

Enrollment Application  
402 NE Clark Drive, Verndale, MN 56481 | (218) 445-5568

Date of Enrollment: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Sex:** M/F

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Enrolling Parent/Guardian's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Second Parent/Guardian's Name:** \_\_\_\_\_

**Address (if different):** \_\_\_\_\_

**City/State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Child Live with:** Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Grandparents \_\_\_\_\_ Other \_\_\_\_\_

**Authorization to Pick-Up Child**

**\*Proper Notification and Identification is required before the child will be released to anyone.**

Name	Relationship to child	Phone Number
------	-----------------------	--------------

Name	Relationship to child	Phone Number
------	-----------------------	--------------

Name	Relationship to child	Phone Number
------	-----------------------	--------------

Please list anyone who is **NOT ALLOWED** to pick up your child from VACA Childcare Center. (A copy of the court order is required if a parent is not allowed to pick up the child)

**Names:** \_\_\_\_\_

\_\_\_\_\_

**Authorized Emergency Contacts – Required**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Medical Information**

Child's Physician/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Child's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Does your child have any **allergies**? Yes \_\_\_\_\_ No \_\_\_\_\_ Please describe if Yes: \_\_\_\_\_

Are there any **medical** concerns or needs concerning your child that we should be aware of?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please describe if Yes: \_\_\_\_\_

**Release Agreement**

**\*\*Please read, initial and sign below:**

- \_\_\_\_\_ 1. I have received a copy of the fee schedule and understand it is my responsibility to pay the full weekly rate regardless of whether my child is in attendance or not.
- \_\_\_\_\_ 2. I agree to pay in advance for next week's tuition by Friday.
- \_\_\_\_\_ 3. I am aware that I will be charged a late fee for payments received after 9 am Monday of current week. I also understand that if I pick my child up after 6 pm, I will be charged a late fee.
- \_\_\_\_\_ 4. I have received a copy of the Parent Handbook. I know it is my responsibility to read it.
- \_\_\_\_\_ 5. I authorize Verndale Area Christian Academy Childcare staff to initiate emergency medical and dental care (i.e. CPR/First Aid) and call Emergency Personnel (911), if need arises.
- \_\_\_\_\_ 6. I authorize Verndale Area Christian Academy Childcare staff to contact Poison Control, if need arises, and follow any guidelines they recommend for my child.
- \_\_\_\_\_ 7. I have read and understand the Parental Supervision Policy.
- \_\_\_\_\_ 8. I have read and understand the Defamation/Slander Policy.
- \_\_\_\_\_ 9. I authorize VACA Childcare staff to apply diaper rash cream, sunscreen, and/or insect repellent (which I will provide) to my child as needed.
- \_\_\_\_\_ 10. I hereby give permission for my enrolled child in VACA Childcare to have photos taken and printed in newspapers, newsletters, school websites, social media, and Facebook for purposes of publicizing the program, reports on program progress, and sharing special events with the public. I understand that this could include videotaping.
- \_\_\_\_\_ 11. I hereby give permission for the exchange of any information between VACA Childcare and School district staff whenever such exchange would enable either party to best meet the needs of my child.

- \_\_\_\_\_ 12. I authorize VACA Childcare staff to take my child on walks as the weather permits. Also, upon notification and my signature of permission, the center is authorized to take my child on planned field trips on foot or parent transportation. I also understand that no refunds will be given unless the field trip is canceled by VACA Childcare.
- \_\_\_\_\_ 13. I hereby give permission for my child to use wading pools at VACA Childcare.
- \_\_\_\_\_ 14. I authorize VACA Childcare staff to administer over-the-counter medication (that I have provided) as needed per label instructions.
- \_\_\_\_\_ 15. I authorize VACA Childcare staff to administer prescription medication per Health Care Provider instructions.
- \_\_\_\_\_ 16. I have read and understand the Meal program and the MN Infant or Child Meal Pattern document.
- \_\_\_\_\_ 17. I have received a copy of VACA's Emergency Preparedness Plan. I understand it is my responsibility to read it.

Verndale Area Christian Academy and Childcare will not be responsible for anything that may happen because of false information given as part of the enrollment process.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### TYPICAL SCHEDULING

Please mark what your typical schedule would be each week. If you have a flex schedule where the day off changes just mark that in the last box and be sure to fill out the schedules for billing purposes.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	FLEX DAYS
In:	In:	In:	In:	In:	In:
Out:	Out:	Out:	Out:	Out:	Out:

Check the meals your child normally receives while in care on weekdays:

Breakfast \_\_\_\_\_

AM Snack \_\_\_\_\_

Lunch \_\_\_\_\_

PM Snack \_\_\_\_\_

**VERNDALE AREA CHRISTIAN ACADEMY AND CHILDCARE**

(For 0 months- 16 months)

Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

**FAMILY AND SOCIAL BACKGROUND:**

Members of the household and their relationship to your child:

---

---

---

Marital status of parents: \_\_\_\_\_

Other (explain): \_\_\_\_\_

Custody/visiting arrangements: \_\_\_\_\_

If your child is adopted, at what age: \_\_\_\_\_ Does your child know they are adopted? \_\_\_\_\_

Has your child ever attended a child care center? If so, where? \_\_\_\_\_

How long? \_\_\_\_\_ Was placement successful? \_\_\_\_\_

If not, why? \_\_\_\_\_

**DEVELOPMENTAL BACKGROUND OF CHILD**

Describe your infant/child's day:

1. Eating, including any dietary restrictions: \_\_\_\_\_
2. Sleeping, including naps and how long: \_\_\_\_\_
3. Toileting: \_\_\_\_\_
4. Communication: \_\_\_\_\_

Which indoor play activities are your child's favorite? \_\_\_\_\_

Which outdoor activities are your child's favorite? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

Do you use special calming techniques if your child is upset and needs comfort? \_\_\_\_\_

**FAMILY INFORMATION**

What method of behavior guidance is used in your family? \_\_\_\_\_

Is any language other than English spoken in your family? \_\_\_\_\_

Does your child know any sign language? \_\_\_\_\_ If yes, what signs? \_\_\_\_\_

What are your family traditions and customs? \_\_\_\_\_

---

**VERNDALE AREA CHRISTIAN ACADEMY AND CHILDCARE**

(For 16 months- 5 years)

Child's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

**FAMILY AND SOCIAL BACKGROUND:**

Members of the household and their relationship to your child:

---

---

---

Marital status of parents: \_\_\_\_\_

Other (explain): \_\_\_\_\_

Custody/visiting arrangements: \_\_\_\_\_

If your child is adopted, at what age: \_\_\_\_\_ Does your child know they are adopted? \_\_\_\_\_

Has your child ever attended a child care center? Y/N If so, where? \_\_\_\_\_

How long? \_\_\_\_\_ Was placement successful? \_\_\_\_\_

If not, why? \_\_\_\_\_

**DEVELOPMENTAL BACKGROUND OF CHILD**

Does your child dress self? \_\_\_\_\_ Undress self? \_\_\_\_\_ Feed Self? \_\_\_\_\_ Right/Left-Handed? \_\_\_\_\_

Will your child take naps? \_\_\_\_\_ How long? \_\_\_\_\_

Are there any dietary restrictions? \_\_\_\_\_

Which indoor play activities are your child's favorite? \_\_\_\_\_

Which outdoor play activities are your child's favorite? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

Do you use special calming techniques if your child is upset and needs comfort? \_\_\_\_\_

**FAMILY INFORMATION**

What method of behavior guidance is used in your family? \_\_\_\_\_

Is any language other than English spoken in your family? \_\_\_\_\_

Does your child know any sign language? \_\_\_\_\_ If yes, what signs? \_\_\_\_\_

What are your family traditions and customs? \_\_\_\_\_

---

**VERNDALE AREA CHRISTIAN ACADEMY AND CHILDCARE**

(For School-age)

Child's name: \_\_\_\_\_

**FAMILY AND SOCIAL BACKGROUND:**

Members of the household and their relationship to your child:

---

---

---

Marital status of parents: \_\_\_\_\_

Other (explain): \_\_\_\_\_

Custody/visiting arrangements: \_\_\_\_\_

If your child is adopted, at what age: \_\_\_\_\_ Does your child know they are adopted? \_\_\_\_\_

Has your child ever attended a child care center? Y/N If so, where? \_\_\_\_\_

How long? \_\_\_\_\_ Was placement successful? \_\_\_\_\_

If not, why? \_\_\_\_\_

**DEVELOPMENTAL BACKGROUND OF CHILD**

Does your child have allergies? If yes, what? \_\_\_\_\_

Are there any dietary restrictions? \_\_\_\_\_

Which indoor play activities are your child's favorite? \_\_\_\_\_

Which outdoor play activities are your child's favorite? \_\_\_\_\_

Does your child have any fears? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

Do you use special calming techniques if your child is upset and needs comfort? \_\_\_\_\_

**FAMILY INFORMATION**

What method of behavior guidance is used in your family? \_\_\_\_\_

Is any language other than English spoken in your family? \_\_\_\_\_

Does your child know any sign language? \_\_\_\_\_ If yes, what signs? \_\_\_\_\_

What are your family traditions and customs? \_\_\_\_\_

---

## Parental Supervision Policy

At Verndale Area Christian Academy Childcare, we prioritize the safety and well-being of every child entrusted to our care. As part of our commitment to providing a secure environment, we have established the following parental supervision policy for check-out and departure:

### 1. Check-Out Procedure:

- Parents or authorized guardians must personally check out their child from the childcare facility.
- Upon arrival for pick-up, parents are required to sign the child out on the designated computer, documenting the time of departure.
- Staff members will verify the identity of the person picking up the child, ensuring that only authorized individuals are permitted for pick-up.

### 2. Parental Responsibility:

- After checking out their child, parents are responsible for supervising them until they are safely seated in the vehicle.
- Parents need to accompany their child as they leave the childcare premises and proceed to the vehicle.
- Children must always be under the direct supervision of a parent or authorized guardian during the arrival and departure process.

### 3. Safety Measure:

- Parents are encouraged to hold hands with younger children and maintain close proximity to ensure their safety while walking to the vehicle.
- Vehicles should be parked in designated areas, and parents should ensure that children are securely buckled into appropriate car seats or seat belts before departing.

### 4. Communication:

- Parents are encouraged to communicate any special instructions or concerns regarding their child's departure with childcare staff.
- Staff members will provide assistance and support as needed to ensure a smooth and safe departure process for all children.

### 5. Continuous Oversight:

- Childcare staff will monitor the check-out and departure process to ensure compliance with the parental supervision policy and to address any safety concerns promptly.

By adhering to this parental supervision policy, we aim to promote a safe and supportive environment where every child feels valued, cared for, and protected.

## Verndale Area Christian Academy Defamation & Slander Policy

At Verndale Area Christian Academy, we commit to fostering an environment rooted in Christian values of respect, integrity, and community culture. By enrolling their child, parents and guardians agree to uphold these principles in all their interactions related to the Academy, including verbal and written communications and social media engagements.

### Policy on Defamatory Communication:

#### 1. Scope of Policy:

This policy applies to all verbal and written communications that pertain to the Academy, its staff, parents, and operations, including public posts on online platforms.

#### 2. Prohibition of Defamation:

Defamation, including slander (spoken) and libel (written), involves making false statements that harm someone's reputation through direct naming or inference. Such actions are strictly prohibited. You will be asked to remove the post as soon as possible. We encourage you to communicate with truthfulness and love, reflecting Biblical values of wholesome speech.

#### 3. Consequences of Violations:

If refusing to remove defaming or slanderous posts, engaging in defamation will result in 24-hour notice of disenrollment of the offending party's child or children. Repeated occurrence after warning and removal will also result in disenrollment. This measure is crucial for preserving a positive and spiritually enriching environment for all our children.

#### 4. Procedure for Addressing Concerns:

We urge parents and guardians to bring any concerns directly to the Academy management. Our commitment to Christian values emphasizes open, honest, and compassionate dialogue aimed at reconciliation and mutual understanding.

#### 5. Re-enrollment:

In line with our beliefs in forgiveness and restoration, disenrollment for defamation does not preclude future re-enrollment. Potential re-enrollment will require the removal of defamatory content, then the posting of a public apology on the same platform. Each case will be assessed for signs of sincere repentance and a recommitment to our community's values.



Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

# Immunization Form

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Immunizations required for child care, early childhood programs, and school.

Birth to 6 months

12 -24 months

At Kindergarten

At 7th grade

At 12th grade

## Vaccine

Hepatitis B									
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)									
<i>Haemophilus influenzae</i> type b (Hib)									
Pneumococcal (PCV)									
Polio									
Measles, Mumps, Rubella (MMR)									
Chickenpox (varicella)									
Hepatitis A									
Tetanus, Diphtheria, Pertussis (Tdap)									
Meningococcal (MCV4)									

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

## Instructions for parent or guardian:

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
  - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
  - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
  - Document medical and/or non-medical exemptions in section 1.
  - Verify history of chickenpox (varicella) disease in section 2.
  - Provide consent to share immunization information (optional) in section 3.

**Instructions:** Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

Name \_\_\_\_\_

1. Document a medical and/or non-medical exemption (A and/or B).

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine Diphtheria, Tetanus, and Pertussis	Medical Exemption	Non-Medical Exemption
Polio		
Measles, Mumps, Rubella		
Haemophilus influenzae type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

**A. Medical exemption:** By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\*)

2. History of chickenpox (varicella) disease. This child had chickenpox in the month and year\_\_\_\_\_

My signature below means that I confirm that this child does not need chickenpox vaccine because:

- ☐ I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.
- ☐ I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of health care practitioner\* representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

\*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.  
Minnesota Department of Health - Immunization Program (2019)

**B. Non-medical exemption:** A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who

are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent or guardian in presence of notary)

Non-medical exemptions must also be signed and stamped by a notary:

This document was acknowledged before me

on \_\_\_\_\_ (date)

by \_\_\_\_\_  
(name of parent or guardian)

Notary Signature: \_\_\_\_\_

Notary Stamp



STATE OF MINNESOTA, COUNTY OF \_\_\_\_\_

3. Consent to share immunization information: This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(of parent/guardian)

Return within 30 days of Enrollment!

**HEALTH CARE SUMMARY****MUST BE COMPLETED BY HEALTH CARE SOURCE**

Date of Enrollment: \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_

Birth Date \_\_\_\_\_

ADDRESS \_\_\_\_\_

Telephone \_\_\_\_\_

PARENT(S) OR GUARDIAN \_\_\_\_\_

Date of last physical examination \_\_\_\_\_ How long have you been seeing this child? \_\_\_\_\_

How frequently do you see this child when he/she is not ill? \_\_\_\_\_

Does this child have any allergies (including allergies to medications)? \_\_\_\_\_

Is a modified diet necessary? \_\_\_\_\_

Is any condition present that might result in an emergency? \_\_\_\_\_

What is the status of the child's . . . Vision \_\_\_\_\_

Hearing \_\_\_\_\_

Speech \_\_\_\_\_

Please list below the important health problems

Important Health Problems	Followed By You	Followed By Other Med Source (Name)	Requires Special Attention at Center
_____	_____	_____	_____
_____	_____	_____	_____

Other information helpful to the child care program \_\_\_\_\_

Phone \_\_\_\_\_

Signature of Health Source \_\_\_\_\_ Address \_\_\_\_\_

Date \_\_\_\_\_

## WADING POOLS

Wading pools have been identified as potential sources of disease transmission and as safety hazards.

- Recommendations from the *Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* (Third Edition, Standard 6.3.5.3: Portable Wading Pools) states that portable wading pools should not be permitted in childcare settings.
- Minnesota childcare licensing rules, for both childcare centers and family childcare homes, require that outdoor play areas be free of water hazards and potential sources of fecal contamination that could lead to transmission of enteric pathogens such as *Cryptosporidium* or *Escherichia coli* (*E. coli*) O157:H7.
- Minnesota Department of Human Services Division of Licensing DHS Rule 3 for Child Care Centers does not allow wading pools for any age group.

According to reports from the Minnesota Department of Health (MDH), each year several outbreaks of *E. coli* O157:H7 infections are identified in Minnesota in both childcare homes and centers. These outbreaks often cause disruption of parents' schedules and loss of income for the childcare provider because infected children need to be excluded from childcare until they are no longer carrying the bacteria, which can take as long as one to two months. Several other disease-causing agents, including *Giardia*, *Cryptosporidium*, and *Shigella*, are also efficiently transmitted in wading pools. All of these agents can cause severe illness in children and are common in Minnesota.

Unlike swimming pools that are treated to prevent disease transmission, wading pools are typically filled with tap water and may or may not be emptied and disinfected on a daily basis. Thus, many enteric pathogens (germs from the stool) can be easily spread by contaminated wading pool water that children may accidentally swallow while playing in the pool. Spread of these infections can occur even under the care of the most diligent and thoughtful childcare providers, since these infections can be spread even when the child only has mild symptoms. For these reasons, wading pools are not appropriate for childcare settings with infants and toddlers who are still in diapers.

In addition, children who are ill with vomiting or diarrhea should not play in any wading pool, pool, or spa. A child known to be infected with enteric pathogens such as *Cryptosporidium* or *E. coli* O157:H7 should not use any pools (see disease-specific fact sheets in Section 6). For some diseases, children should be kept out of pools for a specified time period even after the diarrhea has stopped.

In addition, the U.S. Consumer Product Safety Commission warns that young children can drown in small amounts of water, as little as two inches deep. Submersion incidents involving children usually happen in familiar surroundings and can happen quickly (even in the time it takes to answer the phone). In a comprehensive study of drowning and submersion incidents involving children under five years old, 77% of the victims had been missing from sight for five minutes or less. The Commission notes that toddlers, in particular, often do something unexpected because their capabilities change daily. Child drowning is a silent death, since there is no splashing to alert anyone that the child is in trouble.

Alternatives to wading pools include sprinklers, hoses, or small individual water buckets. All provide water play opportunities that are not potential hazards for drowning or disease transmission.

## DISCHARGE POLICY

### **MUTUAL DECISION BETWEEN PARENT AND CENTER:**

A mutual decision may be reached between the parent and the center whereby both parties agree that placement of the child is inappropriate, and the child would better excel from another placement. Written notice of two weeks must be given, or parents will be responsible for payment of fees for those two weeks. If the parent has paid more fees than those two weeks, a refund will be given.

### **PARENT INITIATED VOLUNTARY DISCHARGE:**

Circumstances may arise when parents voluntarily choose to withdraw their child from the center. A two-week written notice must be given to the director stating the child's last date of attendance at the center. Parents are responsible for payment of fees for those two weeks. If the parent has paid fees more than those two weeks, a refund will be given.

### **CENTER INITIATED-INVOLUNTARY DISCHARGE (TERMINATION):**

Every possible action will be taken to resolve an issue and create a correction plan prior to a center-initiated discharge. Though considered a last resort, Verndale Area Christian Academy reserves the right to terminate any enrollment. Under the guidance of the board, the director may discharge a child for the following reasons:

- A. Failure to pay fees. If payment of fees is delinquent for two weeks or more, a child may be discharged.
- B. Failure to observe or cooperate with the policies of the center. The policies of Verndale Area Christian Academy have been established to provide quality care for the children. Any parent or child who fails to follow the policies may put the children in jeopardy. Center policies will be available upon request to review.
- C. Inappropriate or abusive verbal/physical behavior toward staff or children at the center. Immediate discharge may be arranged by the director for inappropriate physical or verbal behavior on the part of a parent or a child. This includes open and consistent defiance or disrespect for God and His word.
- D. Need for special services. If Verndale Area Christian Academy cannot meet the needs of a child, parents will be assisted in contacting other agencies within the community that can best serve their child.

## SUPPLIES

**INFANTS:** (6 weeks to 16 months)

- Prepared bottles of breast milk or formula (labeled with child's name)
- Water bottle
- Pacifiers, if using
- Disposable diapers
- Diaper ointment (if using)
- Extra formula, if used (for emergency use only)
- Cereal or baby food (labeled with child's name)
- Three sets of seasonal and size appropriate clothing

**TODDLERS** (14 months to 32 months):

- Disposable diapers or training pants
- Diaper wipes and ointment (when used)
- Two sets of seasonally and size appropriate clothing
- Light blanket and/or other comfort object for naptime
- Small backpack to carry items back and forth daily
- Sweatshirt or sweater

**PRESCHOOLERS** (29 months-5 years):

- One set of seasonal and size appropriate clothing
- Sweatshirt or sweater
- Light blanket and/or other comfort object for naptime
- Small backpack to carry items back and forth daily

**ALL CHILDREN:**

- 3 boxes of Kleenex
  - 3 containers of Clorox Wipes
- (These will help keep germs down)

**THINGS NOT TO BRING:**

Please do not send gum or candy to the center with your child.

As a rule, it is recommended that children do not bring toys from home unless it is used as a comforting agent, such as a teddy bear, at naptime.

Preschoolers may bring one item from home for "Show and Tell" day. We prefer that you help your child select an appropriate item (avoid anything promoting violence) and try to label it in some manner with your child's name.

Thank you for your support in keeping your children happy and safe.





# Child and Adult Care Food Program—Child Care Centers Household Income Statement—July 2023

**1** List all infants, children and students through grade 12 in the household, even if they are not related. If more space is needed, attach another sheet.

Child's First Name	MI	Child's Last Name	Birthdate	Enrolled at this center?	Ethnicity				Race – One or more may be selected			
					Hispanic / Latino?	American Indian or Alaskan Native?	Asian?	Black or African American?	Native Hawaiian or other Pacific Islander?	White?		
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		

**2** Do any household members **currently** participate in SNAP, MFIP, or FDIPIR? If yes, check which program and write the corresponding case number below:   
Go on to number 4. If no, go to number 3. **NOTE: Child Care Assistance, Medical Assistance, WIC benefits, and PMI numbers do not qualify** under this section 2.

☐ SNAP Case number ☐ MFIP Case number ☐ FDIPIR Case number

**3** Report income for all household members. Skip this step if you answered yes to number 2 or if all participants are children in foster care.

**A.** Child Income. Include the total income a child earns or receives. Child Income: ☐ Weekly ☐ Every two weeks ☐ Twice per Month ☐ Monthly   
**B.** Adult Income. Include yourself and record total income below. List all adult household members even if they don't receive income.

Adults - Full Name List the full name of each household member who is living with you and shares income and expenses. Enter all income(s) in whole dollars. If zero income write 0. Include any college students temporarily away.	Gross Pay from Work				Farm or Self-Employment Net Income after business expenses. State if annual or monthly.	Public Assistance, Child Support, Alimony				All Other Incomes						
	Do not write in an hourly wage					Weekly	Every two weeks	Twice per month	Monthly		Pension, retirement, disability, unemployment, Veterans benefits, etc.	Weekly	Every two weeks	Twice per month	Monthly	
	Gross pay before taxes (not take-home pay)	Weekly	Every two weeks	Twice per month					Monthly	Annual						
	\$				\$											
	\$				\$											
	\$				\$											

**C.** Last four digits of signer's Social Security Number (SSN) or no SSN (required): X X X-X- or I don't have a Social Security Number.

**4** I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that this information is given in connection with receipt of federal funds and that officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted under applicable federal and state laws.

**Signature of adult household member (required):** \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Sponsor Use Only—Do Not Write Below**

Approved: ☐ A—Foster ☐ A—Case Number ☐ B—Income ☐ C Total Household Members: \_\_\_\_\_ Total Income: \$ \_\_\_\_\_ per \_\_\_\_\_

Effective Dates: From \_\_\_\_\_ through \_\_\_\_\_ Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_





## Child and Adult Care Food Program – Child Care Centers Household Income Statement–July 2023

### Farmer or Self-Employed

Income is your *net* income (after deducting business expenses) from farm or self-employment during the year, which is shown on Schedule C or F from the federal tax return. A loss from farm or self-employment must be listed as zero income and does not reduce other household income for the purpose of completing this form.

### Seasonal Worker

Income is your expected *average gross income* before deductions (*not take-home pay*) from seasonal work during the year. List your *average gross income* from seasonal work per month or other frequency.

### Privacy Act Statement / How Information Is Used

The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give this information but if you do not, we cannot approve your child for free or reduced-price school meals. You must include the last four digits of the Social Security number of the adult household member who signs the application. The last four digits of the Social Security number are not required when you apply on behalf of a child in foster care, or you provide a Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservation (FDPIR) assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

Only authorized officials will have access to the information you provide on this form. We will use your information to determine if your child qualifies for free or reduced-price meals, and for administration and enforcement of the program. We may share your information with other 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. We require written consent from you before sharing information for other purposes.

While listing your children's race and ethnicity is voluntary, CACFP uses the percentages of participants in each racial and ethnic category to make sure CACFP is operated in a nondiscriminatory manner and in compliance with federal and civil rights laws. The information is not required and will not affect approval of benefits.

### Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotype, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, [USDA Program Discrimination Complaint Form](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf) which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. **mail:** U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or 2. **fax:** (833) 256-1665 or (202) 690-7442; or 3. **Email:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

### Office Use Only: Verification (Pricing Program Only)

Date Verification Sent: \_\_\_\_\_ Response Due: \_\_\_\_\_ 2<sup>nd</sup> Notice: \_\_\_\_\_ Result: ☐ No Change ☐ A to B ☐ A to C ☐ B to A ☐ B to C

Reason for change: ☐ Income ☐ Case number not verified ☐ Foster status not verified ☐ Refused cooperation ☐ Other: \_\_\_\_\_

Signature of verifying official: \_\_\_\_\_ Date: \_\_\_\_\_



## All Other Programs NDS

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at 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, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** [program.intake@usda.gov](mailto:program.intake@usda.gov).

*USDA is an equal opportunity provider, employer, and lender.*

Page updated: April 17, 2025



Child and Adult Care Food Program

# Infant Meal Pattern

**mn** DEPARTMENT OF EDUCATION

Meal	Birth through 5 months	6 through 11 months
<b>Breakfast, Lunch, Supper</b>	4-6 fluid oz breastmilk <sup>1</sup> or iron-fortified infant formula	6-8 fluid oz breastmilk <sup>1</sup> or iron-fortified infant formula <b>AND<sup>2</sup></b> <ul style="list-style-type: none"> <li>• 0-4 tbsp iron-fortified infant cereal, meat, fish, poultry, whole egg, cooked dry beans, cooked dry peas OR</li> <li>• 0-2 oz cheese OR</li> <li>• 0-1/2 cup cottage cheese OR</li> <li>• 0-4 oz (volume) or 0-1/2 cup yogurt<sup>3</sup> OR</li> <li>• A combination of the above</li> </ul> <b>AND<sup>2</sup></b> <ul style="list-style-type: none"> <li>• 0-2 tbsp vegetable or fruit or a combination of both<sup>4</sup></li> </ul>
<b>Snack</b>	4-6 fluid oz breastmilk <sup>1</sup> or iron-fortified infant formula	2-4 fluid oz breastmilk <sup>1</sup> or iron-fortified infant formula <b>AND<sup>2</sup></b> <ul style="list-style-type: none"> <li>• 0-1/2 oz eq bread<sup>5</sup> OR</li> <li>• 0-2 crackers<sup>5</sup> OR</li> <li>• 0-4 tbsp iron-fortified infant cereal<sup>5</sup> OR</li> <li>• 0-4 tbsp ready-to-eat breakfast cereal<sup>5, 6</sup></li> </ul> <b>AND<sup>2</sup></b> <ul style="list-style-type: none"> <li>• 0-2 tbsp vegetable or fruit or a combination of both<sup>4</sup></li> </ul>

<sup>1</sup>Breastfeeding on site is creditable as part of a reimbursable meal or snack.

<sup>2</sup>Foods from the following components are required when developmentally ready.

<sup>3</sup>Yogurt must contain no more than 23 grams of sugar per 6 ounces.

<sup>4</sup>Juice is not creditable for infants.

<sup>5</sup>A serving of grains must be whole grain-rich, enriched meal, or enriched flour.

<sup>6</sup>Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.

Effective 10/1/2019



## Child and Adult Care Food Program

# Child Meal Pattern



## Breakfast

Serve all three components for a reimbursable meal.

	Minimum Portion Size		
	Ages 1-2	Ages 3-5	Ages 6-12 and 13-18
<b>Milk<sup>3</sup></b>	4 fluid oz	6 fluid oz	8 fluid oz
<b>Vegetables, fruits or portions of both<sup>4</sup></b>	1/4 cup	1/2 cup	1/2 cup
<b>Grains<sup>5,6</sup></b>			
• Whole grain-rich or enriched bread	1/2 oz eq	1/2 oz eq	1 oz eq
• Whole grain-rich or enriched bread product, such as a biscuit, roll or muffin	1/2 oz eq	1/2 oz eq	1 oz eq
• Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>7</sup> , cereal grain, rice and/or pasta	1/4 cup	1/4 cup	1/2 cup
• Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) <sup>7</sup> :			
• Flakes or rounds	1/2 cup	1/2 cup	1 cup
• Puffed cereal	3/4 cup	3/4 cup	1 1/4 cup
• Granola	1/8 cup	1/8 cup	1/4 cup

## Lunch and Supper

Serve all five components for a reimbursable meal.

	Minimum Portion Size		
	Ages 1-2	Ages 3-5	Ages 6-12 and 13-18
<b>Milk<sup>3</sup> Meat/meat</b>	4 fluid oz	6 fluid oz	8 fluid oz
<b>alternate</b>			
• Lean meat, poultry or fish	1 oz	1 1/2 oz	2 oz
• Tofu, soy product or alternate protein product	1/4 cup	3/8 cup	1/2 cup
• Cheese	1 oz	1 1/2 oz	2 oz
• Cottage cheese	2 oz or 1/4 cup	3 oz or 3/8 cup	4 oz or 1/2 cup
• Large egg	1/2	3/4	1
• Cooked dry beans or peas	1/4 cup	3/8 cup	1/2 cup
• Peanut butter or soy nut butter or other nut or seed butters	2 tbsp	3 tbsp	4 tbsp
• Yogurt, regular or soy, plain or flavored, sweetened or unsweetened <sup>8</sup>	4 oz or 1/2 cup	6 oz or 3/4 cup	8 oz or 1 cup
• Peanuts, soy nuts, tree nuts or seeds <sup>9</sup>	1/2 oz = 50%	3/4 oz = 50%	1 oz = 50%
<b>Vegetables or 100% vegetable juice<sup>4</sup></b>	1/8 cup	1/4 cup	1/2 cup
<b>Fruits or 100% fruit juice<sup>4,10</sup></b>	1/8 cup	1/4 cup	1/4 cup
<b>Grains<sup>5</sup></b>			
• Whole grain-rich or enriched bread	1/2 oz eq	1/2 oz eq	1 oz eq
• Whole grain-rich or enriched bread product, such as a biscuit, roll or muffin	1/2 oz eq	1/2 oz eq	1 oz eq
• Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>7</sup> , cereal grain, rice and/or pasta	1/4 cup	1/4 cup	1/2 cup

Snack	Minimum Portion Size		
	Ages 1-2	Ages 3-5	Ages 6-12 and 13-18
Serve two of the five components for a reimbursable snack. <sup>11</sup>			
<b>Milk<sup>3</sup></b>	4 fluid oz	4 fluid oz	8 fluid oz
<b>Meat/meat alternate</b>			
• Lean meat, poultry or fish	1/2 oz	1/2 oz	1 oz
• Tofu, soy product or alternate protein product	1/8 cup	1/8 cup	1/4 cup
• Cheese	1/2 oz	1/2 oz	1 oz
• Cottage cheese	1 oz or 1/8 cup	1 oz or 1/8 cup	2 oz or 1/4 cup
• Large egg	1/2	1/2	1/2
• Cooked dry beans or peas	1/8 cup	1/8 cup	1/4 cup
• Peanut butter or soy nut butter or other nut or seed butters	1 tbsp	1 tbsp	2 tbsp
• Yogurt, regular or soy, plain or flavored, sweetened or unsweetened <sup>8</sup>	2 oz or 1/4 cup	2 oz or 1/4 cup	4 oz or 1/2 cup
• Peanuts, soy nuts, tree nuts or seeds	1/2 oz	1/2 oz	1 oz
<b>Vegetables or 100% vegetable juice<sup>4</sup></b>	1/2 cup	1/2 cup	3/4 cup
<b>Fruits or 100% fruit juice<sup>4</sup></b>	1/2 cup	1/2 cup	3/4 cup
<b>Grains<sup>5</sup></b>			
• Whole grain-rich or enriched bread	1/2 oz eq	1/2 oz eq	1 oz eq
• Whole grain-rich or enriched bread product, such as a biscuit, roll or muffin	1/2 oz eq	1/2 oz eq	1 oz eq
• Whole grain-rich, enriched or fortified cooked breakfast cereal <sup>7</sup> , cereal grain, rice and/or pasta	1/4 cup	1/4 cup	1/2 cup
• Whole grain-rich, enriched or fortified ready-to-eat breakfast cereal (dry, cold) <sup>7</sup> :			
• Flakes or rounds	1/2 cup	1/2 cup	1 cup
• Puffed cereal	3/4 cup	3/4 cup	1 1/4 cup
• Granola	1/8 cup	1/8 cup	1/4 cup

## Notes

<sup>1</sup>Offer versus serve is an option for at-risk afterschool meal program participants only. Offer versus serve is not available at snack.

<sup>2</sup>Participants 13 to 18 years of age may only be served by at-risk afterschool meal programs and emergency shelters. <sup>3</sup>Must be unflavored whole milk for 1-year-olds, unflavored low-fat (1%) or unflavored fat-free (skim) milk for children 2- through 5- years-old, or unflavored low-fat (1%) or flavored low-fat (1%), unflavored fat-free (skim) or flavored fat-free (skim) milk for children 6-years-old and older. Breastmilk is an allowable substitute for milk for children of any age. <sup>4</sup>Juice may only be served at one meal or snack per day. <sup>5</sup>At least one serving per day across all meals and/or snacks must be whole grain-rich. Use the Grain Crediting Chart for CACFP for

portion sizes of more grain choices.

<sup>6</sup>Meat and meat alternates may be used to meet the entire grains component at breakfast a maximum of three times per week. One ounce of meat/meat alternate is equal to one ounce equivalent of grains.

<sup>7</sup>Breakfast cereals must contain no more than 6 grams of sugar per dry ounce.

<sup>8</sup>Yogurt must contain no more than 23 grams of sugar per 6 ounces.

<sup>9</sup>One ounce of nuts/seeds provides one ounce meat/meat alternate. Nuts and seeds may meet only one half of the total meat/meat alternate serving and must be combined with another meat/meat alternate at lunch or supper.

<sup>10</sup>A second different vegetable may be served to meet the entire fruit component.

<sup>11</sup>Only one of the two food components for snack may be a beverage.

Effective 10/1/2019