months of admission, I will obtain a health care professional's signed statement and will submitted to the childcare operation.

_____ I understand that weekly fees are due in advance of Monday and due in full regardless of absences, illness, holidays, or vacations.

_____ I understand that office hours are 8:00 a.m. to 4:00 p.m.

_____ I understand that DCP policy states that all ~~children must arrive by 9:00 am unless you have a note from your doctor, or extenuating circumstances. Provided the school has been notified in advance.~~

_____I understand that DCP policy states all children NOT riding a bus home must be picked up from school by 3:00

_____ Childcare operations are public accommodations under the Americans with Disabilities (ADA), Title III. If you believe that such an operation may be practicing in violation of Title III, you may call the ADA information line at 800-514-0301.

Records Release: (please initial on the line provided)

_____ I hereby grant permission to Denton ISD to release my child's school records to Denton Christian Preschool.

Requirements for exclusion from compliance: (please initial on the line provided)

_____I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

_____I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Are there any special circumstances in your family DCP should be aware of? Such as custody information, divorce, restraining orders, etc. DCP must have a copy of all legal documents on file in order to enforce them. All information will be kept confidential.

_____ _____

Signature of Parent or Legal Guardian **Date**

Denton Christian Preschool

1114 W. University Dr. 76201

940-383-3332

940-383-8223 (fax)

Health Statement

Date: _____

Child's Name: _____

Name of Physician or Clinic: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Child's Name _____, has been examined in my office and has been found free of contagious disease and may participate in all age-appropriate daycare or school activities.

Vision Exam Results:

Right eye 20/ **Left eye** 20/ PASS _____ FAIL_____

Hearing Exam Results:

EAR	**1000 HZ**	**2000 HZ**	**4000 HZ**	**PASS or FAIL**
Right				o **Pass** o **Fail**
Left				

_____

Signature of Physician or Clinics stamp

2022-23 SELF-CERTIFICATION OF INCOME

INSTRUCTIONS: This is a statement from the beneficiary documenting the definition used to determine "Annual (Gross) Income", the household size (as applicable-based on the activity), and the household characteristics for the purpose of income determinaiton. Adult beneficiary members must then sign this form to certify that the information is complete and accurate.

Last Name & First Initial: _____ Beneficiary ID (if applicable): _____

Address: _____

Household Size[1]: _____ Annual Household Gross Income[2]: $ _____

[1]Household is defined as all the people in the housing unit that includes related and unrelated.

[2]Income is defined as total anticipated annual gross income of all household members expected in the next 12 months including wages, tips, commission, business income, alimony, child support; and Social Security, AFDC, TANF or other benefits)

SIGN HERE Signature and Date: _____

Signature above certifies that this information is accurate and agree to provide, upon request, documentation on all income sources to the Agency.

RACE

- ☐ 1. White
- ☐ 2. Black/African American
- ☐ 3. Asian
- ☐ 4. American Indian/Alaska Native
- ☐ 5. Native Hawaiian / Other Pacifici Islander
- ☐ 6. American Indian / Alaska Native & White
- ☐ 7. Asian & White
- ☐ 8. Black/African American & White
- ☐ 9. American Indian/Alaska Native & Black/African Am.
- ☐ 10. Other Multi Racial

ETHNICITY

- ☐ Hispanic
- ☐ Non-Hispanic

OTHER

- ☐ Female Head of Household
- ☐ Disabled

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

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

Income Definition: Annual Income - HUD 24 CFR Part 5

Household Size: _____ Hispanic (Y/N): _____

Income Level: (See Table below) _____ Disabled Household (Y/N): _____

Race Category: (See above) Female Head of Household (Y/N):

House-hold Size	Middle Income (NMI) +80%	Moderate Income (MI) 80%-50% AMI	Low Income (LI) 50%-30% AMI	Extremely Low Income (ELI) 30% AMI
1	above $54,500	$54,500-$34,101	$34,100-$20,451	$20,450 or below
2	above $62,350	$62,350-$39,001	$39,000-$23,401	$23,400 or below
3	above $70,150	$70,150$-43,851	$43,850-$26,301	$26,300 or below
4	above $77,900	$77,900-$48,701	$48,700-$29,201	$29,200 or below
5	above $84,150	$84,150-$52,601	$52,600-$31,551	$31,550 or below
6	above $90,400	$90,400-$56,501	$56,500-$33,901	$33,900 or below
7	above $96,600	$96,600-$60,401	$60,400-$36,251	$36,250 or below
8	above $102,850	$102,850-$64,301	$64,300-$38,551	$38,550 or below

SIGN HERE Signature and Date: _____

I certify that this information is complete and accurate. I also certify that source documentation (income backup) may need to be collected by the City of Denton.

Dear Parent/ Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **Denton Christian Preschool** offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

1.DoIneedto filloutaMealBenefitFormforeachofmychildrenindaycare? You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household **only** if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completedform to:[(DentonChristianPreschool,1114WUniversityDr.Denton,Tx76201,or (940 383-3332)].**

2.Who cangetfreemealswithoutprovidingincomeinformation? Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children (reference question #8 for more information on foster children) and children enrolled in a Head Start Program (HSP), Early Head Start Program (EHSP), or Even Start Program (ESP) and have not entered kindergarten) are also eligible for free meals. Households with children enrolled in a HSP, EHSP or ESP can provide a certification letter from the program of the child's enrollment and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

3. Who can get reduced price meals? Your children can get low cost meals if your household income is within the reduced price limits on the Income Chart, sent with this application. Children in households participating in WIC may be eligible for reduced price meals.

4. May I fill out a form if someone in my household is not a U.S. Citizen? Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

5. Who should I include as members of my household? You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

6. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

7. What if my income is not always the same? List the amount that you normally get. For example, if you normally get $1000 each month, but you missed some work last month and only got $900, put down that you get $1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

8. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children can provide the Texas Department of Family and Protective Services Form 2085FC, *Placement Authorization Foster Care/ Residential Care,* to their child's caregiver and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

9. We are in the military, do we include our housing and supplemental allowances as income? If your housing is part of the military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

10. ***(Pricing program only)*** **Will the information I give be verified?** Maybe.Wemayaskyoutosendwritten prooftoverifytheinformationyousubmittedontheform. **What if I disagree with the decision about the information I complete on this form?** Youcantalkto **Alicia Blanca, Director,** eitherinpersonor by telephoneat **940-383-3332** Youmayaskfor ahearingbycallingorwritingto: **1114 W. University Dr., Denton Texas 76201**
In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call **940-383-3332**

Sincerely,

Alicia Blanca

Executive Director

Denton ChristianPreschool

1114 W. UniversityDr.,Denton,TX76201

940-383-3332

Nondiscrimination statementandcomplaintFiling Procedures

The U.S. Department of Agriculture prohibitsdiscriminationagainst its customers, employees, and applicants for employment on the basesofrace,color,national origin, age, disability, sex, gender identity, religion, reprisal, and whereapplicable,politicalbeliefs, marital status, familial or parental status, sexual orientation, or allorpartofanindividual's income is derived from any public assistance program, or protected geneticinformationinemployment or in any program or activity conducted or funded by the Department.(Notallprohibited bases will apply to all programs and/oremploymentactivities.)

If you wish to file a Civil Rights programcomplaintofdiscrimination, complete the USDA Program DiscriminationComplaintForm,found online as http://www.ascr.usda.gov/complaint_filing_cust.html,oratanyUSDA office, or call (866) 632-9992 to request the form. You may also writealettercontainingall of the information requested in the form. Send your completed complaintformorlettertousby mail at U.S. Department of Agriculture, Director, Office of Adjudication,1400Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442oremailatprogram.intake@usda.gov.

Individuals who are deaf, hard of hearingorhavespeechdisabilities may contact USDA through the Federal Relay Service at(800)877-8339;or(800) 845-6136 (Spanish).

Denton Christian Preschool operation meetstheAmericanwithDisabilities Act (ADA), Title III. If you believe that DCP may be practicingdiscriminationinviolation of Title III, you may call the ADA Information Line at (800) 514-0301voiceor800-514-0383 TTY.