

FOR OFFICE USE ONLY

Application Received _____

Secondary Review _____

Registration Paid _____

☐ Birth Certificate ☐ PA4D Updated

☐ Physical Signed ☐ MM Updated

☐ Immunizations ☐ KR Updated

☐ Parent Agreement ☐ Photo Uploaded

File Complete Date _____

Initials _____



STARLING INTERNATIONAL CHILD CARE AND LEARNING COMPLEX

Registration Form

Update Year _____

☐ Infant

Parent/Guardian Signature _____

☐ Toddler

Staff Initial _____

☐ 2 Year Old

☐ Preschool

☐ Pre-Kindergarten

Update Year _____

☐ Afterschool

Parent/Guardian Signature _____

☐ Summer Camp

Staff Initial _____

☐ Other _____

☐ Wait List
Desired Enrollment:

Child's Name: _____ Date of Birth: _____

Address: _____ Age: _____ Sex: _____

City _____ State _____ Zip _____ Home Phone: _____

Parent/Guardian: _____ Parent/Guardian: _____

SS# _____

SS# _____

SNAP# or TANF# _____

SNAP# or TANF# _____

Address: _____

Address: _____

Home Phone: _____

Home Phone: _____

Business Phone: _____

Business Phone: _____

Cell Phone: _____

Cell Phone: _____

Employer: _____

Employer: _____

Address: _____

Address: _____

Email: _____

Email: _____

Child's Physician: _____

Phone: _____

Address: _____

Name of person(s) with legal custody: _____

Please list **2 local** persons **other than the parents**, that do not have the same address, to notify in case of emergency:

1.

Name	Phone	Relationship to child	Authorized to Pick Up?	Y	N
Full Street Address (no PO Box Numbers please)	City	State	Zip		

2.

Name	Phone	Relationship to child	Authorized to Pick Up?	Y	N
Full Street Address (no PO Box Numbers please)	City	State	Zip		

Please list **2 local** persons **other than the parents**, that do not have the same address, authorized to pick up your child:

1.

Name	Phone	Relationship to child	
Full Street Address (no PO Box Numbers please)	City	State	Zip

2.

Name	Phone	Relationship to child	
Full Street Address (no PO Box Numbers please)	City	State	Zip

Persons NOT authorized to pick up your child: _____

Divorce decree shall be attached if a parent is not allowed to pick up the child

Your child will only be release to someone with the authorization code or someone authorized to pick up your child on the registration form or with your authorization.

Name of the last child care center attended (City and State): _____

Enrollment Agreement

(Part 1 of 2)



Starling International Child Care & Learning Complex

Initial each section indicating you agree, then sign and date the last page.

I hereby agree to comply with the rules and regulations of Starling International Child Care & Learning Complex (SICCLC) regarding fees, attendance, health, and other items specified in the Parent Handbook and this agreement.

I agree to make immediate arrangements to pick up my child if he/she becomes sick. I agree to notify the center within 24 hours or the next business day after my child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

The center closes at 6:30pm. I understand that I will be responsible for paying \$1 per minute/child after the center closes. The center will attempt to call the parents, emergency contacts, authorized pick-up; however, if satisfactory arrangements are not made, Virginia Child Protective Services will be called to pick up the child.

I understand that children are to enter and exit the building with their parent/guardian. For safety and security reasons, a child may not go into the parking ahead of their parent, nor may children enter the center without their parent/guardian.

Prescription medication must be in its original container and clearly labeled with your child's first and last name. Medication may not be administered without a Medication Authorization form signed by a parent/guardian. This form is good for 10 days only. Turn your medication into the front desk upon arrival. Any medications found without an authorization form will be destroyed. There is a \$5 fee per dose of medication administered. Parents are welcome to administer their own child's medication to their child without a charge.

Breakfast, lunch and afternoon snack are served to all children. Formula and baby food are provided for infants under one year old. If bottles are sent they must be clearly labeled (first and last name) and remixed, ready to use. If a parent prefers to breast-feed or send their own formula/baby food, an Infant Formula Choice form must be on file.

I grant permission for my child to use all of the play equipment and participate in all of the activities of the school including permission for my child to leave the school premises under the supervision of a staff member for sponsored neighborhood walks or field trips.

I grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. I give consent to the hospitalization and performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs if an emergency occurs. The steps may include, but are not limited to, the following: Attempt to contact a parent or emergency contact; attempt to contact the child's physician; attempt to contact you through any of the persons listed on the Registration Form; call an ambulance, have the child taken to an emergency hospital or Urgent Care center in the company of a staff member; or take the child to the hospital/center in a private vehicle (any expenses incurred will be borne by the child's family); the school will not be responsible for anything that may happen as a result of false information given at the time of enrollment; the school WILL NOT assume responsibility for a child who has not been signed in when s(he) arrives for the day.

I authorize my child to participate in supervised water activities, swimming, or swim lessons. My child's swimming ability is:

☐ Cannot Swim

☐ Beginner

☐ Moderate

☐ Advanced

Starling International Child Care and Learning Complex will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in activities and from transportation to and from the program. I agree to assume these risks. I release the organization, its employees, volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child from participation in the program.

The center is open from 7am to 6:30pm, Monday through Friday. The center is closed on Labor Day, memorial Day, Independence Day, Christmas Day, and New Year's Day. If any of these days fall on a weekend, the center will be closed the workday closest to the holiday. , the center will be closed the Monday after. All staff report directly to the Center Director. If the Director is absent, the staff report to the Acting Director. Staff are required by law to report suspected child abuse to the authorities. Starling International does not subscribe to an individual religious philosophy. I hereby give Starling International and its agents or assigns, the absolute right and permission to copyright and/or publish, or use photographic portraits of my child made through any media for art, advertising, trade or any other lawful purpose whatsoever used in conjunction with his/her own or fictitious name. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color national origin, sex, age or disability.

Enrollment Agreement

(Part 2 of 2)



Starling International Child Care & Learning Complex

Annual Activity Fee: \$ _____

Date Received: _____

Anticipated Start Date: _____

Actual Start Date: _____

Withdrew: _____

Child's Information

1. _____ \$ _____
First Name Last Name Classroom Date of Birth Rate

Schedule:

M T W Th F

Hours:

From: _____

To: _____

Meals:

Breakfast

Lunch

PM Snack

Afterschool Meal

School Info:

School Name: _____

Grade: _____

Teacher: _____

2. _____ \$ _____
First Name Last Name Classroom Date of Birth Rate

Schedule:

M T W Th F

Hours:

From: _____

To: _____

Meals:

Breakfast

Lunch

PM Snack

Afterschool Meal

School Info:

School Name: _____

Grade: _____

Teacher: _____

3. _____ \$ _____
First Name Last Name Classroom Date of Birth Rate

Schedule:

M T W Th F

Hours:

From: _____

To: _____

Meals:

Breakfast

Lunch

PM Snack

Afterschool Meal

School Info:

School Name: _____

Grade: _____

Teacher: _____

4. _____ \$ _____
First Name Last Name Classroom Date of Birth Rate

Schedule:

M T W Th F

Hours:

From: _____

To: _____

Meals:

Breakfast

Lunch

PM Snack

Afterschool Meal

School Info:

School Name: _____

Grade: _____

Teacher: _____

* Full weekly tuition is due by 5:30pm on the first day of the week for that week's tuition.

*If tuition is not received on time, I agree to pay a late fee of \$10 plus \$1 per day or 10% of the balance per week (whichever is more).

*I understand that I must pay even if my child does not attend.

***Agency Reimbursement:** I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I understand that if I fail to properly swipe attendance for any day my child is in attendance, I am solely responsible for the payment of tuition.

*I understand that I must give a two-week written notice in order to withdraw from this contract.

\$

Weekly Tuition Due

Parent/Guardian Signature: _____

Date: _____

Source: _____

Parent/Guardian Signature: _____

Date: _____

Referred By: _____

Center Director: _____

Date: _____

Expiration: _____

Payment Options



Starling International Child Care & Learning Complex

Electronic Funds (EFT) or Credit Card Authorization

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for weekly tuition payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that Starling International Child Care & Learning Complex, at its discretion, may resubmit the amount due for payment on a future date. It is further understood that if such payment is not honored by the bank (or credit card institution), payment is to be made by me in the amount of said payment in order for my child to continue in the Child Care Program.

I understand that this draft will remain in effect until all payments have been made for the enrolled program, or for the time we are participants. I understand that if I wish to terminate or change my draft, I must give Starling International a 15 day written notice. Questions regarding your draft should be addressed to the office during regular office hours (9:00am-4:30pm, Monday through Friday). Any error must be identified no later than 10 days from the posted bank or credit card statement date.

Should my bank or credit card issuer for any reason not honor my draft, I realize that I am still responsible for that payment, plus a \$20 return service fee and \$10 late fee applied by Starling International. This is in addition to any service fee my bank may charge. I also realize that my account will be automatically re-debited on the next drafting cycle for payment of a draft not honored. I understand that after two unresolved drafts services to my child will be terminated.

Accounting Policies:

The Annual Registration fee and one week's fee for each child is due upon enrollment, and is non-refundable. A fixed weekly payment is due each week, whether a child is in attendance or not. This payment is due on Monday prior to the week services are to be rendered. There are no vacation or free weeks.

Important Note for School Age Children: There is an additional fee per day for full day care when schools are closed due to inclement weather or school holidays. If you choose to bring your child to Starling International for care the additional fee per day will be drafted from your childcare account that is on file.

I understand my account will be drafted each week of the program until I withdraw my child.

Please draft my:



Card Holder Name: _____

Billing Address: _____

_____ Zip _____

Card #: _____ Exp. Date: _____

Security Code: _____

Authorized Signature _____

"Getting to Know You"

Child Profile



Starling International Child Care & Learning Complex

Child's Name _____

Nickname _____

Date of Birth _____

Health History

Allergies _____ Medications _____

Food _____

Environmental _____

Is your child taking any medications? _____

Family Data

With whom does your child reside?

Adults Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Children Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Who else cares for your child? _____

What would you like most for your child to experience with us? _____

What does your child enjoy doing the most? _____

What are your child's favorite toys? _____

What Language is spoken at home? _____

Does your child have an IEP? Y* N

Individual Education Plan *Please attach

Has your child been in out of home care before? Y N

How does your child react to change (such as being left by parents)? _____

Are you available to perform volunteer work at the school? Y N

Do you have any special talents that would benefit the school community? _____

"Getting to Know You"

Child Profile



Starling International Child Care & Learning Complex

Infants

Is your child breast fed? _____ and/or type of formula? _____

What is your child's feeding schedule? _____

Preschoolers

Does your child have a pacifier? Y N

What are your child's sleeping arrangements?

Own Room Shares room with _____ ☐ Sleeps in Crib ☐ Sleeps in Bed

Does your child take a nap? Y N Morning? _____ Afternoon? _____

If your child Toilet Trained? Y N For urine? _____ For bowels? _____

How does your child communicate that s(he) needs to use the toilet? _____

What foods does your child like? _____

What foods does your child dislike? _____

School-agers

By nature, is your child:

☐ Friendly

☐ Shy

☐ Aggressive

☐ Outgoing

☐ Active

☐ Withdrawn

☐ Competitive

☐ Cooperative

Other _____

How does your child respond to a stressful situation? _____

What seems to help your child feel better? _____

Homework Preference? ☐ at school ☐ at home Study Style _____

Special Interests/talents? _____

Please add anything else about your child that would help us in delivering care: _____

Part 1. All Household Members**Name of Enrolled Children(ren):**

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHLD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<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"/>

Part 2. Benefits: If any member of your household received SNAP, FDPIR, or TANF cash assistance, provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME: _____ CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call Your School, Homeless Liaison, Migrant Coordinator Homeless ☐ Migrant ☐ Runaway ☐

Part 4. Total Household Gross Income -- You must tell us how much and how often

A. Name (List only household members with income) (Example) Jane Smith	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the 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 purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____
 Date: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____
 Last four digits of Social Security Number: * * * * - ☐ I do not have a Social Security Number

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Mark one or more racial identities:

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

Don't fill out this part. This is for official use only.

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: _____ Date Withdrawn: _____ Eligibility: Free _____ Reduced _____ Denied _____ Tier I _____ Tier II _____

Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining 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
1	\$20,147
2	\$27,214
3	\$34,281
4	\$41,348
5	\$48,415
6	\$55,482
7	\$62,549
8	\$69,616
Each additional person:	\$7,067

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

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

Center/Provider Name Starling International Child Care & Learning Complex

Address 1784 Starling Drive Richmond VA 23229-

Dear Parent(s)

This center/provider offers Member's Mark for infants in the Child and Adult Care Food Program. It is your choice whether or not to use this formula based on your preference and your infant's needs.

Please check one of the following choices:

☐ I will use the formula offered by this facility. I give my permission for the formula to be mixed for my infant by the facility staff. I understand that I must provide sufficient sanitized bottles each day for my child's use. The bottles must be labeled with my child's name/date and be taken home daily.

☐ I will not use the formula offered by the facility.
If not, what formula will you send with for your infant? _____
If the formula supplied is a specialty formula, a medical statement will be requested.

☐ I will provide breast milk for my infant.

☐ My infant is four (4) months old or older and developmentally ready for baby food. I would like this facility to provide the following baby food(s) for my infant, which are allowed under 7CFR 226.20(b)(2)(3)(4).*

☐ I will not use the food baby food from this center, I will send my own.

Child Name: _____

Child's Age/Date of Birth: _____

Parent Signature: _____ Date: _____

* Baby food provided by this facility must be in compliance with the infant meal pattern required by 7CFR 226.20.