



**American
Learning
Centers**

American Learning Centers
5598 Singleton Road
Norcross, GA 30093
Phone: 770-925-3181
Fax: 770-925-3183

ABOUT OUR PROGRAMS

Dear Parent(s),

Welcome to American Learning Centers! Children attending childcare centers in the State of Georgia are required to have a current Certificate of Immunization Record, Georgia Form 3231, on file. This form is also required by the school system for school-aged children. **ONLY THE GEORGIA FORM 3231 WILL BE ACCEPTED!**

Only a doctor or the county health department may complete the form, which is available from your child's health care provider. If you are new to the area and do not have a healthcare provider, the local health department will transfer your child's shot record to the Georgia form 3231. Prior to turning it in to ALC, ensure you check the date, and all immunizations are up to date.

The Gwinnett County Public Health Centers are:

Lawrenceville Health Center

15 South Clayton Street

Lawrenceville, GA 30045

(770)339-4283

Norcross Health Center

5030 Georgia Belle Court

Norcross, GA 30094

(770)638-5700

Buford Health Center

2755 Sawnee Avenue

Buford, GA 30518

(770)614-3401

Thank you for helping our center comply with state requirements. We look forward to welcoming your child to American Learning Centers.

Sincerely,

American Learning Centers'

Sincerely,

American Learning Centers

Enrollment Application and Agreement

Name of Child _____ Birthdate ____/____/____ Gender: M ____ F ____
Date Attendance Will Begin ____/____/____
Home Address _____
Expected Arrival and Departure: _____ a.m. to _____ p.m.
After School: Name of Elementary School _____

Guardian Information

Legal Custodian _____ Person Responsible for Payment _____
Mother/Guardian _____ Employer _____ DL # _____
Home Address _____ City _____ State _____ Zip _____
Work Address _____ City _____ State _____ Zip _____
Home No. _____ Work No. _____ Mobile No. _____
Father/Guardian _____ Employer _____ DL # _____
Home Address _____ City _____ State _____ Zip _____
Work Address _____ City _____ State _____ Zip _____
Home No. _____ Work No. _____ Mobile No. _____

Authorized Persons: American Learning Centers will not release children to anyone not identified below without specific parent authorization. Additions to the following list may be made at the office.

Name _____ Relationship _____ DL # _____
Street Address _____ City _____ State _____ Zip _____
Home No. _____ Work No. _____ Mobile No. _____
Name _____ Relationship _____ DL # _____
Street Address _____ City _____ State _____ Zip _____
Home No. _____ Work No. _____ Mobile No. _____

Emergency Contacts: The persons identified below will be contacted during a medical or other emergency if the parent/guardian or appropriate physician is unavailable.

Name _____ Relationship _____
Home No. _____ Work No. _____ Mobile No. _____
Name _____ Relationship _____
Home No. _____ Work No. _____ Mobile No. _____

***PERSONS NOT AUTHORIZED TO PICK UP CHILD**

Appropriate paperwork (such as Legal Custodial Documents) shall be attached if parent is NOT ALLOWED to pick up child

Medical Info

Child's Physician _____ Phone # _____

Street Address _____ City _____ State _____ Zip _____

Child's Dentist _____ Phone # _____

Street Address _____ City _____ State _____ Zip _____

Preferred Hospital _____ Phone # _____

Special Needs

Allergies or Food Restrictions? If yes, please list: _____

Prescribed Medications? If yes, please list: _____

Mobility Limitations? If yes, please list: _____

Other physical or mental needs requiring staff attention _____

Medical Authorization

I hereby authorize the staff and Director of American Learning Centers to take my child to the above named physician or facility for emergency medical treatment in the event that neither parent/guardian can be reached. I further authorize that American Learning Centers may transport my child in any vehicle they deem necessary for emergency treatment. I further authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above named physician cannot be reached. I will be responsible for and promptly pay any expenses which may be incurred by American Learning Centers in this regard.

Medication Policy

The administration of medicine is not mandatory by the Office of School Readiness but is given as a service to parents. As we choose to provide this service we must adhere to the Rules of Office of School Readiness Chapter 591-1-1 for Child Care Learning Centers. All medication and forms must clearly indicate the following: All medication must be in the original container clearly indicating the child's name, physician's name, prescribed dose, and current date. Only prescription medications will be given unless the parent provides a note from the doctor to dispense over the counter medications. Medication will be dispensed no more than two times per day. Scheduled times are 11 AM and/or 3 PM. (For school aged children, the medication schedule will be discussed separately). We cannot accept medications to be given "as needed." Medication will only be administered upon completion of the Medical Authorization Form, which needs to be filled every week. These forms must include the child's name, medication, dosage, prescription number, and date and time to administer medicine. Any ongoing medication requires a physician's authorization every four weeks. All above medication requirements apply to nebulizer treatments. We will take every precaution to protect the nebulizer machine but we will not be held liable for broken equipment.

Illness Policy

By the Rules of Office of School Readiness Chapter 591-1-1 for Child Learning Centers we must adhere to the Department of Human Communicable Disease Chart requirement for when the child may return to the center. If your child has symptoms of illness but your physician has determined the child does not have the illness then we require a physician's written notification that the child is healthy and my return to the center. If your child appears ill, has had a fever above 100.1 degree F within the past 24 hours, is vomiting, has diarrhea, is unable to participate in indoor/outdoor activities, or shows evidence of any communicable disease, please make arrangements for alternative care. If your child has such symptoms and is present at American Learning Centers, you will be asked to pick him/her up immediately.

Parent/Guardian _____ Date ____/____/____

General Authorization

I hereby grant American Learning Centers permission for the above named child to:

- Take part in all program activities including the use of all indoor and outdoor equipment
- Be photographed or videotaped in connection with daily program activities for use in promotional materials or other advertising purposes (Including newspaper, television, magazines, website, etc.)
- Be transported to or from the premises of American Learning Centers to take part in planned educational field trips or activities supervised by the staff of American Learning Centers (provided that such trips or activities will be separately announced to the parent or guardian 48 hours in advance of the trip or activity)
- Be transported to and from public school
- Participate in water activities on American Learning Centers' premises

Babysitting Policy

American Learning Centers does NOT render child care services off its premises except in the event of field trips which have been authorized in advance by the parent or guardian. Accordingly, if you arrange with a staff member for off-premises care of your child, the staff member undertakes such services on her own behalf and not as an employee of American Learning Centers.

Emergency Evacuation—Transportation

This is to certify that I give American Learning Centers permission to transport my child from American Learning Centers facility to Glover Baptist or John Westley Church in the event that the facility has to be evacuated. American Learning Centers is located two (2) miles from the destination.

Parent-Provider Financial Agreement.

1. Tuition is due on Fridays prior to the week of service. A late fee of \$30 will be charged to your account if tuition payment is not made by close of business Monday.
2. If your child is present for one or more days during the week, you pay full tuition. If your child is absent for the whole week, you pay half tuition to reserve the child's spot. **This includes Pre-K Extended and School Age Children during Winter and Spring Breaks.**
3. If your outstanding balance is more than (1) one weeks tuition, you will be subject to collection proceedings and /or your child (ren) may be subject to dis-enrollment.
4. Payment may be made by cash, cashier's check, credit card, debit card or money order.
5. Tuition and fees are subject to change without notice.
6. There is a non-refundable enrollment fee of \$50 per child (\$75 per family of 2) (\$100 per family of 3 or more).
7. The annual renewal registration fee is \$35 per child (\$50 per family of 2) (\$75 per family of 3 or more) and is due at the beginning of school year.
8. American Learning Centers requires two week notice before withdrawal of a child. If two weeks notice is not received, two 1/2 week tuition rates will be charged.
9. Re-enrollment: If child is withdrawn for 2 weeks or less, child may be re-enrolled at the **Annual Registration Fee** rate. If child is withdrawn for more than 2 weeks, child must be re-enrolled at the regular **Enrollment Fee** rate.

Hours

Unless otherwise specified, hours of operation of the center are from 6:30 am to 6:30 pm Monday through Friday. The school will operate Monday through Friday throughout the year except: New Year's Day, Memorial Day, Independence Day, Labor Day, the day of and after Thanksgiving, Christmas Eve, Christmas Day, and certain other days specified by American Learning Centers when appropriate. If the holiday falls on Saturday, it will be observed on the preceding Friday; if it falls on Sunday, it will be observed on the following Monday.

No discount from tuition will be made for holidays or other days during which the facility does not operate*.

*One 1/2 week of free tuition per year will be provided to parents who have been with the Center continuously for one year or longer. (details in Parent Policies).

Parent/Guardian _____ Date ____ / ____ / ____

Parent Agreement with Childcare Facility

1. American Learning Centers agrees to provide day care for my child _____ on Mon ___ Tue ___ Wed ___ Thurs ___ Fri ___ from _____ am to _____ pm.
2. My child will not be allowed to enter or leave the facility without being escorted by a parent, person authorized parent, or facility personnel.
3. I acknowledge it is my responsibility to keep my child's records current to reflect any changes as they occur, e.g. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization records, etc.
4. If my child is enrolled in the after-school program, I will call the center by 1:00 pm .to cancel the school pick-up. If notification of No Pick-up is not received, a \$5 fee will be charged.
5. I have received a copy of the Parent Policy Handbook and agree to abide by the policies and procedures for American Learning Centers.

Signature (Parent/Guardian) _____

Date _____

Signature (Administrator) _____

Date _____



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• Caring • Nurturing • Growing

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Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____

Home Phone _____ Work Phone _____

Mother's Name _____

Home Phone _____ Work Phone _____

Person to notify in an emergency and parents cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses GWINNETT MEDICAL

Address 1000 MEDICAL CENTER BLVD LAWRENCEVILLE GA 30046

Child's Allergies _____

Current prescribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if AMERICAN LEARNING CENTER
Name of Facility

cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Witness By _____ Date _____



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Social Media Release Form

We're on Facebook!

We recently joined Facebook. It was created for sharing ideas, to show how we learn in the classroom, and to keep in contact with families. Please fill out the bottom of this form, granting us permission to post photos and videos of your child and their work.

(Student Name)

(Date)

- Yes, I give permission to post photos and/or videos of my child on social media for school purposes only.
- No, I do not give permission to post photos and/or videos of my child on social media for school purposes only.

(Parent Signature)

(Date)

Bright from the Start: Georgia Department of Early Care and Learning
Child and Adult Care Food Program
Income Eligibility Statement

Part I: Child(ren) or Adult enrolled to receive day care

Name: (Last, First and Middle Initial)	Food Stamp, TANF, or FDPIR case number, Assistant Unit (AU), or Client ID number for <u>children only</u> . All the above, or SSI or Medicaid case number for <u>Adults</u> . Note: Do not use EBT numbers.	Head Start Participant	Foster Child
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

PART II A:

A. Name
(List everyone in household, including foster and non-foster children)

B. Gross income and how often it is received
Example: \$100/monthly, \$100/twice a month, \$100/every other week, \$100/weekly

C. Check if NO income

	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement	4. All other income	
1. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____	<input type="checkbox"/>
2. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____	<input type="checkbox"/>
3. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____	<input type="checkbox"/>
4. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____	<input type="checkbox"/>
5. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____	<input type="checkbox"/>
6. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____	<input type="checkbox"/>
7. _____	\$ _____/_____	\$ _____/_____	\$ _____/_____	\$ _____/_____	<input type="checkbox"/>

PART III: ENROLLMENT INFORMATION: Children Only

child is normally in attendance at the facility between the hours of _____ [am/pm] to _____ [am/pm] on the following days:
 Check here if only before/after school care is provided.

(Circle all that apply). Sunday Monday Tuesday Wednesday Thursday Friday Saturday

My child will normally receive the following meals while in care:

(Circle all that apply): Breakfast AM Snack Lunch PM Snack Supper Evening Snack

PART IV: Signature and Social Security Number (Adult MUST sign).

An adult household member must sign this form. If Part II is completed the adult signing the form must also list his or her Social Security number or mark the "I don't have a Social Security Number" box. (See Privacy Act Statement on next page).

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) listed on the form in Part I are enrolled for care.

Signature: X _____ Print Name _____ Date: _____

Address: _____ City: _____ State: GA Zip: _____ Phone: _____

Last four Digits of Social Security Number XXX-XX _____ I do not have a Social Security Number

PART V: Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- Hispanic/ Latino
 Not Hispanic/ Latino

Mark one or more racial identities:

- Asian White Black or African American American Indian or Alaska Native Native Hawaiian or other Pacific Islander

Official Use Only Section for Provider: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

Total income: _____ Per: Week Every 2 weeks Twice a month Month Year Household Size: _____

Categorical Eligibility: (check if applicable) _____ Date withdrawn: _____ Eligibility: (check one) Free _____ Reduced _____ Paid _____

Day Care Homes Only: (check one) Tier I _____ Tier II _____

Verifying Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow Up Official's Signature: _____ Date: _____

The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Household Size	Yearly Income
1	
2	
3	
4	
5	
6	
7	
8	
Each additional person	Add:

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 your child for free or reduced price meals. You must include the social security 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 Stamp, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child 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 your child 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, audiotope, 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) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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; fax: (202) 690-7442; or email: program.intake@usda.gov.

This institution is an equal opportunity provider.



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Parents COVID-19 Drop off/Pick up Policy

- I understand that during this COVID-19 Public Health Emergency, I will not be permitted to enter the facility beyond the designated drop-off & pick – up area. I understand that this is to limit the possible risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons.
- I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off/ pick-up area. I MUST wash my hands, spray my shoes and wear a face mask. While in the facility I MUST practice social distancing and remain 6 ft. away from everyone except for my own child.
- I understand that to enter the facility premises, my child must be free from COVID-19 symptoms. If, during the day, any of the symptoms appear my child will be separated from the rest of the people in the center. I will be contacted, and my child MUST be picked up within 30 minutes of being notified or the authorities will be contacted. Symptoms typically appear 2-7 days after being affected so please take them seriously. Your child will need to be symptom free, without any medication before returning to the facility.
- I understand that my child temperature will be taken throughout the day and handwashing will be done frequently.
- I understand that upon entering the facility, my child shoes will be sprayed with disinfectant.
- I will immediately notify American Learning Centers Management if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms.

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by American Learning Centers will result in termination of services. I acknowledge that care for my child will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child's Name: _____ DOB: _____

Parent's Name: _____

Parent Signature _____ Date _____

Management Team Witness _____ Date _____

I have completely read and understood the above policies of American Learning Centers. By signing this page, I agree to abide by all the policies stated above. I also agree that I have been given a copy of these policies.

Parent/Guardian Signature _____
Date _____

SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children qualify for free or reduced price meals, they may also be able to get free or low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, *unless you tell us not to*. Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send it with your Income Eligibility Form to [address] by [date]. (Sending in this form will not change whether your children get free or reduced price meals.)

- No! I DO NOT want information from my CACFP Meal Benefit Income Eligibility Form shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____

Today's Date: _____

Print Your Name: _____

Address: _____

For more information, you may call _____ at _____ October 2008
CACFP Meal Benefit Income Eligibility Form Sharing Information with Medicaid/SCHI

A.L.C. Policies

- Two weeks' notice is required when withdrawing your child. If notice is not given, parent will be charged half of the tuition rate for two weeks in lieu of notice.
- If child is withdrawn from A.L.C. for two (2) weeks or less, child may be re-enrolled at the **Annual Renewal Registration Fee** rate. If child is disenrolled for more than two (2) weeks, child must be re-enrolled at the regular **Enrollment Fee** rate. (See # 6 & # 7 above).
- Children must be picked up promptly at 6:30p.m. If you arrive later, you will be required to pay an additional fee, per child of \$1 per minute for the first 15 minutes, \$5 per minute after that time. This payment is to be paid to the person in charge at the time you pick up your child(ren).
- If your child is **present for one or more** days during the week, you will pay full tuition. If your child is **absent for the whole week**, you pay half tuition to reserve the child's spot. **This includes Thanksgiving Break, Winter Break & Spring Break** for Pre-K Extended and School-Aged Children Program.
- A.L.C. offers 3-day tuition, on availability. If the child comes only 2 days out of that week, the parent will still be charged the 3-day rate.

I have completely read and understand the above policies of American Learning Centers. By signing this page, I agree to abide by all the policies stated above. I also agree that I have been given a copy of these policies.

Parent/Guardian Signature _____
Date _____

Child's Name _____

Director/Assistant Director _____
Date _____

Thank you for helping our center comply with state requirements. We look forward to caring for your child!

I have completely read and understand the above policies of American Learning Center. By signing this page, I agree to abide by all the policies stated above. I also agree that I have been given a copy of these policies.

Parent/Guardian Signature _____
Date _____

USDA Nondiscrimination 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, religious creed, disability, age, political beliefs, 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) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

Bright from the Start: Georgia Department of Early Care and Learning

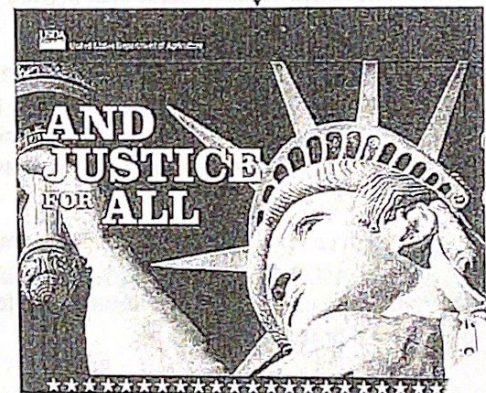
www.decal.ga.gov

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And Justice For All Poster

CACFP institutions participating in or administering USDA programs are required to display the appropriate "And Justice for All" poster in their facilities where it can be viewed by customers. All "And Justice for All" posters must be displayed in a specific size: 11" width x 17" height.

UPDATED



In accordance with Federal law and U.S. Department of Agriculture (USDA) and state regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and marital or marital status for price and other activities. (List of prohibited bases apply to all programs.)

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 responsible State or local agency that administers the program or USDA through the Federal Relay Service at 800-877-8339. Additionally, program information is available in languages other than English.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3025, found only at any USDA office or write a letter and send to USDA and include in the letter all of the information requested in the form. To request a copy of the complaint form, call (800) 845-0493. Submit your completed form or letter to USDA by:

mail
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1492 Independence Avenue, SW
Washington, D.C. 20250-4111

fax
(202) 895-7412; or
email
program.intel@usda.gov
The institution is an equal opportunity provider.

Compliance is a basic business principle of the USDA. The program information is available in Spanish and other languages. For more information, contact the USDA at (800) 877-8339. For more information, contact the USDA at (800) 877-8339. For more information, contact the USDA at (800) 877-8339.

To obtain a copies of the poster, visit www.dec.al.ga.gov
 →Nutrition→CACFP Participant Information→Posters and
 Flyers→ And Justice For All Poster

WIC

A Special Food and Nutrition Education Program For Women, Infants and Children

WHO IS ELIGIBLE?

- A pregnant woman
- A breastfeeding woman
- A woman who has recently been pregnant
- An infant or a child less than 5 years old

SERVICES PROVIDED:

- Nutritious foods
- Nutrition counseling
- Breast feeding support
- Health care referral

TO BE ELIGIBLE, YOU MUST ALSO:

- Have a low or moderate income
AND
- Have a special need that can be helped by WIC foods and nutrition counseling

APPROVED WIC FOODS:

- Milk, cheese, eggs, cereals, peanut butter, fruit or vegetable juices, dry beans or peas, iron fortified formula

YOU DO NOT HAVE TO BE ON PUBLIC ASSISTANCE TO APPLY.

CALL YOUR LOCAL HEALTH DEPARTMENT FOR MORE INFORMATION.

Georgia WIC Program

Georgia WIC
 Georgia Department of Public Health
 2 Peachtree Street, NW
 10th Floor
 Atlanta, GA 30303
 Telephone: 1-800-228-9173
 Website: <http://dph.georgia.gov/WIC>

INCOME ELIGIBILITY GUIDELINES (Effective from July 1, 2019 to June 30, 2020)

Household size	Reduced Meal Income Limits				
	Annually	Monthly	Twice A Month	Every Two Weeks	Weekly
1	23,107	1,926	963	889	445
2	31,284	2,607	1,304	1,204	602
3	39,461	3,289	1,645	1,518	759
4	47,638	3,970	1,985	1,833	917
5	55,815	4,652	2,326	2,147	1,074
6	63,992	5,333	2,667	2,462	1,231
7	72,169	6,015	3,008	2,776	1,388
8	80,346	6,696	3,348	3,091	1,546
For each additional family member add	+ 8,177	+ 682	+ 341	+315	+ 158

INSTRUCTIONS

Households that receive Food Stamps, TANF, FDPIR, SSI or Medicaid: Complete the following:

Part I: For family day care home and child care center, list participant's name and a Food Stamp, TANF, or FDPIR case number. For adult day care, list participant's name and a Food Stamp, TANF, FDPIR, SSI or Medicaid case number.

Note: foster children (children placed in the household by the court system) can be included in this section. A separate form is no longer needed for foster children.

Part II: Skip this part.

Part III: Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

Part IV: Sign the form. A Social Security Number is not necessary.

Part V: Answer this question if you choose to.

All other Households, including WIC households, complete the following:

Part I: For family day care home, child care center or adult day care, list participant's name.

Part II: To report total household income from last month, complete the following:

Column A-Name: List the first and last name of each person living in your household as an economic unit. You must indicate yourself and all children living with you (including foster and non-foster children). In the case of an adult participant, the adult participant, and if residing with the adult participant, the spouse and dependent(s) of the adult participant. Attach another sheet if necessary.

Column B-Gross Income last month and how often it was received: Next to each person's name, list each type of income received last month, and how often it was received.

Box 1: List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

Box 2: List the amount each person got last month from welfare, child support, alimony.

Box 3: List Social Security, pensions, and retirement.

Box 4: List all other income sources including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits IVA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income from self-owned businesses, farming, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C-Check if no income: If the person does not have any income, check the box.

Part III: Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

Part IV: An adult household member must sign the form, and list the last four digits of his/her social security number.

Or, mark the box if he/she does not have one.

Part V: Answer this question if you choose to.

Privacy Act Statement: This explains how we use the information you give us.

The Child and Adult Care Food Program

Income Eligibility Statement Form and Supporting Documents

The United States Department of Agriculture (USDA) issued revised Income Eligibility Statements (IES) and other required forms to all state agencies to disseminate to institutions participating in the Child and Adult Care Food Program (CACFP). The newly revised IES package includes the following: IES form and instructions, reduced income guidelines template with privacy and non-discrimination statement, Sharing Information with Medicaid/SCHIP letter, sample house-hold letters based on program type, and template letters to use when verifying income and reporting the results of the verification.

The revised IES package and supporting documents is available at <http://www.decal.ga.gov/BftS/FormList.aspx?cat=CACFP>.

Frequently Asked Questions

Q. What information do I issue to parents?

A. Institutions and facilities should issue the IES form, reduced income guidelines with the privacy and non-discrimination statement, appropriate household letter, and the Sharing Information with Medicaid/SCHIP letter to parents/guardians of children/adults participating in the CACFP.

Q. Can centers/day care homes require parents/guardians to complete the IES form as part of the enrollment package?

A. Centers/day care homes can **request** that parents/guardians complete the form as part of the enrollment process, but centers should **not require** parents/guardians to complete the form nor should they have policies/practices in place that negatively impacts the prospective/current participant's enrollment if the parent declines or fails to complete or submit the form. This action would be in violation of the Program.

Q. Why is it necessary to issue the Sharing Information with Medicaid/SCHIP letter to parents?

A. Parents/guardians that do not wish to have their information shared with either Medicaid or SCHIP must complete the form and return to facility. Otherwise and when requested by Bright from the Start or the United States Department of Agriculture (USDA), parent/guardian information will be shared with Medicaid/SCHIP.

Q. Is it necessary to have three official's signatures on the new IES form-especially when the center is an independent center with only one staff person managing the CACFP?

A. No. Only one signature is required for Independent centers with only one staff person responsible for managing the CACFP. However, institutions with more than one person managing the CACFP, and center and administrative sponsors are required to have a minimum of two signatures: determining official and confirming official.

Q. What is the purpose of having a determining and confirming official signature?

A. The confirming official will review the form and ensure accuracy and completeness. IES forms are considered current and valid until the last day of the month in which the form was dated on year earlier. The date to be used to make this determination is the date in which the sponsor or institution official signs the IES form to certify eligibility of the participant.

Q. How long is the IES form considered current and valid?

A. IES forms are considered current and valid until the last day of the month in which the form was dated one year previously. The date used to make this determination is the date in which the sponsor/ independent center official or parent/guardian signs the IES form. CACFP institutions and SFSP sponsors must decide which date they will use as the effective date and apply this date to all income eligibility forms submitted on behalf of all participants. CACFP institutions and SFSP sponsors are required to complete the **Income Eligibility - Effective Date Option Form**. In addition, institutions must indicate the options chosen in Section VIII. Recordkeeping (Item #2) of their Management Plan.

This means that sponsor and independent center officials should not request parent/guardians to complete IES forms at a specific frequency (e.g. start of each school year, every June, etc.). Request made by the sponsor or independent center official for IES form completion should be based solely on the expiration date of the IES forms.

Q. Do I send a report to Bright from the Start listing parent/guardians that want their information shared with Medicaid/SCHIP?

A. No. When instructed by USDA, Bright from the Start will request and collect data from institutions.

Q. Can this form be used for children in childcare facilities and adults in adult daycare facilities?

A. Yes.

Q. Can siblings be listed on one form?

A. Yes. Siblings from the same household can be listed on one form as long as there is space available.

Q. When do I verify parent/guardian income?

A. At the request of the United States Department of Agriculture (USDA), Bright from the Start, or any of its agents.

Q. Where can I get copies of the IES form and supporting documents?

A. Access Bright from the Start's webpage at <http://www.decal.ga.gov/BftS/FormList.aspx?cat=CACFP>

Q. Can I still participate in the CACFP if parents do not complete the IES form or do not return the form to my center?

A. Yes. However, children that do not have IES forms on file must be placed in the "paid" category on the roster, which will effect monthly reimbursement. Centers that are using the IES form to capture annual enrollment information will be required to use an alternate enrollment form that captures at a minimum the name of the child, normal hours and days of care and meals the child usually receives while in attendance.

Q. What if the form is completed by the parent but is not signed and dated by the sponsor or independent official. Is the form valid?

A. The form would neither be current nor valid for free or reduced price meals since the signature and date of the sponsor or independent official is the certification of the eligibility of the participant.

Q. Are households required to report changes in circumstances?

A. No, Public Law 108-265 modified the requirements related to reporting changes in income during the period of eligibility covered by the application. Households are not required to report changes in circumstances, such as increase in income, a decrease in household size, or when the household is no longer certified eligible for benefits through Supplemental Nutrition Assistance Programs (SNAP) or Temporary Assistance for Needy Families (TANF).

Q. Are temporary approvals (45 days) still required when no income is reported?

A. No. Temporary approvals previously provided for short term assistance, such as when a household experienced a temporary income reduction or when no income was reported have been eliminated, are no longer required. Now, year-long eligibility includes households that report no income on their IES forms.

Q. Can parents list some but not all of the household income received?

A. No, the IES form requests all the household income including the frequency. By signing the IES form the parent/guardian certifies that all the information on the form is true and that all income is reported and that they understand that the center or day care home will receive Federal funds based on the information listed by the parent/guardian.

SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children qualify for free or reduced price meals, they may also be able to get free or low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, *unless you tell us not to*. Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send it with your Income Eligibility Form to [address] by [date]. (Sending in this form will not change whether your children get free or reduced price meals.)

- No! I DO NOT want information from my CACFP Meal Benefit Income Eligibility Form shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____

Today's Date: _____

Print Your Name: _____

Address: _____

For more information, you may call _____ at _____ October 2008
CACFP Meal Benefit Income Eligibility Form Sharing Information with Medicaid/SCHI



American Learning Centers

Parents' Policies 2021

American Learning Centers
5598 Singleton Road, Norcross, GA 30093
Phone: 770-925-3181 Fax: 770-925-3183



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AMERICAN LEARNING CENTERS' MISSION STATEMENT

American Learning Centers' mission is to offer a quality program where all children are in a safe environment, receive loving guidance and respect, and have an opportunity to experience fun learning activities, whether they are here all day or when they are not in school and their parents are at work.

GENERAL INFORMATION

American Learning Centers is an equal opportunity provider. We accept applications for admission and employment without regard to race, religion, gender, national origin, color, creed, physical or mental disability or any other protected status. We are proud to offer quality care to a neighborhood rich in ethnic and cultural diversity. No smoking is allowed in the center or on the property. No weapons are allowed in the center or on the property.

American Learning Centers serves children ages six (6) weeks to twelve (12) years of age. A.L.C. follows the Gwinnett County School Calendar unless otherwise specified. The hours of operation of the center are from 6:30 am to 6:30 pm - Monday through Friday, with the exception of: New Year's Day, Memorial Day, Independence Day, Labor Day, the day of and after Thanksgiving, Christmas Eve, Christmas Day and certain other days specified by American Learning Centers when appropriate. (A.L.C. reserves the discretion of whether to open the daycare in case of severe weather). If a holiday falls on Saturday, it will be observed on the preceding Friday; if it falls on Sunday, it will be observed on the preceding Monday. **No discount on tuition will be made for Holidays or other days during which facility does not operate.**

Please check the Fox 5 Atlanta News - School and Childcare Closing System – if there is a question as to whether A.L.C. will be open during severe weather.

Parents are responsible for updating their child/children's records. All files must have current phone numbers, work location, emergency contacts, child's doctor etc. A form will be provided at the front desk to make any necessary changes.

All children must be escorted to and from the building by the parent(s), person authorized by parent, or facility personnel. All children must be signed in at the front desk and then escorted to their appropriate rooms. All children must be signed out at the front desk at the end of the day. If someone else will be picking your child up, please see someone at the front desk. Your child will not be released without proper paperwork. No person under the age of 18 is allowed to pick up your child.

Children must be picked up by 6:30pm.

If we are not dropping off or picking up your child from public school, please let us know in advance. This is very important for child's safety and security. If a parent does not inform A.L.C. that their child will not need to be picked up on a certain day and our bus driver has to wait while the school looks for the child, parents will be charged a fee of \$5.00.

In the interest of providing proper care to all the children in the class, please go through the front office, if you need to discuss anything with your child's teacher. The office will make arrangements to minimize the disruption to other children in the class.

If you have a parent **NOT ALLOWED** to pick up your child, please provide proper documentation (such as Legal Custodial Documents).

TUITION POLICIES

1. Tuition is due on Fridays prior to the week of service. A late fee of \$30 will be charged to your account if tuition payment is not made by close of business Monday.
2. If your child is present for one or more days during the week, you pay full tuition. If your child is absent for the whole week, you pay half tuition to reserve the child's spot. **This includes Thanksgiving Break, Winter Break & Spring Break for Pre-K Extended and School Age Children Programs.**
3. For extended care and after school children, \$25 is added to the regular tuition for any one (1) holiday that the child attends. (Tuition charges not to exceed full week rate for multiple days.) For early release days a charge of \$15 for one (1) days or a special rate of \$25 for two (2) days is added if child attends.
4. Payment must be paid by cash, credit card, debit card, or money order.
5. Tuition and fees are subject to change without notice.
6. There is a non-refundable enrollment fee of \$65 per child (\$100 per family of 2) (\$125 per family of 3 or more).
7. The annual renewal registration fee is \$50 per child (\$75 per family of 2) (\$100 per family of 3 or more) and is due at the beginning of school year.
8. All fees are non-refundable. Never send money with the child. Always obtain a receipt for safety and accuracy.
9. For three/four year old children, who are not potty trained, an additional \$5 will be charged.
10. Late Pick-up Fee – The children must be picked up promptly at 6:30pm. If you arrive later, you will be required to pay an additional fee of \$1 per minute for the first 15 minutes \$5 per minute after that time. This payment is to be made to the person in charge at the time you pick up your child.
11. Sibling Discount - 10% off oldest child's tuition
12. If your outstanding balance is more than one (1) week's tuition, you may be subject to collection proceedings and/or your child(ren) may be disenrolled.
13. After one (1) year of consecutive enrollment of daycare, parents are eligible for ½ week of childcare for free. **EXCEPTION:** Before & After Care which can be divided between school sessions. One calendar year session (excluding breaks) plus number of months in next calendar school year session to equal one (1) year.

14. Two (2) week notice is required when withdrawing your child. If notice is not given, parent will be charged half of the tuition rate for two weeks in lieu of notice.
15. If child is withdrawn from A.L.C. for two (2) weeks or less, child may be re-enrolled at the **Annual Renewal Registration Fee** rate. If child is disenrolled for more than two (2) weeks, child must be re-enrolled at the regular **Enrollment Fee** rate. (See # 6 & # 7 above).

Initial _____

CLASSROOM TRANSITIONS

Children in the toddlers, twos/young threes, and 3s & 4s programs will be able to transition to the next class in August regardless of when their birthday falls due to ratios. In August when Pre-K classes begin all children that have had a birthday and are ready for the next classroom will be transitioned at this time. (Example: A young three child, that had a birthday in May, would now able to move to the 3s & 4s classroom as the children in the 3s & 4s that are old enough for Pre-K have now moved on to Pre-K.) Parents whose children are in transition will only have to pay the tuition rate according to the age of their child and not the classroom they are in.

NUTRITION

Free, nutritious Breakfast, Lunch and Snacks are provided daily to all children. After school children are provided free breakfast and snacks. Please do not send sweets (including candy) or any other food with your child. Chewing gum is not allowed in the center. On birthdays, your child is welcome to bring a cake or cupcakes, but no balloons or candles. Please inform the Front Office prior to the event.

If your child requires a modified diet for medical reasons, a written statement from a medical authority must be on file. When a child's diet must be modified for religious reasons, a written statement to that effect from the child's parents must be on file. Only food that complies with the prescribed dietary regiment but still meets the food and nutrition requirements shall be served to the child. If your child is allergic to any foods, the center must be notified and a copy will be posted in the kitchen and in the child's room. Please watch the posted menus for foods your child may be allergic to. Please discuss any special dietary requirements with our Director.

INFANT CARE

For the health and safety of all our infants, we ask that only parents of infants and the staff of American Learning Centers enter the infant rooms. Please do not allow siblings into the room. American Learning Centers is on the Federal Food Program and is able to offer up to 3 bottles of ready-made formula per day (Similac Advanced) plus infant cereals with parents consent forms and a current written infant feeding plan filled out. Parents are responsible for bringing in the clean empty bottles with nipples and cap all labeled daily if you choose to be a part of the food program here a A.L.C. In addition any additional formula needed per day will need to be supplied by parents. Parents of infants not using the formula supplied by A.L.C. are responsible for supplying pre-mixed formula,

commercial baby food, and a current, accurate written feeding plan. Parents must provide American Learning Centers with enough prepared bottles to last the entire day. We are not allowed by regulatory authorities to mix or prepare formula for bottles. All baby bottles must be plastic with a lid. All bottles must be labeled with the child's first and last name and the date. All bottles must have covers for nipples. All bottles and opened jars food must be taken home daily. Parents are responsible for providing diapers, wipes and changes of clothing.

Initial _____

DISCIPLINE PROCEDURES

The American Learning Centers staff follows a positive discipline policy, which encourages healthy development of a child's self-esteem. In any cases where positive motivation and attention redirection fail, the following procedure will be followed:

1. Verbal Warning
2. Removal from activity
3. Individual counseling/ Redirection
4. Child sent to front desk and parents notified immediately
5. Parent/ Teacher/Director conference
6. Suspension.
7. Removal from program

All children are expected to follow the rules established by American Learning Centers. We reserve the right to dismiss your child from our program if the above measures fail.

TRANSPORTATION

American Learning Centers will provide transportation to and from public school and on planned field trips. (**School Age Children ONLY**). Parents must sign a permission slip for every field trip. A school transportation form must be signed at the beginning of every school year. (We do not pick up from home to transport children to our center).

EVACUATION PLAN

In the event of severe weather, fire, or physical plant problems, children will be evacuated from the building and parents will be notified immediately. Emergency plans are located in every room and at the front desk. If you have any questions regarding these plans, please see the Director or Assistant Director. Fire and tornado drills will be held on a regular basis. In the case of an emergency, please do not attempt to contact the center as all staff will be devoting their time to caring for the children and phone lines must be kept open.

APPROPRIATE CLOTHING FOR SCHOOL

American Learning Centers is not to be held responsible for the lost or damage to any jewelry that your child may wear to the center.

Children should be dressed in weather-appropriate play clothes for attendance at the Center. Expensive clothes will only be damaged by the play activities of the child's school day. The Center cannot be responsible for tears or stains to clothing that occur in the course of normal play. **A change of clothing is required to be here for your child should it be needed** (play clothes, preferably 2 sets of clothes). When your child dresses in play clothes, he or she feels free to participate in all activities without restriction. On any given day, your child might play with paints, clay, sand, water; go to the playground; or make a vegetable or fruit salad. These and other activities are designed to enhance your child's intellectual, motor and social skills. We do not worry (nor should you or your child) about a bit of paint or a dirt stain on clothing. It simply means that your child has had fun and interesting learning experiences. Open-toed shoes, flip-flops or sandals are not allowed as our playground is covered with woodchips and splinters in the foot area can occur. The children are NOT to wear jewelry as it poses a choke hazard for the children. Please help ensure a good day by dressing your child for play!

Concerning – Game Boys, I Pods, mp3 players and other electronics your child may bring in to the center - American Learning Centers will not be held responsible for the loss or damage of any toys or devices. (All toys/ devices need to be left at home unless the class is having a show & tell).

Initial _____

FIRST AID AND EMERGENCY MEDICAL PLAN

The safety of your child is the foremost concern for staff at American Learning Centers. The facility receives frequent inspections and is regularly maintained to prevent potential safety hazards. A trained member of the staff, which is fully certified to administer CPR and First Aid, will provide care for minor injuries. If we feel your child has received a serious injury or illness, the following emergency plan will be followed:

1. Contact Parents
2. Contact Emergency Contact if parent cannot be reached
3. Call local Emergency Medical Service (EMS)
4. Transport to nearest hospital by (EMS)

The emergency medical facility used by American Learning Centers is Gwinnett Medical Center, Lawrenceville, GA (Phone No. 678-442-4321). Parents are financially responsible if medical attention is necessary.

MEDICATION POLICY

The administration of medicine is not mandatory by Bright From The Start, but is given as a service to parents.

As we choose to provide this service we must adhere to the rules of Bright From The Start Chapter, 591-1-1 for Child Care Learning Centers. All medication and medicine forms must

clearly indicate the following: All medication must be in the original container clearly indicating the child's name, physician's name, prescribed dose, and current date. Only prescription medications will be given unless the parent provides a note from the doctor to dispense over the counter medications.

Medication will be dispensed no more than two times per day. Scheduled times are 11 AM and/or 3 PM.

(For school aged children, the medication schedule will be discussed separately). We cannot accept medications to be given "as needed" without a note from the child's physician. Medicines that need to be given only 2 times a day will need to be given at home. Medication will only be administered upon completion of the BFTS Medical Authorization Form, which needs to be filled out every 2 weeks. These forms must include the child's name, medication, dosage, prescription number, and date and time to administer medicine. Any ongoing medication requires a physician's authorization every four weeks. All above medication requirements apply to **nebulizer** treatments. We will take every precaution to protect the nebulizer machine but we will not be held liable for broken equipment.

Initial _____

ILLNESS/COMMUNICABLE DISEASES

By the rules of Bright From The Start, Chapter 591-1-1 for Child Learning Centers we must adhere to the Department of Human Resources Communicable Disease Chart requirement for when the child may return to the center. If your child has symptoms of illness but your physician has determined the child does not have the illness then we require a physician's written notification that the child is healthy and my return to the center. If your child appears ill, has had a fever above 100.1 degree F within the past 24 hours, is vomiting, has diarrhea, is unable to participate in indoor/outdoor activities, or shows evidence of any communicable disease, please make arrangements for alternative care. If such symptoms are present in your child while at American Learning Centers, you will be asked to pick him/her up immediately. If child is not picked up in a reasonable amount of time, they will be restricted from the center on the following day*. (* If this should fall on a Friday, the child will be restricted from the center on the following Monday.) Any cases or suspected cases of communicable disease shall be reported to the local county health department and to parents.

A.L.C. POLICIES ARE SUBJECT TO CHANGE AND ALL PARENTS WILL BE GIVEN AN ADDENDUM AT SUCH TIME.