Community Art Center, Inc.
INCOME ELIGIBLE INITIAL INTAKE CHECKLIST

Parent's Name: ____________________________ Child's Name: ____________________________

CAC Staff: ____________________________ Date of Intake: ____________________________

Permanent Records: ____________________________ Start Date: ____________________________

☐ CAC Application Form
☐ Child Profile Form
☐ Family Demographic Form
☐ Communication Consent Form
☐ Medication Consent Form
☐ First Aid and Emergency Medical Care Consent Form
☐ Cambridge Public School Release Form
☐ Emergency Off-Site Permission Form
☐ Photo Release Form
☐ CAC Billing Procedure and Payment Policy Form
☐ Behavior Management Protocol Form
☐ CACFP Form filled out and signed by parent
☐ Social Security Cards for all household members
☐ Relationship Documentation for all family members under 18 yrs old
(Birth Certificate or other - see EEC policies: Eligibility - P-EEC - Subsidy 00-05)
☐ Photo ID for Parents
☐ New Family Orientation Checklist

EEC Forms:
☐ Financial Assistance Agreement form signed by parent (copy to parent)
☐ Attendance Notification form signed by parent (copy to parent)

Assessment Documentation:

Service Need

☐ Child Care Eligibility and Placement completed on eCCIMS
☐ Copy of Application and Fee Agreement signed by parent for (copy to parent)
☐ Address Verification (custodial and non-custodial parents if applicable)
☐ Child Support Info Form Signed by Parent
☐ Annual Physical Examinations and Updated Immunization Records

Income Documentation

☐ 4 consecutive weeks pay stubs
☐ Letter from employer/school (indicates hours and rate) (only 8 wks of care)

☐ Verification of Parental Incapacity Form
☐ Verification of Special Need of Child Form
☐ Flexible Pool Request
☐ Other ____________________________

Fee:

☐ Income calculation checked
☐ Fee collection process explained to parent

Income Eligible Income Eligible Initial Intake Checklist.doc 8/23/10
REASSESSMENT (RA):

End of Care Date __________________ Reassessment Date __________________

☐ Dates entered in Student Database
☐ RA date entered into Program Admin's Outlook Calendar
☐ Fee and RA date entered on Parent Fee Spreadsheet

Signature of Director of Youth & Family Services __________________ Date ____________

Signature of Administrative Assistant __________________ Date ____________
**SCHOOL AGE CHILD CARE INFORMATION FORM**

<table>
<thead>
<tr>
<th>CHILD'S NAME:</th>
<th>DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADDRESS:</td>
<td>PRIMARY LANGUAGE:</td>
</tr>
<tr>
<td>CITY:</td>
<td>SCHOOL:</td>
</tr>
<tr>
<td>STATE:</td>
<td>HOME TEL #:</td>
</tr>
<tr>
<td>ZIP:</td>
<td>DATE OF BIRTH</td>
</tr>
</tbody>
</table>

**IS THIS THE MAILING ADDRESS?**
- YES
- NO

**PARENT INFORMATION**

<table>
<thead>
<tr>
<th>PARENT/GUARDIAN #1</th>
<th>EMAIL:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HOME ADDRESS:</td>
<td>CELL PHONE #:</td>
</tr>
<tr>
<td>OCCUPATION:</td>
<td>WORK HOURS: to</td>
</tr>
<tr>
<td>BUSINESS NAME:</td>
<td>WORK PHONE #:</td>
</tr>
<tr>
<td>ADDRESS:</td>
<td>CITY: ZIP:</td>
</tr>
</tbody>
</table>

| PARENT/GUARDIAN #2 | PHONE #: |

**EMERGENCY INFORMATION**

1. Name of emergency contact OTHER than parent:

   RELATIONSHIP to child: PHONE #

2. Name of emergency contact OTHER than parent:

   RELATIONSHIP to child: PHONE #

**IS YOUR CHILD ALLERGIC TO ANYTHING?**
- YES
- NO

**IF YES WHAT IS YOUR CHILD ALLERGIC TO?**

**DOES YOUR CHILD HAVE A PRESCRIPTION FOR THEIR ALLERGY?**
- YES
- NO

**IF YES PLEASE PROVIDE PRESCRIPTION IN ORIGINAL PACKAGING & DIRECTIONS**

**ANY OTHER MEDICAL CONDITIONS?**
- YES
- NO

**IF YES, PLEASE EXPLAIN:**

- Is there documentation of a physical exam, immunization record and lead screening on file at your child's school? (circle)
  - YES
  - NO

- Does your child have permission to play sports? (circle)
  - YES
  - NO

**WHAT IS YOUR CHILD'S DENTIST NAME?**

<table>
<thead>
<tr>
<th>ADDRESS:</th>
<th>TELEPHONE #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>HEALTH CARE PROVIDER:</td>
<td>POLICY #</td>
</tr>
</tbody>
</table>

**CHILD'S IDENTIFYING INFORMATION:**

<table>
<thead>
<tr>
<th>HAIR COLOR:</th>
<th>EYE COLOR:</th>
<th>SKIN:</th>
</tr>
</thead>
</table>

**BIRTH MARK:**

I understand that the staff at the Community Art Center is trained in the basics of first aid and I authorize them to administer first aid to my child if needed. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the staff on duty to transport my child to the nearest medical care facility and secure medical treatment necessary including, but not limited to hospitalization, injections, anesthesia, or minor surgery.

Parent or guardian signature

**CONSENT TO RELEASE**

Date
I give my consent to the Community Art Center to release my child to the following persons, in addition to me, the parent/guardian. The following are authorized to take my child from the program.

**NAME:**

**RELATIONSHIP TO CHILD:**

**STREET ADDRESS:**

**CITY:**

**ZIP:**

**TELEPHONE#:**

**WORK PHONE#:**

**NAME:**

**RELATIONSHIP TO CHILD:**

**STREET ADDRESS:**

**CITY:**

**ZIP:**

**TELEPHONE#:**

**WORK PHONE#:**

---

**OFF-SITE CONSENT TRANSPORTATION & PICK UP AUTHORIZATION**

I understand the Community Art Center/SACC program will use its van whenever possible, but does not guarantee transportation. If the children participate in field trips they may be required to use public transportation or bus companies. I give my child permission to participate in all of the regularly scheduled on-going activities at the following off-site facilities:

Boys' and Girls' Club, neighborhood parks, the library, nearby schools and other community events.

I understand the staff has the right to restrict the above privileges if my child's behavior warrants limitation of is she/he does not honor the code of discipline. I understand that the staff will not accompany my child during an unsupervised walk to and from the program. I understand I am responsible for my child once she/he leaves the program.

I give my child permission to leave at her/his own choice.

**CALL**

**YES**

**NO**

**MY CHILD WILL ARRIVE BY:**

CAC Supervised walk

Unsupervised Walk

**Please check one**

Parent Drop Off

School Bus

CAC Van

**MY CHILD WILL LEAVE BY:**

CAC Van

Unsupervised Walk

**Please check one**

Parent Pick Up

for ages 9 and up

---

**VOLUNTEER INFORMATION**

**ARE YOU WILLING TO VOLUNTEER YOUR TALENTS OR TIME?**

**YES**

**NO**

Parent Council

Special Events

Teacher Aide

Administrative Help

---

**PARTNER PROGRAM: TUTORING**

Are you interested in your child attending an evening tutoring program after the CAC called K Squared?

**Location:** Community Art Center

**YES**

**NO**

---

**PAYMENTS & POLICIES**

I understand that the semi-monthly fee is due on the 1st and 15th of every month, unless other arrangements have been made with the Office Manager. I understand the fee is tuition based and I may not deduct in the event of my child's absence for sickness, vacation, severe weather conditions or suspensions. I have received a Parent Handbook and have reviewed your policies. I understand them to the best of my abilities. **Note:** if you choose to terminate, you are required to give CAC a two (2) week notice. If not, you will be responsible for the two (2) week billing period after your child(ren) has left the program.

Parent or guardian signature

Date
CHILD'S PROFILE

Child's Name ___________________________ Gender ___ Age ___ Grade ___

The information provided on these pages will assist our staff in providing a positive experience for your child.

1. At home my child usually plays:
   a. With a large group of friends
   b. With a small group of friends
   c. Alone
   d. With older children
   e. With younger children

2. When my child gets angry he/she:
   a. Sulks/Cries
   b. Fights
   c. Throws things
   d. Wants to get back at someone
   e. Bites
   f. Spits
   g. Soils his/her clothes
   h. Shuts down/will not speak

3. My child is most interested in:
   a. Media Art
   b. Visual Art
   c. Music
   d. Theatre
   e. Dance
   f. Nature/ Sports

4. My child is:
   a. Happy to go to the Community Art Center
   b. A little apprehensive about the CAC
   c. Has been to the CAC before
   d. Has never been to CAC

5. My child:
   a. Has an IEP
   b. Seeks counseling or therapy
   c. Takes medicine on a regular basis
   d. Would benefit from receiving counseling
   e. Could use behavioral support in the program
   f. Has been given a diagnoses in the last three years:

6. Please indicate with a check your child's current general disposition and behaviors that most frequently occur:
   __ Quiet __ Affectionate
   __ Active __ Easily frustrated
   __ Irritable __ Frequently cries
   __ Happy __ Tantrums
   __ Curious __ Withdrawn
   __ Has difficulty with siblings
   __ Makes friends easily
   __ Seeks constant attention

7. I usually discipline my child by: ___

8. One specific goal/hope I would like my child to accomplish this year is:

9. Is there any additional information that you feel would be helpful to the staff:

2/21/2014
THE DEPARTMENT OF EARLY EDUCATION AND CARE
SUBSIDIZED CHILD CARE
HOUSEHOLD INCOME STATEMENT

Please read carefully and mark "X" to all that apply. You may be asked to provide documentation of income.

I certify under penalty of perjury that the information below is correct and complete to the best of my knowledge. Providing inaccurate details about my household composition will lead to the conclusion that I provided false and misleading information. I understand that providing false or misleading information to my child care subsidy administrator and the Massachusetts Department of Early Education and Care (EEC) may result in the immediate termination of my child care subsidy. I also understand that EEC may require that I repay any improper payments for child care financial assistance that I received when I was not eligible or received after I provided false or misleading information.

CHECK ALL THAT APPLY:
☐ I AM LEGALLY MARRIED
☐ I AM LIVING WITH THE FATHER/MOTHER OF MY CHILD(REN)
☐ I AM LEGALLY DIVORCED
☐ I AM LEGALLY SEPARATED FROM MY LEGAL SPOUSE
☐ I AM INFORMALLY SEPARATED FROM MY LEGAL SPOUSE
☐ I DO NOT LIVE WITH THE FATHER/MOTHER OF MY CHILD(REN)

☐ I AM CURRENTLY RECEIVING (COMPLETE ALL THAT APPLY - DO NOT LEAVE LINES BLANK, PUT A ZERO IN IF IT DOES NOT APPLY):

<table>
<thead>
<tr>
<th>Amount Received</th>
<th>Frequency (Monthly, Weekly, etc)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Support</td>
<td>$ ________________</td>
</tr>
<tr>
<td>Alimony</td>
<td>$ ________________</td>
</tr>
<tr>
<td>TAFDC</td>
<td>$ ________________</td>
</tr>
<tr>
<td>DTA Transitional Stipends</td>
<td>$ ________________</td>
</tr>
<tr>
<td>Rental Income</td>
<td>$ ________________</td>
</tr>
<tr>
<td>SSI / SSDI</td>
<td>$ ________________</td>
</tr>
<tr>
<td>Unemployment Compensation</td>
<td>$ ________________</td>
</tr>
</tbody>
</table>

☐ I DO NOT RECEIVE FORMAL CHILD SUPPORT (CASH PAYMENT THROUGH DOR OR THE COURTS) BUT THE NON-CUSTODIAL PARENT PROVIDES IN-KIND SUPPORT. In-kind support can include receiving money from the non-custodial parent for things like: diapers, food, gas, payment of a bill or mortgage, informal alimony, or other forms of support.

The estimated value of this support is: $ ________________

I receive this support (circle one): Annually Monthly Weekly Irregularly

If You are NOT Receiving Any Support:
☐ I have a court order for child support, however, I am not receiving support at this time.
☐ I have a court order for alimony, however, I am not receiving support at this time.
☐ I am NOT receiving any alimony, spousal, child support or other compensation FROM ANY COURT ORDER OR OTHER AGREEMENT. I do not receive support from any source at this time, including in-kind support.

(Initial) I certify that my household does not have assets with a combined value of more than $1 million. Assets include, but are not limited to, all houses or other buildings, real property, vehicles, cash, bank accounts, retirement accounts, cash value of life insurance policies, trusts, stocks, bonds, equipment, jewelry, or other goods.

Print Parent/Guardian Name: _____________________________ Social Security Number: ___________

Signature: _____________________________ Date: _____________________________

Effective 2/27/17
The Commonwealth of Massachusetts
Department of Early Education and Care

First Aid and Emergency Medical Care Consent Form

Child’s Name: __________________________ Date of Birth: __________________________

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to __________________________, and to secure necessary medical treatment for my child.

Child’s Physician Name: __________________________
Address: __________________________
Phone Number: __________________________

Child’s Allergies: __________________________
Chronic Health Conditions: __________________________

Emergency Contacts (In order to be contacted)
Name __________________________________________
Address: ______________________________________
Relationship to child: __________________________ Cell Phone: __________________________
Do you give permission for child to be released to this person? Yes____ No____

Name __________________________________________
Address: ______________________________________
Relationship to child: __________________________ Cell Phone: __________________________
Do you give permission for child to be released to this person? Yes____ No____

Name __________________________________________
Address: ______________________________________
Relationship to child: __________________________ Cell Phone: __________________________
Do you give permission for child to be released to this person? Yes____ No____

Health Insurance Coverage: __________________________ Policy #: __________________________

Parent/Guardian Name: __________________________ Phone: __________________________ Cell: __________________________

Parent/Guardian Name: __________________________ Phone: __________________________ Cell: __________________________

_________________________ __________________________
Parent/Guardian Signature Date (valid for one year)

SG/LG/SAEmergencyMedicalConsent20100122
Commonwealth of Massachusetts  
Department of Early Education and Care  

MEDICATION CONSENT FORM  606 CMR 7.11(2)(b)

Name of child: ____________________________

Name of medication: ____________________________

Please ✓ one of the following:  Prescription: _____  Oral/Non-Prescription: _____  
Unanticipated Non-Prescription for mild symptoms_______  
Topical Non-Prescription (applied to open wound/ broken skin)_____  
My child has previously taken this medication_______  
My child has not previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan_______  

Dosage: ____________________________

Date(s) medication to be given: ____________________________

Times medication to be given: ____________________________

Reasons for medication: ____________________________

Possible side effects: ____________________________

Directions for storage: ____________________________

Name and phone number of the prescribing health care practitioner: ____________________________

Child's Health Care Practitioner Signature ____________________________ Date ____________________________

I, ____________________________________________ (parent or guardian) gives permission to authorize educator(s) to administer medication to my child as indicated above.

Parent/Guardian Signature ____________________________ Date ____________________________

For topical, non-prescription NOT applied to open wound / broken skin (parent signature only)

SG/LG/SAMedicationConsent20100122
Emergency Off-Site Participation Form

I, ____________________________________________________________ give permission for my child(ren)
(parent/guardian)

_____________________________________________________________ to
(child's name)  (child's name)  (child's name)

be transported from the Community Art Center to their off-site location, in the event of an emergency at the Center.
Methods of transportation may include the Center’s van, public transportation, walking or private vehicles, depending on
the nature of the emergency and current weather conditions, and will be determined by the Director of the School Age
Program.

I also give permission for the above named child(ren) to participate in any activities led by Community Art Center staff
while at this off-site location during regular service hours.

The designated off-site location, as specified in the 2011-2012 Parent Handbook is:

Pisani Center
131 Washington St.
Cambridge, Mass. 01239
(617) 499-7145

Signature of Parent/Guardian: ________________________________ Date: ______________
All children who receive EEC child care subsidies must attend the early education and care program in accordance with the terms of the child care application and fee agreement. Child care subsidy administrators must make every effort to ensure that each child care slot is filled or each voucher is used at all times.

EEC regulations and policies only allow payment to providers for up to 30 absence days within a six-month period or three consecutive unexplained absences:

- EEC defines an “absence day” as any day a child does not attend a scheduled day of care, whether or not the day was explained or unexplained; and
- EEC defines an “unexplained absence” as a day that a child does not attend care and the parent/guardian fails to contact the early education and care program on the day the child did not attend.

The attendance period starts on the first day of a child(ren)’s authorization and placement. For example, a provider serving a child who starts subsidized child care on September 1 may only bill EEC for up to 30 absences through February 28. On March 1, the absences for the month of September will be dropped and a new six month period will be extended through April first.

**Parent/guardians should note that providers who will not be paid by EEC for absences may choose to issue the parent/guardian a termination notice to the parent/guardian for having excessive absences.** The Massachusetts subsidized child care regulations and policies define excessive absences as:

- More than 30 non-attended days in a six-month period, explained or unexplained. Parent/guardians are expected to give a reason for non-attendance due to a child illness or medical condition, death in the family, emergency circumstances, religious holidays, and up to 10 vacation days in a 12 month period; OR

- More than three consecutive unexplained (child does not attend care and parent/guardian fails to contact provider to confirm that the child will not be in attendance) absence days. Explained absences are children's absences due to the child's illness or medical condition, death in the family, emergency circumstances, religious holidays, and up to 10 vacation days in a twelve-month period. All other absences are considered unexplained.

Families experiencing excessive absences may be issued a Notice of Termination by their provider or voucher counselor. Your child care services will end on the date listed on the Notice of Termination. In addition to the termination notice, you will be provided with a Request for Review form. If you believe that you have been improperly issued a termination notice or have
documentation to support your claim that the termination was not in accordance to policy, you may request the EEC review this termination by completing the Request for Review form and sending to EEC, unless you contact the child care agency before the end date to either: (1) explain your child’s absence if the termination was for three consecutive unexplained absences; or (2) request a review by EEC of the termination decision. To ensure that you do not lose your child care subsidy for excessive absences, you must:

1. Ensure that your child(ren) attend(s) the early education and care program, in accordance with the terms of your child care application and fee agreement;

2. Immediately notify your child care program to explain your child(ren)’s absence; and

3. Provide at least 2 weeks advance notice if you plan to (1) remove your child(ren) from the child care program; (2) request an approved break in service, which allows a parent/guardian to un-enroll their child from EEC financial assistance for a specified period of time not to exceed 90 days; (3) change your child’s schedule or placement to accommodate regularly occurring appointments or activities (including but not limited to extra tutoring, counseling, therapy, extracurricular activities, etc); or (4) remove your child so he or she may attend alternative care or non-custodial visits.

My signature below indicates that I understand the information in this document and agree to comply with EEC’s attendance requirements. I understand that if my child has excessive absences as defined by EEC policy that my financial assistance for child care may be terminated.

_________________________________________  ____________
Signature of Parent or Guardian  Date

_________________________________________  ____________
Signature of Subsidy Administrator  Date

A copy of this agreement should be provided to the parent/guardian and placed in the family’s file for audit purposes.

Effective Date: May 20, 2016
Photo & Communication Release Form

Child's Name ______________________

Photo Release Form

I hereby give permission to The Community Art Center, to use my child’s photograph in agency press kits, brochures, reports, photo exhibits and slide presentations.

I understand that I will receive no form of reimbursement in exchange for these photographs and that the photographs are the sole property of the Community Art Center, Inc.

Parent/Guardian Initials: __________

Communication Release Form

I understand that the Community Art Center, Inc needs to have any information about other therapeutic providers, educational supports, and social supports received by my child. I will provide this information at the time of enrollment. I also give permission to The Community Art Center to give information and/ or receive information from relevant parties, for example: teachers, social workers, therapists, doctors, etc. to coordinate with providers and help support my child with social, emotional, and educational needs.

Print Name________________________ Signature________________________

Date ______________
RELEASE OF INFORMATION FORM
2012-2013
Academic Year

I hereby authorize Cambridge Public Schools to release any student record (i.e. attendance reports, report cards, transcripts, IEPs, etc.) of my son/daughter to the staff professionals of the Community Art Center, Inc., an After School Program supported by the Cambridge 21st CCLC Partnership. I also give the Cambridge School Department access to any 21st CCLC Partnership records or data that may support my son/daughter's academic achievement. It is my understanding that the content of all records will remain confidential and will be used to enhance my child's academic performance. No school records may be released to any other person or agency without my full permission.

Also, I will have the option of inviting afterschool staff members to attend in-school conferences and to meet with school teachers and/or staff members to discuss my student's progress per my request.

________________________________________
Child's Full Name

________________________________________
School

________________________________________
Grade

________________________________________
Parent/Guardian Signature

________________________________________
Date
Billing Procedure and Payment Policy

Below, please find a detailed explanation of how billing and payments are processed at the Community Art Center, Inc. We ask that you review this policy carefully and that you sign, stating that you understand what is expected of you.

Billing Procedure:

- Parents will be billed 2 weeks in advance every 2 weeks. Bills are distributed through email and snail mail.

- Parents who miss 2 payments in a row are given a written warning informing them that their payments are late.

- If no payment is made and no payment plan has been established with the Center, the family will be suspended from the program.

- Following the suspension, the family will have an additional 2 weeks to seek reinstatement in the program before the family's slot is lost. (This will again require payment in full or the establishment of a payment plan, as set forth above).

- Parents whose balance due reaches $250 will be contacted and have 2 weeks to sign a payment plan to address the money owed wherein they pay their monthly fee and a portion towards their back bill. They must pay down their balance due in one year.

- Parents on a payment plan will have their child expelled if they miss more than two payments in a row. They will meet with the Administrative Assistant after six months on the payment plan to review their plan and make sure they are able to pay off the balance due in the time agreed.

- Parents with a balance due of over $250 (accumulated before this policy was put into place) must be on a payment plan. They must bring their bill down to a balance of $150 in one year and to $0 in one and a half years.

- Parents whose children are expelled or leave the program are responsible for the balance due after the child has left the program. If the balance due is not addressed, the Community Art Center will inform the Department of Early Education and Care and also engage a collection agency to help collect any money owed.
Students cannot be admitted to either the fall or summer program unless they are paid up or up-to-date in payments if they are under a payment plan.

If you choose to terminate your placement, you are required to give CAC a two (2) week notice. If not you will be responsible for the two (2) week billing period after your child has left program.

Any exceptions to this policy must be approved by the Executive Director and by a majority vote of the Finance Committee.

Transportation:

Arrival
- If a child is coming from a Cambridge Public School, the parents should make arrangements with the school for the child to take the bus directly from school to the Art Center. As a courtesy, there will be a CAC staff member outside to greet children and escort him/her into the building. However, the CAC is not officially responsible for children until they have signed into the program.
- Art Center staff may pick up those children not taking a bus from the public schools.
- If a child attends a private school, or one outside the city of Cambridge, the parents must make arrangements to bring children here after school and by 9am the latest on full days.
- Upon arrival, every child must sign in by writing the time on the Weekly Sign-in form.

Departure
- On their application to the Art Center, please designate how you would like your child to arrive and leave the program. Children are not, under any circumstances, to leave the program alone without written parental consent or in the care of someone that has not been designated by the parent/guardian.
- If you are picking up your child, you must arrive by 6:00 pm. There is a late charge of $1.00 per minute if parents arrive after 6:05 pm to pick up their child.
- For those children living in the immediate Art Center neighborhood, a staff member will escort them home.
- The Art Center van is used for the transportation of children enrolled through the Department of Children and Family Services (DCF). Exceptions will be made on a case-by-case basis and only with the completion of a Transportation Agreement. An additional fee may be charged.
- If there will be ANY changes in your child’s attendance at the Art Center (absence, leaving early, withdrawal, etc.) please call the front desk ahead to inform us.

*Each Tribe Leader is accountable and responsible for the safe arrival and departure of every child in his/her tribe. If there are any questions regarding a child’s transportation, please contact the Administrative Assistant or Program Director.
I understand the fee is tuition based and I may not deduct in the event of my child’s absence for sickness, vacation, severe weather conditions or suspensions. I have received a Parent Handbook and have reviewed the policies. I understand them to the best of my abilities. Note: If you choose to terminate, you are required to give CAC a two (2) week notice. If not you will be responsible the two (2) period billing period after your child(ren) has left the program.

As always, the Art Center is committed to working with its families. If you are unable to make a payment on time, please make an appointment with either the Administrative Assistant, or Program Director. We will be happy to establish a payment plan that feels more workable to you, or to begin a financial reassessment if you qualify.

Timely family contributions are an important part of the Center's financial well-being. If you have any questions or concerns please call us at 617-868-7100 x 22.

By signing below I agree with, understand and will abide by the above policies.

Parent/Guardian ____________________ Date ____________________

Community Art Center Staff ____________________ Date ____________________
EEC Financial Assistance Agreement

This document explains your rights and your obligations regarding EEC child care financial assistance. Please read this document carefully and ask for clarification if you do not understand any part of it. You should keep a copy for your files.

Parent/Guardian's Initials

I understand that it is unlawful to obtain EEC financial assistance for child care services by providing false or misleading information, such as not reporting changes that affect my eligibility or parent fees.

- Some examples of such unlawful behavior include:
  - Not reporting who is in my household (for example, not reporting that I am married or the child's other parent lives with me);
  - Not reporting all sources of my income (for example, not reporting that I receive income from another source or I receive child support payments, alimony, or financial help from another parent to assist with my child's basic needs);
  - Not accurately reporting how much income I receive (for example, not reporting significant changes in income, all money received from self-employment, or altering or falsifying pay stubs);
  - Not accurately reporting my service need (a service need is the activity - work, education, or training - performed during the time you need child care) or changes to my service need.

I understand that providing false or misleading information when applying for EEC financial assistance may result in the termination of my child care financial assistance and make me ineligible to apply for or receive subsidized child care for up to three years.

I understand that failing to report any significant change within fourteen days in my work or school schedule, my family size, family income, or any other circumstances that might change my eligibility or parent fee may result in the termination of my EEC financial assistance and make me ineligible to apply for or receive subsidized child care for up to three years.

I understand that if I receive EEC financial assistance as a result of false or misleading information, I may be responsible to repay the costs of child care (recoupment) and may be subject to a civil fine and possible criminal prosecution.

I understand that to verify my income and service need, EEC, a Child Care Resource and Referral Agency (CC&R), or a child care provider may need to contact my employer(s), college/university, school, or training program. I hereby authorize my employer(s) or school administration to release information about my income, pay, hours, schedule of work, and school enrollment information to EEC, CC&R's, or any child care provider to whom I apply for subsidized child care services.

Parent/Guardian Name_________________________ SSN________________________

Address____________________________________

Parent/Guardian Signature______________________ Date_______________________

CC&R/Contracted Provider Staff Member___________

CC&R/Contracted Provider_______________________

rev. 5/20/14
**CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)**

### Part 1. All Household Members

**Name of Enrolled Child(ren):**

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

### Part 2. Benefits: If any member of your household received SNAP or TAFDC 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 the Child Care Sponsor at

**Phone #:**

- 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_

<table>
<thead>
<tr>
<th>(Example)</th>
<th>Jane Smith</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>$200/weekly</td>
<td>$150/twice a month</td>
<td>$100/monthly</td>
<td>$ /</td>
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</tbody>
</table>

#### B. Gross income and how often it was received

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
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<td>$150/twice a month</td>
<td>$100/monthly</td>
<td>$ /</td>
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</tbody>
</table>

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

An adult household member must sign this form. If Part 4 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 back of this 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

Child Care Form
CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

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

Mark one ethnic identity:  
☐ Hispanic or Latino  ☐ Asian  ☐ American Indian or Alaska Native
☐ Not Hispanic or Latino  ☐ White  ☐ Native Hawaiian or Other Pacific Islander
☐ Black or African American

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:  
Eligibility: Free  ☐ Reduced  ☐ Denied

Reason: ____________________________________________________________

Determining Official's Signature: ___________________________  Date: ______________

Confirming 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.

<table>
<thead>
<tr>
<th>Household size</th>
<th>Yearly</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>22,311</td>
</tr>
<tr>
<td>2</td>
<td>30,044</td>
</tr>
<tr>
<td>3</td>
<td>37,777</td>
</tr>
<tr>
<td>4</td>
<td>45,510</td>
</tr>
<tr>
<td>5</td>
<td>53,243</td>
</tr>
<tr>
<td>6</td>
<td>60,976</td>
</tr>
<tr>
<td>7</td>
<td>68,709</td>
</tr>
<tr>
<td>8</td>
<td>76,442</td>
</tr>
</tbody>
</table>

Each additional person: + 7,733

Effective July 1, 2017 to June 30, 2018

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: In accordance with Federal civil rights laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

CACFP Meal Benefit Income Eligibility
Child Care Form

Rev. ESE/USDA July 2017
Dear Parent/Guardian:

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

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

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

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

If you checked no, fill out the form below.

Child's Name: ____________________________

Child's Name: ____________________________

Child's Name: ____________________________

Child's Name: ____________________________

Signature of Parent/Guardian: ____________________________

Today's Date: ____________________________

Print Your Name: ____________________________

Address: ____________________________

For more information, you may call [name] at [phone]
If your child is eligible for free or reduced school meals, your child may also be eligible for

free or low cost health insurance

through MassHealth.

To learn more call: 1-800-841-2900

MassHealth

Si su niño es eligible para almuerzo gratis o
reducido, su niño pueda ser eligible para

seguro de salud gratis o de bajo costo

por medio de MassHealth.

Para saber mas, llame al: 1-800-841-2900

Covering Kids

Rev. ESE July 2017
Child Support Information Form

Name: _____________________________________________

Date: ________________________

☐ I do not receive child support payments.

☐ I do receive child support payments:

Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

I attest that the above information is true and accurate.

Parent Signature: _____________________________________________

Date: ________________________
Behavior Management Protocol

Our foremost goal is to ensure the safety of all children. In order to ensure safety, rules are posted, discussed and repeated frequently with the children. We expect children to abide by these rules.

Community Art Center has a “ZERO TOLERANCE” policy for fighting, threatening to hurt someone, or any other form of aggression which can cause harm. If a child is in any way being hurt or threatened physically or verbally by another child, the child should immediately tell a staff person.

At the beginning of each year, children contribute to the discussion of how we can uphold our Community Agreements. We expect all of our youth to know and follow these agreements:

Community Agreements

Be Caring and Respectful To Others
• Treat others like they are your friends, and like you would like to be treated.
• Encourage and support each other.
• Be kind and include others.
• Listen to what others have to say without interrupting or using disrespectful language.
• Respect each other’s personal space.

Be Good to Yourself
• Have self respect.
• Take time out if you need it.
• Use your words to say what you need.
• Share your ideas.
• Practice self-control.

Be a Caretaker of Our Space and Materials
• Treat the Art Center as if it was your home.
• Work Together to clean up the space.
• Be gentle with materials and use things as they are meant to be used.

We expect parents to read and review all the rules to which we hold the children.

Behavior Management Protocol
SACC Form

10/2013
When a child engages in misconduct, staff will follow the CAC behavior modification model:

1. Give a directive (i.e. "Please stop.")
2. Attempt redirection (i.e. "Let's go for a quick walk.")
3. Positive reinforcement (i.e. "I like the way you are respecting yourself.")
4. Complete a Discipline Referral Form

The third Disciplinary Write Up due to misconduct will result in suspension. However, a single behavioral offense may result in suspension at the Program Director's discretion. (Please see list below and/or review your Parent Handbook.) Staff will communicate with the parent/guardian on the same day as any behavioral problem or within one work day of the incident. A child disciplinary write up will be completed and documented in the child's file.

Misconduct:
- Name calling
- Teasing
- Swearing
- Bullying
- Play fighting
- Disruptions
- Not listening
- Leaving the classroom without permission
- Being disrespectful to any person
- Tantrums
- Refusing instruction.

Behavioral Offenses:
- Physical violence (fighting, hitting, pushing, spitting)
- Leaving the building or outdoor site without permission from the parent/guardian or knowledge of staff.

Severe Behavioral Offenses:
- Intentional infliction of harm
- Suspcion of abuse or sexual offense or harassment
- Threats of physical violence
- Weapon possession (including knife, gun, instrument that can be used to harm a person).
- Carrying or being under the influence of drugs and alcohol
- Threatening to kill another child
- Aggressive intentional behavior towards another child or person that results in serious injury of that individual.

**** Please Note ****
Please review the Behavior Management Protocol with your child and sign it together.

_________________________________________  __________________________
Parent Signature                             Date

_________________________________________
Child Signature                             Date

Behavior Management Protocol
SACC Form

10/2013
Oral Health Non-Participation Form

The Community Art Center must follow new regulations concerning oral health. These regulations require that our educators assist children with brushing their teeth if children are in our care for more than four hours or if children have a meal while in our care. We must comply with this regulation. However, parents may choose that their child(ren) not participate in tooth brushing while at the Art Center.

You do not need to fill out this form to have your child(ren) participate in the tooth brushing while they are in childcare. However, if you do not want your child to brush his/her teeth while s/he is attending the Art Center, please fill out the information below. A separate form must be filled out for each child in our program. This form must be renewed annually and will be kept in your child's record.

I do not wish to have my child participate in tooth brushing while in care at the Community Art Center

Child's Name: ____________________________________________

Parent/Guardian's Name: __________________________________

Signature: ______________________________________________

Date: ____________________________________________________

If you have any questions or concerns, please call Shayla Lowe, Director of Youth and Family Services at 617-868-7100 ext. 14
Community Art Center, Inc.
New Family Orientation Checklist

Parent: ___________________________  Today's Date: ___________________________
Child: ___________________________

☐ Financial Intake Complete
☐ Tour of classrooms and common space
☐ Receipt of Parent Handbook
☐ Receipt of holidays and closures
☐ Receipt of Welcome Page
☐ Review the following policies:
  o Arrival and Departure
  o Health care and medication administration
  o Behavior Expectations
☐ Discuss CAC partnerships including schools and supporting agencies
☐ Discuss child's personality, interests, special needs, etc.
☐ Introduction to teachers
☐ Any questions?
☐ NOTES:

__________________________________________
School Age Director signature

I, ___________________________, have received the Parent Handbook and met with the School Age Program Director. I understand my responsibilities as a parent and will call the Community Art Center with any questions.

November 7, 2005
CHILD AND ADULT CARE FOOD PROGRAM
SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

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

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

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

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

If you checked no, fill out the form below.

Child’s Name: ____________________________

Child’s Name: ____________________________

Child’s Name: ____________________________

Child’s Name: ____________________________

Signature of Parent/Guardian: ____________________________

Today’s Date: ____________________________

Print Your Name: ____________________________

Address: ____________________________

For more information, you may call [name] at [phone]
PARENT POLICY

As part of our success in delivering quality arts education for your child, we worked hard to maintain a positive and safe environment for our youth and staff. In doing so, we expect parents to support and adhere to the same behaviors that we expect of our youth. In the event that you have a concern regarding your child or Community Art Center (CAC) staff member, the following steps need to be taken.

1. Contact Program Director (PD)
   a. Set up an appointment to meet with the PD.
2. Contact Executive Director (ED)
   a. Set up an appointment to meet with the ED.

Please be advised that if any inappropriate and/or threatening tone or language is used in communicating with any CAC staff, your child's placement at the Community Art Center will be terminated and the police will be notified.

Additionally, any inappropriate language, tone, or actions within the Art Center will not be tolerated, and the above policy will be implemented.

By signing below, I agree with, understand and will abide by the above policies.

Parent/Guardian ___________________________ Date ____________

Child/ren's name ___________________________