BELLEVUE
COMMUNITY CENTER

Early Childhood Education

Before and After School K-5

REGISTRATION PACKET

"5 STAR Program"

510 Duncan Rd., Wilmington, DE 19809, Phone: 302-762-1391
Fax: 302-762-1652

Purchase of Care Site ID #1700017200
"Bellevue Learning Center"

(Revised 8/2022)

Registration Form For Individual Child

REGISTRATION FOR (check one): **CHILDCARE_____** **SCHOOL-AGE_____ & SCHOOL GRADE_____(K-5)**

SCHOOL AGE ONLY: **Before Care _____** **After Care _____** **Both _____**

TIMES YOUR CHILD IS SCHEDULED TO ATTEND:

Mon _____, Tues _____, Wed _____, Thur _____, Fri _____

SCHOOL NAME: _____ ENROLLMENT DATE: _____

CHILD'S NAME: _____ DISCHARGE DATE (OFFICE): _____

TODAY'S DATE: _____ CHILD'S BIRTHDATE: _____AGE: _____GENDER: _____

STREET ADDRESS: _____Apt#_____CITY, STATE & ZIP:_____

HOME PHONE: _____ CHILD LIVES WITH: _____

PARENT/GUARDIAN: _____	PARENT/GUARDIAN: _____
HOME ADDR: _____	HOME ADDR: _____
CITY/STATE/Z: _____	CITY/STATE/Z: _____
HOME PHONE: _____	HOME PH: _____
CELL PHONE: _____	CELL PHONE: _____
EMPLYR NAME: _____	EMPLYR NAME: _____
WORK PHONE: _____	WORK PHONE: _____
EMPLYR ADDR: _____	EMPLYR ADDR: _____
HRS OF EMPLYMT: _____	HRS OF EMPLYMT: _____
E-MAIL: _____	E-MAIL: _____
Check: ❒Custodial Parent ❒ Non-custodial Parent	Check: ❒Custodial Parent ❒Non-custodial Parent
❒Joint Custody ❒Legal Guardian	❒Joint Custody ❒Legal Guardian
Approved for Pick-up: ❒Yes ❒No	Approved for Pick-up: ❒Yes ❒No
Court Order Provided: ❒Yes ❒No	Court Order Provided: ❒Yes ❒No
(Revised 9/2021)	

Other Household Members: (List Name, Age, and Relationship to Child)

_____

Child's Physician or Clinic: _____ Phone_____

Other Emergency Contacts & Persons Authorized to Pick-Up Child (other than parents/guardians):

NAME _____ RELATION TO CHILD: _____

ADDRESS _____ PHONE: (w)_____ (h)_____

NAME _____ RELATION TO CHILD: _____

ADDRESS _____ PHONE: (w)_____ (h)_____

NAME _____ RELATION TO CHILD: _____

ADDRESS _____ PHONE: (w)_____ (h)_____

Only Authorized Persons are allowed Pick-Up. In an event an un-authorized person must pick-up, the Parent/Guardian must present in writing authorization for that individual to pick-up with ID

❒ Emergency Medical Care. I _____ (the parent or legal guardian) of _____, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

Health Insurance Identification Information: _____

Allergies/Food Allergies (require Doctor's note): _____

Medical conditions, Serious Accidents, Operations, Etc: _____

Medication Taken Regularly: _____

Please complete ALL information. Incomplete applications will not be accepted. Do not leave blanks. You may indicate N/A.

Required Parent Signatures of All Releases

Child's Name: _____ Parent/Legal Guardian Name: _____

REPORTING INCIDENTS / ACCIDENTS AND PERMISSION FOR CARE

I hereby grant permission for BCC staff to use whatever steps may be necessary to obtain emergency medical care for my child if necessary. I hereby, for services rendered, release the Bellevue Community Center, their respective employees, Partners, and Board of Directors, of any and all liabilities. Incidents will be reported the day of to the parent.

Parent/Legal Guardian Signature: _____ Date: _____ / _____ / _____

PHOTO AND VIDEO RELEASE:

I hereby give my permission for my child's photo and/or video to be used for Bellevue Community Center publicity. They will also have access to technology under the supervision of staff.

Parent/Legal Guardian Signature: _____ Date: _____ / _____ / _____

USING BUSES FOR TRIPS, TRANSPORT RELEASE:

I hereby give my permission for my child to be transported via charter bus, district bus, or BCC bus for field trips, pickups and drop offs if applicable. Please list any special needs or problems which might require special attention during transportation and directions on how to handle them. The information will be carried with the operator of the vehicle. Also, for childcare, permission to leave via stroller or walks under staff supervision in surrounding neighborhoods.

Parent/Legal Guardian Signature: _____ Date: _____ / _____ / _____

RELEASE OF SCHOOL INFORMATION:

I give permission to provide continuity of care, the Bellevue Community Center staff will communicate with the school staff to obtain a copy of IEP's, Individualized Transition Plan, behavior reports, progress reports, achievement testing scores and Teacher/Counselor observations and ratings. Copy of school health records to complete the school age program medical files required by the state of Delaware's Office of Child Care & Licensing regulations.

Parent/Legal Guardian Signature: _____ Date: _____ / _____ / _____

SCREEN TIME PERMISSION

Children over the age of two may have an educational video, movie, or game incorporated into their curriculum. These may be viewed on a television, computer, tablet, or gaming device. These will be age-appropriate and limited to one hour per day unless a special occasion or activity occurs. Children will be closely supervised while using the internet.

Parent/Legal Guardian Signature: _____ Date: _____ / _____ / _____

RECEIPT OF PARENT INFORMATION

I certify that I have received information regarding the following topics: a typical day schedule, positive behavior management techniques, routine and emergency care, health exclusions, and preventions of communicable diseases, food and nutrition, procedures for releasing children, reporting accidents, injuries in critical incidents, mandating reporting of child abuse and neglect, administration of medication procedures, safe sleep procedures for infants (not applicable), pets or animals present in the home regardless of the location within the Family Child Care Home (not applicable) and transportation, if provided.

Parent/Legal Guardian Signature: _____ Date: _____ / _____ / _____

Extra Care Days, Attendance And Purchase of Care

Child's Name: _____ Parent/Legal Guardian Name: _____

As a parent/guardian of a child participating, I agree to follow the procedures and conditions in the Parent Handbook. I acknowledge and agree to the following conditions, responsibilities and information:

ALL FAMILIES - REGISTRATION IS NOT FINALIZED UNTIL:

- **Payment has been made or Purchase of Care authorization has been verified**
- **All documents have been completed and turned in to one of the following:**
    - Director or Assistant Director of Education
    - Director of Administration
    - HR/Office Administrator (non-receptionist)

SCHOOL AGE ONLY:

- **The fee is due prior to the month starting** (ex: Sept 30 is the deadline for October).
- **Full Day Care Days** (MPE parent/teacher conferences, In-Service days, etc.): $30 per day (This is in addition to your monthly fee).]iio9ppo[poiul\rggy\.]iyhgtgtgogtiyig
- Winter/Spring Break: $30 per day (This is in addition to your monthly fee).
- School Closings (non-weather related): $30 per day (This is in addition to your monthly fee)

CRITICAL INFORMATION:

- There is a returned Check fee of $35.00. After 2 returned checks only cash payments will be accepted.
- I understand that space is reserved for my child according to the program schedule of planned attendance. I will submit the monthly rate regardless of holidays, closings due to inclement weather, or my child's absence for whatever reason. I will pay the rate prior to the first program day of the next month**.**
- **I understand that if the fee is not paid by the due date, my child will not be admitted to the program until payment is received in full or a payment plan is established and agreed upon with the billing department.**
- I understand that the program hours are 7:30am to 5:00pm and a late fee will be charged if my child is picked up after that time. I realize late fees will be doubled, and services may be suspended for *continued* late pick-ups. Late fees are: $10 for 5:01-5:15, $15 additional for every 1-15 minutes after that. **If a child is NOT picked up by 6:00pm, the Division of Youth and Social Services will be called for abandonment.**
- I understand that if my child is suspended from school, the child may not attend after school program.
- If my child becomes ill at the BCC, they must take **1 FULL DAY** off the program before coming back even if they return to school.

PURCHASE OF CARE (POC) PARTICIPANTS ONLY:

As a parent/guardian of a child participating in the Bellevue Community Center School Age program, through a POC contract, I acknowledge and agree to the following conditions, responsibilities and information.

- **It is my responsibility to maintain a current authorization for POC.**
- **It is not the responsibility of BCC staff to inform me of my upcoming expirations.**
- If POC coverage expires. I will submit full payment for all childcare services received during the period for which POC was not authorized.

Parent Awareness And Required Signatures

PARENTS RIGHT TO KNOW NOTICE

UNDER THE DELAWARE CODE, YOU ARE ENTITLED TO INSPECT THE ACTIVE RECORD AND COMPLAINT FILES OF ANY LICENSED CHILD CARE FACILITY. TO REVIEW A CHILD CARE FACILITY RECORD CONTACT: the administrative specialist, OFFICE OF CHILD CARE LICENSING, 3411 SILVERSIDE ROAD, CONCORD PLAZA | HAGLEY BUILDING, WILMINGTON, DELAWARE 19810, phone (302) 892-5800.

You may also view substantiated complaints and compliance review histories by visiting the Office of Child Care Licensing's child care search at https://kids.delaware.gov/occl/search-for-child-care.shtml

Parent/Legal Guardian Signature: _____ Date: _____ / _____ / ____

INCLUSION AND SUPPORT

BCC's programs embrace an inclusion approach that provides opportunities for all children to actively participate in all aspects of the program. Children with special needs or disabilities and children who are developing typically will be together in classrooms to support and enhance all children's opportunities for learning. Programs will make necessary accommodations in order to implement a child's Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) within the program's budgetary limitations. It is our goal that all of our teachers will have knowledge and training in inclusion best practices. The goal is to create an environment in which all children are valued and respected.

CIVIL RIGHTS

BCC's programs are implemented with fairness. Children may not be discriminated against based on color, religion, creed, gender, personal beliefs, or socio-economic status.

CONFIDENTIALITY

All BCC records and all personal information on all children, family members and staff must remain confidential. Unauthorized removal of records or unauthorized divulgence of confidential children's, family members', staff or program information is strictly prohibited by Bellevue Community Center policy. Violation of this policy is considered serious and will result in discharge without warning. Information obtained in the course of Childcare may be used only to plan for a child's safe and appropriate participation. Observations made in the classroom and all information discussed at staff meetings/trainings are to be kept in strict confidence. At no time may any written or verbal information, videotapes, pictures, files, assessments or any other documentation be copied, released, or shared without prior written consent from the parent/guardian.

CHILD ABUSE AND NEGLECT

Delaware State law requires the center/staff to report suspected child abuse or neglect to the local authorities. Under the code of the State of Delaware Title IV, as childcare providers, if any staff member in good faith suspects child abuse or neglect, they are required by law to make a report to the Office of Children's Services of the Department of Services for Children, Youth and Their Families.

Parent/Legal Guardian Signature: _____ Date: _____ / _____ / ____

Federal Food Service Program And Health Appraisal

FOOD SERVICE

BCC administers the Child and Adult Care Food Program. A breakfast, lunch, and afternoon snack are served daily to the participants of the childcare and school age programs. Summer camp, however, serves only lunch and a snack. The goal of the childcare center meal service is not just to fill children's stomachs today, but rather, to meet the child's nutritional needs while creating positive eating habits that will last a lifetime.

Menus are designed to meet both the CACFP meal pattern requirements and licensing requirements. Menu planning takes differences in texture, color, tastes, and temperature into consideration. All food items on the menu for each meal are prepared in quantity to satisfy the minimum serving size for each child as required by CACFP. We ensure that all adults and children follow food safety practices by washing their hands and wearing gloves before food preparation and/or set-up before meal service and washing hands after clean-up.

Food allergies must be accompanied with a doctor's note with indicated food substitutions (if applicable).

CHILD AND ADULT CARE FOOD PROGRAM POLICY - CACFP

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, and disability. (Not all categories of consideration apply to all programs.) To file a discrimination complaint, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SE, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

SUMMER FOOD SERVICE PROGRAM – SFSP

The Summer Food Program is a federal program of the Food and Nutrition Services, United States Department of Agriculture. The program provides all children 18 years of age and under with the same free meal in accordance with a menu approved by the state agency regardless of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, and 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: 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 (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.

This institution is an equal opportunity provider.

CHILD HEALTH APPRAISAL

Before Registration is complete, each child must have a current (within 1 year) health appraisal completed by their physician turned in with the registration. This secures the safety and health of each child enrolled in all programs and follows State licensing regulations.

If your child currently has a 504 or IEP please turn in a copy for our records. This documentation will help us continue you child's accommodations while in our care!

YOU MUST FILL OUT THE *FOOD SERVICE ELIGIBILITY FORM* AND *HEALTH APPRAISAL* BEFORE REGISTERING. THANK YOU.

Information About My Child For Their Teacher

Child's Name: _____ Age: _____ Grade (if applicable): _____

(Childcare Only) Is your child toilet trained?

_____Yes _____No _____Working On _____ Needs Reminding

(Childcare Only) PARENT PERMISSION TO SLEEP ON A MAT/COT

Children, between the ages of 12 and 18 months will be transitioned from sleeping in a crib to a cot, mat, or bed when they are able to walk.

_____

Parent/Guardian Signature

Please help the Bellevue Community Center introduce your child to their new after school teachers. This helps the teacher to get-to-know your child as they enter the program, build a rapport of interest, and establish a line of communication with the family.

What does your child enjoy doing most? _____ and/or

❍ Sports, outside, run around ❍ Draw, build, games ❍ Read, write, homework time

As a parent, what type of behavior re-direction have you found most effective?

_____

_____

What toys, hobbies, craft, music skills, collections and other leisure activities does your child enjoy?

_____

How would you describe your child's personality?

_____

What things does your child need to work on? _____

_____

Does your child have any fears? _____

In what ways would you like to be involved in your child's program?

Parent Council _____ Tutoring _____ Teacher Helper _____

Thank You! Let's Have A Great Year!

Delaware Department of Education
Child and Adult Food Program (CACFP) - CHILD INCOME ELIGIBILITY FORM

PART 1 *(Complete one application per household. Please use a pen, not a pencil.)*

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in **Foster care** and children who meet the definition of **Homeless**, **Migrant**, or **Runaway**

Child's First Name	MI	Child's Last Name	Date of Birth	Ethnicity Hispanic or Latino? Yes	No	Race (check one or more) American Indian or Alaskan Native	Asian	Black Or African American	Native Hawaiian or Other Pacific Islander	White	Foster Child	Homeless, Migrant; Runaway
				☐	☐	☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐	☐	☐
				☐	☐	☐	☐	☐	☐	☐	☐	☐

PART 2 - ENROLLMENT

Start Date:		Arrival Time:		AM/PM	Departure Time:		AM/PM	Shift Work:	Yes/No

***Normal* days of week Participant(s) is/are in care** *(circle all that apply)*: **Mon** **Tues** **Wed** **Thurs** **Fri** **Sat** **Sun**

Meals eaten at Providers/Center: (*Circle all that apply. CACFP provides reimbursement for up to 2 approved meals and one snack per day/participant*):

Breakfast **AM Snack** **Lunch** **PM Snack** **Supper** **Evening Snack**

PART 3 – HOUSEHOLD INCOME

Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP or TANF?

Check one: ☐ Yes / ☐ No

If you answered NO – Complete Part 3. **If you answered YES** – Write a case number below, then go to Part 4

Case Number: (Write only one case number in this space)

A. Child Income

Sometimes children in the household earn income. Please include the TOTAL income earned by all Child Household Members listed in PART 1 here.

Child Income	How Often? Weekly	Bi-Weekly	2x Month	Monthly
$	☐	☐	☐	☐

B. All Adult Household Members (including yourself)

List all Household Members not listed in Part 1 (including yourself) **even if they do not receive income**. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is not income to report.

Name of Adult Household Members (First/Last)	Earnings from Work (Before Deductions)	How Often? Weekly	Bi-Weekly	2x Month	Monthly	Public Assistance/ Child Support/ Alimony	How Often? Weekly	Bi-Weekly	2x Month	Monthly	Pensions/SSI/ Retirement/ All Other Income	How Often? Weekly	Bi-Weekly	2x Month	Monthly
1	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
2	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
3	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
4	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
5	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

PART 4 – CONTACT INFORMATION and ADULT SIGNATURE

An adult household member must **sign and date** this form before it can be approved.

"I certify (promise) that all information on this application is true and that all income is reported. 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, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Total Household Members (Children and Adults)		**Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household**	* * * - * * - ____	Check if No SSN ☐

Street Address (if available)	City	State	Zip	Daytime Phone and Email (optional)

Printed Name of adult completing the form	Signature of adult completing the form	Today's Date

SPONSOR USE ONLY:

Categorical Eligibility (If Yes, Check One): ☐ SNAP (Food Stamp) Household ☐ TANF Household ☐ Head-Start ☐ ECAP ☐ Foster Child(ren) ☐ Homeless/Migrant/Runaway Participant(s)

DATE WITHDRAWN: _____

Total Family Income: _____ Family Size: _____ (Include all Participants)

Yearly Income Conversion: ***Weekly x 52; Every Two Weeks x 26; Twice a Month x 24; Monthly x 12***

ELIGIBILITY - Based on the information provided this application will be:

☐ Approved FREE ☐ Approved REDUCED ☐ Denied – The meals will be claimed in the PAID category.

Determining Official Signature: _____ Review/Effective Date: _____

Instructions for Completing the
CACFP Income Eligibility Form

Please complete the CACFP Income Eligibility Form using the instructions below. Sign the form and return it to the center/sponsor. Call the center/sponsor if you need help.

PART 1: PARTICIPANT(s) INFORMATION:

- Print the name(s) of all Participant(s) enrolled.
- RACIAL/ETHNIC IDENTITY: We are required to ask for information about the participant's race and ethnicity. This information is important, and helps us to make sure we are fully serving the community. Responding to this section is optional, and does not affect the participant's eligibility.

PART 2: ENROLLMENT

- Start date, arrival and departure times, normal days and normal meals must be completed at the time of enrollment and/or renewal.

PART 3: HOUSEHOLD INCOME

- List your current SNAP Case Number or TANF Identification Number for the participant. DO **NOT** complete Part 3A OR 3B. **Go to PART 4.**

PART 3A:

ONLY HOUSEHOLDS ENROLLING A FOSTER CHILD, or if children in the household earn income: COMPLETE THIS SECTION. Refer to specific instructions indicated. All foster children indicated in PART 1 should be included.

PART 3B:

ALL Adult Household Members (including yourself) complete this section. List all Household Members even if they do not receive income. For each Household Member listed, if they do receive income, report total income for each source in whole dollars only. If they do not receive income from any source, write "0". If you enter "0" or leave any fields blank, you are certifying (promising) that there is not income to report.

- Write the names of everyone in your household.
  - Write the amount of income received last month for each household member (the amount before taxes or before anything else is taken out), and where it came from, such as earnings, welfare, pensions, and other income (refer to examples below for types of income to report). If any amount *last month* was more or less than usual, write that person's usual income.
  - An adult household member reporting total household income must sign the form and include the **last four digits** of his/her Social Security Number in **PART 4.**

Note to Center/Reviewer: If you are uncertain of how the family receives income (monthly, weekly, bi-weekly, annually) consider the income reported as the income for the month. If this is not workable, contact the family for clarification.

INCOME TO REPORT		
Earnings From Employment:	**Pensions/Retirement/Social Security:**	**Other Income:**
Wages/Salaries/Tips Strike Benefits Unemployment Compensation Worker's Compensation Net income from self-owned business or farm	Pensions, Supplemental Security Income Cash withdrawn from savings, Retirement Income Veteran's Payments Social Security Regular contributions from persons not living in the household	Disability Benefits Interest/Dividends Income from Estate/Trusts/Investments Net Royalties/Annuities Net Rental Income Any Other Income
Welfare/Child Support/Alimony:	**Military Household:**	**Foster Child's Income:**
Public Assistance Payments Welfare Payments Alimony/Child Support	All cash income, including military housing/ uniform allowances Does not include "in-kind" benefits NOT paid in cash (base housing, medical care, clothing, food, etc.)	Only funds from Welfare agency identified by category for **personal use** of child (clothing, school fees, etc.), funds from child's family for personal use, and earnings from other sources (i.e., occasional or part-time employment) need to be included. **DO NOT** count funds from welfare agency for shelter, care, etc.

PART 4: CERTIFICATION - SIGNATURE AND SOCIAL SECURITY NUMBER: **ALL HOUSEHOLDS** COMPLETE THIS PART.

- All Income Eligibility Forms must have the signature of an adult household member.
  - The adult household member who signs the form must include the **last four digits** of his/her Social Security Number **IF** the participant is eligible for "free or reduced" based on household income. Section 9 of the National School Lunch Act requires that unless the participant's SNAP (food stamp), TANF case number is provided or the participant is a foster child or homeless, you must include the last four digits of the Social Security Number of the household member signing the statement, or an indication that the household member signing the statement does not possess a Social Security Number. Provision of the last 4 digits of the Social Security Number is not mandatory, but if a Social Security Number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The Social Security Number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a SNAP or TANF office to determine current certification for receipt of SNAP or TANF benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal action. If he/she does not have a Social Security Number, check the "I do not have a Social Security Number" box.
  - If you listed a **SNAP** or **TANF** case number or the participant is a **Head Start, ECAP**, **Foster** or **Homeless** child, the last four digits of a Social Security Number **is not** needed.

SPONSOR USE ONLY – Eligibility Determination: **To be completed by Child Care Representatives ONLY.** (1) Complete total household income and size section. Compare total Income to *Household Income Eligibility Guidelines*. When household incomes are listed from different pay persons, you must convert all income to yearly income using the conversion table listed. Follow other instructions as indicated. (2) The review/effective date can be made retroactive back to the first day of participation in the CACFP as long as it occurs in the same month this form is received.

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 submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other 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 or other FDPIR identifier for your child 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 your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

USDA Nondiscrimination Statement
For all other FNS nutrition assistance programs, state or local agencies, and their subrecipients, must post the following 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 a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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

2. fax:
   (833) 256-1665 or (202) 690-7442; or

3. email:
   program.intake@usda.gov

This institution is an equal opportunity provider.

Effective September 8th, 2022

Weekly Childcare Fees:

CLASS	AGES	5 Full Day Program	3 Full Day Program
Green Room	**6wks-1yr**	$275.00	$165.00
Blue Room	**1-2yr**	$240.00	$144.00
Pink Room	**2-2.5yr**	$240.00	$144.00
Yellow Room	**2.5-3yr**	$240.00	$144.00
Red Room	**3-4yr**	$215.00	$129.00
Lavender Room	**4-5yr**	$215.00	$129.00
Purple Room	**Pre-K**	$215.00	$129.00

Monthly School Age Fees:

CLASS	Monthly
BEFORE CARE ONLY	$275.00
AFTER CARE ONLY	$300.00
BOTH (discounted)	$415.00

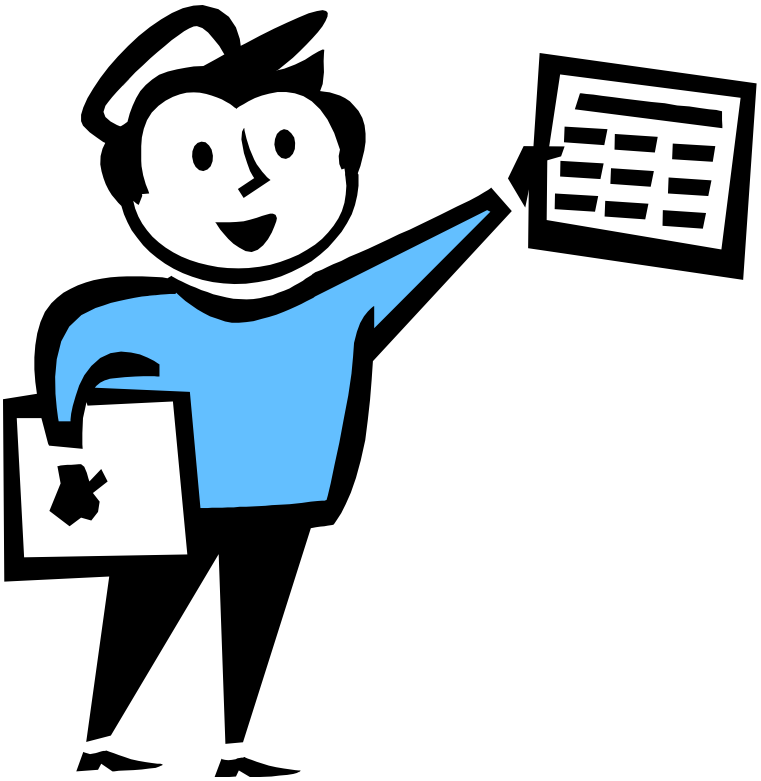
We offer multi-sibling discounts for families!
Example breakdown:
The room cost for your first child enrolled would be normal pricing.
The room rate for your second child enrolled would be discounted by 10%
The room rate for your third child enrolled would be discounted by 20%

**For billing questions or assistance contact Jesse McLane (Director of Finance) in the front office.
He can also be reached at 302-762-1391 or by email at jmclane@bellevuecc.org.

BCC Holiday Closures

Monday, September 5, 2022	Labor Day
Thursday, November 24, 2022	Thanksgiving
Friday, November 25, 2022	Thanksgiving
Monday, December 26, 2022	Day after Christmas
Friday, December 30, 2022	Day before New Year's Eve
Monday, January 2, 2023	New Year's Holiday
Monday, February 20, 2023	Staff In-Service
Friday, April 7, 2023	Good Friday
Monday, May 29, 2023	Memorial Day
Friday, June 9, 2023	Staff In- Service
Monday, June 12, 2023	Summer Camp Staff Orientation (School age Staff Only)
Tuesday, June 13, 2023	Summer Camp Opens
Tuesday, July 4, 2023	Independence Day

Some dates are subject to change due to our Professional Development Days throughout the calendar year



About WIC- WIC at a Glance

Population Served:

The WIC target population are low-income, nutritionally at risk:

- Pregnant women (through pregnancy and up to 6 weeks after birth or after pregnancy ends).
- Breastfeeding women (up to infant's 1st birthday)
- Non-breastfeeding postpartum women (up to 6 months after the birth of an infant or after pregnancy ends)
- Infants (up to 1st birthday). WIC serves 53 percent of all infants born in the United States.
- Children up to their 5th birthday.

Benefits

The following benefits are provided to WIC participants:

- Supplemental nutritious foods
- Nutrition education and counseling at WIC clinics
- Screening and referrals to other health, welfare and social services

Program Delivery

WIC is not an entitlement program as Congress does not set aside funds to allow every eligible individual to participate in the program. WIC is a Federal grant program for which Congress authorizes a specific amount of funds each year for the program. WIC is:

- Administered at the Federal level by FNS
- Administered by 90 WIC state agencies, through approximately 47,000 authorized retailers.
- WIC operates through 1,900 local agencies in 10,000 clinic sites, in 50 State health departments, 34 Indian Tribal Organizations, the District of Columbia, and five territories (Northern Mariana, American Samoa, Guam, Puerto Rico, and the Virgin Islands).

Examples of where WIC services are provided:

- County health departments
- Hospitals
- Mobile clinics (vans)
- Community centers
- Schools
- Public housing sites
- Migrant health centers and camps
- Indian Health Service facilities