United Methodist
Community House

Increasing everyone's ability to succeed in a diverse community.

Child Development Center Application

Preschool Enrollment

Full Day and Part Day Programs:
3 and 4 Year Old Classes

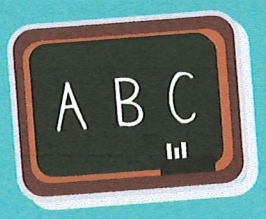
- 4 STAR QUALITY RATING
- HIGH SCOPE CURRICULUM
- NUTRITIOUS MEALS & SNACKS PROVIDED
- FAMILY ENGAGEMENT ACTIVITIES

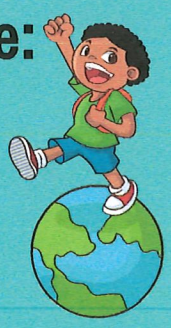
Required Documentation:

-COMPLETED APPLICATION
-HEALTH APPRAISAL
-CHILD'S BIRTH CERTIFICATE
-IMMUNIZATION RECORDS

**Enrollment is on a first come-first serve basis.*

For more information please visit our website:
umchousegr.org or call 616.452.3226





904 Sheldon Avenue, SE Grand Rapids MI, 49597

United Methodist Community House

Increasing everyone's ability to succeed in a diverse community.

Child Development Center

Tuition Rates
Effective September 9, 2019

United Methodist House offers block rates of part and full-time; we do not offer hourly rates. All children are either part-time 20 hours or full-time 40 hours. We do have a 45 plus option, as we account for travel time for working –parent travel schedules. Hours required above 45, must have approval.

Infants

Weekly Rates:	**Part-time = 20hrs**	**$140.00**
	Full-time = 40hrs	**$250.00**
	45 plus	**$275.00**

Toddlers

Weekly Rates:	**Part-time = 20hrs**	**$110.00**
	Part-time 2.5 years = 20hrs	**$95.00**
	Full-time = 40hrs	**$200.00**
	Full-time 2.5 years = 40hrs	**$185.00**
	45 Plus	**$225.00**
	45 Plus 2.5 Years old	**$200.00**

Pre-Schoolers

Weekly Rates:	**Part-time = 20hrs**	**$100.00**
	Full-time = 40hrs	**$175.00**
	45 Plus	**$200.00**

United Methodist
Community House

Increasing everyone's ability to succeed in a diverse community.

Application for Enrollment

Child Development Center (CDC)

Today's Date:_____/_____/_____ First Day of Service: _____/_____/_____

Program Service: ☐ Room 101 ☐ Room 102 ☐ Room 201 ☐ Room 202 Gender (Child): ☐ M ☐ F

☐ Room 301 ☐ Room 302 ☐ Room 303 ☐ Room 304 Age (Child):_____

Name of Child: _____ Birth Date: _____/_____/_____
Last First MI Initial Month Day Year

Address (Child): _____
Street Apt. City State Zip Code

Name (Mother): _____ Birth Date: _____/_____/_____
Or Primary Guardian Last First MI Initial Month Day Year

I am the: ☐ Biological Mother ☐ Adoptive Mother ☐ Step Parent ☐ Legal guardian ☐ Foster Parent

Marital Status: ☐ Married ☐ Domestic Partners ☐ Cohabitating ☐ Separated ☐ Divorced

☐ Address Same as Child

Home Address: _____
Street Apt. City State Zip Code

Telephone Number(s): ( ) _____ H ( ) _____ W

( ) _____ C ( ) _____ Other

E-Mail Address: _____

Place of Employment: _____ What is your title? _____

Name (Father): _____ Birth Date: _____/_____/_____
Last First MI Initial Month Day Year

☐ Address Same as Child

Home Address (if different): _____
Street Apt. City State Zip Code

Telephone Number(s): ( ) _____ H ( ) _____ W

( ) _____ C ( ) _____ Other

E-Mail Address: _____

Place of Employment: _____ What is your title? _____

Marital Status: ☐ Married ☐ Domestic Partners ☐ Cohabitating ☐ Separated ☐ Divorced

Ethnic Background (Child): _____

Other children in the household (other than child(ren) enrolled):

Child's Name	Date of Birth	Gender (M/F)
1)	/ /	
2)	/ /	
3)	/ /	
4)	/ /	

Have you previously enrolled children in UMCH programs? ☐ Yes ☐ No If yes, when? _____

What Program(s) _____ How long were they enrolled?_____

Has your family been enrolled in WIC services within the last 30 days? ☐ Yes ☐ No

Has your family ever been involved with services at Family Promise? ☐ Yes ☐ No

If so, which program(s): _____

Insurance Provider: ☐ Medicaid ☐ Medicare ☐ Private Insurance ☐ Uninsured

Please check the appropriate box for the information below:

Mother's Education

- ☐ Less than High School
- ☐ High School / GED
- ☐ Vocational/Technical
- ☐ College Graduate
- ☐ Graduate

Mother's Employment Status

- ☐ 35 Hours or More per Week
- ☐ Less than 35 Hours per Week
- ☐ Attending College Classes
- ☐ Not in Labor Force
- ☐ Looking for Work

Mother's Income

- ☐ Below $5,000
- ☐ $5,000 - $7,000
- ☐ $7,500 - $9999
- ☐ $10,000 - $14,000
- ☐ $15,000 - $19,999
- ☐ $20,000 - $29,000
- ☐ $30,000 - $39,999
- ☐ $40,000 - $49,999
- ☐ More than $50,000

Please check the appropriate box for the information below:

Father's Education

- ☐ Less than High School
- ☐ High School / GED
- ☐ Vocational/Technical
- ☐ College Graduate
- ☐ Graduate

Father's Employment Status

- ☐ 35 Hours or More per Week
- ☐ Less than 35 Hours per Week
- ☐ Attending College Classes
- ☐ Not in Labor Force
- ☐ Looking for Work

Father's Income

- ☐ Below $5,000
- ☐ $5,000 - $7,000
- ☐ $7,500 - $9999
- ☐ $10,000 - $14,000
- ☐ $15,000 - $19,999
- ☐ $20,000 - $29,000
- ☐ $30,000 - $39,999
- ☐ $40,000 - $49,999
- ☐ More than $50,000

Why have you chosen to enroll your child(ren) at UMCH?

- ☐ Affordability
- ☐ Location of Center is Close to My Job
- ☐ Location of Center is Close to Child's School
- ☐ Clean, Safe, Stimulating Programs
- ☐ Quality of Staff and Programs

How did you hear about UMCH?

- ☐ Referred by a Friend
- ☐ Church Bulletin
- ☐ UMCH Website
- ☐ Referred by Current Student
- ☐ Flier Posted in Neighboring School
- ☐ Social Media

Are you interested in/willing to serve on a Parent Engagement group? ☐ Yes ☐ No

Please read the statements below carefully and indicate your agreement by checking the appropriate box(es) and signing where indicated.

☐ The United Methodist Community House has my permission to use my child's/children's photographic image in any agency Newsletter or other publication that will benefit, promote, or support the mission of the United Methodist Community House.

☐ I have received a full copy of the Parent Handbook of the United Methodist Community House's Child Development Center and have had the opportunity to ask questions or state concerns regarding UMCH policies.

☐ I certify that all of the information provided by me in this application is true and correct.

☐ I agree that I will provide updated income, emergency contact and care information, and other relevant information for my child's record when such changes occur.

_____ _____

Signature of Parent/Guardian Date

United Methodist Community House

PRESCHOOL

"ALL ABOUT ME" FORM

Child's Name: _____Date of Birth: _____/_____/_____

What would you like us to call your child?_____

DEVELOPMENTAL HISTORY

Has your child ever received any services for healthy development?

FAMILY INFORMATION

With whom does child reside?	
Who else lives in the home (siblings, extended family, pets)?	
What does child call family members?	
What is your current support system? (family, friends, neighbors, church, services, etc)	
Are there any needs your family is currently experiencing? (housing, transportation, parent support, financial, food, other)	
Are you currently involved with any services? (Maternal Infant Health, Arbor Circle, WIC, United Way, etc.)	
Language spoken at home	
Are books read in languages other than English?	
Are there words in your home language that we should know?	
Please tell us about any cultural family customs, rituals or traditions that will help us make your child's experience more meaningful	

HEALTH/ DEVELOPMENT

Serious illnesses or hospitalizations (describe)?	
Special physical conditions, disabilities, or allergies (describe)?	
Is your child presently or ever been diagnosed with a special need?	
If so, is he/she receiving any special services?	
Regular medications?	
Do you have any concerns about your child's development?	

EATING HABITS

Special characteristics or difficulties?	
Special diet	
Any food allergies?	
Favorite foods	
Foods refused	

SLEEPING HABITS

Routine nap times:	:	AM/PM
	:	AM/PM
	:	AM/PM
Additional napping information?		
What does child take to bed?		
Mood on awakening:		
What time does child go to bed at night:	:	PM
What time does child awake in morning:	:	AM
Are there any sleep/wake time rituals?		

SOCIAL RELATIONSHIPS

Has child had any experience playing with children?	
If so, please describe.	
Is child: (Friendly, Aggressive, Shy, Withdrawn)	
Reaction to strangers?	
Have you had any previous childcare experience?	
Did it meet your expectation, explain?	
Prefers to play: (alone, in small groups)	
Favorite toys and activities:	
Is child frightened by: (Animals, rough children, loud noises, dark)	
Other fears, please explain:	
How do you comfort your child when they are emotionally upset?	
What are some things that bring your child joy?	

DAILY SCHEDULE

Please describe by approximate time your child's current daily activities:

Time		Activity (e.g., awakening, eating, time out of crib, napping, toilet habits, fussy time, bedtime)
:	AM PM	
:	AM PM	
:	AM PM	
:	AM PM	
:	AM PM	
:	AM PM	
:	AM PM	
:	AM PM	
:	AM PM	
:	AM PM	
:	AM PM	
:	AM PM	

PARENTING PHILOSOPHY

Do you have ideas about parenting that would help us to better care for your child as an individual?

What do you, as a family, hope to get out of this child care experience?

Is there anything else you would like us to know about your child?

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:	Date of Admission	Date of Discharge

Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)		City	State	Zip Code
Parent/Legal Guardian's Name	Home Phone ( )	Parent/Legal Guardian's Name (Optional)		Home Phone ( )
Home Address (if not child's address)	Cell Phone ( )	Home Address (if not child's address)		Cell Phone ( )
City / State / Zip Code		City	State	Zip Code
Email Address (optional)		Email Address		
Employer Name	Work Phone ( )	Employer Name		Work Phone ( )
Name of Child's Physician or Health Clinic		Physician's or Health Clinic's Phone Number ( )		
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)				

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	( )	( )
2.	( )	( )
3.	( )	( )

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	**( )**	**2.**	**( )**
3.	**( )**	**4.**	**( )**

Parent/Legal Guardian Initials:

_____I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian Date Signed

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

LARA is an equal opportunity employer/program.

AUTHORITY: 1973 PA 116
COMPLETION: Required
PENALTY: Rule Violation Citation.

BCAL-3731 (Rev. 7-18) Previous edition 6-17may be used.

Infant & Toddler
DEVELOPMENTAL CHECKLISTS

Just like tracking height and weight, tracking developmental milestones helps caregivers see how children's skills compare to typical growth and development.

Developmental milestones are skills most children can do by a certain age. There are important milestones children achieve at each stage of life.

Each child is an individual, so it is important to remember that a milestone checklist is only a guide for growth and development. Some children may achieve skills a little earlier and some children may achieve skills a little bit later; however, certain skills tend to develop within predictable age ranges.

Knowing what to look for is key to knowing how a child is developing. Developmental milestones can help caregivers become aware of what skills are expected at what ages and acknowledge what the child is accomplishing–a first smile, a first step, a first word.

HELPFUL HINTS TO USING MILESTONE CHECKLISTS:

- Child care providers and teachers work with many children, so watching children closely and recognizing certain skills will come naturally. Most milestones can be observed while the child is playing in a variety of activities and following daily routines throughout the day.
- If milestones do not occur naturally while observing the child, caregivers can engage the child with social interaction, toys, and demonstrations to try to elicit or bring out certain skills. Infants and toddlers may be most comfortable moving around and playing on the floor, while preschoolers may sometimes play at a table.
- Mark a check or date by a skill on the milestone checklist when the child is observed performing that skill. If the child needs assistance to complete the skill, do not check the skill on the milestone checklist; this means the child is still learning this skill.
- While some milestones (like language) can be observed anytime during the day, other milestones will most likely be observed during targeted times of the day. For example, motor skills will be easy to observe during movement activities, dancing, and in the yard/playground. Look for self-help skills during arrival, dismissal, toileting, and mealtimes. Social-emotional skills can be observed while children play or during centers.

The following milestone checklists can be used by parents and teachers of children from birth to 48 months of age. They are divided into age ranges and areas of development: Language, Social-Emotional, Cognitive, Early Literacy, Physical Health & Motor Development.

The checklists can also be downloaded at: cliengage.org/public/tools/assessment/infant-toddler-checklists/

CHILDREN'S LEARNING INSTITUTE

0–3 months

DEVELOPMENTAL CHECKLIST

Child's Name:

Administrator's Name:

Date(s) of Administration:

Tip: If completing multiple times (e.g., once per month), use a different colored pen for each administration.

HEALTH & MOTOR

- ❒ Stretches legs out and kicks when lying on stomach or back
- ❒ Raises head and chest up when lying on tummy
- ❒ Pushes down on legs when feet are on a hard surface
- ❒ Begins to make smoother movements with arms and legs by 3 months old
- ❒ Opens and shuts hands
- ❒ Brings hands to mouth
- ❒ Grasps with entire hand when finger or rattle is placed in palm
- ❒ Focuses on objects up close (6-12 inches away)
- ❒ Prefers to gaze at black-white contrast and human faces
- ❒ Tracks slow moving objects with eyes

SOCIAL-EMOTIONAL

- ❒ Likes to be held close and cuddled
- ❒ Turns head toward familiar voice
- ❒ Enjoys looking at faces
- ❒ Begins to smile and coo at people
- ❒ Enjoys playing with people and might cry when playing stops
- ❒ Cries when hungry, uncomfortable, tired, or unhappy
- ❒ Can briefly calm self by sucking on hand or pacifier
- ❒ Is comforted by voice, sight, smell, and touch of familiar caregiver

COGNITIVE

- ❒ By 3 months, spends more time awake and alert
- ❒ Tracks or follows objects with eyes
- ❒ Looks back and forth briefly from one object to another

LANGUAGE & LITERACY

- ❒ Startles at loud sounds
- ❒ Quiets or smiles when spoken to
- ❒ Starts to turns eyes or head toward sounds
- ❒ Cries; by 3 months will start to make different cries for different needs (hungry, tired)
- ❒ Makes pleasure sounds (coos and goos)
- ❒ Listens to and looks at a book for brief periods of time

RED FLAGS

Teachers should talk to parents or guardians if they notice one or more of these signs of possible developmental delay. Parents should discuss red flags with their pediatricians or call Early Childhood Intervention (ECI) to ask for a developmental screening.

- ❒ Doesn't respond to loud sounds
- ❒ Doesn't watch things as they move
- ❒ Doesn't smile at people
- ❒ Doesn't bring hands to mouth
- ❒ Can't hold head up when pushing up when on tummy

CHILDREN'S LEARNING INSTITUTE

3–6 months

DEVELOPMENTAL CHECKLIST

Child's Name:

Administrator's Name:

Date(s) of Administration:

Tip: If completing multiple times (e.g., once per month), use a different colored pen for each administration.

HEALTH & MOTOR

- ❒ Holds head steady, unsupported
- ❒ Rolls from back to tummy and tummy to back
- ❒ Pushes up on forearms when lying on tummy
- ❒ Begins to sit with support
- ❒ Pushes down on legs or bounces on feet when supported in a standing position
- ❒ Reaches, grasps and holds objects
- ❒ Uses both hands to explore toys and bring them to mouth
- ❒ Shakes and bangs objects
- ❒ Grasps and plays with feet while lying on back
- ❒ Focuses eyes on small objects up close as well as objects a few feet away
- ❒ By 5 months, develops good color vision
- ❒ Reaches for spoon while being fed
- ❒ Closes mouth firmly or turns head away when hunger is satisfied
- ❒ Teeth may begin to appear
- ❒ Begins to sleep for a longer period through the night

LANGUAGE & LITERACY

- ❒ Responds to changes in tone of voice
- ❒ Begins to turn in response to name
- ❒ Responds to music and singing
- ❒ Laughs aloud
- ❒ Starts to babble with sounds like p, b, m
- ❒ Vocalizes to get attention, express displeasure, show eagerness
- ❒ Produces raspberries, squeals, trills
- ❒ May start to imitate sounds s/he hears
- ❒ Takes turns making sounds with others
- ❒ Reaches toward and touches a book
- ❒ May respond to caregiver's voice while reading by smiling and cooing

SOCIAL-EMOTIONAL

- ❒ Observes people and activities
- ❒ Responds with eye gaze, smiling, and cooing when spoken to, picked up, or shown affection by a familiar caregiver
- ❒ Initiates social interactions with others by making eye contact and cooing
- ❒ Copies some facial expressions, like smiling or frowning
- ❒ Laughs aloud, squeals, blows bubbles
- ❒ Shows excitement by waving arms and legs
- ❒ Communicates distress verbally (fusses, cries) and nonverbally (turns head, frowns, arches back, spits up)
- ❒ Stops crying when a familiar caregiver comes near
- ❒ Responds to other people's emotions

COGNITIVE

- ❒ Looks around and shows curiosity about things nearby in environment
- ❒ Reaches for objects
- ❒ Begins to explore objects (e.g., banging, putting in mouth)
- ❒ Begins to experiment with cause and effect (e.g., shaking a rattle to make noise)
- ❒ Begins to act bored or fuss if activity does not change
- ❒ Forgets about object when removed from view

RED FLAGS

Teachers should talk to parents or guardians if they notice one or more of these signs of possible developmental delay. Parents should discuss red flags with their pediatricians or call Early Childhood Intervention (ECI) to ask for a developmental screening.

- ❒ Has trouble moving one or both eyes in all directions by 4 months
- ❒ Can't hold head steady by 4 months
- ❒ Doesn't coo or make sounds by 4 months
- ❒ Doesn't push down with legs when feet are placed on a hard surface by 4 months
- ❒ Doesn't try to get things that are in reach
- ❒ Shows no affection for caregivers
- ❒ Doesn't respond to sounds around him
- ❒ Has difficulty getting things to mouth
- ❒ Doesn't make vowel sounds ("ah", "eh", "oh")
- ❒ Doesn't roll over in either direction
- ❒ Doesn't laugh or make squealing sounds
- ❒ Seems very stiff, with tight muscles
- ❒ Seems very floppy, like a rag doll

CHILDREN'S LEARNING INSTITUTE

6–9 months

DEVELOPMENTAL CHECKLIST

Child's Name:

Administrator's Name:

Date(s) of Administration:

Tip: If completing multiple times (e.g., once per month), use a different colored pen for each administration.

HEALTH & MOTOR

- ❒ Crawls on hands and knees
- ❒ Can get into sitting position by self
- ❒ Sits without support
- ❒ Holds one thing in each hand at the same time
- ❒ Transfers object from one hand to the other hand
- ❒ Picks up small objects using pincer grasp
- ❒ May drool and enjoy chewing toys during teething
- ❒ Holds own bottle
- ❒ Places pacifier in own mouth
- ❒ May begin sleeping through the night

SOCIAL-EMOTIONAL

- ❒ Looks back and forth between toy and adult while playing
- ❒ Reaches out to touch another person
- ❒ Responds differently to caregiver and strangers, may become clingy with familiar adults
- ❒ Turns and looks when name is called
- ❒ Recognizes self in mirror
- ❒ Expresses distinct emotions, such as fear, sadness, anger, excitement
- ❒ Seeks reassurance from caregivers, for example starts to crawl and often "checks back" with caregiver

COGNITIVE

- ❒ Explores objects by visually inspecting them, turning them around, feeling all surfaces, shaking, and dropping them
- ❒ Begins to repeat actions to get an effect
- ❒ Searches for partially hidden objects

LANGUAGE & LITERACY

- ❒ Watches your face when you talk
- ❒ Understands 3 to 50 words
- ❒ Recognizes the sight of spoon, bottle
- ❒ Starts to recognize names of family members
- ❒ Understands "hi" and "bye"
- ❒ Starts to understand "no"
- ❒ Babbles using repeated syllables of alternating consonants and vowels (e.g., "bababa," "gagaga")
- ❒ Babbles with inflection and rhythmic patterns
- ❒ May start to clap hands and bang purposefully to make noise
- ❒ Recognizes familiar objects in pictures
- ❒ Especially likes pictures of faces
- ❒ Vocalizes and pats pictures
- ❒ Explores a book by feeling it, turning it upside down, putting it in mouth, dropping it, or throwing it

RED FLAGS

Teachers should talk to parents or guardians if they notice one or more of these signs of possible developmental delay. Parents should discuss red flags with their pediatricians or call Early Childhood Intervention (ECI) to ask for a developmental screening.

- ❒ Doesn't bear weight on legs with support
- ❒ Doesn't sit with help
- ❒ Doesn't babble ("mama," "baba," "dada")
- ❒ Doesn't play any games involving back-and-forth play
- ❒ Doesn't respond to own name
- ❒ Doesn't seem to recognize familiar people
- ❒ Doesn't look where you point
- ❒ Doesn't transfer toys from one hand to the other

CHILDREN'S LEARNING INSTITUTE

9–12 months

DEVELOPMENTAL CHECKLIST

Child's Name:

Administrator's Name:

Date(s) of Administration:

Tip: If completing multiple times (e.g., once per month), use a different colored pen for each administration.

HEALTH & MOTOR

- ❒ Changes positions without help (between crawling, sitting, standing)
- ❒ Pulls self to stand
- ❒ Cruises or walks holding on to furniture
- ❒ May stand alone
- ❒ May take a few steps or walk while holding adult's hands
- ❒ "Dances" or moves body to music
- ❒ Bangs two small objects together
- ❒ Puts objects in and out of container
- ❒ Waves bye-bye
- ❒ Claps hands
- ❒ Sees distant objects (15-20 feet away)
- ❒ Drinks from cup with assistance
- ❒ Finger feeds self; may remove food from mouth, look at it, and put it back in

SOCIAL-EMOTIONAL

- ❒ Repeats sounds and actions that get attention or laughter
- ❒ Shows affection to others, such as hugs, pats, and kisses
- ❒ Uses several gestures like showing, pointing, and waving bye-bye
- ❒ Plays simple interaction games, such as peek-a-boo and pat-a-cake
- ❒ Looks to familiar adults for comfort
- ❒ Is shy or nervous with strangers and may cry when separated from primary caregiver ("stranger anxiety")
- ❒ Understands "no"
- ❒ Begins to show a sense of humor, for example laughing at funny faces

COGNITIVE

- ❒ Takes action with a goal in mind (e.g., avoids diaper change by crawling away)
- ❒ Gives an object to adult on request, expects to have it returned immediately
- ❒ Remembers and finds object hidden under cloth or cup
- ❒ Shows interest in putting objects in and out of containers
- ❒ Stacks rings on peg
- ❒ Understands that an illustration or photo in a book represents a real object

LANGUAGE & LITERACY

- ❒ Recognizes name
- ❒ Participates in language games such as peek-a-boo and patty cake
- ❒ Understands name of one body part
- ❒ Recognizes spoken words as symbols for objects
- ❒ By 12 months, has 1 to 2 words including sounds with meaning such as "Mama," "Dada," "Uh-oh"
- ❒ Imitates familiar sounds
- ❒ Produces true words during sound play
- ❒ Uses several gestures like showing, giving, waving, and pointing
- ❒ Babbles with imitation of real speech and with expression
- ❒ Reaches for the favorite of two books offered
- ❒ Especially likes books with single pictures of familiar objects
- ❒ Looks at pictures that are named
- ❒ Opens and closes book
- ❒ Pays attention to a story for a few minutes at a time

RED FLAGS

Teachers should talk to parents or guardians if they notice one or more of these signs of possible developmental delay. Parents should discuss red flags with their pediatricians or call Early Childhood Intervention (ECI) to ask for a developmental screening.

- ❒ Doesn't crawl
- ❒ Can't stand when supported
- ❒ Doesn't search for things that she sees you hide
- ❒ Doesn't say single words like "mama" or "dada"
- ❒ Doesn't learn gestures like waving or shaking head
- ❒ Doesn't point to things
- ❒ Loses skills he once had

CHILDREN'S LEARNING INSTITUTE

12–18 months

DEVELOPMENTAL CHECKLIST

Child's Name:

Administrator's Name:

Date(s) of Administration:

Tip: If completing multiple times (e.g., once per month), use a different colored pen for each administration.

HEALTH & MOTOR

- ❒ Rolls a ball
- ❒ Climbs up stairs
- ❒ Walks independently
- ❒ Squats to pick something up
- ❒ Pushes/pulls toys while walking
- ❒ Points to things
- ❒ Turns board book pages
- ❒ Holds crayon in fist and makes marks on paper or surface
- ❒ Begins to stack blocks
- ❒ Holds and drinks from cup by self
- ❒ Begins to eat with a spoon with some spilling
- ❒ Begins to help with undressing

SOCIAL-EMOTIONAL

- ❒ Shows joint attention (e.g., points to car and looks at caregiver to make sure the caregiver sees it too)
- ❒ Brings toy to share with caregiver
- ❒ Enjoys praise and clapping to celebrate accomplishments
- ❒ Moves toward or away from people or objects to express comfort/discomfort
- ❒ Looks to caregiver for reassurance when faced with a new situation
- ❒ Often attached to favorite toy or blanket

COGNITIVE

- ❒ Shows understanding of how objects go together (e.g., cup on saucer, spoon in bowl)
- ❒ Tries to make mechanical objects work after watching someone else do it
- ❒ Solves problems by trial and error (e.g., inverts bottle to obtain object)
- ❒ Engages in simple pretend play (e.g., pretends to drink from an empty cup, feed a doll/stuffed animal, roll a car, talk on a play phone)

LANGUAGE & LITERACY

- ❒ Understands names of many objects
- ❒ Points to several body parts
- ❒ Follows simple commands with gestures
- ❒ Shows early pretend play (e.g., uses spoon as telephone)
- ❒ Uses 5 to 50 words, including names
- ❒ Points to show something s/he wants
- ❒ Shakes head and says "no"
- ❒ May start to combine words (e.g., "more cookie," "car go")
- ❒ Gives book to caregiver to read aloud
- ❒ Holds book with help
- ❒ Turns board book pages
- ❒ Points to pictures in a book to show interest
- ❒ Copies caregiver's reactions to the book
- ❒ Begins to name some familiar objects in pictures
- ❒ Grasps a crayon and makes marks on paper or surface
- ❒ Holds crayon or marker in fist

RED FLAGS

Teachers should talk to parents or guardians if they notice one or more of these signs of possible developmental delay. Parents should discuss red flags with their pediatricians or call Early Childhood Intervention (ECI) to ask for a developmental screening.

- ❒ Doesn't point to show things to others
- ❒ Can't walk
- ❒ Doesn't know what familiar things are for
- ❒ Doesn't copy others
- ❒ Doesn't gain new words
- ❒ Doesn't have at least 6 words
- ❒ Doesn't notice or mind when a caregiver leaves or returns
- ❒ Loses skills he once had

CHILDREN'S LEARNING INSTITUTE

18–24 months

DEVELOPMENTAL CHECKLIST

Child's Name:

Administrator's Name:

Date(s) of Administration:

Tip: If completing multiple times (e.g., once per month), use a different colored pen for each administration.

HEALTH & MOTOR

- ❒ Climbs on/off furniture without help
- ❒ Walks up and down stairs holding on
- ❒ Begins to run
- ❒ Throws a ball
- ❒ Kicks a ball
- ❒ Uses feet to propel riding toys
- ❒ Takes linking toys apart and puts them back together (e.g., snap lock beads)
- ❒ Pours, fills and digs (e.g. sand, water)
- ❒ Scribbles
- ❒ Starts to eat with a fork
- ❒ Helps with dressing
- ❒ Lets caregiver know when diaper is wet or soiled
- ❒ Helps pick up and put away toys
- ❒ Pays attention to verbal safety warnings (e.g., "That's hot!")

SOCIAL-EMOTIONAL

- ❒ Plays near or next to other children ("parallel play")
- ❒ Copies others, especially adults and older children
- ❒ Shows signs of empathy and caring for others (e.g., comforting another child who is hurt or giving bottle to a crying baby)
- ❒ Begins to assert independence ("No!", "Mine!") and own preferences, wants to try doing things without help
- ❒ May have temper tantrums and use physical aggression when frustrated

COGNITIVE

- ❒ Plays hide-and-find with objects
- ❒ Matches two similar objects
- ❒ Inserts shapes into matching slots with assistance (e.g., shape sorter)
- ❒ Activates mechanical toy without demonstration (e.g., wind-up toys, switches, buttons, knobs)
- ❒ Likes to take things apart and experiment with how they work
- ❒ Re-enacts familiar daily experiences (e.g., sweeping, covering a doll with blanket, talking on a play phone)
- ❒ May pretend an object is something else (e.g., block as a car, banana as a phone)

LANGUAGE & LITERACY

- ❒ Begins to understand simple prepositions (e.g., "in" vs. "out," "up" vs. "down")
- ❒ Points to things or pictures when they are named
- ❒ Follows simple instructions without gestures
- ❒ Points to objects in a book
- ❒ By 24 months should be regularly combining words
- ❒ Uses words like "more" to make wants known
- ❒ Makes sounds of familiar animals
- ❒ Repeats words overheard
- ❒ Produces 25 to 200 words
- ❒ Uses one pronoun (e.g., "me," "mine")
- ❒ Can name objects common to surroundings
- ❒ Uses at least 2 prepositions (e.g., "up," "in")
- ❒ Carries book around the room
- ❒ May verbally request books
- ❒ Follows simple stories
- ❒ Especially likes nursery rhymes and books about familiar routines like bedtime or bath time
- ❒ Uses a word or two to comment on a favorite picture
- ❒ Scribbles and experiments with marks on paper, but no understanding of "writing" yet

RED FLAGS

Teachers should talk to parents or guardians if they notice one or more of these signs of possible developmental delay. Parents should discuss red flags with their pediatricians or call Early Childhood Intervention (ECI) to ask for a developmental screening.

- ❒ Doesn't use two-word phrases (for example, "drink milk")
- ❒ Doesn't know what to do with common things, like a brush, phone, fork, spoon
- ❒ Doesn't copy actions and words
- ❒ Doesn't follow simple instructions
- ❒ Doesn't walk steadily
- ❒ Loses skills she once had

CHILDREN'S LEARNING INSTITUTE

24–36 months

DEVELOPMENTAL CHECKLIST

Child's Name:

Administrator's Name:

Date(s) of Administration:

Tip: If completing multiple times (e.g., once per month), use a different colored pen for each administration.

HEALTH & MOTOR

- ❒ Climbs well
- ❒ Runs easily
- ❒ Jumps in place
- ❒ Rolls, pounds, squeezes, pulls playdough
- ❒ May start to hold a crayon between thumb and fingers
- ❒ Scribbling becomes more varied to include vertical lines, horizontal lines, and circles
- ❒ Learns to turn paper pages, may turn 2 to 3 pages at a time
- ❒ Completes simple puzzles
- ❒ Stacks a tower of blocks
- ❒ Strings large beads together
- ❒ Turns a doorknob
- ❒ Screws/unscrews a lid
- ❒ Undresses by self, unzips zippers, and takes off shoes
- ❒ Shows signs of readiness for toilet training (e.g., stays dry for longer periods of time)
- ❒ Washes and dries hands
- ❒ Begins to brush teeth with adult assistance
- ❒ Enjoys helping with simple household chores (e.g. wiping the table, feeding a pet)
- ❒ Tells where it hurts when in pain

SOCIAL-EMOTIONAL

- ❒ Says "please" and "thank you" when reminded
- ❒ Shows interest in other children and enjoys being around them, even if not playing together yet
- ❒ May show preference for certain children, show affection for friends
- ❒ Participates in simple group activity or group game like chase
- ❒ Begins to take turns with assistance
- ❒ Recognizes some emotions in self and others; begins to name feelings
- ❒ Takes pride in own accomplishments by smiling, clapping, cheering for self, or saying "I did it!"
- ❒ May have increased temper tantrums, physical aggression, or rapid mood shifts

LANGUAGE & LITERACY

- ❒ Matches 3 to 4 colors
- ❒ Understands "big" and "little"
- ❒ Likes to hear same story repeated
- ❒ Follows instructions with 2 steps
- ❒ Understands words like "in," "on," and "under"
- ❒ Begins to understand "what" and "where" questions
- ❒ Understands simple questions dealing with his/her environment and activities
- ❒ Identifies objects by function (e.g., "Show me what we eat with")
- ❒ Names body parts
- ❒ Can say between 200 and 900 words
- ❒ Uses short sentences
- ❒ Asks questions like "What's that?" or "Where's my ___?"
- ❒ Uses quantitative words (e.g., "some," "one," "more")
- ❒ Says first name, age, and sex
- ❒ Says words like "I," "me," "we," and "you" and some plurals (cars, dogs, cats)
- ❒ Carries on a conversation using 2 to 3 sentences
- ❒ May carry on pretend conversation between self and dolls/stuffed animals
- ❒ Uses two-word negative phrases, such as "no want"
- ❒ Talks to other children as well as adults
- ❒ Speech is understood by most listeners most of the time
- ❒ Loves reading the same book again and again
- ❒ Holds book right side up
- ❒ Learns to turn paper pages, may turn 2 to 3 pages at a time
- ❒ Searches for favorite picture or page
- ❒ Tells about pictures in own words
- ❒ Repeats some of the words or phrases in a story
- ❒ Fills in words or completes the end of sentences/rhymes in familiar stories
- ❒ Pretends to read books aloud to self
- ❒ Begins to recognize some frequently seen signs and symbols (e.g., stop sign or fast food logo)
- ❒ Scribbling becomes more varied to include vertical lines, horizontal lines, and circles
- ❒ May start to hold a crayon between thumb and fingers
- ❒ May verbally describe own drawings or "writing"

continued on reverse

24–36 months, continued.

COGNITIVE

- ❒ Knows where things usually belong
- ❒ Uses a chair or stool to reach an object
- ❒ Completes simple puzzles
- ❒ Strings steps of pretend play together in a sequence (e.g., making crying noise to indicate doll is sad, preparing food for doll, feeding it, and putting it to bed)
- ❒ By 36 months, begins to pretend play a greater variety of events (e.g., visiting the doctor, going to the zoo, birthday party)

RED FLAGS

Teachers should talk to parents or guardians if they notice one or more of these signs of possible developmental delay. Parents should discuss red flags with their pediatricians or call Early Childhood Intervention (ECI) to ask for a developmental screening.

- ❒ Falls down a lot or has trouble with stairs
- ❒ Drools or has very unclear speech
- ❒ Can't work simple toys (such as peg boards, simple puzzles, turning handle)
- ❒ Doesn't speak in sentences
- ❒ Doesn't understand simple instructions
- ❒ Doesn't play pretend or make-believe
- ❒ Doesn't want to play with other children or with toys
- ❒ Doesn't make eye contact
- ❒ Loses skills he once had

CHILDREN'S LEARNING INSTITUTE

36–48 months

DEVELOPMENTAL CHECKLIST

Child's Name:

Administrator's Name:

Date(s) of Administration:

Tip: If completing multiple times (e.g., once per month), use a different colored pen for each administration.

HEALTH & MOTOR

- ❒ Catches a big ball with arms extended
- ❒ Pushes, pulls, steers wagon or wheeled toys
- ❒ Walks up and down stairs with alternating feet
- ❒ Jumps off low step
- ❒ Stands on one foot for a few seconds
- ❒ Climbs ladder and uses slide
- ❒ Pedals a tricycle
- ❒ Does finger plays while singing songs
- ❒ Forms simple shapes out of playdough (e.g. balls, snakes)
- ❒ Colors pictures, may color outside the lines
- ❒ Copies a circle and a cross
- ❒ Begins to draw recognizable forms
- ❒ Begins to show a preference for being right-handed or left-handed
- ❒ Builds 3-dimensional structures with blocks
- ❒ Snips with scissors
- ❒ Blows nose when reminded
- ❒ Dresses self with some assistance
- ❒ Unbuttons large buttons
- ❒ Uses toilet independently during daytime
- ❒ Pours liquid from small pitcher with supervision
- ❒ Spreads with a butter knife with supervision
- ❒ Can recite familiar safety rules

SOCIAL-EMOTIONAL

- ❒ Can follow familiar daily routines at home and school
- ❒ Begins to notice differences and similarities in people (e.g., skin color, hair color, abilities)
- ❒ Can name a friend
- ❒ Initiates or joins in cooperative play with other children
- ❒ Joins in group games with simple rules
- ❒ Begins to negotiate solutions to conflicts or might accept compromise offered by an adult
- ❒ Shares toys and takes turns, with assistance
- ❒ Expresses a wider range of emotions (e.g., embarrassed, bored, brave, grateful)
- ❒ Develops specific fears (e.g., monsters, the dark, certain animals, costumed characters)
- ❒ Begins to develop patience (is able to briefly wait without becoming upset) with assistance
- ❒ Expresses emotions through words in addition to actions and body language
- ❒ Begins to manage emotions by asking for help or using conscious self-soothing strategies (e.g., deep breaths to calm down, self-talk) with assistance

COGNITIVE

- ❒ Identifies basic colors and shapes
- ❒ Sorts objects using one or two features into categories (e.g., all large red cars together)
- ❒ Copies simple patterns
- ❒ Begins to count
- ❒ Begins to understand concepts of volume (e.g., empty, half, large, small, etc.)
- ❒ Some understanding of time (e.g., last night, tomorrow, yesterday, summer)
- ❒ Recognizes familiar driving routes and locations in neighborhood (e.g., says, "That's where Grandma lives!" when approaching her house)
- ❒ Better able to ignore distractions and focus on the task at hand, may persist in completing something that is a bit difficult
- ❒ Experiments with different objects during play to compare their effects (e.g., cars on ramps to see which goes faster)
- ❒ Repeats actions to improve results (e.g., blowing bubbles or pumping legs on swing)
- ❒ Organizes and plans what to pretend, such as roles, scenarios, and dialogue (e.g., "Let's play baking! I'll be the mommy and you be the baby.")

continued on reverse

LANGUAGE & LITERACY

- ❒ Understands up to 1,500 words by age 4
- ❒ Can group objects according to category
- ❒ Can follow commands with modifiers (e.g.,
- ❒ "Walk slowly to the car")
- ❒ Understands names of different kinds of animals
- ❒ Understands four different prepositions
- ❒ Understands one or more colors
- ❒ Understands concepts such as "longer" (vs. "shorter") and "larger"(vs. "smaller") when the contrast is presented
- ❒ Follows simple instructions even when stimulus objects are not present (e.g., "Go to the kitchen and get your shoes")
- ❒ Beginning to understand time concepts (last night, tomorrow, yesterday, summer)
- ❒ Can tell a story and relate events and experiences.
- ❒ Uses sentences of 4 to 5 words
- ❒ Says 1,000 words
- ❒ Answers simple who, what, where, why questions
- ❒ Sings a song or says a poem from memory such as the "Itsy Bitsy Spider" or the "Wheels on the Bus"
- ❒ Can say first and last name when asked
- ❒ Speech is 90% intelligible with context
- ❒ Uses language for imaginative play
- ❒ Asks questions, makes requests,
- ❒ Can repeat words with four syllables
- ❒ Has most vowels and diphthongs and consonants p, b, m, w, n well established
- ❒ Names at least one or more colors correctly
- ❒ Turns pages one at a time and from left to right
- ❒ Sits still for longer stories read aloud
- ❒ Retells a familiar story in own words
- ❒ Begins to recognize some letters and numbers
- ❒ May spontaneously rhyme or detect rhymes
- ❒ Pretends to read to a caregiver, dolls, or stuffed animals
- ❒ Relates a story to personal experiences
- ❒ Begins to draw recognizable forms
- ❒ Can copy a circle and a cross
- ❒ Understands that writing is used for communicating ideas and information
- ❒ Makes symbols or squiggles that resemble writing
- ❒ Begins to copy some capital letters
- ❒ May switch direction while writing and rotate the orientation of the paper
- ❒ Can dictate story or letter to be written down
- ❒ May express interest in typing on electronic devices

RED FLAGS

Teachers should talk to parents or guardians if they notice one or more of these signs of possible developmental delay. Parents should discuss red flags with their pediatricians or call Early Childhood Intervention (ECI) to ask for a developmental screening.

- ❒ Can't jump in place
- ❒ Has trouble scribbling
- ❒ Shows no interest in interactive games or make-believe
- ❒ Ignores other children or doesn't respond to people outside the family
- ❒ Resists dressing, sleeping, and using the toilet
- ❒ Can't retell a favorite story
- ❒ Doesn't understand "same" and "different"
- ❒ Doesn't use "me" and "you" correctly
- ❒ Speech cannot be understood by those outside the family
- ❒ Loses skills he once had

CIRCLE PROGRESS MONITORING

Family Observation Forms

BASIC INFORMATION	
Student Name:	
Teacher Name:	
Today's Date:	

These **Family Observation Forms** list skills that we will focus on throughout the year. The information you provide as a parent is very helpful and gives me a more complete picture of your child's background, needs, and strengths. The more you can share about your observations of your child, the better prepared I will be to support your child throughout the school year.

Please fill out the following form. The items listed are milestones that children typically reach during the preschool year. It's okay if you haven't observed some of these skills in your child yet. Just answer the best you can or mark "I'm not sure." If you have any concerns or anything you've noticed about your child that is not addressed throughout this form, please write it out in the notes section at the end of this packet.

© The University of Texas Health Science Center at Houston. All rights reserved.

Approaches to Learning: Expanded

INITIATIVE AND CURIOSITY	
My child . . . • invites other children or adults into play or activities • is interested in learning new things and doing new tasks • asks questions in order to learn more about people, how things work, or why things are done a certain way	Do these statements describe my child? ☐ Not true of my child ☐ Somewhat true of my child ☐ True of my child ☐ I'm not sure

FLEXIBILITY	
My child . . . • is able to try different ways of solving problems when his/her way isn't working • includes other children's or adult's ideas when playing, even if they are different from his/her own ideas	Do these statements describe my child? ☐ Not true of my child ☐ Somewhat true of my child ☐ True of my child ☐ I'm not sure

ART, CREATIVITY, AND DRAMATIC PLAY	
My child . . . • creates art pieces (e.g., drawings, clay forms, painting, etc.) • uses imagination to act out pretend play on his/her own or with encouragement from others • creates music (e.g., with drums) and/or dances to music	Do these statements describe my child? ☐ Not true of my child ☐ Somewhat true of my child ☐ True of my child ☐ I'm not sure

© The University of Texas Health Science Center at Houston. All rights reserved.

Physical Health and Development

FINE AND VISUAL MOTOR	
My child . . . • is able to pick up small items (e.g., beans, rice, raisins) easily using his/her index finger and thumb to grasp items • is able to complete many daily living activities without help (e.g., uses utensils, gets dressed, brushes teeth) • is able to complete activities requiring fine motor skills (e.g., linking cubes, building a block tower of 6 to 8 blocks, completing puzzles, and unscrewing jars) • is able to draw some recognizable shapes or designs (e.g., smiley faces, stick figures)	Do these statements describe my child? ☐ Not true of my child ☐ Somewhat true of my child ☐ True of my child ☐ I'm not sure

GROSS MOTOR	
My child . . . • is able to run and easily change direction and speed • is able to balance on one foot without help for at least three seconds • is able to hop on one foot for at least two hops • is able to catch a small ball (e.g., tennis ball) from a distance of at least four feet • is able to use a variety of outdoor play equipment (e.g., uses slides/swings, pedal tricycles)	Do these statements describe my child? ☐ Not true of my child ☐ Somewhat true of my child ☐ True of my child ☐ I'm not sure

HEALTH STATUS	
My child . . . • is able to tell the difference between healthy and less healthy foods • shows an understanding of hygiene practices (e.g., hand washing, covering mouth when coughing) • shows an understanding of safety rules for the playground and community (e.g., no running in classroom, no walking up/down slide, looking both ways before crossing the street)	Do these statements describe my child? ☐ Not true of my child ☐ Somewhat true of my child ☐ True of my child ☐ I'm not sure

© The University of Texas Health Science Center at Houston. All rights reserved.

Social and Emotional Development

POSITIVE SOCIAL BEHAVIORS	
My child . . . • talks to and interacts positively with adults • talks to and interacts positively with other children • starts or begins conversations and activities with other children • cooperates in group activities • shares toys with other children • helps or comforts others in need • begins to solve problems in conflicts with other children • asks for adult help when s/he cannot resolve conflict • allows others to help him/her resolve conflict	Do these statements describe my child? ☐ Not true of my child ☐ Somewhat true of my child ☐ True of my child ☐ I'm not sure

EMOTION AND BEHAVIOR REGULATION	
My child . . . • uses emotion words to explain feelings (e.g., sad, mad) • begins to understand others' feelings • moves from one activity to another without becoming upset • waits for his/her turn in activities • takes pride in own accomplishments (e.g., shows work to others, saying, "I did it!") • expresses frustration/anger using his/her words without harming others or materials • makes wants and interests known to adults	Do these statements describe my child? ☐ Not true of my child ☐ Somewhat true of my child ☐ True of my child ☐ I'm not sure

APPROACHES TO LEARNING: ATTENTION	
My child . . . • completes an activity before moving on to another activity • stays focused on cleanup until all items are put away • listens and pays attention to an entire story • concentrates when playing with toys (e.g., blocks, puzzles) • sticks with tasks that are challenging	Do these statements describe my child? ☐ Not true of my child ☐ Somewhat true of my child ☐ True of my child ☐ I'm not sure

© The University of Texas Health Science Center at Houston. All rights reserved.

Speech Production and Sentence Skills

SPEECH PRODUCTION AND SENTENCE SKILLS	
My child . . . • speaks in a way that can be understood by adults • can tell the difference between similar sounding words (e.g., goat and coat) • speaks in sentences using 4 to 5 words • combines multiple sentences, adding enough details in a way that makes their meaning clear	Do these statements describe my child? ☐ Not true of my child ☐ Somewhat true of my child ☐ True of my child ☐ I'm not sure

© The University of Texas Health Science Center at Houston. All rights reserved.

Motivation to Read

MOTIVATION TO READ	
My child . . . • shows interest in books by choosing to read during free time • shows enthusiasm and interest when we read books together • asks to be read to (books or everyday items like signs, food containers, etc.) • asks the meaning of written words (in books or on everyday items)	Do these statements describe my child? ☐ Not true of my child ☐ Somewhat true of my child ☐ True of my child ☐ I'm not sure

© The University of Texas Health Science Center at Houston. All rights reserved.

Early Writing Skills

EARLY WRITING	
My child . . . • understands that what you say can be written down in words • asks for his/her words, messages, or stories to be written down by an adult • draws pictures and people • makes letter-like symbols • writes recognizable letters • writes own name with recognizable letters • attempts to write letters or words while connecting letter sounds to their letter names	Do these statements describe my child? ☐ Not true of my child ☐ Somewhat true of my child ☐ True of my child ☐ I'm not sure

© The University of Texas Health Science Center at Houston. All rights reserved.

Additional Notes

Is there anything about your child's skills that you would like to share with me?

© The University of Texas Health Science Center at Houston. All rights reserved.

United Methodist
Community House

Increasing everyone's ability to succeed in a diverse community.

Field Trip Permission Form

Child Development Center (CDC)

Please complete the information below, allowing your child to travel off UMCH grounds for daily walks to various locations within walking distance from UMCH.

Statement of Consent
(Please print your responses.)

Name of Child: _____

Name of Parent/Guardian: _____

Address: _____
Street *Apt. #* *City* *Zip Code*

Telephone Number(s): H ( ) _____ W ( ) _____

C ( ) _____

Name of Emergency Contact: * _____

The emergency contact should be the same as is listed on the information card for the child.

Emergency Contact Telephone: ( ) _____

Release of Liability

As a parent or legal guardian, I acknowledge my responsibility for legal liability imposed on me as a result of any personal action taken by my child(ren). I also, for myself and my child(ren), release the United Methodist Community House from any liability for any accident, injury or property damage that may occur during a walking trip, that arises from any cause other than the sole negligence of the United Methodist Community House.

I hereby consent to the participation of my child(ren), named herein, in United Methodist Community House-sponsored walking trips that may occur during regular programming. I understand that these events will take place away from the UMCH grounds and that my child(ren) will be under the supervision of designated UMCH employees.

I understand that a reasonable effort will be made to reach me if it becomes necessary to arrange emergency medical care for my child(ren) due to accident or illness. I further agree that if I am not available to give me permission and direction in rendering emergency medical treatment, such care may be arranged without further consent. I personally assume responsibility for any costs for such treatment not covered by insurance.

I acknowledge and consent to the conditions stated above.

Name of Parent/Guardian: _____
Please Print

Signature of Parent/Guardian: _____

Date Signed: _____/_____/_____

United Methodist Community House

Increasing everyone's ability to succeed in a diverse community.

Special Health Needs Form

Child Development Center (CDC)

Name of Child: _____ Date: _____

Please list the individual(s) authorized to have access to health information regarding the child listed above. (You may elect to refer the CDC to your child's information card, which provides emergency contacts for your child, individuals to whom your child may be released, and who may have access to personal health information.)

Name: _____ Relationship to Child: _____

Name: _____ Relationship to Child: _____

Important Health Information

Does your child have any health issues about which we should know? ☐ Yes ☐ No

If yes, what are their health issues? (Asthma, Nutritional Needs, Allergies, Hearing or Vision Impairment, Etc.)

_____

_____

What special instructions must be followed regarding your child's health issue(s)? (Please provide detailed information.)

_____

_____

If your child requires medication to be administered at UMCH, you must complete a Medication Form that provides specific instruction for the teacher(s). If you bring your child into care with medication, please give the medication to your child's teacher and complete a Medication Form. All medications are locked in a secure cabinet while at UMCH; consequently, you may need to remind the teacher(s) to return the medication to you when you pick your child up at the end of the day.

If your child may not have or be near any menu item due to allergies or special nutritional needs, or if your child requires specially prepared foods, you must provide an Individualized Health Care Plan from your child's health care provider. (This document is typically prepared in consultation with family members and specialists, if any, involved in the care of the child.)

The following individuals are permitted access to your child's personal health information as necessary at UMCH: Your child's teacher(s); the manager of the CDC; the director of programs; the manager of human resources, and the chief executive officer.

By signing below, you confirm that the information provided herein is accurate to the best of your knowledge.

Signature of Parent/Guardian: _____ Date: _____

Supported by the Kent County **Ready by Five** Millage.

Ready by Five Referral Consent Form

United Methodist Community House utilizes the services of Family Promise of Grand Rapids, to ensure quality family engagement and stability services.

Family Promise of Grand Rapids is an agency funded by the Ready by Five Early Childhood Millage. To meet you and your child's needs, Family Promise may be referring you to programs you are interested in as well as providing on going access to information and services through referrals to partner agencies.

By providing your signature below, you consent to the following sharing of your or your child's personal information as described as follows.

To best meet your and your child's needs, Family Promise may be referring you to programs you are interested in. Family Promise will share individual information about you and your child only with programs that you have said you wish to receive services from. You are consenting to Family Promise receiving updates on your and your child's status of services from programs where you have accepted services.

If in any follow-up phone calls or visits with a Family Promise representative, you wish to receive additional services that are not accepted on today's date of signed consent, you agree that Family Promise may make such referrals and exchange your information with the provider of the referred service based upon your verbal consent.

Kent County's Ready by Five Millage is providing the funding for services to expectant mothers and families with children through the age of five. As part of receiving Ready by Five Millage funding, Family Promise is required to collect specific data regarding the children and families served and services provided. This data will only be shared with your consent. The type of information that Family Promise will be collecting for Ready by Five Millage reporting includes:

- Child name, birthdate, gender, race/ethnicity, address, and insurance type
- Caregiver name, address, education, insurance type, marital status, employment status, household characteristics, household income and primary language spoken in the home
- Information on the Family Promise services received such as date, location, type of service received, and satisfaction of services
- Information on referrals to services and resources and if the family received requested service or resources
- Information about expectant mother's pregnancy and baby including due date and voluntarily self-reported health information about access to prenatal care, tobacco use, non-prescription drug use, breastfeeding, access to supplemental programs such as WIC, and concerns with post-partum well-being
- Information voluntarily reported by the primary caretaker about the child including information such as status of child's immunizations, involvement of welfare services (if applicable), child development screening, and information on related referrals (if applicable)

You and your child's information will be shared so it can be used for the purposes of community reporting, program quality improvement, and program evaluation. You and/or your child's information will be shared with the Kent County Health Department. The Kent County Health Department will provide limited data about your child to The Kent Intermediate School District. You and your child's information will be de-identified, meaning a child or parent will not be named in the data reports sent to First Steps Kent.

All reports made publicly available to the community by Family Promise, Kent County Health Department and First Steps Kent will contain only de-identified information. This means that a child or parent will not be named and no reports will include any information that would allow people to determine your or your child's identity or that you or your child received a millage-funded service. Information specifically about you or your child individually will not be shared without your expressed written consent.

You may cancel this consent form at any time by sending a cancellation request in writing to Family Promise of Grand Rapids at the following address: 516 Cherry St SE Grand Rapids, MI 49503.

A more specific description of how your information will be shared and used for the purposes of Ready by Five Early Childhood Millage can be found as part of the Ready by Five Privacy Notice on the First Steps Kent website at www.firststepskent.org/readybyfiveprivacy.

Please review the Family Promise of Grand Rapids Privacy Notice for a complete description of how your information will be used and disclosed and how you can get access to your information.

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

Parent/Guardian:_____ **Date:**_____

Parent/Guardian:_____ **Date:**_____

Family Promise of Grand Rapids/United Methodist Community House

RELEASE OF INFORMATION

I, _____ grant permission for the release of information to and from Family Promise of Grand Rapids and United Methodist Community House to the following agencies as it relates to family engagement services, and I understand that this information will be confidential and that I can withdraw this release at any time by contacting the UMCH Family Engagement Specialist. This release of information will stay active while my child(ren) is enrolled at United Methodist Community House.

Agency/Program Description:

Arbor Circle	Lean on Me Outreach Center
Baxter Community Center	Mel Trotter Ministries
Bethany Christian Services	Network 180
Catholic Charities of West Michigan	The Urban League of West Michigan
Food Pantry Resources	The Salvation Army-Housing Assessment Program
Community Rebuilders	United Way-211
D.A. Blodgett-St. John's	Virtual Case Manager (VCM)
Family Futures	Department of Health and Human Services (DHHS)
Family Outreach Center	Great Start to Quality
Habitat for Humanity	Home Repair Services
Healthy Families	Home Visiting Programs
Maternal Infant Health	Women, Infants, and Children (WIC)
Strong Beginnings	Baby Scholars
Moms Bloom	Safe Families for Children
Early Childhood Services	Basic Needs Services
Easterseals	Help Me Grow
Alpha Women's Center	Kent Intermediate School District (KISD)

Please do not release any information to the following individuals or agencies:

_____

_____

_____

_____

Parent/Guardian Signature **Date**

_____

Parent/Guardian Signature **Date**

_____

Family Engagement Specialist Signature **Date**

United Methodist
Community House

IPM Notice to Parents

Dear Parent or Guardian:

The United Methodist Community House school/daycare utilizes an integrated Pest Management (IPM) approach to control pests. IPM is a pest management system that utilizes all techniques in a total pest management system with the intent of preventing pests from reaching unacceptable levels· or to reduce an existing population to an acceptable level Pest management techniques emphasize pest exclusion and biological controls, However as with most pest control programs, pesticides are occasionally applied.

You have the right to be informed prior to any application of an insecticide, fungicide or herbicide made to the school grounds or buildings during the school year. In certain emergencies, such as an infestation of stinging insects, pesticides may be applied without prior notice to prevent injury to students but you will be notified following any application. Parents will be notified by a letter sent home, and with an email message through Procare.

Facility Name: United Methodist Community House

Facility Address: 904Sheldon Ave SE, Grand Rapids, Ml 49507

Contact Person: Dwayne Moore or Marcy Steenstra

Phone Number: 616-452-3226

United Methodist
Community House
Increasing everyone's ability to succeed in a diverse community.

Parent Notification RE: Licensing Notebook

Child Care Organizations Act, 1973, Public Act 116
Michigan Department of Human Services

Child Development Center (CDC)
United Methodist Community House

All child care centers must maintain a licensing notebook that includes all licensing inspection reports, special investigation reports, and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed, until such time as the license is closed. The UMCH licensing notebook is available for review and accessible to parents. This notebook is located on the parent information stand, outside the Director's office.

Please be informed:

- The licensing notebook contains all the licensing inspection and special investigation reports and related corrective action plan for the last 5 years.
- The licensing notebook is available to parents during regular business hours.
- Licensing inspection reports, special investigation reports, and corrective action plans from at least the past 3 years are available on the department's child care licensing website at www.michigan.gov/michildcare.

By signing below, I acknowledge that I have read the statement issued above by the Child Development Center of the United Methodist Community House.

Signature of Parent/Guardian: _____ Date: _____

(Printed) Name of Parent/Guardian: _____

Name(s) of Child(ren): _____

_____

_____

United Methodist
Community House

Child Development Center Parent Handbook

Child Development Center Parent Acknowledgement Form

The Child Development Center Parent Handbook describes important information about the Child Development Center and I understand that I should consult the CDC Director regarding any questions not answered in the Handbook.

I understand and acknowledge that the information, policies and benefits described in this Parent Handbook are necessarily subject to change. I acknowledge that revisions to the Handbook may occur, that all such changes will be communicated through official notices, and that revised information may supersede, modify or eliminate existing policies.

This Handbook is provided as a guideline for policies and benefits. It does not constitute a contract of employment between UMCH and Clients.

I have received the Handbook and I understand that it is my responsibility to read and comply with the policies contained in this Handbook and any revisions made to it.

_____ _____

Printed or Typed Name of Parent/Guardian Name of Child

_____ _____

Signature of Parent/Guardian Date

United Methodist
Community House

Dear Participant/Parent-Guardian:

This letter is intended for adults/parents or parents/guardians of participants enrolled in a day care center. UMCH offers healthy meals to all enrolled participants as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to participants enrolled in care. Please help us comply with the requirements of the CACFP by completing the attached Household Income Eligibility Statement (HIES). In addition, by filling out this form, we will be able to determine eligibility for free or reduced price meals. For compliance, every family must have one on file, even if they are not eligible.

1. Do I need to fill out a HIES for each participant enrolled in care? You may complete and submit one CACFP Household Income Eligibility Statement for all participants enrolled in day care in your household only if those in day care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. Return the completed form to: UMCH | 904 Sheldon Ave. SE | Grand Rapids, MI 49507

2. Which adult and child care institutions can receive free meal reimbursement without providing household income information? Adults receiving Medicaid, Supplemental Security Income (SSI), Food Assistance Program (FAP) Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) are eligible for free meals. Children in households receiving FAP, FIP, or FDPIR can get free meals. Foster children and children enrolled in Head Start Programs are also eligible for free meals.

3. Who can get reduced price meals? You may get low cost meals if your household's income is within the reduced-price limits on the federal income eligibility guidelines, **effective July 1, 2020 until June 30, 2021**, shown below:

Family Size	Yearly Income	Monthly Income	Weekly Income
1	$23,107	$1,926	$445
2	$31,284	$2,607	$602
3	$39,461	$3,289	$759
4	$47,638	$3,970	$917
For each additional family member add:	$8,177	$682	$158

Refer to the Instructions for Participants/Parents/Guardians Household Income Eligibility Statement on how to complete the HIES. Find the category that most closely defines your household and follow the directions for completing each part of the HIES. If your household income is greater than the levels shown on the above CACFP income guidelines, it is not necessary for you to complete the HIES form.

Families with Children:
Your family may be eligible to receive health insurance, called MIChild, through the State of Michigan. MIChild is a health insurance program for uninsured children of Michigan's working families. To determine if your family is eligible, call 1-888-988-6300 for an application or access an online application at the MI Child website (www.michigan.gov/michild). You can also access the MIChild brochure that briefly explains the insurance program.

Your family may be eligible to receive Women, Infants & Children (WIC), a health and nutrition program, that has demonstrated a positive effect on pregnancy outcomes, child growth and development. To determine eligibility, call 1-800-26-BIRTH or access online information at Women, Infants, & Children (WIC) website (http://www.michigan.gov/wic) to learn about WIC and locate a local WIC agency.

4. May I fill out a form if someone in my household is not a U.S. citizen? Yes. Participants and family members do not have to be U.S. citizens to qualify for meal benefits offered at the center.

5. Who should I include as members of my household? You must include all people in your household (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you. You also may include foster children who live with you.

6. How do I report income information and changes in employment status? The income you report must be the total gross income listed by source for each household member and the frequency the income is received. If recent income does not accurately reflect your circumstances, you may provide a projection of your income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the federal income eligibility guidelines listed above, the family day care home will receive a higher level of reimbursement. Once properly approved for the higher reimbursement rate, whether through income or by providing a current FAP, FIP, FDPIR case number, or listing the name of other categorically eligible programs, you will remain eligible for those benefits for 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income unemployment causes your household income to be within the eligibility standards.

7. What if my income is not always the same? List the amount that you normally receive. For example, if you normally receive $1,000 every two weeks, but you missed some work in the last two weeks and only received $900, put down that you receive $1,000 per every two weeks. If you normally receive overtime, include it, but not if you only receive it sometimes.

8. What if I have foster children? Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the HIES, but are not required to include payments received for the foster child as income.

9. We are in the military. Do we include our housing and supplemental allowances as income? If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP), is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

In the operation of child feeding programs, the U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you have other questions or need help, call [phone number].

Sincerely,

Marcy Steenstra

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) (http://www.ascr.usda.gov/complaint_filing_cust.html) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of The Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Return this completed form to: UMCH | 904 Sheldon Ave. SE | Grand Rapids, MI 49507 | 616-452-3226

Participant Enrollment Form

Instructions:

1. List full name of participant enrolled in care
2. Circle the typical days each participant is in care
3. List times each participant is in care
4. Circle the meals and snacks each participant typically receives while in care
5. Select the ethnicity of each participant using the following codes: H = Hispanic or Latino, N = Not Hispanic or Latino*
6. Select one or more racial designations of each participant using the following codes: A/I = American Indian or Alaskan Native, A = Asian, B = Black or African American, H/PI = Native Hawaiian or Pacific Islander, W = White*
7. Sign and date the form and return to your care center

Participant's First and Last Name	Typical Days in Care (circle all that apply)	List Times in Care	Meals/Snacks Received (circle all that apply)	Ethnicity	Race
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		
	Mon Tues Wed Thu Fri Sat Sun		Breakfast AM Snack Lunch PM Snack Supper Evening Snack		

* This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.

_____ Adult/Parent/Guardian's Address

_____ Adult/Parent/Guardian's Phone Number

_____ Signature of Adult/Parent/Guardian

_____ Date Signed

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) (http://www.ascr.usda.gov/complaint_filing_cust.html) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

MICHIGAN Department of Education

Michigan Department of Education
Child and Adult Care Food Program

Where Healthy Eating Becomes a Habit

Program Information Sheet

This care center is a participant in the Child and Adult Care Food Program (CACFP), a United States Department of Agriculture (USDA) program. The CACFP provides cash reimbursement to child and adult day care centers for nutritious meals and helps children and adults develop and maintain healthy eating habits. The CACFP is administered by the Michigan Department of Education (MDE).

Through the Child and Adult Care Food Program you can be assured each participant is getting balanced, nutritious meals and developing/maintaining healthy lifelong eating habits. Proper nutrition during throughout life ensures fewer educational and physical problems later in life.

As a participant in the CACFP, your care center receives reimbursement for serving nutritious meals and snacks. Meals and snacks must meet the USDA meal pattern requirements listed below (Child Meal Pattern).*

Breakfast	**Lunch and Supper**	**Snack (serve 2 different food items from the 5 food component groups below)**
Milk	Milk	Milk
Fruit, Vegetable, or a combination of both	Meat or Meat Alternate Vegetable Fruit (or second Vegetable)	Meat or Meat Alternate Vegetable Fruit
Grain	Grain	Grain

**Children less than one year old and Adults Day Services:* Foods in the infant and adult meal pattern vary. Please request the applicable infant or adult meal pattern requirements from our center.

MDE is required to verify the enrollment, attendance and meals/snacks typically consumed by children while they are in care. MDE staff may contact you regarding your child's participation in our day care center.

If you have any questions about the Child and Adult Care Food Program, please contact:

United Methodist Community House Center
904 Sheldon Ave. SE
Grand Rapids, MI 49507
616-452-3226

or

Child and Adult Care Food Program
Michigan Department of Education
P.O. Box 30008
Lansing, Michigan 48909
517-241-5353

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) (http://www.ascr.usda.gov/complaint_filing_cust.html) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

MICHIGAN Department of Education

Rev. 6/2019

Instructions for Parents/Participants/Guardians
Household Income Eligibility Statement - Child Care Institutions

If you are applying for foster child(ren) only, follow these instructions:
Part 1: Do not complete.
Part 2: List name, age, and birth date of foster child(ren); check the box for foster child.
Part 3: Sign and date the form. The last four digits of a social security number are not necessary.

If your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, follow these instructions:
Part 1: List the name and case number for any household member (including adults) receiving FAP, FIP, or FDPIR.
Part 2: List the name, age, and birth date for all children enrolled in day care.
Part 3: Sign and date the form. A Social Security Number is not necessary.
Note: Benefits received under WIC, Medicaid, or Department of Health and Human Services (DHHS) Child Care Assistance Program (where DHHS pays a portion of your child care expense) does not automatically qualify for Category A (free) meals.

All other households, including households where some of the children are foster children, follow these instructions (not required if household is over the income limits and don't have any foster children):
Part 1: Do not complete.
Part 2: List the names and ages of everyone (related or not related) living in your household, including you, other adults and children (If you need more space, use a separate sheet of paper.)

Place a ✓ in the column for all children enrolled in child care

List household members' ages and dates of birth

Place a ✓ in the next column if children in the household are foster children

If no case number is indicated in Part 1, list (by person) the amount and source of income received last month. List monthly earnings **before** deductions, monthly welfare, child support or alimony or any other income including retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits, Worker's Compensation, unemployment, strike benefits, regular contributions of people who do not live in your household or any other income

Place a ✓ in the box for those listed who do not have income

If you are in the Military Housing Privatization Initiative or receive Combat Pay, do not include the housing allowance as income

Foster child payments received by the family from the placement agency are not considered income and do not have to be reported. The presence of a foster child in a family does not make all children in the household automatically eligible for free meals

If you are a farmer or self-employed, monthly income is gross farm or business income received in the month prior to application minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as income. A loss from self-employment must be listed as zero income and cannot reduce other income

Part 3: Sign and date the form and list the last four digits of your Social Security Number or check the box indicating "I do not have a Social Security Number."

Help With Income To determine annualized income:
If paid every week, multiply the total gross income by 52.
If paid every two weeks, multiply the total gross income by 26.
If paid once a month, use the total gross monthly income.
If paid twice a month, multiply the total gross income by 24.
If paid once a year, use the total gross yearly income.

Return the completed application to the child care center.

Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) (http://www.ascr.usda.gov/complaint_filing_cust.html) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

Return this completed form to: ***UMCH | 904 Sheldon Ave. SE | Grand Rapids, MI 49507***

Household Income Eligibility Statement – Child Care Institutions

Part 1 – Households Receiving Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR)

If any member of your household receives FAP, FIP, or FDPIR, provide the name and case number for the person who receives the benefits.

Name:_____ **Case Number:** ___ ___ ___ ___ ___ ___ ___ ___ ___

Part 2 – Household Information

First and Last Names of All Household Members, Related and Unrelated	Enrolled for Child Care (x)	Age	Birth Date	Foster Child (x)	Amount of Earnings from Work (before deductions)	How Often? (x) Annually	Monthly	2xMonth	BIWeekly	Weekly	Amount of Welfare, Child Support, or Alimony	How Often? (x) Annually	Monthly	2xMonth	BIWeekly	Weekly	Amount of All Other Income (Indicate source and amount)	How Often? (x) Annually	Monthly	2xMonth	BIWeekly	Weekly	Mark if No Income (x)

Part 3 – All Households: Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date)

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 receive federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Signature: _____ Print Name:_____ Date: _____

Last four digits of Social Security Number: XXX-XX-_ _ _ _ ____ I do not have a Social Security Number

For Institution Use Only:

For Institution Use Only		
Total Household Members:	Total Income: $ ___ Annually ___ Monthly ___ 2x Month ___ Bi-Weekly ___ Weekly	APPROVED CATEGORY Categorical Eligibility (A/Free): Foster FIP FAP FDPIR Other Household Children: A (Free) B (Reduced) C (Paid)
Institution Official Signature: _____ Approval Date: _____		

This form is valid for 12 months from the date of institution signature. Approval date and institution signature are required.

Privacy Act Statement
The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-Discrimination Statement
In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800-877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) (http://www.ascr.usda.gov/complaint_filing_cust.html) online, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: 202-690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

MICHIGAN Department of Education
Rev 6/2019

United Methodist Community House
Increasing everyone's ability to succeed in a diverse community

Tuition Agreement
Child Development Center (CDC)

Name of Child: _____ Date of Birth: ____/____/____

Please Select Care Schedule: ☐ Room 101 ☐ Room 102 ☐ Room 201 ☐ Room 202

☐ Room 301 ☐ Room 302 ☐ Room 303 ☐ Room 304

Hours of Operation: Monday through Friday, 7:00 AM to 6:00 PM

Please indicate below when services are needed. Please circle AM or PM for both the Time In and Time Out Columns.

Day	Time In	Time Out	Total Hours
Monday	_____ AM PM	_____ AM PM	
Tuesday	_____ AM PM	_____ AM PM	
Wednesday	_____ AM PM	_____ AM PM	
Thursday	_____ AM PM	_____ AM PM	
Friday	_____ AM PM	_____ AM PM	

PLEASE NOTE:

- This Tuition Agreement is a written contract.
- If your child is at the CDC for hours beyond those outlined in this Agreement, you will be billed for those additional hours, as well.
- Payments are due one week in advance.
- We bill for all days your child is scheduled to attend, even if your child does not attend, including sick days.
- If your child is at the CDC additional hours due to school closings, you will be billed for those additional hours, as well.
- We do charge for holidays if they fall in a regular schedule week. (If a decision to the contrary is made by the chief executive officer, notices will be forwarded to CDC parents and will be posted throughout the agency.
- If your child has planned time off, you must submit a Vacation Notice to the manager of the CDC. This notice must state which day(s) your child will be out and the first day they will be back at UMCH. Please submit this vacation notice in writing at least two weeks prior to the scheduled time off. The manager will inform the teachers and the finance department if your child has a planned absence.
- It is your responsibility to update your tuition agreement if needed.
- Tuition rates are billed weekly, according to the number of hours for which your child is enrolled. You will be billed in one of the following ranges: 1-20 Hours / 21-44 Hours / 45 + Hours
- It is your responsibility to submit a Withdrawal Notice two weeks in advance if you plan to end your child's care at the CDC.

Number of care hours requested for your child, per week: _____

You will be billed an amount of $ _____ for these scheduled hours, on a weekly basis.

Your child's first day of care will be: _____/_____/_____

PLEASE NOTE: Your initial payment is due 1 week before the first scheduled day of care.

By signing below, I understand and agree that the Tuition Agreement is an ongoing contract, unless otherwise noted herein in writing. I further understand and agree that I will be charged and billed each week for tuition amounts outlined herein, until a formal Withdrawal Notice has been submitted to the manager of the CDC.

Signature of Parent/Guardian: _____ Date: _____

Signature of Program Manager: _____ Date: _____

United Methodist Community House

Child Development Center

Tuition and Payment Policies

"Did You Know?"

United Methodist Community House (UMCH) provides the following understanding of our tuition and payment policies, to ensure families understand all the financial implications of enrollment.

- UMCH bills 50 weeks per year. Families are obligated to pay for 48 week, while enrolled at United Methodist Community House (UMCH). I understand that I will be charged for a full week of care, regardless of days used. This includes Agency closures, that happen periodically, both planned and unplanned. _____ **Initial**

- UMCH allows families two (2) weeks of vacation time. All vacation requests must be submitted in writing to the Center Director two (2) weeks prior to the period of time the child will be on vacation. I understand that all vacation requests must be in increments of one (1) week, and all five (5) days occurring in the same week. I understand I will not be charged while on vacation. _____ **Initial**

- Tuition is paid weekly, in advance of services. I understand this means tuition must be paid the week prior, by Friday at 6:00 pm, for CDC services the following Monday. I understand payment is also due weekly. I understand that I have a grace period of 1 week to satisfy my account, should it become delinquent. I understand services will be terminated should my account become two (2) weeks delinquent. _____ **Initial**

- Late fees are generated, beginning at 11 minutes past the scheduled pickup time. The cost is $5 per minute and is automated so it hits your account immediately. I understand that these fees will be applied to my weekly total due and I will be responsible to have them paid in full, before the next week of service. Late payment of these types of fees will be treated the same as late tuition. _____ **Initial**

- UMCH only accepts electronic payment for all services, through the Tuition Express platform. I understand it is my responsibility to set up MyProcare and manage my payments from there. _____ **Initial**

- Cancellation of enrollment must be made formally, in writing, two (2) weeks prior to the end date of service. This notice is to be given to the Center Director. UMCH charges two weeks, from the time notice is submitted. Timeframes are counted in weeks. I understand failure to provide sufficient notice of withdrawal may result in paying weekly program fees, even if my child is no longer attending. _____ **Initial**

- Withdrawal of my child does not relieve me of any unpaid balance on my account. I understand I am responsible for the full balance of the account. I understand UMCH may engage in collection services for unpaid debts. _____ **Initial**

- I understand that if my child is discharged from the CDC for reasons of non-payment for services or an excessive outstanding balance, re-enrollment of my child will not be permitted until my account reflects a zero ($0) balance. _____ **Initial**

I am a private pay client _____ **I receive subsidy to help cover the cost of care _____**

Please continue, if you receive subsidies of any kind. The following must also be understood:

- If tuition is subsidized by another individual or organization, I understand that I am responsible for any amount of tuition not covered or otherwise denied for payment. I understand that I will be notified immediately of any denial or termination of payments by the individual or organization subsidizing my CDC fees. _____ **Initial**

- I understand that it is my responsibility to maintain DHHS compliance. Should my award be discontinued or suspended, I understand I will be financially obligated for the full cost of care, until coverage is restored. This includes the approval waiting period. _____ **Initial**

- There are two potential co-pays a family can be charged, one from DHHS and one from your provider. DHHS has a parent co-pay for childcare subsidies. Often times, families are told by their caseworker that they do not have any co-pay fees. This is in reference to the DHHS subsidy, **NOT** the UMCH service co-pay. I understand If my caseworker tells me I do not have a co-pay fee, it is not in reference to UMCH program fees. _____ **Initial**

- DHHS pays a standard block rate for the number of hours the child is in care. This subsidy does not always cover 100% of the program cost as other factors can sometimes alter the parent co-pay, such as utilizing more hours than awarded or engaging in absences beyond the DHHS annual limit. I understand that I am responsible for any portion of services not covered by the DHHS. I further understand that I may generate a co-pay fee if I underutilize the hours I am awarded. _____ **Initial**

- Child absence hours are limited to 360 hours per child per fiscal year and to 10 days, when no care hours are billed. Any child absent hours charged by the provider beyond the 360 hour limit are the parent's responsibility. I understand that if my child is absent for more than 360 hours I am financially responsible to pay for the days my child was absent. _____ **Initial**

- Additionally, DHHS will not cover the fees for absences totaling 10 consecutive days or more. I understand that if my child is absent for 10 consecutive days, DHHS will not cover this cost and I will be financially liable for all 10(+) days. _____ **Initial**

Signature of Parent or Guardian: _____ Date: _____

Signature of UMCH Billing Specialist: _____ Date: _____

Shalyn Anderson-Garner **Billing Specialist** sanderson-garner@umchousegr.org **616.452.3226 Ext. 3013**

---

myprocare®

UMCH utilizes MyProcare providing all families with independent access and management of their accounts. MyProcare is safe, secure and created with your convenience in mind. Log in today!

Set Up Steps:

1. Go to MyProcare.com
2. Enter your email address (the email you have on file with UMCH) and choose "Go".
3. Enter the confirmation code sent to your email, choose a password, and press "Go".
4. Then you may:
    a. View your child's schedule, time card, immunizations and more
    b. Use the PAY button to make a payment with your card.

United Methodist
Community House

Updated UMCH Parent Pandemic Policy Acknowledgment

All UMCH Child Development Center families desire a safe and healthy environment, for their child(ren). Child care providers are a critical part of helping communities limit the spread of the virus. I understand the following safety measures:

- ☐ I will be held to strict adherence to my child(ren)'s schedules; UMCH will enforce all early/late alterations and enforce any associated fees.
- ☐ I will not be permitted past the lobby security doors and into program areas.
- ☐ I must designate one (1) person to serve as the pick-up and drop-off accompanying adult. If it is impossible to have one person serve, I must speak with the Center Director.
- ☐ **I understand personal belongings, bags, toys, food and snacks are prohibited**. I must use a gallon-size clear freezer bag to deliver daily necessities. A second bag may be used to supply food (for infants only, whose meals consist of formula/milk and baby food).
- ☐ **I must wear a mask or facial covering and practice social distancing on UMCH grounds.**
- ☐ **I must use the Procare platform for payment processing, remotely; transactions will not be performed at the service desk. Please ask the Center Director or Service Desk for instruction on how to set up your online account, if you have not.**
- ☐ **I am required to keep my child(ren) home if they are ill and/or symptomatic. If my child is experiencing or displaying any of the following symptoms, they will not be admitted for 72 hours. If my child becomes symptomatic, during the school day, they will be sent home for 72 hours. If my child returns from being ill and symptoms are still present, my child may be sent home for an additional 72 hours. UMCH adheres to the follow:**
    - Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:
        - **Fever or chills (100.4+)**
        - **Cough**
        - Shortness of breath or difficulty breathing
        - Fatigue
        - Muscle or body aches
        - Headache
        - New loss of taste or smell
        - Sore throat
        - **Congestion or runny nose**
        - **Nausea or vomiting**
        - **Diarrhea**

- Look for emergency warning signs for COVID-19. If someone is showing any of these signs, seek emergency medical care immediately:
  - Trouble breathing
  - Persistent pain or pressure in the chest
  - New confusion
  - Inability to wake or stay awake
  - Bluish lips or face

☐ I am obligated to provide a working number for myself and for an accessible emergency contact, who is able to pick up the child, should the student become ill/symptomatic.

- **I have 30 minutes to retrieve the child, from the time of notification**
  - **If I am not able to be reached, UMCH will attempt to contact the emergency contact. If neither of us are accessible for a period greater than 1 hour, my child(ren) may become subject to program suspension or dismissal.**
  - **General late fees will apply to any time past the 30-minute window.**

☐ I understand that adherence to these illness policies is for both the protection of my child(ren) as well as the protection of the other children and staff. I understand taking my frustration out on staff, because my child is denied participation could be grounds for program removal.

☐ Both myself (or whomever is designated for drop-off/pick-up) and my child(ren) are required to participate in health screenings, prior to facility access. I understand screening may slow down my entry time.

☐ I must remove my child(ren) from any seats for screening. I may not store my car seat at UMCH unless my designee for pick up is different from drop off AND I must have advanced approval from the CDC Director.

☐ My child will be isolated should they become ill or symptomatic, while in care. I understand during isolation, staff will not leave child(ren) alone.

☐ If any household member becomes symptomatic or receive positive COVID-19 test results, I am obligated to report it to the Center Director. I understand that this level of exposure, will require the child to quarantine for 14 days and they will be excluded from program participation.

☐ I must have a back-up care plan in the event my child(ren)'s classroom must quarantine or my child(ren) is/are sent home ill/symptomatic. With the cooler weather coming, illness can be more frequent; please be prepared.

☐ I must provide an extra change of clothes in the event contamination happens. This outfit will remain at UMCH and will be washed in the event of use. I understand I need to label my clothing items. I further understand my child may be picked up in clothing provided by the Center, should they become contaminated and not have personal cloths available

Student Name(s): _____

Parent/Guardian Name:_____ Phone: _____

Parent/Guardian Signature: _____Date:_____