

NORTHWEST ELEMENTARY CDC

23-24

SHAPING OUR FUTURE

REGISTRATION PACKET



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF CENTRAL TEXAS
ymcactx.org



NORTHWEST ELEMENTARY CDC REGISTRATION FORM - PART 1

All information on this form is required by Texas Department of Family & Protective Services (TDFPS) or the Y to ensure the safety of your child. This information can only be changed through the Y Northwest Elementary CDC Office by an authorized parent or legal guardian.

Northwest Elementary CDC teacher _____ Northwest Elementary CDC start date _____

child's first name _____ middle initial _____ last name _____

gender: ☐ boy ☐ girl date of birth _____ child's age _____ days in care: ☐ Mon-Fri ☐ Mon / Wed / Fri ☐ Tue / Thur

password _____

#1 PARENT / LEGAL GUARDIAN

first name	last name		
address	city	state	zip
email	employer		
home phone	work phone	mobile phone	alternate phone

#2 PARENT / LEGAL GUARDIAN

eligible to pick-up child: ☐ yes ☐ no (if no, please attach a copy of legal documentation)

first name	last name		
address	city	state	zip
email	employer		
home phone	work phone	mobile phone	alternate phone

LOCAL PERSON OTHER THAN THOSE LISTED ABOVE TO CONTACT IN CASE OF EMERGENCY IF THE PARENT / LEGAL GUARDIAN CANNOT BE REACHED:
(to be in compliance with Y association policies and the TDFPS, the individuals authorized to pick up your child must be at least 18 years of age)

name	relationship to child		
address	city	state	zip
contact number 1	contact number 2		

IN ADDITION TO THOSE LISTED ABOVE, I HEREBY AUTHORIZE THE Y STAFF TO ALLOW MY CHILD TO LEAVE THE FACILITY ONLY WITH THE FOLLOWING PERSON(S):
(to be in compliance with Y association policies and the TDFPS, the individuals authorized to pick up your child must be at least 18 years of age)

name	relationship to child		
address	city	state	zip
contact number 1	contact number 2		

name	relationship to child		
address	city	state	zip
contact number 1	contact number 2		

name	relationship to child		
address	city	state	zip
contact number 1	contact number 2		



NORTHWEST ELEMENTARY CDC REGISTRATION FORM - PART 2

child's first name _____ middle initial _____ last name _____

Northwest Elementary CDC teacher _____ Northwest Elementary CDC start date _____ password _____

EMERGENCY INFORMATION

In the event of an emergency and a parent / legal guardian is not available, your designated physician, hospital or clinic will be contacted for emergency management / transportation (please refer to the medical waiver below). Additionally, my child's immunization record, including tuberculosis (TB) test is current and on file with the Child Development Center.

LICENSED PHYSICIAN

name _____ phone _____

address _____ city _____ state _____ zip _____

HOSPITAL / CLINIC

- | | | | |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> ARC
940 Hesters Crossing RD 78681
512-244-9024 | <input type="checkbox"/> St. David RPMC
2400 RR Ave 78681
512-341-1000 | <input type="checkbox"/> Seton RR
201 Seton Pkwy 78665
512-324-4000 | <input type="checkbox"/> Dell Children's
4900 Mueller Blvd 78723
512-324-0000 |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------------------------|-------------------------------------------------------------------------------------|

☐ Other

SPECIAL NEEDS

In order to best meet your child's needs, we require that you list any special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information the staff should be aware of:

Special Needs: _____

Treatment to be given: _____



NORTHWEST ELEMENTARY CDC REGISTRATION FORM - PART 3

PHYSICIAN CONSENT

child's first name _____ middle initial _____ last name _____

Northwest Elementary CDC teacher _____ Northwest Elementary CDC start date _____ password _____

I have examined the child listed above within the past year and he/she is able to attend the Y's Child Development Center (Northwest Elementary CDC).

physician signature   _____ date _____



NORTHWEST ELEMENTARY CDC REGISTRATION FORM - PART 4

child's first name _____ middle initial _____ last name _____

Northwest Elementary CDC teacher _____ Northwest Elementary CDC start date _____ password _____

DISCIPLINE & GUIDANCE POLICY

» DISCIPLINE MUST BE:

1. Individualized and consistent for each child
2. Appropriate to the child's level of understanding
3. Directed toward teaching the child acceptable behavior and self-control

» A CAREGIVER MAY ONLY USE POSITIVE METHODS OF DISCIPLINE AND GUIDANCE THAT ENCOURAGE SELF-ESTEEM, SELF-CONTROL AND SELF-DIRECTION, WHICH INCLUDE AT LEAST THE FOLLOWING:

1. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior
2. Reminding a child of behavior expectations daily by using clear, positive statements
3. Redirecting behavior using positive statements
4. Using a brief cooling off period when appropriate; which is limited to the child's decision to rejoin the group

» THERE MUST BE NO HARSH, CRUEL OR UNUSUAL TREATMENT OF ANY CHILD. THE FOLLOWING TYPES OF DISCIPLINE AND GUIDANCE ARE PROHIBITED:

1. Corporal punishment or threats of corporal punishment
2. Punishment associated with food, quiet time or bathroom use
3. Pinching, shaking or biting a child
4. Hitting a child with a hand or instrument
5. Putting anything in or on a child's mouth
6. Humiliating, ridiculing, rejecting or yelling at a child
7. Subjecting a child to harsh, abusive or profane language
8. Placing a child in a locked or dark room, bathroom or closet with the door closed
9. Requiring a child to remain silent or inactive for inappropriate periods of time

Texas Administrative Code, Title 40, Chapters 746 and 747, Sub chapters L, Discipline and Guidance.

PARENT / GUARDIAN ACKNOWLEDGEMENT

parent/guardian signature  _____ date _____

TERMS & CONDITIONS AGREEMENT

I _____ the parent/guardian of _____ have read the family handbook for the Y's child development center (Northwest Elementary CDC). I understand all of the policies and procedures and will follow them accordingly.

parent/guardian signature  _____ date _____



Preschool at the Y REGISTRATION FORM – Part 5

child's first name _____ middle initial _____ last name _____

Preschool at the Y teacher _____ Preschool at the Y start date _____ password _____

PARENT/GUARDIAN ACKNOWLEDGEMENTS

Please INITIAL or ANSWER all lines to indicate received written policies / materials and agree to terms.

_____ Policy Agreement (Required): I acknowledge I have been given the Preschool at the Y Family Handbook and that I have read it. I accept responsibility to adhere to all billing procedures and all policies set forth in that guide.

_____ ADA Policy (Required): Parents have the obligation to disclose significant, medical, physical or behavioral issues at the time of the child's enrollment and on an ongoing basis. Due to the large group format of our program, we are unable to provide one-on-one care for any child except on an intermittent basis, such as injuries, immediate disciplinary issues and certain personal care needs customarily provided to other children.

_____ Waiver for Medical Treatment (Required): In the event that my child requires emergency medical treatment and I cannot be reached, I hereby authorize the Y staff to make arrangements to transport my child to the physician, hospital or clinic that I have designated or the nearest hospital / emergency medical facility. I give my consent for any and all necessary medical care treatment for my child during this time.

_____ Waiver for Participation (Required): I understand that Y activities have inherent risks and hereby assume all risks and hazards as a result of my child's participation in all Y programs and facilities, including transportation to and from said activities. I further release, absolve, indemnify and agree to hold harmless, the Y, the organizers, supervisors, directors, staff, volunteers, participants, coaches, referees, as well as persons or parents transporting participants to or from such activities from any claims or injury sustained during my use of Y facilities or participation in any Y activity, whether located on Y property or not.

_____ Withdrawal Policy (Required): I understand that withdrawal from the program requires two weeks written / faxed notice. I also understand that the Y also reserves the right to disenroll a participant for non-payment and/or behavioral issues.

_____ Related to the Covid-19 (Coronavirus) (Required): I agree to release and hold harmless the YMCA Parties from any present or future claim for personal liability arising directly or indirectly from my presence on the premises or participation in activities, to the fullest extent permitted under law, including allegations or claims of negligence on the part of the YMCA parties.

_____ Is your family a member of the YMCA of Greater Williamson County? If so, please provide your member number:

_____ Waiver for Photo / Video / Audio Release (Optional): I give my consent for any photos, video and/or audio taken of my child involved in Y programs to be used for Y promotions, trainings and/or displays.

_____ Password: The Y is committed to the safety and security of your child. Therefore, if you wish to arrange for another person to pick up your child and the person is not on your authorized list, you must call the Y and give them this confidential password.

Parent/Guardian Signature



CHILD NUTRITION PROGRAM

Dear Parent / Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. The Northwest Elementary CDC offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

1. Do I need to fill out a Meal Benefit Form for each of my children in day care?

You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household only if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. Return the completed form to: Y Northwest Elementary CDC Member Services Desk, 1812 N. Mays Street, Round Rock, TX, 78664, 512.246.9622.

2. Who can receive free meals without providing income information?

Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children (reference question #8 for more information on foster children) and children enrolled in a Head Start Program (HSP), Early Head Start Program (EHSP), or Even Start Program (ESP) and have not entered kindergarten) are also eligible for free meals. Households with children enrolled in a HSP, EHSP or ESP can provide a certification letter from the program of the child's enrollment and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

3. Who can receive reduced price meals?

Your children can get low cost meals if your household income is within the reduced price limits on the Income Chart, sent with this application. Children in households participating in WIC may be eligible for reduced price meals.

4. May I fill out a form if someone in my household is not a U.S. citizen?

Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

5. Who should I include as members of my household?

You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

6. How do I report income information and changes in employment status?

The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of

reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

7. What if my income is not always the same?

List the amount that you normally receive. For example, if you normally receive \$1,000 each month, but you missed some work last month and only received \$900, put down that you receive \$1000 per month. If you normally receive overtime, include it, but not if you only receive it sometimes.

8. What if I have foster children?

Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children can provide the Texas Department of Family and Protective Services Form 2085FC, Placement Authorization Foster Care / Residential Care, to their child's caregiver and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

9. We are in the military, do we include our housing and supplemental allowances as income?

If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

10. (Pricing program only) Will the information I give be verified?

Maybe. We may ask you to send written proof to verify the information you submitted on the form. What if I disagree with the decision about the information I complete on this form? You can talk to Northwest Elementary CDC Program Director Phillip Hooper, either in person or by telephone at 512-615-7870. You may ask for a hearing by calling or writing to: (Northwest Elementary CDC, 1812 N. Mays Street, Round Rock, TX, 78664, 512-246-9622). In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, please call the Northwest Elementary CDC Services Desk at 512-246-9622.

**INSTRUCTIONS FOR
CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM
(CHILD CARE)**

Follow these instructions, if your household gets SNAP, TANF or FDPIR:

Part 1: List all enrolled children and household members.

Part 2: List the eligibility number for any household members (including adults) receiving SNAP or TANF or FDPIR benefits. The SNAP or TANF number must be the 8 or 9 digit EDG# assigned by HHSC.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If all children you are applying for are foster children, or if you are only applying for benefits for the foster child:

Part 1: List all foster children. Check the box indicating that the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is **not** necessary.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

If some of the children in the household are foster children.

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

Part 2: If the household does not have an eligibility number, skip this part.

Part 3: Applies only to parents/guardians of children in Tier II Day Care Homes. Sponsors must provide the *List of Eligible Federal/State Funded Programs* (H1660), with this form to households with children enrolled in Tier II Day Care Homes. Parents/Guardians can enter the program name and number as applicable.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, TANF, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members
(First, Middle Initial, Last)

CHECK IF A FOSTER CHILD (THE
LEGAL RESPONSIBILITY OF A
WELFARE AGENCY OR COURT)
* IF ALL CHILDREN LISTED BELOW
ARE FOSTER CHILDREN, SKIP TO
PART 5 TO SIGN THIS FORM.

CHECK
IF NO INCOME

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME: _____ ELIGIBILITY NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: _____ ELIGIBILITY NUMBER: _____

Check here if no eligibility number ☐

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income) (Example) Jane Smith	B. Gross income and how often it was received Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly _____	\$150/twice a month _____	\$100/monthly _____	\$200/bi-monthly _____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the 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 purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ ☐ I do not have a Social Security Number



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one or more racial identities:

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

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- ☐ I do elect to allow my household information to be disclosed.
☐ I do not elect to allow my household information to be disclosed.

Don't fill out this part. This is for 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____ Denied____ Tier I____ Tier II____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

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](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint), (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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 NUTRITION ENROLLMENT FORM*

child's first name _____ middle initial _____ last name _____

Northwest Elementary CDC teacher _____ Northwest Elementary CDC start date _____ password _____

CHILD NUTRITION


Northwest Elementary CDC teacher _____ Northwest Elementary CDC start date _____

child's name _____ date of birth _____

enrollment date _____ withdrawal date _____

days in care: ☐ full time (mo-fr) ☐ part time (mo/we/fr) ☐ part time (mo/we/fr) meals / snacks to be served: ☐ breakfast ☐ lunch ☐ afternoon snack

hours in care: start time _____ ending time _____ child's allergies _____

parent/guardian signature  _____ date _____

Non-Discriminatory Policy: 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 or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 260-1026 / 866-632-9992 (toll free) / (202) 401-0216 (TDD). USDA is an equal opportunity provider and employer.

*this form must be renewed every year that your child attends the Y's Child Development Center (Northwest Elementary CDC).



NO OUTSIDE FOOD OR DRINK
without prior approval from
Northwest Elementary CDC administration



Y PHILOSOPHY

We uphold the heritage, traditions and values of the Y throughout our program activities. Our events reflect non-denominational, universal beliefs that transcend all cultures. We consistently demonstrate respect and support for all families — appreciating their right to determine and practice their own beliefs.

Y MISSION

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Y FOCUS

The Y is for youth development, healthy living and social responsibility.

Y VALUES

The values of the Y are caring, honesty, respect, responsibility and faith.