



General Application (Non-GA Pre-K) Student File Checklist

In order to enroll your child in our childcare program, please make sure we have all of the following required and applicable documents:

- | | Check box when completed |
|--|--------------------------|
| ▪ Register child(ren) through MyProcure or visit https://day-starchristianacademy.com/enroll | <input type="checkbox"/> |
| ▪ Current Immunization Records (records cannot be expired) -or- Refusal to Vaccinate | <input type="checkbox"/> |
| ▪ Birth Certificate or Certificate of Live Birth | <input type="checkbox"/> |
| ▪ Copy of Parent's Social Security Card | <input type="checkbox"/> |
| ▪ Copy of Parent's Driver License | <input type="checkbox"/> |
| ▪ Completed Application Packet | <input type="checkbox"/> |
| ▪ Completed Income Eligibility Statement (included in application packet) | <input type="checkbox"/> |

DAY-STAR CHRISTIAN ACADEMY

Children's Enrollment Form

Rule 290-2-2-.08: The center shall not accept a child for enrollment or continue the child's enrollment in the center where the center staff determines that services necessary to protect the health and safety of the child while at the center cannot be provided. No child shall be admitted for care to the center without enrollment records having been completed on the child in accordance with the requirements set forth in Rule 292-2-2-.10

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Sex _____ Age _____ Birth Date _____

Home Address _____ Apt. No. _____ Home Telephone _____

Father's Name _____ Address (if different from child) _____ Home Phone _____

Place of Employment _____ Address _____ Business Phone _____

Mother's Name _____ Address (if different from child) _____ Home Phone _____

Place of Employment _____ Address _____ Business Phone _____

Child's Living Arrangement both parents Mother Father Other

Child's Legal Guardian(s) both parents Mother Father Other

The child may be released to the person(s) signing this agreement or the following:

Name	Phone	Address	Relationship to child
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Person(s) to contact in case of an emergency when parent(s) cannot be reached.

Name	Phone	Address	Relationship to child
_____	_____	_____	_____
_____	_____	_____	_____

Name of public or private school child attends, if any: _____

Parent's E-mail Address: _____



Publicity Release Form

Throughout the school year Day-Star Christian Academy, Inc.® will conduct activities that may be publicized through social and local news media.

_____ **I grant permission** for my child to participate in any publicity activities sponsored by Day-Star Christian Academy, Inc.® Such as activities may include but are not limited to various print media and publications for Day-Star including newsletters, calendars, brochures, and websites; social media outlets including Facebook, Twitter, YouTube, Tic Toc, SnapChat, and Procure Connect; videotaping including promotional videos for Day-Star Christian Academy, Inc.®, videotaping for Georgia’s Department of Early Care and Learning (DECAL), or local news media. I understand that this permission is effective as long as my child is enrolled in a program at Day-Star Christian Academy, Inc.® or until I give further notice.

_____ My child **may not** participate in any publicity activities sponsored by Day-Star Christian Academy, Inc.

Parent/Legal Guardian Signature Print Name

Witness Signature (Program Director) Print Name

Date



Income Eligibility Guidelines

(Effective from July 1, 2021 to June 30, 2022)

Household size	Free Meals					Reduced Price Meals				
	Annually	Monthly	Twice A Month	Every Two Weeks	Weekly	Annually	Monthly	Twice A Month	Every Two Weeks	Weekly
1	16,744	1,396	698	644	322	23,828	1,986	993	917	459
2	22,646	1,888	944	871	436	32,277	2,686	1,343	1,240	620
3	28,548	2,379	1,190	1,098	549	40,626	3,386	1,693	1,563	782
4	34,450	2,871	1,436	1,325	663	49,025	4,086	2,043	1,886	943
5	40,352	3,363	1,682	1,552	776	57,424	4,786	2,393	2,209	1,105
6	46,254	3,855	1,928	1,779	890	65,823	5,486	2,743	2,532	1,266
7	52,156	4,347	2,174	2,006	1,003	74,222	6,186	3,093	2,855	1,428
8	58,058	4,839	2,420	2,233	1,117	82,621	6,886	3,443	3,178	1,589
For each additional family member add	+5,902	+ 492	+ 246	+ 227	+ 114	+ 8,399	+700	+ 350	+324	+ 162

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

Center Name: Day-Star Christian Academy, Inc. **CACFP Meal Benefit Income Eligibility Statement***

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

Name: (Last, First and Middle Initial)	Date of Birth	SNAP, TANF, or FDIPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. Note: Do not use EBT numbers. Write case number and proceed to Part III.		Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. (See definitions in FAQs)				
		Head Start	Foster Child	Migrant	Runaway	Homeless		
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

A. Child Income¹ - Sometimes children in the household earn or receive income. Please indicate the TOTAL Child Income/How often? income received by child household members listed in PART I here. \$ _____ / _____

B. Other Household Members¹. List all household members even if they do not receive income. Also, list the adult participant if he/she did not meet eligibility in Part I. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.

Name of Other Household Members (First and Last)	1. Earnings from work before deductions / How often?	2. Welfare, child support, alimony / How often?	3. Social Security, pensions, retirement / How often?	4. All other income / How often?
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

C. Total Household Members (Adults and Children) listed in Part I and Part II _____

Social Security Number. If income is listed or completed in Part II, the adult completing the form must also list his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). **Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.**

Social Security Number _____ - _____ - _____ I do not have a Social Security Number

PART III: Enrollment Information: Children Only

My child is normally in attendance at the facility between the hours of 6:30 [am/pm] to 6:30 [am/pm]. (✓) Check here if only before/after school care is provided.

Circle the days your child will normally attend the center: Sunday **Monday** **Tuesday** **Wednesday** **Thursday** **Friday** Saturday

Circle the meals your child will normally receive while in care: **Breakfast** AM Snack **Lunch** **PM Snack** **Supper** Evening Snack

PART IV: Signature

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. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. **If not completed fully and signed, the participant will be placed in the Paid category.**

Signature: **X** _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

*This application is a revision of USDA's newly released meal benefit prototype and meets all legal requirements and reflect design best practices identified by USDA through focus testing and other research.

PART V: Participant's Ethnic and Racial Identities (optional)

Check (✓) one ethnic identity: Check (✓) one or more racial identities:

Hispanic/Latino Not Hispanic/Latino Asian White Black or African American Indian or Alaska Native Hawaiian or other Pacific Islander

Official Use Only Section for Provider: 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 Monthly Year **Household Size:** _____

Categorical Eligibility: check (✓) if applicable **Eligibility:** check (✓) one Free Reduced Paid

Day Care Homes Only: check (✓) one Tier I Tier II

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determining Official's Signature: _____ **Date:** _____

Confirming Official's Signature: _____ **Date:** _____

Follow Up Official's Signature: _____ **Date:** _____

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 Atlanta Medical Center

Address 1170 Cleveland Avenue, East Point 30344

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 _____

Parental Agreements with Child Care Facility

The Day-Star Christian Academy, Inc.
(Name of Facility)

agrees to provide child care for _____
(Name of Child)

on Monday - Friday, beginning at 6:30 AM
(Days of Week)

and ending at 6:30 PM from _____ to _____
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast

Morning Snack

Lunch

Afternoon Snack

Evening Snack

Dinner

Bedtime Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: Date, Name of Child, Name of Medication, Prescription Number (if any), Dosages, and Date and Time of Day to be given to child. Medicine will be in the original container with my child's name marked on it.

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

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 records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

Day-Star Christian Academy, Inc. agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I'm not available.

I have received a copy and agree to abide by the policies and procedures for the above-named facility.

SIGNED: _____
Parent/Guardian Date

SIGNED: _____
Facility Administrator / Authorized Person Date

Family Handbook Acknowledgement

Please sign this acknowledgement, detach it from the handbook, and return it to the center prior to enrollment.

This handbook may be updated from time-to-time, and notice will be provided as updates are implemented.

Thank you for your acknowledging the policies and procedures we have established for the safety and welfare of all children in our care. We look forward to getting to know you and your family.

I have received the **Day-Star Christian Academy Family Handbook**, and I have reviewed the family handbook with a member of the Day-Star Christian Academy staff. It is my responsibility to understand and familiarize myself the Family Handbook and to ask center management for clarification of any policy, procedure or information contained in the Day-Star Christian Academy Family Handbook that I do not understand.

Recipient Signature

Date

Center Staff Signature

Date

Note: Complete for infants only.

INFANT FEEDING PLAN

Child's full name _____ Date _____

Date of birth _____

Does child take bottle? Yes [] No []
Is the bottle warmed? Yes [] No []
Does the child hold own bottle? Yes [] No []
Can the child feed self? Yes [] No []

Does the child eat: (Check all that apply)

Strained foods [] Whole milk []
Baby foods [] Table foods []
Formula [] Other []
Breast Milk []

What type of formula used? _____

Amount of formula/breast milk to be given? _____

Updated amounts of formula/breast milk: _____ Date: _____
Amount: _____ Date: _____
Amount: _____ Date: _____
Amount: _____ Date: _____
Amount: _____ Date: _____

Does the child take a pacifier? Yes [] No [] If yes, when? _____

Food likes _____

Dislikes _____

Allergies? (Include any premixed formula) _____

FORMULA/ BREAST MILK			FOOD		
TIME	AMOUNT	TYPE	TIME	AMOUNT	TYPE

Instructions for the introduction of solid foods _____

Any updated instructions regarding adding new foods or other dietary changes, please list as needed. _____

PARENTS' SIGNATURE: _____ Date: _____