ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Child Care

ABOUT ME QUESTIONNAIRE

This confidential questionnaire is to help your child care provider support the growth and development of your child while creating a safe, stable, and healthy environment for all children. By providing complete information about your child, you will be assisting us in creating a positive experience for your child while in child care. Confidentiality is a vital component in the child care setting. Therefore, only share this questionnaire with the child care director, owner, and the child's primary teacher unless pre-approved by the parent/guardian.

Instructions: A parent/guardian must complete this questionnaire, and it must be on file at the child care facility on or before a child's first day of attendance. Additionally, this questionnaire should be updated when significant changes occur in the child's care or annually. A copy should be shared with the child's teacher to support the care of your child. If additional space is needed, attach a separate sheet of paper.

Child's Name: _____ **Date of Birth:** _____

Parent/Guardian completing this form: _____

What is your preferred method of communication? *(Email/Phone/Text)* _____

Provider/Center Name: _____

Has your child previously attended child care? ☐ Yes ☐ No

If yes, what type of setting(s) was your child in? *(Family child care, group care, etc.)* _____

What did you like most about your child's previous child care setting?

_____

What did you like the least?

_____

What is important to you about your child's care?

_____

Who is important to your child?

_____

Does your child prefer to play alone or with other children? ☐ Alone ☐ Other Children

Does your child have a favorite toy or comfort object? ☐ Yes ☐ No

If yes, what? _____

What is your child's current sleep schedule?

_____

Does your child fall asleep easily? ☐ Yes ☐ No

What is your child's mood like upon awakening?

_____

What does your child like?

_____

What does your child dislike?

_____

Special things you say or do to comfort your child are:

See page 2 for EOE/ADA disclosures

How do you know when your child is:

Happy: _____

Sad: _____

Mad: _____

Tired: _____

Other: _____

How does your child react when:

Something unexpected happens:

_____

Something happens they don't like:

_____

They are scared:

_____

Other:

_____

Does your child have any health issues? ☐ Yes ☐ No

If yes, please explain:

Has anything happened recently in your child's life that might affect them? ☐ Yes ☐ No

Events at home often influence a child's behavior, for example, changes in the family, such as a new sibling, separation or divorce, or moving to a new home. Knowing about these transitional times will allow us to provide the special attention, understanding, and care your child needs.

If yes, please explain:

Is there anything else you would like to share about your child to help us create a positive environment and relationship with your child?

Is your child in Foster Care? ☐ Yes ☐ No

If yes, please list the Case Manager's Name and Contact Information:

_____

_____ (Initial) Parent/Guardian declines to complete this Questionnaire.

Parent/Guardian Signature: _____ Date: _____

POLICY AGREEMENT

*** Please initial each line as you read the following Agreement. ***

Child Name:_____ Age:_____
Child Name:_____ Age:_____
Child Name:_____ Age:_____
Child Name:_____ Age:_____

Days your child(ren) will be attending:

___Mon ___Tues ___Wed ___Thurs ___Friday

Please be aware that you will be signing up for a weekly schedule. If you do not attend your regularly scheduled days, you will still be responsible for the tuition cost. If you must make a change to your existing schedule, you must fill out a new Policy Agreement

Tuition Payment:

$_____ Weekly $_____ DES (Level) _____

_____ Please initial that you acknowledge this tuition rate.

Enrollment Procedures:

_____ Emergency Card must be filled out and turned in along with:
- ___ Immunization Record
- ___ All About Me Questionnaire
- ___ Photo Release Form
- ___ Infant Feeding Instructions (if applicable)
- ___ Infant Feeding Preference (if applicable)
- ___ Transportation Permission (if applicable)
- ___ Food Affidavit (CACFP)

_____ Your child must be signed IN/OUT every day with a legible ***First and Last name***.

_____ Your child will only be released to the person or persons listed on the Emergency Card with appropriate identification.

Payment Policy:

_____ Payment are DUE on the first day of enrollment. ALL payments will be directly drafted from a debit /credit card on EVERY Tuesday of each week. If a payment is not received by direct draft a late fee of $25 will be added to your account. Then an additional $5 each day until paid in full. If payment is not received by Friday, your child may not return the following week on Monday. If you need payment options, please speak with the office.

_____ If tuition becomes one week past due, your child will not be able to attend the following week unless previous arrangements have been made.

_____ THERE ARE NO REFUNDS

_____ You will be charged a $25.00 Return Check Fee if your check is returned unpaid. Any payments thereafter must be paid by Money Order or Credit Card.

_____ A Registration Fee of $75 per child or $100 per family is due upon enrollment.

Vacation Policy:

_____ You are given two weeks of vacation time per year. If you take additional time off, HALF of your week's tuition will be due. If you are going to be gone 3 weeks or more, a fee of $80 will need to be paid in order to hold your spot.

Personal Belongings:

_____ Bring in an extra change of clothes for your child labeled with first and last name.

_____ Sippy cups and/or toys from home are not permitted as we are not responsible for any lost, broken or stolen items. We supply many activities, toys and sippy cups at the center.

_____ Kid's Corner employees do not provide childcare services after hours.

_____ Parents must provide enough Diapers and wipes per child per week. Failure to provide sufficient amount you will be charged $2 per diaper used.

Special Needs:

_____ Kid's Corner Preschool will do it's best to try and accommodate the needs of all 75children. If your child has special needs, please be prepared to provide us with a current and updated ISP for your child as well as detailed written instructions as to how you would prefer, we accommodate you and your child. Please discuss your child's needs with the

center's Director prior to enrollment. It is our policy to accept children in compliance with the Americans with Disabilities Act (ADA).

Lesson Plans:

_____ Each classroom will have a weekly Lesson Plan/Curriculum and Schedule posted to keep you informed of your child's activities throughout the day. We provide the opportunity to explore and learn about social skills, art, science, math, reading, health, nutrition, language skills, vocabulary, creative learning, music/movement, outdoor play and indoor games. Your child will learn though play, discovery and experience.

Drop off Times:

_____ All children **MUST** be dropped off before 12 p.m. each day. If your child will be late please call the center at your earliest convenience to let us know. We must staff properly for the day.

Center Hours:

_____ I understand that Kid's Corner Preschool is open from 6:00 a.m. to 6:00 p.m. Monday through Friday. If I fail to pick my child up by 6:00 p.m., I will be charged a late fee of **$5 per minute per child.**

Disenrollment Procedures:

_____ Kid's Corner Preschool reserves the right to disenroll your child at any time if we feel their needs cannot be met.

_____ In the event that behavior problems persist as outlined in your Parent Handbook.

_____ Tuition is past due and proper arrangements have not been made.

_____ You are consistently late (past 6:00 p.m.) for child pick-up.

Picture Policy:

_____I authorize my child(ren)s pictures to be used for the center's use. **Y / N**

Parent/Guardian Print Name:

_____

Parent/Guardian Signature:

_____ Date:_____

Director Signature:

_____Date:_____

CDC/SGH# or name:_____

Arizona Department of Health Services
Bureau of Child Care Licensing

Emergency, Information and Immunization Record Card

Child's Name:	**Date Enrolled:**	Updated:
Home Address (#, Street, City, State, Zip Code):		**Date Disenrolled:**
Home Phone:	**Date of Birth**:	**Sex:** ☐ **male** ☐ **female**

Parent or Guardian Name:	**Home Address (#, Street, City, State, Zip Code):**
Cell Phone (optional):	**Contact Telephone Number:**

Parent or Guardian Name:	**Home Address (#, Street, City, State, Zip Code):**
Cell Phone (optional):	**Contact Telephone Number:**

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted: (Pursuant to R9-5-304.B, at least two contact persons are required.)

Name:	**Contact Telephone Number**:
Name:	**Contact Telephone Number**:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	**Name**:	**Contact Telephone Number**:

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

In case of injury or sudden illness, I request that this individual be called first:	

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. ☐ yes ☐ no

Telephone Authorization Code (optional):_____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:
www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

☐	Copy of current official documented immunization record attached
☐	Religious Beliefs exemption form signed by parent/guardian attached
☐	Medical Exemption form signed by physician and parent/guardian attached
☐	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

Is child allergic to food or other substances? ☐ **No** ☐ **Yes** **If yes**, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:
Is child usually susceptible to infections and if so, what precautions need to be taken? ☐ **No** ☐ **Yes** **If yes**, list precautions:
Is child subject to convulsions and what should be our procedure if one occurs? ☐ **No** ☐ **Yes** **If yes**, specify procedure:
Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? ☐ **No** ☐ **Yes** **If yes**, list precautions:
Additional comments:
Other special instructions:

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	**SIGNED Name**:	**DATE:**

Input Program Year **Meal Benefit Income Eligibility Form**

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:
RETURN TO:
ADDRESS:

STEP 1 List ALL children, infants, and students up to and including grade 12. Attach another sheet of paper if you need space for more names.

List ALL children in the household. Do not forget to list infants, children attending other schools, children not in school, and children not applying for benefits. This includes children not related to you in your household.

Child's First Name	MI	Child's Last Name	Grade	Foster Child	Migrant	Runaway	Homeless
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐
				☐	☐	☐	☐

Check all that apply

If you checked any of these boxes, please refer to the Application Instruction's Step 1: Part C & Part D.

STEP 2 Do any household members (including you) participate in: SNAP, TANF, or FDPIR?

○ **NO** → Go to STEP 3. ○ **YES** → Write case number here and proceed to STEP 4.

CASE NUMBER (NOT EBT NUMBER):

Write only one case number in this space.

STEP 3 List ALL household members and income for each member (before taxes and deductions)

A. All Adult Household Members (Anyone who is living with you and shares income and expenses, even if not related, including you.)
List all Adult Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes and deductions) 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 fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often received?					Public Assistance, Child Support, Alimony	How often received?				Pensions, Retirement, Social Security, SSI, VA Benefits, All Other	How often received?			
		Weekly	Every 2 Weeks	2x Month	Monthly	Annual		Weekly	Every 2 Weeks	2x Month	Monthly		Weekly	Every 2 Weeks	2x Month	Monthly
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults)

Last Four Numbers of Social Security Number of Primary Wage Earner or other Adult Household Member (If Applicable)

Check if no Social Security Number ☐

Please see application's back for list of income sources.

B. Child Income
Sometimes children in the household earn or receive income.
Include the TOTAL income (before taxes and deductions) received by ALL children listed in STEP 1 here.

Child Income	How often received?				
	Weekly	Every 2 Weeks	2x Month	Monthly	Annual
$	○	○	○	○	○

STEP 4 Contact information and adult signature. <u>RETURN COMPLETED FORM TO</u> Insert address here

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that school officials may verify (confirm) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form | Signature of Adult | Today's Date

Mailing Address (if available) | City | State | Zip | Phone (optional) | Email (optional)

SOURCES AND EXAMPLES OF INCOME

For additional information on income, please refer to the instructions that accompany this application.

Sources of Income			Examples of Income for Children
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All other sources of income**	
• Salary, wages, cash bonuses, tips, commissions • Net income from self-employment (farm or business) **If you are in the U.S. Military:** • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers' compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• Social Security/Disability (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household	• A child has a regular full or part-time job where they earn a salary or wages • A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits • A friend or extended family member regularly gives a child spending money • A child receives regular income from a private pension fund, annuity, or trust

OPTIONAL

Children's ethnic and racial identities. This information is kept confidential and may be protected by the Privacy Act of 1974.

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race) ☐ Not Hispanic or Latino

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

Return this completed form to your child's school. *Do not mail, fax, or email completed applications to the U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights.

DO NOT FILL OUT

For official use only.

Annual Income Conversion: Weekly × 52, Every 2 Weeks × 26, Twice a Month × 24, Monthly × 12. Do not annualize income to determine eligibility unless more than one income frequency is listed.

Total Income

How often?

Weekly	Every 2 Weeks	2x Month	Monthly	Annual
○	○	○	○	○

Household size

Categorical Eligibility ☐

Eligibility

Free	Reduced	Paid
○	○	○

Eligibility For Family Day Care Homes

Tier I	Tier II
○	○

Determining Official's Signature | Date | Confirming Official's Signature | Date | Verifying Official's Signature | Date

Use of Information Statement

The Richard B. Russell National School Lunch Act requires that we use information from this application to see who qualifies for free or reduced price meals. We can only approve complete forms. We may share your eligibility information with education, health, and nutrition programs to help them deliver program benefits to your household. Inspectors and law enforcement may also use your information to make sure that program rules are met.

Please be sure to provide the last four numbers of the Social Security number of the adult household member who signs the application. If the adult does not have one, 'Check if no Social Security Number.' Applications for a foster child do not need to list a Social Security number. Applications for children in households receiving Supplemental Nutrition Assistance Program (SNAP) or Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) do not need to list a Social Security number. Some children qualify for free meals without an application. Please contact your school to get free meals for a foster child, and children who are homeless, migrant, or runaway.

The contact information below is solely to file a complaint of discrimination

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: **https://www.usda.gov/sites/default/files/documents/ad-3027.pdf,** from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

*MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442; or
EMAIL: program.intake@usda.gov

***Do not mail applications to this address, only complaints of discrimination.**

This institution is an equal opportunity provider.

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RECURRING CHARGE AUTHORIZATION FORM

Use this form to authorize **Kid's Corner Preschool & Childcare** to set up recurring credit card billing for services that **Kid's Corner Preschool & Childcare** provides for you. Please **PRINT clearly**.

INCOMPLETE FORMS CANNOT BE PROCESSED. Remember to fill out **ALL INFORMATION.**

AMOUNT: _____

DAY: TUES **WEEKLY BI-WEEKLY**

Last Name: _____ First Name: _____
Billing Address: _____
(This address and Zip should match the address and Zip connected to the credit/ debit card being used)
City: _____ State: _____ Zip: _____
Contact Email Address: _____
Telephone Number (i.e.: 888-327-5722): _____

Type of Card: MasterCard Visa

Name as it appears on Credit Card: _____
Credit Card Number: _____ Exp. Date: _____
Bank Telephone No. (located on back of card):_____ CVV2: _____

AUTHORIZATION
I hereby authorize Kid's Corner Preschool to charge the indicated credit card for services provided.

I agree that this is a periodic charge that will be made weekly, bi-weekly, or as indicated above and in order to terminate the recurring process I must terminate this contract IN WRITING or by disenrolling my child(ren).

I agree not to dispute Kid's Corner Preschool's billing with my credit card issuer as long as the amount in question was for services rendered prior to the disenrollment of my child(ren).

I understand that Kid's Corner Preschool will not mail me any invoices or bills.

I authorize Kid's Corner Preschool to run an address verification search. This verification process is a security measure designed to protect me, the client from illegal fraud against my credit card.

I guarantee and warrant that I am the legal cardholder for this credit card, and that I am legally authorized to enter into this recurring billing agreement with Kid's Corner Preschool.

_____ _____
Cardholder's Authorized Signature **Name Printed**

Date: _____

Date Payment Processed	$ Amount	Authorization #	Payment Processed By:

Kid's Corner Preschool

Photographic Release

Kid's Corner Preschool occasionally takes photographs of children with permission at the center. We will place these pictures or videos for school use only. (No social media.)

This will include:

- Art Projects
- Displaying pictures or video on a digital frame
- Training purposes
- Displaying inside of classroom
- Portfolio use
- Displaying in front lobby

Please check YES I do_____ or I do not_____ authorize the use and reproduction of any photographs, training videos, negatives, or proofs of your child for Kid's Corner Preschool's use.

Child's Name:_____ Date:_____

Child's Name:_____ Date:_____

Child's Name:_____ Date:_____

Child's Name:_____ Date:_____

Parent/Guardian
Signature:_____Date:_____