

# The Cornerstone Private School

120 S. Birmingham Wylie Texas 75098

Child's name:	Date of Birth	Days Attending	Arrival Time
	Date of admission	M T W TH F	Departure Time
Child's name:	Date of Birth	Days Attending	Arrival Time
	Date of admission	M T W TH F	Departure Time
Child's name:	Date of Birth	Days Attending	Arrival Time
	Date of admission	M T W TH F	Departure Time
Child's address w/city,state, zip			Child's home phone
Father	Address w/city,state, zip		
Home Phone	Drivers license #	Social Security #	
Employed By	Work phone	Cell phone	
Mother	Address w/city,state, zip		
Home Phone	Drivers license #	Social Security #	
Employed By	Work phone	Cell phone	
Parents' marital status:		Child lives with:	
Mother's email address		Father's email address	
Why did you choose to enroll your child(ren) at Cornerstone?			
Password for emergency verification:		Hint Question?	
<input type="checkbox"/> My child has permission to receive tylenol, motrin or benadryl if needed			

My child will be released only to the persons signing and listed below on this application. These people can also be contacted in the event of illness and/or emergency to make decisions concerning my child.

Name	Phone	TDL#	Relation to child

My child has permission to go on field trips.  My child does not have permission to go on field trips.

My child has permission to participate in water activities.  My child cannot participate in water activities.

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800)514-0301 voice or (800)514-0383 tty.

Both parents must sign this form in order to make changes and/or to be allowed to pick up the children.

**Mother's signature**

Date

**Father's signature**

Date

Please complete all blanks and see other side

# The Cornerstone Private School

Child's name	Date of birth
Child's name	Date of birth
Child's name	Date of birth

## TRANSPORTATION AND MEDICAL RELEASE

I authorize The Cornerstone Private School to transport my child/ren to and/or from public school, on field trips, to a designated evacuation site, and/or for emergency medical treatment. All drivers hold a valid state drivers license and vehicles are properly insured.

In an emergency please contact:

Mother	Work Phone	Cell Phone
Father	Work Phone	Cell Phone

Please list complete information for a friend or relative who should be contacted in an emergency when a parent cannot be reached. Your child may also be released to this person at any time.

Name	DL#
Address	City, state, zip
Home phone	Work phone
	Cell phone

I authorize The Cornerstone Private School employees to give consent for all necessary emergency care/treatment for my child/ren at a physician or hospital of their choice.

Please list all of your children's special needs, including, but not limited to, allergies, existing illness, previous serious illness and injuries, hospitalization during the past twelve months, and any medications prescribed for continuous, long term use. If more space is needed, please use another paper and attach it to this form. If none, please write NONE KNOWN.


My child has records on file with the doctor listed below:

Doctor	Practice name
Address w/city/state/zip	Phone
Lake Pointe, 2300 FM 544, Wylie, TX 75098	

Parent signature	date
------------------	------

## Public School Information (for school age children only)

Immunization records and Hearing/Vision records for my child(ren) are current and on file at:

School name:
School address
City/state/zip
School phone

I give permission for my school age child/ren to ride a bus (other than Cornerstones' bus) or walk to or from school or home, or to be released to the care of a sibling under the age of 18.  yes  no NOTICE: Our policy is to pick up all children from public school and transport them back to Cornerstone in the Cornerstone vehicle unless otherwise notified by parent.

Mother's \_\_\_\_\_ Father's \_\_\_\_\_ signature date \_\_\_\_\_

**The Cornerstone Private School OPERATIONAL POLICIES:**  
**(Please initial by each item and sign below)**

2013

\_\_\_\_\_ **OPERATING HOURS:** The Cornerstone Private School is open 6:30 a.m. to 6:30 p.m. Monday through Friday. There is a \$1 per minute late fee to any family who exceeds this time. We are open year round except for the following holidays: New Year's Day, Good Friday, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day and the day after, Christmas Eve, Christmas Day and New Year's Eve. If the holiday falls on Saturday or Sunday, we reserve the right to close on an alternate day.

\_\_\_\_\_ **ABSENCES:** Please call Cornerstone Private School if your child will be absent. This is also true for children who ride our bus after public school. You must call us by noon if your child will not be on the bus after school; failure to do so will result in a \$10 service charge billed to your account. We must spend time calling and searching until your child is accounted for.

\_\_\_\_\_ **INCLEMENT WEATHER CLOSING:** While closing due to inclement weather is extremely rare, Cornerstone Private School reserves the right to close at any time. We follow Wylie ISD school closing for severe weather. When in doubt, please call before leaving home. Likewise, should severe weather conditions make it necessary to close early; you will be notified to pick up your child(ren).

\_\_\_\_\_ **ARRIVAL:** Upon arrival, please take your child to the assigned classroom and ensure that s/he is greeted by the teacher. Children should arrive no later than 9:30 a.m. each day. Children must arrive and depart through the front door of the school only. (Example: Children cannot be delivered to the teacher while the class is on a field trip.)

\_\_\_\_\_ **PICK UP:** We take our responsibility to children very seriously and reserve the right to ask anyone for a photo ID before releasing a child. Anyone picking up a child should have photo ID in hand – this includes parents. Children will be released only to persons whose names appear on the enrollment application. If there are custody issues, the parent should discuss the situation with the director, as it will probably be necessary for the custodial parent to provide a legal document which defines the custody agreement. If you need someone whose name is not on the enrollment application to pick up your child, please write the information on the daily log at the front desk (include signature) when you bring the child to school that day. This allows that individual access to your child for that day only. You can also permanently add the name to the enrollment application.

\_\_\_\_\_ **NAPTIME:** Children enrolled in the preschool or pre-kindergarten programs rest every day. We ask that parents of children who nap to send a blanket that will fit in a 12x12 cubby. Full sized pillows and blankets are not storage friendly and increase the risk of germ contamination. Please avoid picking up your child during naptime, as it can be disruptive to the sleeping children.

\_\_\_\_\_ **ILLNESS:** Illness requiring pick up includes but is not limited to: armpit temperature of 100 degrees or higher, rash, open sores, diarrhea or vomiting. Children who become ill at school must be picked up within 45 minutes after the parent or other authorized person is notified. Children must be fever free for 24 hours without medication before returning to school. Cornerstone Private School reserves the right to require a doctor's release particularly in the event of surgery, prolonged illness or returning to school. If your child experiences a contagious illness, please notify the director.

\_\_\_\_\_ **TUITION:** The registration fee is \$50 per child. The supply fee is due in March and September and is \$50 per child for all children age 6 weeks – 12 years. Tuition is due on Tuesday by noon each week and is late after 6:30 p.m. on Tuesday. A late fee of \$10 per day will be added to your tuition for late payments. **TUITION, WHETHER PAID WEEKLY, BI-WEEKLY, OR MONTHLY IS NON-REFUNDABLE.** There is no reduction in tuition due to absences or closings. If your child will be absent for one week or more, please pay tuition for those weeks in advance. Following each 12 months of continuous enrollment, a child is eligible for one week free vacation time if the child is not in attendance. A 2 week written notice is required before withdrawing. Tuition will be charged whether or not the child is in attendance during that time. In the event that your account is referred to outside collection, an additional service fee will be charged.

\_\_\_\_\_ **REFERRALS:** If you refer a family to The Cornerstone Private School, you will receive one week FREE tuition for your (one) eldest child after the referred family is enrolled full time for six weeks.

\_\_\_\_\_ **MEDICATIONS:** All medicines must be signed in on the Medication Log located in the office. Do not leave medication in your child's backpack, diaper bag, classroom, etc. Medicine must be in the original container and clearly labeled with the child's first and last name. Medicine is dispensed according to label instructions only. This includes age and/or weight dosage instructions. We dispense medications at 11:30 a.m. If the instructions read "once or twice daily" the medication should be given at home; three times per day = 11:30 only, 4 times per day or every 4 hours = 11:30 and 3:30.

\_\_\_\_\_ **MEDICAL EMERGENCIES:** In the unlikely event that your child requires emergency medical attention, you or your designated emergency contact person will be notified as soon as the situation allows. If a minor injury occurs at school, first aid will be administered and The Cornerstone Private School staff will complete a Boo Boo Report. The situation will be discussed with the person who picks up the child at the end of the day. S/he will be asked to sign the report so that it can be placed in the child's file here at school. ***IT IS IMPERATIVE THAT PARENTS KEEP CONTACT NUMBERS CURRENT AT ALL TIMES.***

\_\_\_\_\_ **ALLERGIES:** If your child is allergic to certain foods, insects, soaps, etc. and/or if s/he has certain medical conditions such as asthma, please provide written notification to a manager so the information can be included in your child's file and the teacher can be made aware. When your child moves to a new classroom, please be sure that the new teacher is also aware of the allergy. Look for the information to be posted in your child's classroom. We must work together to ensure your child's safety and good health. Additionally, please send food from home if your child is allergic to the lunch being served. The same policy is true for children whose religion prohibits certain foods.

\_\_\_\_\_ **PARENTAL NOTIFICATION:** Please see the Parent Information Board located in the main hallway of the school, for important general notifications for parents.

\_\_\_\_\_ **DISCIPLINE AND GUIDANCE:** We believe in a positive approach to discipline. Teaching children what to do more often than what not to do develops problem-solving skills and a generous and kind attitude while guiding them toward self-discipline. Corporal punishment, embarrassment, and shaming will never be used. Trust that we will let you know if your child's behavior is outside acceptable boundaries.

\_\_\_\_\_ **MEALS:** Tuition includes breakfast which is served between 6:30 a.m. to 7:00 a.m. and 7:30 a.m. to 8:00 a.m., afternoon snack and lunch at specified times. Exception: Sack Lunch Days on which children bring their lunches. Copies of the school menu are located in the office. Parents may choose to provide all meals and snacks from home if notation is made on the enrollment agreement stating that The Cornerstone Private School is not responsible for its nutritional content or for meeting the child's daily food needs. Information regarding a special diet as prescribed by a doctor must be provided by the parent and included in the child's file.

\_\_\_\_\_ **TREATS FROM HOME:** Due to food allergies, treats from home (such as birthday cookies or cupcakes) must be store bought and include a list of ingredients.

\_\_\_\_\_ **IMMUNIZATIONS:** A copy of your child's immunization record must be on file on or before the first day of enrollment. Immunizations must be current based on your child's age. When your child receives immunizations as s/he gets older, please provide us with a copy of the updated immunizations for your child's file. Tuberculin testing is not required for residents of Collin County. Note: Copies of immunization records for school age children are on file at public school and are not required to be on file at The Cornerstone Private School.

\_\_\_\_\_ **HEARING AND VISION SCREENING:** First time enrollees who are four years old or older and all children enrolled in programs who are four years old by September 1 of each year must undergo hearing and vision screening. Testing will be available at The Cornerstone Private School three times per year in April, December, and August; any child who is 4 years old or older and does not have a screening report on file will be required to participate.

\_\_\_\_\_ **ENROLLMENT PROCEDURES:** Prior to your child's enrollment, the registration packet of paperwork must be completed and returned to The Cornerstone Private School with payment for the first week's tuition. We reserve the right to refuse service to or dis-enroll a child without advance notice or reason.

\_\_\_\_\_ **POLICY CHANGES:** In the event of a change in policies at The Cornerstone Private School, notices will be posted on the Parent Information board so that each parent may obtain a copy to sign and return.

\_\_\_\_\_ **TRANSPORTATION:** The Cornerstone Private School transports children under the following circumstances: field trips, to a designated evacuation site, for emergency medical treatment, and to and/or from public school. All drivers hold a valid state drivers license and our vehicles are properly insured.

\_\_\_\_\_ **WATER ACTIVITIES:** During the summer time, children age 2 years - 5 years may participate in water activities on the playground in splash pools and/or sprinklers. Children age 5 and older may also participate in these activities as well as swimming in a swimming pool. See the enrollment application for permission form.

\_\_\_\_\_ **CLOTHING:** Children will enjoy a variety of activities including painting, sand play, shaving cream, and playing outside each day. Children should wear comfortable play clothes, socks and tennis shoes. When your child is 1 year of age and older they must have shoes everyday. **Our Liability Insurance DOES NOT PERMIT T FLIP FLOPS to be worn at school.** All shoes must be strapped onto your child's feet with hard soles. This also applies to pajama day; no slippers or house shoes please. Footed pajamas are fine with real shoes over them. Additionally, all children must have an extra set of clothes in their cubbies. All belongings, including clothing, jackets and sweaters must be labeled with the child's first initial and last name. We are unable to replace lost or damaged articles.

\_\_\_\_\_ **PERSONAL BELONGINGS:** Personal items from home are not allowed at school. Exceptions are curriculum related items, children's books, and/or items for Show & Tell. See the monthly Activity Calendar for Toy Days, Show & Tell days, etc. The Cornerstone Private School is not responsible for lost or broken items. However, we will do our best to help locate missing items within a day or two. Please label everything with child's first initial and last name.

\_\_\_\_\_ **FIELD TRIPS:** See the monthly field trip calendar for dates and times for field trips. See the Parent Notification board in the main hallway for addresses and phone numbers for field trip locations.

\_\_\_\_\_ **ANIMALS:** If animals are to be at The Cornerstone Private School, parents will be notified via the Parent Notification board in the main hallway of the school. The animals will meet all the necessary requirements. Please see the director if you would like more information.

\_\_\_\_\_ **COMPLIMENTS, QUESTIONS OR CONCERNS:** We want to know about your satisfaction, questions and concerns regarding any issue about our program, including policies and procedures. A manager is always available to speak with you.

\_\_\_\_\_ **OPEN DOOR POLICY:** Parents and persons listed on a child's enrollment application may visit any time. If you need to speak with your child's teacher, please contact a manager so that arrangements can be made.

\_\_\_\_\_ **PRIVACY AND CONFIDENTIALITY:** In the interest of privacy and confidentiality, any concerns regarding children other than your own must be addressed to the director rather than the classroom teacher. The Cornerstone Private School does not allow photographing or videotaping of children (this includes "camera phones"), except in the cases of "school pictures," and school events which may be photographed or videotaped by a Cornerstone Private School representative and distributed at our discretion. We reserve the right, without parental notification, consent, and compensation to photograph, videotape, or perform necessary evaluations/developmental assessments of your child(ren.)

\_\_\_\_\_ **OTHER INFORMATION:** If you would like to volunteer, review the most recent Licensing inspection report, review a copy of the minimum standards, or learn how to contact the local Licensing office, PRS child abuse hotline or the PRS website, please speak with a manager.

\_\_\_\_\_ **BREAST FEEDING:** You're welcome to breast feed in the infant room and provide breast milk if you choose to.

\_\_\_\_\_ **EMERGENCY RELOCATION AND PREPAREDNESS PLAN:** In the event of an emergency our relocation areas are Saint Anthony's Catholic Church 404 N. Ballard Wylie, TX 75098 972-442-2765 and Education Station 712 N. Main Lavon, TX 75166 972-843-2229. Details of the plan are available for review upon request.

\_\_\_\_\_ **ZONING:** According to Texas Penal Code, any area within 1000 ft. of a child care center is a gang free zone where criminal offenses related to organized criminal activity are subject to harsher penalty.

\_\_\_\_\_ **TRAINING/ PREVENTION:** Employees are trained annually in preventing and responding to abuse and neglect of children. The State of Texas requires all child care centers to increase parent and employee awareness, prevention techniques, and warning signs of abuse and neglect in addition to strategies for coordination between the center and appropriate community organizations; and actions that the parent of a child who is a victim of abuse or neglect should take to obtain assistance and intervention. If at any time you would like assistance with abuse/neglect issues you may contact the Child Abuse Hotline @ 1-800-252-5400 or visit the Texas Department of Family & Protective Services online

@[www.dfps.state.tx.us](http://www.dfps.state.tx.us), or you may contact a manager for further assistance.

**The undersigned acknowledges having read and fully understanding this enforceable contract, as it is a legal binding agreement.**

Father's signature \_\_\_\_\_ date \_\_\_\_\_

Mother's signature \_\_\_\_\_ date \_\_\_\_\_

Name of Facility/Nombre del centro The Cornerstone Private School	Facility Representative/Representante del centro	Area Code and Telephone No./Clave del área y teléfono 972-442-6495
Address of Facility/Dirección del centro 120 S. Birmingham, Wylie, TX 75098		

Date/Fecha
------------

Dear Parent or Guardian:

**We serve nutritious meals to all children enrolled in this facility. We receive federal support to help pay the cost of the meals. Therefore, we do not charge separately for the meals. The amount of federal support we receive is based on information you provide from your child's Head Start, Early Head Start or Even Start Program, or on the information you provide on the enclosed application.**

**HEAD START OR EARLY HEAD START PARTICIPATION: If your child is enrolled as a participant in a Head Start Program or Early Head Start Program, your child is automatically eligible for free meals in the Child and Adult Care Food Program, and Summer Food Service Program without further application. You may ask your child's Head Start Program or Early Head Start Program to give you a letter which certifies that your child is currently enrolled as a participant in Head Start or Early Head Start. If you provide us with a copy of the certification letter from Head Start or Early Head Start, you will not need to fill out the enclosed application.**

**EVEN START PARTICIPATION: If your child is enrolled as a participant in the Even Start Family Literacy Program and has not yet entered kindergarten, your child is automatically eligible for free meals in the Child and Adult Care Food Program, and Summer Food Service Program (closed enrolled sites only) without further application. You may ask your child's Even Start Program to give you a letter which certifies that your child is currently enrolled as a participant in Even Start and has not yet entered kindergarten. If you provide us with a copy of the certification letter from Even Start, you will not need to fill out the enclosed application.**

**If you have not provided us with a Head Start, Early Head Start or Even Start certification letter for your child, and your household income is at or below the income levels shown on Form H1625-A, please fill out this application, sign it and return it to us. Please answer all the questions on the form. *If information about household members and income is missing, federal support may be reduced.***

Estimado padre, madre o tutor:

Servimos comidas nutritivas a todos los niños inscritos en este centro. Recibimos fondos federales que ayudan a pagar el costo de las comidas. Por eso, no cobramos aparte por las comidas. La cantidad de fondos federales que recibimos se basa en la información que usted da sobre el Programa Head Start, Early Head Start o Even Start de su hijo o en la solicitud adjunta.

**PARTICIPACIÓN EN HEAD STARA O EARLY HEAD START.** Si su hijo está inscrito en un programa Head Stara o un programa de Early Head Start, el niño automáticamente llenará los requisitos para recibir comidas gratis en el Programa de Alimentos para Centros de Cuidado de Adultos y Niños, y el Programa de Servicio de Comidas de Verano sin tener que hacer otra solicitud. Puede pedirle al programa Head Start o al programa Early Head Stara de su hijo que le dé una carta en la que certifique que su hijo está inscrito actualmente en el programa Head Start o Early Head Start como participante que llena los requisitos por ingresos. Si nos manda una copia de la carta de certificación de Head Stara o Early Head Start, no tendrá que llenar la solicitud adjunta.

**PARTICIPACIÓN EN EL PROGRAMA EVEN START.** Si su hijo está inscrito en el Programa de Alfabetización de la Familia Even Start y todavía no ha entrado a kinder, el niño automáticamente llenará los requisitos para recibir comidas gratis en el Programa de Alimentos para Centros de Cuidado de Adultos y Niños, y el Programa de Servicio de Comidas de Verano (solamente en sitios cerrados inscritos) sin tener que hacer otra solicitud. Puede pedirle al programa Even Start de su hijo que le dé una carta en la que certifique que su hijo está inscrito actualmente en el programa Even Start como participante y todavía no ha entrado a kinder. Si nos manda una copia de la carta de certificación de Even Start, no tendrá que llenar la solicitud adjunta.

Si no ha presentado una carta de certificación de Head Stara, Early Head Start o Even Start para su hijo, y los ingresos de su unidad familiar no son mayores de los que están enumerados en la Forma H1625-A adjunta, favor de llenar, firmar y enviarnos esta solicitud. Por favor, dé toda la información solicitada en la forma. *Si falta información sobre los miembros o ingresos de la unidad familiar, puede reducirse la asistencia federal.*

**COMPLETE APPLICATION:** For an application to be complete, you must include (1) the names of children enrolled, (2) total household income by source, (3) all household members' names, (4) the Social Security number of the adult household member signing the application or an indication that the household member does not possess a Social Security number, and (5) an adult household member's signature. TANF/Food Stamp households must provide only the children's names, their case number and an adult household member's signature.

**VERIFICATION:** Our staff or state or federal officials may check the information on the application at any time during the year.

**REPORTING CHANGES:** Households approved for free or reduced-price meals are not required to report changes in income status, household size or when the household is no longer eligible for Food Stamps, TANF, Head Start, Early Head Start or Even Start. This provision does not apply to a household provided with "temporary" approval for meal benefits.

**SPECIAL NEEDS:** If your child is determined by a doctor to have special dietary needs as a result of a disability or other physical condition, please call us.

**FOSTER CHILDREN:** Some foster children may be eligible regardless of your income. If you have foster children living with you and you want to apply for free or reduced-price meals for them, call us.

**CONFIDENTIALITY:** The information you provide will be treated confidentially and will be used only to determine eligibility and verify information.

**NONDISCRIMINATION:** In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication and Compliance, 1400 Independence Ave., SW, Washington, D.C. 20250-9410 or call 202-260-1026, 866-632-9992 (toll free) or 202-401-0216 (TDD). USDA is an equal opportunity provider and employer.

If you have any questions or need help filling out an application, please contact us.

**SOLICITUD COMPLETA.** Para que la solicitud se considere completa tiene que tener (1) el nombre de los niños inscritos, (2) la cantidad total y la fuente de los ingresos de la unidad familiar, (3) el nombre de todos los miembros de la unidad familiar, (4) el Número de Seguro Social del miembro adulto de la unidad familiar que firma la solicitud, o una nota que aclare que el miembro no tiene un Número de Seguro Social y (5) la firma de un miembro adulto de la unidad familiar. La unidad familiar que recibe TANF o Estampillas para Comida solo tiene que dar el nombre de los niños, el número de su caso y la firma de un miembro adulto de la unidad familiar.

**VERIFICACIÓN.** Puede ser que nuestro personal o los funcionarios estatales o federales verifiquen la información de la solicitud en cualquier momento durante el año.

**AVISO DE CAMBIOS.** Las unidades familiares aprobadas para recibir comida gratis o a precio reducido no tienen que informar sobre cambios en los ingresos, el número de personas en la unidad familiar o si la unidad familiar ya no llena los requisitos para Estampillas para Comida, TANF, Head Start, Early Head Start o Even Start. Esta disposición no se aplica a las unidades familiares que tienen aprobación "temporal" para recibir beneficios de comidas.

**NIÑO CON NECESIDADES ESPECIALES.** Si un doctor determina que un niño tiene necesidades dietéticas especiales como resultado de una discapacidad u otro padecimiento físico, por favor, llámenos.

**NIÑOS EN HOGARES TEMPORALES.** En algunos casos, los niños en hogares temporales pueden llenar los requisitos sin tomar en cuenta los ingresos de usted. Si hay niños bajo cuidado temporal viviendo con usted y quiere solicitar comidas gratis o a precio reducido para ellos, por favor, comuníquese con nosotros.

**CONFIDENCIALIDAD.** La información que usted nos dé se mantendrá de manera confidencial y se usará solo para determinar elegibilidad y para verificar información.

**DISCRIMINACIÓN.** De acuerdo con la ley federal y con las normas del Departamento de Agricultura de EE. UU., esta institución tiene prohibida la discriminación por motivos de raza, color, origen nacional, sexo, edad o discapacidad.

Para presentar una queja por discriminación, escriba a USDA, Director, Office of Adjudication and Compliance, 1400 Independence Ave., SW, Washington, D.C. 20250-9410 o llame al 202-260-1026 o al 866-632-9992 (gratis) o al 202-401-0216 (TDD). El USDA es un proveedor y empleador que ofrece igualdad de oportunidades para todos.

Si tiene alguna pregunta o necesita ayuda para llenar la solicitud, por favor, comuníquese con nosotros.



# CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

## Part 1. All Household Members

Name of Enrolled Child(ren):		
<b>Names of all household members</b> (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. Benefits:** If any member of your household receives SNAP, TANF, or FDPIR, provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**Part 3. (Applies only to parents/guardians with children enrolled in a day care home)** If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and case number: NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_  
Check here if no case number

## Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List <b>only</b> household members with income) <i>(Example)</i> Jane Smith	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly _____	\$150/twice a month _____	\$100/monthly _____	\$200/bi-monthly _____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

## Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Last four digits of Social Security Number: \* \* \* - \* \* - \_\_\_\_\_  do not have a Social Security Number



# CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

**Part 6. Participant's ethnic and racial identities (optional)**

Mark one ethnic identity:		Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native	
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
	<input type="checkbox"/> Black or African American		

**Part 7. Sharing Information With Other Programs: OPTIONAL**

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

I do elect to allow my household information to be disclosed.

I do not elect to allow my household information to be disclosed.

**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_  
 Categorical Eligibility: \_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free\_\_\_ Reduced\_\_\_ Denied\_\_\_ Tier I\_\_\_ Tier II\_\_\_  
 Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Privacy Act Statement:** 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 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 application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier 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 the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."



This Center participates in the Child and Adult Care Food Program and provides meals to all children enrolled in the Center regardless of race, color, national origin, sex, age, disability, religion or political belief.

# Food Program Enrollment Form

---

Sponsor Name: FP Assistance – (866) 454-3663

Center Name: The Cornerstone Private School Code: C-316

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Admission date \_\_\_\_\_ Withdrawal date \_\_\_\_\_

1. Circle the days your child will **normally** attend Cornerstone

Mon Tue Wed Thu Fri Sat Sun

2. Circle meals **normally** served to your child in the center

Breakfast AM Snack Lunch PM Snack Supper Evening Snack

3. What hours will your child **normally** be attending Cornerstone?

\_\_\_\_\_ until \_\_\_\_\_

\_\_\_\_\_  
Parent signature

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

(\_\_\_\_) \_\_\_\_\_

Day Time Phone Number

Please take the time to complete the attached 1531 form. The information will be kept confidential at the sponsor's office.

Thank you,  
FP Assistance

# The Cornerstone Private School

120 S. Birmingham  
Wylie, TX 75098

## Preschool Health Statement

Name of physician: \_\_\_\_\_

Address of Physician: \_\_\_\_\_

I have examined \_\_\_\_\_ within the past year and do verify that this child has had all well baby checkups and is up to date with all immunizations. This child is free of communicable disease and is acceptable for participation in group care.

\_\_\_\_\_  
*Signature of Physician*

\_\_\_\_\_  
*Date*

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

CODE: **C316**

Child's B-Day: \_\_\_\_\_

**Cornerstone Private School** will feed your infant breast milk provided by you and/or we will feed the following iron fortified  
(Center name)

infant formula: **Parent's Choice** with iron.

**Infant Feeding Preference**

This center participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants according to program requirements. Participation in this program requires centers to follow specific meal patterns according to the age of the infant.

Centers participating in the CACFP are required to offer infant formula to infants who are enrolled for child care. Parents (or guardians) may decline the infant formula offered by the center, and supply the infant's formula.

Parent (or guardian) completes the following table(s) as appropriate:

Please mark your preference (choose all that apply)	Today's Date	Today's Date	Today's Date
	Birth – 3 months	4 – 7 months	8 – 11 months
I will bring expressed breast Milk for my infant:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want the center to provide the Infant formula for my infant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I want the infant formula for my infant. It is the following brand:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

According to CACFP requirements, in order to claim meals for reimbursement, the center must provide infant cereal or other foods when your infant is developmentally ready to accept them.

Please mark your preference (choose all that apply)	Today's Date	Today's Date
	4 – 7 months	8 – 11 months
I want the center to provide the Infant cereal and other foods for my infant	<input type="checkbox"/>	<input type="checkbox"/>
I want the center to provide the Fruits and vegetable for my infant	<input type="checkbox"/>	<input type="checkbox"/>
I will bring the infant cereal and/or Other foods for my infant:	<input type="checkbox"/>	<input type="checkbox"/>

Parent's (or guardian's) signature: \_\_\_\_\_ Date of signature: \_\_\_\_\_

1. This form should be kept on file for each infant enrolled for child care.
2. This form should be kept current and accurate for each infant enrolled for child care until the infant reaches one year of age.
3. If the parent declines the formula and the center provides meal and/or snack components, the meal may be claimed for reimbursement.
4. If the parent declines infant meals/snack, meals and snacks may NOT be claimed for reimbursement.



# Cornerstone

## Baby Schedule

Child's Full Name \_\_\_\_\_ Parent's Names \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Tubes: Yes or No  
Allergies \_\_\_\_\_

### Feeding Schedule

If your child is eating Cornerstone food, please circle allowable foods and sign a copy of our menu.

Circle what type of formula you would like us to give your baby:  
We use Parent's Choice brand

Regular(Milk Based)      Gentle      Soy      Sensitive

If you bring your own, what kind?

Bottles:	Every	Hours	Usually	ounces
Cereal:	Every	Hours	Usually	ounces
Juice:	Every	Hours	Usually	ounces
Other Food:				

### Napping Schedule


### Likes and Dislikes

(Please mention any specific needs such as pacifiers, bottles, special blankets, etc.)


Every effort will be made to maintain this schedule.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_



This schedule MUST be updated monthly until your child reaches 18 months of age! Thank you!!

