



Welcome to our Center!

We are pleased that you are enrolling your child(ren) into Providence Family Support Center's Early Childhood and/or School Aged Program. We hope to create a partnership with families to promote the development and growth of each child. Our Early Childhood and School Aged Programs are designated by Keystone Stars. **Keystone STARS** is an initiative of the Office of Child Development and Early Learning (OCDEL) to improve, support, and recognize the continuous quality improvement efforts of early learning programs in Pennsylvania. Keystone Stars is a state program that receives public funding.

Our center also offers a host of programs outside of our Early Childhood and School Aged Programs. Please read below to learn about PFSC's other services and programs.

We are committed to families! For those families who would like more intensive, one-on-one support, PFSC employs two family development specialists to implement our free in-home visiting and parenting program. Our specialists have completed the Family Development Credential Training Program and have met all PA state requirements. They visit regularly with families who have children under age 6, providing parent support, problem-solving and age-appropriate activities for children.

We are educationally focused! There are many adult educational opportunities designed to empower and strengthen adults in their role as parents, nurturers, and providers. Adult classes are held in six-week sessions to help parents improve their own lives and/or become better parents. Adult classes aimed at enhancing skills in areas such as computer proficiency, driver's education, parenting, budgeting, anger management, and self-improvement are conducted throughout the year.

We are family focused! PFSC offers family programs designed to bring families together. PFSC also strongly promotes family unity which helps families grow to their full potential. Special family events are scheduled on a weekly and/or monthly basis.

More information on programs offered is available in our monthly newsletter

Please see attached sheet for other public, social and community resources.

Public, Social and Community Resource Directory:

PA 2-1-1 Southwest

Pennsylvania 2-1-1 Southwest, the free human service hotline operated by United Way, is professionally staffed 24/7 in Allegheny, Armstrong, Butler, Fayette and Westmoreland counties.

Call 211 (or 888-553-5778) for help with human services and community resources.

Greater Pittsburgh Community Food Bank

For emergency food, please call Hunger Services Network of the Urban League of Pittsburgh at (412) 325-0749 to be referred to a food pantry in your neighborhood.

ELRC/Child Care Works (CCW)

Child Care Works (CCW) is a state and federally funded program provided through the local Early Learning Resource Center (ELRC). Every family who calls for childcare referrals or subsidy guidelines is given information about this program.

Call: 412-350-3577

Early Intervention Services

If you are concerned about your child's development or would like to know more about Early Intervention services, contact the Alliance for Infants and Toddlers at 412-885-6000 or visit their web page at www.afit.org. For 3 – 5 year olds, contact the Early Intervention office in Pittsburgh Public Schools at 412-885-6000 or the local ELRC Office: 412-350-3577

Pennsylvania Dept of Human Services/ Allegheny County Assistance Office

<http://www.dhs.pa.gov>

The mission of DHS is to promote, improve and sustain the quality of family life; break the cycle of dependency; promote respect for employees; protect and serve Pennsylvania's most vulnerable citizens; and manage our resources effectively. Residents of Pennsylvania can seek assistance and a range of services for themselves and their families from professionally trained staff members at county assistance offices.

301 5th Avenue, Suite 470

Pittsburgh, PA 15222

(412) 565-2146; (412) 562-0330 (LIHEAP); (412) 565-3660 (FAX)1 (800) 851-3838

Office of Children, Youth and Families

Mandated by law to protect children from abuse and neglect. Provides a wide range of preventive, protection, and supportive services to work with children and families, with emphasis on family preservation. Provides direct services through caseworkers, case aides, and a network of contracted agencies.

Child Protection/Intake - 412-473-2000

400 N. Lexington Street, Point Breeze

(open 24 hours a day, 7 days a week)

Utility Assistance Programs

LIHEAP Cash

412-562-0330 or 1-866-857-7095

Does not require that you have past-due bills

LIHEAP Crisis

412-770-3677 or 412-770-3678

You must be at risk of a heating crisis such as, utility service to your home being turned off and locked, no fuel, broken heating equipment

If you require additional resources please contact Leslie White, Director at 412-766-6730 x 207 or Kelly Cropper Hall, Manager of Educational Quality and Innovation at x 213



Dear New Providence Family,

Before beginning childcare at Providence Family Support Center (PFSC) there are a few things that you need to know:

1. A \$50.00 registration fee is required to receive our enrollment packet.
2. All enrollment paperwork (except for the Child Health Appraisal – which is due within 30 days of enrollment) must be returned before the child begins.
3. Tuition or co-payments are due on the first service day of each week. Payments can also be made in advance.
4. PFSC accepts cash, checks, money orders, debit, and credit cards. Card payments are processed through *Brightwheel*, our billing and communication software.
5. All children must arrive by 9:00 a.m. each morning. Our final lunch count and staffing arrangements are determined at 9:00 a.m. daily. Late arrivals must arrive with a doctor's excuse.
6. The Center closes at 4:30 p.m. Please be sure that your child is picked up by closing time. Our late pick-up fee is \$1.00/minute.

We look forward to providing care for your child/ren. Please call me at 412-766-6730, ext. 207 or Kelly Cropper Hall, Manager of Educational Quality and Innovation, at ext. 213, with any questions.

Sincerely,

Leslie White
Director of Early Childhood & Youth Programs

EMERGENCY CONTACT PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182, 3280.124(a)(b), 3280.181 & 182, 3290.124(a)(b), 3290.181 & 182

CHILD'S NAME		BIRTH DATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTIONS)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE



PROVIDENCE FAMILY SUPPORT CENTER
EARLY CHILDHOOD AND SCHOOL AGE PROGRAMS
Registration Form

Child's Information:

Name: _____
Date of Birth: _____ Age: _____
Number of Days Attending: _____ Days of the Week Attending: M T W H F
Funding Type: CCW Head Start Private Pay Tuition CYF PreK Counts

Parent/Guardian Information:

Parent/Guardian #1 Name: _____ Phone Number: _____
Address: _____

Parent/Guardian #2 Name: _____ Phone Number: _____
Address: _____

Other Information:

Anticipated Start Date: _____
How did you hear about Providence? _____
Are you interested in being contacted to receive Family Support Services? Yes / No



Release Form for Media Recording

I hereby consent that Providence Connections or assignees be authorized to take and/or use any photographs, slides, films, or digital recordings of my child now/or at a later time for public relations or agency promotions. I hereby release them from any and all liability, now and in the future, as a result of use of this material.

Child's Name: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Director: _____

Date: _____



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CHILD HEALTH FORM REMINDERS

1. If you use the health form that is provided by Providence, all information that DHS requires will be on file - if you use the doctor's office health form, it is possible that you will have to retrieve additional information that DHS requires.
2. Children under 2 years are required to update their health form every 6 months. Children 2 and over are required to update their form annually.
3. DHS requires all children in regulated childcare programs to be up to date on their immunizations (including a flu vaccine).
 - Exemption from immunization for religious belief or strong personal objection** must be documented by a written, signed, and dated statement from the child's parent or guardian and shall be kept in the child's record (flu shot included).
 - Exemption from immunization for reasons of medical need** must be documented by a written, signed, and dated statement from the child's physician, physician's assistant or CRNP and shall be kept in the child's record.
4. Health forms that are overdue may cause interruption in your child's services.

Thank you in advance for your cooperation.

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.



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Getting To Know You Questionnaire

Dear Family,

We look forward to developing a partnership with your family in our program. You provided us with a lot of important medical and contact information during enrollment. We'd like to ask you a few more questions that will allow us to get to know your child and you a little better. Our goal is to do the best job we can do, welcoming your family into our program and creating a comfortable environment for your child. Would you kindly take a few minutes to complete this questionnaire?

Thank you.

Name of Child: _____ Child's Age: _____

1. Does your child have a nickname? Please provide it if you'd like us to use it.
2. In what language do you and your child communicate at home?
3. Is there information about your family composition or household members that you would like to share?
4. What are some of your child's favorite things?
5. Are there cultural or religious holidays that your family observes that you would like to share with the program?

6. What are your child's toileting and napping behaviors?

7. Does your child have any special needs? Allergies?

8. What are your child's favorite foods?

9. Is there anything else you can share with us about your child that will help us ease the transition for your child?

10. Is there anything else you would like to share about your child, you, or your family?



CHILD'S NAME: _____

BIRTHDATE: _____

Home School District: _____

What school will your child attend for kindergarten? _____

Is your child fully potty trained? _____

Date child was potty trained? _____

Do you have ELRC funding? YES or NO

If you have ELRC funding our hours of operation are 7:00 am to 4:30 pm.

If you do not have ELRC funding, the Head Start and Pre-K Counts program hours are 8:00 am to 3:00 pm. There is an additional charge of \$1.00 per minute for time before or after the scheduled program hours.

If interested in applying for ELRC funding the number is 412-350-3577.

Has your child attended childcare in the past? _____

Did your child have trouble with separation? _____

Does your child have any:

- Health issues: _____
- Behavior issues: _____
- Does your child receive or has received in the past, Early Intervention services? _____
- Early Intervention services? _____
- Allergies: _____
- If yes to allergies, is the child on medication: _____

Parent signature: _____

Date: _____



Referral for Services Policy

Providence Family Support Center's Early Childhood Education Program consists of curriculum-based classes that provide care and instruction to children ages 6 weeks to 5 years. The program operates seven, separate infant, toddler, and preschool classrooms, each of which is staffed by a teacher/lead and assistant teachers. The program is licensed by the Department of Human Services, and we participate in Keystone STARS, an initiative of the Office of Child Development and Early Learning to improve, support and recognize the efforts of early learning programs in Pennsylvania. Providence is a STAR 4 facility.

Our program objectives are:

Beginning at 12 months of age, if our program objectives cannot be achieved due to a child's development or if the child is exhibiting unsafe physical or verbal behaviors, PFSC reserves the right to make a referral recommendation to the family to access supportive services such as assessment/evaluation and/or interventions that will aid the child.

PFSC will work with and support the parents and professionals if parents actively follow recommendations. If the developmental and/or behavior challenges are severe, and if we feel that the child has not made any progress, we reserve the right, after professional observation, to recommend another appropriate school environment that would benefit the child. We may not be equipped to meet the unique needs of every child but want every child to succeed.

Please sign below stating that you have read and understand the policy.

Parent/Guardian

Date

Director of Early Childhood & Youth Programs

Date



This child care receives
Federal cash assistance to
serve healthy meals to your children.
Good nutrition today means
a stronger tomorrow!

Meals served here must meet
nutrition requirements established by USDA's
Child and Adult Care Food Program
Questions? Concerns?
Call USDA toll free: 1-866-USDA CND
(1-866-873-2263)

Visit USDA's website: www.fns.usda.gov/cnd

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that

CACFP Meal Benefit Income Eligibility (Child Care)

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

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
Children in Foster care and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	Check all that apply										
			Foster Child	Migrant	Runaway	Homeless	Head Start						
			<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"/>	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPI?

IF NO -> Go to STEP 3 IF YES -> Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Children listed in STEP 1 here.

Child Income \$

How often?
Weekly Bi-Weekly Monthly 2x-Monthly

B. All Household Members (Including Yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they are receiving income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Household Members (First and last)	Earnings from Work	How often?				Welfare/Child Support/Alimony	How often?				Pensions/Retirement/ Social Security/SSI/ VA Benefits	How often?			
		Weekly	Bi-Weekly	Monthly	2x-Month		Weekly	Bi-Weekly	Monthly	2x-Month		Weekly	Bi-Weekly	Monthly	2x-Month
	\$	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	\$	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	\$	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member

Check if no SSN

STEP 4 Contact information and adult signature. This form is not valid without signature and date of adult household member

"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."

Print Name of Adult Signing the Form

Signature of Adult

Today's Date

Address

City

State

Zip

Phone/Email

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none"> A child 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"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money
Income from any other source	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Workers' compensation (farm or business) Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

OPTIONAL Children's Ethnic and Racial Identities (Optional)

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

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

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

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 child care 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 Supplemental Nutrition Assistance Program (SNAP), 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 child care 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 U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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

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

This institution is an equal opportunity provider.

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

For Official CACFP Sponsor Use Only NOT VALID WITHOUT DETERMINING OFFICIAL'S SIGNATURE AND DATE

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income How often? Weekly Bi-Weekly Monthly 2x Month

Household size Eligibility Free Reduced Denied

Categorial Eligibility

Determining Official's Signature Date Confirming Official's Signature (second check) Date

Follow-up Official's Signature (For Pricing Institutions - Verification Official) Date

Effective Date: If the Institution is using the parent/guardian signature date as the effective date, the form must have been signed by the Institution representative within the same month the parent signed the form or the immediately following month.

**Child and Adult Care Food Program
Child Enrollment Form**

**Sponsor/Center Name: PROVIDENCE CONNECTIONS
Agreement Number: 300-02-809-0**

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and entered the effective date in lower right hand section.

PARENTS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same.

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK								MEALS RECEIVED	
		TIME-IN			TIME OUT			TIME CHILD ATTENDS SCHOOL			
		AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER		
FIRST CHILD	<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY										
NAME		<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours								<input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK	
BIRTH DATE		Other:									
AGE		Enrollment Date:				Withdrawal Date:					

Signature

Signature of Parent or Guardian

Date

Telephone Number of Parent or Guardian

CHILD CARE REPRESENTATIVE USE ONLY:

Name of Representative/Signature

Date

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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

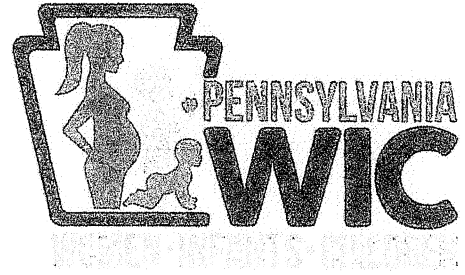
To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.

The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
 U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410; or
2. **fax:**
 (833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

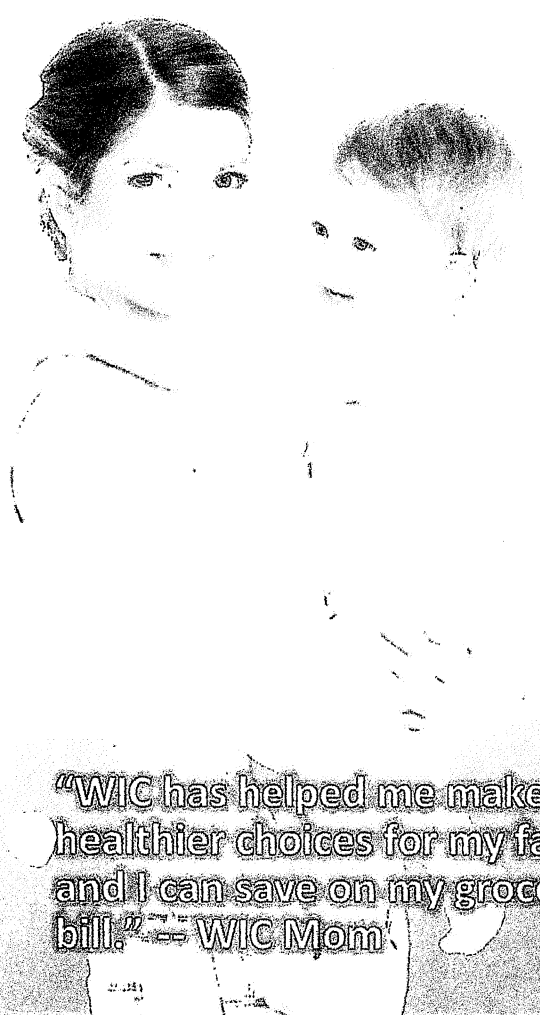
This institution is an equal opportunity provider.

Choose WIC!



WIC provides free nutrition information, healthy foods, breastfeeding support and referrals to eligible pregnant and postpartum women, infants and children under age 5.

Get started online at **PAWIC.COM** or call:
1-800-WIC-WINS
(1-800-942-9467)



Even if you receive SNAP, MA or TANF, you may also apply for WIC.

Foster children under age 5 qualify for WIC.

WIC helps working families and the unemployed.

Pregnant?
 No need to wait.
 Apply now!

"WIC has helped me make healthier choices for my family, and I can save on my grocery bill." -- WIC Mom



HD0512P Rev. 7/22

WIC Income Guidelines

HOUSEHOLD SIZE	*MONTHLY INCOME (Approx.)
1	\$2,096
2	\$2,823
3	\$3,551
4	\$4,279

For each additional family member, add \$728.
 *Income (before taxes) effective July 1, 2022. For each unborn infant, add one to household size.
WIC does not require proof of citizenship.

PA WIC is funded by the USDA.
 This institution is an equal opportunity provider.

How does CACFP work?

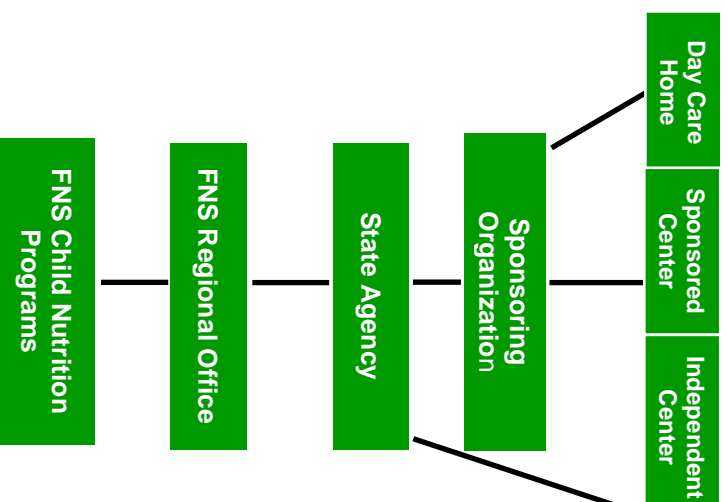
Day care homes and centers receive money for serving nutritious meals. The Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture (USDA) oversees CACFP.

States approve sponsors and centers to operate the program. States also monitor and provide training and guidance to make sure CACFP runs right.

Sponsoring organizations support day care homes and centers with training and monitoring. All day care homes participate in CACFP through a sponsor.



CACFP Partners



Contacts

Here is space for the State agency and sponsoring organization to add contact information.



FNS-319
October 2019
USDA is an equal
opportunity provider,
employer and lender.

Building for The Future



In the Child and Adult Care Food Program (CACFP)

Building for the Future in the CACFP

What is CACFP?

CACFP is the Child and Adult Care Food Program. It is a Federal program that pays for healthy meals and snacks for children and adults in day care.

CACFP improves the quality of day care. It makes the cost of day care cheaper for many low-income families.

Besides providing meals in day care, CACFP makes afterschool programs more appealing to at-risk children and youth. Serving afterschool meals and snacks attracts students to learning activities that are safe and fun.

Children and youth who are homeless can also receive meals at shelters that participate in CACFP.

Who is eligible for CACFP meals?

- Children under age 13,
- Migrant children under age 16,
- Children and youth under age 19 in afterschool programs in low-income areas,
- Children and youth under age 19 who live in homeless shelters, and
- Adults who are impaired or over age 60 and enrolled in adult day care

What kinds of meals are served?

CACFP meals follow USDA nutrition standards.

- Breakfast consists of milk, fruits or vegetables, and grains.
- Lunch and Supper require milk, grains, meat or other proteins, fruits, and vegetables.
- Snacks include two different servings from the five components: milk, fruits, vegetables, grains, or meat or other proteins.

Where are CACFP meals served?

Many types of facilities participate in CACFP.

Child Care Centers:

Licensed child care centers and Head Start programs provide day care with meals and snacks to large numbers of children.

Outside-School-Hours Care Centers:

Licensed centers offer before or afterschool care with meals and snacks to large numbers of school-aged children.

Family Day Care Homes:

Licensed providers offer family child care with free meals and snacks to small groups of children in private homes.

“At-Risk” Afterschool Care Programs:

Centers in low-income areas provide learning activities with free meals and snacks to school-age children and youth.

Emergency Shelters:

Homeless, domestic violence, and runaway youth shelters provide places to live with free meals for children and youth.

Adult Day Care Centers:

Licensed centers provide day care with meals and snacks to enrolled adults.

Here is space for the State agency and sponsoring organization to add contact information.

CACFP Meal Benefit Income Eligibility Form
Letter to Parents (Non-Pricing Centers)
July 1, 2021-June 30, 2022

Dear Parent or Guardian:

Providence Connections offers healthy meals and snacks to children as part of the Child and Adult Care Food Program (CACFP). Providence Connections receives support from CACFP to serve those meals. CACFP gives more support if your household income is less than or equal to the limits on this chart:

Federal Income Standards for Reduced-Price Meals for July 1, 2023 - June 30, 2024		
Household size	Yearly Income	Monthly Income
1	\$26,973	\$2,248
2	\$36,482	\$3,041
3	\$45,991	\$3,833
4	\$55,500	\$4,625
5	\$65,009	\$5,418

Please fill out a *CACFP Meal Benefit Income Eligibility* form. It will help us find out how much support **Providence Connections** receives. Please be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms. Please send the completed form to:

Janie Janosco, Administrative Assistant, 3113 Brighton Road, Pittsburgh, PA 15212. Phone number 412-766-6730. Email: jjanosco@providenceconnections.org.

Thank you for taking the time to fill out the form. We hope your child enjoys CACFP meals!

In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, gender, sexual orientation, disability, reprisal or retaliation for prior civil rights activity. Discrimination complaint forms can be obtained at: <https://www.usda.gov>. If you have questions or need help, please contact **Janie Janosco** or **Kelly Cropper Hall** at the above listed phone number or email address: jjanosco@providenceconnections.org, or khall@providenceconnections.org

Sincerely,

Kelly Cropper Hall
Manager of Education & Innovation

This institution is an equal opportunity provider

CACFP Meal Benefit Income Eligibility Form Instructions

July 1, 2023-June 30, 2024

The Child and Adult Care Food Program (CACFP) makes good food a regular part of your child's day care! Please fill out the *CACFP Meal Benefit Income Eligibility* form. It helps us find out if your household qualifies for free or reduced-price meals. This lets us know how much money CACFP will give to support your day care home or center.

Instructions

Here are instructions to help you fill out the form. Before you begin, turn the form over to learn why we ask for this information. It tells you how we use the information and what rights you have. It also tells you how to contact USDA if you believe you are treated unfairly.

Please make sure to fill in all of the requested information. Use a pen to mark your answers on one form. When you are finished, please return the form to:

Janie Janosco, Administrative Assistant, 3113 Brighton Road, Pittsburgh, PA 15212.

Step 1:

List all the children from your household in the day care. Use one line for each child's name. Write one letter in each box. Stop if you run out of space. If there are more children, add their names on a second piece of paper.

Do you have any foster children? If you answer *Yes*, mark the *Foster Child* box next to the child's name. If you are only applying for foster children, finish Step 1 and go to Step 4. If you are applying for both foster and non-foster children, go to Step 2.

Are any children migrant, runaway, homeless, or enrolled in Head Start? If *Yes*, mark the correct boxes next to the child's name and go to Step 4.

Step 2:

You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR).

Do any household members, including you, currently receive SNAP, TANF, or FDPIR? If *Yes*, write the case number in the box and go to Step 4. You only need to provide one case number. If *No*, go to Step 3.

Step 3:

Report current income for all household members. Skip this step if you answered *Yes* in Step 2.

How do you report child income? Turn the form over and use the *Source of Income for Children* chart to see if your household has income to report.

This institution is an equal opportunity provider.

Write the amount in the boxes in part A of the form. Mark how often the amount is earned. Write 0 in the box if there is no income to report.

How do you report income of adult household members? Turn the form over and use the *Source of Income for Adults* chart to see if your household has income to report.

In part B, list all the adults in your household, including you, even if each of you doesn't receive income. Include all adults, such as grandparents, other relatives, and friends who live with you and share household income and expenses. Write the amount of income each of you receives, in the boxes next to your names. Mark how often the amount is received. Write 0 in the box if there is no income to report.

Make sure you report the current amount of money you get before taxes. Don't include SNAP, FDPIR, WIC, student financial aid, or money you receive for a foster child as income.

Count the number of all children and adults in your household. Include all infants, children, students, and adults. Write the total number in the box under the list of adult household members.

Do you or another adult household member have a Social Security number? Write the last four digits in the boxes. If there is no Social Security number, mark the *Check if no SSN* box.

Points to Remember:

If:

Your income isn't always the same

Your household includes members who aren't citizens

You are in the military

Then:

List the amount of money that you normally get. For example, don't include overtime pay, if you don't normally get it. If your income is normally higher or lower, you can report annual income instead.

You or your children don't have to be U.S. citizens to qualify for meal benefits.

Don't include your Family Subsistence Supplemental Allowance (FSSA), combat pay, or the money you receive for privatized housing. If deployed, count the amount of pay that is made available to your household as income.

Step 4:

An adult household member must sign this form. The signer promises that all information is true and complete.

Print the name, address, and telephone or email of the adult signer. Sign and write today's date in the marked boxes.

Optional

We ask about your children's ethnicity and race to make sure we do our best to serve our community. Providing this information is not required. You won't be denied benefits based on your race, color, national origin, sex, age, or disability.



To Parent(s)/Guardian(s):

This letter is to assure you of our concern for the safety and welfare of children attending Providence Family Support. Our Emergency Plan provides for response to all types of emergencies. Depending on the circumstance of the emergency, we will use one of the following protective actions:

- *Immediate evacuation:* Students are evacuated to a safe area on the grounds of the facility in the event of a fire, etc.
- *In-place sheltering:* Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.
- *Evacuation:* Total evacuation of the facility may become necessary if there is a danger in the area. In this case, children will be taken to a relocation facility:

**Carnegie Library Woods Run Branch
1201 Woods Run Avenue
Pittsburgh, PA 15212**

If it ever becomes necessary to relocate, a sign will be posted on the door stating we have moved the children and staff to the address above.

If you're not sure how to get there, please ask for directions before there is an emergency.

Modified Operation: May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for children, but may be necessary in a variety of situations.

We use WPXI (Channel 11) to air announcements relating to any of the emergency actions listed above. A notification app is available on their website.

We ask that you not call during the emergency. This will keep the main telephone line free to make emergency calls and relay information. *Brightwheel* communication is preferred.

Sincerely,

Leslie White
Director of Early Childhood & Youth Programs

Parent Handbook Acknowledgement

My signature below acknowledges my reading, understanding, and willingness to abide by the policies for enrollment as stated in the Parent Handbook.

Parent's Printed Name

Parent's Signature

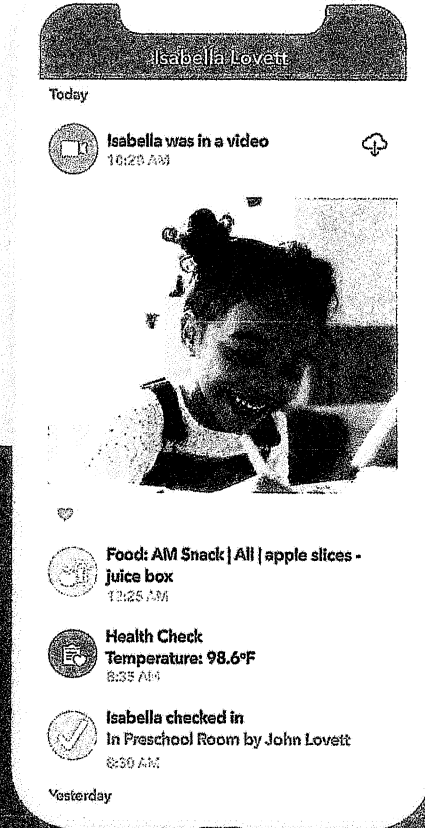
Date



The #1 childcare software

Meet brightwheel, a window into your child's day

Our center has partnered with brightwheel, the leading early education app, to help us deliver an enriching childcare experience for your family.



- ✔ Greater visibility into your child's day with photos, videos, and progress updates
- ✔ An easier way to stay connected to your child's learning and development
- ✔ A safer environment for your child through contactless check-in/check-out and health screens
- ✔ Convenient online tuition payments and easy access to your statements

App available in Spanish

*Simply change your language from English to Spanish in the brightwheel app

“

My son just started daycare and I was so nervous, but being able to see the pictures and different notes about him from the teacher and being able to message them back gives me peace of mind. I love it!

What's next

Be on the lookout for an invitation to join our center on brightwheel! The invitation will include a link for you to setup your account.

brightwheel is trusted by millions of
educators and families

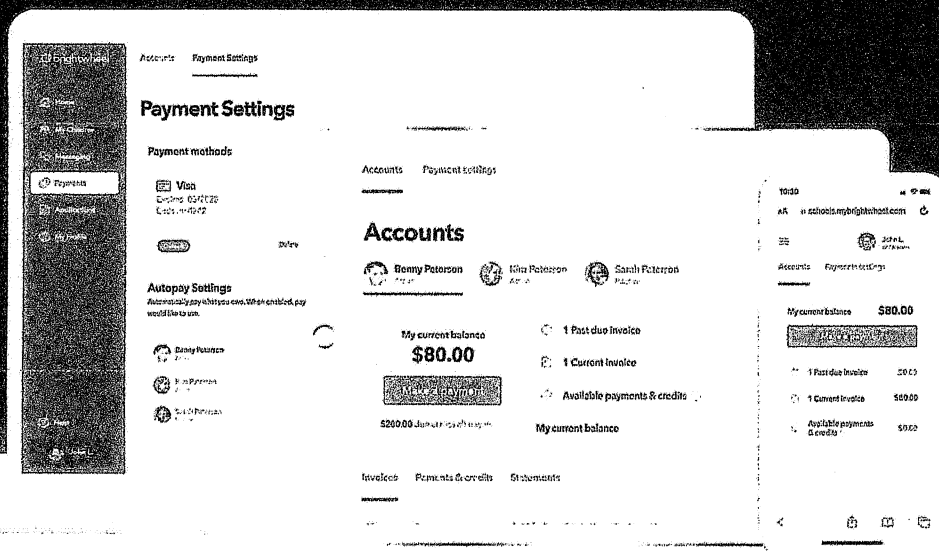
4.9

39,000+ reviews  



Easily set up online tuition payments today!

Our program has partnered with brightwheel, so you can now pay tuition and access your statements quickly, easily, and securely - all from the same app.



Quick to set up

Add a bank account or credit card and you're done! You can also enable autopay to ensure your tuition is always paid on time.



Easy & flexible

Make payments, check account balances, and access year-end tax receipts from the same app, in real-time and from anywhere.



Secure to use

Directly manage your payment details, avoid cash or check, and use a system that meets the highest levels of data security and compliance (PCI Level 1).



The brightwheel app is pure genius! I feel much more connected to my toddler. I know what she's had to eat and her nap schedule. I can message her teacher to ask questions. **And tuition payments automatically get debited. This app has made my busy mom life easier and that means so much to me.**

- Victoria, brightwheel parent App store review ★★★★★

Ready to Get Started?

Log in to the brightwheel app and go to the payment section.
To learn more visit: <https://bit.ly/parentbilling>



providence
connections

2024 Holiday Observance/In-Service Days Schedule

The Child Care Center will be **closed** on the following days:

New Year's Day	Monday, January 1, 2024
Center Reopens	Tuesday, January 2, 2024
Martin Luther King, Jr. Day	Monday, January 15, 2024
Good Friday	Friday, March 29, 2024
In-Service Day for Staff (Staff Appreciation) Child Care <u>CLOSED</u>	Monday, April 1, 2024
Memorial Day	Monday, May 27, 2024
Independence Day/Observed Day	Thursday, July 4, 2024
In-Service Day for Staff/All Staff Meeting Child Care <u>CLOSED</u>	Friday, August 30, 2024
Labor Day	Monday, September 2, 2024
In-Service Day for Staff Child Care <u>CLOSED</u>	Monday, October 14, 2024
Thanksgiving	Thursday, November 28, 2024
Day After Thanksgiving	Friday, November 29, 2024
In-Service Day for Staff Child Care <u>CLOSED</u>	Monday, December 23, 2024
Christmas Eve	Tuesday, December 24, 2024
Christmas Day	Wednesday, December 25, 2024
Holiday Break Child Care <u>CLOSED</u>	Monday, December 23, 2024 through Wednesday, January 1, 2025

The Center will reopen for normal business hours on Thursday, January 2, 2025