

# REGISTRATION PACKET

WELCOME TO

CATERPOLLAR  
CLUBHOUSE

## HERE'S WHAT YOUR CHILD WILL NEED:

- Application Form Filled Out
- Physical Form with Immunization Record
- Birth Certificate or Hospital letter
- Extra Change of Clothes Diapers, Pull Ups, Wipes if Needed
- Blanket
- Paid Registration Fee
- Tuition Is Due On Monday's Or The First Day Your Child Attends

# APPLICATION FORM

CHILD			
Full Name:	Nickname:	Date of Birth:	Sex:
Address:			Home Phone:
Chronic Physical Problems/Pertinent Development Information/Special Accommodations Needed:			
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Previous Child Care Programs and Schools Attended:			
If Child Attends this Center and Another School/Program, Give Name of School/Program:			Grade:
PARENT/GUARDIAN			
Father:	Place Employed:	Business Phone:	
Home Address:		Cell Phone:	
Mother:	Place Employed:	Business Phone:	
Home Address:		Cell Phone:	
Father's Email:	Mother's Email:		
Person(s) or Agency Having Legal Custody of Child:			
Home Address:		Cell Phone:	
Business Address:		Business Phone:	
EMERGENCY INFORMATION			
Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency:			
Child's Physician:			Phone:
Two People to Contact if Parent(s) Cannot Be Reached:	Address:	Business Phone:	
1.)	1.)	1.)	
-----	-----	-----	
2.)	2.)	2.)	
Person(s) Authorized to Pick Up Child:			
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Person(s) NOT Authorized to Pick Up Child:			
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- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the non-custodial parent of a student enrolled in a public school or day care center must be included, upon the request of such non-custodial parent, as an emergency contact for events occurring during school or day care activities.

## CATERPILLAR CLUBHOUSE CHILD CARE CENTER

# AGREEMENTS

1. The child day center agrees to notify the parents(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so required by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. \*\*
3. The parent(s)/guardian(s) agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as directed by the State Board of Health, except for life threatening diseases which must be reported immediately.

## SIGNATURES

_____	_____
Parent(s) or Guardian(s)	Date
_____	_____
Administrator of Center	Date

Date Child Entered Care: \_\_\_\_\_

Date Left: \_\_\_\_\_

**\*\* If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.\*\***

## OFFICE USE ONLY (IDENTITY VERIFICATION)

If proof of identity is required and a copy is not kept, please fill out the following:

Place of Birth	Birth Date	Birth Certificate Number
Date Issued	Other Forms of Proof	
Date Documentation Viewed	Person Viewing Documentation	

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): \_\_\_\_\_

Date

# CATERPILLAR CLUBHOUSE CHILD CARE CENTER

# FINANCIAL AGREEMENT

I have thoroughly read the Parent Handbook of the Caterpillar Clubhouse and I am in agreement with the following policies regarding my child's enrollment in this center:

1. Tuition is due in advance and is paid directly to the center. Please make checks to the Caterpillar Clubhouse Childcare Center.
2. Tuition is charged on a weekly basis. I understand that I am charged full pay if my child is at the center one or more days. If the child is not at the center at all during the week, a holding fee is required to hold the spot.
3. Each child is allowed a no-charge (vacation) week during the calendar year. The "vacation" must be taken in 5 days consecutive (Monday-Friday). The child CANNOT be dropped off at any time during the "vacation" week. Child sponsors are required to inform the Director of "vacation" requests.
4. If a child is leaving the center permanently, a written notice is required at least one-week in advance. If proper notice is not given, the child's Sponsor will be charged for one week's tuition beyond the child's last day of attendance. Health and academic records will not be released until account is paid in full.
5. The center is closed the following holidays: Presidents Day, Easter(Friday or Monday), Memorial Day, Independence Day, Labor Day, Thanksgiving Holiday Thursday and Friday, Christmas Eve, Christmas Day and New Years Day. The cost for a week in which one of these holidays occurs, is the same as all other weeks.
6. There will be a \$40.00 service charge for all returned checks. If checks are returned, Sponsor will be required to make payments in cash.
7. There is a \$ 10.00 charge for each 15 minutes or portion thereof for late pickups.
8. The center is not responsible for lost or damaged items of clothing or toys.

**IF COLLECTION ACTION IS TAKEN ON MY ACCOUNT, I AGREE TO ASSUME ALL COST.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**CATERPILLAR CLUBHOUSE CHILD CARE CENTER**

# DAYCARE/SCHOOL HISTORY

Please list other daycare centers and schools your child has attended:

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## MEDICAL AUTHORIZATION

The Caterpillar Clubhouse Child Care Center agrees to notify parent/guardian whenever the child becomes ill. The parent/guardian will arrange to have their child picked up as soon as possible.

The parent/guardian authorizes the Caterpillar Clubhouse Child Care Center to obtain immediate medical care for their child if an emergency occurs and parent/guardian cannot be reached.

Signed: \_\_\_\_\_ (Parent or guardian)  
Date: \_\_\_\_\_

## TV RELEASE

I understand that recorded cartoons, movies, nature programs and educational programs will be shown at the Caterpillar Clubhouse Child Care Center. I understand that the programming will be screened and determined appropriate by the staff ONLY. I give permission for my child to view these programs here at the Caterpillar Clubhouse Child Care Center.

Signed: \_\_\_\_\_ (Parent or guardian)  
Date: \_\_\_\_\_

# SWIMMING AND WADING AGREEMENT

During the summer months children will be using pools for swim days. All small children 2-8 years olds will stay at the center and use portable wading pools. No child that is in a diaper will be allowed to get in these pools. Older children 9- 12 years of age will be taken to a private or public pool.

A minimum of two staff members will be on duty supervising the children during swimming or wading activities.

My child has permission to participate in swim days.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

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## EMERGENCY CONTACT INFORMATION

This form is very important, so be careful to fill out everything correctly. If any of this information changes, make sure you update your information on this form or complete a new one. The parent/guardian is responsible for updating this information when changes occur.

Child's Name: \_\_\_\_\_

Home Number: \_\_\_\_\_

Mom's Work Number: \_\_\_\_\_

Dad's Work Number: \_\_\_\_\_

Cell Phone Numbers: \_\_\_\_\_

If none of the individuals listed above can be reached, leave any other emergency contacts that will pick up your child if needed:

Name:

Number:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# FIELD TRIP AUTHORIZATION FORM

Field trips are planned and scheduled on occasion. Prior to the trip, parents are notified of times/cost and must provide permission for their child to attend. During the commute:

- All children wear seat belts
- Car seats are used when needed
- Only licensed drivers will operate the vehicle
- Extra staff is added for each field trip to ensure proper care of the children

Teachers bring this form on each field trip, therefore be sure to fill out all information below.

Child's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Doctor's Office: \_\_\_\_\_

I give permission for my child to participate in the Caterpillar Clubhouse Child Care Center's field trips and transportation. I also authorize the Caterpillar Clubhouse Child Care Center to obtain immediate medical attention for \_\_\_\_\_ (my child) if an emergency occurs and parent/guardian cannot be reached.

Signed: \_\_\_\_\_  
(Parent or guardian)

Date: \_\_\_\_\_

## SCHOOL AGE SUMMER PROGRAM KIDS ONLY

Please state below the skill your child has in swimming. This will be helpful in when going swimming by letting the daycare know your child's capabilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# FIELD TRIP AUTHORIZATION

The parent/guardian gives authorization for child to participate in the Caterpillar Clubhouse Child Care Center's transportation and fields trips.

YES: \_\_\_\_\_ NO: \_\_\_\_\_

Date: \_\_\_\_\_

**CATERPILLAR CLUBHOUSE CHILD CARE CENTER**

# DAYCARE PHOTO RELEASE FORM

I, \_\_\_\_\_, the parent of a child/children at \_\_\_\_\_  
(Hereinafter known as the "Daycare"), agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at the Daycare during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the internet.

The child(ren) are known as: \_\_\_\_\_

With my signature below I grant permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting the Daycare's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.

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

Relationship to Child \_\_\_\_\_





**PARENT/GUARDIAN CHOICE FORM (INFANT)**

<b>NAME OF INFANT:</b>	_____	<b>DATE OF BIRTH:</b>	_____
	<i>(First Name, Middle Initial, Last Name)</i>		<i>(mm/dd/yyyy)</i>

This center/provider participates in the Child and Adult Care Food Program (CACFP) and receives Federal USDA funding for serving nutritious meals to infants and children. Participation in the CACFP requires caregivers to follow specific meal patterns according to age group classifications detailed in forms *CACFP-009 Child Meal Pattern* and *CACFP-010 Infant Meal Pattern*.

(Center/Provider) \_\_\_\_\_ agrees to feed your infant breast milk provided by parent/guardian. The center/provider will provide iron-fortified infant formula. The formula provided is \_\_\_\_\_.

Federal regulations require centers/providers participating in the CACFP to offer iron-fortified formula to infants who are in care during meal service times. Parents/guardians may decline the center/provider offered formula and supply the infant’s formula, provide expressed breastmilk, or breastfeed on site.

PLEASE INDICATE PREFERENCES <i>(Choose all options that apply by initialing and dating in the appropriate space(s))</i>	BIRTH – 5 MONTHS	6 MONTHS – 11 MONTHS
<b>OPTION 1:</b> CENTER/PROVIDER OFFERED IRON-FORTIFIED FORMULA	INITIALS: _____ DATE: _____	INITIALS: _____ DATE: _____
<b>OPTION 2:</b> PARENT/GUARDIAN WILL PROVIDE FORMULA	INITIALS: _____ DATE: _____	INITIALS: _____ DATE: _____
<b>OPTION 3:</b> PARENT/GUARDIAN WILL PROVIDE EXPRESSED BREASTMILK	INITIALS: _____ DATE: _____	INITIALS: _____ DATE: _____
<b>OPTION 4:</b> BREASTFEEDING WILL OCCUR ON SITE	INITIALS: _____ DATE: _____	INITIALS: _____ DATE: _____

**BREASTFEEDING FRIENDLY CENTERS/PROVIDERS ARE ENCOURAGED!**  
 Many centers and providers now have designated space onsite for breastfeeding.  
 Ask your center representative or day care home provider for details!

Federal regulations also require centers/providers participating in the CACFP to provide iron-fortified infant cereal and other foods when the child is developmentally ready.

PLEASE INDICATE PREFERENCES	BIRTH – 5 MONTHS	6 MONTHS – 11 MONTHS
<b>OPTION 1:</b> CENTER/PROVIDER OFFERED IRON-FORTIFIED CEREAL AND OTHER FOODS BASED ON THE CACFP MEAL PATTERN	INITIALS: _____ DATE: _____	INITIALS: _____ DATE: _____
<b>OPTION 2:</b> PARENT/GUARDIAN WILL PROVIDE CEREAL AND SOLID FOODS WHEN THE TIME IS APPROPRIATE	INITIALS: _____ DATE: _____	INITIALS: _____ DATE: _____

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

- THIS FORM MUST BE KEPT **CURRENT, ACCURATE AND ON FILE** FOR EACH INFANT ENROLLED IN CHILD CARE UNTIL THE INFANT REACHES 1 YEAR OF AGE OR IS NO LONGER ON BREASTMILK OR INFANT FORMULA.
- BREASTMILK IS AN ACCEPTABLE MILK SUBSTITUTE FOR CHILDREN OF ANY AGE WITHIN THE CONTEXT OF THE CACFP.
- AS SITUATIONS CHANGE, SUCH AS A MEDICAL AUTHORITY CHANGING AN INFANT’S FORMULA, A NEW FORM MUST BE COMPLETED.
- IF THE PARENT/GUARDIAN DECLINES THE FORMULA AND THE CENTER/PROVIDER PROVIDES AT LEAST ONE **REQUIRED** MEAL AND/OR SNACK COMPONENT, THE MEAL OR SNACK MAY BE CLAIMED FOR REIMBURSEMENT.
- IF THE PARENT/GUARDIAN DECLINES INFANT MEALS/SNACKS, THEY MAY NOT BE CLAIMED FOR REIMBURSEMENT.

*This institution is an equal opportunity provider.*

**VIRGINIA CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (IEF) FOR CHILD CARE CENTERS and FAMILY DAY CARE HOMES**

1 All Household Members		2		3	
NAMES OF ALL HOUSEHOLD MEMBERS [Adults and Children]		FOSTER CHILD		SNAP, TANF or FDIPIR CASE #	
First, Middle Initial, Last	Check if NO income <input type="checkbox"/>	Ages of children in care	Skip to Part 6 if all are foster children.	Skip to Part 6 if you list a SNAP, TANF or FDIPIR case number. <b>SNAP AND TANF MUST BE NINE (9) DIGITS</b>	
1	<input type="checkbox"/>		<input type="checkbox"/>		
2	<input type="checkbox"/>		<input type="checkbox"/>		
3	<input type="checkbox"/>		<input type="checkbox"/>		
4	<input type="checkbox"/>		<input type="checkbox"/>		
5	<input type="checkbox"/>		<input type="checkbox"/>		
6	<input type="checkbox"/>		<input type="checkbox"/>		

**4 Homeless, Migrant, or Runaway**

Homeless     
  Migrant     
  Runaway

If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your School Homeless Liaison or Migrant Coordinator.

**5 Total Household Gross Income (before deductions). You must tell us how much and how often.**

NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT IS RECEIVED (Example: \$100/month, \$100/twice a month, \$100/every other week, \$100/week)							
	Earnings From Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp, Unemployment, SSI, etc.	
	Amount	How often	Amount	How often	Amount	How often	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

**6 Signature and Social Security Number (Adult must sign)**

An adult household member must sign the application. If Part 5 is completed or if zero income is listed, the adult signing the form must also list the last four digits of his or her social security number or mark the I do not have a social security number box.

X X X - X X -      Social Security Number

I do not have a social security number.

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

Date \_\_\_\_\_ Printed Name of Adult Household Member \_\_\_\_\_ Signature of Adult Household Member \_\_\_\_\_

**7 Contact Information (Optional)**

Work Telephone Number (Include Area Code) \_\_\_\_\_ Home Telephone Number (Include Area Code) \_\_\_\_\_ Home Address (Number, Street, City, State, Zip Code) \_\_\_\_\_

**8 Optional - Sharing Information with Virginia's Health Insurance Program for Children (FAMIS)**

May we share your information on this application with the FAMIS, the complete health insurance program for every child in Virginia? If yes, do not sign below.

No, I do not want my information from this application shared with the FAMIS.      Date: \_\_\_\_\_      Sign here: \_\_\_\_\_

**CHILD CARE REPRESENTATIVE USE ONLY – ELIGIBILITY DETERMINATION – COMPLETE SECTIONS A and B BELOW**

**SECTION A Annual Income Conversion: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12** Convert income only if different frequencies of pay are reported.

TOTAL INCOME Per \$ \_\_\_\_\_

Week     
  Every 2 Weeks     
  Twice a Month     
  Month     
  Year     
 NUMBER IN HOUSEHOLD: \_\_\_\_\_

FREE based on:     
  REDUCED based on:     
  DENIED reason:

foster child     migrant     SNAP, TANF, FDIPIR     income too high     incomplete application  
 homeless     runaway     household income     household income     non-qualifying SNAP/TANF

**SECTION B Signature of Determining Official: \_\_\_\_\_ Date: \_\_\_\_\_**

**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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights 1400  
Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.



**Virginia Child and Adult Care Food Program (CACFP)  
(Child) Annual Enrollment Form (AEF)**

**CENTER/PROVIDER COMPLETE THIS SECTION**

*Center/Provider Name*

*Street Address*

*City*

**VA**

*State*

*Zip Code*

This institution participates in the Child and Adult Care Food Program (CACFP) and receives Federal reimbursement to provide nutritious meals for children. Federal CACFP regulations require all parents/guardians to complete and sign a separate Annual Enrollment Form for each child when enrolling their child(ren) with this provider, and every 12 months thereafter. **The parent or guardian must complete and ensure accuracy of Sections 1 through 6 below.**

**This form is required for:**

**This form is NOT required for:**

Child Care Centers, Family Day Care Homes

Outside School Hours Care Centers, Emergency Shelters

1	FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2	DAYS OF WEEK IN ATTENDANCE	3			4	MEALS RECEIVED
				TIMES CHILD NORMALLY ATTENDS CARE DURING THE WEEK	TIME IN	TIME OUT		
	<i>Child's First Name</i>		<input type="checkbox"/> Monday					<input type="checkbox"/> Breakfast
	<i>Child's Last Name</i>		<input type="checkbox"/> Tuesday					<input type="checkbox"/> AM Snack
	<i>Date of Birth (mm/dd/yyyy)</i>		<input type="checkbox"/> Wednesday					<input type="checkbox"/> Lunch
	<i>Age</i>		<input type="checkbox"/> Thursday					<input type="checkbox"/> PM Snack
			<input type="checkbox"/> Friday	<b>NOTES:</b>				<input type="checkbox"/> Supper
			<input type="checkbox"/> Saturday					
			<input type="checkbox"/> Sunday					

**5** **Parent/Guardian Signature and Date:** *By signing this form, I certify that I am the parent/legal guardian of the child named in Section 1 of this Annual Enrollment Form and that the information contained on this form is true and correct.*

**Printed Name:**

**Signature:**

**Street Address:**

**City, State, Zip Code:**

**Phone Number HOME / WORK / CELL (circle one):**

**Date:**

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(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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**6**

**Ethnic and Racial Identification: Parent/Guardian to complete. Please select ONE Ethnicity; Please select ONE OR MORE Races**

**ETHNIC IDENTIFICATION**

**Hispanic, Latino or Spanish Origin:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

**Not Hispanic, Latino or Spanish origin**

**I decline to answer.**

**RACIAL IDENTIFICATION**

**American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains culture identification through tribal affiliation or community attachment (includes Aleuts and Eskimos).

**Black, African American, or Haitian:** A person having origins in any of the black racial groups of Africa.

**Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**I decline to answer.**

NOTES:

*Information on this form must be kept confidential.*

<b>Child Care Representative Use Only</b>	
Effective Date of This Enrollment Form:	<i>The effective date may be retroactive to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.</i>
(mm/dd/yyyy)	
Effective Withdrawal Date of This Enrollment Form:	
(mm/dd/yyyy)	
Printed Name of Center Representative	<i>This form is effective for 12 months from the date of parent signature.</i>
Signature of Center Representative	

**This institution is an equal opportunity provider.**