CARVER

Enlightening Generations

Carver Community Organization

400 S.E. 8th Street

Evansville, IN 47713

(812)423-2612

Before you child or children can begin our programs, please ensure the following items are completed:

- Attached Childcare Application
- Copy of Birth Certificate
- Current Physical and Shot Records
- Proof of Childcare Payment Method
    - i.e. Check Stubs, CCDF voucher, or Gatekeeper voucher
- Feeding Plan signed by your child's physician

CARVER

Enlightening Generations

Dear Parents:

First, thank you for choosing Carver Community Organization as your childcare provider. It is Carver's intention to provide all parents of our childcare programs with affordable and quality childcare services, and that you as a parent feel confident in leaving your child in our care.

Carver Community Organization is a non-profit organization relying on funds generated from grants, donations, and the payment of fees from our clients to provide such services. **All** payments are to be made on a weekly basis. You may make payments in advance, during the current week, at the end of the week, or on the following Monday. ***Payments may be accepted by cash, personal check, money order, or credit card.*** However, we strongly suggest that if you are not able to make your payments during regular business hours (8:30 A.M.-5:30 P.M.) that you make your payments by personal check or money order only.

If your account should become past due and an effort has been made to collect fees, our staff will be informed not to accept your child(ren) into our childcare program until all balances are paid in full, at which time, you will be required to make advance payment for services.

If you should have any questions regarding your account, please do not hesitate to contact Carver at (812)423-2612 during business hours. However, if you have questions regarding any aspect of your child's care or the curriculum we use, please contact our Child Care and Preschool Director, Deiona Clayton, at the same phone number between the hours of 9:00 AM and 5:30 PM.

Again, thank you for choosing Carver Community Organization for your childcare needs.

Sincerely,

Intake Specialist

Carver Community Organization, Inc.
400 S. E. 8th Street
Evansville, IN 47713
Phone: (812) 423-2612 Fax: (812) 423-6941
E-Mail: carverorg@carverorg.org

Carver Day Care and Preschool Enrollment Application

Please check which type of service you are requesting:

- ☐ A.M. Childcare (6:00 A.M. - 5:30 P.M.) Ages 6 weeks-5 years old
- ☐ P.M. Childcare (2:00 P.M. - 1:00 A.M.) Potty trained 2 - 12 years old

Child's Name: _____ Nickname: _____
Sex: Female___ Male___ Date of birth: _____ Present Age: _____
Child's Address: _____
City: _____ State: _____ Zip Code: _____

Family Information

Mother's Name: _____
Mother's Address: _____
City: _____State: _____ Zip Code: _____
Home Phone: _____ Work/School Phone: _____ Email: _____
Name of Mother's Employer / School: _____
Mother's Occupation / Major: _____
Mother's Employer's / School Address: _____
City: _____State: _____Zip Code: _____
Work Hours: _____
Mother's Marital Status: _____
Additional Phone Numbers: _____Are you on Facebook? _____

Father's Name: _____
Father's Address: _____
City: _____State: _____Zip Code: _____
Home Phone: _____ Work / School Phone: _____Email: _____
Name of Father's Employer / School: _____
Father's Occupation / Major: _____
Father's Employer's / School Address: _____
City: _____State: _____Zip Code: _____
Work Hours: _____
Father's Marital Status: _____
Additional Phone Numbers: _____Are you on Facebook? _____

Name of responsible adult who may be contacted in case of an emergency if parent(s) cannot be reached:
Name: _____Home Phone: _____
Work Phone: _____ Additional Numbers: _____
Address: _____City, State & Zip: _____
Name of person who has legal custody of child: _____

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Emergency Medical Authorization

I agree, and by my signature, give consent, that in case of an accident or illness of a serious nature, my child will be given emergency medical care, and if necessary, transported by ambulance. I understand that I will be contacted immediately, or as soon as possible should I be away from the phone numbers given with this application. I also understand that I or my family insurance will be responsible for any help or treatment due to accidents or illness while in Carver's care.

Physician's Name: _____

Physician's Phone Number: _____

Physician's Address: _____

City: _____ State: ____ Zip Code: _____

Dentist's Name: _____

Dentist's Phone Number: _____

Dentist's Address: _____

City: _____ State: ____ Zip Code: _____

_____ _____

Signature of official completing form Date

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Hours of Operation

A.M. Childcare is open from 6:00 A.M. - 5:30 P.M.
P.M. Childcare is open from 2:00 P.M. - 1:00 A.M.

Our policy limits our hours to those scheduled. If additional hours are needed on any given day, please notify the Early Child Development Director as far in advance as possible.

Time of child's usual arrival to childcare: _____

Time of child's usual departure from childcare: _____

*Authorization for Pick-Up

We will not release your child to anyone without your authorization. If our Staff suspects that you are intoxicated or otherwise impaired when you come to pick up your child, we will ask permission to call the next name on the list. If, however, you insist on taking the child with you, we will call the local police and alert them to the situation. In the event that one of your authorized representatives appears to be intoxicated or otherwise impaired, we will attempt to call you. If we are unable to reach you, we will ask permission to call the next name on the Authorization Form. If, however, he/she insists on taking the child, we will call the local police and alert them to the situation.

The following individuals have my authorization to pick up my child from childcare.

Name: _____ Phone: _____
Name: _____ Phone: _____
Name: _____ Phone: _____

**If you wish to add or delete any of the individuals listed above, please complete another Authorization for Pick-Up Form.*

*Non-Authorized Pick-Up

The following individuals are specifically DENIED permission to pick up my child:

Name: _____ Phone: _____
Name: _____ Phone: _____

_____ _____
Signature of Parent or Guardian Date

**To add or remove any of the individuals listed above, please contact us*

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Discipline and Guidance Policy

The Carver Staff Member in charge shall not use or permit any person to use corporal punishment or other cruel, harsh or unusual punishment or any humiliating or frightening method to control the action of any child or group of children. No child of any age will be shaken, hit or spanked.

Brief, supervised separation from the group may be used if necessary, which is referred to as "Time Out". A small percentage of children are old enough to understand "Punishment vs. Action". However, any child whose actions cannot be maintained in a safe manner will be dismissed from this childcare center.

Children shall not be humiliated or subjected to abusive or profane language. Punishment shall not be associated with food, rest or toilet training. Bedwetters shall not be shamed or punished.

Causes for Dismissal

1. Having to notify the parent about certain behavior problems (profane language, spitting, wild temper tantrums, etc.).
2. Child causing physical harm to himself, other children or Staff (fighting, kicking, biting, etc.).
3. Child refusing to participate or cooperate in every segment of childcare programming.
4. A delinquent account.
5. Inability of the center to meet the needs of a child.
6. Parental failure to comply with Carver policies and procedures, including verbal abuse of Carver Staff and/or other parents or family members.

_____ _____

SIGNATURE OF PARENT/GUARDIAN DATE

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Phone: (812) 423-2612 Fax: (812) 423-6941
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Intake Agreement

Please check the statement that applies to the service you are requesting:

- ☐ I understand that the A.M. Childcare will be open for services from 6:00A.M.-5:30 P.M.
- ☐ I understand that the P.M. Childcare will be open for services from 2:00 P.M.-1:00 A.M.
- ☐ I understand that my child will only be released to the parent(s) or persons listed in this application. Yes ☐ No ☐
- ☐ I understand Carver's policy regarding release of children to intoxicated or otherwise impaired individuals. Yes ☐ No ☐
- ☐ In case of serious injury or illness, I grant permission for emergency medical treatment. Yes ☐ No ☐
- ☐ I understand that payment for childcare is due by the end of the week (Friday) or the beginning of the following week (Monday). Yes ☐ No ☐
- ☐ I give the childcare center permission to transport my child. Yes ☐ No ☐ I understand that A.M. snack is served until 8:00 A.M. (A.M. Childcare Program)
- ☐ I understand that P.M. snack is served until 4:15 P.M. (P.M. Childcare Program)
- ☐ I understand that my child's Teacher will schedule two (2) Parent/Teacher conferences each year.
- ☐ I understand that I must supply the Childcare with the following:
    1. A completed Application and Intake Agreement (prior to admission)
    2. Income Verification Form
    3. Record of Physical Examination (30-day grace period)
    4. Record of Immunizations (prior to admission)
    5. Proof of child's date of birth (prior to admission) (Acceptable documents are an original Birth Certificate or other reliable proof of the child's date of birth, including a duly attested transcript of a Birth Certificate).
- ☐ I understand that the Childcare Center Staff will notify parent(s) of any significant occurrences that may occur.
- ☐ I understand that the Childcare Center has the right to deny admittance to any child whose needs cannot be met by the existing program.
- ☐ I understand that the Childcare Center uses a positive disciplinary approach with children. Children are informed of any inappropriate behavior and what is expected and re-directed to more constructive activities or allowed to spend quiet time to themselves in an area so designated in the classroom. Disciplinary problems will be discussed with the parents and documented in the child's file.

_____ _____

SIGNATURE OF PARENT/GUARDIAN DATE

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Family Background

1. How many children are there in your family? (Please complete fully).

Name	Age	Date of Birth	Grade Level	Name of School

How many children attend public school? _____
Does your child have his/her own room? Yes ☐ No☐
Does he/she have outdoor access to play? Yes ☐ No☐

Past Childcare Information

Has your child ever attended childcare? Yes ☐ No ☐
If yes, Specific: _____
Nursery School Yes ☐ No ☐
If yes, specific: _____

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Sunday School Yes ☐ No ☐

If yes, specific: _____

Behavior and Habits Form

1. How does your child react to other children? _____

2. How does your child react to adults? _____

3. How does your child react to new situations? _____

4. Is he/she insecure? _____ If yes, please explain: _____

5. Does he/she show independence? _____

6. What is your child's attitude toward discipline? _____

7. What activities does your child like best? (i.e.: coloring, singing, watching TV, etc.)

8. What are your child's favorite play materials and toys? _____

9. How does your child show fear? _____

10. What are some of the things that make your child afraid? (i.e.: the dark, heights, dogs, cats, etc.)

11. Does he/she share things willingly? _____

12. Is he/she destructive? _____ If yes, please explain: _____

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Behavior and Habits Form Continued

13. Does he/she enjoy listening to stories? _____

14. How much adult companionship does your child receive? _____

15. Is he/she friendly in most situations? Yes ☐No ☐ Shy? Yes ☐ No ☐
    Aggressive? Yes ☐No ☐ Withdrawn? Yes ☐ No ☐

16. Do you feel your child will adjust easily to the childcare setting? Yes ☐No ☐
    If no, specify why and how this could be accommodated: _____
    _____

17. How does your child reveal his/her feelings? _____
    _____

18. What makes your child upset? _____
    _____

19. Is there a pet in the household? Yes ☐No ☐
    If yes, how does your child react with the pet? _____
    If no, how does your child react to animals and pets? _____

Eating Habits

1. Is your child usually hungry at meal times? Yes ☐No ☐
   Between meals? Yes ☐No ☐

2. What are your child's favorite foods? _____

3. What foods does your child dislike? _____

4. Does your child have any type of eating disorders? Yes ☐No ☐
   If so, please explain: _____

5. Is your child familiar with eating utensils? _____ If yes, with which ones is your child most familiar? _____

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Allergens and Sensitivities

If your child is allergic or sensitive to certain foods, please specify along with reactions:

_____ _____

_____ _____

_____ _____

_____ _____

Bathroom Habits

1. Can your child be relied upon to indicate his/her bathroom wishes? Yes ☐No ☐
2. What word is used for urination? _____ For bowel movement? _____
3. Does your child need to use the bathroom more often than other children the same age? Yes ☐No ☐If yes, specify: _____
4. Is your child frightened of the bathroom? Yes ☐No ☐
5. Does your child need help using the bathroom? Yes ☐No ☐
6. Was your child easy or difficult to potty train? _____
7. Has potty training been completed? Yes ☐No ☐
8. Does your child wet the bed? (please choose one)
   Never ☐ Occasionally ☐ Always ☐

Developmental History

1. At what age did your child: Sit up without support _____ Crawl _____ Walk_____
2. Did your child have any difficulty with speech? Yes ☐No ☐
   If yes, please explain _____
   _____
3. Please not any "special" words, phrases, or actions to describe his/her needs_____
   _____
4. What arrangements can you make for your child during illness? _____
   _____
   _____

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WAGE VERIFICATION FORM

I, _____, authorize and request that Carver Community Organization be given the information specified on the reverse side, which is necessary to determine childcare fees or other record keeping purposes. This is without any liability to me whatsoever and I understand that this information may be verified by phone, fax, or email.

Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____

_____ _____

Signature Date

Carver Community Organization, Inc.
400 S. E. 8th Street
Evansville, IN 47713
Phone: (812) 423-2612 Fax: (812) 423-6941
E-Mail: carverorg@carverorg.org

Section A. Verification of Wages

TO BE COMPLETED BY THE EMPLOYER ONLY

Employee Job Title: _____ Start Date: _____

On Leave? ☐ Yes ☐ No If Yes, Type of Leave: _____ If Yes, Return Date: _____

Monthly Average

Hourly Pay: $_____ Commission: _____ Tips: _____

Pay Period: ☐ Weekly ☐ Bi-Weekly ☐ Monthly Paid in Cash? ☐ Yes ☐ No

Work Schedule							
	MON	TUES	WEDS	THURS	FRI	SAT	SUN
From							
To							

Do Hours Vary? ☐ Yes ☐ No

If Yes, Explain:

_____

_____

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Section B. Verification of Other Income for 30 days prior to the Application

TO BE COMPLETED BY THE EMPLOYER ONLY

Type of Income: _____

Total income received from: _____through _____

Gross amount: $_____

Signed: _____ Phone # _____

Position Title _____ Date: _____

EMPLOYER CERTIFICATION:

Employer / Company Name: _____

Address: _____ City: _____ State: ____

Phone: _____ E-Mail: _____

I certify that the information listed above is true and accurate to the best of my knowledge.

_____ _____

Printed Name Title

_____ _____

Signature of official completing form **Date**

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Section C. Verification of Income by 3rd Party

TO BE COMPLETED BY STEP AHEAD,

GATEKEEPER OR OTHER AGENCY PAYING FOR DAYCARE

Annual gross Income amount $_____

Title: _____

Phone # _____

_____ _____

Signature of official completing form **Date**

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Childcare Application

Childcare Services Financial Responsibility Form

Child Information:

Child's Full Name: _____

Date of Birth: _____

Enrollment Date: _____

Parent/Guardian Name: _____

Parent/Guardian Date of Birth: _____

Parent/Guardian Social Security Number: _____

Parent/Guardian Place of Employment: _____

Financial Obligation Overview:

Weekly/Monthly Fee: $ _____

Payment Due Date: Fees for the current week are due by 5:30 p.m. each Friday

Late Payment Terms:

If fees are not paid by 12:00 p.m. the following Monday, childcare services will be suspended until all late payments have been satisfied.

If an account remains delinquent for **30 days**, it will be **turned over to a collection agency** for recovery of the outstanding balance (note: no collection fees will be applied).

Agreement to Terms:

I, _____ (Parent/Guardian Name), understand and agree to the financial terms associated with the childcare services provided by Carver Community Organization.

I agree to pay the fees for the current week by **5:30 p.m. Friday**, and understand that failure to make payments by **12:00 p.m. the following Monday** will result in **the suspension of childcare services** until all late payments have been satisfied. I also acknowledge that if the account remains delinquent for **30 days**, it will be **turned over to a collection agency** for recovery, and I may incur additional fees associated with collection efforts.

Additional Terms & Conditions:

Termination Notice: I agree to provide a **2-week** written notice if withdrawing my child from care.

Late Pick-Up Fee: A late fee of **$10.00 per half hour per child** will be charged for pick-ups after the agreed-upon time.

Parent/Guardian Signature:

Printed Name: _____

Signature: _____

Date: _____

Carver Community Organization Signature:

Printed Name: _____

Signature: _____

Date: _____

Carver Community Organization

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MEDIA RELEASE FORM

Dear Parent(s):

The United Way of Southwestern Indiana and various other funding sources, local newspapers and other organizations occasionally request photographs of the activities provided by Carver Community Organization, Inc.

We need a release from you, the parent / guardian, before releasing any photographs of your child to one of these funding sources or news media.

Thank you,

Please check one of the following statements.

☐ Yes, I give my permission for _____'s picture to be
Child(ren)'s name

taken and released for publicity.

☐ No, I do not give my permission for _____'s picture to be
Child(ren)'s name

taken and released for publicity.

_____ _____

Signature of Parent or Guardian Date

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HEALTH CARE PROGRAM FOR CHILD CARE
HEALTH RECORD - CHILD

State Form 49969 (R5 / 7-19)

FAMILY AND SOCIAL SERVICES
ADMINISTRATION - MS02
402 W. Washington St., Room W362
Indianapolis, IN 46204

Name of child (*last, first*)	Date of birth (*month, day, year*)	Date of admission (*month, day, year*)
Address (*number and street, city, state, and ZIP code*)		
Child lives with (*relationship*)	Name	Telephone number ( )

MEDICAL HISTORY

Communicable Disease	Month / Year

Screenings	Result / Date (*month, day, year*)
TB Risk / Symptom	
Developmental Screen	
Lead	

Condition	Explain if present
Allergies:	
Handicapping conditions:	
Other:	

PHYSICAL EXAMINATION

Date of exam (*month, day, year*)	Age of child
Skin	Heart
Lymphnodes	Lungs
Eyes	Abdomen
Ears	Genitalia
Nasopharynx	Skeleton
Teeth and Mouth	Other:

Note any unusual findings:

Does this child have any health condition that would be hazardous either to the child or to other children in a group setting as a result of participation in normal activities (*including sports*)?

☐ Yes ☐ No If Yes, what modification of normal activities would be necessary to protect the child and the child's classmates:

Have you prescribed any medications or special routines which should be included in the center's plans for this child's activities? Explain:

☐ Yes ☐ No

(Over)

HISTORY OF IMMUNIZATIONS AND TEST (*indicate month / day / year*)

	1	2	3	4	5
DTaP / DT					

	1	2	3	4
Hib				

	1	2	3	4	5
IPV (Polio)					

	1	2	3	4	5
* Influenza (Flu)					

	1	2
Measles Mumps Rubella (MMR)		

	1	2	3
Rotavirus (RGE)			

	1	2		
Varicella (Varivax)			or Chicken Pox Disease	Month / year

	1	2	3	4
Pneumococcal (PCV) (Prevnar)				

	1	2
HEP A		

	1	2	3
HBV (HEP B)			

* Recommended yearly.

Name of physician / nurse practitioner / physician assistant completing form (*please print*)	Telephone number ( )
Signature of physician / nurse practitioner / physician assistant	

ADDITIONAL NOTES AND INSTRUCTIONS

Obligation to Serve Infants in the CACFP

IDOE/CACFP
Revised 12/15

CACFP
Building for the Future

Dear Parents/Guardians:

This center/home/ministry participates in the Child and Adult Care Food Program (CACFP) and receives USDA reimbursement for serving nutritious meals to infants and children. Participation in this program requires caregivers to follow specific meal patterns according to the age of the child being fed.

Policy requires a center/home/ministry participating in the CACFP to offer formula and meals to infants who are in care during meal service times. Parents/guardians, however, may decline what is offered, and supply the infant's meals instead.

Please complete the following information:

Name of Provider/Child Care Center/Ministry: Carver Community Organization Day Care

Name of Infant_____

Birth date _____

Type(s) of formula offered: **Enfamil Premium**

○ I **accept** the type(s) of formula offered by my provider/childcare center/ministry.

○ I **decline** the type(s) of formula offered by my provider/childcare center/ministry.

○ **I will provide** _____**formula/breast milk for my infant.**

* * * * * * * *

○ I **accept** the meals and snacks offered by my provider/childcare center/ministry.

○ **I decline** the meals and snacks offered by my provider/childcare center/ministry.

○ **I will provide meals and snacks for my infant.**

_____ _____

SIGNATURE OF PARENT/GUARDIAN DATE

1. This form must be kept on file for each infant enrolled for childcare.
2. As situations change, such as a medical authority changing the infant's formula, a new form should be completed.
3. This form must be kept current and accurate for each infant enrolled for childcare until the infant reaches one year of age or is no longer on infant formula.
4. If the parent/guardian declines the formula and the provider provides meal and/or snack components, the meal may be claimed for reimbursement.
5. If the parent/guardian declines infant meals/snacks, meals and snacks may NOT be claimed for reimbursement.

SUPPLEMENTAL HEAL CARE PROGRAM FOR CHILD CAR CENTERS PROVIDING INFANT-TODDLER CARE
SUGGESTED FEEDING PLAN

State Form 49963 (R3 / 2-15)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W361
INDIANAPOLIS, IN 46204

INSTRUCTIONS:
Prior to admission, a feeding plan shall be established and written for each infant (age six (6) weeks to twelve (12) months) in consultation with the parents and based on the written recommendation of the child's medical provider. Feeding plans must be continually updated by the child's medical provider or parent. [470 IAC 3-4.7 (b)]

The following feeding plan has been recommended for this child.

Name of child	Date of birth (*month, day, year*)

Age in Months	Time to Feed	Formula / Food Item and Amount	Special Instructions	Signature and Date of Parent or Medical Provider

Signature of MD, DO, NP	Date signed (*month, day, year*)

FEEDING PLAN GUIDELINES

INSTRUCTIONS: This is a guideline. Each child will grow at a different rate.

1. *Formula and juice may be offered in a training cup when a child is ready.*
2. *Formula is used until twelve (12) months unless otherwise stated by a physician.*
3. *Only plain, strained, mashed or chopped vegetables, fruits and meats are offered.*
4. *Most children are ready for foods of coarser consistency between nine (9) to ten (10) months of age. Mashed or chopped table foods may be used.*
5. *Strained or mashed foods may be introduced at six (6) months if the infant's neuromuscular system has developed appropriately. Indications for solid foods are: the ability to swallow non-liquid foods, to sit with support, head and neck control, and to show that the child is able to decline food by leaning back or turning away.*
6. *Finger foods may be offered between nine (9) to twelve (12) months when infant is developing finger / hand coordination.*
7. *The serving of juice to children under twelve (12) months of age is discouraged.*

2 MONTHS - 5 MONTHS

TIME INTERVAL	AMOUNT EACH FEEDING			
	Month 2	Month 3	Month 4	Month 5
6:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
10:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
2:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
6:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
10:00 p.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.
2:00 a.m.	4 - 6 oz.	4 - 7 oz.	5 - 7 oz.	5 - 8 oz.

6 MONTHS - 12 MONTHS

	Month 6	Month 7	Month 8	Month 9	Months 10, 11, and 12
Total Amount of Formula Per 24 Hours	30 - 48 oz.	30 - 32 oz.	29 - 31 oz.	26 - 31 oz.	24 - 32 oz.
7:00 a.m.	5 - 8 oz. formula 2 - 3T baby cereal *	6 oz. formula 2 - 3T baby cereal *	7 - 8 oz. formula 3 - 5T baby cereal *	7 - 8 oz. formula ** 4 - 6T baby cereal * 2 - 4T fruit	6 - 8 oz. formula ** (*1cup*) 1/4 - 1/2 baby cereal * 2 - 4T fruit
9:00 a.m.	5 - 8 oz. formula	6 oz. formula	1/2 cup Vitamin C fortified fruit or juice 1/4 dry toast or 1 cracker	1/2 cup Vitamin C fortified fruit or juice 1/2 dry toast or 2 crackers	1/2 cup Vitamin C fortified fruit or juice 1/2 dry toast or 2 crackers
12:00 Noon	5 - 8 oz. formula 1/2 dry toast or 2 crackers	6 oz. formula 2 - 3T strained vegetable	7 - 8 oz. formula 5 - 9T vegetable 2 - 4T fruit	7 - 8 oz. formula ** 1 - 2T meat 5 - 9T vegetable 2 - 4T fruit	6 - 8 oz. formula ** (*1 cup*) 2T meat 2 - 6T potato, rice, noodles 5 - 9T vegetable 4 - 6T fruit
3:00 p.m.	5 - 8 oz. formula	6 oz. formula 1/2 dry toast or 2 crackers	7 - 8 oz. formula 1/2 dry toast or 2 crackers	7 - 8 oz. formula ** 1/2 dry toast or 2 crackers	6 - 8 oz. formula ** (*1 cup*) 1/2 dry toast or 2 crackers
6:00 p.m.	5 - 8 oz. formula 2 - 3T baby cereal *	6 oz. formula 2 - 3T strained fruit 2 - 3T baby cereal *	7 - 8 oz. formula 5 - 9T vegetable 2 - 4T fruit 2 - 5T baby cereal *	7 - 8 oz. formula ** 5 - 9T vegetable 2 - 4T fruit 1T meat 4T baby cereal *	6 - 8 oz. formula ** (*1 cup*) 2T meat 2 - 6T potato, rice, noodles 2 - 4T vegetable 2 - 4T fruit
9:00 p.m.	5 - 8 oz. formula		May start sleeping through the night.		

* If dry cereal is used, mix cereal and formula in a bowl. Feed with a spoon.
** Formula may be offered in a training cup.

BREAST MILK PROCEDURE

State Form 49954 (R5 / 3-15)

FSSA - MS02
402 WEST WASHINGTON STREET, RM W361
INDIANAPOLIS, IN 46204

Breast milk is a very special product. Provide a safe and excellent source of nutrition to your breast-fed infants by following the procedure below:

1. The facility or the mother must supply sterilized bottles or disposable nurser bags (*see "Parent Agreement"*).

2. The mother will store her milk in a bottle or bag and refrigerate or freeze the milk. The bottle or bag should contain no more than the amount of milk the child would drink at one feeding. The milk must be labeled with the child's name and the date and time collected.

3. The bottles or disposable bags must be brought to the center in a clean, insulated container which keeps the milk at 41° F or below (*see "Parent Agreement"*).

4. Fresh, refrigerated breast milk must be used within forty-eight (48) hours of the time expressed. Frozen milk may be stored in a refrigerator freezer for three (3) to six (6) months or stored in a deep freezer at -4° F for six (6) to twelve (12) months.

5. Frozen breast milk may be thawed as follows:

   (a) Frozen breast milk may be thawed under warm water, gently swirled, used within one (1) hour or refrigerated immediately and used within twenty-four (24) hours. Label the bottle with the time and date thawed and method used for thawing (*"warm water" or "heat thaw"*).

   (b) Frozen breast milk may be thawed in the refrigerator at 41° F or below. Label the bottle with the time and date moved to the refrigerator and "cold thaw" method and use within twenty-four (24) hours. With this method, never warm the breast milk until ready to feed the child.

   (c) Do not refreeze the breast milk once it has been thawed.

NEVER HEAT BREAST MILK IN A MICROWAVE!

Note: Once a bottle is fed to infant, the remainder must be discarded and cannot be returned to the refrigerator.

PARENT AGREEMENT

I, _____, agree to provide my breast milk for my child _____ in sterilized bottles or sterile nurser bags. I will store my milk in the appropriate serving size for my child. I take full responsibility for maintaining this milk at 41° F or below during home storage and transport to the center.

Signature of parent	Date (*month, day, year*)

LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 7-06) / BCC 0080

To: Parents of licensed child care programs in Indiana

Subject: Your child's birth certificate and licensed child care programs

Indiana Code 12-17.2-2-1(8) requires each child care center or child care home to record proof of a child's date of birth before accepting the child for care. A child's date of birth may be proven by the child's original birth certificate or other reliable proof of the child's date of birth, including a duly attested transcript of a birth certificate. Refusing to share this information may result in your child's exclusion from a licensed child care program. Sharing the birth certificate information is NOT optional; signing the below is your decision and does not impact your use of child care facilities.

tear here

LICENSED CHILD CARE CENTER / HOME CONSENT

State Form 50548 (R2 / 4-06) / BCC 0080

This portion is to be kept on file at the licensed child care program.

I give my permission for _____ to report the name and date of birth
name of licensed child care program

of my child or children to the Division of Family Resources pursuant to IC 12-17.2-2-1.5.

Name of child	Date of birth (*month, day, year*)
Name of child	Date of birth (*month, day, year*)
Name of child	Date of birth (*month, day, year*)
Name of child	Date of birth (*month, day, year*)

Signature of parent, guardian, or custodian	Date signed (*month, day, year*)

City of Evansville, IN – CDBG Participant Profile Form

1. **Participant Name:** _____
2. **Date of Birth:** _____
3. **Address:** _____
4. **Phone Number:** _____
5. **Race (Pick One):**
   - ☐ White
   - ☐ Black/African American
   - ☐ Asian
   - ☐ American Indian/Alaskan Native
   - ☐ Native Hawaiian/Other Pacific Islander
   - ☐ Asian & White
   - ☐ Black/African American & White
   - ☐ American Indian/Alaskan Native & White
   - ☐ American Indian/Alaskan Native & Black
   - ☐ Other Multi - Racial
6. **Hispanic Ethnicity** ☐ Yes ☐ No
7. **Female Headed Household** ☐ Yes ☐ No
8. **Military Veteran Household** ☐ Yes ☐ No
9. **Disability** ☐ Yes ☐ No
10. **Income Guidelines:**
    a. Step 1—Circle the number of persons in your household.
    b. Step 2—Circle your household income range (under the number you already circled in Step 1.)

	Number of Persons in Your Household							
2024 AMI	**1 Person**	**2 Persons**	**3 Persons**	**4 Persons**	**5 Persons**	**6 Persons**	**7 Persons**	**8 Persons**
0-30%	< $17,450	< $19,950	< $22,450	< $24,900	< $26,900	< $28,900	< $30,900	< $32,900
31-50%	$17,451-$29,100	$19,951-$33,250	$22,451-$37,350	$24,901-$41,500	$26,901-$44,850	$28,901-$48,150	$30,901-$51,500	$32,901-$54,800
51-80%	$29,101-$46,500	$33,251-$53,150	$37,351-$59,800	$41,501-$66,400	$44,851-$71,750	$48,151-$77,050	$51,501-$82,350	$54,801-$87,650
Over 81%	$46,501+	$53,151+	$59,801+	$66,401+	$71,751+	$77,051+	$82,351+	$87,651+

DEFINITION OF A FAMILY: A family is defined as all persons living in the same household who are related by blood, marriage, or adoption, including adult children who continue to live at home with their parent(s) and a dependent child who is living outside of the home (e.g., students living in a dormitory). An individual living in a housing unit that contains no other person(s) related to him/her is considered to be a one-person family for this purpose.

FAMILY INCOME: Income includes wages, salaries, tips; self-employment or business income, unemployment & disability income, retirement & insurance income, public assistance, interest & dividend income, alimony, child support, gift income, armed forces income for all family members 18 years of age and older.

I hereby certify that the information included on this form is correct to the best of my knowledge and that such information may be subject to verification by representatives of the City of Evansville and/or the United States Department of Housing and Urban Development for purposes of meeting the federal requirements of the Community Development Block Grant (CDBG) program.

BY MY SIGNATURE, I ACKNOWLEDGE THAT ALL INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. According to Title 18, Section 1001 of the U.S. Code, it is a felony for any person to knowingly and willingly make false or fraudulent statement to any department of the United States Government. I AM AWARE THAT MAKING A FALSE STATEMENT TO OBTAIN BENEFITS TO WHICH I AM NOT ENTITLED IS A CRIME AND MAY SUBJECT ME TO BOTH CIVIL AND CRIMINAL PENALTIES.

Parent Signature: _____ **Date:** _____