CORNERSTONE EARLY LEARNING CENTER
2424 BOMAR ROAD DOUGLASVILLE, GA 30135

770-489-8068 **FAX 770-489-1142**

HOURS/TUITION/RULES EFFECTIVE APRIL 3, 2006
TUITION IS DUE FRIDAY FOR THE UPCOMING WEEK

Registration Enrollment Fee for Daycare

First Child	$45.00
Family	$70.00

FEES

Infants	$130.00
Toddler 1	$120.00
Toddler 2	$115.00
3's	$110.00
4's	$105.00
After school	$ 60.00
Summer Camp	$105.00
Pre-K Extended Day	$ 55.00
When school is closed	$9.00/Full Day
Regular Tuition Plus	$5.00/Half Day

FAMILY DISCOUNT APPLIED TO FULL TIME ONLY

Second Child	$10.00
Third Child	$10.00

LATE FEE OF $5.00 PER CHILD AFTER 6:30P.M. UNTIL 6:45P.M., AFTER 6:45P.M. $1.00 PER MINUTE PER CHILD.

ALL ACCOUNTS WITH A BALANCE AS OF TUESDAY 8:30A.M. WILL BE CHARGED A $5.00 LATE CHARGE

A FEE OF $25.00 WILL BE CHARGED ON ALL RETURNED CHECKS. AFTER THE 2ND RETURNED CHECK, PAYMENT WILL BE ON A CASH ONLY BASIS.

REGISTRATION IS NON-REFUNDABLE, WITH THE EXCEPTION OF INFANTS

FULL-TIME ENROLLMENT MUST OCCUR WITHIN 2 WEEKS OR REGISTRATION WILL BE FORFEITED.

SUPPLY FEES: $25.00 (90 day enrollment exception)
TODDLER I, II, and 3's due Sept 15th
4'S and Summer Camp due June 1st

1 An immunization certificate (Ga. Dept. of Human Resources Form# 3231) is due within 30 days of child entering program.
2 Please leave all gum, candy, and toys at home. Nap time items only.
2 We do not allow children with communicable diseases in the center. Symptoms including diarrhea/sore throat/vomiting/fevers above 101 degrees must go home. (We abide by state regulations)
3 Children with increasing amounts of nasal drainage or colored nasal drainage must go home.
4 If your child does not adjust to our program or irresolvable problems occur at any time we reserve the right to withdraw him or her from our program.
5 Although we request cooperation in not disturbing our program, parents are permitted access to any parts of this center at anytime their child is present.
6 Blankets and seasonal clothing must be labeled, including jackets and sweaters.
7 All belongings must be labeled and packed in a labeled carrying bag.
8 NO COWBOY BOOTS!
9 NO NIT/LICE Policy.

RULES REWARD: Vacation weeks may be taken at the parent's discretion with prior notice if the child is not present in the center during the week, Monday-Friday. Each child who is enrolled on or before June 30th will receive 2 free vacation weeks per January-December. Free weeks can not be used in first 90 days of enrollment. A child who is enrolled after June 30th will receive one free week during that year.
HOLIDAYS: New Year's Eve-close at 3:00p.m., New Year's Day, Memorial Day, July 4th, Labor Day, Thanksgiving, Day after Thanksgiving, Christmas Eve, and Christmas Day. (We are closed these days – fees are the same. Designated Saturdays & Sunday)

TERMINATION OF ENROLLMENT BY CORNERSTONE

Termination of enrollment may be the result of the following:

1 Non-payment of tuition (immediate termination)
2 Abuse of children, staff, or property
3 Disruptive or dangerous behavior
4 The center's inability to meet the child's needs
5 Continued violation of Cornerstone policies by student's or parents

Whenever possible, notification of one week will be provided to the parent in the event of termination of enrollment.

NOTE: Parents will be responsible for any legal or collection fees incurred in settling delinquent accounts.

TERMINATION OF ENROLLMENT BY PARENT

We require one week written notice prior to withdrawal from the center. We will charge tuition if notice is not given.
I, the parent of, _____ have read the above tuition responsibilities agreement and fee schedule on the opposite side which shall become part of my obligation to the center and fully understand this obligation and the reasons for its implementation.
Parent's Name Printed_____ Parent's Social Security#_____
Parent's Home Phone# _____ Parent's Work Phone # _____
Parent's Signature _____ Date _____
Witness _____ Date _____

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1. The center enrolls children 4 weeks through 12 years of age.

2. In event of long term electrical power loss which affects heat supply, parents will be called to pick up children. In the event of temporary loss of water, bottle water will be purchased to be used for drinking and other needs until the water is restored.

3. In the event of bomb threat, gas leak, or structural damage, children will be evacuated from the building, and authorities will be notified.

4. In the event of severe weather or fire, the emergency procedures posted will be taken, as posted in each classroom.

5. This center is a smoke free center.

6. No staff nor others are allowed in the center who knowingly have contagious diseases or present symptoms of fever/diarrhea.

7. Children will be excluded from the center who have nits/lice or have been diagnosed with a communicable disease as defined posted in the center. Child will be admitted according to its recommendations.

8. In the event of serious injury, loss of a child, or death of a child, emergency personnel (911) and parents will be called and if necessary by medical personnel, child will be transported to a hospital. Until medical personnel arrives, first aid will be administered by a staff member. A staff member will not impede delivery of emergency care/service.

9.

10. Disciplinary action used to correct a child's behavior, guidance techniques, and activities in which the children participate or observe at the center shall not be detrimental to the physical or mental health of any child. Time away from the group is our preliminary disciplinary technique. No type of corporal punishment will be used for disciplinary purpose with your child nor will punishment be associated with food, napping nor toileting. No loud profane or abusive language will be used and no threats or derogatory remarks will be made to or about your child or his/her family.

10. Each child (including infants) must have a labeled change of clothing suitable for current weather conditions, to be left in the center at all times.

11. A labeled sheet or blanket for covering up should be provided for naptime. This item may be left in the child's cube, but should be taken every Friday for washing.

12. Parents of infants all items (including pacifiers & bottles) must be labeled with your child's first and last name along with current date.

13. A written feeding plan is required to be furnished by the parent for any infant under one year of age. The plan should include information about the time and quantities of food and beverage to be offered to the child. Parents should periodically update the feeding plan.

14. Our staff is required to report any suspected child abuse, neglect, exploitation, or deprivation to the Department of Family and Children Services. Our staff is also required to report any suspected case of noticeable communicable disease to the local county health department.

15. All parents have access to the following information: Business License, Copy of O.S.R. Rules and Regulations, Current Evaluation Report, Communicable Disease Chart, Statement of Parental Access, names of person in charge, current weekly menus, emergency plans for severe weather and fire, and a statement of visitors.

16. Children are accepted in the center who will profit from group experiences in this setting. If it is determined that the child will not profit, from this service, other arrangements must be made. If a child repeatedly behaves in a verbally or physically abusive manner to another child or to an adult, the parents may be asked to pick up the child from the center immediately, and may be asked to withdraw the child.

17. Food exceptions are not made for individual children except in the case of allergies, or a special diet prescribed by a physician and provided by the parents.

18. A one week written notice of withdrawal is required.

19. This agreement may be changed with a two week notice.

20. Our services are available without discrimination on the basis of political affiliation, religion, race, color, sex, mental or physical handicap, national origin, or age.

22. Bright from the Start requires that a child be restricted from the center for 24-hours after being sent home with a communicable disease. A doctor's note is also required if requested by the center when the child is picked up.

*** I have read and agree to abide by the policies and procedures listed above for the center.

_____ _____

PARENT'S SIGNATURE DATE

Authorization to Dispense External Preparations

590-1-1-.20(1)

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give _____, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

_____ Baby Wipes

_____ Band-aids

_____ Neosporin or similar ointment

_____ Bactine or similar first aid spray

_____ Sunscreen Provided by Parent

_____ Insect Repellent Provided by Parent

_____ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

_____ Baby Powder Provided by Parent

Other (please specify) _____

_____ _____

Parent/Guardian Signature Date

PARENTAL AGREEMENTS WITH CHILD CARE FACILITY

1. ***Cornerstone Early Learning Center agrees to provide daycare for my child _____.***

   My child will normally attend this facility between the hours of _____am _____ pm on the following days

   Monday Tuesday Wednesday Thursday Friday . (Circle all that apply).

   My child will normally eat the following meals while in care:

   am snack lunch pm snack. (circle all that apply)

2. Before any medication is dispensed to my child, I will provided a written authorization, which includes: date, name of child, name of medication, prescription number (if any), dosage, date and time of day medication is to be given. I understand that Cornerstone dispenses medications at 11:00a.m. & 3:00p.m. Medicine must be in the original container with child's name marked on it and in a re-sealable plastic bag. Authorization for medication will be limited to no more than 2 weeks unless written notification is received.

3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.

4. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization.

5. The facility agrees to keep me informed of any incidents, including illnesses, communicable disease, injuries, adverse reactions to medications, etc. which affect my child and/or require professional medical attention. Communicable diseases will be posted on the Parent News Bulletin Board in the center's lobby.

6. Cornerstone Early Learning Center agrees to obtain written authorization from me before my child participates in routine transportation, field trips, or special activities away from the facility. Also water related activities occurring in water that is more than two (2) feet deep.

7. Please list any known mental health disorders/physical problems/mental retardation/ development disabilities _____
   special needs/services _____

8. I have received, read, and agree to abide by the policies and procedures of Cornerstone Early Learning Center.

SIGNED: _____ DATE _____
PARENT/GUARDIAN

SIGNED: _____ DATE _____
PARENT/GUARDIAN

Cornerstone Early Learning Center

Dear Parent/Guardian:

Young children need healthy meals to learn. This letter is intended for parents or guardians of children enrolled at either a child care center or a family day care home. **Cornerstone Early Learning Center** offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements of the CACFP by completing the attached Income Eligibility Statement form. In addition, by filling out this form, we will be able to determine if your child (ren) qualifies for free or reduced price meals. Below are answers to common questions about the Program:

1. **Do I need to fill out an IES form for each child in day care?** Yes. Complete and submit one IES form for each child in your household that is enrolled in a day care center or family day care home. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. Return the completed form to: **Cornerstone Early Learning 2424 Bomar Road Douglasville Ga.30135 770-489-8068**
2. **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 Federal Income Chart, should on this application.
3. **May I fill out a form if someone in my household is not a U.S. Citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the center or day care home.
4. **Who should I include as members of household?** You must include all people in your household, related or not (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you.
5. **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 you household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the family day care home or center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or proof of benefits as supported by a current Food Stamp, Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) case number, you will remain eligible for those benefits for a period not to exceed 12 months. You should, however, notify us if you or someone in your household becomes

SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children qualify for free or reduced price meals, they may also be able to get free or low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, *unless you tell us not to.* Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send it with your Income Eligibility Form to [address] by [date]. (Sending in this form will not change whether your children get free or reduced price meals.).

☐ No! I DO NOT want information from my CACFP Meal Benefit Income Eligibility Form shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____

Today's Date: _____

Print Your Name: _____

Address: _____

For more information, you may call _____ at _____

October 2008
CACFP Meal Benefit Income Eligibility Form Sharing Information with Medicaid/SCHI

INSTRUCTIONS

Households that receive Food Stamps, TANF, FDPIR, SSI or Medicaid: Complete the following:

Part I: For family day care home and child care center, list participant's name and a Food Stamp, TANF, or FDPIR case number. For adult day care, list participant's name and a Food Stamp, TANF, FDPIR, SSI or Medicaid case number. **Note: foster children (children placed in the household by the court system) can be included in this section. A separate form is no longer needed for foster children.**

Part II: Skip this part.

Part III: Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

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

Part V: Answer this question if you choose to.

All other Households, including WIC households, complete the following:

Part I: For family day care home, child care center or adult day care, list participant's name.

Part II: To report total household income from last month, complete the following:

Column A-Name: List the first and last name of each person living in your household as an economic unit. You must indicate yourself and all children living with you (including foster and non-foster children). In the case of an adult participant, the adult participant, and if residing with the adult participant, the spouse and dependent(s) of the adult participant. Attach another sheet if necessary.

Column B-Gross Income last month and how often it was received: Next to each person's name, list each type of income received last month, and how often it was received.

Box 1: List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

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

Box 3: List Social Security, pensions, and retirement.

Box 4: List all other income sources including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits IVA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income from self-owned businesses, farming, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C-Check if no income: If the person does not have any income, check the box.

Part III: Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

Part IV: An adult household member must sign the form, and list the last four digits of his/her social security number. Or, mark the box if he/she does not have one.

Part V: Answer this question if you choose to.

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

Bright from the Start: Georgia Department of Early Care and Learning

Child Adult Care Food Program

Income Eligibility Statement

PART I: Child(ren) or Adult enrolled to receive day care-

Name: (Last, First and Middle Initial)	Food Stamp, TANF, or FDPIR case number, Assistant Unit (AU), or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. Note: Do not use EBT numbers.	Head Start Participant	Foster Child
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐

PART II A:

A. Name (List everyone in household, including foster and non-foster children)	B. Gross income and how often it is received. Example: $100/monthly, $100/twice a month, $100/every other week, $100/weekly				C. Check if NO Income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement	4. All other income	
1.	$____/____	$____/____	$____/____	$____/____	☐
2.	$____/____	$____/____	$____/____	$____/____	☐
3.	$____/____	$____/____	$____/____	$____/____	☐
4.	$____/____	$____/____	$____/____	$____/____	☐
5.	$____/____	$____/____	$____/____	$____/____	☐
6.	$____/____	$____/____	$____/____	$____/____	☐
7.	$____/____	$____/____	$____/____	$____/____	☐

PART III: ENROLLMENT INFORMATION: Children Only

My child is normally in attendance at the facility between the hours of _____ [am/pm] to _____ [am/pm] on the following days:

☐ Check here if only before/after school care is provided.

(Circle all that apply). Sunday Monday Tuesday Wednesday Thursday Friday Saturday

My child will normally receive the following meals while in care:

(Circle all that apply): Breakfast AM Snack Lunch PM Snack Supper Evening Snack

PART IV: Signature and Social Security Number (Adult must sign).

An adult household member must sign this form. If Part II is completed the adult signing the form must also list his or her Social Security number or mark the "I don't have a Social Security Number" box. (See Privacy Act Statement on next page).

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

Signature: X_____ **Print Name** _____ **Date**_____

Address: _____ **City** _____ **State: GA Zip**_____ **Phone** _____

Last four Digits of Social Security Number XXX-XX_____ ☐ I do not have a Social Security Number

PART V: 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 ☐ White ☐ Black or African American ☐ American Indian or Alaska Native
☐ Native Hawaiian or other Pacific Islander

Official Use Only: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total income: _____ Per: ☐ Week ☐ Every 2 weeks ☐ Twice a month ☐ Month ☐ Year Household Size: _____

Categorical Eligibility: _____ Date withdrawn _____ Eligibility: Free _____ Reduced _____ Paid _____ Tier I _____ Tier II _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____days)

Determining Official's Signature: _____ Date_____

Confirming Official's Signature: _____ Date_____

Follow Up Official's Signature: _____ Date_____

The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Household Size	Yearly Income
1	
2	
3	
4	
5	
6	
7	
8	
Each additional person	Add:

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the social security of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Stamp, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child 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 your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

Georgia WIC Program

State WIC Office
Division of Public Health
Georgia Department of Human Resources
Two Peachtree Street, NW
10th Floor
Atlanta, GA 30303
Telephone: 1-800-228-9173

INCOME ELIGIBILITY GUIDELINES
(Effective from April 15, 2009 to April 15, 2010)

Household Size	Reduced Price Meals–185% of Federal Poverty Guidelines				
	Annually	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	20,036	1,670	835	771	386
2	26,955	2,247	1,124	1,037	519
3	33,874	2,823	1,412	1,303	652
4	40,793	3,400	1,700	1,569	785
5	47,712	3,976	1,988	1,836	918
6	54,631	4,553	2,277	2,102	1,051
7	61,550	5,130	2,565	2,368	1,184
8	68,469	5,706	2,853	2,634	1,317
For each additional family member add	+ 6,919	+ 577	+ 289	+ 267	+ 134

WIC

A Special Food and Nutrition Education Program For Women, Infants and Children

WHO IS ELIGIBLE?

- A pregnant woman
- A breastfeeding woman
- A woman who has recently been pregnant
- An infant or a child less than 5 years old

SERVICES PROVIDED:

- Nutritious foods
- Nutrition counseling
- Breast feeding support
- Health care referral

TO BE ELIGIBLE, YOU MUST ALSO:

- Have a low or moderate income
  AND
- Have a special need that can be helped by WIC foods and nutrition counseling

APPROVED WIC FOODS:

- Milk, cheese, eggs, cereals, peanut butter, fruit or vegetable juices, dry beans or peas, iron fortified formula

YOU DO NOT HAVE TO BE ON PUBLIC ASSISTANCE TO APPLY.

CALL YOUR LOCAL HEALTH DEPARTMENT FOR MORE INFORMATION.

CORNERSTONE

Early Learning Center

2424 Bomar Road
Douglasville, Ga. 30135

Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses _____

Address _____

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if _____
Name of Facility

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Witness By _____ Date _____