

Farmingdale Care, Inc.

Farmingdale Care, Inc., founded in 1985, provides professional, safe and affordable child care for Pre-K and School Age Children who reside in the Farmingdale School District. Our program is a New York State licensed non-profit day care center. Our staff is comprised of adults who are dedicated to caring for the children of the Farmingdale School District. We pride ourselves on keeping our staff trained on the most up to date methods of CPR, First Aid and Medication Administration, in addition to many other trainings related to the care of children. Our programs maintain low student to teacher ratios. Fees apply to all programs and are available in our registration packages.

We offer the following programs:

- Before School Care - Available at Albany Avenue Elementary School, beginning at 7:30am.

Open to all elementary school students.
All adult staff qualified to care for your children.

Breakfast included in tuition.

- After School Care - Available at Albany Avenue School; East Memorial School; and Woodward Parkway School. Ends at 6:00pm.

This program is also available to students attending Northside School and 6th and 7th grade students attending Howitt.

Northside students are bused to the Albany Avenue center.

Howitt students in 6th and 7th grade are bused to their home elementary school.

Staff includes New York State Certified Teachers.

- Pre-Kindergarten - Available at Albany Avenue School; Classes instructed by New York State Certified Teachers. Call for session and times

Afternoon Session - 12:35pm - 3:05pm

- Summer Care - 7 week, full day, summer program, available for children Kindergarten through 6th grade

Staff includes New York State Certified Teachers, in addition to our adult staff qualified to care for your children.

The program is offered Monday through Friday between 7:30am and 6:00pm.

Fees are inclusive of all trips, activities and meals.

For more information, please contact us at (516)752-6652

We look forward to hearing from you.

BEFORE AND AFTER SCHOOL CARE
School Year 2011/2012

This application is only for students in grades k-7. Please call 516 752 6652 for pre-k and summer care applications.

Thank you for your interest in Farmingdale Care, Inc. If you wish to join our program, please complete the enclosed package and return it to our office, along with the necessary \$100.00 registration fee, no later than August 2, 2011. Registrants will be accepted on a first come first served basis. Your registration must be submitted no later than August 2, 2011 to guarantee starting during the first week of school. (Do not return your registration by Mail, please personally submit it to our Care Office at Albany Avenue.)

The following documents must be submitted along with your registration fee, no later than August 2, 2011, in order to enroll your child into our program.

- **Page 1 – Registrant admission information:** this page must be completed and returned. Please name three individuals, other than the parents/guardians, who will be permitted to pick up your child.
- **Pages 2 – Authorization for Medical Treatment:** Must be completed and signed in the presence of a notary public.
- **Page 3 - Medical History:** Parent must provide doctor contact, and insurance information, as well as information regarding allergies, medication, and medical conditions.
- **Page 4 – Fundraiser Form:** Please choose if you will participate in our fundraisers or if you will provide a donation and return this form with your registration.
- **Pages 5-8 - Policies and Parental Agreements:** Please complete the parental agreements and sign where indicated on page 8. Return all 4 pages with your application.
- **Page 9 – Building for the Future –** for information only, no signature required.
- **Page 10 –** Evacuation site information – for information only, no signature required.
- **10-11 – Medical Statement of Child in Childcare:** We are required by New York State to have an annual physical exam on record for your child in addition to proof of immunizations. A physical must not be more than a year old. Your child's pediatrician can supply this information on their own form; we supply a form for convenience.

If you have any questions, please do not hesitate to contact our office.

Sincerely,

Laura Romano and Ann Marie Whidden.
Directors

To All Parents:

NEW POLICY:

Applications for the 2011-2012 school year will be available January 14, 2011 at each of the centers and ONLINE. You must go to Farmingdale School District website and click Albany Ave and download the application and return it to Farmingdale Care located in the Albany Ave school. Any question please call 752-6652.

A new application must be filled out every year.

FARMINGDALE CARE, INC. - APPLICATION FOR ADMISSION
2011-2012 SCHOOL TERM
GRADE K - 7

School _____

Child's Name _____ DOB _____ Gender _____

Grade _____ Rm# _____

Address: _____ Zip Code: _____ Phone_ _____

BEFORE SCHOOL: 2Days: _____ 3Days: _____ 4 Days: _____ 5Days: _____ Drop-
In: _____

7:30am - 9:10pm Indicate Days

Attending: _____

AFTER SCHOOL: 2Days _____ 3Days: _____ 4Days: _____ 5Days: _____ Drop-
In: _____

Dismissal - 6:00PM Indicate Days

Attending: _____

PARENT/GUARDIAN INFORMATION:

FATHER'S NAME _____ BUSINESS PHONE _____

ADDRESS _____ HOME PHONE _____

CELL

PHONE: _____

NAME & ADDRESS OF EMPLOYER _____

MOTHER'S NAME _____ BUSINESS PHONE _____

ADDRESS _____ HOME PHONE _____

CELL

PHONE: _____

NAME & ADDRESS OF EMPLOYER _____

INDIVIDUALS AUTHORIZED TO PICK UP YOUR CHILD (OTHER THAN PARENTS LISTED ABOVE) PLEASE LIST THREE (3) EMERGENCY AND/OR LATE PICK UP PERSONS:

1. NAME _____ PHONE _____

ADDRESS _____

2. NAME _____ PHONE _____

ADDRESS _____

3. NAME _____ PHONE _____

ADDRESS _____

PARENT / GUARDIAN SIGNATURE & DATE _____

Office Use: Registration Paid _____/Date _____
F or D\$FARMINGDALE CARE, INC.
516-752-6652

**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT FOR A
MINOR CHILD**

I, _____, am the parent of
_____, a minor child who was born on
_____, and whose present age is _____, and who resides at
_____, in the County of _____
State of _____.

I authorize an **employee of Farmingdale Care, Inc.**, located at

**THE ALBANY AVENUE SCHOOL, IN THE COUNTY OF NASSAU,
THE WOODWARD PARKWAY SCHOOL, IN THE COUNTY OF
NASSAU, OR THE EAST MEMORIAL AT MILL LANE SCHOOL,
IN THE COUNTY OF SUFFOLK, OR THE HOWITT MIDDLE
SCHOOL, IN THE COUNTY OF NASSAU, ALL IN THE STATE OF
NEW YORK,**

TO CONSENT TO EMERGENCY TREATMENT WHICH MAY BE NECESSARY
FOR MY MINOR CHILD, NAMED ABOVE. SUCH TREATMENT TO INCLUDE,
BUT NOT LIMITED TO, EXAMINATION, X-RAYS AND LABORATORY TESTS,
MEDICAL AND SURGICAL TREATMENT, USE OF MEDICATION,
ANESTHETICS, SUTURES AND ADMISSION FOR HOSPITAL CARE AS MAY BE
REQUIRED, WHEN EFFORTS TO CONTACT ME ARE UNSUCCESSFUL.
IT IS UNDERSTOOD THAT SUCH CARE WILL BE GIVEN ON THE ADVICE OF A
DULY
LICENCED PHYSICIAN OR SURGEON.

(Signature of Parent/Guardian)

Sworn to me this

_____ Day of _____,

20____.

THIS FORM MUST BE NOTARIZED!!!

MEDICAL HISTORY

Name of Child _____

Name of Child's Doctor _____

Address _____

Phone Number _____

CHILD'S ALLERGIES

Medicines child is taking: _____

Other Pertinent Past Medical History: _____

Private Medical Insurance _____ Medicaid _____

(Parent/Guardian Signature)

(Date)

FARMINGDALE CARE, INC. – POLICIES AND PARENTAL AGREEMENTS
2011/2012 SCHOOL TERM

REGISTRATION FEE:

- **THERE IS A NON-REFUNDABLE \$100.00 REGISTRATION FEE FOR EACH FAMILY.**
- Applications will not be accepted without the registration fee and No refunds will be made on registration fees.

TUITION RATES:

- Farmingdale Care, Inc. is a non-profit corporation. All fees collected will be used to pay staff salaries, purchase snacks, lunches, supplies and equipment necessary to operate the program.

<u>FIRST CHILD</u>	<u>BEFORE SCHOOL</u>	<u>AFTER</u>
<u>SCHOOL</u>		
Monthly schedule Rate	\$11.00/day	\$16.75/day
Drop-In Rate: No Set Schedule	\$13.00/day	\$18.75/day
½ Days (Early Dismissal)	N/A	\$31.00/day
<u>EACH ADDITIONAL CHILD</u>	<u>BEFORE SCHOOL</u>	
<u>AFTER SCHOOL</u>		
Monthly Schedule Rate	\$10.00/day	13.75/day
Drop-In Rate: No Set Schedule	\$12.00/day	\$15.75/day
½ Days (Early Dismissal)	N/A	\$26.00/day

EXPLANATION OF TUITION RATES:

- **Monthly Schedule Rate:** This rate applies to families that will provide a monthly schedule of dates that their child will attend our program on a regular basis.
 - You can still register as Full-Time: which means you will be billed, in advance, for entire month of service, excluding school scheduled breaks and holidays, or you can still register as Part Time: which means you will not use the entire month of service and you can pick the days of the week that you will use the program on a regular monthly basis, or if your schedule will change on a monthly basis, your Monthly schedule must be provided, in writing, one month in advance of the month of service.
 - Monthly Schedule bills are processed and are payable in advance of the month of service. You will be billed based on the schedule provided regardless of the number of days attended. Deductions will not be considered for unused days on your schedule.
- **Drop-In Rate:** This rate applies to families that do not plan to use our program on a regular basis or those that do not wish to provide a monthly schedule. You will be billed based on the number of days your child attended our program. Your child's attendance will be determined by our attendance records at the end of each month. Drop-in bills are processed on a delayed schedule.

PAYMENTS:

- * All payments must be sent to the following address: Farmingdale Care, Inc., 101 Albany Avenue (Albany Ave. School), N. Massapequa, NY 11758
- * Payments are acceptable by Check or Money Order. (Out of state checks will not be accepted.)
- * All Payments must be made payable to Farmingdale Care, Inc.
- * Please reference your child's name on all payments and include the bottom portion of your invoice.
- * Returned Checks are subject to a \$25.00 penalty fee on your account.
- * All Monthly Schedule (Full Time and Part Time) registrants are billed one month in advance. Payments are due on or before the first day of the month of service. A 15 day grace period is allowed. Any payment received after the 15th of the month will incur a 10% late charge.
- * Monthly Schedule (Full Time and Part Time) registrants are expected to pay for the entire month of service, regardless of the number of days used.

* Drop-In registrants are billed during the first week of the month following service. Drop in bills must be paid by the 15th of the month. Payments received after the 15th of the month are subject to a 10% late fee.

REFUNDS AND BILL ADJUSTMENTS:

- TWO (2) WEEKS ADVANCE NOTICE, IN WRITING, FROM THE PARENT, IS REQUIRED TO MAKE ANY ADJUSTMENTS TO YOUR BILL. All deductions must be approved by our Albany Avenue Office Personnel before being issued.
- NO REFUNDS will be made for absences and we will not switch days, without a two week written notice from the parent/guardian.
- NO REFUNDS will be made if the program closes for weather related issues.
- If there is a DELAYED SCHOOL OPENING, Farmingdale Care will open as regularly scheduled at 7:30AM. If you use our Before School Program during a Delayed Opening you will be charged for an extra session since the program hours will be extended.
- If you will be making any changes to your child's schedule, you must notify our office in writing. We require two weeks' notice to make any adjustments to your account.
- If you will be permanently withdrawing your child from the program, we must have two weeks written notice to make any adjustments to your account.

DELINQUENT ACCOUNTS:

- If you are having trouble paying our fees, please call our office to arrange for a payment plan. We will do our best to find a mutually agreeable solution.
- If your account becomes delinquent, you will be notified by letter and/or by phone call.
- Accounts that become delinquent by more than one month will be processed for collection; and your care services will be suspended until your account becomes current.

CREDIT BALANCE: If a credit balance is shown on your statement, no payment is required. Your credit will be applied to future invoices.

TAX INFORMATION: Our Tax ID # is: 11-2752185. We will not provide a yearend statement. Make a folder at home and keep copies of your monthly invoices and copies of your checks.

ERRORS OR QUESTIONS ABOUT YOUR BILL: Call us at (516)752-6652 or email – farmingdalecare@yahoo.com

DAY CARE SUBSIDIES THROUGH THE DEPARTMENT OF SOCIAL SERVICES: Our program is contracted with the Department of Social Services. We encourage families that are eligible for these services to make the necessary application through the Department of Social Services for full or partial daycare payment assistance. You will be required to pay our fees until your approval comes through. If you would like to apply for services, contact the Department of Social Services Day Care Unit directly. You can reach Nassau County DSS at (516)227-8519. We have provided the most recent eligibility standards below:

		<u>2008-2009 Income Eligibility Standards</u>	
<u>FAMILY MEMBERS</u>		<u>ANNUAL</u>	
<u>MONTHLY</u>			
TWO		\$38,500.00	\$3,208.00
THREE		\$44,880.00	\$3,740.00
FOUR		\$47,700.00	\$3,975.00
FIVE		\$55,800.00	\$4,650.00
SIX		\$63,900.00	\$5,325.00
SEVEN		\$72,000.00	\$6,000.00
EIGHT		\$80,100.00	\$6,675.00

FUNDRAISERS and DONATIONS: Because our organization is a Non-Profit Corporation, we ask all of our families to participate in our fundraisers. The funds collected are used to offset the cost of tuition and purchase supplies and equipment to accommodate your children. Quality supplies and equipment come at a great expense and they need to be replenished every year. Two fundraisers are held each year. We have a raffle sale September through November, additionally we have a spring fundraiser. If you do not wish to participate in our fundraisers, perhaps you would consider providing us with a donation. Many employers offer payroll deductions for United Way Contributions, you can request that your contribution is made to Farmingdale Care, Inc.

ENROLLMENT:

- Any child who is attending Kindergarten through Sixth Grade, and is a Farmingdale School District resident, may enroll in the program.
- The program is available to all, regardless of race, creed or national origin.
- A child's placement in the program is dependent on his/her ability to function in the group. Our program reserves the right to make the decision.
- Full Time participants, children attending 5 days/week, will be given first preference.

- Part Time and Drop-In participants will be considered if space permits. We will maintain a waiting list if necessary.
- To follow is a list of how many students can be enrolled at each center on a daily basis.
 - Albany Ave: 70 Children
 - East Memorial: 70 Children
 - Woodward Parkway: 71 children

TRANSPORTATION: Transportation is provided by the Farmingdale School District, for children enrolled in Farmingdale Care., from Before School Care at Albany Avenue School to their Elementary School; and From Northside or Howitt to the After Care Center they will attend. Transportation can be reached at (516)752-6555. Parents are responsible to provide transportation to the Before School Program and Home from the After School Program on any and all days of operation.

DAYS AND HOURS OF OPERATION:

- Our program follows the School District calendar. We will be closed any days that the schools are scheduled for closing.
- **EARLY DISMISSAL DAYS:** We are open on early dismissal days from dismissal time to 6:00PM. They are usually scheduled in November and June. Lunch is provided to children, prices are referenced with the Tuition Rates.
- **Weather Related Closings:** If the School District should close due to weather, we will also close. Refunds will not be made for weather related closings.
- If there is a delayed opening, we will open as regularly scheduled and the children will be sent to their schools in time for the start of the day. Your daily rate will double for before school care if a delayed opening is called.
- **IF AFTER SCHOOL ACTIVITIES ARE CANCELED, CARE WILL REMAIN OPEN.**
- **BEFORE CARE:** Offered at Albany Avenue Center ONLY.
 - Doors open at 7:30am no earlier. Breakfast is served until 9:00am.
 - Parents/guardians must sign the children in every day, do not leave your child at the door.
 - Children will be taken by District Bus to their appropriate elementary school in time for the start of the day.
- **AFTER CARE:** Offered at: Albany Avenue; East Memorial; and Woodward Parkway, (enrollment allowing), as follows:
 - Albany Avenue: 3:15PM/Dismissal -to- 6:00PM
 - Woodward: 3:15PM/Dismissal -to- 6:00PM
 - East Memorial: 2:30PM/Dismissal -to- 6:00PM
 - Northside:: 3:15PM/Dismissal -to- 6:00PM (bussed by district bus to Albany Avenue for After Care)
 - Howitt: 2:40PM/Dismissal -to- 6:00PM (bussed by district bus to Other Centers for After Care)

PICKING UP CHILDREN:

- All children must be picked up from the appropriate center no later than 6:00PM
- Parents will be charged \$5.00, per child, for each 15 minutes that they are late after 6:00PM
- Emergency/Alternate pickup contacts will be called to pick up children at 6:10PM
- Children will only be released to persons who are designated by the parent on the application.
- All persons picking up children must provide Photo I.D.
- Parent/Guardian or person designated to pick children up, must sign out every day.

ABSENCE:

- If your child will not attend the program on one of their regularly scheduled days, you must report their absence so we will be aware that they are safe.
- Report all absences at (516)752-6652. A message can be left on our voicemail. It is checked frequently.
- If we have not received a call reporting your child's absence, and cannot determine if they were present at school, we will call you to verify their absence.
- Refunds will not be considered for days that the children are absent on regularly scheduled days.

EMERGENCY SITUATIONS:

- It is important for us to have contact phone numbers for the parents/guardians, and all individuals who are approved to pick up the children from our center for emergency purposes.
- If the child becomes ill while at the center, the parent/guardian will be called and advised to pick up the child as soon as possible.
- If the parent cannot be reached, the emergency contacts will be called.
- In the event of a life threatening condition, the center will have the child transported to the hospital, and treatment will be initiated if the parent cannot be reached.
- We must have a completed Emergency Medical Authorization on file. A form is provided in your application.

MEDICATIONS:

- NEVER SEND YOUR CHILD TO CARE (OR SCHOOL) WITH MEDICATION IN THEIR BACK PACK. ALL MEDICATION MUST BE GIVEN TO OUR STAFF BY THE PARENT/GUARDIAN. IF YOUR CHILD WILL REQUIRE MEDICATION AT CARE, PLEASE CALL OUR DIRECTOR FOR GUIDANCE.
- If your child has an allergy that requires an Epi-Pen. Please call our Director for guidance.
- Medication will not be administered to your child without the proper written instructions from the child's doctor and parent.

PROGRAM CONTENT:

- Farmingdale Care, Inc. is a non-profit organization founded in 1985 to provide professional, safe and affordable childcare for school age children who reside in the Farmingdale School District. Our program is licensed by New York State and is a contracted service provider for Nassau County DSS. Activities include indoor and outdoor play, sports, quiet games, study time, reading, movies, arts and crafts, etc.

OUR STAFF:

- Our staff is made up of professional, loving, caring individuals who bring a wealth of experience and training to the children. Among them are Certified Teachers, Teachers with degrees in education, and retirees. Our staff have been certified in CPR and First Aid, and continually upgrade their skills through required in service training.

Nutrition:

- We are NOT a peanut free center. If your child has nut allergies, please discuss this with our Director.
- Breakfast is offered at Before Care until 9:00AM. Breakfast is continental, cereal, milk, juice, toast, and fresh fruit.
- Snacks are offered at After Care. (Milk, Juice, Fresh Fruit/Vegetables, cookies, chips, cheese, etc.)
- Farmingdale Care provides lunch on early dismissal days.
- If your child has special nutritional needs, you are welcome to provide your own snacks and lunch.

NECESSARY DOCUMENTATION:

- The following documents are provided in your application and must be submitted in order for your child to begin our program.
 - Authorization for Emergency Medical Treatment: Must be signed by the parent in the presence of a Notary Public.
 - Medical History: Must be completed and signed by the parent/guardian. Please disclose any drug/food allergies and any medications the child is taking, as well as any medical conditions we should be aware of.
 - Physician's Medical Report: We must have a current Physical Examination and Immunization record from your child's doctor. It cannot be more than a year old and must last the school year.

HOMEWORK:

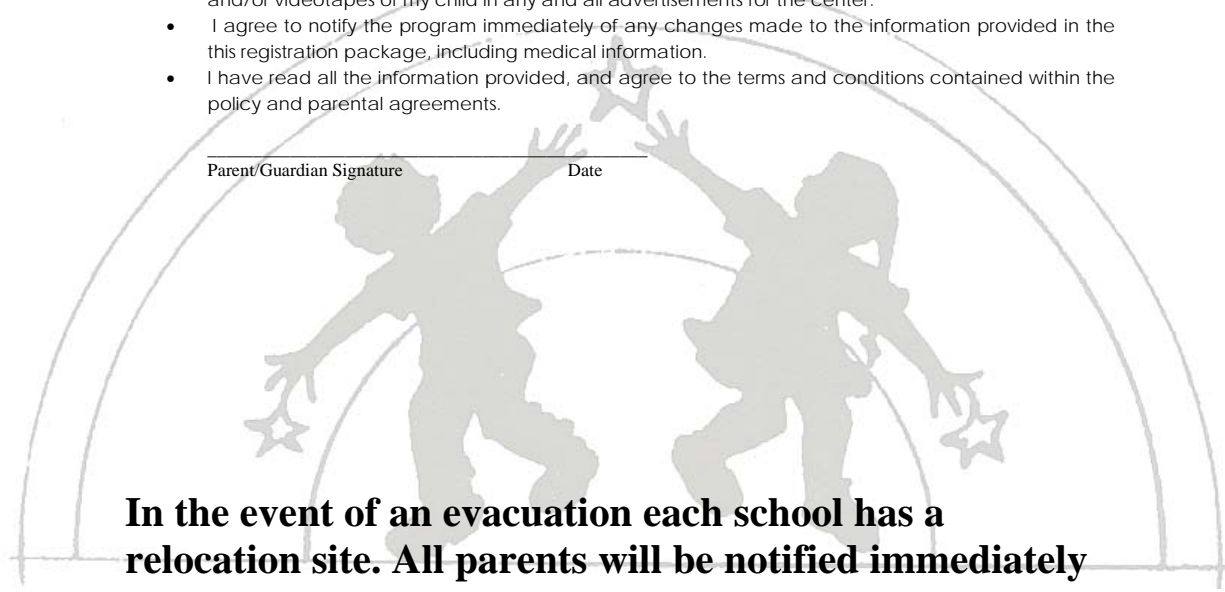
- We feel that homework is an important element in a child's educational career. It is a great tool for parents, teachers and students.
- The children are given about 45 minutes of homework time. This should be enough time for them to complete their work.
- Our staff will help the children as best they can while supervising the other children. However, we will not be able to provide your child with one-on-one tutor time.

PARENTAL AGREEMENTS

- I give permission for Farmingdale Care, Inc. to seek emergency Medical Treatment for my child in the event that I cannot be contacted immediately and my child is in need of immediate medical treatment.
- I agree to pay any and all fees that pertain to my child's attendance at Farmingdale Care, Inc... I agree to pay any additional charges incurred for the care of my child.
- I agree to have my child transported by the Farmingdale School District when transportation is necessary for my child to reach one of the centers operated by Farmingdale Care, Inc., for child care services, or to be returned from the center to his/her regular school of attendance at the start of the school day.
- I assume full responsibility for my child to be transported to our before school program and home from the center on any days that he/she attends the program.
- I give permission to Farmingdale Care, Inc. to photograph or videotape my child while in attendance at Farmingdale Care, Inc. Furthermore, I give Farmingdale Care, Inc. permission to use photographs and/or videotapes of my child in any and all advertisements for the center.
- I agree to notify the program immediately of any changes made to the information provided in the this registration package, including medical information.
- I have read all the information provided, and agree to the terms and conditions contained within the policy and parental agreements.

Parent/Guardian Signature

Date



In the event of an evacuation each school has a relocation site. All parents will be notified immediately if an evacuation is required. The evacuation sites are listed below.

East Memorial

Wallgreens

918 Main Street

Farmingdale, NY 11735

516 845-5235

Woodward Parkway

Farmingdale High School

150 Lincoln Street
Farmingdale, NY 11735
516 752-6600
Albany Avenue
North Massapequa Fire Department
1000 N. Broadway
N. Massapequa, NY 11758
516 931-1366



FARMINGDALE CARE, INC.

Medical Statement of Child in Childcare

To Be Completed By Licensed Physician, Physician's Assistant or Nurse Practitioner

Name of Child:	Date of Birth:	Date of Examination:
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Immunizations required for entry into day care

Yes No

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date	2 nd Date	3 rd Date	4 th Date	5 th Date
Polio (IPV or OPV)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Haemophilus influenzae type B (Hib)	1 st Date	2 nd Date	3 rd Date	4 th Date OR 1 st Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date	2 nd Date	3 rd Date	4 th Date	
Hepatitis B	1 st Date	2 nd Date	3 rd Date		

Measles, Mumps and Rubella (MMR)	1 st Date	2 nd Date
Varicella (also known as Chicken Pox)	1 st Date	2 nd Date

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:
Type of Immunization:	Date:	Type of Immunization:	Date:

Tests

Tuberculin Test Date: ___ / ___ / ___ Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion.
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: ___ / ___ / ___
 Attach lead level statement

Lead Screening (Include All Dates and Results)

1 year ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary
 2 years ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):
 ___ / ___ / ___ Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.
 If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

ADDITIONAL INFORMATION ON REVERSE SIDE →

Medical Statement of Child in Childcare
 (continued)

Health Specifics	Comments
Are there allergies? (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Are there any medical or developmental conditions requiring special attention? <input type="checkbox"/> Yes <input type="checkbox"/> No	

BODY MASS INDEX: _____		
Weight Status Category (BMI Percentile)		
___ less than 5th	___ 5th through 49th	___ 50th through 84th
___ 85th through 94th	___ 95th through 98th	___ 98th and higher

Summary of Physical Exam Include special recommendations to Day Care Providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in day care. Yes No

PLEASE STAMP

Signature of Examiner	Address
Please Print Name	City, State, Zip
Title	() Phone
	Date

Religious Exemptions

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.



**Farmingdale Care, Inc.
Annual Fundraiser/Donation Request**

Each year we will have a fundraiser to raise money for our non-profit program. The funds raised are used for program expenses and are meant to keep the parent fee increases to a minimum. The amount of funds raised becomes an important issue for all of us. We ask all of our families to participate equally.

Realizing that not everyone is comfortable selling merchandise, may we suggest that you provide a monetary donation.

Additionally, you can donate to our program through the United Way. If your employer offers payroll deductions for United Way Contributions, you can request that your donations be made to Farmingdale Care, Inc.

Our Tax ID # 11-2752185

Please indicate how you will participate in our fundraising endeavors:

Child's Name: _____

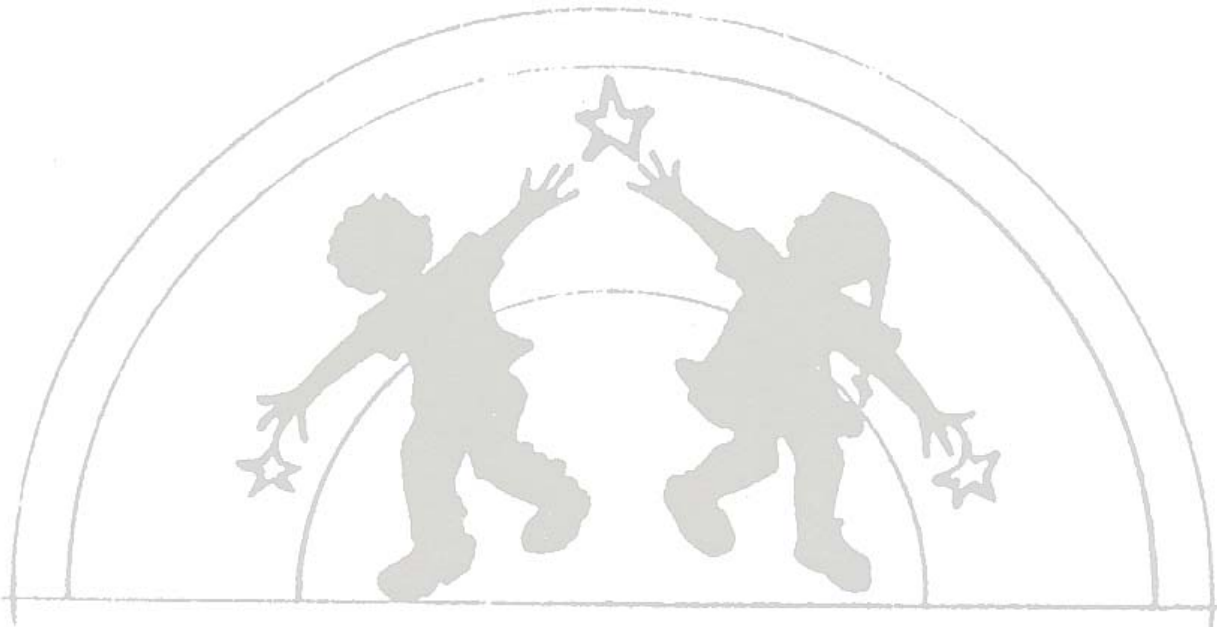
I will sell fundraiser merchandise.

I will provide a donation in the amount of \$_____.

___ I will provide my donation through the united Way.

Parent/Guardian Signature: _____

Date: _____



Building For the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care.

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals that meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals

CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the four groups:)
Milk Fruit or Vegetable Grains or Bread	Milk Meat or meat alternate Grains or bread Two different servings of fruits or vegetables	Milk Meat or meat alternate Grains or bread Fruit or vegetable

Participating Facilities

Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

Eligibility

State agencies reimburse facilities that offer non-residential day care to the following children:

- children age 12 and under,
- migrant children age 15 and younger, and
- youths through age 18 in afterschool care programs in needy areas.

Contact Information

If you have questions about CACFP, please contact one of the following:



Sponsoring Organization / Center

State Director, NYS CACFP
NYS Department of Health
Division of Nutrition
150 Broadway FL 6 West
Albany, NY 12204-2719
1-800-942-3658 (in NY only)
518-402-7400

USDA is an equal opportunity provider and employer