



1000 McPherson St.  
Mansfield, OH 44903

To Parent/Guardian of Wait List Applicant,

Thank you for your interest in M1 Kids Academy! In this letter, I am including information about the wait list and enrollment process.

If you wish to have your child/ren's name placed on the waitlist, you must complete all necessary paperwork before they can be added. This paperwork includes (but is not limited to) physicals, immunizations, complete enrollment packet and enrollment fee. M1KA occasionally has a lengthy wait list and start dates can be difficult for the Enrollment Coordinator to project.

Once all paperwork is returned, the Enrollment Coordinator will review it with you to make sure it has been filled out correctly and completely. M1KA requires that all families resolve all outstanding debts before your child/ren can be added to the waitlist. When you are offered an opening, you have 24 hours to respond to the offer. If there is not a response, the Enrollment Coordinator will move to the next child. If you have been offered an opening several times, and you have chosen to decline but stay on the waitlist, the Enrollment Coordinator will remove you after the third offer. It is crucial for us to keep an accurate waiting list for families that need to begin child care as soon as possible. Being on the waitlist does not guarantee child care on the date you requested. Your child/ren will remain on the waitlist until a spot is available.

If you have any questions regarding the waitlist or enrollment process, please do not hesitate to call 419-529-3556, ext. 116 or email [april@mansfieldfirst.com](mailto:april@mansfieldfirst.com).

Sincerely,

April Monroy

Enrollment Coordinator





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

Official starting date: \_\_\_\_\_

The following must be completed before start date:

- Registration fee for private pay families must be paid before your child/ren can start: \$25.00 per child or \$40.00 per family.
- First week tuition/copay payment is due before your child can begin care at M1 Kids Academy.
- If your family is not private pay, your child/ren must be approved on our system for Job & Family Services.
- **During the fiscal school year**, your children must attend M1 Kids Academy for a minimum of **7** hours. **For any school breaks**, for example; Christmas break, spring break and summer, your children must attend M1 Kids Academy for **25** hours in order to maintain their spot.
- All paperwork must be turned in **2** business days before start date.

Please check mark the box beside each form if you have read it, and signed where needed:

- Child enrollment and health information
- Family Information for Step Up To Quality
- Pick up list
- Authorization to release confidential information
- Set up a meeting with teachers
- Child and adult care food program enrollment form
- Child and adult care food program
- Ethnic and racial data form
- Parent/guardian request for fluid milk substitution
- Permission to photograph

Please sign and date below when all forms are **COMPLETELY** filled out. Please do not leave any blanks, you may write N/A if it doesn't apply to you or your child.

Name \_\_\_\_\_

Date \_\_\_\_\_

If you have any questions about the enrollment process, please contact April, the Enrollment Coordinator at 419-529-3556, extension 116 or send an email to [april@mansfieldfirst.com](mailto:april@mansfieldfirst.com).

Thank you for allowing M1 Kids Academy to be a part of your family!



Ohio Department of Job and Family Services  
**CHILD ENROLLMENT AND HEALTH INFORMATION  
 FOR CHILD CARE**

**This form shall be completed prior to the child's first day of attendance and updated annually and as needed.**

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code	Home Telephone Number		
Parent/Guardian Name #1			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone (if applicable)		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name #2			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
<b>Emergency Contacts:</b> Parents <b>cannot be listed</b> as emergency contacts. List the name of <u>at least one person</u> who can be contacted in the event of an emergency or illness <b>if you cannot be reached</b> . Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name			Name		
City		State	City		State
Telephone Number		Relationship to Child		Telephone Number	
Relationship to Child		Relationship to Child			
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		

Child's Name

**Allergies, Special Health or Medical Conditions, and Medical Foods**

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

- No  
 Yes - *check all that apply*     Food     Medication     Environmental    Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

- No  
 Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or special health or medical condition? (*check one*)

- No  
 Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

- No  
 Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

- No  
 Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

- No  
 Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

- No  
 Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

- No  
 Yes - written instructions from the child's health care provider must be on file.  
 N/A - program does not provide meals or snacks to the child.

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff **or medical personnel** in an emergency situation.

Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

Not applicable

Child's Name

**Diapering Statement**

Is your child toilet trained?  Yes (If yes, skip to Emergency Transportation Authorization section)  
 No (If no, fill out the following:)

The program's policy is to check diapers every \_\_\_\_ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

I agree with the program's schedule  I do not agree, please check my child's diaper every \_\_\_\_ hours.

**Emergency Transportation Authorization**

<b>Give <u>Permission</u> to Transport</b>		<b>OR</b>  <b>Do not sign both</b>	<b><u>Do Not Give Permission</u> to Transport</b>	
Program or Home Name			Program or Home Name	
<b>has permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			<b>does not have permission</b> to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date		Parent's Signature	Date

**Acknowledgement of Policies and Procedures**

I have reviewed and received a copy of the program's or home's policies and procedures/handbook.  Yes  No (check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

**Note:**

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.



Ohio Department of Job and Family Services  
**FAMILY INFORMATION**  
**FOR STEP UP TO QUALITY PROGRAMS (SUTQ)**

Child's Name (Last)	(First)	Nickname (If any)
<i>By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.</i>		
Who is in the child's immediate family?		
Who lives at home with your child?		
What is the primary language spoken in your child's home?		
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional Details?		
Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) Additional Details?		
Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)		
Do you have any pets at home? If so, what are they and what are their names?		
Has your child had a previous care arrangement? <input type="checkbox"/> Yes or <input type="checkbox"/> No Additional Details? (Center based, in home, with family, with parents, etc.)		
My child drinks <input type="checkbox"/> milk, <input type="checkbox"/> formula, <input type="checkbox"/> juice or <input type="checkbox"/> water. (Check all that apply) How much and how often?		
Does your child have any favorite foods?		
Does your child dislike any foods?		
Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)		

Please check all of the words that best describe your child's personality and behavior

- active    adventurous    affectionate    anxious    bossy    bright    busy    calm    cautious    cheerful  
 content    creative    curious    easily-angered    emotional    energetic    excitable    friendly    gives-in-easily  
 happy    hesitant    insecure    jealous    likes structure/routines    loud    loving    mellow    outgoing  
 prefers adult attention    quiet    sensitive    serious    shares-well    social    spontaneous    stubborn    tentative  
 other:

Are there additional personality and behavior characteristics that would be useful to know about your child?

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Does your child use any special comfort or support items that help him/her go to sleep? If so, what?

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?

My child sits in a  high chair,  booster,  child size chair or  adult size chair. *(Check the one that applies.)*

Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.

Does your child need assistance when using the toilet? If so, how?

What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed at night and wake up in the morning?

What time(s), and for how long, does your child usually nap?

Does your child have trouble sleeping (Night terrors, trouble going to sleep, etc.)? Please explain.

What might you and/or your child be anxious about as he/she starts in this program?

What are you and/or your child excited about as he/she starts in this program?

What are your expectations of this program?

What other information would be helpful for the staff caring for your child to know?

Parent/Guardian's Signature

Date





I give the following people authorization to pick up \_\_\_\_\_ from M1 Kids Academy at any time. A current state ID must be shown at the time of pick up.

Mother: \_\_\_\_\_ Phone number: \_\_\_\_\_

Approved Pick Up

Father: \_\_\_\_\_ Phone number: \_\_\_\_\_

Approved Pick Up

Legal Guardian: \_\_\_\_\_ Phone number: \_\_\_\_\_

Approved Pick Up

Name	Relationship to child	Phone Number

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Initials: \_\_\_\_\_ Date of Review: \_\_\_\_\_

Parent Initials: \_\_\_\_\_ Date of Review: \_\_\_\_\_





1000 McPherson St.

Mansfield, OH 44903

Phone: (419) 529-3556 Fax: (419) 529-6515

## AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

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

This form authorizes M1 kids academy to:

- Disclose or release personal health information to
- Receive personal health information from
- Exchange personal health information with
- Release information pertaining to attendance and/or hours of attendance

\_\_\_\_\_

(Individual/Organization)

\_\_\_\_\_

(Address)

(City)

(State)

(Zip)

\_\_\_\_\_

(Phone)

(Fax)

Purpose:

To gather information regarding:

- Follow-up/level of being contagious
- Verification of how long child needs to be absent from daycare
- Information regarding a specific prescription or medication
- At request of child's family/caregiver
- Other: \_\_\_\_\_



Authorization expiration date will be November 15th, 20\_\_\_\_ unless otherwise indicated OR the child is no longer enrolled at M1 kids academy.

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I understand that signing this authorization release is voluntary. I can refuse to sign this authorization. I understand that I am able to un-authorize and refuse continued release of information by signing below at any time without consequence.

\_\_\_\_\_

Signature of Child or Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Witness

\_\_\_\_\_

Date

\_\_\_\_\_

Child's Name

\_\_\_\_\_

Date

\_\_\_\_\_

Printed Name of Guardian

\_\_\_\_\_

Date

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I am choosing to withdraw my authorization of the release/exchange of information between M1 kids academy and the listed party. From this date forward, M1 kids academy does not have the ability to obtain or exchange information directly from the listed party.

\_\_\_\_\_

Signature of Child or Guardian

\_\_\_\_\_

Date





We would like to make you and your child feel as comfortable as possible on their first day here at M1 kids academy. Would you like to set up a meeting to meet with your child's new teacher(s) to discuss any questions or concerns you may have?

Please let us know which day and time works best for you and we will do our best to accommodate your schedule.

- Monday \_\_\_\_\_
- Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_
- Thursday \_\_\_\_\_
- Friday \_\_\_\_\_

I do not wish to set up a meeting with my child's teacher at this time

Sincerely,

April Monroy



**Good nutrition today means a stronger tomorrow!**

# **Building for the Future**

## **with CACFP**

This day care receives support from the Child and Adult Care Food Program to serve healthy meals to your children.



**Meals served here must meet USDA's nutrition standards.**

### **Questions? Concerns?**

*Ohio Department of Education  
25 S. Front St. Columbus, Ohio 43215  
Phone 614-466-2945 Toll Free 1-800-808-6235*

*Sponsoring organization: M1 Kids Academy (Assembly Child Care)  
Address: 1000 McPherson St. Mansfield, OH 44903  
Phone: 419-529-3556*

**Learn more about CACFP at USDA's website:**

<https://www.fns.usda.gov/>

USDA is an equal opportunity provider, employer and lender.

**United States Department of Agriculture**  
Food and Nutrition Service FNS-317  
November 2019

This Institution is an equal opportunity provider

¡Buena nutrición hoy significa un mañana más saludable!

# Construyendo para el Futuro con CACFP

Esta guardería infantil recibe ayuda del Child and Adult Care Food Program para servir comidas nutritivas a sus niños.



**Comidas servidas aquí deben de seguir los requisitos nutricionales establecidos por USDA.**

## ¿Preguntas? ¿Inquietudes?

*Ohio Department of Education Phone 614-466-2945 Toll Free 1-800-808-6235*

*Sponsoring organization: M1 Kids Academy (Assembly Child Care)*

*Address: 1000 McPherson St. Mansfield, OH 44903*

*Phone: 419-529-3556*

Aprenda más información sobre CACFP en el sitio web del USDA:

<https://www.fns.usda.gov/>

USDA es un proveedor, empleador y prestamista que ofrece igualdad de oportunidades.

**United States Department of Agriculture**

Food and Nutrition Service FNS-317

Noviembre 2019

Ohio Department of Education - Office of Nutrition  
**CHILD AND ADULT CARE FOOD PROGRAM**  
**ENROLLMENT FORM**

**Required Form for use by Child Care Centers and Head Start Programs**

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside School Hours, Youth Development & After School at Risk

**Instructions to Complete**

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

**CENTER NAME** M1 Kids Academy (Assembly Child Care)

**CHILD'S NAME**  
(please print)

**AGE**

**BIRTHDATE**

month / day / year

**CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE  
AND THE MEALS RECEIVED WHILE IN CARE**

Check (✓) Days Child Normally in Care	List hours child normally in care				Check (✓) meals child normally receives while in care					
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

Yes, the schedule listed above may frequently vary due to changes in parents/guardians schedule.

**SIGNATURE OF  
PARENT/GUARDIAN**

**DATE**

**DAY PHONE  
NUMBER**

**MAILING ADDRESS:  
STREET /APT.**

**CITY**

**ZIP CODE**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410;

(2) fax: (833) 256-1665 or (202)690-7448; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

Revised 8/2022



**CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT**  
**INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICE MEALS Fiscal Year 2022-2023**

**INSTRUCTIONS:** To apply for free and reduced-price meals, read the household Letter and instructions on backside of this form. Complete application and return to the center. In accordance with the NSLA, information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure. *Part 1* is to be completed by all households. *Part 2* is to be used only for a child living in a household receiving food assistance (SNAP) or Ohio Works First (OWF) benefits. *Part 3* is only for children NOT receiving Food Assistance or OWF benefits. *Part 4* an adult household member must sign and date form; the last 4 digits of social security number must be listed if Part 3 is completed. *Part 5* is optional. \* Asterisks indicate info that must be completed. Form must be completed annually and valid for only 12 months.

<b>CENTER NAME</b>	M1 Kids Academy ( Assembly Child Care)		<b>CHECK IF A FOSTER CHILD</b> (The legal responsibility of a welfare agency or court. Attach documentation)	<b>PART 2 – LIST EACH CHILD’S FOOD ASSISTANCE (SNAP OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 DIGITS.</b>
<b>PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER</b>			<input type="checkbox"/>	Check type of benefit: <input type="checkbox"/> FOOD ASSISTANCE (SNAP) or <input type="checkbox"/> OHIO WORKS FIRST (OWF)
* NAME OF ENROLLED CHILD(REN)	AGE	BIRTH DATE		
1.				
2.				
3.				
			CASE NO.	_____
			CASE NO.	_____
			CASE NO.	_____
			CASE NO.	_____

**PART 3 – TOTAL HOUSEHOLD SIZE, TOTAL HOUSEHOLD GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: List names of all household members. List all gross income: list how much and how often. If Part 2 is completed, skip to Part 4.**

a. LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1	b. CHECK IF NO/ZERO INCOME	c. GROSS INCOME during the last month (amount earned before taxes & other deductions) and HOW OFTEN IT WAS RECEIVED: Weekly, Every 2 Weeks, Twice Per Month, Monthly, Annually			
		1. Earnings from work before deductions	2. Welfare payments, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA	4. All Other Income
EXAMPLE: JANE SMITH	<input type="checkbox"/>	\$ amount / how often	\$ amount / how often	\$ amount / how often	\$ amount / how often
1.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6.	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

**PART 4 – SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: Adult household member must sign/date form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his/her Social Security Number or check the "I do not have a Social Security Number" box.**

I certify that all information on this form is true and correct and that all income is reported. I understand that the center will get Federal Funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

<b>* SIGNATURE OF ADULT HOUSEHOLD MEMBER</b>	<b>* DATE</b>	* If Part 3 is completed, insert last 4 digits of Social Security Number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (Check if applicable) I do not have a Social Security Number
Print Name:	Daytime Phone Number:	Work Phone Number:
Street / Apt:	City / State / Zip:	County:

**PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race and ethnicity of enrolled child(ren).**

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	<input type="checkbox"/> Other

Please mark one ethnic identity:  Hispanic or Latino  Not Hispanic or Latino

**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.

**State Distribution: June 2022**

<b>THIS SECTION TO BE COMPLETED BY CENTER. Note: All information above this section is to be filled in by the parent or guardian.</b>					
Complete information below only if qualifying child(ren) by household income from Part 3. Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion: Weekly x 52, Every 2 Weeks (biweekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12	Application Certified/Categorized as: <input type="checkbox"/> <b>FREE</b> , based on <input type="checkbox"/> Food Assistance/OWF Case No. <input type="checkbox"/> Household size and income <input type="checkbox"/> Foster Child <input type="checkbox"/> <b>REDUCED</b> , based on Household size and income				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"><b>Total Household Size:</b> _____</td> <td><b>Total Household Income: \$</b> _____</td> </tr> <tr> <td></td> <td>Per: <input type="checkbox"/> week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> month <input type="checkbox"/> year</td> </tr> </table>	<b>Total Household Size:</b> _____	<b>Total Household Income: \$</b> _____		Per: <input type="checkbox"/> week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> month <input type="checkbox"/> year	<input type="checkbox"/> <b>PAID</b> , based on <input type="checkbox"/> Income too high <input type="checkbox"/> Incomplete <input type="checkbox"/> Invalid case number or information
<b>Total Household Size:</b> _____	<b>Total Household Income: \$</b> _____				
	Per: <input type="checkbox"/> week <input type="checkbox"/> every two weeks <input type="checkbox"/> twice per month <input type="checkbox"/> month <input type="checkbox"/> year				
Signature of Sponsor / Center Representative	Date Sponsor Certified/Categorized Form				
<small>Note: Effective date is determined by parent or sponsor signature date as selected on CRRS application. If date of parent signature is not within month of certification or immediately preceding month, effective date must be date of sponsor certification.</small>	<small>Effective Date (From the first of month of date signed)</small>				
	<small>Expiration Date (Valid until last day of month in which form was signed one year earlier)</small>				

**HOUSEHOLD LETTER - Dear Parent or Guardian**

Please help us comply with the requirements of the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP) by completing the attached income eligibility application for free and reduced-price meals. All information will be treated with strict confidentiality. The CACFP provides reimbursement to the child care center for healthy meals and snacks served to children enrolled in child care. **The completion of the income eligibility application is optional.** Complete the application on the reverse side using the instructions below for your type of household. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center. Households with incomes less than or equal to the reduced-price values listed on the chart at the bottom of this page are eligible for free meal benefits. An application must contain complete information to be considered for free or reduced-price meals. Households are no longer required to report changes regarding the increase or decrease of income or household size or when the household is no longer certified eligible for food assistance (SNAP) or Ohio Works First (OWF). Once approved for free or reduced-price benefits, a household will remain eligible for these benefits for a period not to exceed 12 months. During periods of unemployment, your child(ren) is eligible for meal reimbursement provided the loss of income during this time causes the family to be within eligibility standards for meals. In operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability §226.23(e)(2)(iv). If you have questions regarding the completion of this application, contact the child care center.

**PART 1 – CHILD INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART (\*denotes required info)**

- Print the name of the child(ren) enrolled at the child care center. All children (including foster children) can be listed on the same application.
- List the enrolled child's age and birth date.
- Check box indicating if the child is a foster child. Foster children that are under the legal responsibility of the foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Attach documentation to show foster child status.

**PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCE OR OHIO WORKS FIRST: COMPLETE THIS PART AND PART 4 – If a child is a member of a food assistance (SNAP) or OWF household, they are automatically eligible to receive free CACFP meal benefits.**

Circle the type of benefit received: Food Assistance (SNAP) or Ohio Works First (OWF).

- List a current food assistance or OWF case number for each child. This will be a 7-digit number. Do not list a swipe card number.

**SKIP PART 3 – Do not list names of household members or income if you listed a valid Food Assistance (SNAP) or OWF case number for each child in Part 2.**

**PART 3 – TOTAL HOUSEHOLD SIZE, GROSS INCOME AND HOW OFTEN RECEIVED: ALL OTHER HOUSEHOLDS COMPLETE PARTS 3 & 4.**

- a) Write the names of all household members including yourself and the child(ren) that attends the child care center, noting any income received. A household is defined as a group of related or unrelated individuals who are living as one economic unit that share housing and/or significant income and expenses of its members. This might include grandparents, other relatives, or friends who live with you. Attach another piece of paper if you need more space to list all household members.
- b) Check the box for any person listed as a household member (including children) that has no income.
- c) For each household member, list each type of income received during the last month and list how often the money was received.
  1. Earnings from work before deductions: Write the amount of total gross income each household member received the last month, before taxes/deductions or anything else is taken out (not the take-home pay) and how often it was received (weekly, every two weeks, twice per month, monthly, annually). Income is any money received on a recurring basis, including gross earned income. Households are not required to include payments received for a foster child as income. If any amount during the previous month was more or less than usual, write that person's usual monthly income. If you normally get overtime, include it, but not if you only get it sometimes. If you are in the military and 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.
  2. List the amount each person got the last month from welfare, child support or alimony and list how often the money was received.
  3. List the amount each person got the last month from pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits or disability benefits and list how often the money was received.
  4. List all other income sources. Examples include: Worker's Compensation, strike benefits, unemployment compensation, regular contributions from people who do not live in your household, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, net royalties/annuities or any other income. Self-employed applicants should report income after expenses (net income) in column 1 under earnings from work. Business, farm or rental property report income should be entered in column 4. Do not include food assistance payments.

**PART 4 – SIGNATURE AND LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART (\* denotes required info)**

- a) \* All applications must have the signature of an adult household member.
- b) \* The adult signing the application must also date the form.
- c) \* Only an application that lists income in Part 3 must have the last four digits of the social security number of the adult who signs. If the adult does not have a social security number, check the box marked, "I do not have a Social Security Number." If you listed a food assistance or OWF number for each child or if you are applying for a foster child, the last four digits of the social security number are not required.

**PART 5 – RACIAL/ETHNIC IDENTITY – OPTIONAL**

You are not required to answer this part in order for the application to be considered complete. This information is collected to make sure that everyone is treated fairly and will be kept confidential. No child will be discriminated against because of race, color, national origin, gender, age or disability.

**NON-DISCRIMINATION STATEMENT:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

<b>REDUCED INCOME ELIGIBILITY GUIDELINES</b>						
<b>Effective from July 1, 2022 through June 30, 2023. Households with incomes less than or equal to the reduced-price values below are eligible for free or reduced-price meal benefits.</b>						
<b>HOUSEHOLD SIZE</b>	<b>ANNUAL</b>	<b>MONTH</b>	<b>TWICE PER MONTH</b>	<b>EVERY TWO WEEKS</b>	<b>WEEK</b>	
1	25,142	2,096	1,048	967	484	
2	33,874	2,823	1,412	1,303	652	
3	42,606	3,551	1,776	1,639	820	
4	51,338	4,279	2,140	1,975	988	
5	60,070	5,006	2,503	2,311	1,156	
6	68,802	5,734	2,867	2,647	1,324	
7	77,534	6,462	3,231	2,983	1,492	
8	86,266	7,189	3,595	3,318	1,659	
Additional member	+8,732	+728	+364	+336	+168	



# ETHNIC and RACIAL DATA FORM

Agency/Daycare Center: M1 Kids Academy (Assembly Child Care)

Agency/Daycare Address: 1000 McPherson St, Mansfield, OH 44903

The agency or daycare listed above receives Federal financial assistance for participating in the Child and Adult Care Food Program (CACFP). Because they receive Federal financial assistance they are required to record and maintain the Ethnic and Racial data of all children enrolled in the CACFP. This information is used solely for the purpose of determining compliance with Civil Right laws and will be kept confidential. We are requesting for each participant to 'Self Identify' and provide this information, however it is optional to Self Identify. If you choose not to Self Identify, then please be aware that the agency/daycare will need to make a judgment of your child's race and ethnicity because Civil Rights law require them to do so. This ethnic and racial information will remain confidential and on file for 3 years and will only be accessible to authorized personnel.

To Self Identify, please answer the following questions.

Child's name \_\_\_\_\_

Ethnic Category: Choose one

<b>Hispanic or Latino:</b> A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino".	
<b>Non-Hispanic or Latino:</b>	

Racial Categories: Check all that apply

<b>American Indian or Alaska Native:</b> A person having origins in any of the original peoples of North and South America, (including Central America), and who maintains tribal affiliation or community recognition.	
<b>Asian:</b> A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
<b>Black or African American:</b> A person having origins in any of the black racial groups of Africa.	
<b>Native Hawaiian or Other Pacific Islander:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	
<b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East or North Africa	
<b>Other</b>	

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

Date \_\_\_\_\_



# PARENT/GUARDIAN REQUEST FOR FLUID MILK SUBSTITUTION

Parents or guardians may now request in writing that non-dairy beverages be substituted for fluid milk for their children with special dietary needs without providing statement from a recognized medical authority. However, fluid milk substitutions requested are at the **option** and expense of the facility/center.

The non-dairy beverage provided must be nutritionally equivalent to fluid milk and meet the nutritional standards set by the U.S. Department of Agriculture (USDA) for Child Nutrition Programs in order for the facility/center to claim reimbursement for the meal through the Child and Adult Care Food Program (CACFP).

A non-dairy beverage product must at a minimum contain the following nutrient levels per cup to qualify as an acceptable milk substitution:		
a. Calcium 276 mg	d. Vitamin D 2.5 mcg	g. Potassium 349 mg
b. Protein 8 g	e. Magnesium 24 mg	h. Riboflavin .44 mg
c. Vitamin A 150 mcg	f. Phosphorus 222 mg	i. Vitamin B-12 1.1 mcg

<b>To be completed by Child Care Center/Provider prior to distribution of form</b>	
Name of Child Care Center/Provider: M1 Kids Academy (Assembly Child Care)	
	This child care center/provider will provide the following non-dairy beverage which meets the USDA-approved nutrient standards for a milk substitute: (list substitute(s))  <b>Pacific Foods Ultra Soy Original</b>
	This child care center/provider has chosen not to provide non-dairy beverages for the substitution of fluid milk.

<b>To be completed by Parent/Guardian</b>	
Child's Full Name:	
Identify the medical or other special dietary need that restricts the diet of your child (why your child needs a non-dairy beverage as a milk substitute):	
	I request that my child is served the non-dairy beverage which meets the USDA-approved nutrient standards for a milk substitute that is provided by the center/provider as indicated above.
	I am aware that the center is not providing a non-dairy beverage for the substitution of fluid milk. I will provide a non-dairy beverage for my child that meets the USDA-approved nutrient standards for a milk substitute as stated above.
	I will provide a non-dairy beverage for my child that does <b>not</b> meet the USDA-approved nutrient standards for the substitution of fluid milk. I understand that the center cannot claim meals that require milk unless I get written statement from a recognized medical authority.
<b>Signature of Parent/Guardian:</b>	<b>Date:</b>





I, \_\_\_\_\_ give permission for M1 kids academy to photograph or videotape my child \_\_\_\_\_, as checked below. I understand that based on my answers below, my child's image may be displayed in M1 kids academy publications, buildings or websites including The News Journal.

- Brightwheel
- Holiday use such as gifts
- Postings in classrooms
- Social media/news publications

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Parent Signature

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Date

By signing below, I refuse all photographs and/or video recordings.

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Parent Signature

---

Date



### Center Parent Information

The center is licensed to operate legally by the Ohio Department of Job and Family Services (ODJFS). This license is posted in a noticeable place for review.

A toll-free telephone number is listed on the center's license and may be used to report a suspected violation of the licensing law or administrative rules. The licensing rules governing child care are available for review at the center.

The administrator and each employee of the center is required, under Section 2151.421 of the Ohio Revised Code, to report their suspicions of child abuse or child neglect to the local public children's services agency.

Any parent of a child enrolled in the center shall be permitted unlimited access to the center during all hours of operation for the purpose of contacting their children, evaluating the care provided by the center or evaluating the premises. Upon entering the premises, the parent, or guardian shall notify the Administrator of his/her presence.

The administrator's hours of availability to meet with parents and child/staff ratios are posted in a noticeable place in the center for review.

The licensing record, including licensing inspection reports, complaint investigation reports, and evaluation forms from the building and fire departments, is available for review upon written request from the ODJFS. Inspections are also online at <http://childcaresearch.ohio.gov/>. Parents may search for a specific program and sign up to be notified when the program's latest inspection is posted online.

It is unlawful for the center to discriminate in the enrollment of children upon the basis of race, color, religion, sex, national origin or disability in violation of the Americans with Disabilities Act of 1990, 104 Stat. 32, 42 U.S.C. 12101 et seq. To file a discrimination complaint, write or call Health and Human Services (HHS) or ODJFS. HHS and ODJFS are equal opportunity providers and employers.

Write or Call:  
HHS  
Region V, Office of Civil Rights  
233 N. Michigan Ave, Ste. 240  
Chicago, IL 60601  
(312) 886-2359 (voice)  
(312) 353-5693 (TDD)  
(312) 886-1807 (fax)

Write or Call:  
ODJFS  
Bureau of Civil Rights  
30 E. Broad St., 37<sup>th</sup> Floor  
Columbus, OH 43215-3414  
(614) 644-2703 (voice)  
1-866-277-6353 (toll free)  
(614) 752-6381 (fax)  
1-866-221-6700 (TTY) or (614) 995-9961

For more information about child care licensing requirements as well as how to apply for child care assistance, Medicaid health screenings and early intervention services for your child, please visit <http://jfs.ohio.gov/cdc/families.stm>.





## Never Miss a Moment!

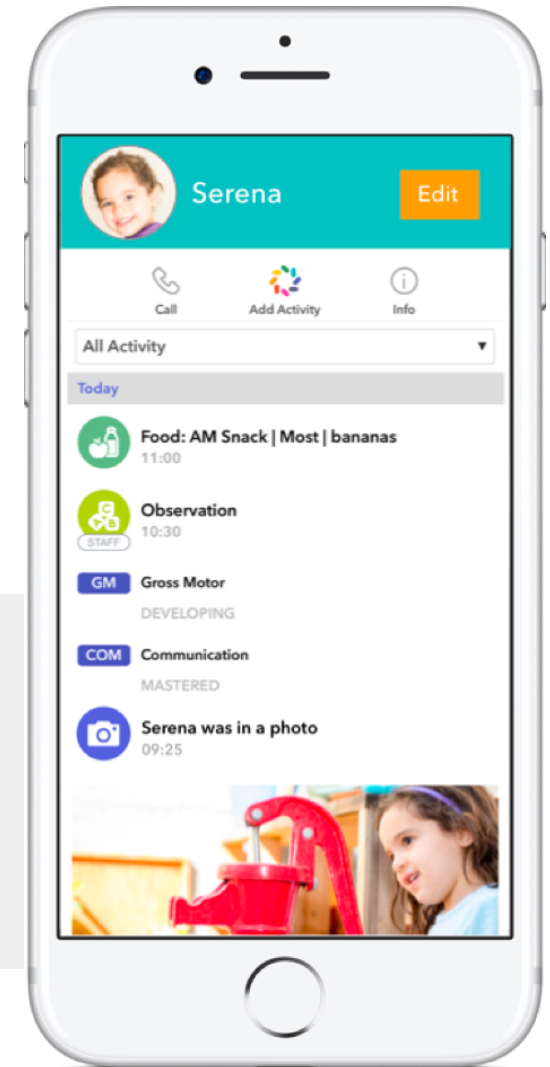
Brightwheel is an all-in-one app where you can stay connected to your child throughout the day. Get real-time updates on your phone and tablet so you never miss a moment!

### Features You'll Love:

- ▶ Personalized "News Feed" of your child with photos, videos, and daily activities
- ▶ Digital check-in with real-time notifications
- ▶ Milestones and learning updates from your child's teacher
- ▶ Secure and private direct messaging
- ▶ Secure, automated payments
- ▶ Easy sharing with other family members

## Our Trusted Partner

Brightwheel is the leading app for early-childhood education, trusted by thousands of schools throughout the country. The app was featured on the TV show Shark Tank for its impressive functionality, easy-to-use features, and deep commitment to the needs of schools and families. We're proud to partner with brightwheel as part of our ongoing effort to provide a world-class experience to you—our families.



Parents  brightwheel



*My son just started daycare and I was so nervous, but being able to see the pictures and different notes about him from the teacher and being able to message the teacher gives me peace of mind! I love it!!*



*I love using brightwheel. I am able to feel close to my child while I'm work, and keep up with what she's doing through her day. It's also a quick and effective way to communicate with her teachers. HIGHLY RECOMMEND!*



## 1. Download the brightwheel App

The brightwheel app can be downloaded on your iPhone, iPad, or Android phone or tablet. Simply search for "brightwheel" in the Apple App Store or Google Play Store.

You can also access brightwheel from your computer by going to [www.mybrightwheel.com](http://www.mybrightwheel.com)



## 2. Sign Up for a Parent Account

Click "Sign Up" and create a Parent Account using an email address or cell phone number. If you received an invitation, please use the same email or phone number to which it was delivered.



## 3. Link Your brightwheel Account to Your Child

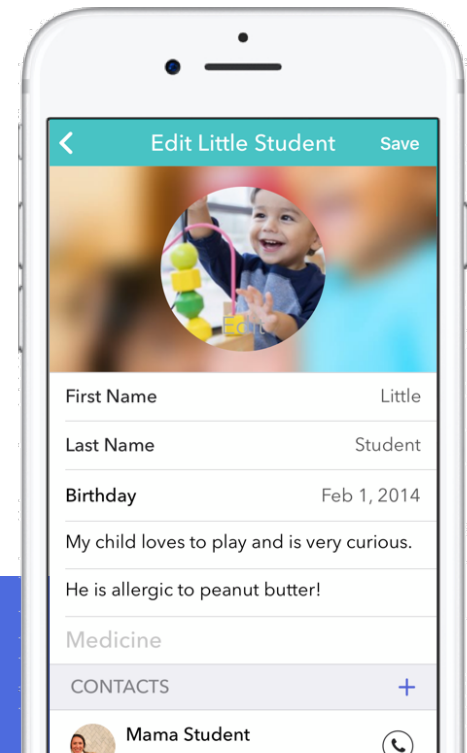
Go to "My Children" to find your child's profile. If your child is not there, enter the 10-digit code that was given to you. If you're having trouble, let us know and we can help!



## 4. Update Your Profile

Add more information about you and your child! Here's a list of things we recommend you add:

- ✓ Profile photo of your child
- ✓ Details on your child's favorite activities, allergies, etc.
- ✓ Emergency Contact information
- ✓ Approved Pickup information
- ✓ Additional family members



We're excited to be able to offer this service to you and hope that you enjoy it. If you have any questions or concerns, please let us know!