

## CHILD CARE ENROLLMENT

**Use of form:** Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

### CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance
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**PARENT OR GUARDIAN** – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

a. Name and Relationship to Child

Home Address (Street, City, State, Zip)	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.

b. Name and Relationship to Child

Home Address (Street, City, State, Zip)	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care
	Does child reside at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No	Place of Employment and Work Phone No.

**AUTHORIZED PERSONS** – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child

Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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b. Name and Relationship to Child

Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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**EMERGENCY CONTACT** – The person to be notified in an emergency when parents / guardians cannot be reached.

☐ Yes ☐ No This person is authorized to pick up the child.

Name and Relationship to Child

Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
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### PHYSICIAN OR MEDICAL FACILITY

Name

Address (Street, City, State, Zip Code)

Telephone Number

### AUTHORIZATIONS

☐ Yes ☐ No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.

☐ Yes ☐ No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.

☐ Yes ☐ No I give permission for my child to participate in ☐ Transported ☐ Walking field trips and other activities during operating hours.

☐ Yes ☐ No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

**SIGNATURE** – Parent or Guardian

Date Signed



## HEALTH HISTORY AND EMERGENCY CARE PLAN

**Use of form:** This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

### CHILD INFORMATION

Name (Last, First, MI)	Address – Home (Street, City, State, Zip Code)	
Telephone Number	Birthdate (mm/dd/yyyy)	Date – First Day of Attendance (mm/dd/yyyy)

### PARENT / GUARDIAN INFORMATION

Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

### PHYSICIAN / MEDICAL FACILITY INFORMATION

Name – Physician	Address – Medical Facility		Telephone Number
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**SUNSCREEN / INSECT REPELLENT AUTHORIZATION** If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.	Equate Lotion UVA/UVB	SPF 50
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.	Unscented Cutter contains DEET	10% DEET

### HEALTH HISTORY AND EMERGENCY CARE PLAN

If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> No specific medical condition                        | <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Gastrointestinal or feeding concerns including special diet and supplements |
| <input type="checkbox"/> Asthma   | <input type="checkbox"/> Epilepsy / seizure disorder | <input type="checkbox"/> Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism       |
| <input type="checkbox"/> Cerebral palsy / motor disorder                      |  |  |
| <input type="checkbox"/> Other condition(s) requiring special care – Specify. |  |  |

☐ Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.

☐ Food allergies – Specify food(s).

☐ Non-food allergies – Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

**SIGNATURE – Parent or Guardian**

Date Signed (mm/dd/yyyy)

Review dates: \_\_\_\_\_

## CHILD HEALTH REPORT – CHILD CARE CENTERS

**Use of form:** Use of this form is voluntary; however, completion of this form meets the requirements of DCF 202.08(4), DCF 250.07(6)(L)3., and DCF 251.07(6)(k)3. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

**Instructions:** Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Except for a school-aged child, each child 2 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant or HealthCheck provider to be completed, signed and dated. The licensee shall obtain a copy for the child's record. Note: Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian were to include a copy of the child's immunization record when submitting this form to the child care center.

### PARENT OR GUARDIAN – Complete this section.

Name – Child (Last, First, MI)

Birthdate – Child (mm/dd/yyyy)

Address – Child (Street, City, State, Zip Code)

Name – Parent or Guardian (Last, First, MI)

Address – Parent or Guardian (Street, City, State, Zip Code)

### HEALTH PROFESSIONAL – Complete this section.

Instructions for feeding and care of child with special problems, including allergies – Specify (attach information as necessary).

☐ Yes ☐ No Does the child have a milk allergy? If "Yes", identify the recommended milk substitute.

Date of most recent blood lead test: \_\_\_\_\_ (mm/dd/yyyy). Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

Immunization(s) not to be administered to child due to medical reason(s) – Specify.

### AUTHORIZATION

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA or HealthCheck Provider (type or print)

Address (Street, City, State, Zip Code)

SIGNATURE – MD, PA or HealthCheck Provider

Date of Examination

## CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

### PERSONAL DATA

PLEASE PRINT

<b>STEP 1</b>	Child's Name (Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

### IMMUNIZATION HISTORY

**STEP 2** List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (✓) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus Influenzae Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.

☐ Yes year \_\_\_\_\_ (Vaccine is not required)

☐ No or Unsure (Vaccine is required)

### REQUIREMENTS

**STEP 3** The following are the minimum required immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES						
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B		
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	2 Hep B	1 MMR <sup>3</sup>	
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib <sup>1</sup>	3 PCV <sup>2</sup>	3 Hep B	1 MMR <sup>3</sup>	1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT <sup>4</sup>	4 Polio			3 Hep B	2 MMR <sup>3</sup>	2 Varicella

<sup>1</sup>If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).

<sup>2</sup>If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

<sup>3</sup>MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1<sup>st</sup> birthday is also acceptable).

<sup>4</sup>Children entering kindergarten must have received one dose after the 4<sup>th</sup> birthday (either the 3<sup>rd</sup>, 4<sup>th</sup> or 5<sup>th</sup>) to be compliant (Note: a dose 4 days or less before the 4<sup>th</sup> birthday is also acceptable).

### COMPLIANCE DATA AND WAIVERS

**STEP 4** IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR

IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).

☐ Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the child care center in writing as each dose is received.

**NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.**

☐ For health reasons this child should not receive the following immunizations \_\_\_\_\_ (List in STEP 2 any immunizations already received)

\_\_\_\_\_  
Physician's Signature Required

☐ For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

☐ For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

### SIGNATURE

**STEP 5** To the best of my knowledge, this form is complete and accurate.

\_\_\_\_\_  
SIGNATURE - Parent, Guardian or Legal Custodian

\_\_\_\_\_  
Date Signed

**Account Information**  
(adult/s responsible for childcare payments)

Name	Name
Address	Address
<p style="text-align: center;">Phone</p> <p>Home: _____</p> <p>Work: _____</p> <p>Cell: _____</p> <p>Cell provider: _____</p> <p>(Our Procure system requires this in order for us to send you messages via text)</p>	<p style="text-align: center;">Phone</p> <p>Home: _____</p> <p>Work: _____</p> <p>Cell: _____</p> <p>Cell provider: _____</p> <p>(Our Procure system requires this in order for us to send you messages via text)</p>
Place of Employment (name and address)	Place of Employment (name and address)
DOB	DOB
SS#	SS#
DL#	DL#
Email	Email



## Permission to Photograph

I, \_\_\_\_\_, give permission for United Child Care Center to  
(Parent or Guardian name) (Child Care Provider)

photograph my child, \_\_\_\_\_, for the following purposes:  
(Child's name)

**\*Only first names will be displayed.** (Please specify if you give permission and **do not** want their first names displayed at all for any of the items below.)

Type of Use:	Please check one	
	Grant Permission	Decline Permission
<b>Still Photographs:</b>		
Post photos on United Child Care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
Display photos on United Child Care's website*	<input type="checkbox"/>	<input type="checkbox"/>
Display w/in United Child Care center	<input type="checkbox"/>	<input type="checkbox"/>
Newspaper	<input type="checkbox"/>	<input type="checkbox"/>
United Child Care Centers Newsletters (This newsletter is posted on our website monthly)	<input type="checkbox"/>	<input type="checkbox"/>
Walworth County Community Websites	<input type="checkbox"/>	<input type="checkbox"/>
Walworth County Community Facebook pages	<input type="checkbox"/>	<input type="checkbox"/>
<b>Videos:</b>		
United Child Care's Facebook page	<input type="checkbox"/>	<input type="checkbox"/>
United Child Care's website*	<input type="checkbox"/>	<input type="checkbox"/>

I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child's enrollment.

Signed: \_\_\_\_\_  
(Parent or Guardian)

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



## HOUSEHOLD SIZE—INCOME STATEMENT

### Child and Adult Care Food Program

**An adult household member must complete this form (HSIS) and return it to the center. Complete one HSIS per household.**

Refer to the accompanying *Household Letter* for instructions on completing this form.

First and Last Name(s) of Enrolled Child(ren)	Center United Child Care Center
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## PART 1: BENEFITS

**If no one receives these benefits, skip to PART 2.**

**If any member of your household currently receives benefits from:**

**Check the box for the benefit received  
AND provide the case number:**

- **DO NOT** list a 16 digit Quest Card number (starts with 5077) for FoodShare

**FoodShare Wisconsin (10 digit #)****Wisconsin Works Cash Assistance (10 digit #)**

FDPIR (9 digit #)

- Wisconsin Child Care Subsidy is NOT Wisconsin Works Cash Assistance. It does not qualify a participant as free for CACFP.

**PART 2: TOTAL HOUSEHOLD SIZE AND INCOME** (Complete a, b, and c)

**If you completed PART 1, you do not need to list household and income information below.**

**a) List full names of all household members below, including yourself and all children.**

**b) List all income on the same line as the person who receives it.**

- Record each income source only once.
- Check the box for how often each income source is received.

**Household Member:** anyone who is living with you and shares income and expenses, even if not related.

Household Members	Age	Check if Foster Child	Check if No Income	Commission, Tips, Cash bonuses, Military pay & allowances for off-site housing/food/clothing, Work comp, strike ben., Unemployment	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Security, VA benefits, SSI, Disability, Child Support, Adoption assistance, Alimony	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Trusts/estates, Annuities, Investments, Interest, Net rental income, Savings withdrawals, Any other income	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**c) Record total # of household members:**

### PART 3: ALL HOUSEHOLDS

**RACE AND ETHNICITY DATA COLLECTION – Completion is optional**

This center is required by Federal law to ask the following two questions concerning race and ethnicity. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. **Please answer both questions.**

IS YOUR CHILD(REN) HISPANIC OR LATINO? ☐ Yes, Hispanic or Latino ☐ No, neither Hispanic nor Latino

SELECT ONE OR MORE OF THE FOLLOWING RACES THAT APPLY TO YOUR CHILD(REN):

☐ American Indian or Alaska Native   ☐ Black or African American   ☐ White   ☐ Asian   ☐ Native Hawaiian or Other Pacific Islander

**ADULT HOUSEHOLD MEMBER SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SS#)**

**If Part 2 is completed, the adult signing the form must list the last four digits of their SS# OR check "None" if they do not have a SS#.**

I CERTIFY (promise) that all information on this form is true, and that all income is reported unless eligibility is established by receiving FoodShare, WI Works Cash Assistance, and/or FDPIR. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

**Signature of Adult Household Member**

Signature Date *Mo./Day/Yr.*

Last 4 digits of SS# (or check "None" if you do not have a SS#)

\*\*\*\_\*\*\_ ☐ None

**FOR CENTER USE ONLY – Complete all 3 sections and the *Effective Month of Determination***

<b>Section 1:</b> <b>Basis of Determining Eligibility (A or B)</b>		<b>Section 2:</b> <b>Eligibility Determination</b>	<b>Section 3:</b> <b>Determining Official's Initials &amp; Approval Date</b>
<b>A. Household Size &amp; Income</b>	<b>B. Benefits/Foster</b>	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Non-Needy	_____
Total Household Size _____	<input type="checkbox"/> FoodShare WI <input type="checkbox"/> WI Works Cash Assistance <input type="checkbox"/> FDPIR <input type="checkbox"/> Foster Child(ren)		<b>**Effective Month of Determination</b>
*Total Income \$ _____ / _____ (\$ Amount)      (Time Period)			_____
			<b>Month/Year</b>

\*Convert to yearly income only when multiple pay frequencies are reported, using only these multipliers:

Weekly x 52  
Every 2 week

Twice a month x 24  
Monthly x 12

**\*\*This form expires one year from the Effective Month of Determination.**

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)  
HOUSEHOLD LETTER (Non-Pricing Programs)**

**For Group Child Care & Outside of School Hours Centers  
FFY 2022, Rev. 6/21**

Dear Parent or Guardian:

**United Child Care Center of Lake Geneva, Ltd.**

(Name of Agency)

is enrolled in the CACFP, a USDA program which

provides federal assistance dollars to eligible child care centers for serving more nutritious meals. The amount of money our agency receives from this program is based on the income levels of our families. **In order to continue providing a quality meal service without additional charge, we request every family of our enrolled children to complete new a Household Size-Income Statement form (HSIS) each year. Please complete and return the attached HSIS form to our office. This information will be kept strictly confidential in our files.** Only one completed HSIS is required for all children in your household. Once we have properly approved your HSIS as eligible, our agency will receive the higher ("Free" or "Reduced-price") meal reimbursement rates for your enrolled children, for 12 months from the *Effective Month of Determination* regardless of any change in your household size and/or income or termination from Benefits Programs.

• You are not required to complete this HSIS if no one in your household receives benefits from FoodShare WI (the Supplemental Nutrition Assistance Program (SNAP)), FDIPIR (Food Distribution Program on Indian Reservations), Wisconsin Works Cash Assistance Programs and your household income is higher than the amount shown for your household size within the table below. In this case, however, we would appreciate you returning the HSIS to us with "N/A" written on it along with your signature and date.

**Determining Eligibility based on Participation in Benefits Programs → Complete Part 1 and Part 3 of HSIS form**

Our agency receives the Free meal reimbursement rate for children in households receiving benefits from FoodShare WI, FDIPIR, or WI Works Cash Assistance.

**Wisconsin Works Cash Assistance** is Wisconsin's Temporary Assistance for Needy Families (TANF) program. **It provides temporary cash assistance through work placement and training programs and IS NOT the WI Child Care Subsidy Program.** WI Works Cash Assistance Programs include Trial Employment Match Program (TEMP), Community Service Jobs (CSJ), W-2 Transitions (W-2T), Custodial Parent of an Infant (CMC), Minor Parents Services, Noncustodial Parents, and Pregnant Women.

**You must include the following information on the HSIS (a-c) for eligibility based on receiving benefits from FoodShare WI, FDIPIR, WI Works Cash Assistance:**

(a) The names of your enrolled children;

• **DO NOT list case numbers for:**

(b) Checked box for the benefit your household receives and its case number; &

Medicaid, SSI, OR Wisconsin Child Care Subsidy program AND

(c) The signature of an adult member in the household & signature date

• **DO NOT list a 16 digit Quest Card number (starts with 5077) for FoodShare WI**

**Determining Eligibility by Household Size and Income → Complete Part 2 and Part 3 of HSIS form**

**Household-Size Income Scale (Effective July 1, 2021 to June 30, 2022)**

Household Size	Annual Income Level (at or below)
1	\$ 23,828
2	\$ 32,227
3	\$ 40,626
4	\$ 49,025
5	\$ 57,424
6	\$ 65,823
7	\$ 74,222
8	\$ 82,621
For each additional Household Member, add:	+\$ 8,399

If your household earns a total income that is less than or equal to the income levels listed within this table, we will receive higher meal reimbursement rates ("Free" or "Reduced-price" meal rate) for your children.

**For determining eligibility based on your household size and income, you must include the following information on the HSIS (a-e):**

(a) Full names of all household members who share income and expenses, including children, parents, and non-related persons;

(b) Income received by each household member identified by source of income and its pay frequency;

(c) Total number of household members;

(d) The signature of an adult member of the household and signature date; and

(e) The last four digits of the social security number of the adult household member signing the HSIS or an indication he/she does not have a social security number.

• Disclosure of United States citizenship or immigration status is not required and is not a condition of eligibility for higher meal reimbursement rates.

**Eligibilities of Foster, Runaway, Homeless, and Migrant Children, and Children**

**enrolled in Head Start:** Our agency will receive the Free meal reimbursement rates for foster, runaway, homeless, and migrant children and children enrolled in Head Start who reside in your household, when you provide the respective documentation listed below.

• Please note: These children's eligibility for Free meals does not extend to other children in your household.

**The respective documentation is required for these children to be eligible for Free Meals:**

• **Foster children:** Your completed HSIS with the 'Foster Child' box checked next to your foster children's names. When including them on your HSIS completed for your non-foster children, any income reported for your foster children must only be for their personal use. Your foster children will then be eligible at the "Free" meal rate. Your non-foster children's eligibilities will be based on the benefits or income information provided on your household's completed HSIS form.

• **Children Enrolled in Head Start:** Written certification of your child's Head Start enrollment eligibility period from the Head Start administering agency.

• **Runaway, Homeless, and Migrant Children:** Written certification of the child's status from an official of the appropriate Runaway and Homeless Youth Program, Migrant Education Program, or school official.

**Use of Information Statement:** The Richard B. Russell National School Lunch Act requires the information on this form. You are not required to provide this information, but if you do not, our agency cannot receive higher reimbursement rates for meals served to your children. You must include the last four digits of the social security number of the household member signing the form unless: the HSIS is only for your foster child(ren); you list a case number for receiving benefits from FoodShare WI, WI Works Cash Assistance, or FDIPIR; or when the household member signing the HSIS checks "None" for not having a SSN.

**Sharing Eligibility Information:** Children's eligibility information may be shared in accordance with disclosure protection requirements without prior notification, with education, health, and nutrition programs to assess their eligibility for benefits. The law allows us to share your children's eligibility information with programs such as Medicaid or BadgerCare for ensuring their access to free or low cost health insurance, unless you tell us not to. This information may only be used for determining eligibility for their programs; if your children are eligible, they may contact you to offer their enrollment options. Please note that filling out this HSIS does not automatically enroll your children in these programs. **If you do not want your information to be shared with these programs, please notify us in writing. This notification will not change whether your children's meals are eligible for meal reimbursement.** Your eligibility information provided on the HSIS may also be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

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: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), 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 (800) 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.

  
Signature of Agency Representative



**Parent/Guardian Instructions:**

Use a separate form for each enrolled child. In the spaces below list the child's name, current age, the days and hours normally in care, and the meals normally received while in care. If the child is of school age report the hours in care both before and after school. Child and Adult Care Food Program (CACFP) regulations require that the enrollment form be updated annually and signed by the child's parent or guardian. **This form can be used for three years for the same child, to meet the annual updating requirements.**

**GENERAL INFORMATION**

Child's Name	Child Care Facility United Child Care Center	Child's Age
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**HOURS AND MEALS WHILE IN CARE**

Days Normally in Care (Check ✓)	Hours Normally in Care				Meals Normally Received While in Care (Check ✓)					
	From	To	From	To	9-930 Breakfast	<del>AM Snack</del>	12-1230 Lunch	300-415 PM Snack	Supper	Evening Snack
<input type="checkbox"/> Sunday	—	—	—	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Monday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Tuesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Wednesday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Thursday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Friday					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Saturday	—	—	—	—	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information

Signature of Parent/Guardian



Date Signed Mo./Day/Yr.

**ANNUAL UPDATE 1**

Please review the information above and write in any changes to your child's days and hours normally in care, and the meals normally received while in care. **Initial and date all changes.**

Additional Information

Signature of Parent/Guardian



Date Signed Mo./Day/Yr.

**ANNUAL UPDATE 2**

Please review the information above and write in any changes to your child's days and hours normally in care, and the meals normally received while in care. **Initial and date all changes.**

Additional Information

Signature of Parent/Guardian



Date Signed Mo./Day/Yr.

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: <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer>, 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.
























# United Child Care Center Contract

## Schedule Contract and Agreement to Pay Fees

I am enrolling my child, \_\_\_\_\_, (Birthdate: \_\_\_\_\_),  
at United Childcare Center for \_\_\_\_\_ through \_\_\_\_\_.  
Start Date End Date

In enrolling, I signify that I have read and agree to the Operating Policies and Fee Schedule, and all fees associated with that schedule including, but not limited to: Registration, Tuition, Early Drop-off/Late Pick-up, and Late Payment.

I understand that the days and times that I have contracted for remain fixed and I am charged for these days regardless of attendance. I may not subtract from those hours contracted (except for the purpose of a permanent contract change which requires a two week notice), but with approval and proper notice, I may add hours for service, if available.

Absent credits will only be accepted for credit if all other charges are paid in full, and cannot be used during two-week notice of termination.

The schedule below can be changed with a two-week notice. A two-week notice is required to terminate this contract.

New contracts will be issued and renewed for each school year and each summer.

**I am contracting for the following schedule of hours:**

(Please list specific drop off and pick up times for each scheduled day)

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_ Fri \_\_\_\_\_

Total hours per week \_\_\_\_\_ Weekly Tuition \$ \_\_\_\_\_  
(Office use only) (Office use only)

For School Age (4k and up) children only: (Children enrolled in Central Denison & East View)

☐ I will need childcare on all days school is closed. A \$20.00 fee will be applied weekly when this box is selected).  
Start time \_\_\_\_\_ End time \_\_\_\_\_

☐ I will only need childcare on work/in-service day's school is closed. A \$20.00 fee will be applied weekly when this box is selected). Start time \_\_\_\_\_ End time \_\_\_\_\_

(By checking one of the boxes above, your child will be scheduled and you will be charged tuition for the full day of care. The \$20.00 fee will be waived during a week your child is scheduled a full day. If the above box/es are not checked, your child will not be scheduled and you will not be charged. If you need care on any non-school day or work/in-service day but did not check the box/es above, care that day would be based on availability and the \$5 drop in fee would apply.)

\_\_\_\_\_  
(Parent signature)

\_\_\_\_\_  
(Date signed)

\_\_\_\_\_  
(Director's signature)

\_\_\_\_\_  
(Date signed)



# PARENT/GUARDIAN ORIENTATION

*Bring Enrollment Folder, First Weeks Tuition and Registration Fee (annually, first week of September) at time of Orientation*

## During Initial Tour, I received the following:

- Tour of the Facility
- Introduction to Teaching Staff
- Overview of available family support resources and activities

## During Initial Orientation, I received the following:

- **Locked Door Practice:**  
UCCC is a locked facility. We have a keyless entry. Every Authorized & Emergency contact person is given an access code (EACH INDIVIDUAL MUST HAVE THEIR OWN CODE, NO SHARING PLEASE)
- **Payment Options:**  
UCCC Payment Box is located by our sign in computer. UCCC accepts Checks and Money Orders  
Credit Card- Visa or Master (At sign in computer or at myprocare.com)  
Automatic Withdrawal- Fill out and submit form with a blank check to the office.  
Wisconsin Shares- receive a booklet and fill out and put in payment box.  
  
\*Payments are due in full each Friday for the following week.\*
- **Family Mail Boxes:**  
It is important to check your mailbox every day. Please take any items/paperwork home and look over. Some paperwork can be time sensitive and may be required by a specific due date. A late paperwork fee may apply.
- **Children's Belongings:**  
Children participate in messy play in the classroom and outside. Please don't send child/ren in clothes that can't get dirty.  
  
Parents are responsible for ensuring there is an extra set of clothes at all times- please check regularly (outgrown, seasonally appropriate)  
  
\*LABEL ALL ITEMS BROUGHT IN\*
- **Food Pantry Location:**  
Hours of operation: (M, W, F 9:00am-11:00am)  
  
We have a divider located along our School Age Classroom. A food pantry volunteer is located at the top of the stairs and escorts people in and out at all times. Their door is locked as well.
- **Cameras:**  
We have cameras located in every classroom, on our front door & part of our playground.
- Parent visit with the classroom teacher
- Overview of parent handbook
- Discussion of expectations of family and the needs of the child
- Opportunity for extended visit in the classroom by both parent and child for a period of time to allow both to be comfortable in the new surrounds.
- Parking (**PLEASE DO NOT PARK IN PASTOR, SECRETARY OR DIRECTOR SPOTS!**)

X

Parent Signature & Date

X

Director Signature & Date





# Hi!

## I'm Miss. Carly!

Ever since I was young, I wanted to become a teacher. It is such a passion of mine and I am glad to be pursuing that dream! I can't wait to work with you and your child throughout this year! So, I thought you would like to get to know a little about me.

I am a part time student majoring in early childhood education at Gateway Technical College. When I'm not at school, I am busy teaching preschool swim lessons at my local Ymca! Even though school and teaching take up most of my free time, I always find time to enjoy some of my hobbies, such as painting, cooking and gardening!

I have lived in Lake Geneva my whole life and graduated from Badger High School in 2019. My goal is to one day make an impact in children's lives by teaching with passion and a desire for learning so that they will always push to succeed in the future! If you have any questions, please just let me know and I will be happy to answer!



### A few OF MY favorites:



COLOR:

Yellow

SEASON:

Fall

FOOD:

Watermelon

DRINK:

Sweet Tea

SONG:

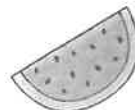
God Whispered Your Name: Keith Urban

BOOK:

Wonder- R.J. Palacio

SPORT:

Volleyball





# Through Your Eyes

I would like to get to know your child through your eyes. This will assist in meeting their needs in our classroom.

List 6 words that you would use when describing your child

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

What motivates your child? \_\_\_\_\_

What upsets your child? \_\_\_\_\_

What are some goals that you have for your child this year?

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What are your child's strengths?

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What kinds of things does your child find difficult?

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What else would you like me to know about your child?

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Thank you!



# Welcome!

## What to Bring For Preschool:

- A Blanket for nap time. (Blankets will be sent home every Friday to get washed, please return the following Monday)



- An Extra Set of Clothes: **Shorts, Pants, Shirts, Socks, Underwear.**

**\*\*These will stay at daycare until needed or to be swapped out during winter\*\***

- Swim Suit/Swim Trunks and Towel (Summer Time Only)
- Sweater or Light Jacket to keep here at Daycare in case your child is cold.

- Hat, Gloves, Snow Pants, Snow Boots, Scarf.

**\*We do go outside every day if the wind chill is above 0° Fahrenheit. (Winter Time Only)**



- Any Creams, Lotions, or Sprays you would like us to use  
(Please fill out an Authorization/Medication form for each item. You can get this form by asking the teacher or in the office.)

Thank you!



# PRESCHOOL CLASSROOM SCHEDULE

<b>6:00-8:00</b>	<b>Interactive Play (All Centers Open)</b> SA Room
<b>8:00-9:00</b>	<b>Small Group Offered / Open Centers</b>
<b>9:00-9:30</b>	<b>Breakfast Time**</b>
<b>9:30-10:00</b>	<b>Small Group Offered / Open Centers</b>
<b>10:00-10:30</b>	<b>Circle Time / Large Group Activity</b>
<b>10:30-11:00</b>	<b>Interactive Play (All Centers Open)</b>
<b>11:00-11:45</b>	<b>Outdoor Play***</b>
<b>11:45-12:00</b>	<b>Get ready for Lunch</b>
<b>12:00-12:30</b>	<b>Lunch**</b>
<b>12:30-2:45</b>	<b>Nap Time / Quiet Time</b>
<b>2:45-3:00</b>	<b>Wake up, Beds away, Bathroom Time</b>
<b>3:00-3:15</b>	<b>Snack Time**</b>
<b>3:15-4:15</b>	<b>Interactive Play (All Centers Open)</b>
<b>4:15-5:00</b>	<b>Outdoor Play***</b>
<b>5:00-6:00</b>	<b>Interactive Play (All Centers Open)</b> SA Room

\*Please note that bathroom breaks are taken every 2 hours

\*\*Hands are washed before and after every meal and snack

\*\*\* First 20 minutes for outdoor play is teacher led

**Substantial Portion of the day= 6 hours**

**Physical Activity= 1.5 hours**







Dear parent/guardian,

United Child Care Center is pleased to offer **MyProcare**, a free online portal for you to access account information and easily pay tuition. MyProcare is safe, secure and created with your convenience in mind.

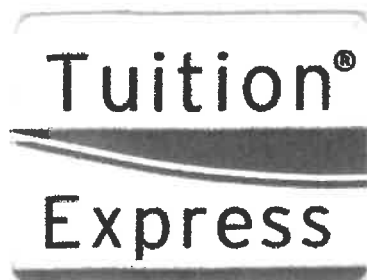
**Log in today!**

1. Go to [MyProcare.com](http://MyProcare.com).
2. Enter your email address (the email you have on file with United Child Care Center) and choose **Secure Login**.
3. Enter the confirmation code sent to your email, choose a password, and press **Submit**.
4. Then you may:
  - a. View your child's account and more.
  - b. Use the **Pay** button to make a payment with your card.

Thank you!

United Child Care Center and MyProcare





## Automated Payment Processing

### Safe- Convenient- Easy

We are excited to offer the safety, convenience and ease of Tuition Express- a payment processing system that allows secure, on-time tuition and fee payments to be made from your bank account for a small fee of .75 per week. If you sign up for Tuition Express Automated Payment Processing your account will be billed a .75 ACH processing fee every Tuesday.

### Payments will be processed every Friday

I (we) hereby authorize United Child Care Center to initiate debit entries to my (our) checking or savings account, indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days' written notice. If your bank has insufficient funds at the time payment is processed a \$20.00 ACH Return Fee will be applied to your account. After two ACH Return fees you will be removed from Automated Payment Processing and you will be responsible for payment in the form of a cashier's check, money order, or credit card payment.

Your Name \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Transit Number (see sample below) \_\_\_\_\_

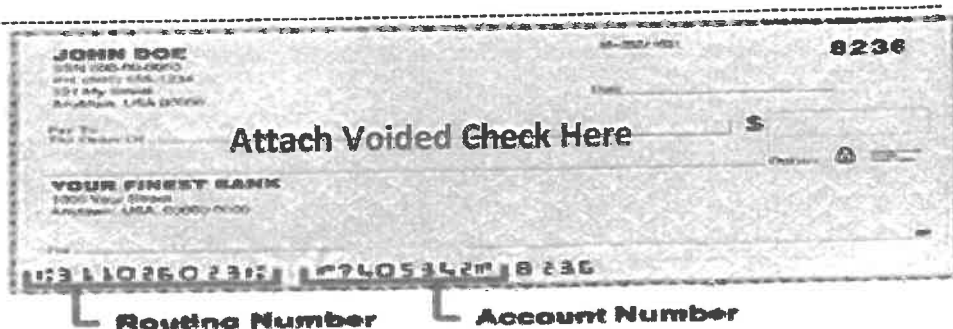
Account Number (see sample below) \_\_\_\_\_ ☐ Checking ☐ Savings

Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

For Official Use Only

Date Received \_\_\_\_\_

Employee Signature \_\_\_\_\_







## Family Intake Form

Please take some time to fill out this questionnaire to allow us to get to know your family better and provide the best care for your child/ren and your family.

Child/ren's Name(s): \_\_\_\_\_

Parent/Guardian(s) Name: \_\_\_\_\_

**1. Tell us about your household & family:**

Adults living in the household: \_\_\_\_\_

Child/ren living in the household (names & ages): \_\_\_\_\_

Pets (What kind & name): \_\_\_\_\_

**2. What kind of things do you do as a family? What does your family do during free time?**

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Briefly tell us about some of the different occupations and hobbies represented in your family.

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Would you be willing to volunteer in our classroom to share this information? \_\_\_\_\_

**3. Does your family have any traditions or aspects from your culture that you would like us to incorporate into our program or share with us?** \_\_\_\_\_

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Would you be willing to volunteer in our classroom to share this information? \_\_\_\_\_

**4. Please circle which holidays your family celebrates and list any other holidays your family celebrates:**

Easter      Independence Day      Labor Day      Memorial Day      Thanksgiving      Halloween      Christmas

Other: \_\_\_\_\_

Are there any holidays you would not like your child to celebrate/learn about while in our program? \_\_\_\_\_

**5. What are your expectations of our center?** \_\_\_\_\_

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Has your child/ren been in child care before?      YES      NO

If yes, type of childcare:      Group Center      or      In Home Child Care

What did you like most about your previous child care center? \_\_\_\_\_

What did you like least about your previous child care center? \_\_\_\_\_

**6. What types of behaviors do you discipline your child/ren for and what methods of discipline do you use?**

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**1. Tell us about your child/ren**

**Child 1. Name:** \_\_\_\_\_ **Nickname(s):** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

Immediate family members that live in a different household: \_\_\_\_\_

Other adults that play an important role in your child's life & what does your child call them: \_\_\_\_\_

**Sleeping habits:** Typical bedtime: \_\_\_\_\_ Typical wake up time: \_\_\_\_\_ Does your child nap: \_\_\_\_\_ Typical naptime: \_\_\_\_\_

**Eating habits:**

Favorite food(s): \_\_\_\_\_ Least favorite food(s): \_\_\_\_\_ Allergies: \_\_\_\_\_

Willingness to try new foods:      Very      Sometimes      Little/not at all

**Activities:** Favorite activities: \_\_\_\_\_

Activities/items that helps calm your child: \_\_\_\_\_

Sports/Activities involved in at school or in the community: \_\_\_\_\_

**What developmental goals would you like your child to work on?**

**Child 2. Name:** \_\_\_\_\_ **Nickname(s):** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

Immediate family members that live in a different household: \_\_\_\_\_

Other adults that play an important role in your child's life & what does your child call them: \_\_\_\_\_

**Sleeping habits:** Typical bedtime: \_\_\_\_\_ Typical wake up time: \_\_\_\_\_ Does your child nap: \_\_\_\_\_ Typical naptime: \_\_\_\_\_

**Eating habits:**

Favorite food(s): \_\_\_\_\_ Least favorite food(s): \_\_\_\_\_ Allergies: \_\_\_\_\_

Willingness to try new foods:      Very      Sometimes      Little/not at all

**Activities:** Favorite activities: \_\_\_\_\_

Activities/items that helps calm your child: \_\_\_\_\_

Sports/Activities involved in at school or in the community: \_\_\_\_\_

**What developmental goals would you like your child to work on?**

**Child 3. Name:** \_\_\_\_\_ **Nickname(s):** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

Immediate family members that live in a different household: \_\_\_\_\_

Other adults that play an important role in your child's life & what does your child call them: \_\_\_\_\_

**Sleeping habits:** Typical bedtime: \_\_\_\_\_ Typical wake up time: \_\_\_\_\_ Does your child nap: \_\_\_\_\_ Typical naptime: \_\_\_\_\_

**Eating habits:**

Favorite food(s): \_\_\_\_\_ Least favorite food(s): \_\_\_\_\_ Allergies: \_\_\_\_\_

Willingness to try new foods:      Very      Sometimes      Little/not at all

**Activities:** Favorite activities: \_\_\_\_\_

Activities/items that helps calm your child: \_\_\_\_\_

Sports/Activities involved in at school or in the community: \_\_\_\_\_

**What developmental goals would you like your child to work on?**

**2. Is there any other information you would like to share with us?**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Annual Update: (Initial & Date)** \_\_\_\_\_



Hello New Family,

I'm really excited to tell you United Child Care Center has implemented a new Parent/Teacher communication tool called Bloomz. Bloomz will help simplify how we communicate with you and keep you in the know of what your child is doing while in our care. Here is what Bloomz provides for us:

Bloomz is completely **free**, and is accessible from your computer, phone or tablet via their app or website. When you are invited to UCCC's class community on Bloomz, you get to choose whether or not you want to create an account. If you are reluctant for any reason, no big deal. Any communication you do in Bloomz will get sent in email form as long as you have been invited to the UCCC class community. So you never have to worry about who has seen the information and who hasn't.

When you create an account, here is what you will get...

1. **A secure and private network** (The only people that will ever see your content are those you invite.)
2. **Two way messaging** between parents and teachers
3. **A classroom page** that works just like Facebook. Parents can "like" and "comment", you can post updates and pictures, etc. The best part? With Bloomz you own your content.
4. **Photo sharing**– teachers as well as parents can share photos or upload to albums.
5. **Calendar features** (all with built in reminders)
  - parent teacher conference sign ups
  - event planning with items and volunteer requests
  - in class volunteer signups
  - UCCC days closed
  - announcements (these have a timestamp that will keep them at the top of your feed)
  - alerts
6. **Behavior awards**– please see the Bloomz handout for more information

By using this app within our classroom & center, we will be able to roll e-mails, goal updates, text messages, sign-ups, and notices about activities all into one program. We want to make family communication our goal, and as seamless as possible. Bloomz feels like a secure way to share updates with our families, without the burden of a social network. If any parent chooses not to personally enroll in Bloomz or download the app, it's not a problem! Updates and communications will also continue via daily sheets, Parent mailboxes, or reminders posted by sign-in computer.

**Please return the attached Code of Conduct and Media Agreement with the email address for whom you would like us to add to your child's classroom and to United Child care on Bloomz. Reminder just because we add you does not mean you have to download the Bloomz app.**





# Code of Conduct

As a partner and participant in my child's classroom and day care community, using Bloomz to communicate, connect, and contribute, I pledge to adhere to the following Community Agreements.

As I am a Bloomz subscriber by invitation of my child's day care, I understand that, failing to adhere to the Bloomz Community Agreements, may result in my being asked to leave the network of parent-teacher partners to which I belong.

- Bloomz is a positive forum. I agree to respect the Teacher's Bloomz page, contributing in a polite and positive manner. I will refrain from sharing hurtful or unsubstantiated information.
- Assume good intentions. Thank people for their efforts and contributions - before asking them to change or improve something.
- Present personal concerns to your child's teacher, directly and privately - without informing, enlisting or involving other parents or staff.
- Address the issue with the day care director if the problem persists.

\_\_\_\_\_  
Child/rens Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Name

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

\_\_\_\_\_  
Date

# Media Agreement

As the parent/guardian of \_\_\_\_\_ I understand **Bloomz** is used in my child's classroom as a secure communication tool between teacher and parents. I understand that photos of my child shared on the **Bloomz** site will only be viewed by other parents within my child's class community. I understand that images uploaded on **Bloomz** will not be used for commercial gain, or will not be sold for commercial use.

☐ If you do **NOT** wish for your child's image to appear on **Bloomz** for other members of the class, please check this box, print, sign and return to your child's teacher.

\_\_\_\_\_  
Parent/Guardian Name

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

\_\_\_\_\_  
Date

**Please provide the email address for whom you would like us to add to your child's classroom and to United Child Care on Bloomz: If you would like to add more than 2 people there are more spots on the back.**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

