



THE LEARNING TREE PRESCHOOL

come grow with us

**PARENT HANDBOOK**

## Table of Contents

<b>MISSION STATEMENT .....</b>	<b>4</b>
<b>PARENT INTERACTION.....</b>	<b>4</b>
<b>CONFIDENTIALITY .....</b>	<b>4</b>
<b>REGISTRATION PACKET .....</b>	<b>4</b>
<b>PHOTOGRAPHS .....</b>	<b>4</b>
<b>CURRICULUM .....</b>	<b>5</b>
<b>DAILY SCHEDULE .....</b>	<b>5</b>
<b>ATTENDANCE.....</b>	<b>5</b>
<b>FIRST DAY OF SCHOOL.....</b>	<b>5</b>
<b>TRIAL PERIOD .....</b>	<b>5</b>
<b>SPECIAL DAYS.....</b>	<b>6</b>
<b>BIRTHDAYS.....</b>	<b>6</b>
<b>HOLIDAYS.....</b>	<b>6</b>
<b>ARRIVALS AND DEPARTURES .....</b>	<b>6</b>
<b>FEES/PAYMENT SCHEDULE .....</b>	<b>7</b>
<b>VACATIONS.....</b>	<b>7</b>
<b>HOLIDAYS .....</b>	<b>7</b>
<b>The Learning Tree Preschool 2025 Holiday Closures .....</b>	<b>8</b>
<b>COMMUNICATIONS .....</b>	<b>9</b>
<b>PARENT INVOLVEMENT .....</b>	<b>9</b>
<b>ASSESSMENT POLICY .....</b>	<b>9</b>
<b>PARENT TEACHER CONFERENCE .....</b>	<b>9</b>
<b>PARENT SURVEYS .....</b>	<b>9</b>
<b>CALLING THE SCHOOL .....</b>	<b>10</b>
<b>DISCIPLINE.....</b>	<b>10</b>

<b>HEALTH .....</b>	<b>10</b>
<b>GENERAL HEALTH AND ILLNESS .....</b>	<b>10</b>
GENERAL HEALTH AND ILLNESS (continued) .....	11
GENERAL HEALTH AND ILLNESS (continued) .....	12
<b>BASIC FIRST AID .....</b>	<b>12</b>
<b>MEDICATIONS .....</b>	<b>13</b>
<b>ABUSE POLICY .....</b>	<b>13</b>
<b>CLOTHING .....</b>	<b>13</b>
<b>POTTING TRAINING/TOILETTING .....</b>	<b>13</b>
<b>NAPPING .....</b>	<b>14</b>
<b>MEALS .....</b>	<b>14</b>
<b>BRINGING THINGS TO SCHOOL .....</b>	<b>14</b>
<b>IMMUNIZATION .....</b>	<b>14</b>
<b>FIRE EVACUATION PLAN .....</b>	<b>15</b>
<b>EMERGENCY PLAN .....</b>	<b>15</b>
<b>OPPORTUNITIES FOR PARENTS TO GET INVOLVED! .....</b>	<b>16</b>
<b>FORMS .....</b>	<b>17</b>
<b>PARENT/ GUARDIAN ACKNOWLEDGEMENT .....</b>	<b>18</b>
The Learning Tree Preschool New Family Checklist .....	19
The Learning Tree Preschool Center Registration Form .....	20
Child Care Contract .....	21
Child Care Contract (continued) .....	22
Photograph Consent .....	23

## **MISSION STATEMENT**

Our mission is to assist in developing our student's self-awareness and knowledge of their environment. We strive to lay this foundation in an atmosphere that is loving, safe and which fosters positive self-esteem and a joy for learning. We provide a learning experience for your child that will respect him/her as a total person: emotionally, socially, physically, and intellectually.

## **PARENT INTERACTION**

The early years are of critical importance in a child's development. The family is the primary source of love and guidance in your young child's life as well as their first and most important teachers. We view parents as our partners in the education of their children.

We realize that you, as parents are especially sensitive to your own child's needs and that the decision to be a part of The Learning Tree Preschool has been carefully weighed.

The Learning Tree Preschool prohibits discrimination in its program and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, or marital or family status.

Parents play an important role in the preschool experience. This hand book is a composite of a number of suggested topics. It is intended to facilitate further communication and to help provide a supportive, responsible environment for all of our children. Please read it thoroughly and keep it handy for further reference.

## **CONFIDENTIALITY**

Family and children's records are kept confidential at all times and shared only with Teachers and the Director of the preschool as required.

Written permission granting the preschool authorization to share a child's information is required prior to the release of any such information.

## **REGISTRATION PACKET**

Upon enrolling your child, you will be given a tour. During your tour of the center, we encourage you to share any concerns you may have about your child's needs or your expectations of the program with the Teacher of our facility. Your registration packet must be completely filled out and returned to the Director of the preschool prior to your child's first day.

## **PHOTOGRAPHS**

Children's pictures are often taken during spontaneous occasions. Therefore, there may be occasions when your child's picture may appear on publications or materials related to The Learning Tree Preschool.

We understand and are sympathetic to the desire for privacy for their child by some of our parents. If this is the case, please notify our Director that you wish not to have your child photographed or mentioned in any of our publications. You will be provided a form that must be completed and submitted to the Director's office for permission to photograph.

## **CURRICULUM**

We provide for the development of the whole child using theme-based curriculum and following the Early Learning Standards, all the while making sure all learning and activities are developmentally appropriate for each child.

Our staff continuously attends workshops and trainings to enable us to provide your child with the best learning environment. Our staff members are registered on the Montana Practitioners Registry.

## **DAILY SCHEDULE**

Monday - Friday 7:30 – 5:30

Our program is designed to be both consistent and flexible, predictable routines help children feel secure and increase their confidence. Lesson Plans are posted in each room for parents to check

## **ATTENDANCE**

Please contact the school if your child will be absent from school by 9:00 A.M. or someone from the preschool may be contacting you.

## **FIRST DAY OF SCHOOL**

When a child begins his/her preschool experience, it is a big step in their young life, and they need the interest of their family.

It is best to talk with your child about the beginning of school only a day or two before they start. It is also a good idea to do a classroom visit before the first day, so your child can meet the teacher and visit the classroom they will be in.

We have found that it is easier for the children the first few days if when you drop off you give them one big hug a kiss and say you will see them after work. If the child knows you are comfortable with leaving them, it is easier for them. We have found in our experience that it is not unusual for it to take a few days for your child to become comfortable and accustomed to the routine of attending preschool, please allow your child these all important few days.

## **TRIAL PERIOD**

Occasionally, there are instances in which the program may not meet the needs of a particular child. In every case, each new student is allowed a two-week trial period in which the child's adjustment is observed.

If a child is not successfully adjusting to the preschool environment or if it is felt that the program is not successfully meeting the needs of the child, the parents will be contacted to assist them in finding an alternative program that will meet the child's needs.

## **SPECIAL DAYS**

### **BIRTHDAYS**

Many children enjoy celebrating birthdays by bringing cookies to school for a special party. If your child would like to do so, he/she may: we prefer cookies or similar types of finger food. If you are going to send a birthday treat, please let us know in advance.

### **HOLIDAYS**

Our preschool holds class discussions and conducts some degree of celebration of most of the traditional holidays. If your family has a special cultural occasion that they would like to share with the children, please contact our preschool Director with an outline of the event or holiday.

## **ARRIVALS AND DEPARTURES**

Our classrooms open at 7:30 AM and close at 5:30 PM please respect our hours by not dropping our child(ren) off before 7:30 AM and ensuring that they are picked up no later than 5:30 pm.

Parents will be charged One Dollar (\$1.00) per minute per child late fee for each minute that you are late in picking your child(ren) up. This fee will appear on your monthly billing statement.

Parents or guardians either dropping off or picking up the child **Must Sign the Child in And Out.**

No child will be released to any individual that is not on the child's pick-up list. Request for a child to be picked up by someone other than the parent must be performed as follows:

For a child being picked up by someone on your child's pick-up list:

Please call the preschool prior to your child's pick-up time and ensure the individual has proper identification.

For a child being picked up by someone not on your child's pick-up list:

Written request must be submitted to the preschool prior to your child's scheduled pick up time. - **NO Child** will be released without written authorization from their parent(s) or Guardian. Please ensure the individual has proper identification as it will be checked.

Entry into the preschool will be through the front gate, using the key pad code provided to the parents, please do not share the gate code with anyone not on your authorized pick up list.

## **FEES/PAYMENT SCHEDULE**

\$25.00 discount per month for first additional sibling enrolled, additional discounts are available for three or more siblings enrolled.

Make checks payable to:

**CAPNM**

We also have a card payment option thru PayPal on the web.

Monthly payment is due on or before the 5<sup>th</sup> of the current month. A late fee of \$25.00 will be added on the 10<sup>th</sup> of the month unless prior arrangements have been made. In all cases, the account must be paid in full by the end of each month. Accounts that are more than 30 days past due, without prior approval, will result in terminations of the contract.

Rates are reviewed at the beginning of each fiscal year and published as-an-Addendum to this Handbook. If you have questions concerning your rate, please contact the director. You will be charged even if your child misses a day.

For children who qualify for state assisted childcare, there will be an invoice issued at the beginning of the month to parents for a co-payment if one is due. The parent must make the co-payment before the state will make their payment. The amount must be paid by the end of the current month.

## **VACATIONS**

Two-week vacation is allowed per year at no cost. A 30-day notice is required prior to scheduled vacation. Unpaid vacation time must be schedule in one week or two-week blocks.

## **HOLIDAYS**

The Learning Tree has 13 scheduled holidays per year in which we are closed. The holiday schedule will be provided in December for the upcoming year. No tuition credit is given during the week the holiday occurs. In addition, two afternoons per year TLTP will close early for staff training.

## **The Learning Tree Preschool 2025 Holiday Closures**

January 1<sup>st</sup> New Year's Day

January 20<sup>th</sup> Martin Luther King Jr. Day

February 17<sup>th</sup> President's Day

May 26<sup>th</sup> Memorial Day

June 19<sup>th</sup> Juneteenth

July 4 Independence Day

September 1<sup>st</sup> Labor Day

Indigenous People Day- October 13<sup>th</sup>

November 11<sup>th</sup> Veterans Day

November 27<sup>th</sup> & 28<sup>th</sup> Thanksgiving

December 24<sup>th</sup> & 25<sup>th</sup> Christmas

Staff Training Days Early Closure at 3pm- June 25th and December 12<sup>th</sup>

## **COMMUNICATIONS**

We cannot over-emphasize the importance of open communication between our parents and our staff. Changes in your child's lifestyle (i.e. house guest, new baby, parent(s) on vacation, a move to a new home, separations of parents, death in the family, etc.) can be very unsettling to your child. If we are aware of this situation, we can be more responsive and more understanding of his/her behavior at school. We can then provide an extra dose of TLC (tender loving care). All information will be regarded as confidential.

Sometimes your child may come home and share something that happened at school, like a broken friendship. Please let a staff member know what is happening so it can be handled at school. If things do not get better, please let us know so we can find a solution.

We welcome your suggestions! The most effective communication is that which we can have directly between you and the Teachers or the Director.

We print a monthly newsletter with information about what we are doing in each class and different things going on at the preschool. A copy is posted on the parent board and we will provide a personal copy in your Childs Cubie.

## **PARENT INVOLVEMENT**

We welcome parents at any time.

Families are encouraged to participate in program activities and provide input on a regular basis. Parents and Grandparents can help their child by expanding on school learning at home. A family's involvement can include many options, including: volunteering in a classroom, accompanying children on field trips, collecting materials for children's projects, donating books or toys, contributing to the newsletter, fundraising projects, or helping to prepare for special events.

## **ASSESSMENT POLICY**

Each child is assessed by observation following the Montana Early Learning Standards. The observations are on-going; these observations are used for the teachers to create weekly lesson plans. The children's assessments are kept confidential between staff and parents. If staff notices a concern a parent meeting will be scheduled.

## **PARENT TEACHER CONFERENCE**

We will have a parent teacher conference in once per year (open house) to go over what your child has been working on and the progress they are making. If you would like you may schedule a parent/teacher conference with your child's teacher at ANY time. If you wish to speak with the teacher in private, feel free to at any time. Just let the teacher know what time works for you.

## **PARENT SURVEYS**

We send home parent surveys throughout the year; this helps us to improve our program. Parents are encouraged to return the survey to help the Preschool program.

## **CALLING THE SCHOOL**

Parents and Guardians are free to call the school at 752-6565 extension 5490 at any time during the day, however, you may need to leave a message if we are unable to come to the phone.

## **DISCIPLINE**

We feel that discipline is correction with education. Helping the children understand how others may feel, when upset or hurt by others. We walk the children through problem solving steps to help them start to understand how to work on differences between friends; Redirection is used often. We focus on promoting the social emotional development and school readiness of young children, we believe in redirector to help the children learn appropriate behavior.

If a child's behavior seems overly aggressive we will work with the parents to find a solution.

## **HEALTH**

Children should be kept at home when they are ill, have a temperature, or have other signs of illness.

For your child and the other children to get the most out of their day they need to be in good health. They need to be able to participate fully in all the indoor and outdoor activities.

The following are the state rules and regulations we must follow.

## **GENERAL HEALTH AND ILLNESS**

37.95.139 DAY CARE FACILITIES, HEALTH CARE REQUIREMENTS.

The Parents of each child admitted to the day care facility shall provide the name of the physician or health care facility the parent wishes to have called in case of an emergency. If, while in care, a child becomes ill or is suspected of having a communicable disease reportable to the health department while in care, the parent shall be notified by the provider. The parent is responsible for arranging to have the child taken home.

The director, owner, manager, or person-in-charge of the day care facility must designate a staff member to check daily the health status of each child immediately upon that child's entry into the day care facility, and to exclude any child showing symptoms of illness, under the following guidelines:

## **GENERAL HEALTH AND ILLNESS (continued)**

Children must be without fever 101° F or greater for 24 hours before they return to the day care facility, except that children with immunization-related fevers need not be excluded if they are able to participate in the routine of the day care facility.

Children must be without vomiting and diarrhea for 24 hours before they return to the day care facility. Vomiting includes 2 or more episodes in the previous 24 hours. Diarrhea is defined as an increased number of stools, and /or decreased form to the stool that cannot be contained by a diaper or clothing.

Children with any bacterial infections listed below must be treated with antibiotics for 24 hours before they can return to the day care center:

Strep throat;

Scarlet fever;

Impetigo;

Bacterial conjunctivitis (pinkeye); and

Skin infections such as draining burn or infected wounds or hangnails;

Generalized rashes, including those covering multiple parts of the body, must be evaluated by a health care provider to determine their cause before the child can return to the day care facility;

Children with chickenpox may not be admitted to the day care facility until their sores dry up, which usually takes 5 to 7 days. Day care providers must not purposefully expose susceptible children to chickenpox, even with the permission of the susceptible child's parents;

Children who are jaundiced must be excluded until a health care provider evaluates the cause and authorizes the child to return to the day care facility;

Children with symptoms of severe illness, such as uncontrolled coughing, breathing difficulty or wheezing, stiff neck, irritability, poor food or fluid intake, or a seizure, must be evaluated by a health care provider before they can return to the day care facility;

A child need not be excluded for a discharge from the nose which is not accompanied by a fever.

If a child develops symptoms of illness while at the day care facility and after the parent or guardian has left, the day care facility must do the following:

Isolate the child immediately from other children in a room or area segregated for that purpose;

Contact and inform the parent or guardian as soon as possible about the illness and request the parent or guardian to pick up the child;

Report each case of suspected communicable disease the same day by telephone to the local health authority, or as soon as possible thereafter if no contact can be made the same day.

## **GENERAL HEALTH AND ILLNESS (continued)**

When a child is absent, the day care provider shall obtain the reason so the interest of the other children may be properly protected. If a reportable communicable disease is suspected, the provider shall inform a health officer. No child shall be re-admitted after an absence until the reason for the absence is known and there is an assurance that the child's return will not ham that child or the other children. Disease charts that identify the reportable diseases are available from the department.

The day care facility may readmit a child excluded for illness whenever, in its discretion:

The child either shows no symptom of illness;  
The child has been free of fever, vomiting, or diarrhea for 24 hours; or  
The child has been on antibiotics for at least 24 hours for bacterial infections.

The parent or guardian may also provide the day care facility with a signed certification of health from a licensed physician, except that the following restrictions must be followed:

If a child is excluded for shigellosis or salmonella, the child may not be readmitted until the child has no diarrhea or fever, the child's parent or guardian produces documentation that 2 stools, taken at least 24 hours apart, are negative for shigellosis or salmonella, and the local health authority has given written approval for the child to be readmitted to the day care facility;

If a child is excluded for hepatitis A virus infection, the child shall remain excluded until either 1 week after onset of illness or jaundice, if the symptoms are mild, or until immune globulin has been administered to appropriate children and staff in the day care facility as directed by the local health authority.

## **BASIC FIRST AID**

In case of minor injury or accident, the staff will administer basic first aid. All injuries or accidents not requiring immediate parental notification will be documented and reported to the parents when the child is picked up at the end of the day.

In case of medical injury or accident requiring immediate professional care (emergency) 911 will be called. Parents will be notified immediately.

If any poisonous or toxic materials are ingested Poison Control will be notified immediately

All Learning Tree Preschool staff are trained in First-Aid and CPR.

## **MEDICATIONS**

Only staff that is specifically trained in the dispensing of medication may dispense medication. We believe that children should be given medication, when needed, in the safest possible way for the child, parent, and providers. Administering medication is based on parent consent and the child's health care provider recommendations. We will only give medication that must be given at times when the parent's work schedule prevents them from giving it.

Non-prescription or prescription medication will ONLY be administered when we have the parent's signed consent and a health care provider's prescription or written recommendation that a specific medicine is given to a specific child. A medication log sheet will be kept in each child's chart where a parental signature is required each time a medication is needed. Parents will be notified if your child has any side effects or reactions to the medication.

## **ABUSE POLICY**

All Learning Tree Preschool staff are Mandatory Reporters.

Child abuse and neglect will be reported in accordance with Montana State law: 401-3-201 Reports.

The Learning Tree Preschool staff receives training on abuse and neglect reporting. All instances of suspected child abuse and neglect are reported directly to Child Protection Services (CPS) as required by law.

## **CLOTHING**

Comfortable play clothing is needed as the children often work on the floor and with materials that can result in dirty, messy clothing.

Please be sure your child is dressed appropriately for the weather. We will go outside every day weather permitting. During winter months we ask that you bring indoor shoes as well as boots for your child to wear.

It's a great help for us all if your child's clothing is clearly marked with their name, in permanent marker. Please bring an extra set of clothes which will be kept for them in their cubby at school.

## **POTTING TRAINING/TOILETTING**

All children must be potty training to enroll in The Learning Tree Preschool. In case of an accident we will use the extra set of clothes available and send home the soiled clothing in a plastic bag. All children and staff must wash their hands after using the bathroom.

## **NAPPING**

Our nap time is from 12:30 PM to 2:30 PM. A Story is read to the children and they relax on their cot. Children that do not sleep, need to rest for 30 minutes, then they can do quite work. They can bring one blanket to sleep with them. Each child has their own cot and all children's blankets are stored separately and sent home weekly for washing. Blankets will be placed in the provided Learning Tree back pack and sent home each Friday.

## **MEALS**

The Learning Tree Preschool serves a nutritious breakfast, lunch and an afternoon snack. Our menus are posted on the parent board. If your child has any special dietary needs please let staff know and we can make accommodations for them. A form called the "*Medical Statement to Request Special Meals and/or Accommodations*" will need to be filled out. The Director can help you with any questions or concerns. This center participates in the Federal USDA Child and Adult Care Food Program and receives reimbursements for meals served which meet certain nutritional requirements.

"In accordance with Federal law and the U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue SW, Washington, D.C., 20250-9410 or call (800) 795- 3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

## **BRINGING THINGS TO SCHOOL**

Your child is more than welcome to bring special books to school for the teachers to read, please make sure it has their name in it.

## **IMMUNIZATION**

We follow Montana State Licensing 37.95.140

Before a child under the age of five may attend a Montana day care facility, the facility must be provided with the documentation required (4) that the child has been immunized as required for the child's age group against measles, rubella, mumps, poliomyelitis, diphtheria, pertussis (whooping cough), tetanus, Hemophilus influenza type B and varicella.

## **FIRE EVACUATION PLAN**

Each room has an escape route posted by each door.

All classrooms will exit through the classroom door and proceed to the front end of the playground.

Classroom teachers will calmly guide the children to the designated fire exits with the assistance of remaining staff.

There will be a class list posted by the door and used for fire exit, which the teacher will pick up on the way out. Once the group has met at the appointed meeting area, the children will be counted and checked against the attendance sheet.

Upon leaving the building, the last adult in the room will quickly check bathrooms. Monthly fire drills are held.

## **EMERGENCY PLAN**

The Learning Tree Preschool has a disaster plan in place should any emergency situation require an evacuation. Our disaster plan is posted in the office, and evacuation routes are posted in each classroom. In case of an emergency, the staff will act in the best interest of your child(ren).

## **OPPORTUNITIES FOR PARENTS TO GET INVOLVED!**

***The Learning Tree Preschool has an open-door policy, parents are welcome to stop by or call to check in whenever they would like.***

### **Classroom Parties ~**

Parties will be at 3:30, Parents may provide treats, set up games, or help in the class

- ❖ **Valentine's Day**
- ❖ **Halloween Party**
- ❖ **Christmas Party**

### **Birthdays ~**

You may bring in treats to share with the class and join us if you can.

You are also welcomed (and encouraged) to make a "poster" of your child to hang in the class for the week.

### **Show us your talent ~**

Parents are ALWAYS welcome to come in and show the kids something cool! Anything from playing a musical instrument, magic tricks or just to read a story.

### **Parent/Teacher Conferences ~**

Parent / Teacher Conferences will be offered in May.

If you would like one at any other time just ask your teacher and we can set something up.

### **Donations ~**

Donations of clothes, books and old toys are always amazing.

# FORMS



THE LEARNING TREE PRESCHOOL  
come grow with us



## **PARENT/ GUARDIAN ACKNOWLEDGEMENT OF RECEIPT OF PARENT HANDBOOK**

I hereby acknowledge that I have received and read my copy of The Learning Tree Preschool's Parent Handbook and agree to abide by to the policies, procedures, and rules of the preschool.

I further understand that Learning Tree Preschool may find it necessary to modify or change the policies, procedures, or rules described in the Parent Handbook and that the preschool will make every effort to ensure that parents are notified of these changes.

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## **The Learning Tree Preschool New Family Checklist**

👍\_\_\_\_\_ Received a tour.

👍\_\_\_\_\_ Have met your child's teachers.

👍\_\_\_\_\_ Received all forms.

- ☐ Parent Handbook
- ☐ Registration form
- ☐ Preschool Contract
- ☐ Permission to photograph
- ☐ Immunization forms
- ☐ Emergency Contact
- ☐ "Tell us about your child" form
- ☐ Non-ingestible Medication form
- ☐ Opportunities for Parents



## **The Learning Tree Preschool Center Registration Form**

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mothers Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Fathers Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Work Place: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date you wish to start care: \_\_\_\_/\_\_\_\_/\_\_\_\_

Has your child attended preschool or childcare before? Please briefly describe how your child did:

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Questions: Please feel free to call, email, or stop by.

## **Child Care Contract**



Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s): \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

Social Security Number: (Mother) \_\_\_\_-\_\_\_\_-\_\_\_\_ (Father) \_\_\_\_-\_\_\_\_-\_\_\_\_

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_

I, the parent:

☐ Will give two-weeks written notice before discontinuing care for any reason.  
Understand there is no credit for time missed.

☐ Will pay monthly fee on or before the fifth day of the month, unless arrangements are made to do otherwise.

☐ Will pay a late pick-up fee of one dollar (\$1.00) per minute after 5:30 p.m.

☐ Will pay a late fee of twenty-five dollars (\$25.00) if monthly tuition is not paid on or before the tenth of the month.

☐ Understand that the preschool opens no earlier than 7:30 a.m. and closes no later than 5:30 p.m.

☐ Will participate in open communication with my provider.

☐ Will read the handbook so that I am informed of school policies.

☐ Understand there will be 13 annual holidays on which the school will be closed, and two shorten days per year, noticed will be provided 6 months in advance.

☐ Understand that non-payment will result in termination of the contract and an immediate end of child care services.

## **Child Care Contract (continued)**

### **We, the child care provider:**

Will not employ any form of corporal punishment as a form of discipline.  
Will not discriminate against any child based on his/her **sex**, race, ethnic origin or religious beliefs.

The Learning Tree Preschool agrees to provide child care services to the above-named child{ren) and we:

Will give you prior written notice before discontinuing care for any non-payment reason, excepting emergencies.

Will provide breakfast, lunch and an afternoon snack.

Agree to accept the state assistance with parents making up the difference in preschool rates

Will allow parents to have unlimited access to the child during child care hours - Open Door Policy.

Unless otherwise mandated by Section 41-3-201, MCA, all information pertaining to this family shall be kept confidential.

Agree to participate in open communication with parents.

Signature of Provider: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent(s): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_





## **Photograph Consent**

The Learning Tree Preschool Facebook page will be a place for parents and family members to see what's going on with the kids, not a page for public viewing. That being said, a few photographs will be public or used on CAPNM public page, but we will ask permission for each instance. You may view the photograph and decide if you're comfortable with RMPC using the image on the website, public Facebook profile photo or other specific use. We respect your children's privacy above all, so rest assured that we will take the utmost care in dealing with this issue.

Please take a moment and sign and date the bottom of this form, either giving permission to post photos of your child or declining.

**Please contact us with any questions or concerns.**

I \_\_\_\_\_ give permission to The Learning Tree Preschool to take and post pictures around the preschool.

I \_\_\_\_\_ give permission to The Learning Tree Preschool to post pictures/videos of my child:

their website at [www.capnm.net](http://www.capnm.net) and private Facebook page \_\_\_\_\_.

I \_\_\_\_\_ **DO NOT** give permission to The Learning Tree Preschool to post pictures/videos of my child: \_\_\_\_\_ online.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# STATE OF MONTANA— CHILD CARE FACILITY/SCHOOL CERTIFICATE OF IMMUNIZATION

Complete immunization requirements and penalties for those who fail to meet the requirements are referenced in Section V. This form is required for ALL persons attending school or child care. See the reverse side for information about EXEMPTIONS and INSTRUCTIONS.

## SECTION I

**PLEASE PRINT CLEARLY**

Child/Student's Name	Birth Date	Sex	Primary Provider	
Name of Parent/Guardian	Address		City	Telephone Home  Work

## SECTION II

## IMMUNIZATION HISTORY

Valid only when filled out by School, Child Care or Medical Personnel (NOT to be filled out by the parent).

Required Vaccines (CC= Child Care Requirement; SR=School Requirement)	Month, Day & Year of Each Dose				
	1	2	3	4	5
Diphtheria/Tetanus/Pertussis (DTaP)					
Booster Dose Tdap required prior to 7 <sup>th</sup> grade entry					
Haemophilus Influenzae Type B (Hib) (Only children less than 5 years)					
Measles/Mumps/Rubella (MMR) or Measles vaccine only					
Mumps vaccine only					
Rubella vaccine only					
Polio (IPV or OPV)					
Varicella (Chickenpox) [VZV or VAR] Check here if child has documentation of disease					
Hepatitis B					
Pneumococcal Conjugate vaccine (PCV13)					

ACIP* Recommended Vaccines <small>*Advisory Committee on Immunization Practices, U.S. Centers for Disease Control and Prevention</small>	Month, Day & Year of Each Dose				
	1	2	3	4	5
Hepatitis A					
Human Papillomavirus (HPV) - for adolescents					
Influenza- recommended annually for all over 6 mos.					
Meningococcal Conjugate Vaccine (MCV4) (Ages 11-12 & later)					
Rotavirus					

**NOT A COMPLETE IMMUNIZATION RECORD- CONTACT YOUR PROVIDER OR PUBLIC HEALTH AGENCY FOR MORE INFORMATION**

**If filled out by health department or health care provider:**

To the best of my knowledge, this child has received the above immunizations.

Signed: \_\_\_\_\_  
(Health Department/Health Care Provider) Date

Signed: \_\_\_\_\_  
(Health Department/Health Care Provider) Date

Signed: \_\_\_\_\_  
(Health Department/Health Care Provider) Date

Signed: \_\_\_\_\_  
(Health Department/Health Care Provider) Date

**If filled out by school or child care personnel:**

I CERTIFY this information has been transferred from supporting documentation as stated in the Administrative Rules of Montana:

Signed: \_\_\_\_\_  
(School or Child Care Official and title) Date

Signed: \_\_\_\_\_  
(School or Child Care Official and title) Date

Signed: \_\_\_\_\_  
(School or Child Care Official and Title) Date

Signed: \_\_\_\_\_  
(School or Child Care Official and Title) Date

## SECTION III

## INSTRUCTIONS

### Health Department or Physician

1. For medical exemption purposes, a physician is a person licensed to practice medicine in any jurisdiction of the U.S. or Canada. This does not include chiropractic or naturopathic doctors, nurse practitioners or physician assistants.
2. In Section II, please include vaccine doses with month, day and year for each administered dose. Immunization dates, as specified in the administrative rules, are necessary. Please sign and date the form.
3. **If the child is completing a vaccine series**, a Conditional Attendance form can be used. The physician or health department will determine the date of each dose to be administered and put the schedule on the Conditional Attendance form. Please sign the Conditional Attendance form, and return to the school or child care facility.
4. Immunization forms can be obtained directly from the local health department or the Montana Immunization Program at [www.immunization.mt.gov](http://www.immunization.mt.gov).

### School and Child Care Official

1. **Prior to attending**, all students and child care facility attendees must have either **a)** the required immunizations **and documentation** or **b)** have completed the appropriate exemption or conditional attendance documentation. This includes transfer students.
2. **Documentation** must meet the criteria of the Administrative Rules of Montana. This is **limited** to other school health records and certain documents from health departments and physicians.
3. **Transferring information from supporting documentation to this form** must be done by a school or child care official. The school or child care official must then sign and date the form (Section II) and attach the supporting documentation.
4. **Conditional Attendance** form, once completed and attached to this document, allows attendance so long as immunization continues as scheduled.
5. **School Transfer Students.**

**There is no transfer period allowed.** Transfer students must provide adequate documentation of immunization **PRIOR** to attending school.

- a) **Transferring In:** Students who transfer into Montana from out of state must have their immunization information recorded on this form (*See number 2 above regarding acceptable documentation.*) Students must meet Montana immunization requirements.
- b) **Transferring Out:** If students transfer out of your school, a **copy** of this record should be maintained for one year following the transfer. The Montana law requires schools to forward the original Certificate of Immunization to the school to which students transfer.
- c) **Homeless Students:** All homeless students must be immediately enrolled in a Montana school to ensure compliance with the McKinney-Vento Act. Students should be assigned a liaison who can assist them in obtaining either appropriate documentation of immunization or in obtaining the required immunizations.

### Parent

1. Montana law requires immunization information be recorded on this document for persons to attend Montana schools, preschools and child care facilities.
2. **ONLY school, child care and health officials can complete this form.** School and child care officials need documentation from physicians or health departments as described by the Administrative Rules of Montana (*examples: A completed Montana Certificate of Immunization; A signed Immunization record card*). **It is the parent's responsibility to provide these documents to the school or child care facility.**
3. **Religious exemption and conditional attendance** may be used in accordance with the Immunization Law and Administrative rules. The Religious Exemption may be used in school settings and must be renewed annually. Religious exemption for child care only applies to Haemophilus influenzae type b (Hib), and must be renewed annually.
4. Montana law prohibits children from attending any Montana school or child care facility **prior** to meeting immunization requirements.
5. If your child transfers to another Montana school, a copy of this completed form will allow your child to enter that school. However, the original Certificate of Immunization must be provided to the new school within 30 days of transfer in order for the child to attend.

## SECTION IV

## EXEMPTIONS

Please refer to the form HES101A at  
<https://dphhs.mt.gov/assets/publichealth/Immunization/HES101A.pdf>

## SECTION V

## LEGAL REFERENCES

### Montana Codes Annotated

20-5-101 - 410: Montana Immunization Law  
52-2-735: Day Care Certification

### Administrative Rules of Montana

37.114.701-721: Immunization of K-12, Preschool and  
Post secondary Schools  
37.95.140: Day Care Center Immunizations  
Group Day Care Homes – Health  
Family Day Care Homes – Health

If you have any questions about: 1) the use of this form; 2) obtaining copies of immunization forms, laws, or rules; or 3) whether or not a person meets attendance requirements, please contact your local health department or the Montana Immunization Program, DPHHS, Cogswell Building, Helena, MT 59620. Phone (406)444-5580.

<https://immunization.mt.gov>

## NON-INGESTIBLE OVER THE COUNTER MEDICATION AUTHORIZATION FORM

### TO BE COMPLETED BY PARENT

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Program Name \_\_\_\_\_

\*\*\*\*\*

**I give permission for the administration of the following non-ingestible over the counter medications  
(mark all that apply):**

Diaper Rash Cream/Ointments \_\_\_\_\_

Insect Repellent \_\_\_\_\_

Sunscreen \_\_\_\_\_

Cortisone/Anti-Itch Creams/Ointments \_\_\_\_\_

Medicated Lip Treatments \_\_\_\_\_

OTC Antibiotic Creams/Ointments \_\_\_\_\_

Burn Creams/Sprays \_\_\_\_\_

Other Non-Ingestible OTC's: (Please Specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**To administer a non-ingestible over the counter medication:**

- The medication must be brought to the day care facility from the parent;
- The medication must be in its original container, with a legible label, and expiration date of medication;
- The child's name must be on the original container

Special handling/storage Instructions \_\_\_\_\_ Refrigeration? \_\_\_\_

Parent/Guardian Signature (required) \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\* This document must be updated on an annual basis.**

**Unused Medication:** (check one) Returned to Parent Y N Discarded appropriately Y N

By: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Keep in the child's file when medication is finished.**

# Emergency Contact and Consent



This form must accompany staff when children are away from the childcare site

<b>Child's Name (First, Last)</b>		
<b>Date of Birth</b>		
<b>ALLERGY ALERT</b> Does your child have allergies? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list all allergies in required box.		
<b>Parent or Guardian Contact Information</b>		
<b>Name (First, Last)</b>		<b>Relationship</b>
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone
<b>Name (First, Last)</b>		<b>Relationship</b>
Home Address (Street, City, Zip)		
Primary Phone	Email Address	
Address (Street, City, Zip)		Work Phone
<b>Required Emergency Contact Information</b> – person other than parent or guardian that is authorized to pick up child		
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship
<b>Required Medical Information</b>		
<b>Primary Medical Care Provider</b>		<b>Phone</b>
<b>Health Concerns</b> (Please explain)		
<b>Allergies</b>		
<b>Parent or Guardian Authorization</b>		
In an emergency, the child care facility has my permission to provide or obtain emergency medical treatment including transporting child by ambulance or vehicle if necessary. The parent/guardian of the child will be notified as soon as possible.		
<b>Parent/Guardian Signature</b>		<b>Date</b>
<i>(This form must be completed and signed annually)</i>		



## Child and Adult Care Food Program (CACFP) Enrollment Income Eligibility Application (EIEA)

PART 1 – CHILDREN'S INFORMATION (REQUIRED)															
Child's Name	Birthdate	Age	Check Days of Attendance							Arrival Time	Departure Time	Check Meals and Snacks Normally Received			Check Below if Foster Child
			Sun	Mon	Tue	Wed	Thu	Fri	Sat			Breakfast	A.M. Snack	Lunch	<input type="checkbox"/>
												P.M. Snack	Supper	Eve. Snack	
												Breakfast	A.M. Snack	Lunch	<input type="checkbox"/>
												P.M. Snack	Supper	Eve. Snack	
												Breakfast	A.M. Snack	Lunch	<input type="checkbox"/>
												P.M. Snack	Supper	Eve. Snack	
												Breakfast	A.M. Snack	Lunch	<input type="checkbox"/>
												P.M. Snack	Supper	Eve. Snack	

PART 2 – HOUSEHOLD MEMBER RECEIVING BASIC FOOD/TANF/FDPIR IN MT STATE - Any household member receiving benefits can establish eligibility for children in the household. If you list a case number or ID, please skip to part 5.												Case Number or ID number:	
--	--	--	--	--	--	--	--	--	--	--	--	---------------------------	--

PART 3 – TOTAL HOUSEHOLD GROSS ANNUAL INCOME The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box if no SSN. See Privacy Act Statement and Sources of Income on the back of this page (Annual Income Conversion by pay frequency: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12)										PART 4 – CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)				
List names (First and Last) of people in your household	Check if no income	Annual Earnings from Work Before Deductions	Annual Welfare, Alimony, Child Support	Retirement, Pensions, Social Security, Other	<p>We are required to ask for information about your children's race and ethnicity. This information helps to make sure we are fully serving our community. Responding to this section is optional, it will not affect your children's eligibility for receiving meals during care.</p> <p>Ethnicity (check one):</p> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino <p>Race (check one or more):</p> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Native Hawaiian or Pacific Island <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> White									
1.		\$ /yr	\$ /yr	\$ /yr										
2.		\$ /yr	\$ /yr	\$ /yr										
3.		\$ /yr	\$ /yr	\$ /yr										
4.		\$ /yr	\$ /yr	\$ /yr										
5.		\$ /yr	\$ /yr	\$ /yr										
<input type="checkbox"/> I Decline to provide information about my household size and income.														
Number of total Household Members		Last 4 of SSN (check box if no SSN)		<input type="checkbox"/>										

PART 5 – PARENT/GUARDIAN SIGNATURE AND CERTIFICATION—(REQUIRED) SIGNATURE CONFIRMS ALL INFORMATION PROVIDED IS CORRECT AND ACCURATE																			
<p>"I certify (promise) that all information on this application is true, and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."</p>																			
Signature _____					Print Name _____					Date _____									
Address: _____					City, State, Zip: _____					Phone Number: _____									
DO NOT FILL OUT – CENTER USE ONLY					CATEGORY					MT CACFP USE ONLY									
Institution Representative Signature _____ Date _____  <b>INVALID WITHOUT SIGNATURE AND DATE</b> (see back for effective date requirements)					<input type="checkbox"/> Free (Basic Food/TANF/FDPIR) <input type="checkbox"/> Free (foster child(ren))					Total Annual Income \$ _____ <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid					<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Paid  MT CACFP Rep. _____				

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, the funds your childcare center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Basic Food, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child 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 the meal reimbursement for your childcare center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at How to File a Program Discrimination Complaint 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:

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

**FAX:** (833) 256-1665 or (202) 690-7442; or

**EMAIL:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

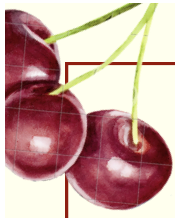
**\*Only use this address if you are filing a complaint of discrimination.**

**This institution is an equal opportunity provider.**

**\*\*EIEA Effective Date\*\***

**\*If the institution uses the parent/guardian signature date as the effective date, the form must be signed by the institution representative within the same month as the parent, or the following month. If the institution representative does not sign the EIEA within these timeframes, the institution representative's signature date must be used as the effective date.**

Valid TANF or Basic Food Number Guidelines and Contact Resources for MT State Recipients				
Consists of six to seven digits, such as 4235555 Does not include any letters Is not a social security number (unless it's a tribal case number)		Does not start with a 200 series number Is not a case number for state-paid childcare Is not an EBT card number		
<b>MT DPHHS Public Assistance Customer Service Number: (888) 706-1535</b>		<b>Basic Food and TANF website: <a href="http://www.apply.mt.gov">www.apply.mt.gov</a></b>		
Earnings from Work	Public Assistance, Alimony, Child Support	Pension, Retirement, Other Sources of Income	Sources of Child Income	Examples:
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li>Net income from self-employment (farm or business)</li> <li>If you are in the U.S. Military: <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do <b>NOT</b> include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers' compensation</li> <li>Supplemental Security Income</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans' benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or Disability Benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>	Earnings from work	A child of legal working age has a regular full or part-time job where they earn a salary or wages
			Social Security -Disability Payments -Survivors Benefits	<ul style="list-style-type: none"> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>
			Income from any other source	A child receives regular income from a private pension fund, annuity, or trust



# Montana CACFP

Child and Adult Care Food Program



Dear Parent/Guardian,

We are delighted to inform you that our childcare center is committed to providing healthy meals to all enrolled children. This initiative is part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). This program supports childcare centers by offering reimbursements for nutritious meals and snacks served to children in care.

## How You Can Help

To ensure we can continue to offer these benefits, we kindly ask you to complete the attached Meal Income Eligibility Form. Your cooperation is crucial in helping us comply with the CACFP requirements.

## Confidentiality

Please rest assured that any information you provide will be kept confidential. We understand the importance of privacy and are committed to protecting your sensitive information.

## Determining Meal Eligibility

By filling out the attached form, we will be able to determine if your child(ren) qualify for free, reduced, or paid meals. This process helps us ensure that all children receive the nourishment they need to grow, learn, and thrive.

### Frequently asked questions:

**1. Do I need to fill out a Meal Benefit Form for each of my children in childcare?** You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in childcare in your household only if the children in childcare are enrolled in the same center.

**2. Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Food Distribution Program on Indian Reservations (FDPIR), or Temporary Assistance for Needy Families (TANF) can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals.

**3. Who can get reduced price meals?** Your children can get low-cost meals if your household income is within the reduced-price limits on the Federal Income Eligibility Guidelines.

**4. May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the childcare center.

**5. Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. 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 received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly 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 Income Eligibility Guidelines chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced-price benefits, whether through income or by providing a current SNAP, FDPIR, or TANF case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income 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 get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get 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 Meal Benefit Form but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact your childcare center director.

**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, no person will be discriminated against because of race, color, national origin, sex, age or disability.**

Thank you for your support and cooperation. If you have any questions or need assistance with the form, please do not hesitate to contact us.

Sincerely,



## Getting to Know My Child

Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

IMAGE

About My Child: (Describe you child as a student)

My Child's Diagnosis: (List or explain syndromes, conditions or learning disabilities)

CURRENT MEDICATIONS/DOSAGES:

ALLERGIES:

My Child's Strengths: (Skills, talents, behaviors, personality, etc.)

My Child's Challenges: (Communication, mobility, mealtime, social, energy, behavior, etc.)

My Child learns best when:

Other things I'd like you to know about My Child:

Ways you can be helpful to My Child:





THE LEARNING TREE PRESCHOOL  
come grow with us