

Kids Connection Parent Checklist:

As a parent of a Kids Connection kid, you should receive:

_____ KC Handbook

_____ KC Calendar

The following must be completed and turned into the JCC
PRIOR to your child's start date.

_____ Kids Connection Contract

_____ Department of Social Services (Blue) Registration Card

_____ KC Emergency Child Information Sheet

_____ KC Transportation Permission Form

_____ Child Release Form

_____ JCC's DSS Medical Form

(not a copy of any existing form, filled out by your medical care provider)

_____ Vestal Hill's Pickup Permission Slip (if applicable)

_____ CACFP Form

_____ KC Swimming Consent Form

_____ DSS Supported Family Addendum

Please call the JCC at 724-2417 ext 421 with any questions!

Lynette Errante – JCC Youth Director

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE REGISTRATION

PHOTO OF CHILD (Optional)	Child's Full Name:			
	Does your child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is your child allergic to?			
	Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.			
	Child's Source of Medical Care/Primary Care Physician's Name:		Telephone Number:	
Child's Source of Dental Care/Dentist's Name:		Telephone Number:		
Name Of Medical Care Facility/Hospital:		Telephone Number:		
Would you like information on Child Health Plus? <input type="checkbox"/> Yes <input type="checkbox"/> No				
EMERGENCY DATA	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER DURING CHILD CARE	OTHER TELEPHONE NUMBER (Check type)
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other

Provider/Day Care Facility Name and Address:	CHILD'S FULL NAME:		SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female
	CHILD'S HOME ADDRESS:		DATE OF BIRTH:
			HOME TELEPHONE NUMBER:
	DATE OF ACCEPTANCE:	DATE OF DISCHARGE:	
	NAME OF PERSON APPLYING FOR CHILD:	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	HOME TELEPHONE NUMBER:
			DAYTIME TELEPHONE NUMBER:
	ADDRESS OF PERSON LISTED ABOVE: (IF DIFFERENT FROM CHILD'S):		
	AGREEMENTS		
	I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.		
	I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. <input type="checkbox"/> Yes <input type="checkbox"/> No		
In case of accident or injury, I authorize any and all emergency medical, dental, and /or surgical care and hospitalization advised by the physicians, surgeon or hospital (listed on the other side of this card) necessary for the proper health and well-being of my child. <input type="checkbox"/> Yes <input type="checkbox"/> No			
I have provided information on my child's special needs (Allergies, Diet, Disabilities, and /or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. <input type="checkbox"/> Yes <input type="checkbox"/> No			
I agree to review and update this information whenever a change occurs and at least once every six months. <input type="checkbox"/> Yes <input type="checkbox"/> No			
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE		DATE:	

Date: _____ / _____ / _____

KIDS CONNECTION EMERGENCY CHILD INFORMATION

Child's Name _____ Age _____

Permanent Address _____ Home Phone # _____

Date of Birth _____ Grade as of September 2016 _____

Mother/Guardian Home Phone Number _____ Work Number _____

Where Employed _____

Father/Guardian Home Number _____ Work Number _____

Where Employed _____

Other Members In Household (include age/relationship) _____

MEDICAL INFORMATION

Emergency Hospital Preference _____

Child's Physician _____

Child's Dentist _____ Other Medical Specialist _____

If we are not able to contact the child's mother or father, we will contact the persons listed on your child release form

Does your child have any allergies? If so please list (examples: bee stings, colors, foods, etc)?

Does your child take any medication regularly? If so, please indicate dosage, time and purpose?

Other information about the child that we should be aware of?

HEALTH HISTORY OF THE CHILD

Does the child have frequent colds [] vomit easily [] ear aches [] run high fevers []

Does the child wear: glasses/contact lenses [] hearing aids [] corrective shoes [] prosthesis []

Does the child take any medications regularly? [] If so, indicate dosage, time and purpose:

STATUS OF PARENTS/GUARDIANS

Married [] Separated [] Divorced [] Step-Father/Mother [] Foster Parents []

Remarks: _____

It is legal for either parent to pick up a child unless we have a copy of a court order restrictions, custody and visitation arrangements.

KIDS CONNECTION TRANSPORTATION PERMISSION

I, _____ (parent/guardian) agree to allow my son/daughter _____, to participate in Kids Connection Trips through the JCC. This includes walking around the facility and crossing Clubhouse Rd.

I authorize the JCC staff to obtain the best available public medical care for my child in the event of an emergency at which time I cannot be reached; realizing that all reasonable means will be made to contact me prior to the rendering of any medical treatment, and that such medical treatment shall be on an emergency basis as decided by a qualified physician and I assume responsibility for such treatment.

Parent/Guardian Signature

Emergency phone #1

Emergency phone #2

Insurance Policy Name _____

Policy Number _____

Allergies _____

PERMISSION TO PHOTOGRAPH

I, _____ (parent/guardian) agree to allow my son/daughter _____ to be photographed and for the photograph to be displayed, used in our brochure, put on our JCC facebook page or placed in the local newspaper.

Parent/Guardian

I DO NOT want to my child to be photographed. _____
Parent/Guardian

Date: ____ / ____ / ____

Authorization for Pick-Up

The Kids Connection will dismiss your child ONLY to persons you authorize. List name, address and phone numbers of anyone who has permission to pick up your child in your place. Please advise each of them that he/she will be required to show identification each time they pick up as we have various staff on duty at different times.

Be sure to list anyone that you feel could be of assistance to your child/family when we are unable to reach both parents.

Additions/Amendments to this list are made exclusively by the parent/guardian IN PERSON, with the help of one of the Kids Connection staff. Phone calls will not be accepted as the parent's permission.

Child's/ Children's Name(s): _____

Pick-up Person's Name	Relationship to Child	Phone Number
1. Parent/Guardian		Cell: Work:
2. Parent/Guardian		Cell: Work:
3.		Cell: Work:
4.		Cell: Work:
5.		Cell: Work:
6.		Cell: Work:
7.		Cell: Work:
8.		Cell: Work:
9.		Cell: Work:
10.		Cell: Work:

Date: ____/____/____

BOTH SIDES OF FORM MUST BE COMPLETED AND RETURNED

OCFS-LDS6-4433 (Rev. 4/2008) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES



Medical Statement of Child in Childcare

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child:	Date of Birth:	Date of Examination:
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Immunizations required for entry into day care

Yes No

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

	1 st Date	2 nd Date	3 rd Date	4 th Date	5 th Date
Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)					
Polio (IPV or OPV)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Haemophilus influenzae type B (Hib)	1 st Date	2 nd Date	3 rd Date	4 th Date OR 1 st Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08	1 st Date	2 nd Date	3 rd Date	4 th Date	
Hepatitis B	1 st Date	2 nd Date	3 rd Date		
Measles, Mumps and Rubella (MMR)	1 st Date	2 nd Date			
Varicella (also known as Chicken Pox)	1 st Date	2 nd Date			

Other immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

Tests

Tuberculin Test Date: / / Mantoux Results: Positive Negative mm

TB Tests are at the physician's discretion.

If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /

Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year / / Result: mcg/dL Venous Capillary

2 years / / Result: mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):

 / / Result: mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

JCC Fax: (607) 724-2418

ADDITIONAL INFORMATION ON REVERSE SIDE



BOTH SIDES OF FORM MUST BE COMPLETED AND RETURNED

OCFS-LDSS-4433 (Rev. 4/2008) REVERSE



Medical Statement of Child in Childcare
(continued)

Health Specifics	Comments
Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary of Physical Exam

Include special recommendations to Day Care Providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in day care. Yes No

Signature of Examiner	Address
Please Print Name	City, State, Zip
Title	Phone ()
	Date

Religious Exemptions

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.

ADDITIONAL INFORMATION ON REVERSE SIDE

JCC Fax: (607) 724-2418

Dear Vestal Hills Kids Connection Families,

The JCC has made arrangements with First Student Transportation to continue the Vestal Hills daily pick up.

There is an Annual Transportation Fee of **\$30.00** for all children attending Vestal Hills, to cover the cost of this service. Please complete the bottom portion of this letter and return to the JCC with your fee to ensure your child's transportation from Vestal Hills to the JCC Kids Connection Program.

If you have any questions, please contact Lynette Errante, JCC Youth Director at 724-2417 ext. 421.

Lynette Errante
JCC Youth Director



Vestal Hills Transportation Permission Slip

I, _____ give my consent for my child
_____ to ride the First Student bus from
Vestal Hills Elementary to the JCC in order to attend Kids Connection.

Office use only:

Date \$30.00 fee collected _____ / _____ / _____ Initials _____

Dear Parent, Guardian or CACFP Participant:

This center participates in the Child and Adult Care Food Program (CACFP) and serves nutritious meals each operating day. The information requested on the attached Income Eligibility Form for Child Care or Adult Day Care Centers determines how much reimbursement this center will receive from CACFP for these meals and snacks, based on the United States Department of Agriculture (USDA) family income criteria listed below.

We encourage you to complete the form promptly so your center can maximize its reimbursement for healthy meals and snacks. One form needs to be completed for each household every year except for children enrolled in Head Start or At-Risk Only programs. All information on the form will be confidential and used only for the purpose of determining CACFP reimbursement for meals and snacks served at this center.

Foster children are automatically eligible for the highest rate of reimbursement from CACFP. Households with both foster and non-foster children in day care may complete one form, including the foster child as a household member. Eligibility determination for the non-foster children will be based on the information reported on the form by the household.

INCOME ELIGIBILITY GUIDELINES
 (Effective July 1, 2015 until June 30, 2016)

HOUSEHOLD SIZE	REDUCED-PRICE MEALS		
	YEAR	MONTH	WEEK
1	21,775	1,815	419
2	29,471	2,456	567
3	37,167	3,098	715
4	44,863	3,739	863
5	52,559	4,380	1,011
6	60,255	5,022	1,159
7	67,951	5,663	1,307
8	75,647	6,304	1,455
FOR EACH ADDITIONAL FAMILY MEMBER	+7,696	+642	+148

Christine Casler
 SPONSOR/CENTER OFFICIAL

JCC
 SPONSORING ORGANIZATION

3/15/16
 DATE

USDA is an equal opportunity provider and employer.

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME _____

Print the name of the child(ren) enrolled in this child care center

1. _____ 2. _____ 3. _____

DIRECTIONS

Complete SECTION A if anyone in your household

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

SECTION A

SNAP Case # _____

TANF # _____

FDPIR # _____

Names of Foster Children _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature _____

Date _____

FOR SPONSOR USE ONLY	
CACFP Agreement # _____	
Total Number of Household Members _____ <small>(INCLUDING FOSTER CHILDREN, IF APPLICABLE)</small>	
Total Household Income \$ _____	
Free _____ Reduced _____ Paid _____	
Date of Determination _____	
Signature of Center Staff _____	

Complete SECTION B if no one in your household participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION B

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature _____

Print Name _____

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER

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 DATE _____

USDA is an equal opportunity provider and employer.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this form. 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 form. The Social Security Number is not required when you: apply on behalf of a foster child; provide a SNAP, TANF or FDPIR number; or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

INSTRUCTIONS FOR COMPLETING DOH-3688

Definition of Income

Income means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

Definition of Household

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

INSTRUCTIONS FOR PARENTS OR GUARDIANS

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

Section A: If anyone in your household participates in the Supplemental Nutrition Assistance Program (SNAP), receives Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the SNAP, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

Foster children: If your household includes a foster child who is in child care, write in the names of the foster children.

Section B: Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

INSTRUCTIONS FOR CENTERS AND SPONSORS

The For Sponsor Use Only section is to be completed, signed and dated by center or sponsor staff. The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The CACFP Agreement Number.

Total Number of Household Members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

Total Household Income – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid*.

Number of Free, Reduced or Paid – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, last four digits of Social Security Number or SNAP, TANF or FDPIR numbers) are categorized in the paid category.

The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member. For example, a form signed on May 12, 2014 is valid until May 31, 2015.

KC Swimming Consent Form

One of the great assets the Jewish Community Center has to offer our families and students is our pool. Kids Connection swims Tuesday & Thursday 4pm-5pm and during all days off from school including half days, long days and snow days. Flotation belts are available to be used by the children if needed. Kids Connection staff is always stationed around the pool as extra eyes in addition to the lifeguard on duty in the high lifeguard chair.

As of **June 1, 2015** the New York State Office of Family and Children requires a permission slip signed by the parents for each child. Please sign this form as permission for your child to swim with Kids Connection.

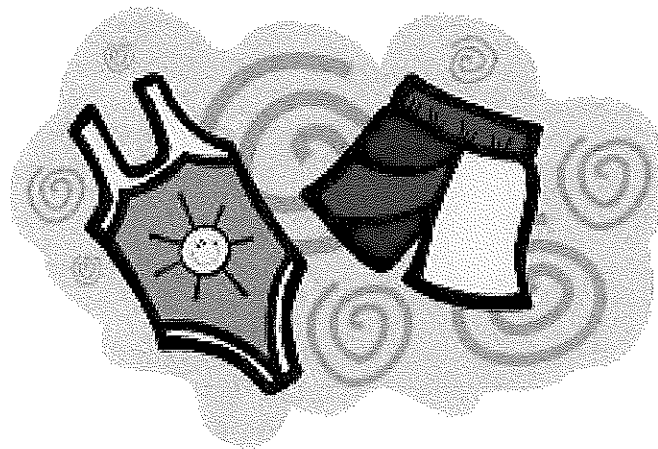
Child's Name: _____

Child's Date of Birth: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____



ONLY For Families Supported by DSS

Parent/Guardian must initial each statement

_____ I understand that the JCC does not accept DSS as payment in full for Kids Connection Contracts.

_____ I understand that if my child attends Kids Connection on days or times that I am not working or hours beyond what DSS allows, I am responsible for the balance of Kids Connection tuition.

_____ I understand that if my child's attendance exceeds the hours that DSS has designated, I am responsible for any fees/balances.

_____ I understand that I am solely responsible for the annual registration fees

_____ I understand that my DSS stated co-pay may not satisfy the weekly KC tuition fee and I am responsible for the balance.

_____ I understand that DSS will not pay for times that I am not working

_____ I understand that I must pay a \$10 per child per day deposit for all long day registrations. If I fail to cancel within 24 hours and my child does not attend those days that deposit will be applied to the "no show fee". If all long day fees are covered by DSS, my deposit will be applied to my account balance or if no balance is owed, will be returned to me.

_____ I understand that I am expected to adhere to the KC payment policies and that I will be subject to late fees for failure to pay timely.

Please refer to Kids Connection Drop-In Contract for tuition costs and your DSS contract for the portion of support provided by DSS.

Parent/Guardian Signature

Date

Parent/Guardian Name

Contracted Child Name(s)