

Welcome to Grace Early Learning Center!

Please complete the enclosed paperwork to complete your child's enrollment folder.

This packet should include the following information:

- Enrollment Application Form
- Parent Authorization Form
- CACFP Food Program Paperwork
- Tuition Rate Sheet
- Supply List
- Holiday Closing Sheet
- Parent Handbook Acknowledgement

In addition, you will also need to provide an up-to-date immunization certificate from your child's pediatrician. You can return it to our office, fax it to **(502) 208-7693** or email it to **contact@graceearlylearningcenter.com** as soon as possible.


This packet must be completed in its entirety and an immunization record must be turned in **before your child's first day of care**. Thank you, and we look forward to working with you!

 1648 Lexington Road, Georgetown, KY

 contact@graceearlylearningcenter.com

 www.graceearlylearningcenter.com

 [/Grace-Early-Learning-Center](https://www.facebook.com/Grace-Early-Learning-Center)

 502.427.4352

PLEASE FILL IN APPLICATION COMPLETELY AND LEGIBLY.

Application is for full-day learning center.

Start Date: _____ Days Needed: _____

2-Day
 3-Day
 5-Day
 M
 T
 W
 Th
 F

If part time, are days flexible?
 Drop-Off Time: _____
 Pick-Up Time: _____
 Today's Date: _____

Yes
 No

Childcare is recommended to be limited to 10 hours per day.

Child's Information

Last Name: _____ First Name: _____ Middle Name: _____ Birthday: _____ Sex: M F

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian 1's Information

Last Name: _____ First Name: _____ Middle Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Driver's License Number: _____ Last 4 digits of SS Number (this will be your security code): _____

Employer: _____ Employer Phone: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian 2's Information

Last Name: _____ First Name: _____ Middle Name: _____ Relationship to Child: _____

Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Driver's License Number: _____ Last 4 digits of SS Number (this will be your security code): _____

Employer: _____ Employer Phone: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Child's Last Name: _____ Child's First Name: _____ Child's Middle Name: _____ Birthday: _____ Sex: M F

Security Information

Parent's Marital Status: Single Married Separated Divorced If divorced, who has legal custody?

May the non-custodial parent pick up the child? Yes No *Grace Early Learning Center, LLC must be provided with court issued custody papers that clearly describe the custody arrangements. Any person granted custody in such paper may pick up the child during the times that person has custody and may designate other persons who are authorized to pick up the child at such times, unless court papers state otherwise.*

The child will be released only to people on this application and the following persons:

Name:	Relationship:	Phone:	Driver's License #:

Emergency Information

In the event of an emergency situation and/or life-threatening situation, I wish for my child to be transported to the below mentioned hospital. I understand that Grace Early Learning Center will contact me and/or my designated emergency contact person immediately.

Preferred Hospital: _____ Child's Physician: _____ Phone: _____

Emergency Contact (Other than parent): _____ Relationship: _____ Phone: _____

Any Allergies or Special Needs?

General Information

Has your child been cared for by anyone other than a parent? Yes No If yes, whom?

Please let us know about your child's personality, temperament, fears, etc.:

- | | |
|--|--|
| <input type="checkbox"/> I agree to pay a non-refundable registration fee of \$50.00 at the time that this form is handed in to GELC, LLC. | <input type="checkbox"/> I agree to pay, in advance, each week's tuition. |
| <input type="checkbox"/> I agree to pay a reoccurring yearly supply fee of \$50.00. I understand that if my child is enrolled during January 1-July 31 a fee of \$25.00 will be assessed at the time of enrollment. If my child is enrolled during August 1-December 31 a fee of \$50.00 will be assessed. I understand that each August my child is enrolled this fee will reoccur. | <input type="checkbox"/> I am aware that I will be charged a fee for payments received after Wednesday. |
| | <input type="checkbox"/> I am aware that I will be charged for late pick-ups. |
| | <input type="checkbox"/> I have reviewed the Parent Handbook that is located at www.graceearlylearningcenter.com . |

This institution is an equal opportunity provider.

Enrolling Parent/Guardian Name: (Please Print) _____ Parent/Guardian Signature: _____ Date: _____

To Be Completed By A Parent, Guardian, or Authorized Representative

Child's Name:	Birthday:	Today's Date:
Home Phone:	Work Phone	
Parent/Guardian/Authorized Representative's Name:		

Emergency Medical and First Aid

- I hereby authorize the staff and directors of Grace Early Learning Center to give consent for any and all necessary emergency medical and first aid care for my above-mentioned child, while he/she is in Grace Early Learning Center's custody.

Parent/Guardian/Authorized Representative's Signature:

Today's Date:

Photography & Videos

- I give permission for Grace Early Learning Center to take & share photographs or videos of my above-mentioned child. These will be shared with classroom families via private classroom communication means, and occasionally used for publicity purposes. I also understand that sometimes other children at Grace Early Learning Center may be featured in the photos or videos of my child. By giving my consent I agree not to share photos or videos of any other child, other than my own, without permission.

Parent/Guardian/Authorized Representative's Signature:

Today's Date:

Ride/Walks on Campus

- I give permission for Grace Early Learning Center to take my above-mentioned child on buggy rides, walks to the pavilion, or walks to the soccer fields. I am aware that these areas are outside the fenced vicinity, but know that my child will be under the watchful eye of teachers and that the teacher-to-child ratio will be maintained at all times.

Parent/Guardian/Authorized Representative's Signature:

Today's Date:

Sun Block

- I give permission for Grace Early Learning Center to apply sun block on the exposed skin of my above-mentioned child, prior to any outdoor activity.

Parent/Guardian/Authorized Representative's Signature:

Today's Date:

Child Care Income Application Letter

Dear Parent/Guardian:

The U.S. Department of Agriculture’s (USDA) Child and Adult Care Food Program (CACFP) provides reimbursement for healthy meals and snacks served to participants enrolled in childcare at Grace Early Learning Center. Although all participants receive meals free of charge, the childcare receives reimbursement based upon the number of enrolled participants who are eligible for free or reduced-price meals. Please help us comply with the requirements of the CACFP and receive the meal reimbursement by completing the *CACFP Enrollment Form/Income Application* as soon as possible. The completed form is confidential and will be securely stored.

Income Guidelines for Reduced Price Meals Effective		
July 1, 2024-June 30, 2025		
Household Size	Reduced Price Meals	
	<i>Monthly</i>	<i>Yearly</i>
1	\$2,322	\$27,861
2	\$3,152	\$37,814
3	\$3,981	\$47,767
4	\$4,810	\$57,720
5	\$5,640	\$67,673
6	\$6,469	\$77,626
7	\$7,299	\$87,579
8	\$8,128	\$97,532
For each additional family member add:	\$830	\$9,953

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.

USDA Nondiscrimination Statement

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, audiotape, 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 the [USDA Program Discrimination Complaint Online Form](#) (AD-3027) found online at [How to file a Complaint](#), 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:

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: (833) 256-1665 or (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Hali Mattox

Sponsor Representative

502-427-4352

Phone Number

If you have questions about the CACFP and its administration, you may contact, Division Director at 502-564-5625 or at the following address:
 School and Community Nutrition, Kentucky Department of Education, 300 Sower Building, 5th floor, Frankfort, KY 40601
 Email: scncacfpgeneral@education.ky.gov
The information found in this letter may also be made available electronically to households (email, website, etc.)

CHILD ENROLLMENT FORM/INCOME APPLICATION

Participant Information: (To be completed by Parent/Guardian)

This household receives SNAP/KTAP Benefits (If yes, input the number here:)

1	1								
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If a child is a SNAP/K-TAP recipient or a Foster/Head Start participant, the child is automatically eligible to receive free Program meal benefits, subject to the requirements of 7 CFR 226.23.

If your participant receives assistance from the items below, they are automatically eligible for free meals. (Please complete and skip to section 2. If child receives Head Start services, please proceed to complete Section 2. Household Income is not required.)

Participant's Last Name	Participant's First Name <i>*If under 12 months, please complete Infant Addendum</i>	Date of Birth	OPTIONAL	OPTIONAL	Meals Normally Eaten <i>(Circle all that apply)</i> B=Breakfast AM=AM Snack L=Lunch PM=PM Snack S=Supper LN=Late Snack	Head Start	Foster
			Ethnicity <i>(Circle One for each participant)</i> H=Hispanic NH=Non Hispanic	Race <i>(List the race/races that apply for each participant)</i> <i>Examples include:</i> Black or African American; White; Native Hawaiian or other Pacific Islander; American Indian or Alaskan Native, Asian; Unknown or Undeclared.			
			H NH		B AM L PM S LN	<input type="checkbox"/>	<input type="checkbox"/>
			H NH		B AM L PM S LN	<input type="checkbox"/>	<input type="checkbox"/>
			H NH		B AM L PM S LN	<input type="checkbox"/>	<input type="checkbox"/>
			H NH		B AM L PM S LN	<input type="checkbox"/>	<input type="checkbox"/>

*Parent/Guardian works multiple shifts and participants may be in care different days/hours Yes No

1. Income Application Household Members and Monthly Income:

NAMES OF HOUSEHOLD MEMBERS Including Children Not Listed Above Last, First	GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Child Support, Alimony	MONTHLY Income From Pensions, Retirement, Social Security, Unemployment Compensation	Any Other MONTHLY Income Including Money Received from Kinship/Foster Child
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$

2. Signature and Social Security Number:

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

X _____
Signature of Adult Household Member

_____ Home/Cell Phone Number

X _____ No Social Security Number X _____
Last four digits Social Security Number* Date

FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.

Application approved for: Free Meals SNAP/KTAP

Reduced Meals Foster

Paid Meals Headstart

Income Household

Total Household Monthly Income _____
Household Size _____

Signature of Determining Official

Date

*7 CFR 226.15 (e)(2)

(Revised June 2022)

"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 last four digits of the Social Security Number are 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."

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INFANT ADDENDUM TO ENROLLMENT

Dear Parent:

This child care center participates in the USDA Child & Adult Care Food Program (CACFP). This program provides reimbursement to the center for creditable meals served to your infant while in our care. We want to work with you to provide the very best nutritional care for your baby. Under the CACFP regulations, the center may NOT charge you a separate fee for meals that are claimed for reimbursement.

We use the meal pattern below, which was developed by the USDA for centers participating in the CACFP. The type and amount of foods served vary according to the age of the infant. However, the actual foods we provide will be based on what you tell us about your baby's own food needs.

Age	Breakfast	Lunch and Supper	Snack
Birth through 5 months	4-6 fluid ounces formula or breast milk	4-6 fluid ounces formula or breast milk	4-6 fluid ounces formula or breast milk
6-11 months	6-8 fluid ounces formula or breast milk 0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½ cup of yogurt; or a combination of the above 0-2 tablespoons vegetable or fruit ³ or a combination of both	6-8 fluid ounces formula or breast milk 0-4 tablespoons infant cereal, meat, fish, poultry, whole egg, cooked dry beans, or cooked dry peas; or 0-2 ounces of cheese; or 0-4 ounces (volume) of cottage cheese; or 0-4 ounces or ½ cup of yogurt; or a combination of the above 0-2 tablespoons vegetable or fruit ³ or a combination of both	2-4 fluid ounces formula or breast milk 0-1/2 slice bread or 0-2 crackers or 0-4 tablespoons infant cereal or ready-to-eat breakfast cereal 0-2 tablespoons vegetable or fruit, or a combination of both

Talk with your health care provider and let us know whether you want to use breast milk or a formula while your child is in the center's care. We also need to know when you will introduce solid foods to your infant. You may choose for us to provide the formula, or you may provide the formula for your infant.

Grace Early Learning Center

(Name of Daycare Center)

currently provides the following formula(s): Similac Advanced (Generic)

Please fill out the form below and return it to help us plan the meals for your infant. If this information changes, you will need to complete a new form.

Sincerely,

Hali Mattox

502-427-4352

10/01/24

Sponsor Representative

Phone Number

Date

MUST BE COMPLETED BY PARENT/GUARDIAN

Infant Name _____

Infant Birthdate ____/____/____

Check all that apply:

_____ **Parent** will breast-feed the infant at the day care center or provide expressed breastmilk or iron fortified formula

_____ **Parent** will provide additional baby food

_____ **Parent** will provide iron fortified formula/breast milk and **Center** will provide Additional baby food

_____ **Center** will furnish all iron fortified infant formula

_____ **Center** will furnish all iron fortified infant formula and additional baby food

Parent/Guardian Signature

Date

PLEASE NOTE: Parents may provide their own infant formula or their choice of one infant food item per meal. Please speak to the Center's Director if you wish to make other arrangements.

Tuition Rates

Infant

6 Weeks to 12 Months

Weekly Rate:	\$ 230
Three-Day Weekly Rate:	\$ 151
Two-Day Weekly Rate:	\$ 109

Toddler

12 Months to 24 Months

Weekly Rate:	\$ 225
Three-Day Weekly Rate:	\$ 148
Two-Day Weekly Rate:	\$ 107

Two Years of Age

Weekly Rate:	\$ 220
Three-Day Weekly Rate:	\$ 145
Two-Day Weekly Rate:	\$ 105

Three, Four & Five Year Old

Weekly Rate:	\$ 210
Three-Day Weekly Rate:	\$ 139
Two-Day Weekly Rate:	\$ 101

Supply List

Infant

6 Weeks to 12 Months

- Diapers
- Wipes
- Rash ointment (optional, requires documentation)
- Prepared bottles of breast milk and/or formula
- Blanket (optional)
- Infant sunscreen (for outside time when weather permits)
- Two extra changes of clothing
- Pacifier (optional, if needed)

Toddler & Two Year Old

12 to 36 Months

- Diapers
- Wipes
- Rash ointment (optional, requires documentation)
- Fitted crib sheet & blanket
We will keep this throughout the week. It will be sent home at the end of each week to be laundered.
- Sunscreen (continuous spray recommended)
- Two extra changes of clothing

Three, Four, & Five Year Old

- Fitted crib sheet & blanket
We will keep this throughout the week. It will be sent home at the end of each week to be laundered.
- Sunscreen (continuous spray recommended)
- Small backpack

Please label all personal items with your child's first and last name.

2025 Holiday Schedule

Wednesday, January 1st Closed for New Year's Day

Monday, January 20th Closed for Martin Luther King Jr's Day

Monday, February 17th Closed for In-Service Day
(*President's Day*)

Friday, April 18th Closed for Good Friday/Easter Holiday

Monday, May 26th Closed for Memorial Day

Thursday, June 19th Closed for Juneteenth

Friday, July 4th Closed for Independence Day

Friday, August 1st Closed for In-Service Day

Monday, September 1st Closed for Labor Day

Thursday & Friday,
November 27th & 28th Closed for Thanksgiving

Wednesday & Thursday,
December 24th & 25th Closed for Christmas Holiday Observed

Wednesday, December 31st Closed for New Year's Eve Day

Parent Handbook Acknowledgement

I, _____, have reviewed the Grace Early Learning Center Parent Handbook that is located at www.graceearlylearningcenter.com. I understand that the contents of this handbook give me reasonable expectation of how the Center is operated and I should speak with the Director or Assistant Director if I have any questions about the Center policies and procedures.

This Page To Be Completed By A Parent, Guardian, or Authorized Representative		
Child's Name:	Birthday:	Date:
Parent/Guardian/Authorized Representative's Name:	Parent/Guardian/Authorized Representative's Signature:	

Rev. June 10, 2020