

St. Luke School and Early Learning Center

318 11th Street
Columbus, Georgia 31901
Ann McDuffie, Headmaster
Judy Heider, ELC Director
706-256-1301 FAX 706-256-1308

Before and After School Enrollment Agreement Packet 2011-2012

Student Name _____

Parent Name _____

Address _____

Home Phone _____ Work Phone _____

E-Mail Address _____

Teacher _____ Grade _____

1.) My child will be participating in the following program:

Before & after school care (7:30—8:15 and 3:15—6:00) - \$52.00/week

Morning care begins in ELC cafeteria at 7:30. At 8:15 students are escorted to their buildings.

Breakfast is served between 7:30 and 8:10.

At 3:15 dismissal, students will be escorted to the Early Learning Center for after school care.

Please indicate if you will be using before/after or both:

_____ Before only _____ After only _____ Before & After

_____ **Occasional drop in care:** available only if there is space. Arrangements for the drop in service **MUST** be made in advance through the ELC (706-322-2703) before having student stay. Fees for drop in are **\$25/day** payable at pickup on the day of these services.

_____ **Van Riders (3:00-6:00) - \$70.50 per week.** (This is for siblings of students currently enrolled in St. Luke ELC who attend Britt David Elementary).

2.) **Please read and initial below** (your initials indicate your acceptance of the following policies):

_____ **A \$25 registration is due before your child may attend the after school program. This fee is applicable to all full time and occasional students.**

_____ Any changes in services for before or after care will require a **two week written notice**. You will be charged for the services for which you enroll above.

_____ Our attendance policy is as follows: **All students who are enrolled in the school age program are charged the regular weekly fee even if they are not in attendance.** The only exception to this policy is during the Christmas/New Year Break and Spring Break when parents *are* given the option to sign up for care.

_____ Parents are charged \$1.00 per minute when students are picked up after 6pm. All before and after care checks must be made out to the ELC.

3.) **Please attach the \$25 registration fee to this form and return to the Early Learning Center.**

Parent Signature/Date

**ST. LUKE EARLY LEARNING CENTER
STUDENT INFORMATION SHEET 2011-2012**



Student's Name: _____
(Last) (First) (Middle)

Address: _____ Zip Code: _____

Date of birth: _____ Physician's Name and Number: _____

Insurance: _____

Mother/Guardian Name: _____ Home Phone: _____

Address: _____

Employer: _____ Occupation: _____ Work Number: _____

Email Address: _____ Cell Number: _____

Father/Guardian Name: _____ Home Phone: _____

Address: _____

Employer: _____ Occupation: _____ Work Number: _____

Email Address: _____ Cell Number: _____

Church Membership: _____

EMERGENCY CONTACTS

**Please indicate individuals other than yourself*

Name	Relationship	Home Phone	Work /Cell Number
_____	_____	_____	_____
_____	_____	_____	_____

Field Trip Authorization

My child, _____ has permission to attend all scheduled field trips. This will include walking to and from St. Luke Church, Ministry Center and Respite Care activities on a regular basis as well as van trips. Notification of all field trips will be sent home to parents in advance. If for any reason I do not want my child to attend a particular field trip, I will notify the St. Luke ELC at 706-322-2703.

MY CHILD MAY BE CHECKED OUT BY THE FOLLOWING PEOPLE:

Name	Relationship	Address	Home Phone	Work /Cell Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I give permission for _____ to have whatever emergency treatment is deemed necessary by the staff of St. Luke Early Learning Center. I understand that parents will be called immediately and that my child will be taken to The Medical Center for necessary treatment.

Parent/Guardian Signature: _____ Date: _____

For office use only:	
Class: _____	Teacher: _____



St Luke Early Learning Center

300 11th Street
Columbus, Georgia 31901
Judy Heider, Director
706 322-2703 FAX 706 324-6358
5/23/11



Dear ELC School Age Parent,

Our Center participates in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP), which is administered at the state level by Bright from the Start: Georgia Department of Early Care and Learning. Please assist us in our participation by completing and returning the enclosed Income Eligibility Statement as soon as possible. **Some of you may have already completed this form for the After school program earlier this year, to help us keep our records consistent we ask that you please complete this form for the 2011-12 school year.** Current guidelines require these forms to be signed by the parent or guardian and on file for all children in the Center. The form will be treated as **confidential** information.

All forms must include completion of:

- PART I—name of child
- PART III B—enrollment information
- PART IV—signature of parent or guardian

Additional information need only be completed if household is income eligible as per the attached income guidelines.

In the operation of USDA's food service programs, no one will be discriminated against because of race, color, national origin, sex, age or disability. The Child and Adult Care Food Program is an equal opportunity program. If you believe you or anyone else has been discriminated against because of race, color, national origin, sex age or disability, write immediately to: USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800)795-3272 or (202) 720-6382.

If you have questions about completion of this form please call Judy Heider at 706-322-2703. Completion of these forms is time sensitive. Thank you in advance for your cooperation.

Sincerely,

Judy Heider,
Director

**Child Adult Care Food Program
Income Eligibility Statement**

PART I: Child or Adult enrolled to receive day care-		
Name: (Last, First and Middle Initial)	Food Stamp, TANF, or FDIPIR case number, Assistant Unit (AU), or Client ID number for <u>children only</u> . All the above, or SSI or Medicaid case number for <u>Adults</u> . Note: Do not use EBT numbers.	Head Start Participant
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

PART II: FOSTER CHILD: If this is a foster child, check here . In certain cases, foster children are eligible for free and reduced-priced meals regardless of household income. If foster children live with you, please contact [] at [] at [] [] []. Skip to Part IV.

PART III A: A. Name (List everyone in household, including children)	B. Gross income and how often it is received Example: \$100/monthly, \$100/twice a month, \$100/every other week, \$100/weekly				C. Check if NO Income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement	4. All other income	
1. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
2. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
3. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
4. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
5. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
6. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>
7. _____	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____	<input type="checkbox"/>

PART III-B: ENROLLMENT INFORMATION: Children Only

My child is normally in attendance at the facility between the hours of _____ [am/pm] to _____ [am/pm] on the following days:
 Check here if only before/after school care is provided.

(Circle all that apply). Sunday Monday Tuesday Wednesday Thursday Friday Saturday

My child will normally receive the following meals while in care:
 (Circle all that apply): Breakfast AM Snack Lunch PM Snack Supper Evening Snack

PART IV: Signature and Social Security Number (Adult must sign).

An adult household member must sign this form. If Part III is completed the adult signing the form must also list his or her Social Security number or mark the "I don't have a Social Security Number" box. (See Privacy Act Statement on next page).

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Signature: X _____ Print Name _____ Date _____

Address: _____ City _____ State: GA Zip _____ Phone _____

Social Security Number _____ I do not have a Social Security Number

PART V: Participant's ethnic and racial identities (optional)

Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander
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Official Use Only: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total income: _____ Per: Week Every 2 weeks Twice a month Month Year Household Size: _____

Categorical Eligibility: _____ Date withdrawn _____ Eligibility: Free _____ Reduced _____ Paid _____ Tier I _____ Tier II _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date _____

Confirming Official's Signature: _____ Date _____

Follow Up Official's Signature: _____ Date _____