



## Immunization Record

Attach a copy of the child's immunization record. An immunization record or exemption is obtained prior to the first day of attendance and is to be updated when the child receives additional vaccines. **Parent/guardian must provide a copy of the current updated immunization record to the child care program.** Refer to Appendix II, Immunizations, in Requirements for Child Care Programs for immunization and exemption procedures.

## Health Record

Child's physician or clinic \_\_\_\_\_ Phone \_\_\_\_\_  
Street address \_\_\_\_\_ City \_\_\_\_\_ Oklahoma \_\_\_\_\_  
State \_\_\_\_\_ ZIP \_\_\_\_\_

I understand that a signed parent/guardian permission is obtained prior to administration of any medication to any child.

Does your child have any specific needs involving routine care, behavior modification, communication, eating, or sleeping activities? When yes, describe:

Does your child have any known allergies?  Yes  No

When yes, list:

Does the known allergy require special precautions, actions, or medications?  Yes  No

When yes, describe:

Describe any special precautions for diet, medication, or activity, when applicable:

Are there any other special considerations that would assist this program in providing care to your child? When yes, describe:

Will your child receive any specialized services from professionals outside of this program's personnel?  Yes  No

When yes, I understand that a signed and dated parent permission is required. I give permission for program personnel to consult with specialized personnel regarding the needs of my child?  Yes  No

## Transportation

- I do not give permission to transport my child.
- I give permission for my child to be transported by this program under the following circumstances:

Select all that apply:

- When an emergency occurs and I cannot be reached
- Field trips
- To and from home

Drop-off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

Specific plan for transfer and supervision:

- To and from home

Drop-off time: \_\_\_\_\_ Pick-up time: \_\_\_\_\_

Specific plan for transfer and supervision:

- Other, specify:

## Pick Up Permission

Individuals who have permission to pick up my child:

Name	Phone

**Signature**

I understand this form is supplied by the Oklahoma Human Services (OKDHS) for the convenience of the child care program and me to assist with care of my child. Supplying this form in no way imposes any responsibility or obligation upon OKDHS.

Program policies are provided to parents upon enrollment and when revisions are made.

Selecting Quality Child Care - A Parent Guide, DHS publication 87-91, Licensing Requirements for Child Care Programs, DHS publication 14-05, and the program compliance file are all made accessible to parents in a prominent location.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

**Child Care Program Use**

Date child entered program: \_\_\_\_\_

Date child withdrawn: \_\_\_\_\_

## Child Developmental History Form

### GENERAL INFORMATION

Child's full name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Current Address: \_\_\_\_\_

Person providing this information: \_\_\_\_\_ Relationship to child \_\_\_\_\_

Who does child live with:  both parents  mother  father  other (specify) \_\_\_\_\_

Biological father \_\_\_\_\_ Occupation \_\_\_\_\_

Father's phone \_\_\_\_\_

Biological mother \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's phone \_\_\_\_\_

Guardian's name \_\_\_\_\_ Occupation \_\_\_\_\_

Guardian's phone \_\_\_\_\_

Please list all people in the child's immediate family:

Name	Relationship to Child	Age/Grade	Living in House?
			<input type="checkbox"/> Yes <input type="checkbox"/> NO
			<input type="checkbox"/> Yes <input type="checkbox"/> NO
			<input type="checkbox"/> Yes <input type="checkbox"/> NO
			<input type="checkbox"/> Yes <input type="checkbox"/> NO
			<input type="checkbox"/> Yes <input type="checkbox"/> NO
			<input type="checkbox"/> Yes <input type="checkbox"/> NO

Please list all other non- family members who live in household:

Name	Relationship to Child	Length Living in Home

Language(s) spoken at home \_\_\_\_\_

Primary Language at home \_\_\_\_\_

Are biological parents of child currently:  married  separated  divorced  never married

If separated or divorced, who has legal custody?  mother  father  other (specify):  
\_\_\_\_\_

If separated or divorced, how do you feel your child has adjusted to separation/divorce?  
\_\_\_\_\_

Are there other adults who have a significant part in raising your child?  Yes  No

If so, please indicate name & relationship (i.e. step-parent, grandparent, etc.)  
\_\_\_\_\_

Have there been any significant changes in the home over the last few years? (such as new marriages, deaths, births, address changes, family separation/divorce, parent dating, money problems, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

What do you feel are your child's...  
Strengths \_\_\_\_\_  
Weaknesses \_\_\_\_\_

Briefly describe your concerns for your child.  
\_\_\_\_\_  
\_\_\_\_\_

### HEALTH AND DEVELOPMENT

Is your child your:  biological child  adopted child  foster child  other: \_\_\_\_\_

Mother's age at birth? \_\_\_\_\_ Did mother receive routine medical prenatal care?  Yes  No

Pregnancy lasted \_\_\_\_\_ weeks/ months Child's birth weight: \_\_\_\_\_ pounds \_\_\_\_\_ ounces

Please check the conditions below that describe the health of the child and mother during...

- Mother's Pregnancy  No Complications  Blackouts  Falls  Physical Injury  
 Excessive Bleeding  Hypertension  Diabetes  Emotional Stress  Toxemia  
 Alcohol/ Drug Use  Use of Tobacco

Child's Delivery    Normal    Induced Labor    C-Section    Breech birth  
 Unusually long labor (>12hrs)    Premature # of weeks \_\_\_\_\_  
 Overdue # of weeks \_\_\_\_\_  Other Problem (Specify) \_\_\_\_\_

Child's Condition at Birth    Normal/ No problems    Lack of Oxygen    Breathing Problems  
 Birth Injury/ Defect    Jaundice    Newborn ICU # of day \_\_\_\_\_  
 Other Problem (Specify) \_\_\_\_\_

Describe the state of your child's current health:    Excellent    Good    Fair    Poor

Is your child currently taking any medication?  Yes    No

If yes, please list medication and uses:

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Has your child ever been identified as having a disability?    Yes    No

If so, by whom, what age, & what disability?

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Has your child ever received psychological counseling?    Yes    No

If yes, by whom (professional/ agency) and when:

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Has your child had any of the following?    Serious Injuries    Head Injuries    Surgery/  
Hospitalization    Seizures or convulsions    Other health  
problem: \_\_\_\_\_

Is there a family history of the following?  Learning Difficulties (reading, math, writing)  
 Speech or Language problem (stuttering, etc.)    Developmental Disorder ( such as  
Autism, etc.)    Emotional Problems (depression, mood swings, etc.)    Mental Retardation  
 School Failure (failing grades, dropout, etc.)    Drug or Alcohol Addiction

### BEHAVIOR

During your child's first few years of life, were any of the following significantly present?

Difficult to comfort    Difficult nursing    Was not easily calmed by being held or stroked  
 Poor eye contact    Colicky    Did not respond to their name    Excessive irritability  
 Fascination with certain objects    Diminished sleep    Constantly head banging

If you checked any of the above, please describe \_\_\_\_\_

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Child's Early Temperament: (Toddler through five years of age)

Activity Level- How active has your child been from an early age? \_\_\_\_\_

Distractibility- How well was your child able to maintain focus or concentrate on tasks? \_\_\_\_\_

Adaptability- How well was your child able to deal with transition, change, or when denied their own way? \_\_\_\_\_

Mood- What was your child's basic mood? Did they exhibit frequent mood changes? \_\_\_\_\_

Regularity- How predictable was your child's patterns of activity level, sleep, appetite, etc.?

Prior to age six, did your child have more difficulty than other children his/her age...

- Sitting still at meal time
- Paying attention when read to
- Throwing/ catching a ball
- Buttoning and zipping
- Holding crayon or pencil
- Accidentally dropping/knocking things over
- Staying focused on TV, movies, etc.
- Waiting for turn at play
- Knowing left and right
- Dressing self
- Tying shoe laces

Please check below all behaviors or characteristics that fit your child over the past year:

- Destructive behavior
- Is affectionate with family & friends
- Responds well to authority figures
- Boundless energy and poor judgement
- Cruelty to animals
- Disorganized, loses things often
- Shows sudden physical aggression
- Frustrated easily
- Shifts from one activity to another
- Has difficulty playing quietly
- Requires a lot of parent attention
- Fidgets a lot of parent attention
- Appears to daydream or "zone out" often
- Appears depressed & unhappy much of the time
- Explosive temperament
- Frequently complains about aches and pains
- Appears to have low self-esteem
- Prefers to be alone (or considers self "a loner")
- Starts fires
- Lacks motivation
- Steals or lies
- Becomes upset with change
- Fearfulness
- Frequent peer and/or family conflicts
- Does not appear to listen to what is being said
- Always worrying about something
- Nervous habits (nail biting, hair twirling, etc.)

How often are each of the following settings a problem for your child? Problems include: doesn't follow directions/rules, needs reminders, argues/fights, whines/cries, fidgets, etc

- While getting ready for school...  Rarely  Sometimes  Frequently
- When playing by him/herself...  Rarely  Sometimes  Frequently
- When with a babysitter or at daycare...  Rarely  Sometimes  Frequently

- When in the car...  Rarely  Sometimes  Frequently
- When watching TV or playing games...  Rarely  Sometimes  Frequently

How would you describe your child's personality at home?

Which adult would your child prefer to talk with about a problem? \_\_\_\_\_

Who is the family member that your child feels closest to? \_\_\_\_\_

Who is primarily responsible for discipline at home? \_\_\_\_\_

What is the most effective way to deal with your child's behavior problems at home?

How does your child respond to discipline? \_\_\_\_\_

List any responsibilities your child has at home: \_\_\_\_\_

Does your child do these regularly?  Yes  No

Does your child need frequent reminders?  Yes  No

Indicate your child's...

Bed time? \_\_\_\_:\_\_\_\_                      Wake time? \_\_\_\_:\_\_\_\_                      Do they sleep well? \_\_\_\_\_

How much time does your child typically spend on electronic media?

Watching TV: \_\_\_\_\_ hrs./day                      Playing video/computer games: \_\_\_\_\_ hrs./day

Other \_\_\_\_\_

Have any family members expressed concerns about your child's behavior?  Yes  No

If yes, explain: \_\_\_\_\_

How would you describe your child's peer relationships and choice of friends? (i.e. How many friends? What age/genders? Is child shy, outgoing, a leader, a follower, etc?)

\_\_\_\_\_

### EDUCATIONAL HISTORY

How does your child feel about school/childcare? \_\_\_\_\_

How motivated do you feel your child is to learn? \_\_\_\_\_

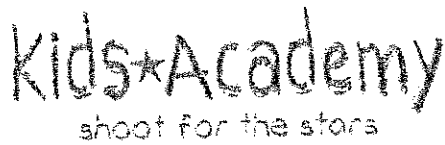
Does your child receive special school service through an IFSP from Sooner Start or an IEP through the public school?  Yes  No If yes, may we have a copy so we can be a partner in meeting the goals set \_\_\_\_\_

Below please list other child care or schools attended

\_\_\_\_\_

\_\_\_\_\_





### Authorization for Emergency Care to Minors

I the undersigned parent with legal custody or legal guardian of the minor listed below:

Minor/Child's Name \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_ Health problems: \_\_\_\_\_

Last Tetanus Shot Date: \_\_\_\_\_ Insurance/HMO: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_  
(OR Provider ON CALL)

Primary Care Dentist: \_\_\_\_\_  
(OR Provider ON CALL)

do hereby authorize any X-ray examination, anesthetic, dental, medical, or surgical diagnosis or treatment by any physician or dentist licensed by the State of Oklahoma and hospital service that may be rendered to said minor under the general, specific or special consent of: KIDS Academy at Southern Hills United Methodist Church. The temporary custodian of the minor; whether such diagnosis or treatment is rendered at the office of the physician or dentist, or at a hospital licensed by the State of Oklahoma. I authorize the physician or dentist to call in any necessary consultant at his/her/ their discretion. I further authorize said physician or dentist to exercise his/her/ their discretion in authorizing the disposal of any severed tissues or member. It is understood that this consent is given in advance of any specific diagnosis or treatment being required, but is given to encourage those persons who have temporary custody of the minor, and said physician or dentist to exercise his/her/their best judgment as to the requirements of such diagnosis or medical, or dental treatment. This consent shall remain effective for one year from the date signed, unless sooner revoked in writing, delivered to said physician or dentist, or said persons instructed with the custody, care and control of said minor.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date





## Authorizations

### Health Status Authorization

As part of our NECPA Accreditation, parents must provide the last well child check record as part of the enrollment process. If no documentation is available you may provide a signed statement from your child's physician stating that your child is able to participate in group care. Please include this documentation with your enrollment packet. Documentation can also be sent via email to [dshultz@shumcokc.org](mailto:dshultz@shumcokc.org). Please put ATTENTION: HEALTH STATUS

### Photo Release

- I give permission for my child picture or likeness to be used in connection with Kids Academy (examples: newsletter, website, etc.)
  
- I DO NOT give permission for my child picture or likeness to be used in connection with Kids Academy (examples: newsletter, website, etc.)

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Child's Name

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Date

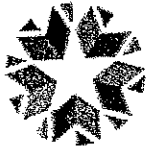
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Parent's Name

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Parent's Signature





# OKLAHOMA Human Services

Compliance File Notification:  
Child Care Programs and  
Family Child Care Homes

### Program Information

Kids Academy at Southern Hills United Methodist Church \_\_\_\_\_ K830054823  
 Program name \_\_\_\_\_ License number

8200 South Pennsylvania Avenue \_\_\_\_\_ Oklahoma City \_\_\_\_\_ OK \_\_\_\_\_ 73159  
 Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code

SAME AS ABOVE \_\_\_\_\_  
 Mailing address \_\_\_\_\_

(405) 681-2575 \_\_\_\_\_ Orvil Corbishley-Trustee Chair  
 Phone \_\_\_\_\_ Owner \_\_\_\_\_

### Child Information

Please list the name(s) and birth date(s) for any child(ren) you are enrolling in this program:

Name	Date of birth

### Agreement and Signature

- I understand and am aware:
  - this program is required to maintain a copy of the compliance file on-site and the information contained in the file is available for inspection.
  - of the Compliance File location and its contents.
  - this form is to be completed:
    - upon child enrollment; and
    - every 12 months thereafter.
  - a copy of the program specific **Notice to Parents** is to be provided to parent(s) or legal guardian(s) upon enrollment.

For program specific information contained in the Notice to Parents, select one:

- DHS Publication No. 14-01, Notice to Parents for Child Care Program
- Form 07LC084E, Notice to Parents for Family Child Care Home

\_\_\_\_\_  
 Parent or legal guardian name      Parent or legal guardian signature      Date

This document does not meet posting requirements per OAC 340:110-3-275 through 340:110-3-311, and DHS Pub 14-15 Licensing Requirements for Child Care Programs, and is a parent provided document only. Information contained in DHS Pub 14-01 Notice to Parents is stated below. You may obtain a copy of DHS Pub 14-01 by calling 1-877-283-4113, or by faxing (405) 962-1741.

### NOTICE TO PARENTS

Please review the following records on a regular basis at child care centers, day-camps, drop-in programs, out-of-school time programs, part-day programs, and programs for sick children.

**Posted:** The program is required to post:

- **This Notice to Parents;** and
- Child Welfare Investigative Summary, with confirmed and substantiated findings for 120 calendar days from the date the investigation is completed as indicated on the form.

**Compliance file:** The program is required to make accessible in a prominent location the following documents, maintained together, with the most recent on top and all child-identifying information removed. The compliance file includes items within the last 120 calendar days, at a minimum, from the date on the document or the investigation completion date on the form, unless requirements state otherwise.

The compliance file **only** contains: compliance monitoring from Licensing, Stars and tribal agencies, such as: **monitoring visit forms;** including the most recent visit; **case status information;** such as forms and correspondence regarding: issuance of permits and licenses; non-compliances and Stars violations; notices to comply; complaint findings; office conferences with Licensing, Stars and tribal agencies; Stars alternative settlements and reductions; consent agreements, denials of a request for license, and revocations of a license; child welfare investigative summary, regardless of findings; however, confirmed or substantiated findings are maintained in the file for 12 months; granted criminal history restriction waiver notifications are maintained in the file for as long as the individual is employed or is living in the facility; and other documents indicating placement in the compliance file.

### Online

**Child care locator and case summary:** Access at the below Web address.

**Licensing requirements for child care programs:** Access at the below Web address or contact the local DHS office below for a mailed copy.

### At the DHS local office

**Public licensing file:** Contact the local office below to schedule an appointment.

**Case summary:** Contact the local office below for a faxed or mailed copy.

If you believe licensing requirements are not being met or you have questions, please contact a child care licensing specialist from DHS Child Care Services at:

**DHS local office**

**Child Care Services**

**Address:** 2507 N. Shields Blvd. Moore OK **Phone:** (405) 912-2000

<http://www.okdhs.org/services/cc/Pages/ChildCareMain.aspx>

# OSIIS - Authorization to Use or Share Protected Health Information to School or Day Care

Student Name: \_\_\_\_\_ Demographic/Client ID #: N/A  
(For School/Day Care receiving PHI to fill out)

Date of Birth: \_\_\_\_\_

I hereby authorize the Oklahoma Immunization Service to release my Immunization records and information located within the Oklahoma State Immunization Information System ("OSIIS") to: Kids Academy at Southern Hills UMC  
(Name of Person/Organization receiving PHI)

The information may be disclosed for the following purpose(s):

- to ensure the student meets Oklahoma eligibility requirements for schools/day cares as outlined in Title 70 O.S. § 1210.191 and Oklahoma Administrative Code ("OAC") 310:535-1-2 and OAC 310: 535-1-3
- Other: \_\_\_\_\_

I understand that by voluntarily signing this authorization:

- I authorize the use or disclosure of my PHI as described above for the purpose(s) listed.
- I have the right to withdraw permission for the release of my information and revoke this authorization at any time in writing.
- I have the right to receive a copy of this authorization.
- I understand that unless the purpose of this authorization is to determine payment of a claim for benefits, signing this authorization will not affect my eligibility for benefits, treatment, enrollment, or payment of claims.
- I understand I may change this authorization at any time in writing. However, I understand I cannot restrict information that may have already been shared based on this authorization.
- Information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient and may no longer be protected by HIPAA Privacy Regulations.

Unless revoked or otherwise indicated, this authorization's automatic expiration date will be one year from the date of my signature or upon

the occurrence of the following event [ e.g., child no longer enrolled in school/day care center] \_\_\_\_\_  
**Child is disenrolled from the program**

\_\_\_\_\_  
Signature of Student or Legal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Description of Legal Representative's Authority

# Immunization Exemptions



- Oklahoma law requires parents of all children attending school, child care facilities, and Head Start in this state submit immunization documentation. This documentation is required before the child is allowed to enter or attend school, child care or Head Start.
- Oklahoma law allows exemptions for medical, religious, or personal reasons.
  - Children with specific medical contraindications to any or all immunizations may be allowed to attend if the medical reason is stated and this statement is signed by a licensed physician and submitted to the school, child care facility or Head Start. Children whose parents object to immunizations based on religious teachings or personal beliefs may seek an exemption.
  - Lost immunization records are not grounds for an exemption to the immunization requirements. Parents who have lost their child's records should contact their local health department or family physician. The nurse or doctor can interpret past immunization history, provide any needed immunizations, and create a record for the parent that can then be submitted to the school, child care facility or Head Start and transcribed for the student's record.
- In the case of a disease outbreak in a school, representatives of the Oklahoma State Department of Health or local health department will visit the school, thoroughly review student immunization records, and make recommendations to the Commissioner of Health on whether students with exemptions should be excluded from school or school functions for the duration of the outbreak. These children may be susceptible to the diseases and, therefore, may be excluded for the duration of any outbreak for their own health and for the health of other children.
- The Commissioner of Health has the authority to exclude students with exemptions from school for the duration of a disease outbreak. This decision is usually based on the risk of disease transmission in the facility. The risk of transmission depends on the characteristics of the particular disease and the potential number of susceptible people who could be exposed to it.



**SCAN** or visit  
[imm-public.osdh.immytech.com](http://imm-public.osdh.immytech.com)  
to request an exemption  
for your child.

1. Create an account.
2. Submit your exemption online through the portal.
3. Upon receiving your completed request, Immunization Service will review your request and will either approve or deny the request within 1-3 business days.
4. Upon receiving an approved exemption, you will receive an email notice to log back into the portal to download the approved exemption certificate.
5. Parents/Guardians will be responsible for providing the approved exemption letter to their child's school, child care facility or Head Start program.



## Sunscreen Authorization

By signing this form, I authorize the Kids Academy at Southern Hills United Methodist Church to apply sunscreen on my child, as needed. By signing, I am also in understanding of the following:

- I understand they are applying the Equate brand of Sunscreen SPF 50 for kids.
- I understand that if I have a preference I may provide my own sunscreen.
- I understand if I provide my own sunscreen, I must write the name of my child and the date brought on the container with SHARPIE.
- I understand this waiver will be good for January 1, 2025 until December 31, 2025.
- If I do not agree, I can decline for my child to use sunscreen while attending the Kids Academy at Southern Hills United Methodist Church.

Thank you and God Bless,  
Debbie Shultz  
Kids Academy Director

- I give permission for my child to use the sunscreen provided by Kids Academy.
- I DO NOT give permission for my child to use the sunscreen provided by Kids Academy.

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Child's Name

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Date

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Parent's Name

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Parent's Signature





## Bug Spray Authorization

By signing this form, I authorize the Kids Academy at Southern Hills United Methodist Church to apply bug spray on my child, as needed. By signing, I am also in understanding of the following:

- I understand they are applying OFF! Sportsmen Smooth and Dry Insect Repellent.
- I understand that if I have a preference I may provide my own bug spray.
- I understand if I provide my own bug spray, I must write the name of my child and the date brought on the container with SHARPIE.
- I understand this waiver will be good for January 1, 2025 until December 31, 2025.
- If I do not agree, I can decline for my child to use bug spray while attending the Kids Academy at Southern Hills United Methodist Church.

Thank you and God Bless,  
Debbie Shultz  
Kids Academy Director

- I give permission for my child to use the sunscreen provided by Kids Academy.
- I DO NOT give permission for my child to use the sunscreen provided by Kids Academy.

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Child's Name

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Date

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Parent's Name

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Parent's Signature



## Parent Signed Acknowledgement

I acknowledge that I have read the most current and revised Parent Handbook and I am fully aware of the educational and behavior and guidance philosophy and all other policies as set forth in this handbook. I have read and understood the fee arrangements and conditions detailed in this handbook. I agree with such conditions and will abide by the same.

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Parent or Legal Guardian

---

Child's Full Name

---

Date

Please remove this agreement and return it to the Kids Academy Administration to be kept in your child's enrollment record.



# Building for the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a federal program that provides healthy meals and snacks to children receiving day care.

Each day millions of children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which meet United States Department of Agriculture (USDA) requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

## Meals

CACFP homes and centers follow meal patterns established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the Five Groups)
Milk, 1% Fruit Vegetable Grains	Milk, 1% Meat or Meat Alternate Grains Fruit Vegetable	Milk, 1% Meat or Meat Alternate Grains Fruit Vegetable

## Participating Facilities

Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child care centers**—Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family day care homes**—Licensed or approved private homes.
- **At-Risk Programs**—Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless shelters**—Emergency shelters provide food services to homeless children.

## Eligibility

State agencies reimburse facilities that offer nonresidential day care to the following children:

- Children aged 12 and under
- Migrant children aged 15 and younger
- Youths through the age of 18 in At-Risk Programs in needy areas

## Contact Information

If you have questions about CACFP, please contact one of the following:

Sponsoring Organization/Center
Kids Academy at Southern Hills UMC 8200 S. Pennsylvania Ave. Oklahoma City, OK 73159 Phone 405-681-2575

State Department of Education  
Child Nutrition Programs  
2500 North Lincoln Boulevard  
Oklahoma City, Oklahoma 73105-4599  
405-521-3327

This institution is an equal opportunity provider.

## LETTER TO THE HOUSEHOLD

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. **Kids Academy at Southern Hills UMC** offers healthy meals to all enrolled children as part of our participation in the United States Department of Agriculture (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 CACFP Family-Size and Income Application (FSIA). In addition, by filling out this application, we will be able to determine if your children qualify for free or reduced-price meals.

1. **Do I need to fill out an FSIA for each of my children in day care?** You may complete and submit one FSIA 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 an FSIA that is not complete, so be sure to read the instructions carefully and fill out all required information. *Return the completed FSIA to: Kids Academy at Southern Hills UMC, 8200 S. Pennsylvania Ave. OKC, OK 73159, 405-681-2575.*
2. **Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance to Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in Women, Infants, and Children (WIC) *MAY* be eligible for free meals.
3. **Who can get reduced-price meals?** Your children can get low-cost meals if your household income is within the reduced-price limits on the Income-Eligibility Guidelines, shown on the application. Children in households participating in WIC *MAY* be eligible for reduced-price meals.
4. **May I fill out an FSIA if someone in my household is not a United States (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 all people in your household (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you. You also must 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-Eligibility Guidelines, 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, or FDPIR case number, you will remain eligible for those benefits for the current fiscal year. 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 get. For example, if you normally get \$1000 each month but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.
8. **What if I have foster children?** Foster children who 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 FSIA but are not required to include payments received for the foster child as income.
9. **We are in the military; do we include our housing and supplemental allowance 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.

This institution is an equal opportunity provider.

If you have other questions or need help, call **405-681-2575**.

Sincerely,

**Debbie Shultz**

## INSTRUCTIONS FOR COMPLETING THE CACFP FAMILY-SIZE AND INCOME APPLICATION

IF YOUR HOUSEHOLD RECEIVES BENEFITS FROM *SNAP*, *TANF*, OR *FDPIR*, FOLLOW THESE INSTRUCTIONS:

- Top Section:** List all enrolled children, include his/her birth date.  
Circle the meals the child normally eats.  
Insert the normal hours the child is in care.  
List the case number for any household member (including adults) receiving *SNAP*, *TANF*, or *FDPIR* benefits.  
Check normal days the child is in care.
- Part 1:** Answer this question if you choose.  
**Part 2:** Skip this part.  
**Part 3:** Sign the form. The last four digits of a social security number are **NOT** necessary.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS:

- Top Section:** List all enrolled children, include his/her birth date.  
Circle the meals the child normally eats.  
Insert the normal hours the child is in care.  
Check any child enrolled that is a foster child (a child awarded to the State)  
Check normal days the child is in care
- Part 1:** Answer this question if you choose.  
**Part 2:** Skip this part.  
**Part 3:** Sign the form. The last four digits of a social security number are **NOT** necessary.
- **If any child in the household is a foster child, mark the foster box in the top section for each foster child in the household.**

IF YOU ARE APPLYING BASED ON INCOME, FOLLOW THESE INSTRUCTIONS:

- Top Section:** List all enrolled children, include his/her birth date.  
Circle the meals the child normally eats.  
Insert the normal hours the child is in care.  
Check any child enrolled that is a foster child (a child awarded to the state)  
Check normal days the child is in care.
- Part 1:** Answer this question if you choose  
**Part 2:** Follow these instructions to report total **CURRENT** household income .
- **Column A—Name:** List only the first and last names of **EACH** person living in your household, 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:** For each household member receiving income, list each income received and the interval the household member is paid.  
In 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 pay stub, or your boss can tell you.
  - If any member of the household does not receive income, the zero income box should be marked as no reportable income or \$0 can be listed in the income box.
- Part 3:** Sign and date the form. The last four digits of a social security number **IS** necessary, or if the parent or guardian does not have a social security number, the box indicating this must be checked.

ALL OTHER HOUSEHOLDS, INCLUDING WIC HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

**Top Section:** List all enrolled children, include his/her birth date.

Circle the meals the child normally eats.

Insert the normal hours the child is in care.

Check normal days the child is in care.

**Part 1:** Answer this question if you choose

**Part 2:** Follow these instructions to report total current household income.

- **Column A—Name:** List only the first and last names of *EACH* person living in your household, 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:** For each household member receiving income, list each income received for the month.

In 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 pay stub, or your boss can tell you.

If any member of the household does not receive income, the zero income box should be marked or \$0 can be listed in the income box.

**Part 3:** Sign and date the form. The last four digits of a social security number *IS* necessary, or if the parent or guardian does not have a social security number, the box indicating this must be checked.

**NONDISCRIMINATION STATEMENT:** This explains what to do if you believe you have been treated unfairly.

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**

**FAMILY-SIZE & INCOME APPLICATION AND ENROLLMENT FORM FOR YEAR 2024-2025**

**Enrollment Section: (To be completed by Parent/Guardian)**

*If a child is receiving SNAP, TANF, FDPIR or is a Foster child, also complete the last two columns of this section and skip to Part 3*

Participant's Last Name	Participant's First Name	Birth Date	Meals Normally Eaten (Circle all that apply)	Normal Times in Care	Foster	SNAP, TANF, or FDPIR # (List CASE #)
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	

Normal Days In Care : Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

**PART 1: 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 Alaskan Native       Black or African American  
 White       Native Hawaiian or Other Pacific Islander

**PART 2. INCOME APPLICATION, HOUSEHOLD MEMBERS, AND INCOME**

A. NAME OF OTHER HOUSEHOLD MEMBERS Including Children not listed above	B. GROSS INCOME AND HOW OFTEN PAID				Zero Income
	Earnings From Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income or SNAP, TANF, FDPIR #	
1.	\$	\$	\$	\$	<input type="checkbox"/>
2.	\$	\$	\$	\$	<input type="checkbox"/>
3.	\$	\$	\$	\$	<input type="checkbox"/>
4.	\$	\$	\$	\$	<input type="checkbox"/>

**PART 3. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER**

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

Signature of Adult Household Member \_\_\_\_\_

Home/Cell Phone Number \_\_\_\_\_

Date \_\_\_\_\_

Last four digits of social security number: \*\*\*\* - \*\* - \_\_\_\_\_

I do not have a social security number

**FOR INSTITUTION USE ONLY:**

*Annual Income Conversion: Weekly x 52    Every 2 Weeks x 26    Twice a Month x 24    Monthly x 12*

**Application Approved For:**

- Free       SNAP/TANF/FDPIR  
 Reduced       Foster  
 Not Eligible       Income: Total Income : \$ \_\_\_\_\_

Signature of Determining Official \_\_\_\_\_ Date \_\_\_\_\_

How often Paid? (select one) Weekly  Every 2 weeks  Twice a month  Monthly  Annually

Household Size \_\_\_\_\_

"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 last four digits of the Social Security Number are 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) case 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 rules.

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, audiotape, 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 which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Pax2Mail.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: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov) This institution is an equal opportunity provider

