



ECDC

**THE EARLY CHILDHOOD DEVELOPMENT
CENTER OF AVOELLES**

334 LONGFELLOW RD

MANSURA, LA 71350

(318)240-8898

2021-2022 REGISTRATION

*Items that must be turned in with this packet prior to approved start date:
(you may keep this checklist)*

____ Copy of parent's driver's license or state ID

____ Copy of child's birth certificate

____ Copy of child's social security card

____ Up to date copy of immunizations

____ Copy of SNAP card (if applicable)

____ Doctor's note for any allergies or medications (if applicable)

____ Copy of any court orders pertaining to custody (if applicable)

____ \$50.00 Registration fee

____ \$75.00 Supply fee

____ KinderMat and beach towel or SMALL blanket (both labeled with name)

____ At least 2 extra changes of clothes (both labeled with name)

____ Backpack (PreK2-PreK4) or bag (infants-1yr) (labeled with name)

____ **ALL FORMS MUST BE SIGNED AND DATED** including the Child and Adult Care Food Program form on the last page (this is required regardless of income)



The Early Childhood Development Center of Avoyelles

Dear Parents,

We know how important it is to stay up to date on your child's learning journey, which is why we're excited to offer you access to Procare Solutions' best-in-class parent app.

Tell Me More About Procare's Parent App

Once you download the Procare app on your smartphone, we can update you on your child's daily activities, milestones and more. We can send you photos and videos of your child, as well as keep you in the loop on upcoming events and time-sensitive information.

The app also offers several "contactless" ways to check your child in and out. This helps us limit in-person interactions and unnecessary foot traffic in the center so we can better ensure the health and wellbeing of you, your children and our staff.

How do I get the app?

If we have a valid email for you, then you have already received an email. Please search "procare" in your mailboxes. If not, please call or text us your updated email address. Your email will include all the instructions with a unique **4-digit pin** and information to download the mobile app via email. For additional security, you will be notified via email when your child is signed in and out of the center.

Portfolio

We can now create a portfolio containing pictures taken throughout the day. These pictures will be available for you to download, share, print or link to Facebook.

We think you'll really enjoy this new way for us to stay connected!

Sincerely,

Ms. Raven

Director, ECDC





ATTN ECDC PARENTS:

When you shop on Amazon, they will donate 0.5% of eligible purchases to ECDC—no fees, no extra cost.

Please follow the link below and sign up to support us through your amazon purchases.

<https://smile.amazon.com/ch/72-1506738>

2021-2022 Tuition Contract

Name of parent(s): _____

Name of child: _____

Potty trained: YES / NO **---OFFICE USE ONLY---** Date child is fully potty trained _____

My child will be attending the following days:

___ CCAP (**NO PART TIME ALLOWED**) ___ Full time (5 days)

___ Part time (4 days) ___ Part time (3 days)

IF part time is available and your child will be attending part time, please mark the days they will attend. Billing is based on your tuition contract. If you change the number or days or the days your child attends, you **MUST** sign a new tuition contract or billing will continue based on your current tuition contract.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

- I understand that **Pre-K 3 and Pre-K 4 are FULL TIME ONLY!**
- I understated that once my child is enrolled, I must choose a permanent enrollment schedule of how many days they will attend and which days they will attend.
- I understand I must pay my agreed upon tuition amount even if my child doesn't come every day.
- I must fill out a new contract if I would like to decrease the number of days or which days my child will be attending.
- I understand that even if my child does not attend due to illness, personal circumstances, inclement weather conditions, holidays or any Board approved and necessary closures, I will still be responsible for paying my regular tuition rate.
- I understand if ECDC receives payments on my behalf and my CCAP is terminated for any reason, I am responsible for ALL payments.

Parent Signature: _____ Date: _____

Payment Due Dates:

- TUITION IS DUE EVERY MONDAY!
- If paying monthly, payment must be made the first Monday of the month.
- If paying biweekly, payment must be made every other week.
- **\$50.00 registration fee** is due by the first day of services.
- **\$75.00 supply fee** must be paid within the first 3 weeks of the child(ren)'s enrollment date.

Payment Fees:

- **Tuition is \$130 for not potty-trained and \$120 for potty-trained students.**
- If weekly payment is not made every Monday, then on Wednesday a late fee of \$5 will be charged for every day the payment is late.
- If no payment or payment arrangement is made for 2 weeks, services will be subject to immediate termination.
- If you decide to withdraw your child(ren), you are required to give a written two week notice and will be charged even if you leave prior to the last day of the notice.

I, _____, agree to follow this contract and understand that if I do not, my childcare services will be terminated without notice.

Parent Signature: _____ Date: _____

§1515.A.1,2,3

Admit Date: _____

Child's Information Form

Child's Name: _____

Birthdate: _____

Sex: M/F

Race: _____

Ethnicity: _____

	Mother	Father
Name		
Address		
Employer		
Home Phone#		
Work Phone#		
Cellular Phone# <small>And provider(ATT, Sprint, Verizon ect.)</small>		
Email		

Person with whom the child lives: _____

Child's Doctor: _____ Doctor's Phone #: _____

Child's Dentist: _____ Dentist's Phone #: _____

Individuals to contact in case of an emergency:

Name (First and Last)	Relationship	Contact Number

Does your child have any food allergies?

Yes

No

Does your child have any other allergies?

Yes

No

Does your child have any dietary restrictions?

Yes

No

Does your child have any special needs or health concerns?

Yes

No

Please explain any "yes" answer here:

My child has permission to be released to the following individuals, child care facilities or transportation services in addition to emergency contact persons listed above.

(Please notify these individuals that they may be asked to show proof of identity)

Name (First and Last)	Relationship

I authorize the facility to secure emergency medical treatment for my child.

Parent's Signature: _____ Date: _____

Authorization for the Application of Topical Products

Child's Name: _____

I give permission for center staff to apply the following topical products to my child whether center provided or parent provided:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	sunscreen
<input type="checkbox"/>	<input type="checkbox"/>	insect repellent
<input type="checkbox"/>	<input type="checkbox"/>	diaper rash ointment
<input type="checkbox"/>	<input type="checkbox"/>	other _____ (name)

This one time authorization will remain in effect until a new authorization is signed.

Parent's Signature

Date

Healthy History

Does your child have any known health conditions or developmental delays? Please circle YES / NO If So, What?

Does your child require regular medication? Please circle YES / NO If so, What? (All medications must be labeled with prescription and child's name)

Does your child have any known allergies (food or seasonal) Please circle YES / NO If so, what?

Does your child require special Milk? Please circle YES / NO If so, What? (please provide a doctor's note)

Does your Child have Febrile Seizures? Please circle YES / NO If so, when was the last one?

MHC: Ginger Hisaw

Parent Consent Form for Mental Health Consultation

Ginger Hisaw, a Mental Health Consultant from Wellspring Alliance is currently providing consultation services to the teachers and director(s) at ECDC (Childcare Center/Pre-School). The services provided include:

- Conducting interactive trainings with teachers, which focus on enhancing the social-emotional development of the children in their classrooms.
- Observing teachers in their classrooms, assisting them in implementing classroom strategies to better meet the needs of the children in their classrooms, and designing behavior support plans when needed to enhance children's experiences in the classroom.

The Mental Health Consultant is also available to provide supportive consultation services to individual children and their families. This can include:

- Answering your questions about child development or concerns you may have about your child and providing referrals to community agencies or professionals who could meet your needs.
- Providing parent workshops about topics related to early childhood.
- Observing your child in his or her classroom to better answer questions that you or your child's teacher(s) may have about his or her development and/or behavior.
- Asking parents and/or teachers to complete behavior questionnaires to provide information to better support you and your children at home and in child care.
- Provide referrals to you to support you and your child.

Mental health consultation does NOT include providing individual mental health treatment to your child or any member of his or her family.

If you would like to talk to the mental health consultant about your child and/or if you would like to have your child observed in his or her classroom to assist you and his or her caregivers in better meeting his or her needs, please read and sign below. If you choose to participate you can change your mind at any time and withdraw your consent with no penalty.

I consent to have my child, _____ participate in the supportive mental health consultation services which the Wellspring Alliance agency offers at ECDC (print childcare center name).

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

The Early Childhood Development and Family Center of Avoyelles
334 Longfellow Rd
Mansura, LA 71350
318-240-8898

Please initial each blank and sign/date the bottom of the page.

_____ I understand I **MUST** sign my child in and out daily due to state licensing requirements. I understand it is my responsibility to do so.

_____ I understand ECDC utilizes the Procure App to communicate with parents. If I would like to communicate with my child's teacher and receive important center information and updates, I must also use the app.

_____ I have read and understand all policies in the PARENT HANDBOOK.

_____ I authorize the facility to secure emergency treatment for my child at the facility or on a field trip.

_____ The Early Childhood Development Center operates with an open photo/video policy. I understand and give the center permission to use photographs or videos for advertising and or training.

_____ I understand the center hours are from 6 am - 6 pm and I will be charged late fees if I am late. For every minute after 6:00 pm, there is a \$5.00 fee.

_____ I understand I must call the center if anyone other than a guardian will be picking up my child.

_____ My child has permission to participate in classroom parties where home baked good may be provided. All items will be nut and red dye free.

_____ I understand that I **CANNOT** use foul language while in/around ECDC; if I do my services will be canceled.

_____ I will refrain from using my cell phone while picking up or dropping off my child, so that I may communicate with the staff/administration.

_____ My child has permission to participate in activities on the property of ECDC that are located outside of the classroom/fence area.

_____ We are a recipient of a United States Department of Agriculture Rural Development Grant. As such, we ask that you list your racial/ethnic identities for their statistical needs. My child is _____
(American Indian, Asian, African American, White etc.)

_____ Do you or anyone in your household need help applying for Medicaid?
YES / NO If yes, who? _____

I have read, understand and agree to all of the above statements.

Parent Name: _____

Parent Signature: _____

Date: _____

Dropped Date: _____ Re-Entered Date: _____ Transferred Date: _____

CACFP 106 (Rev. 06-20)
FY 2021 FRPM Application**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)****MEAL BENEFIT INCOME ELIGIBILITY FORM**

FREE AND REDUCED PRICE MEAL (FRPM) APPLICATION FORM (October 1, 2020 – September 30, 2021)

INSTITUTION NAME: _____ FACILITY NAME: _____

PART1. CHILD OR ADULT ENROLLED TO RECEIVE DAY CARE (USE A SEPARATE APPLICATION FOR EACH PARTICIPANT)

Print Name of Participant:	(First, Middle Initial, Last)		Age	DOB (mm/dd/yy)
Foster Child?	Yes _____	No: _____	If participant is in Foster Care, Eligibility is FREE . Enter Foster Child's Personal Income Earned in Part 2, Section 4 (If applicable)	
Enter CID # for <u>Child or Adult Care, if applicable</u> :				
Enter FITAP or FDPIR # for <u>Child or Adult Care, if applicable</u> :				
Enter SSI/Medicaid # for <u>Adult Day Care Only</u>				

PART 2. Total Household Gross IncomeIf you listed a CID/FITAP/FDPIR/SSI/Medicaid case # above, Eligibility is **FREE** (Skip PART 2.)

A. Name (List everyone in household, including child listed above)	B. Gross income and how often it was received Examples: \$100 / monthly \$100 / twice a month \$100 / every two weeks \$100 / weekly				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement	4. All Other Income	
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

PART 3: USDA Supplemental Annual Enrollment Information: (This section must be completed annually by an adult household member for all children enrolled at Child Care Centers participating in the USDA Child and Adult Care Food Program.)

Expected Days of participation: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Expected Hours of participation: From _____ To _____ or **Before School: From _____ To _____** **Afterschool: From _____ To _____**

Expected Meal participation: _____ Breakfast _____ Lunch _____ Snack

PART 4. Adult Signature, Social Security Number, and Contact InformationAn adult household member must sign this form. If **Part 3** is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on page 2.)*I certify that all information on this form is true and that all income is reported. I understand that the center 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: _____

Social Security Number: XXX-XX-____ ☐ I do not have a Social Security Number**Part 5. Participant's ethnic and racial identities (optional)****Mark one ethnic identity:** ☐ Hispanic or Latino ☐ Not Hispanic or Latino **Mark one or more racial identities:** ☐ Asian ☐ White ☐ Black or African American ☐ American Indian or Alaskan Native ☐ Native Hawaiian or Other Pacific Islander**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: ☐ Month, ☐ Twice a month, ☐ Every two weeks, ☐ Week, ☐ Year Household size: _____Eligibility Determination: _____ Free ☐ CID(Food Stamp)/FITAP/FDPIR/SSI/Medicaid Eligible _____ Reduced _____ Above/ Paid

Extended Categorical Eligibility Validation Attached _____ YES _____ NO

Determining Official's Signature: _____ Date: _____