

First United Methodist Preschool
Enrollment Packet
2023 – 2024



101 SE 3rd Avenue
Ft. Lauderdale, Florida 33301

(954) 463 – 3758

First Kids Academy Hours
7:30 a.m. – 5:30 p.m.
Monday - Friday

*Our **mission** is to provide exceptional care to children while fostering each child's intellectual, social, physical and moral development in an academic-rich environment.*



FIRST UNITED METHODIST PRESCHOOL

Monday through Friday - 7:30 AM to 5:30 PM

ANNUAL REGISTRATION

\$150.00

Infants:	Weekly:	\$240.00	<i><u>SR Voucher holder pay the difference in rates from ELC reimbursement to school.</u></i>
Garden Babies	Monthly	\$988.00	
Sunshine Babies			
Ones:	Weekly:	\$223.00	
Butterflies	Monthly	\$919.00	
Toddler Jungle			
Twos:	Weekly:	\$207.00	
Pooh's Troop	Monthly:	\$854.00	
Little Angels			
Threes/Fours (non –VPK)	Weekly:	\$204.00	
Explorers	Monthly:	\$839.00	
Shining Stars			
Fours: (VPK)	Weekly:	\$159.00	
VPK (Wrap Around)	Monthly:	\$654.00	
After School Program:	Monthly:	\$350.00	
(Elementary Schools)			

PAYMENT SCHEDULE

Monthly – Due the first of each month (A late fee of \$20.00 will be charged if tuition is not received by the 5th of the month)

Weekly – Due on Monday of each week (A late fee of \$20.00 will be charged if tuition is not received by Tuesday of each week)

The above policy is strictly enforced and if tuition is not paid within the time allowed, your child will not be permitted to attend the preschool until the outstanding tuition balance is paid.

- There will be a \$25.00 service charge for all checks returned by your bank.
 - A two week notice is required if you should decide to withdraw your child.
 - All fees are nonrefundable.
 - There is a 10% discount off the lowest tuition rate for siblings.
 - School Readiness Voucher holders will be charged the difference in tuition rates.
-



Start date: _____

Password _____

First United Methodist Preschool Student Registration 2022-2023

Child's Name _____ Date of Birth _____

Allergies _____

Mother's Name _____

Mother's Address _____

Mother's Telephone: Cell _____ Work _____

Other _____

Mother's Email _____

Father's Name _____

Father's Address _____

Father's Telephone: Cell _____ Work _____

Other _____

Father's Email _____

Persons permitted to pick up child:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Emergency Contact:

Name _____ Phone Number _____

Name _____ Phone Number _____

Password _____

The Password is used for the protection of your child. Circumstances may occur when you will need someone that is not listed on the registration form to take your child from this facility. When these circumstances arise, you will need to call and inform us of your instruction. You will be asked for your password.

Influenza Virus Brochure

Influenza Virus, The Flu, A guide to parents: During the 2009 legislative session, a new law was passed that requires child care facilities to provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flue) every year during August and September.

My signature below verifies that I have reviewed the brochure on Influenza Virus.

Parent/Guardian Signature: _____ Date: _____

Know Your Child Care Facility Brochure

My signature below verifies that I have reviewed the brochure on "Know Your Child Care Facility".

Parent/Guardian Signature: _____ Date: _____

Swim Central

SWIM Central is the coordinating agency for water-safety instruction and awareness in Broward County.

My signature below verifies that I reviewed more information on the Swim Central program online at <http://www.broward.org/PARKS/PROGRAMSCLASSES/Pages/swimcentral.aspx>

Parent/Guardian Signature: _____ Date: _____

Consent Form

I hereby give my consent to have my child participate in all activities at FUMC preschool. I also realize that FUMC will not be responsible for any minor injuries that might occur during the normal school day. (ex. Scratched knee, bruises and bites)

Parent/Guardian Signature: _____ Date: _____

Nutrition Plan Agreement (Please see attachment)

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide Lunch and Snack from home to meet my child's nutritional and dietary needs as recommended by the choosemyplate.gov.

Parent/Guardian Signature: _____ Date: _____

Video / Photo Release

I give permission to FUMC preschool to photograph / video my child for the purpose of promoting the preschool or demonstrating the preschool's accomplishments and activities. The photos may be published on brochures, preschool website, preschool Facebook and preschool lobby.

Yes, I give permission_____

No, I do not give permission_____

Parent/Guardian Signature:_____ Date _____

Authorization for Emergency Medical Treatment

In case of any emergency, FUMC preschool will attempt to reach the parents/guardians or the emergency number given on file. If for any reason none of these parties are available, I authorize FUMC preschool to use and transport to the closest medical facility and grant permission to perform any emergency procedure at the discretion of that medical facility.

Emergency Name:_____ Phone#:_____

Parent/Guardian Signature:_____ Date:_____

Medical Information

Child's Physician:_____ Phone#:_____

Insurance Information

Health Insurance Company:_____

Policy Number:_____ Subscriber's name:_____

Health Policy

It is the goal of FUMC preschool to keep each child as healthy as possible. If a child is sick, the parents will be notified to come and pick up their child and to keep their child out of school during any illness.

A child is considered to be sick if any of the following conditions occur:

- Fever of 100 degree or higher
- Vomiting or diarrhea more than two times.
- Cold / Flu symptoms
- Contagious disease (pink eye, scabies, scarlet fever, etc.)

Please note that if medication is prescribed, you must fill out a #5 Medication form. **Any over the counter medication will not be given unless container is brought in seal and unopened.**

I have read and understand the Health Policy. I will not knowingly bring my child to school if he/she is contagious.

Parent/Guardian Signature:_____ Date:_____

Physical and Sexual Abuse Policy

As teachers and administrative professionals, it is our responsibility, by law, to report any suspicion of physical or sexual abuse to the Department of Children and Families (DCF)

I have read and understand the policy of FUMC preschool on physical and sexual abuse.

Parent/Guardian Signature: _____ Date: _____

Field Trip Policy

Field trips will occasionally be scheduled for our 3's – 4's classroom. In order for a child to participate, the school permission slip must be signed by a parent/guardian before a child will be permitted to leave the school. If you choose not to send your child on a field trip, you will need to provide alternative child care until the class returns. The teachers need to accompany the class; therefore, there will not be a teacher available to stay with your child.

I have read and understand the field trip policy.

Parent/Guardian Signature: _____ Date: _____

Tuition Agreement

FUMC preschool will require all parents/guardians to obligate themselves to their entire tuition on a Weekly or Monthly basis. Should you decide to keep your child home for any reason, you will be required to pay your tuition in full for the period of absence as part of your contractual arrangement with us. In order to accommodate our parents, you may take a one (1) week vacation credit during the school year and tuition will be waived for that 1 week only.

- Weekly payments are due on **Monday** of each week. _____
- Monthly payments are due on the first 1st of each month and are considered late after the 5th of the month. _____
- Late payments will be charged a **\$20.00 late fee.** _____
- Returned checks will be charged a **\$25.00 return check fee.** _____
- Late pick-up will be charged **\$1.00 per minute after 5:30 p.m.**
- **ELC School Readiness** voucher holders will be charged the difference in tuition rate. _____

Please note that if tuition is past-due, your child will not be permitted to FUMC preschool until tuition payment is current.

ALL Fees are nonrefundable

Parent/Guardian Signature: _____ Date: _____

Physical Activity Statement

Each class is given the opportunity for outdoor physical activities twice per day (weather permitting) for 30 minutes. This will include an organized group activity and free play.

Parent/Guardian Signature: _____ Date: _____

Food Activity Permission

FUMC Preschool use food items on various occasions as a learning activity for the children. We are a nut free preschool and no nuts will be used or consumed during these activities.

Parent/Guardian Signature: _____ Date: _____

Safe Sleep Policy for Infants

FUMC Preschool follows the recommendation of the American Academy of Pediatrics in reducing the risk of SIDS (sudden infant death syndrome) and SUIDS in Early Education and Child Care. All infants will sleep alone in the crib, on their backs and cribs will be clear of any clutter (no blankets, toys and mobile).

Parent/Guardian Signature: _____ Date: _____

Child Care personnel (Childcare Licensing) Consent

I consent for child care personnel to have access to my child's records for licensing purpose only.

Parent/Guardian Signature: _____ Date: _____

Discipline

First United Methodist Preschool (First Kids Academy) reserves the right to remove from our program any child who continually displays inappropriate behavior. Behaviors which pose harm to the student or other students and staff are deemed inappropriate.

Parent/Guardian Signature: _____ Date: _____

Acknowledgement

Each parent/guardian will be given a copy of these policies and procedures. After reading, the parent registering the child into the preschool must acknowledge reading these policies by signing the form below.

Parent/Guardian Signature: _____ Date: _____

Parking Lot

The Church's Parking Lot is a metered lot which is monitored. Upon your child's enrollment, you will receive a parking pass. It is necessary to display this pass in your car on the dashboard when you are parked in the lot. Failure to properly display the parking pass may result in a parking ticket.

If you choose to utilize the drive-through for dropping off and picking up your child, please be considerate of others and *limit your stay to five minutes or less*.

PLEASE DRIVE SLOWLY AND USE CAUTION WHEN DRIVING THROUGH



Environmental Protection and Growth Management Department
Environmental and Consumer Protection
CHILD CARE LICENSING AND ENFORCEMENT
One North University Drive, Suite A203,
Plantation Florida 33324
954-357-4800 • Fax 954-765-4804

AUTHORIZATION FOR EMERGENCY TREATMENT

Today's Date: _____

To Whom It May Concern:

I hereby give my consent to _____
Name of Hospital

to administer necessary treatment to my child, _____
Name of Child

in the event of an emergency at which time I cannot be reached. I give consent to transport by
ambulance if situation warrants it.

Name of Physician: _____ Phone: _____

Allergies of Child: _____

Date of Last DPT or Tetanus: _____

Insurance Company Covering Child: _____

Policy Number: _____ Expiration Date: _____

Signature of Parent or Legal Guardian

Date

Sworn to and subscribed before me this _____ day of _____, 20____,

by _____
Name of Person Acknowledged

My Commission Expires:

Signature of Notary Public, State of Florida

Print or Type Name of Notary as Commissioned

☐ Personally Known

☐ Produced Identification

Type: _____

#: _____

Part One
Student File



SWIM Central Water Safety Education Questionnaire

Parents: *Do you know that drowning is the leading cause of death among children?
Complete this form to receive information to protect your child from drowning.*

Child's Name: _____ Date of Birth: _____

Parent Name: _____ Parent Signature: _____ Date: _____

Email (optional) _____

Your information is for the use of the Broward County Swim Central Program.

1. How would you rate your own swimming ability?

- ☐ Unable to swim
- ☐ Can swim a little, but NOT comfortable in deep water
- ☐ Able to swim for an extended period of time in deep water

2. Has your child ever received formal swimming lessons?

- ☐ Yes
- ☐ No, check all the reasons below that apply:
 - ☐ Do not know how to find information about swim lessons
 - ☐ Transportation problems
 - ☐ Swim lessons are not important
 - ☐ Lessons are too expensive
 - ☐ Schedule of lessons not convenient
 - ☐ We are too busy
 - ☐ Equipment such as swim suit, towel, goggles too expensive

3. Do you or a family member know how to perform CPR with rescue breaths?

- ☐ Yes
- ☐ No

4. Has your child's doctor talked to you about drowning prevention and water safety?

- ☐ Yes
- ☐ No

5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?

- ☐ Yes, visit Water SMART Broward Swim Instruction for details.
- ☐ No

PART ONE FOR OFFICE USE ONLY:

Broward Ordinance 2004, Section 7-8 requires parents/guardians to complete SWIM Central questionnaire and for Child Care Facilities to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed in each child's file to be monitored by the staff of the local licensing agency.

Facility Name: _____ Facility License #: _____

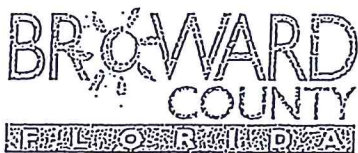
Documentation of the original form via fax or mail is required, indicate below:

Date form faxed: _____ or, date mailed: _____

Fax: 954.357.8077

SWIM Central
3700 NW 11th Place
Lauderhill, FL 33311

Form and educational handout for parent distribution can be downloaded: Water SMART Broward



Human Services Department

COMMUNITY PARTNERSHIPS DIVISION / CHILD CARE LICENSING & ENFORCEMENT SECTION

115 S Andrews Avenue, Room 119 • Fort Lauderdale, Florida 33301 • 954-537-2800 • FAX 954-537-2922

Today's Date: _____

Dear Parent or Legal Guardian:

Please read the following information, then print and sign your name below.

DISCIPLINE POLICY AND HOURS OF OPERATION

- Child(ren) shall not be subjected to discipline which is severe, humiliating, or frightening.
- Discipline shall not be associated with food, rest, or toileting.
- Spanking or any other form of physical punishment is prohibited.

Additional information:

HOURS OF OPERATION

_____ 7:30 a.m. _____ a.m./p.m. to _____ 5:30 p.m. _____ a.m./p.m.

Printed name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

Parent's Role

A parent's role in quality child care is vital:

- Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- Know the facility's policies and procedures.
- Communicate directly with caregivers.
- Visit and observe the facility.
- Participate in special activities, meetings, and conferences.
- Talk to your child about their daily experiences in child care.
- Arrange alternate care for your child when they are sick.
- Familiarize yourself with the child care standards used to license the child care facility.

Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, you should consider the facility's quality indicators related to activities, caregivers, and environment.

Quality Activities

- Activities are children initiated and teacher facilitated.
- Activities include social exchanges with all children.

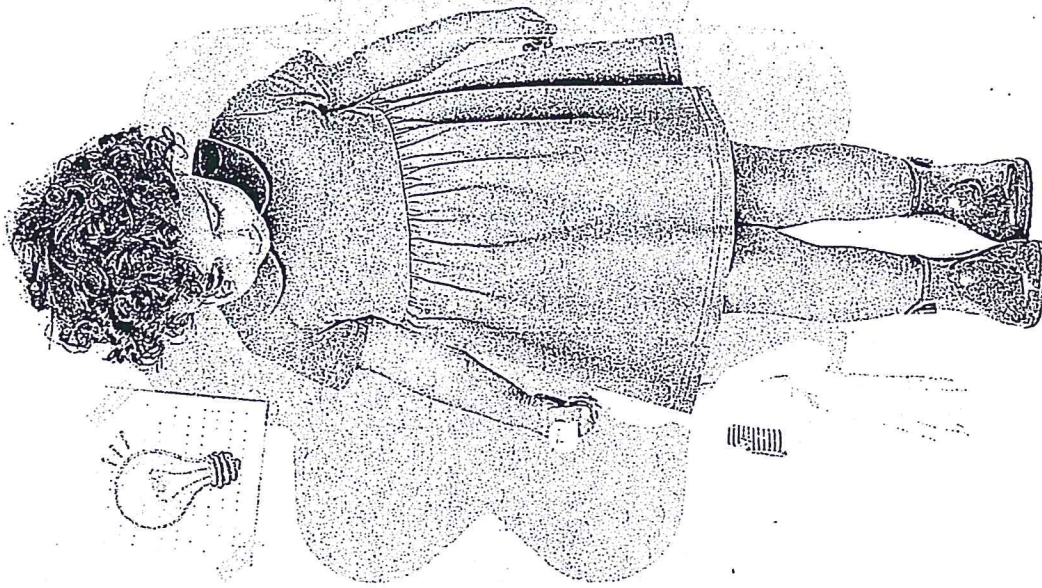
Quality Caregivers

- Caregivers are friendly and eager to care for children.
- Caregivers accept family cultural and ethnic differences.

Quality Environments

- Environments are clean, safe, inviting, comfortable, and child-friendly.
- Environments provide easy access to age-appropriate toys.

www.myflfamilies.com/childcare



For additional information, please visit
www.myflfamilies.com/childcare
or contact your local licensing office.

This brochure was created by the
Department of Children and Families in
consultation with the Department of Health.

KNOW YOUR CHILD CARE FACILITY

Know Your Child Care Facility - General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- Valid license posted for parents to see.
- All staff appropriately screened.
- Maintain appropriate transportation practices (if transportation is provided).
- Provide parents with written disciplinary and expulsion practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios.

Health Related Requirements

Emergency procedures that include:

- Posting Florida Abuse Hotline number along with other emergency numbers.
- Staff trained in first aid and pediatric cardiopulmonary resuscitation (CPR) on the premises at all times.
- Fully stocked first aid kit.
- A working fire extinguisher and documented monthly fire drills with children and staff.
- Medication and hazardous materials are inaccessible and out of children's reach.

Ratios



Age of Child	Child: Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

Training Requirements

- 40-hour introductory child care training.
- 10-hour in-service training annually.
- 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- Director Credential for all facility directors.

Food and Nutrition

Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

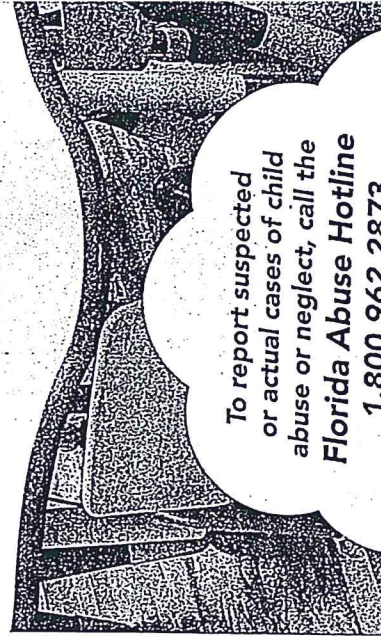
Record Keeping

Maintain accurate records that include:

- Children's health exam/immunization record.
- Medication records.
- Enrollment information.
- Personnel records.
- Daily attendance.
- Accidents and incidents.
- Parental permission for field trips and administration of medications.

Physical Environment

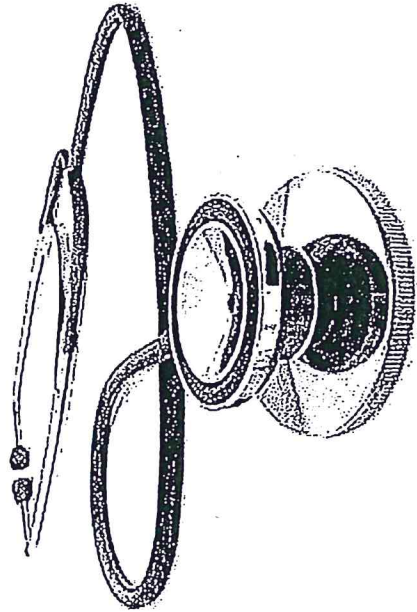
- Maintain sufficient usable indoor floor space for playing, working, and napping.
- Provide space that is clean and free of litter and other hazards.
- Provide sufficient outdoor play area.
- Maintain sufficient lighting and inside temperatures.
- Equipped with age and developmentally appropriate toys.
- Provide appropriate bathroom facilities and other furnishings.
- Provide isolation area for children who become ill.
- Practice proper hand washing, toileting, and diapering activities.



To report suspected or actual cases of child abuse or neglect, call the Florida Abuse Hotline
1-800-962-2873

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit
www.myflorida.com/childcare or contact your
local licensing office below:

CF/PI 175-70, June 2009

This brochure was created by the Department of Children and
Families in consultation with the Department of Health.

INFLUENZA VIRUS



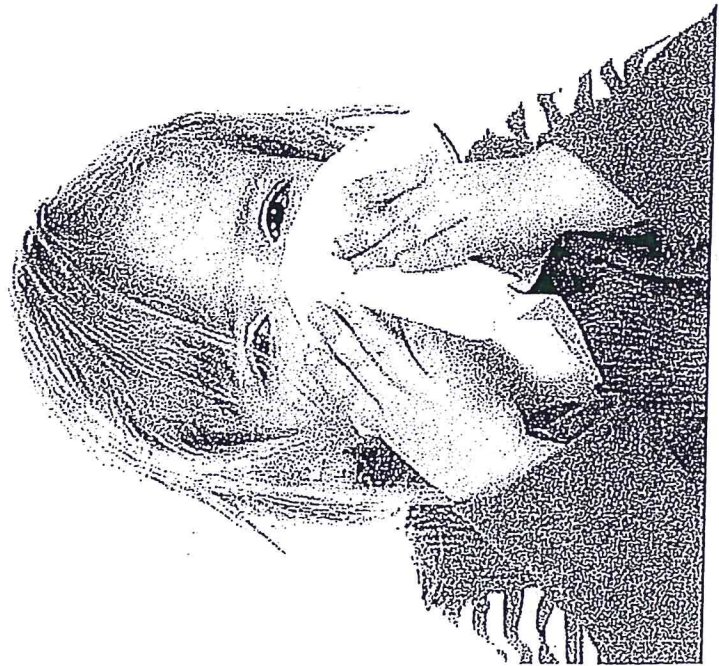
"The Flu"
A Guide
for Parents

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____
 Child's Name: _____
 Date Received: _____
 Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.

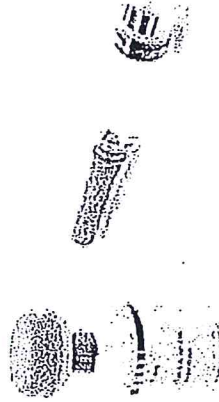


What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



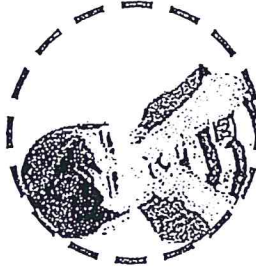
How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: _____ Center Name & Address: _____

Primary Hours of Care: From: _____ To: _____ Days of the Week in Care: M T W T H F S S Meals Typically Served While in Care: BR MS LU AS SU ES None
Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: ()

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?
If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: _____ or TANF Case Number: _____
STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income – Total: \$ _____ How often received? (check only one): ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Annually
STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0," or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually
	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually	\$ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): _____ Last four digits of Social Security Number (SSN) of adult household member: _____ If no SSN, write "none."
STEP 5: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ Daytime phone #: () _____
Street Address, City, State, Zip Code

Signature of adult household member: _____ Printed name: _____ Date signed: _____

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: ☐ FAP/SNAP or TANF Household ☐ Foster Child ☐ Non-needy ☐ Reduced-Price ☐ Free ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____
Eligibility Determination: ☐ Free ☐ Reduced-Price ☐ Non-needy ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____
NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12
Reason for Non-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

Determining Official's Signature: _____ Date: _____
Second Party Check Signature: _____ Date: _____
Revised 6/2019

Child Care Food Program Infant Feeding Form

Child care facility: Please fill in facility name and formulas offered before distributing to parents.	
Child Care Facility Name:	First United Methodist Preschool
*Formulas offered at this facility:	
Milk-based:	Enfamil Milk-based
Soy-based:	Enfamil Soy-based

This child care facility participates in the Child Care Food Program (CCFP) and is required to offer infant formula and food to your baby. The CCFP provides reimbursement for healthy meals provided and served to your baby while in our care. Our child care staff have been trained in infant feeding practices and offer age appropriate foods for your baby.

We welcome breastfed babies and support and encourage moms to continue breastfeeding when returning to work or school. For formula fed infants, we offer the iron-fortified infant formulas listed above to babies in our care.

To qualify for reimbursement, infant meals and snacks must include, at a minimum, the following food components at appropriate age and developmental stages:

- ~ Breastmilk or iron-fortified infant formula (or a combination of both)
- ~ Iron-fortified infant cereal
- ~ A variety of texture-appropriate vegetables and fruits such as sweet potatoes, bananas, and peas.
- ~ A variety of texture-appropriate meat and meat alternates such as chicken, yogurt, and cheese.
- ~ Bread, crackers, Florida WIC-approved ready-to-eat cold cereals

Please be aware this child care facility:

- ~ Will offer all food components to each infant that is developmentally ready to accept them. Parents do not have to bring in any foods for their children.
- ~ Can feed solid foods to infants in a bottle only when a medical statement is provided.
- ~ May request parents to supply clean, sanitized and labeled bottles on a daily basis.
- ~ Requires the parent to label bottles of breastmilk or formula and containers of food that they provide with baby's name, date, and time of bottle or food preparation.

Parents please complete the following:

Baby's full name: _____ Date of Birth: _____

Please check ☒ this box ☐ if your baby is breastfed. Please check if you plan to do one or both:

Provide pumped breastmilk ☐

Visit facility to nurse ☐

I understand that this child care facility will supply the above iron-fortified formulas for formula-fed infants up to 12 months of age and infant cereal and baby food for infants 6 months and older, according to the CCFP requirements.

I prefer to supply my own formula (write in name of *formula): _____

This facility has not requested or required me to provide infant formula or food.

Parent Signature: _____ Date: _____

Printed Name of Parent: _____

*Please note: Early Head Start facilities provide the brand of formula you currently give your infant as well as all age-appropriate food