



Coronado Children's Center
Coronado Children's Center
7106 Menaul Boulevard NE
Albuquerque, NM 87110
505-883-1177

CHILD CARE APPLICATION

Date of application: _____
Date enrolled: _____
Date terminated: _____

CHILD INFORMATION

Name of child: _____
(Last) (First) (Middle) (Nickname)

Address: _____ Child's age: _____

City, State, Zip: _____ Child's Date of Birth: _____

FAMILY INFORMATION

Father's name: _____	Mother's name: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Home phone: _____	Home phone: _____
Where employed: _____	Where employed: _____
Business phone: _____	Business phone: _____

IF THE CHILD IS NOT LIVING IN HOME OF PARENTS, INFORMATION OF RESPONSIBLE ADULT:

Adult's name: _____	Home Phone: _____
Address: _____	Where employed: _____
City, State, Zip: _____	Business phone: _____

IF YOU CANNOT CALL FOR YOUR CHILD, PLEASE GIVE THE NAME(S) OF THE PERSON(S) TO WHOM YOUR CHILD MAY BE RELEASED:

EMERGENCY CARE INFORMATION

Child's doctor: _____	Child's dentist: _____
Office phone: _____	Office phone: _____
Office address: _____	Office address: _____
Hospital preference: _____	

EMERGENCY CONTACT INFORMATION

Name: _____	Name: _____
Address: _____	Address: _____
Relationship: _____	Relationship: _____
Phone: _____	Phone: _____

INFORMATION ABOUT YOUR CHILD

Please list any known allergies your child has (i.e., dust, drugs, plants, animals, foods, etc.). Please be specific. _____

Does your child have any health problems or concerns? _____

Please give any information concerning your child which will be helpful in his/her experience in group living such as play, eating habits, sleeping habits, special likes, and dislikes: _____

Coronado Children's Center (CCC) is a non-profit preschool/daycare center that admits children of any race, color, and national or ethnic origin. **Please make sure we have your current address, current home phone number, and current work number!**

The State of New Mexico Department of Human Services regulations governing child care center licensing require us to have an up-to-date photocopy of your child's immunization record no later than the day your child starts. If you cannot easily obtain a photocopy, bring us a copy of your child's immunization record and we will get it copied for our records.

ILLNESS: In accordance with the State Environmental Health regulations and good health precautions, it is the parent's responsibility for making other arrangements for their child when their child is sick or has a high fever. Coronado Children's Center, like most day care facilities for children, cannot accommodate children who are ill. If a child becomes sick or is hurt while at CCC, a CCC staff member will call the child's parents or emergency contacts so that they can have their child picked up as soon as possible and given proper care.

I authorize CCC to call an emergency ambulance in case of accident or acute illness and to arrange for possible emergency medical and surgical care for my child in case I am not immediately available. It is understood that a conscientious effort must be made to notify me before such action is taken. However, if it is impossible to locate me, the expense of this service will be accepted by me.

Date: _____ Parent/guardian signature: _____

EXCURSIONS: As educational field trips and recreational outings are an integral part of CCC's program, I request that my child be permitted to attend all field trips and outings. I understand and agree that neither the day care provider nor any of its employees, students, or volunteers shall be liable to me or my child for any claim arising out of any such field trips or outings. I will indemnify (reimburse or pay for any loss incurred) and hold the day care provider, its employees, and volunteers harmless from any claims of any person arising from my child's acts. Field trips and outings include the period of travel time to and from the day care center.

Date: _____ Parent/guardian signature: _____

POLICY AND TUITION: I have been provided with a copy of the CCC Parent Handbook which covers basic policies and tuition rates. I have read and understand them. I am aware that updated policies and tuition rates are distributed to parents as they are published and that they are always posted on the mail bulletin board. I hereby agree to abide by the current policies and rules of CCC and to pay tuition promptly when due. I further understand that my payment obligation is for the time slot agreed on and not actual hours of attendance, as a specific space is reserved for my child.

Date: _____ Parent/guardian signature: _____

CORONADO CHILDREN'S CENTER

7106 MENAUL NE
ALBUQUERQUE, NM 87110
(505)-883-1177

CONSENT FORM

I _____ GIVE MY PERMISSION FOR THE
FOLLOWING FAMILY MEMBER(S) AND/OR FRIEND(S) TO PICK
UP MY CHILD(REN) AT ANY TIME WITHOUT WRITTEN NOTICE:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

SIGNATURE _____ **DATE** _____

Child's Name _____ **Date of Birth** _____

1. Does your child have any allergies? _____ If so, please explain what your child is allergic to and what the symptoms are when they are having an allergic reaction:

2. Does your child have or have they ever had any difficulties breathing? _____ If so, please explain:

3. Has your child ever been hospitalized or had any unusual surgeries? _____ If so, please explain:

4. Has your child ever had any severe ear infections? _____ If so, please explain:

5. Has your child ever had any severe eye infections? _____ If so, please explain:

6. Has your child ever had any trouble with hearing, seeing or speaking? _____ If so, please explain:

7. Instructions for any special health needs or chronic illness:

Developmental Screening

DEVELOPMENTAL MILESTONES

When did your child achieve the following milestones:

Sitting up (range: 6-8 months) - EARLY / ON-TIME / LATE

Crawling (range: 7-10 months) - EARLY / ON-TIME / LATE

Walking independently (range: 10-16 months) - EARLY / ON-TIME / LATE

Using meaningful words (range: 12-24 months) - EARLY / ON-TIME / LATE

Using short sentences (range: 24-36 months) - EARLY / ON-TIME / LATE

Was this child unusually clumsy or awkward (accident-prone)? YES / NO

Were you ever told that your child is “mentally handicapped” or “retarded” or “developmentally delayed”? YES / NO

Does/did your child have any of the following problems (please check all that apply):

frequently running off, difficult to keep track of?

couldn't stay at the table to eat, or stay at a game?

being unusually impulsive, so he/she seemed unaware of danger?

destructiveness to toys or property?

being unable to follow directions or rules?

setting fires or playing persistently with lighters/matches?

being overly demanding and demands had to be met at once?

being unusually withdrawn?

being unusually aggressive, biting, scratching, kicking with little/no provocation?

nervous habits like nail biting or hair twisting?

unusual body movements, like rocking, head banging, repetitive blinking, tics, twitches; or sounds, like throat-clearing, grunts, profane words? (circle all that apply)

difficulty playing with other children? (describe) _____

bizarre or unusual speech, or inability to sustain conversation?

insistence on routines and distress over trivial changes?

lack of awareness of existence or feelings of others?

inability to imitate people/fantasy play?

no/abnormal seeking of comfort during distress?

other problems? _____

**New Mexico, CYFD/Family Nutrition Bureau
Child and Adult Care Food Program (CACFP)**
Instructions for Completing the Income Eligibility Form (IEA)

[Participant Enrolled At the Center]

- ✓ List name of all enrolled participants that you are applying for which are in care.
- ✓ List each enrolled participant's date of birth and age.
- ✓ If you are applying for a foster child, list only one foster child per form. A foster child may be eligible for free meals regardless of household income.
- ✓ If the participant enrolled is in child day care center and receives benefits thru Supplemental Nutrition Assistance (SNAP) formerly, food stamps or Food Distribution Program on Indian Reservation (FDPIR), please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information. If the participant enrolled is in adult day care center and receives benefits thru Supplemental Nutrition Assistance (SNAP) formerly, food stamps, Food Distribution Program on Indian Reservation (FDPIR), Supplemental Security Income (SSI) or Medicaid, please indicate the appropriate case number in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information.
- ✓ If you do not receive benefits and have no case number for participants enrolled at the center, you must complete all parts of the IEA (household and Income information)

HOUSEHOLD AND INCOME INFORMATION

(Not completed if case# is provided above)

- ✓ List all household members. A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses).
- ✓ Provide the most current income by source for all household members. This can be based on the most recent information the month prior to completing the application
- ✓ The income reported on the application must include all income before taxes and before other deductions.
- ✓ A foster child, defined as a ward of the court or welfare agency, is to be listed separately so that there is only one foster child per form. Only the foster child's "personal use" income is listed. Personal use income includes:
 - Funds that are specified by the welfare agency as being for the personal use of the child. If no funds are specified, the funds received from the welfare agency are not to be considered as income. Record "0" on personal income
 - Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, from the child's family, and earnings from the child's employment other than occasional or part-time jobs.

SIGNATURE

- ✓ The adult family member completing the application must sign and date the application.
- ✓ If the enrolled participant is not in receipt of benefits and have not provided a case number, the adult family member signing the application must provide a social security number.
- ✓ If you do not have a social security number, check the "box" provided. Otherwise failure to provide the social security number, if you have one, will make the income application IEA invalid and will reduce the level of CACFP reimbursement your family day care center receive for meals served to the children and/or adult participants enrolled for care in their center.

CHILD AND ADULT CARE FOOD PROGRAM
Letter to Households



Instruction: This letter must accompany the Income Eligibility Application

Dear Parent/Guardian or CACFP Participant:

_____ Participates in the Child and Adult Care Food Program (CACFP)
Name of Center
administered by the United States Department of Agriculture. Please help us comply with the requirements of the CACFP by completing, signing and returning the attached statement as soon as possible. This information is necessary to decide the level of CACFP reimbursement your center is eligible to receive for the meals served to children and/or adult participants in our program. This form will be treated as confidential information. All participants in our program receive meals free of charge, but the determination of eligibility category affects the amount of federal funding we receive.

A foster child enrolled in our program that is the legal responsibility of a welfare agency or court may be certified as eligible for free meals regardless of your household income. Please refer to the instructions on how to complete the Income Eligibility Application form.

* SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)

If your household is currently receiving benefits under the Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) and your child is enrolled in a child care center you need to only list the case number sign and date the form. If your household is receiving benefits under the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Medicaid or Food Distribution Program on Indian Reservations (FDPIR) and an adult in your home is enrolled in an adult day care center then you need to only list their case number sign and date the form. Otherwise an adult household member must complete form and disclose total current household income by source, and the names of all household members. The person completing the form must sign and provide a social security number and date the form when it was completed.

The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of a boarding house or an institution) who are living as one economic unit (i.e., sharing living expenses).

The income you report must be last month's total gross household income listed by source, for each household member. If last month's income does not accurately reflect your circumstances, you may provide your annual income or you may use last year's income if no significant changes have occurred. If your households' income is equal to or less than the amounts indicated for your households' size on the chart below, your provider may qualify for maximum reimbursement rates.

INCOME ELIGIBILITY GUIDELINES
(Effective from July 1, 2009 to June 30, 2010)

Household Size	REDUCED PRICE MEALS		
	Year	Month	Week
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
For each additional family member	+6,919	+577	+134

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "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 Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

The Children, Youth and Families Department/Family Nutrition Bureau is the State Agency administering the Child and Adult Care Food Program in New Mexico, for any program assistance or information concerning the administration of the program, write to CYFD/Family Nutrition Bureau, P.O. Drawer 5160, 1920 Fifth Street, Santa Fe, New Mexico 87502-5160 or call (505) 827-9961, 1-(800) EAT-COOL.

Thank you for your cooperation.

Sponsor/Center Official

Organization

Date

INCOME ELIGIBILITY APPLICATION

Free and Reduced meals in the Child and Adult Care Food Program



_____ assures the New Mexico Children, Youth and Families Department, Early Childhood Services, Child and Adult Care Food Program, that all enrolled participants in attendance will be offered the same meals without physical segregation of, or other discriminatory action against, any child or adult participant on the basis of race, color, national origin, sex, age or disability. This policy applies to all centers included in the Child and Adult Care Food Program Agreement. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

INSTRUCTIONS: Complete this form and return to the Centers office.

Notation: (SNAP) Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)

***Child Care Centers:** To apply for **FREE** meals - If you are receiving benefits under Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) fill in your child's name, date of birth, age, the SNAP Case number or FDPIR case number and sign the form. **DO NOT** complete other Household Members or income information.

****Adult Day Care:** To apply for **FREE** meals - If enrolled participant household is recipient of Supplemental Nutrition Assistance Program (SNAP) or receives Supplemental Security Income (SSI) or Medicaid (MED), complete name, DOB, age, SNAP, SSI, and/or Medicaid case number and sign the form. **DO NOT** complete other Household Members or income information.

Enrolled Participant(s) Information (attach additional pages if necessary)				Benefit Information (If applicable check type of benefit & provide the required case number)			
Name:		Date of Birth:	Age	*Child Care Centers Only-check a box		**Adult Care Centers Only- check a box	
Last:	First:	/ /		<input type="checkbox"/> SNAP	<input type="checkbox"/> FDPIR	<input type="checkbox"/> SNAP	<input type="checkbox"/> FDPIR <input type="checkbox"/> SSI <input type="checkbox"/> MED
		/ /		*Case Number:		**Case Number:	
		/ /					
		/ /					

Foster Child (complete a separate application for each foster child)

Check this box if this application is for a foster child. List the amount of child's "personal use" monthly income \$ _____ if there is no income, record "0".

All Other Household Members List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children living with you. Attach another sheet of paper if you need to

Name:	Name:
Last: First:	Last: First:

Total Number in Household: _____

Household Income (Please indicate source and amount of current income for all members of your household. Please follow the definition of income specified in the standards for determining free and reduced price eligibility in your parent letter. If you receive more than one check from any of these sources, please indicate the total monthly amount received.)

Wages, Salary: \$	Child Support (Alimony): \$	Social Security: \$
Pension or Retirement: \$	Unemployment: \$	Other Income: \$

If necessary, convert multiple income schedules to annual income (Multiply weekly income by 52, biweekly by 26, monthly by 12)

Total Income: \$ _____ **Weekly** **Monthly** **Annually** (Check one)

Penalties for Misrepresentation: I certify that all the above information is true and correct and that the food stamp or FDPIR number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult Family Member	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Social Security Number	Date
----------------------------------	---	------------------------	------

If the Adult Household Member signing this form does not have a Social Security Number, Check this box.

Privacy Act Statement: This explains how we will use the information you give us. 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 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 if the household is currently receiving benefits under the Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) and your child is enrolled in a child care center or receiving benefits under the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Medicaid or Food Distribution Program on Indian Reservations (FDPIR) and an adult in your home is enrolled in an adult day care center. 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 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.

FOR SPONSOR USE ONLY

Child Day Care Center:

Adult Day Care Center: Approved Free Approved Reduced Paid

_____ _____ _____ _____
 Approving Date Date Disenrolled Name of Organization Name of Person Approving Form