



New Beginnings Learning Center
 151 Miss Edna Lane • Hazard, KY 41701 • (606) 439-0275 Fax (606) 439-0014

New Beginnings Learning Center

Enrollment Packet

Thank you for your interest in our program. All information contained in the form is kept confidential by New Beginnings Learning Center staff.

If you have questions about this form, call (606) 551-1054.

Please fill out one (1) enrollment packet per child.

Mailing Address

New Beginnings Learning Center
 151 Miss Edna Lane
 Hazard, KY 41701

Staff

Donna Fields, Child Care Director
 Ashley Hudson, Assistant Child Care Director
 Pamela Shearer, Accounts Receivable Clerk

Email

dfiles@hpccmnb.org

Today's date _____

Student Information

Last Name	First	Middle	
Date of Birth	Gender	Race/Ethnicity (Optional)	
Street or 911 Address	City	State	Zip
Mailing Address (if different)	City	State	Zip
Home Phone	Cell Phone	Email	

Special needs (allergies, diet, medications, etc.) _____

PERMISSIONS

Medical Transportation

I hereby give permission for New Beginnings Learning Center staff to obtain medical care for my child in the case of an emergency. If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the student and will call if necessary a public emergency vehicle for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred. I agree that if a health condition exists now or in the future which would impact the participation of the student, I will notify the New Beginnings staff.

Printed Name	Signature	Date
--------------	-----------	------



New Beginnings Learning Center

151 Miss Edna Lane • Hazard, KY 41701 • (606) 439-0275 Fax (606) 439-0014

Media Release (optional)

I hereby give permission for New Beginnings Learning Center to use photographs and/or video that may include my student for use in any and all media distribution, including but not limited to brochures, newspaper articles, print advertisements, internet, newsletters, social median and email. New Beginnings will only use media for illustration, promotion and evaluation of the program.

Printed Name

Signature

Date

Child Care Animal Consent Form

Child Care regulatory policy will allow the following enclosed or caged classroom animals with parental consent: fish, hamsters, gerbils, guinea pigs, hermit crabs, turtles, birds, non-poison amphibians, bearded dragons, rabbits, chinchillas as well as caterpillars and butterflies.

Center's Name: _____

Center's Address: _____

Child's Name: _____ DOB: _____

I _____ give my permission for my child _____ to be in the presence of the animals listed below.

Animals

1. Goldfish and Beta Fish
2. Turtle
3. Frog
4. _____
5. _____

*Add lines if necessary.

Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____

CHILD ENROLLMENT FORM/INCOME APPLICATION

<p>1. Participant Information: (To be completed by Parent/Guardian)</p> <p>If a child is a SNAP/K-TAP recipient or a Kinship/Foster/Head Start participant, the child is automatically eligible to receive free Program meal benefits, subject to the requirements of 7 CFR 226.23.</p>	<p>If your participant receives assistance from the items below, they are automatically eligible for free meals. (Please complete and skip to section 3.)</p>
--	---

Participant's Last Name	Participant's First Name	Date of Birth	Normal Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)	Snap or K-TAP # (List Entire Number Below)	Kinship	Foster
			-	M T W Th F Sa Su	B AM L PM S LN		<input type="checkbox"/>	<input type="checkbox"/>
			-	M T W Th F Sa Su	B AM L PM S LN		<input type="checkbox"/>	<input type="checkbox"/>
			-	M T W Th F Sa Su	B AM L PM S LN		<input type="checkbox"/>	<input type="checkbox"/>
			-	M T W Th F Sa Su	B AM L PM S LN		<input type="checkbox"/>	<input type="checkbox"/>
			-	M T W Th F Sa Su	B AM L PM S LN		<input type="checkbox"/>	<input type="checkbox"/>

***Parent/Guardian works multiple shifts and participants may be in care different days/hours ____yes ____no**

2. Income Application Household Members and Monthly Income:

NAMES OF HOUSEHOLD MEMBERS Including Children Not Listed Above Last, First	GROSS MONTHLY Income From Work (Before Deductions)	MONTHLY Income From Welfare Payments, Child Support, Alimony	MONTHLY Income From Pensions, Retirement, Social Security, Unemployment Compensation	Any Other MONTHLY Income Including Money Received from Kinship/Foster Child
1.	\$	\$	\$	\$
2.	\$	\$	\$	\$
3.	\$	\$	\$	\$
4.	\$	\$	\$	\$
5.	\$	\$	\$	\$

3. Signature and Social Security Number:

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

X _____
Signature of Adult Household Member _____
Home/Cell Phone Number

X _____ No Social Security Number X _____
Last four digits Social Security Number* **Date**

FOR SPONSOR USE ONLY. DO NOT WRITE BELOW THIS LINE.

Application approved for:	<input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced Price Meals <input type="checkbox"/> Paid	<input type="checkbox"/> SNAP/KTAP <input type="checkbox"/> Foster/Kinship <input type="checkbox"/> Income Household	_____ Signature of Determining Official _____ Date
		Total Household Monthly Income _____	
		Household Size _____	

*7 CFR 226.15 (e)(2)

“USDA is an equal opportunity provider and employer.”

“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 last four digits of the Social Security Number are 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.”