Forest Park
CHRISTIAN EARLY LEARNING CENTER
SAFE · LOVING · EDUCATIONAL

2026 summer CAMP

# Forest Park Christian Early Learning Center
# 2026 Summer Day Camp
# June 1 – August 14
# For Grades Completed: Kindergarten thru 5th

| Registration / Activity Fee | Individual | Family |
|---|---|---|
| Early Bird (paid in full by April 30th) | $210 | $330 |
| Regular (paid after April 30th) | $290 | $430 |

*The Registration/Activity Fee pays for all activities and transportation costs. Registration/Activity Fee is non-refundable. Registration Fee/Activity Fee is not covered by County Reimbursed Child Care (TitleXX)*

## Affordable Weekly Tuition:

5 days/week: $249* — 4 days/week: $232* — 3 days/week: $209*

County Reimbursed Child Care Families Will Pay Registration/Activity Fee + Weekly Co-pay

**Weekly tuition discounts of 20% for second child; 25% discount for third child and each additional child*

To Register: Complete and return form and Registration/Activity Fee to the office ASAP!

| Child's Name | Grade Completed | Date of Birth | Please check the days this child will attend each week. |
|---|---|---|---|
| | | | M T W Thu F ☐ ☐ ☐ ☐ ☐ |
| | | | ☐ ☐ ☐ ☐ ☐ |
| | | | ☐ ☐ ☐ ☐ ☐ |

**I understand that my child(ren) is/are not enrolled until the Registration/Activity fee & any previous outstanding balances are paid in full.** Spaces are limited & filled on a first come, first serve basis. I understand that Registration/Activity fees are non-refundable.

Parent/Guardian Signature: _____ Date: _____

Are you interested in before/after school care for the 25/26 school year? Yes No

Name of School(s) They Will Attend This Fall: _____

| For Office Use Only | | | | | |
|---|---|---|---|---|---|
| Date Rec'd | Fee Paid | Date Paid | Payment Type | Rec'd By | Permission Rec'd |
| | | | CA CK MO CC | | |

# SUMMER CAMP 2026 FIELD TRIP PERMSSION SLIP

I give permission for my CHILD/CHILDREN:
Names_____

*to attend the field trip to CENTRAL OHIO FIRE MUSEUM @ 10:00 AM
on 6/3/26 from 9:30 AM to 12:30 PM via FPCELC bus. (eat at center)

*to attend the field trip to CHUCK E CHEESE (EASTON) @ 11:00 AM
on 6/10/26 from 10:30 AM to 1:30 PM via FPCELC bus. (eat at field trip)

*to attend the field trip to COSI @ 10:30 AM
on 6/17/26 from 10:00 AM to 4:00 PM via FPCELC bus. (eat at field trip)

*to attend here at center MR.PUPPET @ 2:00 PM
on 6/19/26 Show Time is 2:00 PM (eat at center)

*to attend the field trip to OLENTANGY CAVERNS @ 9:30 AM
on 6/24/26 from 9:00 AM to 2:30 PM via FPCELC bus. (eat at field trip)

*to attend the field trip to SKATE ZONE 71 @ 12:00 PM
on 7/1/26 from 11:45 AM to 3:15 PM via FPCELC bus. (eat at field trip)

*to attend the field trip to TOP GOLF @ 1:00 PM
on 7/8/26 from 12:30 PM to 3:30 PM via FPCELC bus. (eat at center)

*to attend the field trip to FRANKLIN PARK CONSERVATORY @ 10:15 AM
on 7/15/26 from 9:45 AM to 3:30 PM via FPCELC bus. (eat at field trip)

*to attend the field trip to MAGIC MOUNTAIN @ 11:00 AM
on 7/22/26 from 10:30 AM to 3:30 PM via FPCELC bus. (eat at field trip)

*to attend the field trip to SEQUIA PRO BOWLING @ 11:00 AM
on 7/29/26 from 11:00 AM to 1:15 PM via FPCELC bus. (eat at field trip)

*to attend the field trip to YOUNG'S JERSEY DAIRY @ 10:00AM
on 8/5/26 from 9:30AM to 3:30 PM via FPCELC bus. (eat at field trip)

*to attend the field trip to UPAINT @ 10:00 AM
on 8/12/26 from 9:45 AM to 11:15 PM via FPCELC bus. (eat at center)

In case of emergency:

* Please list an emergency contact person below (not your child's doctor)
* My child has permission to receive medical treatment.

Name: _____

Phone: _____

Parent/Guardian _____ Date: _____

Ohio Department of Job and Family Services

# PERMISSION TO PARTICIPATE IN WATER AND SWIMMING ACTIVITIES FOR CHILD CARE

Written parental permission is required for the water activities your child will be engaging in when:
*(check all that apply for this activity)*

- ☑ Water is directly accessible to child (no water activities planned)
- ☑ Child swimming or playing in water 18 inches or more in depth
- ☐ Infants and toddlers using wading pools

The program is providing additional adults or child care staff members that exceed the licensing ratio requirements for the water/swimming activity.
*(The program is to meet the minimum ratio requirements outlined in rule).*

☐ Yes ☑ No

Swim Site

Minerva Park Municiple Pool

Date(s)

JUNE 2,4,9,11,16,18,23,25,30 JULY 2,7,9,14,16,21,23.28,30 AUGUST 4,6,11,13

Departure/Arrival Times from Program

Depart from Forest Park Christain Early Learning Center at 12:45 and return at 3:15

Mode of Transportation *(parents driving, provider vehicle, public transportation, school bus, etc.)*

FPCELC Bus

**I give permission for my child to participate in the swimming/water activity listed above.**

| Child's Name | Child's Date of Birth |
|---|---|
| | |

My child is a ☐ Swimmer ☐ Non swimmer

| Parent's Signature | Date |
|---|---|
| | |

Forest Park
CHRISTIAN EARLY LEARNING CENTER
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I _____ give permission for the staff at Forest Park Christian Early
(Parent Name)
Learning Center to apply spray sunscreen (SPF 15 minimum) to my child
_____ during the 2026 summer.
(Child's Name)

Signature_____ Date_____

Forest Park
CHRISTIAN EARLY LEARNING CENTER
SAFE • LOVING • EDUCATIONAL

I _____ give permission for the staff at Forest Park Christian Early
(Parent Name)
Learning Center to apply spray sunscreen (SPF 15 minimum) to my child
_____ during the 2026 summer.
(Child's Name)

Signature_____ Date_____

REGISTRATION FORM

Forest Park Christian Early Learning Center
5600 Karl Rd., Columbus, Ohio 43229
www.ForestParkChristian.com email: info@forestparkcs.org
**Phone 614-888-5282**

*Please use one form per child*
School Year _____ Start Date _____

Child's First Name _____ Last Name _____ Preferred Name_____

Birth Date_____ Gender _____

Home Address _____ City _____ Zip_____

Contact Person:
*Please circle one*
Parent /Guardian First Name_____ Last Name_____

Address, *if different from child*_____ City_____Zip_____

Email _____ Phone _____

Does your family attend church? If so, where?_____

**Previous preschool experience?** Y N Name of preschool _____ When? _____

How did you hear about our Center? Drive by/signs___ Website/Online ___ Facebook Ad ____

Winnie ____ Care.com ____ Referred by Family/Friend_____ Other____

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**County Reimbursement Childcare Particpants (Title XX) :**
**Are you currently enrolled in County Reimbursement Childcare in another program?** Y ___ N___
**Are you a New County Childcare Reimbursement applicant?** Y ___ N ___

County Reimbursement Childcare new applicants and those changing centers MUST be approved by the County and REGISTRATION FEE PAID before starting our program.

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**My child is registering for:**

***TODDLER CLASS*** *(18 Month-3 yrs)* ____ ***PRESCHOOL CLASS*** *(3 years old)* ____ ***PRE-K Class*** ____
***Children enrolled in the Preschool /Pre-K Program (3 and older) MUST be toilet-trained.***

Full Time (5 days) ___ Part Time ___ (must be 3 days per wk) *If part time, please circle days attending: M T W T F*

***SCHOOL AGE PROGRAM (K-5th Grade) Before & After Care with Transportation To & From Listed Schools***

Both Before AND After School ___ Before School Only ___ After School Only___

School Closures / Holidays Only ___

***SCHOOL ATTENDING: Please check one:*** Alpine __ Avalon __ Huy __ Oakland Park __

Parkmoor __ Spanish Immersion __ *St. James* __ *St. Josephine* __

*(After School & School Closures Only)*

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**++Your space will be secured when we receive your completed enrollment form and any fees required to start listed on our Tuition Sheet are paid (*Discounts for multi-child*)++**

## Forest Park Christian Early Learning Center
## Statement of Faith

The Forest Park Christian Early Learning Center will share religious and other cultural values with children through stories, songs, simple prayers, and principles of sharing. The atmosphere will be distinctly Christian, where the Bible is taught, but will remain non-denominational.

We believe:

- There is one **God** existing co-equally in three persons: Father, Son and Holy Spirit. God is eternal; He is the Creator and Ruler of all that exists.

- **Jesus Christ** is the Son of God. He was born of the Virgin Mary and is true God and true man. The Lord Jesus died for our sins and sacrificed Himself on our behalf so that all who believe in Him are justified by His shed blood. Jesus Christ rose from the dead to demonstrate His power over sin and death. He ascended into Heaven where He is seated at the right hand of the Father as our High Priest and Advocate. The Lord Jesus Christ will return to reign as King of kings and Lord of lords.

- The **Holy Spirit** convicts men of sin and their need for Jesus as Saviour. The Holy Spirit lives in every Christian from the moment of salvation. He guides and empowers believers and gives every believer one or more spiritual gifts.

- The **Bible**—Old and New Testament—is the inspired Word of God and it is the final authority from God. It was written by human authors who were supernaturally inspired by the Holy Spirit.

- **Man** was created in God's image—like Him in nature and character. Man sinned, thereby incurring the penalty of physical and spiritual death. Man's sinful nature separates him from God.

- **Salvation** is a free gift from God; man does not deserve it, neither can he earn it. All who receive the Lord Jesus Christ by faith are born again of the Holy Spirit and inherit eternal life from that very moment.

- The **Ten Commandments** are the guidelines set by God to live our lives by, along with the Great Commandment to love thy neighbor as thyself.

I have read the Statement of Faith for Forest Park Christian Early Learning Center and support the school's instruction of my child in accordance.

Parent/Guardian Signature _____

Ohio Department of Children and Youth

# CHILD ENROLLMENT AND HEALTH INFORMATION FOR CHILD CARE

**This form shall be completed prior to the child's first day of attendance and updated annually and as needed.**

| Child's Name | Date of Birth | First Day at Program/Home |
|---|---|---|
| Home Address | | City |
| State | Zip Code | Home Telephone Number |

| Parent/Guardian Name #1 | Relationship to Child |
|---|---|
| Home Address ☐ Same as Child's | Home Telephone Number ☐ Same as Child's |
| City | State / Zip |
| Email Address *(if applicable)* | Cell Phone *(if applicable)* |
| Parent's Work/School Name | Parent's Work/School Telephone Number |
| Parent's Work/School Address | City |

Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. ☐ Yes ☒ No

If you answered yes, please indicate which information above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ Email

Where can you be reached while your child is in this program/home?

| Parent/Guardian Name #2 | Relationship to Child |
|---|---|
| Home Address ☐ Same as Child's | Home Telephone Number ☐ Same as Child's |
| City | State / Zip |
| Email Address *(if applicable)* | Cell Phone |
| Parent's Work/School Name | Parent's Work/School Telephone Number |
| Parent's Work/School Address | City |

Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. ☐ Yes ☒ No

If you answered yes, please indicate which information above to include on the list ☐ Work # ☐ Cell # ☐ Home # ☐ Email

Where can you be reached while your child is in this program/home?

**Emergency Contacts:** Parents **cannot be listed** as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness **if you cannot be reached.** Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.

| Name | Name |
|---|---|
| City / State | City / State |
| Telephone Number / Relationship to Child | Telephone Number / Relationship to Child |
| Other numbers where emergency contact can be reached *(if applicable)* | Other numbers where emergency contact can be reached *(if applicable)* |

| Name of Physician or Clinic/Hospital | |
|---|---|
| Street Address | |
| City / State | Telephone Number |

Child's Name

**Allergies, Special Health or Medical Conditions, and Medical Foods**

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the DCY 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

☐ No

☐ Yes - *check all that apply* ☐ Food ☐ Medication ☐ Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

☐ No

☐ Yes - a DCY 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or special health or medical condition? (*check one*)

☐ No

☐ Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

☐ No

☐ Yes - a DCY 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

☐ No

☐ Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

☐ No

☐ Yes - a DCY 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a DCY 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

☐ No

☐ Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

☐ No

☐ Yes - written instructions from the child's health care provider must be on file.

☐ N/A - program does not provide meals or snacks to the child.

| Child's Name |
| --- |
| List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff **or medical personnel** in an emergency situation.<br><br>☐ Not applicable |
| List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.<br><br>☐ Not applicable |
| List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.<br><br>☐ Not applicable |
| List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.<br><br>☐ Not applicable |

| Child's Name |
|---|
| |

**Diapering Statement**

Is your child toilet trained? ☐ Yes *(If yes, skip to Emergency Transportation Authorization section)*
☐ No (If no, fill out the following:)

The program's policy is to check diapers every _____ hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

☐ I agree with the program's schedule ☐ I do not agree, please check my child's diaper every _____ hours.

**Emergency Transportation Authorization**

| **Give *Permission* to Transport** | | | **Do Not Give *Permission* to Transport** | |
|---|---|---|---|---|
| Program or Home Name<br>FOREST PARK CHRISTIAN EARLY LEARNING CENTER | | **OR**<br>**Do not sign both** | Program or Home Name<br>N/A | |
| **has permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported. | | | **does not have permission** to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:<br>N/A | |
| Parent's Signature | Date | | Parent's Signature<br>N/A | Date<br>N/A |

**Acknowledgement of Policies and Procedures**

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. ☐Yes ☐No *(check one)*

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

| Parent/Guardian Signature(s) | Date |
|---|---|
| Administrator/Designee Signature | Date |

The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

| Parent/Guardian Initials | Date of Review | Administrator/Designee Initials | Date of Review |
|---|---|---|---|
| Parent/Guardian Initials | Date of Review | Administrator/Designee Initials | Date of Review |
| Parent/Guardian Initials | Date of Review | Administrator/Designee Initials | Date of Review |

Note:
This is a prescribed form which must be used by child care providers to meet the requirements to rules 5180:2-12-15, 5180:2-13-15, and 5180:2-14-04.

This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

Reset Form

# AUTHORIZED PICK UP LIST

**Child's Name**_____ **Birthdate** _____

**Child's Name**_____ **Birthdate** _____

**Child's Name**_____ **Birthdate** _____

**Child's Name**_____ **Birthdate** _____

I understand that my child can only be released to the emergency contacts listed on the enrollment forms and *to the persons listed below and they must be at least 18 years of age.* I will inform FPCELC each time a special pick-up is necessary. I also realize that they will be required to provide proper identification each time that they arrive at the center. I understand if an individual is not listed on this form, a telephone call WILL NOT be sufficient to release the child to that individual. **Please note that children must be picked up by 6:00 pm. You MUST call if an emergency has caused you to be past 6:00 pm. **

_____ _____

Parent Signature Date

| |
|---|
| Name: |
| Phone:: |
| Relationship: |

| |
|---|
| Name: |
| Phone:: |
| Relationship: |

| |
|---|
| Name: |
| Phone:: |
| Relationship: |

| |
|---|
| Name: |
| Phone:: |
| Relationship: |

| |
|---|
| Name: |
| Phone:: |
| Relationship: |

## CHILDCARE ACTIVITES & PHOTO PERMISSION FORM

**Child's Name**_____
(Please Print)

### Activities Permission

There are times when FPCELC will have activities on our property for the children which may include sports, outdoor play, water play, and playground activities. There are also walking field trips to the library next door, Oakleaf Village on Karl Rd (2 blocks away) and nature walks on the FPCELC. You will be notified in writing for permission for all field trips that require transportation. By giving permission, you release, discharge and indemnify Forest Park Christian Early Learning Center from all claims on behalf of yourself or child participating. If your child is not participating when a certain activity is planned they will not be able to attend that day as there are no staff available to watch a child that doesn't participate.

☐ Yes, my child may participate in FPCELC activities listed above

☐ No, my child may NOT participate in FPCELC activities listed above

### Photo/Video Release

**Child's name will NEVER be used with a photo outside of our facility, this includes our Center's website, our Center's facebook page, and any marketing materials.**

| Types of Use: | (Please check one) Permission Granted | Permission NOT Granted |
|---|---|---|
| Photos used in our FPCELC facility such as Bulletin Boards, Classrooms, Program Events, Group Class Photos, Videos Shown at Spring & Christmas Programs | ☐ | ☐ |
| Photos & Video Clips on FPCELC Facebook Page showing Field Trips, Center Activities | ☐ | ☐ |
| Photos for Marketing-Promotional Brochures, Bench Signs | ☐ | ☐ |

Parent (Guardian) Signature_____ Date _____

Ohio Department of Children and Youth

# FAMILY NEEDS SURVEY FOR STEP UP TO QUALITY (SUTQ)

***We want to support any needs you or your family may have. THE INFORMATION YOU PROVIDE ON THIS FORM IS CONFIDENTIAL***

Please circle Y (YES) or N (NO) to best describe your current situation for each topic. If you circle Y for an item, please briefly list the CONCERN if this is an area of need for your child or family. Our goal is to provide resources to support you and your family, based on your answers.

| Child's/Children's Name(s): | Caretaker's Name: | Date Completed: |
|---|---|---|

| | TOPICS | Briefly List CONCERN |
|---|---|---|
| **Child Development and Education-** Does anyone in your family have any need for resources or support in the areas listed below? | | |
| Y N | Information on child growth and development. | |
| Y N | Guiding and supporting a child's behavior. | |
| Y N | Medical or disabilities or possible conditions for any child or adult in the family. | |
| Y N | Obtaining toys or activities to use to help any child in your home. | |
| Y N | Preparing your child for kindergarten. | |
| **Child and Family Health-** Does anyone in your family have any need for resources or support in the areas listed below? | | |
| Y N | Health insurance and/or access to regular medical care, dental care, or medications. | |
| Y N | Medical or health supplies or supports that anyone in your family needs. | |
| Y N | Accessing immunizations. | |
| Y N | Finding a pediatrician, general practitioner, dentist, therapist, psychologist, optometrist, or other specialty practitioner. | |
| Y N | Concerns with depression, anger, anxiety, or mental health needs. | |
| Y N | Concerns with alcohol, drug, or addiction problems. | |
| **Financial and Household Supports-** Does anyone in your family have any need for resources or support in the areas listed below? | | |
| Y N | Help paying for child care. | |
| Y N | Help finding housing or safe housing. | |
| Y N | Help paying your mortgage or rent. | |
| Y N | Help with food expenses. | |
| Y N | Finding household items such as furniture, clothing, or school supplies. | |
| Y N | Access to transportation or transportation expenses. | |
| Y N | Attending school (such as a GED, Certifications, or college degrees) | |
| Y N | Help finding work or job training | |

| Are there other needs you or your family have that are not listed above: | |
|---|---|
| Parent Signature | Date: |
| Administrator or Designee Signature: | Date: |

For Staff Use:

| Bronze Rating Level | Silver Rating Level | Gold Rating Level |
|---|---|---|
| Resources provided to the family: | Resources provided to the family: | Resources provided to the family: |
| Administrator or Designee Signature & Date: | Administrator or Designee Signature & Date: | Administrator or Designee Signature & Date: |
| | Referrals provided to the family: | Referrals provided to the family: |
| | Administrator or Designee Signature & Date: | Administrator or Designee Signature & Date: |
| | | Follow-up provided to the family: |
| | | Administrator or Designee Signature & Date: |

Ohio Department of Education and Workforce - Office of Nutrition

# CHILD AND ADULT CARE FOOD PROGRAM

# ENROLLMENT FORM

**Required Form for use by Child Care Centers and Head Start Programs**

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside School Hours, Youth Development & After School at Risk

**Instructions to Complete**

- All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center.
- List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care.
- If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart.
- If the child comes before and after school, list the hours in care for both the morning and afternoon.
- CACFP Federal regulations 226.15(e) (2) require that an enrollment form be **completed annually** and signed by the child's parent or guardian.

**CENTER NAME** Forest Park Christian Early Learning Center

| **CHILD'S NAME** (please print) | **AGE** | **BIRTHDATE** / / month / day / year |
|---|---|---|
| | | |

**CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE AND THE MEALS RECEIVED WHILE IN CARE**

| Check (✓) Days Child Normally in Care | | List hours child normally in care | | | | Check (✓) meals child normally receives while in care | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Arrive | Depart | Arrive | Depart | Breakfast | AM Snack | Lunch | PM Snack | Supper | Evening Snack |
| Monday | | | | | | | | | | | |
| Tuesday | | | | | | | | | | | |
| Wednesday | | | | | | | | | | | |
| Thursday | | | | | | | | | | | |
| Friday | | | | | | | | | | | |
| Saturday | | | | | | | | | | | |
| Sunday | | | | | | | | | | | |

☐ **Yes, the schedule listed above may frequently vary due to changes in parents/guardians schedule.**

| **SIGNATURE OF PARENT/GUARDIAN** | **DATE** | **DAY PHONE NUMBER** |
|---|---|---|
| | | |

**MAILING ADDRESS STREET /APT.** **CITY** **ZIP CODE**

**PARENT BIRTHDATE** / / month / day / year **PARENT EMAIL**

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/USDAOASCR%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; (2) fax: (833) 256-1665 or (202)690-7448; or (3) email:program.intake@usda.gov.

This institution is an equal opportunity provider

Revised 8/2024

# CHILD AND ADULT CARE FOOD PROGRAM: CHILD CARE COMPONENT
## INCOME ELIGIBILITY APPLICATION FOR FREE AND REDUCED-PRICE MEALS Fiscal Year 2025-2026

**INSTRUCTIONS**: To apply for free and reduced-price meals, read the household Letter and instructions on backside of this form. Complete application and return to the center. In accordance with the NSLA, information on this application may be disclosed to other Child Nutrition Programs or applicable enforcement agencies. Parents/guardians are not required to consent to this disclosure. *Part 1* is to be completed by all households. *Part 2* is to be used only for a child living in a household receiving food assistance (SNAP) or Ohio Works First (OWF) benefits. *Part 3* is only for children NOT receiving Food Assistance or OWF benefits. *Part 4, an* adult household member must sign and date form; the last 4 digits of social security number must be listed if Part 3 is completed. *Part 5* is optional. * Asterisks indicate info that must be completed. The form must be completed annually and valid for only 12 months.

CENTER NAME: Forest Park Christian Early Learning Center

**PART 1 – PRINT INFORMATION FOR ALL CHILDREN ENROLLED AT CENTER**

| * NAME OF ENROLLED CHILD(REN) | AGE | BIRTH DATE | CHECK IF A FOSTER CHILD (The legal responsibility of a welfare agency or court. Attach documentation) |
|---|---|---|---|
| 1. | | | ☐ |
| 2. | | | ☐ |
| 3. | | | ☐ |
| 4. | | | ☐ |

**PART 2 – LIST EACH CHILD'S FOOD ASSISTANCE (SNAP) OR OWF CASE NUMBER, IF ANY. A VALID CASE NUMBER CONTAINS 7 DIGITS.**

Check type of benefit: ☐ FOOD ASSISTANCE (SNAP) or ☐ OHIO WORKS FIRST (OWF)

| | |
|---|---|
| CASE NO. | _ _ _ _ _ _ _ |
| CASE NO. | _ _ _ _ _ _ _ |
| CASE NO. | _ _ _ _ _ _ _ |
| CASE NO. | _ _ _ _ _ _ _ |

**PART 3 – TOTAL HOUSEHOLD SIZE, TOTAL HOUSEHOLD GROSS INCOME AND HOW OFTEN IT WAS RECEIVED: List names of all household members. List all gross income: list how much and how often. If Part 2 is completed, skip to Part 4.**

| a. LIST NAMES OF ALL HOUSEHOLD MEMBERS INCLUDING CHILDREN LISTED ABOVE IN PART 1 | b. CHECK IF NO/ZERO INCOME | c. GROSS INCOME during the last month (amount earned before taxes & other deductions) and HOW OFTEN IT WAS RECEIVED: Weekly, Every 2 Weeks, Twice Per Month, Monthly, Annually | | | |
|---|---|---|---|---|---|
| | | 1. Earnings from work before deductions | 2. Welfare payments, child support, alimony | 3. Pensions, retirement, Social Security, SSI, VA | 4. All Other Income |
| EXAMPLE: JANE SMITH | ☐ | $ amount / how often | $ amount / how often | $ amount / how often | $ amount / how often |
| 1. | ☐ | $ / | $ / | $ / | $ / |
| 2. | ☐ | $ / | $ / | $ / | $ / |
| 3. | ☐ | $ / | $ / | $ / | $ / |
| 4. | ☐ | $ / | $ / | $ / | $ / |
| 5. | ☐ | $ / | $ / | $ / | $ / |
| 6. | ☐ | $ / | $ / | $ / | $ / |

**PART 4 – SIGNATURE & LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: Adult household member must sign/date form. If Part 3 is completed, the adult signing the form must also list last 4 digits of his/her Social Security Number or check the "I do not have a Social Security Number" box.**

I certify that all information on this form is true and correct and that all income is reported. I understand that the center will get Federal Funds based on the information. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, I may be prosecuted.

| * SIGNATURE OF ADULT HOUSEHOLD MEMBER | * DATE | * If Part 3 is completed, insert last 4 digits of Social Security Number ☐☐☐☐ (Check if applicable) ☐ I do not have a Social Security Number |
|---|---|---|
| Print Name: | Daytime Phone Number: | Work Phone Number: |
| Street / Apt: | City / State / Zip: | County: |

**PART 5: RACIAL/ETHNIC IDENTITY (Optional): Please check appropriate boxes to identify the race and ethnicity of enrolled child(ren).**

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

Please mark one ethnic identity: ☐ Hispanic or Latino ☐ Not Hispanic or Latino

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. **State Distribution: July 2025**

**THIS SECTION TO BE COMPLETED BY CENTER. Note: All information above this section is to be filled in by the parent or guardian.**

Complete information below only if qualifying child(ren) by household income from Part 3. Per the total household size, compare total household income to the USDA Income Eligibility Guidelines to determine correct categorization. When income is listed in different frequencies of pay in Part 3, you must convert all income to annual income before determination. Use the following Annual Income Conversion:
Weekly x 52, Every 2 Weeks (biweekly) x 26, Twice per Month (semi-monthly) x 24, Monthly x 12

Application Certified/Categorized as:

☐ **FREE**, based on ☐ Food Assistance/OWF Case No. ☐ Household size and income ☐ Foster Child

☐ **REDUCED-PRICE**, based on Household size and income

**Total Household Size:** _____

**Total Household Income:** $_____

Per: ☐ week ☐ every two weeks ☐ twice per month ☐ month ☐ year

☐ **PAID**, based on ☐ Income too high ☐ Incomplete ☐ Invalid case number or information

| Signature of Sponsor / Center Representative | Date Sponsor Certified/Categorized Form | Effective Date | Expiration Date |
|---|---|---|---|
| | | (From the first of month of date signed) | (Valid until last day of month in which form was signed one year earlier) |

Note: Effective date is determined by parent or sponsor signature date as selected on CRRS application. If date of parent signature is not within month of certification or immediately preceding month, effective date must be date of sponsor certification.

HOUSEHOLD LETTER - Dear Parent or Guardian

Please help us comply with the requirements of the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP) by completing the attached income eligibility application for free and reduced-price meals. All information will be treated with strict confidentiality. The CACFP provides reimbursement to the child care center for healthy meals and snacks served to children enrolled in child care. **The completion of the income eligibility application is optional.** Complete the application on the reverse side using the instructions below for your type of household. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center. Households with incomes less than or equal to the reduced-price values listed on the chart at the bottom of this page are eligible for free meal benefits. An application must contain complete information to be considered for free or reduced-price meals. Households are no longer required to report changes regarding the increase or decrease of income or household size or when the household is no longer certified eligible for food assistance (SNAP) or Ohio Works First (OWF). Once approved for free or reduced- price benefits, a household will remain eligible for these benefits for a period not to exceed 12 months. During periods of unemployment, your child(ren) is eligible for meal reimbursement provided the loss of income during this time causes the family to be within eligibility standards for meals. In operation of the CACFP, no person will be discriminated against because of race, color, national origin, sex, age or disability §226.23(e)(2)(iv). If you have questions regarding the completion of this application, contact the child care center.

PART 1 – CHILD INFORMATION: ALL HOUSEHOLDS COMPLETE THIS PART (*denotes required info)

- Print the name of the child(ren) enrolled at the child care center. All children (including foster children) can be listed on the same application.
- List the enrolled child's age and birth date.
- Check box indicating if the child is a foster child. Foster children that are under the legal responsibility of the foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Attach documentation to show foster child status.

PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCE OR OHIO WORKS FIRST: COMPLETE THIS PART AND PART 4 – If a child is a member of a food assistance (SNAP) or OWF household, they are automatically eligible to receive free CACFP meal benefits.

Circle the type of benefit received: Food Assistance (SNAP) or Ohio Works First (OWF).

- List a current food assistance or OWF case number for each child. This will be a 7-digit number. Do not list a swipe card number.

SKIP PART 3 – Do not list names of household members or income if you listed a valid Food Assistance (SNAP) or OWF case number for each child in Part 2.

PART 3 – TOTAL HOUSEHOLD SIZE, GROSS INCOME AND HOW OFTEN RECEIVED: ALL OTHER HOUSEHOLDS COMPLETE PARTS 3 & 4.

a) Write the names of all household members including yourself and the child(ren) that attends the child care center, noting any income received. A household is defined as a group of related or unrelated individuals who are living as one economic unit that share housing and/or significant income and expenses of its members. This might include grandparents, other relatives, or friends who live with you. Attach another piece of paper if you need more space to list all household members.

b) Check the box for any person listed as a household member (including children) that has no income.

c) For each household member, list each type of income received during the last month and list how often the money was received.

1. Earnings from work before deductions: Write the amount of total gross income each household member received the last month, before taxes/deductions or anything else is taken out (not the take-home pay) and how often it was received (weekly, every two weeks, twice per month, monthly, annually). Income is any money received on a recurring basis, including gross earned income. Households are not required to include payments received for a foster child as income. If any amount during the previous month was more or less than usual, write that person's usual monthly income. If you normally get overtime, include it, but not if you only get it sometimes. If you are in the military and your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, regarding deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.
2. List the amount each person got the last month from welfare, child support or alimony and list how often the money was received.
3. List the amount each person got the last month from pensions, retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits or disability benefits and list how often the money was received.
4. List all other income sources. Examples include: Worker's Compensation, strike benefits, unemployment compensation, regular contributions from people who do not live in your household, cash withdrawn from savings, interest/dividends, income from estates/trusts/investments, net royalties/annuities or any other income. Self-employed applicants should report income after expenses (net income) in column 1 under earnings from work. Business, farm or rental property report income should be entered in column 4. Do not include food assistance payments.

PART 4 – SIGNATURE AND LAST 4 DIGITS OF SOCIAL SECURITY NUMBER: ALL HOUSEHOLDS COMPLETE THIS PART (* denotes required info)

a) * All applications must have the signature of an adult household member.

b) * The adult signing the application must also date the form.

c) * Only an application that lists income in Part 3 must have the last four digits of the social security number of the adult who signs. If the adult does not have a social security number, check the box marked, "I do not have a Social Security Number." If you listed food assistance or OWF number for each child or if you are applying for a foster child, the last four digits of the social security number are not required.

PART 5 – RACIAL/ETHNIC IDENTITY – OPTIONAL

You are not required to answer this part for the application to be considered complete. This information is collected to make sure that everyone is treated fairly and will be kept confidential. No child will be discriminated against because of race, color, national origin, gender, age or disability.

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 (including gender identity and sexual orientation), 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, 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: How to File a Complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20260- 9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

REDUCED-PRICE INCOME ELIGIBILITY GUIDELINES

Guidelines to be effective from July 1, 2025 through June 30, 2026.

Households with incomes less than or equal to the reduced-price values below are eligible for free or reduced-price mealbenefits.

| Number of Members | Annual | Monthly | Twice Per Month | Every Two Weeks | Weekly |
|---|---|---|---|---|---|
| 1 | $28,953 | 2,413 | 1,207 | 1,114 | 557 |
| 2 | $39,128 | 3,261 | 1,631 | 1,505 | 753 |
| 3 | $49,303 | 4,109 | 2,055 | 1,897 | 949 |
| 4 | $59,478 | 4,957 | 2,479 | 2,288 | 1,144 |
| 5 | $69,653 | 5,805 | 2,903 | 2,679 | 1,340 |
| 6 | $79,828 | 6,653 | 3,327 | 3,071 | 1,536 |
| 7 | $90,003 | 7,501 | 3,751 | 3,462 | 1,731 |
| 8 | $100,178 | 8,349 | 4,175 | 3,853 | 1,927 |
| Each Additional Member Add | $10,175 | 848 | 424 | 392 | 196 |

# TUITION PAYMENT POLICIES

These polices are for **BOTH PRIVATE PAY and COUNTY REIMBURSED CHILD CARE** families:

1) Tuition payments and copays are due on the Monday following care. You may pay every two weeks, with permission from the Administrator.
2) Parents can pay tuition through the brightwheel app using a debit or credit card.
3) All payments must be paid to and recorded by the administrator. Payments made by check or money order may be left in the tuition payment box in the school office. Cash payments may be placed in a completed payment envelope and left in the lock box, but only if the Administrator is unavailable, and an employee has verified, by initialing the envelope that the amount inside matches the amount listed. Said employee will then watch the parent drop the envelope into the lock box. Parents will get a receipt for all cash payments.
4) A $25.00 fee will be charged for all returned checks, and we reserve the right to require that you pay all further tuition with cash, cashier's check, money order, or debit/credit card.
5) A late fee will be charged for any tuition/copay that is not paid by Friday of the following week of service. The late fee is $15. The late fee for Public Funded Child Care participants is 10% of weekly copay or $3, whichever is greater.

These polices are for **PRIVATE PAY FAMILIES ONLY**:

1) SHORT WEEKS: Full tuition is due for the weeks in which FPCELC is closed for the holidays and teacher workdays. A complete list of days that FPCELC is closed will be issued in August. Full tuition is also due for the weeks when early closings occur. Regular tuition is also required if and when FPCELC must close early or for an entire day, due to inclement weather conditions.
2) If a child is absent from FPCELC for a complete, full calendar week, you may pay a reduced rate of 50% of the Part Time childcare rate. This option may be used up to two times each school year and two times during the summer. The school year begins the third Tuesday of August. Summer starts the first Monday of June. Part Time rate tuition is due for all weeks in excess of the four reduced rate weeks mentioned above.
3) Full tuition will be due for up to two calamity days per year. Calamity days include, but are not limited to, utility outages, staff illness, etc. Weather related closures are NOT considered calamity days and are addressed above in #1. Tuition will be adjusted for any calamity days after the first two.

These policies are for **COUNTY REIMBURSED CHILD CARE ONLY**:

1) Caretakers will be responsible to pay the difference between the Part Time rate FPCELC is paid (if you're only approved for Part Time through Public Funded Child Care), and the normal Full Time Public Funded Child Care rate, if your child attends 4 or 5 days during that calendar week.
2) ODJFS pays twenty (20) absence days between January – June, and another twenty (20) absence days between July – December, every year. If a child misses an entire week of care, after their absence days have been exhausted, the caretaker will be responsible for paying half of the Full Time Public Funded Child Care rate. This option is good for two (2) weeks during each six (6) month period. Once these two (2) weeks have been used, the caretaker will be responsible for the entire Full Time Public Funded Child Care rate.

I agree to support and abide by the Forest Park Christian Early Learning Center's Tuition, Late payment, and Late Pickup Policies. I agree to make payment for my child's care a priority and strive to pay on time. I understand that failure to pay tuition or co-pays in accordance with school policies will result in late fees and/or withdrawal.
Any unpaid balances remaining after child's withdrawal may be sent to an agency for collection.

Parent/Guardian Signature_____ Date _____

Please Print Name _____

## COUNTY REIMBURSED CHILD CARE

Forest Park Christian Early Learning Center accepts students who are approved for County Reimbursed Child Care (also known as "Public Funded Child Care"). We reserve the right to make changes to or eliminate this program if necessary, however all parents will receive a notice of any changes in our participation in the county reimbursed tuition program. Although it is the responsibility of the parent to track the expiration date of their authorization, we will make every effort to track this date also, and will place a notice in your mailbox, if we received a notification from Public Funded Child Care that your benefits are set to expire.

Forest Park Christian Early Learning Center retains the option of not providing care for families whose authorization has expired. Initial Public Funded Child Care applicants, and those wishing to change their center to FPCELC will not be given a start date, until the child(ren) appear on our Public Funded Child Care list of current Authorizations.

Parents and guardians (caretakers) that receive Public Funded Child Care benefits must adhere to all of the guidelines of the Ohio Electronic Child Care Program set forth by the Ohio Department of Job and Family Services.

Anyone dropping off or picking up a child must use the KinderSign system. Forest Park Christian Early Learning Center reserves the right to withdraw children from its program after three consecutive days of non-compliance with the KinderSign system. Any unpunched (and therefore, unpaid) time will be billed to the parent at the Public Funded Child Care reimbursement rate.

Transportation, field trip, and summer activity fees are not covered by county reimbursement, and, therefore, are the responsibility of the parents.

_____ _____

Parent (Guardian) Signature Date

_____ _____

Please Print Name Date

## LATE FEE POLICIES FOR TUITION PAYMENTS

**Weekly tuition and Public Funded Child Care Co-Payments are due the Monday following the week of service.**

1. If no payment by Friday = late fee will be applied
2. If no payment by next Friday = late fee will be applied
3. When 3 weeks of tuition is owed or $500, whichever occurs first, student(s) may not return until the outstanding balance is paid in full.
4. If you decide not to return to FPCELC, the full balance must be received within 21 calendar days of dismissal, or the outstanding balance will be turned over to a collection agency.
5. Public Funded Child Care will be notified of your failure to pay co-payments, after three weeks are missed. Your Public Funded Child Care may be placed on hold, until your entire outstanding balance is paid to FPCELC.

Excessive Late Payment Disclaimer:

If a parent's fees are delinquent more than three weeks Forest Park Christian Early Learning Center has the right to forward documents to O.D.J.F.S. which will terminate the parent's child care subsidy. If this occurs, parents will be ineligible for all child care assistance within the State of Ohio until the entire amount due is paid in full.

FPCELC will only release records to the parents or other entities when all applicable tuition and fees are paid.

## LATE PICK-UP FEES

1. A late pick-up fee of $10.00 per family for each 15 minutes (or portion thereof) will be charged after 6:00pm.
2. One hour after closing, Franklin County Children's Services will be called to take custody of children not picked up.

Parent/Guardian Signature _____ Date _____

Please Print Name _____

## FEES AND TUITION (effective June 1, 2026)

**Fees:**

**Summer Day Camp:** $290 child/$430 family (BOTH Private Pay and County Reimbursed Child Care Families); Early Bird Special (paid annually between April 1-30): $210 child/$330 family

**Annual Supply Fee:** $40 per Toddler, Preschool, or Pre-K family (Private Pay Families ONLY)

**Annual Transportation Fee:** $55 per School Age family (BOTH Private Pay and County Reimbursed Child Care Families)

**Daily Rate:** $77 (Preschool, Pre-K, and Full Day School Age Care); $84 (Toddler)

**Tuition:**

| Toddler, Preschool, and Pre-K Tuition | | Weekly Rate |
|---|---|---|
| Full-Time Toddler (Turtles Class) | 4 or 5 Days Per Week | $308 |
| Part-Time Toddler (Turtles Class) | 3 Days Per Week | $244 |
| Full-Time Preschool & Pre-K | 4 or 5 Days Per Week | $291 |
| Part-Time Preschool & Pre-K | 3 Days Per Week | $210 |

| School Age Care Tuition | | Weekly Rate |
|---|---|---|
| Before ***OR*** After School Care | 6:30 am – 9:00 am<br>OR<br>2:10 pm – 6:00 pm | $112 |
| Before ***AND*** After School Care | 6:30 am – 9:00 am<br>AND<br>2:10 pm – 6:00 pm | $162 |
| School Holidays/Closings | 6:30 am –6:00 pm | $77 per day<br>($46 per day if before and/or after school has been paid for that day) |
| Christmas/New Year Break<br>Spring Break<br>Summer Day Camp | 6:30 am – 6:00 pm | 3 days - $209<br>4 days - $232<br>5 days - $249 |

**Discounts:**

**Multi-child:** 20% discount for the second child enrolled; 25% discount for each additional child

**North Church members:** 10% discount; 5% discount for regular North Church attendees.

*Church discount is subject to a giving record check by the North Church treasurer.*

7% discount if the full year's tuition is paid by the first payment due date.