

**Merrimack Valley YMCA – Methuen & Lawrence
Branch School Age Child Care Program
Service Agreement 2020- 2021**

Child's Name: _____ Date of Birth: _____

Once enrolled in the program, you will be required to pay two week's tuition in advance and understand that payment is due on or before Friday of the week prior to services. Once enrolled, NO deduction or credit for individual absences will be given. This includes any holidays or approved closures as indicated in this application.

A general YMCA membership is given to the child and is valid during the time that my child is enrolled in the School Age Child Care Program. There is a 2 day minimum, limited availability, at the Directors discretion.

I understand the cost of the program is:

- \$130.00 per week – afterschool care (includes early release school days)
- \$42 per day – full day care (school vacations, holidays & snow days)

Please see the attached holiday closure list in this application.

In addition as the parent/guardian, I understand and agree to:

- Pay my weekly tuition fee one week in advance of service at all times. Payment is due on or before Friday of each week.
- Pay a late pick up fee of \$1.00 per child each minute after the program ends. This fee must be paid at the time of the pick-up. Cash, check or credit card is accepted.
- Pay a \$1.00 late fee per child, per minute for subsidy families exceeding the part time (6 hrs max) / full time (10 hr max) hours.
- Pay the full day private rate (part time private/assistance families) if part time hours (6 hrs max) are exceeded
- Pay a \$25.00 charge for any check that is returned from the bank. (Check must be replaced with a certified check or money order.)
- Provide the program with all completed registration forms.
- Update registration information as needed. (Ex: New phone number, change of address, allergies, etc.)
- Call the program **prior** to its start time if my child is going to be absent.
- Abide by the guidelines stated in the parent handbook.
- Attend parent meetings.
- Pay my weekly tuition for any vacation time my child is out of care in which my child's slot will be held
- Provide a two-week written notice to change my child's scheduled days, submit vacation request or to **cancel my child out of the program. I understand that the 2 weeks will begin the date the notice is received and I understand that I am responsible for payment during this period.**

The YMCA SACC Program Agrees to:

- Uphold Massachusetts EEC Regulations.
- Uphold all YMCA guidelines.
- Provide a nutritious snack each day.
- Provide trained, qualified staff and also provide supervised social, educational, and recreational activities.
- Provide advanced notice of fieldtrips.
- Keep all information about children and families in confidential files, to be released only with permission of the parent/guardian.
- Provide the parent/guardian with community health and social service information upon request.

Required Documents for Registration:

- Copy of parent's photo ID
- Copy of all children's birth certificate in the household
- Copy of child's social security card
- A recent photo of the child
- USDA Completed paperwork
- Code of Conduct

After reading the YMCA SACC Parent Handbook and reviewing the highlighted policies above, I agree to the conditions of this service agreement. I understand that the YMCA reserves the right to amend this agreement upon written notification. I also understand that the YMCA reserves the right to dismiss my child if his/her actions or behavior interferes with the safety and/or enjoyment of planned activities. I agree to familiarize myself and my child with the information contained in the handbook as well as the YMCA rules and understand that it constitutes the policies and guidelines of the YMCA SACC Program.

Parent/Guardian Signature

Date

Intake Worker's Signature

Date

Merrimack Valley YMCA

2020-2021 YMCA SACC Registration Form

(Do not tear pages out of this registration packet.)

For Office Use Only

Admission Date: ___/___/___

YMCA Site: _____

Director's Initial: _____

Please select site:

Lawrence

Andover/ N. Andover

Methuen

Child's Name: _____ Grade Entering In 2020: _____ Age _____

Date of Birth: ___/___/___ Sex: ___ Home Phone #: _____ School: _____

Family Email Address: _____

Street Address _____ City _____ State _____ Zip _____

Parent/Guardian Information

Name: _____

Relationship: _____

Home Address: _____

Phone# _____

Reachable during program hours

Employer: _____

Occupation: _____

Employer City: _____

Work Phone #: _____

Work Hours: _____

Parent/Guardian Information

Name: _____

Relationship: _____

Home Address: _____

Phone# _____

Reachable during program hours

Employer: _____

Occupation: _____

Employer City: _____

Work Phone #: _____

Work Hours: _____

Emergency Contacts (EC) and alternative pick up Person (APP): You are required to list at least 2 people with whom you feel comfortable leaving your child and who can assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Any changes to this list must be done in writing. No Exceptions! Please understand that we will ask for identification from anyone unfamiliar to us. * **If a child is protected by a restraining order please submit a copy to the Child Care.**

#1 Contact name: _____

Relationship: _____

Address: _____

Phone # _____ or _____

EC ___ APP ___

#2 Contact name: _____

Relationship: _____

Address: _____

Phone # _____ or _____

EC ___ APP ___

#3 Contact name: _____

Relationship: _____

Address: _____

Phone# _____ or _____

EC ___ APP ___

#4 Contact name: _____

Relationship: _____

Address: _____

Phone# _____ or _____

EC ___ APP ___

Signature: _____ Date: _____



Merrimack Valley YMCA
Emergency Card Information

Please select the branch you will receive child care from

Andover/No. Andover

Lawrence

Methuen

Child's Name: Date of Birth: / /

Child's Home Address: Street City/State Zip

Parent/Guardian Information

Table with 4 columns: Name, Address, Telephone #, Relationship, City/State/Zip, H, C, W. It contains two identical rows for parent/guardian information.

Emergency Contact Person(s)

Table with 4 columns: Name, Address, Telephone #, Relationship, City/State/Zip, H, C, W. It contains two identical rows for emergency contact information.

Pediatrician or Source of Health Care

Table with 4 columns: Doctor's Name, Address, Phone #, City/State/Zip

Medical Conditions/Allergies

The following people are NEVER allowed to pick up my child (If this is a custody issue, you must provide the Child Care Director a copy of court documents.):

- 1. 2.

Emergency Medical Authorization

I hereby give permission for the staff of the Merrimack Valley YMCA, to provide basic first aid and/or CPR/AED treatment to my child, when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that YMCA personnel will make every effort to contact me regarding any emergency involving my child.

Parent/Guardian Signature

Date / /

Medical Information

Child's Physician: _____ Phone #: _____

Physician's Address: _____

Child's Dentist: _____ Phone #: _____

Dentist's Address: _____

Insurance Carrier: _____ Policy #: _____

List any chronic conditions, dietary restrictions, or medications:

List any allergies, reactions and treatment:

Does your child have an IEP (Individualized Education Plan) or a 504 Plan? If yes, please attach: _____

Does your child have an Individual Health Plan (for children with a chronic health condition)? _____
If yes, please attach

Do you have a custody agreement, court order, and/or restraining order pertaining to the child? _____
If yes, please attach

Identifying Information: **(Please attach a current photo of your child)**

Eye color: _____ Hair Color: _____ Skin Color: _____ Height: _____ Weight: _____

Identifying Marks: _____ Primary Language: _____

Is there any documentation of a physical exam, immunization records, and lead screening on file at your school?
_____ Yes _____ No (If yes, Initial: _____) Date: _____

Name of School: _____

I give permission for my child to go for walks and to neighboring playgrounds:
_____ Yes _____ No (If yes, Initial: _____) Date: _____

I give permission to the YMCA to public my child's name and photograph in YMCA brochures, newspaper or other publications.
_____ Yes _____ No (If yes, Initial: _____) Date: _____

I give my permission for my child to attend instructional classes and/or recreational swims at the designated Merrimack Valley YMCA Branch. [Lawrence/Andover/North Andover Only]
_____ Yes _____ No (If yes, Initial: _____) Date: _____

I give permission to the Merrimack Valley YMCA Staff to speak and/or exchange documents concerning my child with school personnel.
_____ Yes _____ No (If yes, Initial: _____) Date: _____

TRANSPORTATION AUTHORIZATION

Permission to ride the Methuen YMCA bus
(YMCA copy)

I give my child permission to get on the Methuen YMCA school bus on the following days

M T W TH F

This will begin on _____

I understand that if my child will not be taking the bus, I need to let the

YMCA and the school know prior to the dismissal of school

Parent/Guardian Signature

Date

(school copy)

Child: _____ Effective Date: _____

School: _____ Grade: _____

I give my child permission to get on the Methuen YMCA school bus on the following days

M T W TH F

This will begin on _____

I understand that if my child will not be taking the bus, I need to let the

YMCA and the school know prior to the dismissal of school

Parent/Guardian Signature

Date

Transportation Plan

Any other transportation request must be stated in writing and maintained in the child's file or the following must be implemented. This transportation information is valid for the entire school year & vacations unless we are notified otherwise by the parent / guardian in writing.

During school year:

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

PARENT DROP OFF

CONTRACT Bus

PRIVATE TRANS. ARRANGED BY PARENT

*Please provide name of company, phone #, and copy of agreement

MY CHILD WILL DEPART FROM THE PROGRAM BY:

PARENT PICK UP

CONTRACT Bus

PRIVATE TRANS. ARRANGED BY PARENT

During Vacations (not exceeding 10 hrs per day)

MY CHILD WILL ARRIVE AT THE PROGRAM BY:

PARENT DROP OFF

PRIVATE TRANS. ARRANGED BY PARENT

*Please provide name of company, phone #, and copy of agreement

MY CHILD WILL DEPART FROM THE PROGRAM BY:

PARENT PICK UP

PRIVATE TRANS. ARRANGED BY PARENT

Parent Signature: _____ Date: _____



Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information and sign this form to acknowledge your receipt and understanding off the Merrimack Valley YMCA's procedures governing the safety of children in our programs.

I understand that YMCA staff and volunteers are not allowed to babysit or transport program participants any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

I understand that at no time may a staff person be alone with a single child where they cannot be observed by others. This means no one-on-one supervision of children.

I understand that my child will not be allowed to leave a licensed program with an unauthorized person. Any person authorized to pick up your child must either be listed with the YMCA or other arrangements must be made by calling the YMCA office to inform them of a change. Persons who pick up your child must have a photo ID to verify identity.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that the YMCA prohibits inappropriate talk, jokes, or sharing details of one's personal life and any kind of harassment in the presence of children, parents, and members.

I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

A Resolution of the Merrimack Valley YMCA Board of Directors:

"To commit to diversity, inclusion and global efforts that increase access and engagement with our Y for everyone in our community regardless of race, gender, national origin, faith, age, income levels, sexual orientation, immigration status, varying abilities or other protected status."

I have read and understand the statements above and have received a copy of the School Age Child Care Parent Handbook.

Parent / Guardian Signature

Date

MERRIMACK VALLEY YMCA
CODE OF CONDUCT
For Staff and Volunteers

1. To protect YMCA staff, volunteers, and program members, at no time during a YMCA program may a staff person be alone with a single child where he or she cannot be observed by others. As staff supervise children, they should space themselves in such a way that other staff can see them.
2. Staff shall never leave a child unsupervised.
3. Rest-room supervision: Staff will make sure the restroom is not occupied by suspicious or unknown individuals before allowing children to use the facilities. Staff will stand in the doorway of the restroom while children are using the restroom. This policy allows privacy for the children and protection for the staff (not being alone with a child). If staff is assisting younger children, doors to the facility must remain open. No child, regardless of age, should ever enter a bathroom alone on a fieldtrip or at other off-site locations. Always send children in pairs (known as the rule of three) with a staff.
4. Staff should conduct or supervise private activities in pairs (one staff with 2 children) – diapering, putting on bathing suits, taking showers, and so on. When this is not feasible, staff should be positioned so that they are visible to others.
5. Staff should not abuse children in any way, including:
 - Physical abuse – striking, spanking, shaking, slapping, and so on.
 - Verbal abuse – humiliating, degrading, threatening, and so on.
 - Sexual abuse – touching or speaking inappropriately.
 - Mental abuse – shaming, withholding kindness, being cruel, and so on.
 - Neglect – withholding food, water, or basic care.No type of abuse will be tolerated and may be cause for immediate dismissal.
6. Staff must use positive techniques of guidance, including redirection, positive reinforcement, and encouragement rather than competition, comparison, and criticism. Staff will have age-appropriate expectations and set up guidelines and environments that minimize the need for discipline. Physical restraint is used only in predetermined situations (when necessary to protect the child or other children from harm), administered only in a prescribed manner, and must be documented in writing.
7. Staff will conduct a health check of each child upon his or her arrival each time the program meets, noting any fever, bumps, bruises, burns and so on. Questions or comments will be addressed to the parent or child in a nonthreatening way. Staff will document any questionable marks or responses.
8. Staff will respond to children with respect and consideration and treat all children equally, regardless of sex, race, religion, culture, economic level of the family, or disability.
9. Staff will respect children’s rights not to be touched or looked at in ways that make them feel uncomfortable, and their right to say no. Other than diapering, children are not to be touched on areas of their bodies that would be covered by a bathing suit.

10. Staff will refrain from intimate displays of affection toward others in the presence of children, parents, and staff.
11. Staff is not to transport children in their own vehicles or allow youth participants old enough to drive to transport younger children in the program.
12. Staff must appear clean, neat, and appropriate attired.
13. Using, possessing, or being under the influence of alcohol or illegal drugs during working hours is prohibited.
14. Smoking or use of tobacco in the presence of children or parents during working hours is prohibited.
15. Possession or use of any type of weapon or explosive device is prohibited.
16. Using YMCA computers to access pornographic sites, send e-mails with sexual overtones or otherwise inappropriate messages, or develop online relationships is not allowed.
17. Profanity, inappropriate jokes, sharing intimate details of one's personal life, and any kind of harassment in the presence of children, parents, volunteers, or other staff is prohibited.
18. Staff may not be alone with children they meet in YMCA programs outside the YMCA. This includes babysitting, sleepovers, driving or riding in cars, and inviting children to their homes. Any exceptions require a written explanation before the fact and are subject to prior administrator approval.
19. Staff must be free of physical and psychological conditions that might adversely affect children's physical or mental health. If in doubt, an expert should be consulted.
20. Staff will portray a position role model for youth by maintaining an attitude of loyalty, patience, courtesy, tact, and maturity.
21. Staff should not give excessive gifts (e.g., TV, video games, jewelry) to youth.
22. Staff may not date program participants who are under the age of 18.
23. Under no circumstances should staff release children to anyone other than the authorized parent, guardian, or other adult authorized by the parent or guardian (written parent authorization on file with the YMCA).
24. Staff is to report to a supervisor any other staff or volunteer who violates any of the policies listed in this Code of Conduct.
25. Staff is required to read and sign all policies related to identifying, documenting, and reporting child abuse and attend trainings on the subject, as instructed by a supervisor.
26. Staff will act in a caring, honest, respectful, and responsible manner consistent with the mission of the YMCA.

Parent / Guardian Signature

Date



**MERRIMACK VALLEY YMCA
CHILD CARE PROGRAM**

AUTOMATIC WITHDRAWAL AUTHORIZATION

Automatic (Debit/Credit card or EFT) Withdrawal Information

Name of Child/Children: _____

Name of Parent/Guardian: _____

Parent Email: _____

Please check one of the following:

Visa MasterCard American Express Discover EFT – **MUST** attach a voided check

Card #: _____ Expiration Date: _____ CVV: _____

Name as it appears on the credit card: _____

Cardholder Address: _____ Zip: _____

Cardholder Daytime Phone: _____

- I (we) authorize the YMCA to initiate recurring debit entries/credit card charges to the above referenced bank/credit card account. I understand that the charges will be based on fees that are due and payable at the time of the transaction and prior to services rendered.
- I (we) authorize the YMCA to withdraw sufficient funds to pay my (our) regular child care tuition and/or other related fees which are due and payable. I (we) understand that the YMCA may at its discretion; adjust the debits/charges according to the fees incurred.
- Should a draft not be honored by my (our) bank/credit card for any reason, I (we) understand that the YMCA will automatically resubmit the draft for payment.
- I (we) understand that after two unpaid drafts, the YMCA will immediately terminate child care until I (we) have brought all payments up to date. EFT returns are subject to \$20 banking fee.
- I (we) understand that if I (we) wish to terminate or change my (our) E-pay, I must give the YMCA a two week written notice.
- Automatic withdrawals will be processed on the **Due Date**. The first withdrawal will be processed on

_____. Frequency Weekly Biweekly Monthly

Signature

Date

YMCA Child Care Door Access Code Form

Every family, whose child attends child care, will select a 4-digit family pin code to enter/gain access the child care wing. You and your child's emergency adult pick-ups will use your individual pin code to enter the child care wing.

When you designate an alternative adult pick-up, please share your updated code with them so that they can access the classrooms for pick-up. Please do not hand out pin code to unauthorized pick-ups.

The pin code will deactivate after the closure of the program, weekdays and weekends cutting off access to the child care entrance, and will reactivate when the program reopens.

Child(ren)'s Names: _____

Your self-selected 4-digit family pin: _____

Parent/Guardian Signature

Date



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren):

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

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

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

An adult household member must sign this form. **If Part 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 FORM (Child Care)

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

Mark one ethnic identity:

Mark one or more racial identities:

Hispanic or Latino
 Not Hispanic or Latino

Asian
 White
 Black or African American

American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander

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

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

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: _____ 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.

Effective July 1, 2019 to June 30, 2020	
Household size	Yearly
1	23,107
2	31,284
3	39,461
4	47,638
5	55,815
6	63,992
7	72,169
8	80,346
Each additional person:	+8,177

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 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, 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.

**MEDICAL STATEMENT TO REQUEST SPECIAL MEALS AND/OR
ACCOMMODATIONS
CHILD NUTRITION PROGRAMS**

INSTRUCTIONS

Note: According to 7 CFR, part 226.20 food substitutions for medical reasons can be made only when there is a written statement from a medical authority. This written statement must include the medical reason and recommended alternate foods.

1. **School/Agency:** Print the name of the school or agency that is providing the form to the parent.
2. **Site:** Print the name of the site where meals will be served (e.g., school site, child care center, community center, etc.)
3. **Site Telephone Number:** Print the telephone number of site where meal will be served. See #2.
4. **Name of Participant:** Print the name of the child or adult participant to whom the information pertains.
5. **Age of Participant:** Print the age of the participant. For infants, please use Date of Birth.
6. **Name of Parent or Guardian:** Print the name of the person completing the participant's medical statement.
7. **Telephone Number:** Print the telephone number of parent or guardian.
8. **Check One:** Check (✓) a box to indicate whether participant has a disability or does not have a disability.
9. **If Participant has a Disability, Provide a Brief Description of Participant's Major Life Activity Affected by the Disability:** Describe how physical or medical condition is affected by the disability. For example: "Allergy to peanuts causes a life-threatening reaction."
10. **Diet Prescription and/or Accommodation:** Describe a specific diet or accommodation that has been prescribed by a physician, or describe diet modification requested for a non-disabling condition. For example: "All foods must be either in liquid or pureed form. Participant cannot consume any solid foods."
11. **Indicate Texture:** Check (✓) a box to indicate the type of texture of food that is required. If the participant does not need any modification, check "Regular".
- 12A. **Foods to Be Omitted:** List specific foods that must be omitted. For example, "exclude peanut butter."
- 12B. **Available/Acceptable Substitutions:** List the available or acceptable substitution foods to include in the diet. For example, "sunflower seed spread."
13. **Modifications to Meal Service:** Describe specific equipment required, or modifications necessary to assist the participant with dining. (Examples may include a sippy cup, a large handled spoon, wheel-chair accessible furniture, one-on-one support, etc.)
14. **Signature of Preparer:** Signature of person completing form.
15. **Printed Name:** Print name of person completing form.
16. **Telephone Number:** Telephone number of person completing form.
17. **Date:** Date preparer signed form.
18. **Signature of Medical Authority:** Signature of medical authority requesting the special meal or accommodation.
19. **Printed Name:** Print name of medical authority.
20. **Telephone Number:** Telephone number of medical authority.
21. **Date:** Date medical authority signed form.

The American with Disabilities Act Amendment Act defines a "disability," in part, as a physical or mental impairment that substantially limits a major life activity or major bodily function of an individual. **(For additional information on the definition of disability, please refer to Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act Amendments Act of 2008). Information regarding the ADA, which expanded the definition of disability, can be found at:**

<http://www.law.georgetown.edu/archiveada/documents/ComparisonofADAandADAAA.pdf>

**MEDICAL STATEMENT TO REQUEST
CHILD NUTRITION PROGRAMS
SPECIAL MEALS AND/OR ACCOMMODATIONS**

1. School/Agency Name	2. Site Name	3. Site Telephone Number			
4. Name of Participant		5. Age or Date of Birth			
6. Name of Parent or Guardian		7. Telephone Number			
<p>8. Check One:</p> <p><input type="checkbox"/> Participant has a disability, which may include a food allergy, and requires a special meal or accommodation. Schools and agencies must make reasonable modifications to the meal to accommodate a disability which restricts a participant's diet. Modifications during and for food service may be required. Schools and agencies participating in federal nutrition programs must comply with requests for special meals. A licensed physician, physician's assistant, or nurse practitioner must sign this form.</p> <p><input type="checkbox"/> Participant does not have a disability, but is requesting a special accommodation for a fluid milk substitute that meets the nutrient standards for non-dairy beverages offered as milk substitutes. Food preferences are not an appropriate use of this form. Schools and agencies participating in federal nutrition programs are encouraged to accommodate reasonable requests. A licensed physician, physician's assistant, nurse practitioner, parent, or guardian may sign this form.</p>					
9. If participant has a disability, provide a brief description of participant's major life activity affected by the disability:					
10. DIET PRESCRIPTION AND/OR ACCOMMODATION: <i>(please describe in detail to ensure proper implementation-use extra pages as needed)</i>					
<p>11. Indicate texture:</p> <p><input type="checkbox"/> Regular <input type="checkbox"/> Chopped <input type="checkbox"/> Ground <input type="checkbox"/> Pureed</p>					
<p>12. Schools and agencies are not required to provide the exact substitution or other modification requested. However, must offer a reasonable modification that effectively accommodates the participant's disability and provides equal opportunity to participate in or benefit from the federal nutrition programs.</p> <p>Foods to be omitted and available/acceptable substitutions: <i>(please list specific foods to be omitted and suggested substitutions. you may attach a sheet with additional information as needed)</i></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> <p>A. Foods To Be Omitted</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> <td style="width: 50%; border: none; vertical-align: top;"> <p>B. Available/Acceptable Substitutions</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </td> </tr> </table>				<p>A. Foods To Be Omitted</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>B. Available/Acceptable Substitutions</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>A. Foods To Be Omitted</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>B. Available/Acceptable Substitutions</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>				
13. Modifications to meal service:					
14. Signature of Preparer*	15. Printed Name	16. Telephone Number	17. Date		
18. Signature of Medical Authority**	19. Printed Name	20. Telephone Number	21. Date		

*Parent/legal guardian signature is acceptable for fluid milk substitution for a child with dietary needs other than a disability.

**Medical Authority's signature is required for participants with a disability.

The information on this form should be updated to reflect any changes to the current medical and/or nutritional needs of the participant, and updated annually.

Child Care Closures 2020

January 1, 2020	Wednesday	New Year's Day
January 20, 2020	Monday	Martin Luther King Jr. Day
February 17, 2020	Monday	President's Day
April 10, 2020	Friday	Good Friday
April 20, 2020	Monday	Patriots Day
May 25, 2020	Monday	Memorial Day
July 3, 2020	Friday	Independence Day
September 7, 2020	Monday	Labor Day
October 12, 2020	Monday	Columbus Day
November 11, 2020	Wednesday	Veterans Day
November 26, 2020	Thursday	Thanksgiving Day
November 27, 2020	Friday	Day After Thanksgiving
December 24, 2020	Thursday	Christmas Eve Open until 1pm
December 25, 2020	Friday	Christmas
January 1, 2021	Friday	New Year's Day