

{The Valley Child Development Center}

Hello and welcome to the TVCDC family! We are so excited to serve you, and grateful you chose us to care for and educate your child/children! Listed below is all of the paperwork & checklist items we will need from you prior to your first day of care.

Paperwork Checklist

- ★ Enrollment form (1/child)
- ★ Payment agreement (1/family)
- ★ CACFP (food program) Income Eligibility & Enrollment Form
- ★ Family Handbook
 - See handbook on our website: valleychild.com
 - Turn in Family Handbook Acknowledgement
- ★ Parent info Brochure- provided by DHHS
 - You can keep the top portion
 - Please turn in the bottom portion
- ★ Updated immunizations for each child

Financials & Extras

- ★ Infant parents- food/formula forms to your teacher
- ★ \$50 Registration Fee
- ★ Sign up for ACH (see director & payment agreement for details)
- ★ Payment weekly or monthly prior to first week of care (tuition payments are due prior to care during your time at TVCDC. You can pay monthly prior to care, or weekly (by Monday) of the week of care. Communicate with the office on your preference.)
- ★ Medication forms- updated as needed throughout the year
- ★ Food Allergy Form- provided by the state- please let us know if you need one and we will provide it for you

Please return the documents listed above to the office before your scheduled enrollment date. If you have questions, please contact Anissa or Alison. We look forward to working with you, and we thank you for trusting us with your precious family!

Thank you,

Anissa & Alison

{The Valley Child Development Center}

2025

Making Learning Fun. Affordably. Professionally. Happily.
Red Cloud, NE

500 West A Ave. Red Cloud, NE 68970 402-746-5110 valleychild.org thevalleychild@gmail.com

Child Enrollment Information (one form to be filled out per child):

First Name _____ Last Name _____ Circle _____ MM/DD/YY _____
M/F _____ DOB: _____ Enrollment Date: _____
Was this child born premature? (<37 weeks) Yes/No _____ Child's Social Security #: _____
Ethnic/Racial Identity: Is this child Hispanic or Latino? Yes/No _____
What is this child's race? (You may check more than one)
American Indian or Alaska Native _____ Asian _____ Black or African American _____
Native Hawaiian/Other Pacific Islander _____ White _____
What is this child's primary language? _____
Does this child speak or hear a language other than English in their home? If yes, what? _____

Parent/Guardian Information:

First Name _____ Last Name _____ Circle _____ MM/DD/YY _____
Parent/Guardian 1: _____ M/F _____ DOB: _____ Relation to child: _____
Mailing address: Street _____ Lives with child? Yes/No _____
City _____ State _____ Zip _____ Cell Phone: _____
Email address: _____ Home Phone: _____
Employment Name: _____ Employer Phone Number: _____
Employment Status: Full-time _____ Part-time _____ Temporary _____ Seasonal _____ Avg hours
(check all applicable) Unemployed _____ Student _____ worked weekly: _____
Military Service: Yes/no _____ Highest level of education completed: _____

First Name _____ Last Name _____ Circle _____ MM/DD/YY _____
Parent/Guardian 2: _____ M/F _____ DOB: _____ Relation to child: _____
Mailing address: Street _____ Lives with child? Yes/No _____
City _____ State _____ Zip _____ Cell Phone: _____
Email address: _____ Home Phone: _____
Employment Name: _____ Employer Phone Number: _____
Employment Status: Full-time _____ Part-time _____ Temporary _____ Seasonal _____ Avg hours
(check all applicable) Unemployed _____ Student _____ worked weekly: _____
Military Service: Yes/no _____ Highest level of education completed: _____

Family Handbook and Parent Information Brochure for Licensed Child Care:

I have received and reviewed The Valley Child Development Center (TVCDC) Family Handbook and I have received the Parent Information Brochure for Licensed Child Care from the Division of Public Health. It is my responsibility to understand and familiarize myself with the Family Handbook and to ask center management for clarification of any policy, procedure or information contained in the TVCDC Family Handbook that I do not understand.

Signature of Parent/Guardian: _____

Date: _____

For Office use: _____ Registration Fee _____ Enrolled in Procure _____ Procure App
_____ Vaccinations _____ CACFP _____ Contract _____ Front Door

Continued on back side

Child's Name: _____ DOB: _____

Local Person to whom the child may be released to (AT LEAST ONE CONTACT MUST BE GIVEN):

First Name _____ Last Name _____
Contact 1: _____ **Relation to child:** _____
Mailing address: Street _____
City _____ State _____ Zip _____ **Cell Phone:** _____
Email address: _____ **Home Phone:** _____
May be released by caregiver: Yes/No **Emergency Contact:** Yes/No

First Name _____ Last Name _____
Contact 2: _____ **Relation to child:** _____
Mailing address: Street _____
City _____ State _____ Zip _____ **Cell Phone:** _____
Email address: _____ **Home Phone:** _____
May be released by caregiver: Yes/No **Emergency Contact:** Yes/No

Consent to Contact Physician in Emergency:

In the event I cannot be reached in an emergency to make arrangements, I hereby give my consent to The Valley Child Development Center to contact my child's doctor or emergency services for any necessary medical treatment.

Child's Physician: _____ **Phone:** _____
Signature of Parent/Guardian: _____ **Date:** _____

Child's Medical Information:

Current health status or any health problems caregiver should know about my child: _____

Daily Medications: Yes/No Please list: _____

I, _____ (Parent/Guardian) have determined that The Valley Child Development Center is competent to give or

Signature of Parent/Guardian: _____ **Date:** _____

Allergies: Yes/No Please List: _____

Other important information for teacher to know: _____

Permissions:

TVCDC will apply sunscreen when playing outside. Please send in a bottle with your child's name on it. **I give permission for the sunscreen I have provided to be used on my child: (circle) Yes/No**

TVCDC has my permission to photograph and use my child's photograph publicly. I understand that the images may be used in print publications, online publications, presentations, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use. **I give permission for my child to be photographed: (circle) Yes/No**

TVCDC has my permission to take my child off the child care premises ONLY with direct supervision. Possible activities outside of provider's premises: walks in the neighborhood, walks to the library or museum, school events, special neighborhood events. All activities will be within walking distance and children will be supervised at all times.

I give permission for my child to leave the premises: (circle) Yes/No

TVCDC has my permission to share my child's file as needed, as it pertains to licensing, Step Up to Quality, and grants. **(circle) Yes/No**

I certify that the information on this form is correct to the best of my knowledge.

Signature of Parent/Guardian: _____ **Date:** _____

{The Valley Child Development Center}

Payment Agreement

Child's Name: _____

Parent/Guardian Name: _____

Date this agreement/change is to take effect: _____

My child's usual drop-off time will be: _____ and pick-up time will be: _____

We offer full time contracts only, with the exception of school-aged children and previously enrolled part-time families. Please circle the usual days your child will need care:

All 5 days Monday Tuesday Wednesday Thursday Friday My schedule varies

If your schedule varies, you agree to provide your schedule 2 weeks ahead of time.

Weekly Tuition for child listed above
(rates can be found on our website valleychild.org/enrollment/rates.html) : _____

I prefer to have my tuition payment made (circle one): weekly or monthly

Payment Policy:

Payment is due by Friday evening for the following week's attendance. Payments are accepted weekly or monthly and can be paid with cash, check, credit card or automatic bank transfer.

If payment is not received on the day it is due, a late fee of \$5.00 will be added for each day it is late. If your account has not been paid within ten business days, your child may be discharged from the program.

At The Valley Child Development Center, we partner with Tuition Express to automate payments. No more worrying about checks, credit card payments or balances. Once you enroll, automatic payments will be deducted on Monday of each week, for the week's care. You can choose to connect Tuition Express to your checking, savings, or credit card account.

Please read and initial:

Initial

I agree to enroll in Tuition Express and understand if my bill is not paid for the upcoming week by Friday evening, it will be automatically deducted on Monday morning of each week through automatic bank transfer. ACH information is due at the time of enrollment. Communicate with office with changes.	
Credit card transactions have a 2.7% processing fee.	
Tuition is based on enrollment, not attendance. Fees are not reduced for absences.	
A late pick up fee of \$10 will be charged per child if in the building past 5:30 pm.	
A two-weeks' notice is required when withdrawing your child from TVCDC. If two weeks' notice is not given, two weeks tuition will be added to your bill.	
All returned checks or returned ACH transactions (automatic debits) will be charged a fee of \$20.00.	
Child tuition is the responsibility of both parents, regardless of family dynamics.	
Subsidy families will be required to pay out of pocket until subsidy paperwork is finalized.	
All families receiving State Subsidy child care will be charged their family fee (co-payment) if it applies. If attendance goes over state approved hours, you will be charged per hour over.	

Parent signature: _____ Date: _____

Family Handbook Acknowledgement

Please sign this acknowledgement, detach it from the handbook, and return it to the Director prior to enrollment.

This handbook may be updated from time-to-time, and notice will be provided as updates are implemented.

Thank you for acknowledging the policies and procedures we have established for the safety and welfare of all children in our care. We look forward to getting to know you and your family.

I have received the **The Valley Child Development Center Family Handbook**, and I have reviewed the Family Handbook. It is my responsibility to understand and familiarize myself with the Family Handbook and to ask the Director for clarification of any policy, procedure or information contained in the **The Valley Child Development Center Family Handbook** that I do not understand.

Center Staff Signature	Date
Parent Signature	Date

I have received the Parent Information Brochure for Licensed Child Care from the Division of Public Health.

Child Care Program Name: **The Valley Child Development Center**

Enrolled Child(ren)' Names: _____

Parent/Guardian Names: _____

Parent/Guardian Signature: _____



Parent Information Brochure For Licensed Child Care

Nebraska Child Care Licensing Website:
<http://dhhs.ne.gov/licensure/pages/Child-Care-Licensing.aspx>

Expectations of Child Care Consumers

Read thoroughly all the information your provider gives you.

Complete your Child's Record Forms and return to your provider before your child begins care. Review and update these records as needed.

Supply your provider with your child's immunization records and keep them updated as needed.

Sign and date the receipt of this Parent Information Brochure for Licensed Child Care and return it to your provider before your child begins care.

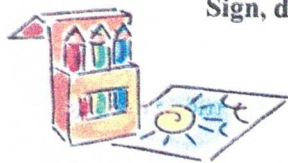
Talk to your Child Care provider regularly to address needs and concerns for your children in care and as a parent.

Contact Child Care Licensing with any questions or concerns you may have.

Email: DHHS.ChildCareLicensing@nebraska.gov

Phone: 800-600-1289 OR 402-471-6564

Mail: Nebraska Child Care Licensing
Department of Health and Human Services
PO Box 94986
Lincoln, NE 68509-4986



Sign, date and return to your Child Care provider before your child(ren) begin care.
Your Child Care Provider must retain this receipt for onsite review.

Child Care Program Name: _____

Enrolled Child(ren)' Names: _____

Parent/Guardian Names: _____

Parent/Guardian Signature: _____

Licensed Child Care

You have chosen to use a licensed Child Care provider for the care of your child or children. Nebraska Law requires anyone providing care to four or more children from different families, for compensation, to be licensed. The Types of Licensed Child Care in Nebraska are:



- Family Child Care Home I
- Family Child Care Home II
- Preschool
- Child Care Center
- School-Age Only Center



Responsibilities of Child Care Licensing

The roles and responsibilities of DHHS Child Care Licensing staff are to ensure that programs are providing proper care for and treatment of the children they serve, and that the care and treatment are consistent with the child's physical well-being, safety, and protection.

Licensed Child Care programs are encouraged to involve you. We urge you to let your Child Care providers and/or staff know of any concerns. There may be situations where you believe that the program is not responding to your concerns or may not be meeting state licensing standards. This brochure, which Child Care providers are required to share with you, provides information that might be helpful in those situations.

Please complete the receipt section and return it to your Child Care provider. This will be kept with your child's records.

Responsibilities of Licensed Child Care Provider

Comply with child care regulations for their license type at all times.

Obtain and maintain accurate records for children they have in care, such as Enrollment Forms, Parent Information Brochure Receipts, Immunization Records and Medication Administration records.

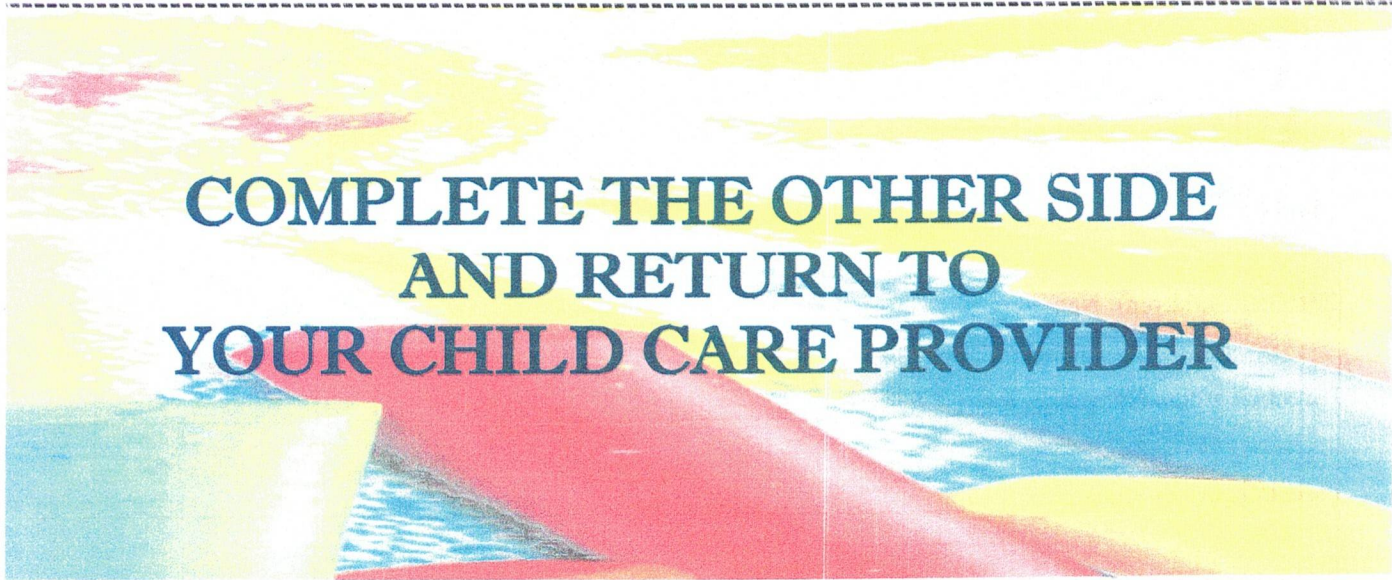
Keep accurate and up-to-date records for their license on themselves and staff members. Report changes to Child Care Licensing and complete required paperwork to reflect changes.

Allow access to their licensed facility when children are in care at all times to parents, Child Care Licensing representatives and the Fire Marshal.

Develop policies and procedures for their programs.

Communicate with families their needs and concerns for the children in care.

Contact Child Care Licensing with any questions or concerns they may have.



**COMPLETE THE OTHER SIDE
AND RETURN TO
YOUR CHILD CARE PROVIDER**

Dear Parent or Guardian:

Our childcare institution has been approved by the Nebraska Department of Education for participation in the Child and Adult Care Food Program (CACFP). The CACFP reimburses our institution for the partial cost of meals. We are requesting your help to receive the maximum benefits from the CACFP by completing the attached form (NS)100-C. *All information contained in this form is **confidential**.*

The parent/guardian must complete Parts 1 and 4 and one of the following options: Part 2, Part 3A or Part 3B, to determine the amount of CACFP funds the center will be eligible to receive. **Note: No white out or erasure ink should be used.** If there is an error cross through, correct, and initial.

Part 1 - CHILD ENROLLMENT

- **Child's Name:** List the first and last name including nicknames and hyphenated last names for all children enrolled at this center.
- **Date of Birth:** List each child's date of birth.
- **Enroll Date:** List each child's enrollment date with the organization.
- **Usual Times & Days of Care and Meals Served:** List the usual times of care for each child by listing their arrival and leave time, check each day the child will be in care and each meal type received while in care.
- **Infant:** If the child is under 12 months of age, check box.
- **Foster Child:** If the child is a foster child (the legal responsibility of a foster care agency or the court), check the box.
- **Head Start:** If the child is eligible for head start, check box.
- **School age:** If the child is attending Kindergarten or above and attends your childcare program before, after and/or school days off, check box.

Optional - Check the boxes of all appropriate race(s) and ethnicities regarding the child(ren) you are enrolling. If you do not select Race or Ethnicity, one will be selected for you based on visual observation. This does not affect your child's eligibility for Free or Reduced meals.

Part 2 - Household Receiving Benefits from the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR):

- Complete Parts 1, 2 and 4 on the attached form.
- Check the box(s) and provide case number for the program from which benefits are received.

Part 3A - Household **exceeding the income guidelines listed on the chart below - Complete Parts 1, 3A and 4 on the attached form.**

TO CALCULATE ANNUAL INCOME

Weekly Income X 52 • Every 2 Weeks Income X 26 • Twice a Month Income X 24 • Monthly Income X 12

Household Size:	1	2	3	4	5	6	7	8	Each Additional Family Member
Annual Income:	\$28,953	\$39,128	\$49,303	\$59,478	\$69,653	\$79,828	\$90,003	\$100,178	+ \$ 10,175

Part 3B - Household **below the income guidelines listed on the chart above - Complete Parts 1, 3B and 4 on the attached form using the additional information below:**

- **HOUSEHOLD NAMES:** Write the names of everyone in the household not listed in Part 1. Include yourself and all other children, your spouse, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper if you do not have enough space.
- **GROSS INCOME BEFORE DEDUCTIONS:** Write the amount of income each person gets on the same line as their name. Use the appropriate column(s): Earnings from Work, Welfare/Child Support/Alimony, Pensions/Retirement/Social Security or Other Income (see definitions below). Next to the amount of income write how often the income is received. Income is all money before taxes or anything else is taken out. If a person does not have income, check the box for zero income.

OTHER INCOME: strike benefits, unemployment compensation, workman's compensation, disability benefits, interest/dividends, cash withdrawn from savings, income from estates/trust/investments, royalties/annuities/rental income, and regular contributions from persons not living in the household.

FOSTER CHILDREN: List any personal income received by the foster child under Part 3B. Personal income is (a) money given for the child's personal use, such as clothing, school fees and allowances and (b) all other money the child gets, such as money from his/her family.

MILITARY HOUSING BENEFITS: Report off-base housing allowance as income. If the housing is part of the Military Housing Privatization Initiative, do not include as income.

SELF-EMPLOYMENT: Report income derived from the business venture less operating costs for net income. The loss from the business cannot be deducted from a positive income earned in other employment. The least possible income is zero.

SOCIAL SECURITY NUMBER: Write the last four (4) digits of the social security number of the adult household member who signs the form. If the adult household member does not have a social security number, check the box. Use of this information is for CACFP use only and is required.

Part 4 - SIGNATURE AND CONTACT INFORMATION:

- Sign and date the application. The form must be signed by the parent or guardian.
- Complete the contact information – name, address, e-mail address and telephone number.

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, the funds your childcare/center/provider receives may be impacted. 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 (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, 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, 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) 6329992. 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.

For assistance completing this form, contact the center:

Center Name: _____

Address: _____

City, State, Zip: _____

Contact Person: _____

E-Mail: _____

Telephone: _____

The State Agency administering the Child and Adult Care Food Program is:

Nebraska Department of Education
Nutrition Services

P.O. Box 94987
Lincoln, NE 68509

Telephone: 402-471-2488

Website: <http://www.education.ne.gov/NS>

JULY 1, 2025 THROUGH JUNE 30, 2026

Part 1. CHILD ENROLLMENT : Complete the information below for all children in care. If the child is an infant, foster child (legal responsibility of a foster care agency or the court), Head Start eligible or a school-age child, please check the appropriate box.

[illegible]

Optional: Please check the ethnicity and race of the child(ren) you are enrolling.

Ethnicity (select one or more): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Place (select one or more):

☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native American or other Pacific Islander ☐ White or Caucasian

Part 2. Households Receiving Benefits: Supplemental Nutrition Assistance Program (SNAP), Temporary for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR), Complete Parts 1, 2 and 4.

Check Applicable Program & Provide a Master Case Number(s): ☐ SNAP Case #: _____ ☐ TANF Case #: _____ ☐ FDPIR Case #: _____

Part 3A. Households exceeding the income guidelines (listed on the attached letter), check this box.

Part 3B. All other households – If you do not have a SNAP, TANF or FDPIR master case number. Complete Parts 1, 3B and 4.

REPORT GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self-Employed)										Check if Zero Income		
Frequency of pay codes — W= Weekly			E2 — Every 2 weeks		2M = Twice Monthly		M= Monthly		Y=Yearly			
Earnings from Work			Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All other income (see instructions)					
How much			How often		How much		How often		How much		How often	
List the names of ALL household members not listed in Part 1 & foster children.												

ast four digits of the Social Security Number who signs this form: XXXX-XX-
If you do not have a Social Security Number, check this box:

Optional: Parent/Guardian Contact Information:

Part 4 Signature and Contact Information

I certify (promise) that all the information on this form is true and that all income is reported. I understand that the facility will receive Federal funds based on the information I give I understand that CACFP Official may verify the information. I understand that if I purposely give false information the participant receiving meals may lose their benefits, and I may be prosecuted.

Print Name _____

Address City State Zip

E-Mail Address:

Telephone:

Center Use Only

Date of Signature

SNAP/TANF/FDPIR Household (must have a master case #)

Annual Income: \$ _____ Household Size _____

Center Official Signature

Date of Signature

Effective Date	Expiration Date

Household Meal Benefit Category:

Free

☐ Reduced

Paid

<input checked="" type="checkbox"/>	Failed
<input type="checkbox"/>	Incomplete

Foster Child – Free Category

List names of foster child(ren):