



Dear Lighthouse Families!

We know how important it is to stay up to date on your child's learning journey, which is why we're excited to offer you access to Procure Solutions' best-in-class parent app. Have you registered yet?

### **Tell Me More About Procure's Parent App**

Once you download the Procure app on your smartphone, we can update you on your child's daily activities, milestones and more. We can send you photos and videos of your child, as well as keep you in the loop on upcoming events and time-sensitive information.

The app also offers several "contactless" ways to check your child in and out. This helps us limit in-person interactions and unnecessary foot traffic in the center so we can better ensure the health and wellbeing of you, your children and our staff.

### **How do I get the app?**

You'll get an email on your child's first day with all the instructions including a unique 4-digit pin and information to download the mobile app via email.

### **What our parents are saying?**

"We love the Procure app!! Having a baby with a schedule, the app let's us know bottles, diapers naps and all the little things we need to keep her schedule at home. The picture and video portion is amazing and provides additional comfort and places the mind at ease. The best feature is being able to message directly back and forth with the classroom teachers. If you ever forget to tell them something or if your kiddo needs anything you all can message directly in the app and go back to jog the memory. Being a busy parent it's nice and easy to check the app and keep your day rolling."

-Stephanie

We love seeing pictures of our little one throughout the day! ProCare Engage is a great way to stay connected when we can't be with our little one during the week! <3

-Lauren



# YOUR CHILD'S FIRST DAY AT CHILDREN'S LIGHTHOUSE

## ITEMS TO BRING ON YOUR CHILD'S FIRST DAY

**Extra Change of Clothes:** ALL CLASSES, please bring 1-2 pairs of extra underwear, socks, pants and shirts in a plastic bag labeled with your child's name. Even children that are fully toilet-trained sometimes have accidents or get messy

**Bedding:** A crib sheet for Rooms 1-2 is provided for Rooms 3-16 will need a crib sheet and blanket, please be sure that it fits inside their cubby. A best practice for items from home is take them on Friday to wash over the weekend and return on Monday.

**Diapers and Wipes:** Please remember to keep an adequate supply of diapers, wipes and other changing supplies in stock for your child's teacher. You can also check your daily report for communication about when your child's supplies are running low.

**Infant Bottles & Food:** Please bring your child's pre-made bottles daily and any jar food that is needed. Bottles and lids should be labeled with the first name and last initial of child.

**Water Bottle:** Please bring in a re-usable water bottle for your child to use throughout the day.

**Enrollment Paperwork:** Please make sure that we have all of your child's enrollment paperwork before your child's first day. This will include the enrollment packet, copy of your child's immunization records and the health statement from the physician.

**Payment for Tuition:** Please plan to bring your child's first week of tuition with you on the first day. Your weekly tuition is due by Tuesday of each week after that. Payments made after Tuesday will be charged a \$25 late fee. You can also sign up for Automatic Payment by using your bank account or debit/credit card.

## THINGS TO REMEMBER!

- Please call the office when your child is out sick or will be coming in later than normal.
- Notify us of any address change, new home, cell or work number as well as change in email address.
- Please help us keep all the children at Children's Lighthouse healthy by following the **Illness Policy** and not sending your child to school sick.
- **Medication Policy:** Medication must be in the original container with child's name, signed in at the front desk with authorization and the dosage amount listed on the container. A doctor's note may be required.
- Notify the office and your child's teacher if you plan to have someone else pick up your child. Please make sure that they are on the pick up list.
- **Withdrawal Policy:** A written two week notice is required for disenrollment.



**Dear Family,**

We would like to get to know your child better so that we can tailor our lesson plans and activities to best meet the needs, temperaments, and personalities of the children that we have the honor to love and teach. Thank you for your time, we know it is precious.

**Children's Lighthouse Team**

**All About My Child:** \_\_\_\_\_

**Tell Us About Where Your Child Primary Lives (circle all that apply):**

During The Week Lives with: mom dad grandparent aunt/uncle friend other

During The Weekend Lives with: mom dad grandparent aunt/uncle friend other

**Names & Ages of Siblings:**

\_\_\_\_\_

**Favorite Things To Do:**

\_\_\_\_\_

**Eating Habits:** Circle the type of eater that represents your child:

great eater    good eater    fussy eater

Food He/She Likes: \_\_\_\_\_

Food He/She Doesn't Like: \_\_\_\_\_

Please list the breakfast items your child eats on a regular basis:

\_\_\_\_\_

**Nighttime Sleeping Habits:**

During the week sleeps usually from \_\_\_\_\_ pm to \_\_\_\_\_ am

**Napping Habits:**

When home usually naps from \_\_\_\_\_ to \_\_\_\_\_

**TV Viewing:**

Average hours watches TV at home a week \_\_\_\_\_

Favorite to Watch: \_\_\_\_\_

**Form Done By:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please Continue on Back**



## PLEASE CIRCLE THE ITEMS BELOW THAT REFLECT YOUR CHILD

**Currently Shows Which Hand Preference:** LEFT RIGHT

**Personality**—Many great authors have books on the personality types. One favorite is a book by John & Cindy Trent in partnership with Gary & Norma Smalley called “The Treasure Tree.” They have taken the four personality types and compared the characteristics to that of fun animals. What traits does your child have?

Lion (Choleric)—task oriented, dominate, leader, likes a challenge, tells others not to do things, daring, controlling, takes over, active, strong-willed, independent, opinionated, active

Beaver (Phlegmatic)—task oriented, organized, tidy, analytical, detail oriented, asks a lot of questions, perfectionist, set in ways, says things like they are, calm, slow to action, likes to watch others

Otter (Sanguine)—people oriented, creative, likes to have fun, optimistic, showy, full of energy, talkative, flighty, procrastinates, sense of humor, hard to stay on task, storyteller, emotional/happy

Golden Retriever (Melancholy)—people oriented, faithful, loyal, listens, peacemaker, patient, nurturing, helper, procrastinates, hurts when others hurt, sensitive, emotional/tender, laid back, more introverted

**Temperament**—Identifying a child's temperament is key to understanding how to meet their needs. Which of the following temperament traits does your child display?

Feisty &/or Full of Life—physically demanding, high activity level, distractible, sensitive, inconsistent, intense, negative, moody, rambunctious, unwinds slowly, responds physically instead of verbally

Flexible & Easy-Going—non-demanding, easy going, positive mood, adaptable, low intensity, low sensitivity, regular rhythms, self sufficient

Fearful or Cautious/Slow to Warm Up—emotionally demanding, adapts slowly, doesn't like change, slow to engage, doesn't like to be touched, withdraws from group, moody, sensitive

**WHAT LEARNING/ACADEMIC GOALS DO YOU HAVE FOR YOUR CHILD THIS SCHOOL YEAR?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Enrollment Form

GENERAL INFORMATION					
This Children's Lighthouse School is owned and operated by: <b>A&amp;E Learning 2, LP</b>			School Director's Name: <b>Veronica Rodas</b>		
Child's Name:		<input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth:		Home Phone Number:
Child's Address:			City:	State:	Zip:
Date of Admission:		Date of Withdrawal:		Hours and days child will be in care:	
Parent/Guardian's Name:			Parent/Guardian's Name:		
Address: (if different)			Address: (if different)		
E-mail			E-mail		
Place of Employment:			Place of Employment:		
Primary Phone Number:		Secondary Phone Number:		Secondary Phone Number:	
Name of person to call in case of emergency if parents / guardian cannot be reached:		Name:		Address:	
		Relationship:		City: State:	
I hereby authorize this School to allow my child to leave this School ONLY with the following persons:					
Name:		Name:		Name:	
Phone Number:		Phone Number:		Phone Number:	
AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION					
In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the school administration or person in charge to take my child to:					
Physician:		Address:		City, State	
				Phone Number:	
Dentist:		Address:		City, State	
				Phone Number:	
Emergency Care Facility:		Address:		City, State	
				Phone Number:	
I give consent for this facility to secure any and all necessary medical care for my child.		Signature – Parent or Legal Guardian			Date
CHILD'S ALLERGY INFORMATION					
List any special needs your child has, such as environmental allergies, physician-diagnosed food allergies, existing illness, previous serious illnesses, injuries, or hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of:					
Does your child have diagnosed food allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Allergy Action Plan submitted on: ____/____/____					
Signature – Parent or Legal Guardian			Date		
CHILD'S FOOD RESTRICTION INFORMATION					
Does your child have any food restrictions you would like the staff to be aware of that are not physician-diagnosed food allergies?					
Signature – Parent or Legal Guardian			Date		

Parent Signature: \_\_\_\_\_

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This School is independently owned and operated by the entity named at the top of this form. This School is not owned or operated by Childrens Lighthouse Franchise Company or any of its affiliates or subsidiaries.



## Enrollment Form

CUSTODY INFORMATION	
Initial: _____ Is there a court order affecting the custody of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must provide a file stamped copy of the court order signed by the presiding Judge. If no, please understand that both legal guardians/parents have equal access to the child and information.	
SCHOOL AGE CHILDREN	
My child attends the following public school:	My child's immunization records, and vision and hearing test results are on file at the school. <input type="checkbox"/> Yes <input type="checkbox"/> No All immunization, TB, and hearing and vision tests are current. <input type="checkbox"/> Yes <input type="checkbox"/> No
School Address:	School Phone Number:
My child has permission to (check all that apply): <input type="checkbox"/> ride a bus <input type="checkbox"/> be released to the care of his/her sibling who is under 18 years old	
Signature – Parent or Legal Guardian	Date
ADMISSION REQUIREMENT	
If your child does not attend pre-kindergarten or school away from this school, the following must be presented when your child is admitted to this school or within one week of admission. <input type="checkbox"/> A signed and dated copy of this School's Physicians Recommendation and Health Statement. Initial _____	
CONSENT INFORMATION	
<b>CHECK ALL THAT APPLY AND INITIAL:</b>	
1. Field Trips I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in field trips: Initial _____	
2. Water Activities I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent for my child to participate in water activities: <input type="checkbox"/> splashing pools <input type="checkbox"/> wading pools <input type="checkbox"/> swimming pools <input type="checkbox"/> aquatic splashpads <input type="checkbox"/> water table play <input type="checkbox"/> sprinkler play Initial _____	
3. Receipt of Written Operational Policies I acknowledge receipt of this school's operational policies located in the Parent Handbook. Initial _____	
PHOTO RELEASE AND VIDEO MONITORING AUTHORIZATION	
With the intent to be legally bound, I give this School permission to take photos of my child while attending this School and to use these photos and share these photos with Childrens Lighthouse Franchise Company for displays and/or marketing, website, flyers, or brochures, without compensation of any type for my child or me. I also acknowledge that I will have no right, claim, or interest in or to such photos. I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give – my consent. Initial _____ This School offers internet video monitoring for parents. These "real time" videos not only offer parents the comfort of knowing their child is in good hands, but also provide a glimpse into their child's daily work and play. Because the security of this School and children in our care are our primary concern, any use of these videos, including reproduction, printing, or image duplication, is strictly prohibited. Initial _____	

ANNUAL UPDATES	
Please verify your information annually, update any information on a separate form, and sign below.	
By signing below, I acknowledge that I have reviewed and verified for accuracy all information provided on this form.	
Signature – Parent or Legal Guardian	Date
By signing below, I acknowledge that I have reviewed and verified for accuracy all information provided on this form.	
Signature – Parent or Legal Guardian	Date

Parent Signature: \_\_\_\_\_

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## Physician's Recommendation and Health Statement

Dear Physician,

Children's Lighthouse provides a group care setting for children between the ages of six weeks and twelve years old. It is our policy to accept children in our school in compliance with the Americans with Disabilities Act and all applicable federal, state, or local laws pertaining to the provision of services to persons with disabilities.

In addition, our school will evaluate each child's situation on an individual basis to determine if the following child's needs, including physical, can be met within our school's teacher to child ratio:

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Teacher to Child ratio at our school is:

Age	Infants 6wks to 12 months	Toddlers 13 months to 17 months	Toddlers 18 months to 24 months	2 year olds	3 year olds	4 year olds	5 year olds	6 -12 year olds
Teacher / Child ratio	1/4 2/10	1/5 2/13	1/9 2/18	1/11 2/22	1/15 2/30	1/18 2/35	1/22 2/35	1/26 2/35

Admission Signature Requirement: *Please check only one:*

1. ☐ **HEALTH-CARE PROFESSIONAL STATEMENT:** I have examined the above-named child within the past year and find that he / she is physically able to participate in a group care setting with the teacher to child ratio as stated above.

\_\_\_\_\_  
Health Care Professional's Signature

\_\_\_\_\_  
Date

Immunization Requirement: *please check only one:*

1. ☐ A copy of my child's immunization Record is attached. If the state requires hearing and vision, I will obtain a copy of the examination when my child reaches the age the state requires such examination to be administered.
2. ☐ My child attends public or private school away from the child-care operation and the immunization is on file at the school.
3. ☐ I am excluding my child from the immunization requirement for reasons of conscience, including a religious belief. I have attached a valid vaccine exemption affidavit form developed and issued by the Department of State Health Services. I understand that this affidavit is valid for 2 years from the date notarized and must be resubmitted every two years.

*Additional State Health information may be required in addition to this form and will be provided by your School Director.*

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

*Each Children's Lighthouse school is independently owned and operated, and each independent owner is solely responsible for complying with all laws, policies, procedures, and regulations.*



Child Photo Here

## Allergy Alert and Action Plan

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

*An Allergy Action Plan must be completed for ALL physician diagnosed allergies. This plan must be signed by your child's physician stating the specific precautions, reactions and medicinal procedures we should follow in case of accidental contact or digestion. Please update this information yearly, or as new allergies develop.*

### ALLERGIES (Circle)

Peanuts	Milk	Shellfish
Soy	Wheat	Tree Nuts
Fish	Pollen	Mold
Dust Mites	Pets	Honeybees/Hornets/Wasps/ Yellow Jackets
Fire Ants	Penicillin	Sulfates
OTHER:		

### Symptoms/Reactions to Watch For:

	Name	Symptoms/Reactions
Allergy/Other #1		
Allergy/Other #2		
Allergy/Other #3		
Allergy/Other #4		

### Treatment Needed Upon Contact or Digestion:

	Name	Treatment Needed
Allergy/Other #1		
Allergy/Other #2		
Allergy/Other #3		
Allergy/Other #4		

*The child named above has been tested and found to be allergic to the foods/medications/environments/insects indicated.*

Physician's Printed Name		Hospital Affiliation
Address	Phone Number	Fax Number
Physician's Signature		Date

*In order to ensure the safety of our children with allergies, we will post your child's picture with specific allergy information in the kitchen and classroom(s). Please sign below indicating permission to post allergy information.*

Guardian Signature:	Date:
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## Infant Care Instructions

### Dear Parent/Guardian(s):

In order to serve your infant's needs in an individualized manner, we ask that you complete this form and return it to your child's teacher.

*Please Note: All items brought to school must be labeled with your child's first name and last initial. This includes, but is not limited to the following: bottles, blankets, pacifiers, food jars/boxes, diaper cream, clothing, wipes, etc.*

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Allergies

Food	
Skin	
Other	

### Skin Care

*Please Note: All diaper cream, lotion or ointment must be in its original container and labeled with your child's first name and last initial, and the date it was left at the school. Diaper cream, lotion, or ointment will only be administered in amounts according to the label directions.*

Name of Cream or Ointment:	Expiration Date on Cream or Ointment:	Continue Cream or Ointment Until:
When is it to be applied?	How often should it be applied?	
Symptoms to look for:		

Name of Cream or Ointment:	Expiration Date on Cream or Ointment:	Continue Cream or Ointment Until:
When is it to be applied?	How often should it be applied?	
Symptoms to look for:		

### Nap Schedule (Circle One)

On-Demand	Every ____ Hours
Strict Schedule (Please detail):	

### Sleeping Position

<i>Our school follows the safe sleep recommendations by always putting infants to sleep on their backs until 1 year of age, unless an Infant Sleep Exception letter is provided by the infant's health care professional.</i>		
Can your child roll over?	Yes	No
Does your child use a pacifier?	Yes	No
If Yes, when?		

## Infant Care Instructions – Continued

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Feeding Schedule (Circle One)**

On-Demand	Every ____ Hours
Strict Schedule (Please detail):	

*Please Note: All left over food and contents of bottles will be disposed of at the end of the feeding.*

What does your child drink?	Formula	Breastmilk	Whole Milk
If Formula, what type?			
Does your child like their bottle warmed?	Yes	No	
Does your child drink juice?	Yes	No	
If Yes, what type of juice?			

**Diet:** *Please be specific regarding the type of foods your child eats.*

Cereal	Meat
Vegetables	Fruits

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*This form must be updated every thirty (30) days, or as required by individual state and local standards.*

**Update #1**

--

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Update #2**

--

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Update #3**

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Appendix 4: Parent/Guardian Acknowledgment of Receipt

**I have read and fully understand the policies and procedures set forth in the Children's Lighthouse Parent Handbook. In addition, I have received a printed or electronic copy of the Handbook for my personal reference.**

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Printed Name of Parent or Guardian

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Signature of Parent or Guardian

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Date





LOCATED AT 3009 N. GOLIAD STREET ROCKWALL, TX 75087

THIS SCHOOL IS INDEPENDENTLY OWNED AND OPERATED BY A&E LEARNING 2, LP

### TUITION AND ENROLLMENT AGREEMENT TX08

This Children's Lighthouse School provides safe, quality, and nurturing educational care for children 6 weeks through 12 years of age. This School is independently owned and operated, and neither Children's Lighthouse Franchise Company nor any other Children's Lighthouse school is responsible for the actions or obligations of this School or its owners, employees, independent contractors, or agents. This Agreement is being entered into by us and the undersigned parent or guardian ("you").

#### OPERATIONAL SCHEDULE:

Our hours of operation are from 6:30 a.m. – 6:30 p.m. We operate year-round, except we are closed for certain holidays and staff training days ("School Closures"). A list of our School Closures is attached to this Agreement. We will attempt to stay open during inclement weather; however, we will make announcements of School closings, late openings, or early dismissals on our School website or social media page and through local news stations, if available. **No adjustments or credits will be issued for School Closures or closings due to inclement weather.**

#### REGISTRATION, TUITION, AND FEES:

- **No Cash:** For the safety of our employees and the children in our care, this School does not accept cash. You must pay with a bank account, credit/debit card or a check.
- **Registration Fee:** Our registration fee of \$\_\_\_\_\_ is **non-refundable** and is due when your child's application is submitted. *If you withdraw your child from our School then decided to return, a new enrollment form and registration fee must be submitted, and an opening must be available.*
- **Tuition:** Weekly tuition for the child named below in this Agreement is \$\_\_\_\_\_. Payments are **due in advance** on Monday of each week. We reserve the right to refuse service for families who have an outstanding account balance at the end of the week. Full tuition is due for holidays and teacher in-service day closings observed by this School.
- **Annual Curriculum Fee:** Our annual curriculum fee of \$\_\_\_\_\_ is due upon registration and each September for the next school year. Depending on the age of your child, the actual amount may be different from one year to the next. If you withdraw your child before the start of our Fall Academic Year, a cancellation fee of \$50.00 per child will be deducted from any curriculum fees we elect to refund.
- **Sibling Discount:** We offer a 5% discount for each additional full-time child enrolled in our program for the same family. The discount applies to the oldest child's tuition fee. One discount per family at a time. No additional discounts will be applied to accounts receiving a sibling discount.
- **Late Payment Fee:** A \$25.00 late payment fee will be charged if payment is not received by Wednesday morning at 9 AM.
- **Delinquent Accounts:** We reserve the right to refuse service for families who have an outstanding account balance that is more than 3 business days past the tuition due date described above. Delinquent accounts and all costs incurred in the collection process will be referred to a collection agency.
- **Non-sufficient Funds ("NSF"):** An NSF fee of \$30.00 will be added to your account when we are notified of NSF for either checks or electronic withdrawal. The amount of the original payment and the

NSF fee MUST be paid with a money order or cashier's check immediately upon notification of the NSF. If we receive more than two NSF notifications, your account will result in the account being placed on a Money Order ONLY basis.

- **Late Pick-up Fee:** You will be assessed a late pick-up fee of \$1.00 per minute/per child for each minute you have not picked up your child past our closing time. (\$10.00 minimum and charged according to our clock.)

**Withdrawal Notification:** If you elect to withdraw your child from our School for any reason, you must give us a 2-week notice by completing and giving us this School's notification of withdrawal form. If you do not comply with this requirement, then you must pay us an amount equal to 2 weeks of tuition. *To re-register your child(ren), a new enrollment form must be submitted with the registration fee if an opening is available.*

**Credit Card Fee:** There is a 2% credit card surcharge fee added to tuition. To avoid this fee you can pay with a check or have tuition drafted out of your bank account

#### REFUND POLICY:

- We refund tuition amounts that are paid in advance but are not used.
- Other payments are refunded as otherwise stated in this Agreement.
- Refunds may take up to 30 days to process.

#### ADDITIONAL EXPENSES FOR SCHOOL-AGE CHILDREN:

- There is an additional \$50.00 daily fee for school-age children when their public school is out for holidays or teacher in-service days.
- When enrolled in our school-age programs and your child's public school is out for an entire week during the school year, the FULL-TIME rate of \$\_\_\_\_\_ will be charged for the time your child attends this School. If your child does not attend this School during such week, then the account will be charged according to our absentee credit policy described below.
- A \$10.00 non-notification of pick-up fee will be assessed to your account each time you fail to notify us that your child will not be riding the bus. Notification that bus service is not needed for pick-up from public school must be provided to us no later than 2:30 on the day service is not needed.

#### ABSENTEE CREDIT:

- Absentee credit applies to **full-time enrollment only**.
- Absentee credit does not apply to infants (0-12 months old).
- Absentee credit is calculated on tuition only. No additional credits or discounts, such as family or promotional discounts, are included in the calculation of the absentee credit. Only **one** discount or credit will be applied at a time.
- To use absentee credits, you must complete and return to us our School's absentee credit request form, and the discounted tuition must be paid in advance of missed days.
- Absentee credit is available for up to 5 weeks per calendar year (prorated during your first year depending on date of enrollment). Absentee credit means that you will pay 60% of your child's regular tuition for days your child does not attend the School if your child misses 3 or more days in the same week because of illness, an unforeseen problem, or pre-approved absentee credit.



LOCATED AT 3009 N. GOLIAD STREET ROCKWALL, TX 75087

THIS SCHOOL IS INDEPENDENTLY OWNED AND OPERATED BY A&E LEARNING 2, LP

### TUITION AND ENROLLMENT AGREEMENT TX08

- School Closures and public school holidays and teacher in-service days are not considered when calculating the 3-day absentee credit period described above.

#### CONDITIONS UNDER WHICH THIS AGREEMENT CAN BE CHANGED OR TERMINATED

- This School has the right to change its fees and/or policies in its own discretion and is only obligated to provide you a two-week written notice of such changes.
- We reserve the right to immediately deny services and/or terminate this Agreement due to an aggressive and/or unsafe behavior demonstrated by you or your child. The definition of "aggressive and/or unsafe behavior" will be determined by us in our sole discretion.

#### ASSUMPTION OF RISK ACKNOWLEDGMENTS AND AGREEMENTS

I understand and acknowledge the following on behalf of my child, myself, and my family:

- Children playing together and spending time together in classrooms creates an atmosphere in which any contagious disease (flu, COVID-19, etc.) may spread easily, even when all CDC and other federal, state, or local health and safety requirements and guidelines are followed.
- The CDC and other federal, state, and local health and safety requirements and guidelines related to COVID-19 and possibly other contagious diseases may continue to change, which means that this School's related policies and protocols may also change. If such changes occur, I will comply with the School's new policies and protocols as communicated to me.
- The risk of becoming exposed to or infected by any contagious disease may result from the actions, omissions, or negligence of myself and others, including but not limited to other children, parents, vendors, School employees, volunteers, or visitors.
- **By enrolling my child in this School, I am voluntarily assuming the risk on my child's behalf and on behalf of myself and my family that I, my child, my family, and others that I, my child, and my family come in contact with may be exposed to contagious diseases, which may result in personal injury, illness, permanent disability, and/or death.**
- **By signing this Agreement, you are releasing us from any and all liability or harm which may occur due to your child's exposure to contagious diseases at this School, including harm resulting from this School's negligence, but not from harm that may result from gross negligence, recklessness, or willful misconduct.**

#### OTHER ACKNOWLEDGMENTS AND AGREEMENTS

- I understand that it is my responsibility to keep this School advised of changes of addresses, phone numbers, and authorized pick-up information.
- I will comply with all policies and procedures set forth in this Agreement.

- I acknowledge that I have received the Children's Lighthouse Parent Handbook for this School, and by signing below, I agree that I have read such handbook and I will comply with all policies contained therein.

- This Agreement is governed by the laws of the state of Texas, without regard to its conflict of law principles.

- No right or obligation under this Agreement will be deemed waived due to delay or failure to exercise such right or undertake such obligation. Consent to one act will not be considered consent to any other or subsequent acts. Any waiver of a default of this Agreement must be in writing by us and will not be deemed a waiver of any other default concerning the same or any other provision of this Agreement.

I have read this Agreement, and I fully understand the contents of this Agreement.

My signature below represents that I have the full authority to bind myself, spouse, child, and any other parent, stepparent, guardian agent, attorney, or representative of the child named below to the terms of this Agreement.

PARENT / GUARDIAN SIGNATURE

DATE

CHILD'S NAME

DATE

WITNESSED BY ABOVE-SIGNED SCHOOL DIRECTOR

DATE



LOCATED AT 3009 N. GOLIAD STREET ROCKWALL, TX 75087

THIS SCHOOL IS INDEPENDENTLY OWNED AND OPERATED BY A&E LEARNING 2, LP

### SCHOOL-SPECIFIC INFORMATION TX08

#### School Closures:

Our School is closed on the following holidays: New Year's Day, President's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving Day, and Christmas Day. If the holiday is on a Saturday, we will be closed on the Friday before for observation of the holiday. If the holiday is on a Sunday, we will be closed on the following Monday to observe the holiday.

Check with your school director for the most up to date information.

#### Immunizations:

All children enrolled in this facility, and NOT enrolled in public school are required to furnish a copy of their immunization record in 7 compliance with the Texas minimum state vaccine requirements for child-care facilities of the current year. At this time there are no 8 laws pertaining staff immunization policy requirements

#### Hearing and Vision Requirements:

Children four years of age or older, who are enrolled in any facility for the first time, should be screened for vision and hearing within 120 calendar days after enrollment.

#### Alternate Emergency Location:

In the event of an emergency, the alternate location below is considered to be a safe place that is not at the School.

Walgreens

214-771-3209

Rockwall, TX 75087

#### Parent Communication:

We use the following methods to communicate information about events and activities: Facebook, Instagram, Email, Procure and Monthly Newsletters

#### State Minimum Standards:

A copy of TEXAS Minimum Standards for childcare centers is available for review from your Center Director

#### Child Abuse Reporting:

Suspected child abuse must be reported to the Child Abuse Hotline for the state of TEXAS that number is 1-800-252-5400

#### ADA Statement:

Child daycare operations are public accommodations under the Americans with Disabilities Act ("ADA"), Title III, and Civil Rights Regulations. If you believe this School is practicing discrimination in violation of Title III, you may call the ADA Information Line at: 800-514-0301 or 800-514-0383 (TTY).

#### Animals:

None

#### Water Activities:

The School offers the following water activities: Splash Pad

#### Parent Referrals:

We offer 1 week of free tuition for the family who refers another family and they enroll. It will be applied on their 5th week enrolled

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# Automated Payment Processing

Safe. Convenient. Easy.



We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

Your Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bank or Credit Union Name \_\_\_\_\_ Bank or Credit Union Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing Transit Number (see sample below) \_\_\_\_\_ Account Number (see sample below) \_\_\_\_\_ ☐ Checking ☐ Savings

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

Your Name  
Any Street, Anytown  
Tel: (001) 555-0000

0001

DATE \_\_\_\_\_

PAY TO THE ORDER OF **ATTACH VOIDED CHECK HERE** \$

**DEPOSIT SLIPS NOT ACCEPTED**

 **Savings Bank**  
Any Street, Anytown  
Tel: (001) 555-5555

FOR  MP

123456789

000123456789

0001

ROUTING  
NUMBER

ACCOUNT  
NUMBER

CHECK  
NUMBER

### FOR OFFICIAL USE ONLY

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Employee Signature

800.338.3884 • [procaresoftware.com](http://procaresoftware.com)

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Child's Photo Here

## FOOD RESTRICTIONS

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Please List Food Restrictions:

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Food Restrictions will be honored due to religious or dietary reasons.

In order to ensure the safety of our children with allergies, please complete an **ALLERGY ACTION PLAN** if your child has a physician diagnosed allergy.

We will post your child's picture with this specific information in the kitchen and classroom.

*This form must be updated annually on your child's birthday to ensure the best practices at our school. Please sign below indicating permission to post Food Restriction information.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

*Each Children's Lighthouse school is independently owned and operated, and each independent owner is solely responsible for complying with all laws, policies, procedures, and regulations.*



## Sunscreen and/or Insect Repellant Permission

Sunscreen must provide UVB and UVA (broad-spectrum) protection with an SPF of 15 or higher. Sunscreen may not be used on infants under 6 months of age unless parent permission is granted below. Insect repellent products for children should contain no more than 30% DEET.

All sunscreen and insect repellent provided by a parent/guardian must be:

- ✓ clearly labeled with each child's full name
- ✓ provided in the original container
- ✓ within the expiration date
- ✓ clearly labeled with directions appropriate for the age of the child

Sunscreen and insect repellent must be applied to a child at least once at home to test for any allergic reactions. I understand that if I do not want sunscreen and/or insect repellent applied to my child, then I must provide protective clothing to protect my child from sun exposure and insects during outdoor activities.

Please complete the following information on a separate form for each child:

*I acknowledge that I have tested my child for an allergic reaction to the sunscreen and/or insect repellent described below, and no such reaction occurred. I hereby give this Children's Lighthouse school permission to apply the sunscreen and/or insect repellent specified below to my child when outdoor conditions warrant application.*

Child's Name		
Sunscreen Name		Exp. Date
Insect Repellant Name		Exp. Date

### Special Instructions

Sunscreen:

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Insect Repellent:

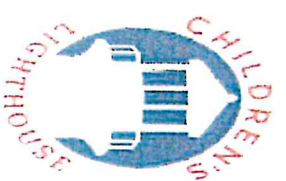
---

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Week A Menu



Week of:							
Weekday:							
Monday:							
Multi-grain Bagel with Cream Cheese and mixed fruit (occasional) Served with milk				Cheese Pizza, Salad, Apple Slices Served with milk			
				Pretzel Twists, Raisins and mini marshmallows Served with fresh fruit			
				No adjustment			
Tuesday:							
Waffles and mixed berries with syrup Served with milk				Chicken and Cheese soft tacos, Black Beans oranges Served with milk			
				Goldfish Served with fresh fruit			
				Omit Chicken on taco			
Wednesday:							
Blueberry Muffin with Banana Served with milk				Chicken nuggets, peas and corn with diced melon Served with milk			
				Veggie Straws Served with fresh fruit			
				Replace Chicken with cheese sandwich			
Thursday:							
Yogurt Parfait Served with milk				Chicken Spaghetti with corn, fresh fruit Served with milk			
				Crackers with mild Cheddar cheese Served with fresh fruit			
				Omit meat and add Cheese to pasta			
Friday:							
Multi-grain English Muffin with jelly Served with milk				Rice with beef and potatoes with Orange slices Served with milk			
				Vanilla Wafer Served with fresh fruit			
				Omit beef			

Unflavored Whole Milk & Water will be served to children 12-24 months old

Unflavored 1% Milk & Water will be served to children 2-12 years old.

# Week B Menu



Week Off					
Weekday	AM Snack	Lunch	PM Snack		
Monday	Whole wheat toast with jam Served with milk and fresh fruit	Tenderloin Chicken with stir fry veggies and Rice with Pineapple Served with milk	Cheese Sticks with whole wheat Crackers Served with fresh fruit	Replace Chicken with Cheese sandwich	
Tuesday	Pancakes with syrup Served with milk and fresh fruit	Chicken with rotian noodles and mix veggies with fresh fruit Served with milk	Honey Granolas Served with fresh fruit	Omit chicken	
Wednesday	Oatmeal Served with milk and fresh fruit	Cheeseburgers baked beans, and watermelon Served with milk	Veggie Straws Served with fresh fruit	Use Veggie patty instead of Beef	
Thursday	Blatout with Turkey Sausage Served with milk and fresh fruit	Maceroni and Cheese with diced ham, Green Beans and Mandarin Oranges Served with milk	Chex Mix Served with fresh fruit	Replace Sausage with Sun Butter omit ham	
Friday	French Toast Sticks Served with milk and fresh fruit	Taco Bowl Spanish Rice, Black Beans, Corn, Diced Tomato, Shredded Cheese with Apple Slices Served with milk	Bananas with whole Grain Oatmeal Cookie	No adjustment	

Unflavored Whole Milk & Water will be served to children 12-24 months old.

Unflavored 1% Milk & Water will be served to children 2-12 years old.

# Week C Menu

Week of:

Weekday

All Snack

Lunch

PM Snack

Monday  
Whole Grain Bagel with Cream Cheese Served with Milk and fresh fruit

Fish Sticks, Mashed Potatoes, Orange Slices

Chex Mix Served with fresh fruit

Tuesday  
Cereal with Milk Served with Milk and fresh fruit

Cheese Pizza, Broccoli, Apple sauce (No added sugar)

Pretzel Thins, Raisins and mini marshmallows Served with fresh fruit

Wednesday  
Whole Wheat Cheese Toast Served with Milk and fresh fruit

Spaghetti and meatballs with green beans and fresh fruit

Cucumber and Bell Pepper slices with Ranch Dip Served with fresh fruit

Thursday  
Biscuit and Jelly Served with Milk and fresh fruit

Chicken with white rice and mushroom soup gravy with peas and bananas

Crackers with cheese slices Served with fresh fruit

Friday  
French Toast Sticks with Syrup Served with Milk and fresh fruit

Cheese Quesadilla, Black Beans and with fresh fruit

Apple Delights Served with fresh fruit

Unflavored Whole Milk & Water will be served to children 12-24 months old.

Unflavored 1% Milk & Water will be served to children 2-12 years old.

Vegetarian adjustment
Replace Fish sticks with cheese wrap
No adjustment
Omit meatballs
Omit chicken
No adjustment



# Week D Menu



Week of:							
Weekday	AM Snack	Lunch	PM Snack	Vegetarian adjustment	Replace Chicken with Cheese Sandwich	Omit meat sauce	Replace Chicken with Veggie Crumbles
Monday	Whole Grain English Muffin Served with Milk and fresh fruit	Chicken nuggets, mashed potatoes and fresh fruit	Goldfish Served with fresh fruit				
Tuesday	Blueberry Muffins Served with Milk and fresh fruit	Spaghetti with meat sauce, Sweet Peas, Mandarin Oranges	Veggie Straws Served with fresh fruit				
Wednesday	Yogurt Parfait Served with Milk and fresh fruit	Chicken Soft Tacos (Tortilla, Seasoned Chicken, Lettuce, Tomato, Cheese) Pinto Beans, Apple Slices	Crackers with Mild Cheddar Cheese Served with fresh fruit				
Thursday	Pancakes with syrup Served with Milk and fresh fruit	Cheese ravioli with marinara sauce with green beans and Orange Slices	Mixed Fruit Served with fresh fruit	No adjustment			
Friday	Oatmeal Served with Milk and fresh fruit	Chicken Fettucini Alfredo, Green Beans, Garlic Toast, Diced Melon	Pretzels Served with fresh fruit	Replace Egg with Sun Butter			

Unflavored Whole Milk & Water will be served to children 12-24 months old.

Unflavored 1% Milk & Water will be served to children 2-12 years old.

Menus are subject to change

NEW ☐ UPDATE ☐ DROP IN ☐

Institution Name: AI Childcare Food Program of Texas

Agreement Number: 06974

Facility/Provider Name: \_\_\_\_\_

### Child and Adult Care Food Program (CACFP)

#### Participant Enrollment Form

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The enrolled participant will receive nutritious meals and snacks at no cost to you. CACFP needs verification of enrollment for each participant in this facility. Please fill out the parent/guardian section of this form, sign it and return it to the above facility/provider. Provide information for one participant per section. (In order for the institution to receive reimbursement for meals served/claimed, this form must be completed for each enrolled participant annually.)

Parent/Guardian Please Complete:

Participant's (Child) Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Sex: ☐ Male ☐ Female

Date participant enrolled in the facility: \_\_\_\_\_

Food Allergies: ☐ Yes ☐ No If "yes" specify: \_\_\_\_\_

(If the participant cannot be served the CACFP Meal Pattern, a statement from the participant's Health Care Provider must be

Check Days of Normal Care at facility: ☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Check meals normally eaten at facility: ☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Evening Snack

Please list the normal times of arrival and departure (check am or pm): Arrive: \_\_\_\_\_ am ☐ pm ☐ Depart: \_\_\_\_\_ am ☐ pm

RACE OF PARTICIPANT: You are NOT required to answer this question.

☐ White ☐ Black or African American ☐ America Indian/Alaska Native

☐ Asian ☐ Native Hawaiian or Other Pacific Islander

ETHNIC IDENTITY: You are NOT required to answer this question.

☐ Hispanic or Latino ☐ Not Hispanic or Latino

**If participant is an infant (0-11 months), please complete this box. Check all applicable choice(s) below:**

This institution/facility offers \_\_\_\_\_ formula for infants through CACFP. It is your choice whether or not to use this formula based on your infant's needs. Baby foods provided by the institution/facility must be in compliance with the infant meal pattern as required by 7CFR 226.20.

Please mark your preference (choose all that apply)	Today's Date Birth - 5 months	Today's Date 6 - 11 months
I will bring expressed breastmilk for my infant.		
I want the provider to provide the infant formula for my infant.		
I will bring the infant formula for my infant.		
Please list the kind of infant formula you will bring.		

According to CACFP requirements, in order to claim meals for reimbursement, the provider must provide infant cereal and other foods when your infant is developmentally ready to accept them.

Please mark your preference	Today's Date 6 - 11 months
I want the provider to provide the infant cereal and other foods for my	
I will bring the infant cereal and/or other foods for my infant.	

*Note to parents who are getting formula through the WIC Program: Your baby is eligible to get formula from this child care institution/facility as well as from the WIC Program. It is your decision which formula you want your baby to use when she/he is at child care. If you find you are getting more formula than your baby needs, you may wish to talk with your WIC nutritionist or your child care provider.*

I hereby certify the information given on this sheet is true and correct to the best of my knowledge. I also certify that I was given CACFP Meal Benefits Income Eligibility Form Letter to Household, the WIC information, Building for the Future Flyers, Civil Rights Appeals Procedures.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Date Dropped: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_

Emergency Telephone Number: \_\_\_\_\_

In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA Director Office of Adjudication and Compliance, 1400 Independence Avenue SW, Washington, DC 20250-9401 or call (866) 632-9992, (202) 260-1026 or (202) 401-0216 (TDD). This institution is an equal opportunity provider and employer.



## 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

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. If no one receives these benefits, skip to part 3.

NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number:

NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_

Check here if no case number ☐

### 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 Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) Jane Smith	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-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 next 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:

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

Mark one or more racial identities:

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

### Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- ☐ I do elect to allow my household information to be disclosed.  
☐ I do not elect to allow my household information to be disclosed.

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: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Tier I \_\_\_\_\_ Tier II \_\_\_\_\_

Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### 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) eligibility 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, audiotope, 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](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;  
This institution is an equal opportunity provider.
- (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

## Child and Adult Care Food Program (CACFP)

I have received the following CACFP Documents:

- ☐ CACFP Letter to Households
- ☐ Enrollment Form (Must be entirely filled out by parents)
- ☐ WIC Guidelines
- ☐ Building for the Future Flyer

---

Child(ren) Name(s)

---

Parent Name

---

Parent Signature

# Join Texas WIC

## We're here for you

"Thanks to WIC,  
I now have the tools  
I need to make  
sure my family  
stays on the path to  
a healthy lifestyle."

—Roxie, WIC Client



### As a WIC Client, you'll get:

- Delicious food
- One-on-one counseling with nutritionists
- Easy recipes
- Nutrition classes
- Breastfeeding support
- Health and immunization screenings
- Cooking demonstrations
- Personalized support
- Children's activities

### Are you eligible?

Eight million women, infants, and children get WIC benefits. WIC is for pregnant women, new parents, infants, and children under five. If you are on Medicaid, TANF, or SNAP you already qualify.

### Texas WIC Income Guidelines

Number of people in the home*	Monthly Income	Annual Income
2	\$2,686	\$32,227
3	\$3,386	\$40,626
4	\$4,086	\$49,025
5	\$4,786	\$57,424
6	\$5,486	\$65,823

Effective May 1, 2021

\* A pregnant woman's household is increased by the number of infants she is expecting. If you have any income questions, call 1-800-942-3678.

**Start now. Call 1-800-942-3678 or visit [TexasWIC.org](https://www.texaswic.org)**



TEXAS  
Health and Human  
Services



This institution is an equal opportunity provider.

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This child care receives Federal cash assistance to serve healthy meals to your children. Good nutrition today means a stronger tomorrow!

Meals served here must meet nutrition requirements established by USDA's Child and Adult Care Food Program

## Questions? Concerns?

Call USDA at  
1-866-873-2263

Food and Nutrition at  
1-800-TELL-TDA  
(835-5832)

OR

## Your child care at Children's Lighthouse of Rockwall

Contact Information: Rebecca Hensley

Address 3009 N Goliad Rockwall TX 75087

Phone Number 972-771-3330

Email Address [rockwall@childrenslighthouse.com](mailto:rockwall@childrenslighthouse.com)

### Other Necessary Information

Fraud Hotline: 1-866-5-FRAUD or 1-866-537-2834  
P.O. Box 12847 Austin TX 78711  
[www.SquareMeals.org](http://www.SquareMeals.org)  
USDA is an equal opportunity provider and employer.



Food and Nutrition Division | Child and Adult Care Food Program



TEXAS DEPARTMENT OF AGRICULTURE  
COMMISSIONER SID MILLER

This product was funded by USDA. This institution is an equal opportunity provider.



Updated 12/2018