



GA Pre-K Student File Checklist

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

- | | Check box when completed |
|--|--------------------------|
| ▪ Register child(ren) through MyProcare or visit https://day-starchristianacademy.com/enroll | <input type="checkbox"/> |
| ▪ Proof of Address (rental lease or utility bill)
<i>Note: If living with someone, a notarized letter written by the leaseholder stating that the parent and child being enrolled resides at address and a copy of the lease are needed.</i> | <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 and Child's Social Security Card | <input type="checkbox"/> |
| ▪ Form 3300 – Vision, Hearing, Dental, Nutrition | <input type="checkbox"/> |
| ▪ Completed Application Packet | <input type="checkbox"/> |
| ▪ Roster Information Form (included in application packet) | <input type="checkbox"/> |
| ▪ Income Eligibility Statement (included in application packet) | <input type="checkbox"/> |
| ▪ IF APPLICABLE: Copy of food stamp (EBT) card | <input type="checkbox"/> |
| ▪ IF APPLICABLE: Copy of child's Medicaid card | <input type="checkbox"/> |

CHILD MAINTENANCE			
CHILD'S LIVING ARRANGEMENTS: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER			
CHILD'S LEGAL GUARDIAN: <input type="checkbox"/> BOTH PARENTS <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER			
THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:			
<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>CELL PHONE</u>
1.			
2.			
3.			
4.			
CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE): _____			
DATE OF LAST FULL HEALTH SCREENING: _____		PHONE: () _____	
MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):			
THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:			
MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:			

GENERAL RELEASE

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Pre-K providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K providers or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.

SIGNATURE (Parent/Guardian): _____

DATE: _____

PHOTOGRAPH/VIDEOTAPE RELEASE

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted by the Pre-K provider or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities, to record the participation and appearance of my child, _____, by photograph and/or videotape in connection with daily Pre-K

activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's web site.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Pre-K provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

PRE-K PROVIDER NAME/ADDRESS: Day-Star Christian Academy, 2299 Godby Road, Atl., 30349

SIGNATURE (Parent/Guardian): _____

DATE: _____



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

This form is to be completed after school starts, not at the time of registration. **Please clearly print** the name as it appears on the birth certificate. *(Por favor escriba el nombre como aparece en el certificado de nacimiento.)*

Today's Date (M/D/Y)		
Legal Last Name <i>(Apellido)</i>		
Legal First Name <i>(Primer Nombre)</i>		
Legal Middle Name <i>(Segundo Nombre)</i>		Name Suffix <i>(Sufijo)</i> (Jr,II,III)
Child's Social Security #	DOB <i>(Fecha de Nacimiento)</i> (M/D/Y)	Gender <i>(Sexo)</i>
____ - ____ - ____	____ / ____ / ____	<input type="checkbox"/> M <input type="checkbox"/> F
Date enrolled in Pre-K (M/D/Y)		If different from birth certificate, name student is called
____ / ____ / ____		

1. Is your child's ethnicity **Hispanic/Latino/Spanish Origin**, regardless of race? *(¿Es Ud. Hispano/Latino o de Origen Hispano, sin importar la raza?)*

☐ **Yes (Si)** ☐ **No (No)** ☐ **Decline to Answer** *(negarse a contestar)*

Please select **ONE OR MORE** of the following races regardless of how you answered question one. *(TODOS deben seleccionar UNA O MAS de las siguientes razas sin importar cómo haya contestado la primera pregunta.)*

2. Is your child:

☐ a. **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. *(Blanco – Una persona que tiene orígenes en los pueblos provenientes de Europa, el Medio Oriente, o Africa del Norte.)*

☐ b. **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. *(Asiática – Una persona con orígenes en los pueblos provenientes del Lejano Oriente, Suroeste de Asia, o el subcontinente Hindú incluyendo, a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, Las Filipinas, Tailandia, y Vietnam.)*

☐ c. **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. *(Nativo de Hawaii u Otra Isla del Pacífico – Una persona con orígenes en los pueblos provenientes de Hawaii, Guam, Samoa, u otra Isla del Pacífico.)*

☐ d. **Black or African American** – A person having origins in any of the Black racial groups of Africa. *(Negro o Afro Americano – Una persona con orígenes en los pueblos provenientes de Africa o en grupo racial Negro.)*

☐ e. **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America including Central America, who maintains a tribal affiliation or community attachment. *(Indio Americano o Nativo de Alaska – Una persona con orígenes en los pueblos provenientes de América Del Norte y del Sur, incluyendo América Central, que mantiene una afiliación tribal o comunitaria.)*

☐ f. **Decline to Answer** *(negarse a contestar)*

3. What is your child's primary language? *(¿Cuál es el idioma primario de su hijo(a)?)*

☐ **English (Inglés)**
☐ **A language other than English** *(Un idioma diferente al Inglés)*

4. Was your child born as a: *(El parto en que Ud. tuvo a su hijo(a) fue de:)*

☐ **Single Birth (1)** *(Un sólo niño)*
☐ **Twin (2)** *(De mellizos)*
☐ **Triplet (3)** *(De trillizos)*
☐ **Quadruplet (4)** *(De cuatrillizos)*
☐ **Quintuplet (5)** *(De quintuples)*

5. Does your child have an Individualized Education Plan (IEP)? *(¿Tiene su hijo(a) un Plan de Educación Individualizada (IEP)?)*

☐ **Yes (Si)** ☐ **No (No)**

6. Does your child receive any of the following services? *(¿Recibe su hijo(a) alguno de estos servicios?)*

☐ **Childcare and Parent Services (CAPS) (child care subsidy program)**
☐ **Food Stamps** *(Cupones de Alimentos)*
☐ **SSI**
☐ **Medicaid**
☐ **Temporary Assistance for Needy Families (TANF)**

7. Will the Pre-K center be providing transportation for your child? *(¿Recibirá su hijo(a) transporte en el Centro donde va a asistir a Pre-K?)*

☐ **Yes (Si)** ☐ **No (No)**

Parent/Guardian Signature

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 7:30 AM
(Days of Week)

and ending at 2:30 PM from August 2021 to May 2022.
(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

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 _____

You must send the information we need, or contact [name] by [date], or our center will no longer receive free or reduced price reimbursement for meals served to your child(ren).

Center/Sponsoring Organization: [Name] Day-Star Christian Academy, Inc.

[Date]

Dear [Name]:

We are checking your CACFP Meal Benefit Income Eligibility Form. We must do this to make sure that CACFP benefits only those who are eligible. You must send us information to prove that [name(s) of participant(s)] is eligible.

If possible, send copies, not original papers. If you do send originals, they will be sent back to you only if you ask. Do not send your EBT card or any other benefit card that you will need.

1. If you were getting SNAP, TANF or FDPIR when you applied for free or reduced price meals, or at any time since then, send us a copy of one of these:

- SNAP, TANF or FDPIR Certification Notice that shows dates of certification.
- Letter from SNAP or Welfare Office that says you have been approved to get SNAP or TANF.

2. If you get this letter for a foster child:

Provide the name and contact information for a person at the agency or court who can verify that the child is the legal responsibility of the agency or court.

3. If you do not get SNAP, TANF or FDPIR: Send this page along with papers that show the amount of money your household gets from each source of income. The papers you send must show the **name** of the person who received the income, the **date** it was received, **how much** was received, and **how often** it was received. **Send information to: [address].**

Acceptable papers include:

Jobs: Paycheck stub or pay envelope that shows the amount and how often pay is received; letter from employer stating gross wages and how often they are paid; or business or farming papers, such as ledger books or tax returns.

Social Security, Pensions, or Retirement: Social Security retirement benefit letter, statement of benefits received, or pension award notice.

Unemployment, Disability, or Worker's Comp: Notice of eligibility from State employment security office, check stub, or letter from Worker's Compensation.

Welfare Payments: Benefit letter from welfare agency.

Child Support or Alimony: Court decree, agreement, or copies of checks received.

Other income (such as rental income): Information that shows the amount of income received, how often it is received, and the date it is received.

No income: A brief note explaining how you provide food, clothing and housing for your household, and when you expect to receive an income.

Military Housing Privatization Initiative: Letter or rental contract showing that your housing is part of the Military Housing Privatization Initiative.

Timeframe of Acceptable Income Documentation: Please submit papers that show your income at the time that you applied for benefits. If you do not have this information, you may submit papers from the time of completing the CACFP Meal Benefit Income Eligibility Form up to the time of verification.

If you have questions or need help, please call [name] at [phone number].
Day-Star Christian Academy 404-559-8099

Sincerely,

[signature]

The Richard B. Russell National School Lunch Act requires the information on this meal benefit form. 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 all adult household members, including the child care participant. The social security number is 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, Food Distribution Program on Indian Reservations (FDPIR) or other FDPIR identifier for the participant receiving meal benefits 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 CACFP.

Non-Discrimination Statement: This explains what to do if you believe you have been treated unfairly. "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 USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."



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: <input type="checkbox"/> Hispanic/ Latino <input type="checkbox"/> Not Hispanic/ Latino	Check (✓) one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Indian or Alaska Native <input type="checkbox"/> Hawaiian or other Pacific Islander
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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:** _____

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