

INNOVATION

SCHOOL OF EXCELLENCE

Corporate Office
2532 West Tharpe St. ♦ Tallahassee, FL 32303
Office (850)575-5580 ♦ Fax (850)575-0833

Christian Academy of Excellence
2532 West Tharpe St. ♦ Tallahassee, FL 32303
Office (850)575-0527

PERFORMANCE-BASED ADMITTANCE CRITERIA

K3	For admission into the K3 class, a child must be 3 on or before October 1 st , unless administrative authorization is given. A child entering the K3 class must be completely potty trained.
K4	For admission into the K4 class, a child must be 4 on or before October 1 st , exhibit all of the K3 skills and master at least 70% of the following (unless administrative authorization is given): <ul style="list-style-type: none"> ▪ Know and write name ▪ Know parent/guardian name (mother and/or father) ▪ Identify body parts ▪ Follow simple directions (i.e. pick up the toy) ▪ Elaborate on favorite toy or television show ▪ Know home telephone number and home address ▪ Recognize colors (red, blue, green, yellow, orange, brown, purple, black, pink, white, grey) ▪ Recognize shapes ▪ Count from 1 to 50 ▪ Recognize the alphabets
K5	For admission into the K5 class, a child must be 5 on or before October 1 st , exhibit all of the K4 skills and master at least 80% of the following (unless administrative authorization is given): <ul style="list-style-type: none"> ▪ Recite the days of the week ▪ Recite the months of the year ▪ Count from 51 to 100 ▪ Recognize alphabets and sounds ▪ Blends
1st Grade	For admission into the 1 st Grade, a child must be 6 years old on or before October 1 st and score 70% or higher on a sample SAT/10 assessment in core subject areas (unless administrative authorization is given).
2nd Grade	For admission into the 2 nd Grade, a child must be 7 years old on or before October 1 st and score 70% or higher on a sample SAT/10 assessment in core subject areas (unless administrative authorization is given).
3rd Grade	For admission into the 3 rd Grade, a child must be 8 years old on or before October 1 st and score 70% or higher on a sample SAT/10 assessment in core subject areas (unless administrative authorization is given).
4th Grade	For admission into the 4 th Grade, a child must be 9 years old on or before October 1 st and score 70% or higher on a sample SAT/10 assessment in core subject areas (unless administrative authorization is given).
5th Grade	For admission into the 5 th Grade, a child must be 10 years old on or before October 1 st and score 70% or higher on a sample SAT/10 assessment in core subject areas (unless administrative authorization is given).
6th Grade	For admission into the 6 th Grade, a child must be 11 years old on or before October 1 st and score 70% or higher on a sample SAT/10 assessment in core subject areas (unless administrative authorization is given).
7th Grade	For admission into the 7 th Grade, a child must be 12 years old on or before October 1 st and score 70% or higher on a sample SAT/10 assessment in core subject areas (unless administrative authorization is given).
8th Grade	For admission into the 8 th Grade, a child must be 13 years old on or before October 1 st and score 70% or higher on a sample SAT/10 assessment in core subject areas (unless administrative authorization is given).

INNOVATION

SCHOOL OF EXCELLENCE

Corporate Office
2532 West Tharpe St. ♦ Tallahassee, FL 32303
Office (850)575-5580 ♦ Fax (850)575-0833

Christian Academy of Excellence
2532 West Tharpe St. ♦ Tallahassee, FL 32303
Office (850)575-0527

PERFORMANCE-BASED ADMITTANCE CRITERIA

K3	For admission into the K3 class, a child must be 3 on or before October 1 st , unless administrative authorization is given. A child entering the K3 class must be completely potty trained.
K4	For admission into the K4 class, a child must be 4 on or before October 1 st , exhibit all of the K3 skills and master at least 70% of the following (unless administrative authorization is given): <ul style="list-style-type: none"> ▪ Know and write name ▪ Know parent/guardian name (mother and/or father) ▪ Identify body parts ▪ Follow simple directions (i.e. pick up the toy) ▪ Elaborate on favorite toy or television show ▪ Know home telephone number and home address ▪ Recognize colors (red, blue, green, yellow, orange, brown, purple, black, pink, white, grey) ▪ Recognize shapes ▪ Count from 1 to 50 ▪ Recognize the alphabets
K5	For admission into the K5 class, a child must be 5 on or before October 1 st , exhibit all of the K4 skills and master at least 80% of the following (unless administrative authorization is given): <ul style="list-style-type: none"> ▪ Recite the days of the week ▪ Recite the months of the year ▪ Count from 51 to 100 ▪ Recognize alphabets and sounds ▪ Blends
1st Grade	For admission into the 1 st Grade, a child must be 6 years old on or before October 1 st and score 70% or higher on a sample SAT/10 assessment in core subject areas (unless administrative authorization is given).
2nd Grade	For admission into the 2 nd Grade, a child must be 7 years old on or before October 1 st and score 70% or higher on a sample SAT/10 assessment in core subject areas (unless administrative authorization is given).
3rd Grade	For admission into the 3 rd Grade, a child must be 8 years old on or before October 1 st and score 70% or higher on a sample SAT/10 assessment in core subject areas (unless administrative authorization is given).
4th Grade	For admission into the 4 th Grade, a child must be 9 years old on or before October 1 st and score 70% or higher on a sample SAT/10 assessment in core subject areas (unless administrative authorization is given).
5th Grade	For admission into the 5 th Grade, a child must be 10 years old on or before October 1 st and score 70% or higher on a sample SAT/10 assessment in core subject areas (unless administrative authorization is given).
6th Grade	For admission into the 6 th Grade, a child must be 11 years old on or before October 1 st and score 70% or higher on a sample SAT/10 assessment in core subject areas (unless administrative authorization is given).
7th Grade	For admission into the 7 th Grade, a child must be 12 years old on or before October 1 st and score 70% or higher on a sample SAT/10 assessment in core subject areas (unless administrative authorization is given).
8th Grade	For admission into the 8 th Grade, a child must be 13 years old on or before October 1 st and score 70% or higher on a sample SAT/10 assessment in core subject areas (unless administrative authorization is given).

Innovation

School of Excellence



2011-12

School Brochure

Jack P. Leland, CEO

A Ministry of Innovation Baptist Church

Innovation

School of Excellence



2011-12

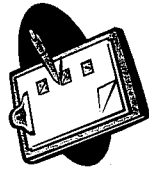
School Brochure

Jack P. Leland, CEO

A Ministry of Innovation Baptist Church

INNOVATION School of Excellence

*****NEW STUDENT CHECKLIST 2011-12*****



ITEMS NEEDED FOR REGISTRATION

-
-
-
-
-
-

COMPLETED ENROLLMENT PACKET AND TUITION EXPRESS APPLICATION
 REGISTRATION FEE (\$50 FOR 1 CHILD, \$100 FOR MULTIPLE CHILD FAMILY)
 CURRENT IMMUNIZATION RECORD (ON STATE OF FLORIDA FORM)
 CURRENT PHYSICAL FORM
 PROOF OF SCOLIOSIS SCREENING (6TH-8TH GRADE ONLY)
 BIRTH CERTIFICATE (ORIGINAL, STATE-ISSUED CERTIFICATE ONLY)



BEFORE YOUR CHILD COMES TO SCHOOL

-
-
-

SET UP APPOINTMENT FOR A SCREENING (K4-8TH GRADE ONLY)
 PURCHASE UNIFORMS (SEE UNIFORM DRESS CODE)
 COME TO ORIENTATION (SEE SCHOOL CALENDAR)

SCREENING APPOINTMENT

STUDENT CLASSROOM NEEDS

AGE / GRADE	ITEMS THAT MUST BE AVAILABLE EACH DAY
6 WEEKS - 11 MONTHS	<ul style="list-style-type: none"> • 2 CHANGES OF CLOTHES, INCLUDING SOCKS • 5 DIAPERS • 2 BOTTLES THAT CAN BE LEFT IN CLASS • SMALL BLANKET OR TOWEL FOR NAP TIME
1-YEAR-OLD	<ul style="list-style-type: none"> • 2 CHANGES OF CLOTHES, INCLUDING SOCKS • 5 DIAPERS • SMALL BLANKET OR TOWEL FOR NAP TIME
2-YEAR-OLD	<ul style="list-style-type: none"> • 2 CHANGES OF CLOTHES, INCLUDING SOCKS • 5 PULL-UPS • SMALL BLANKET OR TOWEL FOR NAP TIME
K3-K4	<ul style="list-style-type: none"> • 1 CHANGE OF CLOTHES, INCLUDING SOCKS • SMALL BLANKET OR TOWEL FOR NAP TIME

FINANCIAL INFORMATION

AGE / GRADE	MONTHLY TUITION	ELC SUPPLEMENTAL FEE	ANNUAL FEE
6 WKS - 11 MOS	\$600	NONE	\$65
1-YEAR-OLD	\$500	\$65/MONTH	\$65
2-YEAR-OLD	\$500	\$65/MONTH	\$80
K3	\$450	\$65/MONTH	\$105
K4	\$450	\$65/MONTH	\$175
K4 VPK ALL DAY	\$300	NONE	\$175
K5	\$430	NONE	\$175
K5 VPK ALL DAY	\$300	NONE	\$175
1 ST -4 TH , 6 TH -7 TH GRADE	\$430	NONE	\$320
5 TH & 8 TH GRADE	\$430	NONE	\$370
AFTER SCHOOL (Public)	\$260	NONE	N/A
AFTER SCHOOL (ISE)	\$150	NONE	N/A
AFTER SCHOOL (ISE Multi)	\$110	NONE	N/A

- TUITION IS DUE BY THE 5TH OF EACH MONTH. A **\$15 LATE FEE** IS APPLIED AFTER THE 5TH.
- TUITION FOR STUDENTS WHO BEGIN AFTER THE 5TH OF THE MONTH IS DUE BY THE **FIRST DAY OF ATTENDANCE.**

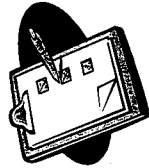
ALL COALITION (FORMERLY ARBOR) RECIPIENTS ARE ASSESSED A SUPPLEMENTAL FEE DUE TO THE FACT THAT THE COALITION DOES NOT PAY 100% OF THE TUITION COSTS. FAMILIES WITH MULTIPLE CHILDREN WILL RECEIVE A \$25 DISCOUNT OFF OF THEIR TOTAL COALITION SUPPLEMENTAL FEE. THE FEE IS DIFFERENT IF COVERAGE IS ONLY PART-TIME.

ANNUAL FEES: Annual fees include classroom supplies for infants-K3; Textbooks for all 2-year-old and academy students, as well as celebration and graduation fees for 2yr-olds, K3-K5, 5th and 8th Grade students.

STEP UP FOR STUDENTS PARENTS: The scholarship covers the annual tuition for K5-8th Grade only. Fees for Step Up for Students recipients are due no later than 10 working days after the initial enrollment date.

INNOVATION School of Excellence

*****NEW STUDENT CHECKLIST 2011-12*****



ITEMS NEEDED FOR REGISTRATION

-
-
-
-
-
-



COMPLETED ENROLLMENT PACKET AND TUITION EXPRESS APPLICATION
 REGISTRATION FEE (\$50 FOR 1 CHILD, \$100 FOR MULTIPLE CHILD FAMILY)
 CURRENT IMMUNIZATION RECORD (ON STATE OF FLORIDA FORM)
 CURRENT PHYSICAL FORM
 PROOF OF SCOLIOSIS SCREENING (6TH-8TH GRADE ONLY)
 BIRTH CERTIFICATE (ORIGINAL, STATE-ISSUED CERTIFICATE ONLY)

BEFORE YOUR CHILD COMES TO SCHOOL

-
-
-

SET UP APPOINTMENT FOR A SCREENING (K4-8TH GRADE ONLY)
 PURCHASE UNIFORMS (SEE UNIFORM DRESS CODE)
 COME TO ORIENTATION (SEE SCHOOL CALENDAR)

SCREENING APPOINTMENT

STUDENT CLASSROOM NEEDS

AGE / GRADE	ITEMS THAT MUST BE AVAILABLE EACH DAY
6 WEEKS - 11 MONTHS	<ul style="list-style-type: none"> • 2 CHANGES OF CLOTHES, INCLUDING SOCKS • 5 DIAPERS • 2 BOTTLES THAT CAN BE LEFT IN CLASS • SMALL BLANKET OR TOWEL FOR NAP TIME
1-YEAR-OLD	<ul style="list-style-type: none"> • 2 CHANGES OF CLOTHES, INCLUDING SOCKS • 5 DIAPERS • SMALL BLANKET OR TOWEL FOR NAP TIME
2-YEAR-OLD	<ul style="list-style-type: none"> • 2 CHANGES OF CLOTHES, INCLUDING SOCKS • 5 PULL-UPS • SMALL BLANKET OR TOWEL FOR NAP TIME
K3-K4	<ul style="list-style-type: none"> • 1 CHANGE OF CLOTHES, INCLUDING SOCKS • SMALL BLANKET OR TOWEL FOR NAP TIME

FINANCIAL INFORMATION

AGE / GRADE	MONTHLY TUITION	ELC SUPPLEMENTAL FEE	ANNUAL FEE
6 WKS - 11 MOS	\$600	NONE	\$65
1-YEAR-OLD	\$500	\$65/MONTH	\$65
2-YEAR-OLD	\$500	\$65/MONTH	\$80
K3	\$450	\$65/MONTH	\$105
K4	\$450	\$65/MONTH	\$175
K4 VPK ALL DAY	\$300	NONE	\$175
K5	\$430	NONE	\$175
K5 VPK ALL DAY	\$300	NONE	\$175
1 ST -4 TH , 6 TH -7 TH GRADE	\$430	NONE	\$320
5 TH & 8 TH GRADE	\$430	NONE	\$370
AFTER SCHOOL (Public)	\$260	NONE	N/A
AFTER SCHOOL (ISE)	\$150	NONE	N/A
AFTER SCHOOL (ISE Multi)	\$110	NONE	N/A

TUITION IS DUE BY THE 5TH OF EACH MONTH. A **\$15 LATE FEE** IS APPLIED AFTER THE 5TH.
 TUITION FOR STUDENTS WHO BEGIN AFTER THE 5TH OF THE MONTH IS DUE BY THE **FIRST DAY OF ATTENDANCE**.

ALL COALITION (FORMERLY ARBOR) RECIPIENTS ARE ASSESSED A SUPPLEMENTAL FEE DUE TO THE FACT THAT THE COALITION DOES NOT PAY 100% OF THE TUITION COSTS. FAMILIES WITH MULTIPLE CHILDREN WILL RECEIVE A \$25 DISCOUNT OFF OF THEIR TOTAL COALITION SUPPLEMENTAL FEE. THE FEE IS DIFFERENT IF COVERAGE IS ONLY PART-TIME.

ANNUAL FEES: Annual fees include classroom supplies for infants-K3; Textbooks for all 2-year-old and academy students, as well as celebration and graduation fees for 2yr-olds, K3-K5, 5th and 8th Grade students.

STEP UP FOR STUDENTS PARENTS: The scholarship covers the annual tuition for K5-8th Grade only. Fees for Step Up for Students recipients are due no later than 10 working days after the initial enrollment date.

INNOVATION SCHOOL OF EXCELLENCE



Child
Development
Center



Christian
Academy of
Excellence



Young Hope
School of
the Arts

CORPORATE OFFICE
2532 W. Tharpe Street
Tallahassee, FL 32303
Ph: 850-575-5580
Fax: 850-575-0633

ISE "ON THE WAY" (House of Prayer)
2150 Belle Vue Way
Tallahassee, FL 32304
Ph: 850-575-4466
Child Development Center
Initials - 1-Year-Olds

ISE NORTHWEST (House of Praise)
411 White Drive
Tallahassee, FL 32304
Ph: 850-576-8682
Child Development Center
2-Year-Olds

ISE MAIN CAMPUS
2532 W. Tharpe Street
Tallahassee, FL 32303
Ph: 850-575-5580
Christian Academy of Excellence
K3 - 8th Grade and After School

REGISTRATION AND ENROLLMENT INFORMATION

I. STUDENT INFORMATION

	STUDENT NAME	STUDENT NAME	STUDENT NAME	STUDENT NAME	STUDENT NAME	STUDENT NAME
Start Date	/ /	/ /	/ /	/ /	/ /	/ /
Age/Grade						
Date of Birth	/ /	/ /	/ /	/ /	/ /	/ /
Social Security #	- - -	- - -	- - -	- - -	- - -	- - -
Allergies & Symptoms						
Medical Conditions & Symptoms						
Physician Name &						
Phone Number						
Hospital of Choice	TMH CRMC	TMH CRMC	TMH CRMC	TMH CRMC	TMH CRMC	TMH CRMC
Activity Restrictions						
Permission to Photograph	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Previous School Name & Phone Number						

II. SCHOLARSHIP INFORMATION Complete the section below for K5-8th Grade students only.

Is Student on VPK?	Yes		No		Yes		No		Yes		No	
	VPK Only	Part Day	Full Day	VPK Only	Part Day	Full Day	VPK Only	Part Day	Full Day	VPK Only	Part Day	Full Day
VPK Schedule: Hours 8:30-11:30a												
Is Student on McKay?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Is Student on Step Up for Students?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

III. STUDENT RELEASE INSTRUCTIONS (K5-8th Grade only)

Parent Pickup Only	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Enroll In ISE's After School Program	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Permission to Walk or Ride Bus Home	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

INNOVATION SCHOOL OF EXCELLENCE



Child
Development
Center



Christian
Academy of
Excellence



Young Hope
School of
the Arts

CORPORATE OFFICE
2532 W. Tharpe Street
Tallahassee, FL 32303
Ph: 850-575-5580
Fax: 850-575-0633

ISE "ON THE WAY" (House of Prayer)
2150 Belle Vue Way
Tallahassee, FL 32304
Ph: 850-575-4468
Child Development Center
Infants - 1 1/2 Year Olds

ISE NORTHWEST (House of Praise)
411 White Drive
Tallahassee, FL 32304
Ph: 850-575-8882
Child Development Center
2-Year-Olds

ISE MAIN CAMPUS
2532 W. Tharpe Street
Tallahassee, FL 32303
Ph: 850-575-5580
Christian Academy of Excellence
K3 - 8th Grade and After School

REGISTRATION AND ENROLLMENT INFORMATION

I. STUDENT INFORMATION

	STUDENT NAME	STUDENT NAME	STUDENT NAME	STUDENT NAME	STUDENT NAME	STUDENT NAME
Start Date	/ /	/ /	/ /	/ /	/ /	/ /
Age/Grade						
Date of Birth	/ /	/ /	/ /	/ /	/ /	/ /
Social Security #	- - -	- - -	- - -	- - -	- - -	- - -
Allergies & Symptoms						
Medical Conditions & Symptoms						
Physician Name &						
Phone Number						
Hospital of Choice	TMH CRMC	TMH CRMC	TMH CRMC	TMH CRMC	TMH CRMC	TMH CRMC
Activity Restrictions						
Permission to Photograph	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Previous School Name & Phone Number						

II. SCHOLARSHIP INFORMATION Complete the section below for K5-8th Grade students only.

Is Student on VPK?	Yes		No		Yes		No		Yes		No	
	VPK Only	Part Day	Full Day	VPK Only	Part Day	Full Day	VPK Only	Part Day	Full Day	VPK Only	Part Day	Full Day
VPK Schedule: Hours 8:30-11:30a												
Is Student on McKay?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Is Student on Step Up for Students?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

III. STUDENT RELEASE INSTRUCTIONS (K5-8th Grade only)

Parent Pickup Only	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Enroll In ISE's After School Program	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Permission to Walk or Ride Bus Home	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

INNOVATION SCHOOL OF EXCELLENCE



Child Development Center

CORPORATE OFFICE
2532 W. Tharpe Street
Tallahassee, FL 32303
Ph: 850-575-5680
Fax: 850-575-0833



Christian Academy of Excellence

ISE "ON THE WAY" (House of Prayer)
2150 Belle Vue Way
Tallahassee, FL 32304
Ph: 850-575-4468
Child Development Center
Infants - 1-Year-Olds



Young Hope School of Young the Arts

ISE NORTHWEST (House of Praise)
411 White Drive
Tallahassee, FL 32304
Ph: 850-576-8882
Child Development Center
2-Year-Olds

ISE MAIN CAMPUS
2532 W. Tharpe Street
Tallahassee, FL 32303
Ph: 850-575-5680
Christian Academy of Excellence
K3 - 8th Grade and After School

I. PRIMARY PARENT/GUARDIAN INFORMATION

	PARENT/GUARDIAN #1	PARENT/GUARDIAN #2
Home Address	NAME STREET CITY, STATE, ZIP HOME PHONE CELL PHONE	NAME STREET CITY, STATE, ZIP HOME PHONE CELL PHONE
Contact Numbers	HOME PHONE CELL PHONE	HOME PHONE CELL PHONE
Home Email Address		
Place of Employment		
Work Address	STREET CITY, STATE, ZIP	STREET CITY, STATE, ZIP
Work Phone/Schedule	FROM am/pm UNTIL am/pm	FROM am/pm UNTIL am/pm
Work Email Address		
ISE Passwords	ACCOUNT PASSWORD PROCARE CLOCK-IN CODE	ACCOUNT PASSWORD PROCARE CLOCK-IN CODE
Parent Reference #1	NAME PHONE	NAME PHONE
Parent Reference #2	NAME PHONE	NAME PHONE
Parent Reference #3	NAME PHONE	NAME PHONE

WHO HAS PARENTAL CUSTODY OF CHILD? MOTHER FATHER BOTH OTHER _____
 LEGAL DOCUMENTATION PROVIDED

How did you hear about Innovation School of Excellence?
 _____ Radio / Television _____ Phone Book _____ Referred by: _____

II. AUTHORIZED PICK-UP AND EMERGENCY CONTACT INFORMATION

Child(ren) will be released only to custodial parent(s) or legal guardian(s) and the person(s) listed below. The persons below will also be contacted and are authorized to remove your child(ren) from the facility in case of illness, accident or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

	NAME	RELATIONSHIP TO CHILD	HOME PHONE	WORK PHONE	CELL PHONE
1.					
2.					
3.					
4.					
5.					
6.					

Parent/Guardian Signature

Date

INNOVATION SCHOOL OF EXCELLENCE



Child Development Center

CORPORATE OFFICE
2532 W. Tharpe Street
Tallahassee, FL 32303
Ph: 850-575-5600
Fax: 850-575-0833



Christian Academy of Excellence

ISE "ON THE WAY" (House of Prayer)
2150 Belle Vue Way
Tallahassee, FL 32304
Ph: 850-575-4468
Child Development Center
Infants - 1-Year-Olds



Young Hope School of the Arts

ISE NORTHWEST (House of Praise)
411 White Drive
Tallahassee, FL 32304
Ph: 850-576-8882
Child Development Center
2-Year-Olds

ISE MAIN CAMPUS
2532 W. Tharpe Street
Tallahassee, FL 32303
Ph: 850-575-5590
Christian Academy of Excellence
K3 - 8th Grade and After School

I. PRIMARY PARENT/GUARDIAN INFORMATION

	PARENT/GUARDIAN #1		PARENT/GUARDIAN #2	
Home Address	NAME	STREET	NAME	STREET
	CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP	CITY, STATE, ZIP
Contact Numbers	HOME PHONE	CELL PHONE	HOME PHONE	CELL PHONE
Home Email Address				
Place of Employment				
Work Address	STREET		STREET	
	CITY, STATE, ZIP		CITY, STATE, ZIP	
Work Phone/Schedule	FROM am/pm	UNTIL am/pm	FROM am/pm	UNTIL am/pm
Work Email Address				
ISE Passwords	ACCOUNT PASSWORD	PROCARE CLOCK-IN CODE	ACCOUNT PASSWORD	PROCARE CLOCK-IN CODE
Parent Reference #1	NAME	PHONE	NAME	PHONE
Parent Reference #2	NAME	PHONE	NAME	PHONE
Parent Reference #3	NAME	PHONE	NAME	PHONE

WHO HAS PARENTAL CUSTODY OF CHILD? MOTHER FATHER BOTH OTHER _____
 LEGAL DOCUMENTATION PROVIDED

How did you hear about Innovation School of Excellence?
 _____ Radio / Television _____ Phone Book _____ Referred by: _____

II. AUTHORIZED PICK-UP AND EMERGENCY CONTACT INFORMATION

Child(ren) will be released only to custodial parent(s) or legal guardian(s) and the person(s) listed below. The persons below will also be contacted and are authorized to remove your child(ren) from the facility in case of illness, accident or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

	NAME	RELATIONSHIP TO CHILD	HOME PHONE	WORK PHONE	CELL PHONE
1.					
2.					
3.					
4.					
5.					
6.					

Parent/Guardian Signature

Date

Licensing Standards

(Chapter 85C-22, FAC)

Every licensed child care facility should maintain licensing standards that include, but are not limited to, the following:

General Information

- ✓ Have a valid license posted for parents to see.
- ✓ Have all staff appropriately screened.
- ✓ Maintain minimum staff-to-child ratios:

Under 1 yr. old	1:4
1 yr. old	1:8
2 yrs. old	1:11
3 yrs. old	1:15
4 yrs. old	1:20
5 yrs. old & older	1:25
- ✓ Maintain appropriate transportation vehicles. (If transportation is provided)
- ✓ Provide parents with written disciplinary practices used by the facility.
- ✓ Provide access to the facility during normal hours of operation.
- ✓ Maintain usable indoor floor space for playing, working, and napping.

Physical Environment

- ✓ Provides space that is clean and free of litter and other hazards.
- ✓ Equipped with age and developmentally appropriate toys, bathroom facilities and other furnishings.
- ✓ Provide isolation area for children who become ill.

- ✓ Instill proper hand washing, toileting, and diapering activities.
- ✓ Be accessible and appropriate for all children.

Training Requirements

- ✓ 40 hour introductory Child Care Training.
- ✓ 8 hour Inservice Training
- ✓ Facility Directors must have a director credential by January 1, 2003.

Health Related Requirements

- ✓ Have established emergency procedures that include:
 - 1-800-962-2873 Florida Abuse Hotline number along with other emergency numbers.
 - staff trained in first aid and CPR on the premises at all times.
 - fully stocked first aid kit.
 - a working fire extinguisher and monthly fire drills with children and staff.
- ✓ Have a locked storage place for storing medication and hazardous materials;

Food and Nutrition

- ✓ Post a meal and snack menu that provides daily nutritional needs of the children. (If meals are provided)

Record Keeping

- ✓ Maintain accurate records that include:
 - children's health exam/immunization record
 - medication records
 - enrollment information
 - personnel records
 - daily attendances
 - accidents and incidents
 - parental permission for field trips and medications.

Additional Information

For further information about child care or specific child care facilities, please visit our websites or contact your local licensing office.

Main Website: <http://www.myfloridachildcare.com>
Healthiuman/childcare

Provider Search Website: <http://www.floridachildcare.com>



CFR 17C-24, 63C02

KNOW YOUR CHILD CARE FACILITY



Choosing an appropriate child care program is an important decision for both the parent and the child. Family needs as well as the child's individual needs should be considered in this process, including the child's age and developmental level.

This brochure is intended to provide helpful information regarding child care facilities. It summarizes the quality indicators of a child care facility, the parent's role in quality care, and some of the minimum standards used to license child care facilities.

This child care facility has met the state minimum child care licensure standards as outlined in section 402.305, Florida Statutes and Chapter 85C-22, Florida Administrative Code.

License Issued on / /
License Expires on / /

CHILD CARE BROCHURE STATEMENT

(Chapter 402.3125, F.S.)

On, / /

(Name of Parent or Legal Guardian)
received a copy of the Child Care Brochure.

(Signature of Parent or Legal Guardian)

(Name of Child)

This information is for the child care file.

✓ Demonstrate knowledge of the social and emotional needs and developmental tasks for all children.

✓ Communicates with parents.

Quality Environments

✓ Are clean, safe, inviting, comfortable, and child-friendly.

✓ Provide easy access to age-appropriate toys.

✓ Display children's activities and creations.

✓ Provide a safe and secure environment that fosters the growing independence of all children.

Quality Activities

✓ Are children initiated and teacher facilitated.

✓ Include social interchanges with all children.

✓ Are expressive including play, painting, drawing, story telling, music, and dancing and other varied activities.

✓ Include exercise and coordination development

✓ Include free and organized activities.

✓ Include opportunities for all children to read, be creative, explore, and problem-solve.

Parents Role

The parent's role in quality child care is vital to its success. In partnering with the caregiver to achieve this goal, parents should:

✓ Familiarize themselves with the child care standards used to license the child care facility.

✓ Inquire about the qualifications and experience of child care staff as well as staff longevity.

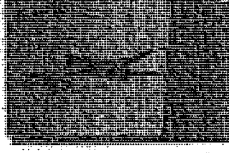
✓ Know the facility's policies and procedures.

✓ Communicate with the caregiver.

✓ Visit and observe the facility and participate in special activities as well as scheduled meetings and conferences.

✓ Talk to their child about their daily experiences in child care.

✓ Arrange alternate care for their child if they are sick.



Licensing Standards

(Chapter 65C-22, FAC)

Every licensed child care facility should maintain licensing standards that include, but are not limited to, the following:

General Information

- ✓ Have a valid license posted for parents to see.
- ✓ Have all staff appropriately screened.
- ✓ Maintain minimum staff-to-child ratios:

Under 1 yr. old	1:4
1 yr. old	1:8
2 yrs. old	1:11
3 yrs. old	1:15
4 yrs. old	1:20
5 yrs. old & older	1:25
- ✓ Maintain appropriate transportation vehicles. (If transportation is provided)
- ✓ Provide parents with written disciplinary practices used by the facility.
- ✓ Provide access to the facility during normal hours of operation.
- ✓ Maintain usable indoor floor space for playing, working, and napping.

Physical Environment

- ✓ Provides space that is clean and free of litter and other hazards.
- ✓ Equipped with age and developmentally appropriate toys, bathroom facilities and other furnishings.
- ✓ Provide isolation area for children who become ill.

Choosing an appropriate child care program is an important decision for both the parent and the child. Family needs as well as the child's individual needs should be considered in this process, including the child's age and developmental level.

This brochure is intended to provide helpful information regarding child care facilities. It summarizes the quality indicators of a child care facility, the parent's role in quality care, and some of the minimum standards used to license child care facilities.

This child care facility has met the state minimum child care licensure standards as outlined in section 402.305, Florida Statutes and Chapter 65C-22, Florida Administrative Code.

License issued on / /
License Expires on / /

CHILD CARE BROCHURE STATEMENT

(Chapter 402.3125, F.S.)

On, / / ,
I,

(Name of Parent or Legal Guardian)

received a copy of the Child Care Brochure.

(Signature of Parent or Legal Guardian)

(Name of Child)

This information is for the child care file.



Record Keeping

- ✓ Maintain accurate records that include:
 - children's health exam/immunization record
 - medication records
 - enrollment information
 - personnel records
 - daily attendances
 - accidents and incidents
 - parental permission for field trips and medications.

Additional Information

For further information about child care or specific child care facilities, please visit our websites or contact your local licensing office.

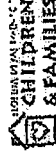
Main Website: <http://www.myfloridachildcare.com>
HealthHuman/childcare

Provider Search Website: <http://www.myfloridachildcare.com>



CPPI17324, 032002

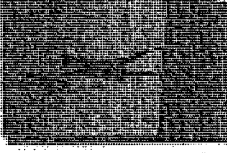
KNOW YOUR CHILD CARE FACILITY



Parent's Role

The parent's role in quality child care is vital to its success. In partnering with the caregiver to achieve this goal, parents should:

- ✓ Familiarize themselves with the child care standards used to license the child care facility.
- ✓ Inquire about the qualifications and experience of child care staff as well as staff longevity.
- ✓ Know the facility's policies and procedures.
- ✓ Communicate with the caregiver.
- ✓ Visit and observe the facility and participate in special activities as well as scheduled meetings and conferences.
- ✓ Talk to their child about their daily experiences in child care.
- ✓ Arrange alternate care for their child if they are sick.



- ✓ Demonstrate knowledge of the social and emotional needs and developmental tasks for all children.
- ✓ Communicates with parents.

Quality Environments

- ✓ Are clean, safe, inviting, comfortable, and child-friendly.
- ✓ Provide easy access to age-appropriate toys.
- ✓ Display children's activities and creations.
- ✓ Provide a safe and secure environment that fosters the growing independence of all children.

Quality Activities

- ✓ Are children initiated and teacher facilitated.
- ✓ Include social interchanges with all children.
- ✓ Are expressive including play, painting, drawing, story telling, music, and dancing and other varied activities.
- ✓ Include exercise and coordination development
- ✓ Include free and organized activities.
- ✓ Include opportunities for all children to read, be creative, explore, and problem-solve.

Quality Child Care

Quality child care offers the child healthy, social and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment.

Children in quality child care settings also participate in daily age-appropriate activities that help develop essential skills, build independence and instill self-respect.

When evaluating child care settings for quality, the following quality indicators should be considered:

Quality Caregivers

- ✓ Are friendly and eager to care for children.
- ✓ Accept family cultural and ethnic differences.
- ✓ Are warm, understanding, encouraging, and responsive to each child's individual needs.
- ✓ Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.

- ✓ Help children manage their behavior in a positive, constructive, and non-threatening manner.

- ✓ Allow children to play alone or in small groups.
- ✓ Are attentive to and interact with the children.
- ✓ Provide stimulating, interesting, and educational activities.

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



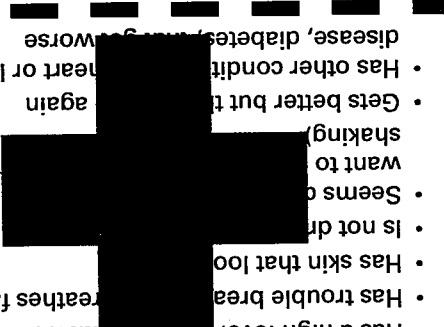
What should I do if my child

gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks like a rash
- Is not drinking
- Seems dehydrated (does not want to drink)
- Gets better but then gets worse again
- Has other conditions (heart or lung disease, diabetes, or worse)



How can I protect my child

from the flu?

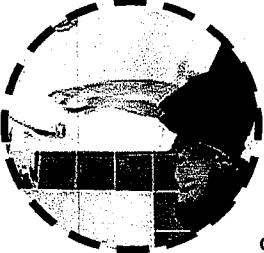
A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the

spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents:*

Name: _____
 Child's Name: _____
 Date Received: _____
 Signature: _____



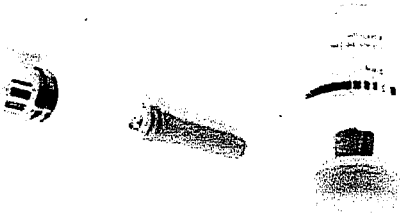
What should I do if my child

gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks like a rash
- Is not drinking
- Seems dehydrated (does not want to drink)
- Gets better but then gets sick again
- Has other conditions (heart or lung disease, diabetes, or worse)



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

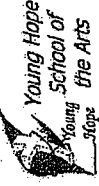
INNOVATION SCHOOL OF EXCELLENCE



Child
Development
Center



Christian
Academy of
Excellence



Young Hope
School of
Young Hope
the Arts

Building for the Future

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

Each day more than 2.6 million children participate in the CCFP 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

CCFP 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 the CCFP 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.
- **After-school 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.

Civil

Rights

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 Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964. USDA is an equal opportunity provider and employer.

Contact

Information

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

Sponsoring Organization/Center:

State Agency:

Department of Health
Bureau of Child Nutrition Programs
4052 Bald Cypress Way, Bin A-17
Tallahassee, Florida 32399-1727
850.245.4323



USDA is an equal opportunity provider and employer

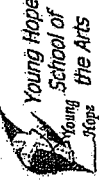
INNOVATION SCHOOL OF EXCELLENCE



Child
Development
Center



Christian
Academy of
Excellence



Young Hope
School of
Young Hope
the Arts

Building for the Future

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

Each day more than 2.6 million children participate in the CCFP 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 CCFP 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 the CCFP 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.
- **After-school 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.

Civil

Rights

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 Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964. USDA is an equal opportunity provider and employer.

Contact

Information

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

Sponsoring Organization/Center:

State Agency:

Department of Health
Bureau of Child Nutrition Programs
4052 Bald Cypress Way, Bin A-17
Tallahassee, Florida 32399-1727
850.245.4323



USDA is an equal opportunity provider and employer

Infant Feeding Form

CHILD CARE PROVIDER USE ONLY – Complete this shaded section before distributing to parents	
Child Care Provider Name:	
Iron Fortified Milk based formula offered:	Iron Fortified Soy based formula offered:

Parents: Participation in the Child Care Food Program ensures that healthy meals are served to your baby while in child care. To help provide the best nutritional care for your baby, please complete the following information:

Baby's Name:	Baby's Birth Date:
Place a check mark (✓) by each of the following that apply for your baby:	
My baby is:	My baby is:
<input type="checkbox"/> 0 to 3 months old	<input type="checkbox"/> Breastfed
<input type="checkbox"/> 4 to 7 months old	<input type="checkbox"/> Breast and formula fed
<input type="checkbox"/> 8 to 11 months old	<input type="checkbox"/> Formula fed
My baby can:	My baby is eating:
<input type="checkbox"/> Drink from a cup	<input type="checkbox"/> Infant cereal
<input type="checkbox"/> Eat from a spoon	<input type="checkbox"/> Jar foods
<input type="checkbox"/> Sit alone without support	<input type="checkbox"/> Table foods
Other things we should know about feeding your baby: (For example -- feeding schedule, allergies, special feeding needs)	

I understand that the child care provider will supply the above iron-fortified formulas for infants according to the Child Care Food Program requirements. ***Note: Child care providers may request parents to supply clean, sanitized and labeled bottles on a daily basis.**

If you <i>formula-feed</i> your baby, place a check mark (✓) by only ONE of the following:
<input type="checkbox"/> I prefer to have the child care provider supply formula. OR <input type="checkbox"/> I will supply my own formula.
If you <i>breastfeed</i> your baby, place a check mark (✓) by only ONE of the following:
<input type="checkbox"/> I will supply expressed (pumped) breastmilk. OR <input type="checkbox"/> I will supply expressed (pumped) breastmilk and supply my own formula to supplement as needed.
OR <input type="checkbox"/> I will supply expressed (pumped) breastmilk and have the child care provider supply formula as needed.

I understand the child care provider will supply infant cereal and baby food for infants 4 months and older according to Child Care Food Program requirements.

Place a check mark (✓) by only ONE of the following:
<input type="checkbox"/> I prefer to have the child care provider supply infant cereal and baby food. OR <input type="checkbox"/> I will supply my own cereal and baby food.

This facility has not requested or required me to provide infant formula or food for my baby; I understand that I have the choice of having my baby participate in the CCFP. I also understand that all bottles of breastmilk or formula and containers of food that I prepare and supply for my infant **must be labeled with my baby's name, and date and time of bottle preparation.**

Parent Signature _____ **Date** _____

Infant Feeding Form

CHILD CARE PROVIDER USE ONLY – Complete this shaded section before distributing to parents	
Child Care Provider Name:	
Iron Fortified Milk based formula offered:	Iron Fortified Soy based formula offered:

Parents: Participation in the Child Care Food Program ensures that healthy meals are served to your baby while in child care. To help provide the best nutritional care for your baby, please complete the following information:

<p>Baby's Name:</p> <p>Place a check mark (✓) by each of the following that apply for your baby:</p> <p>My baby is:</p> <p><input type="checkbox"/> 0 to 3 months old</p> <p><input type="checkbox"/> 4 to 7 months old</p> <p><input type="checkbox"/> 8 to 11 months old</p> <p>My baby can:</p> <p><input type="checkbox"/> Drink from a cup</p> <p><input type="checkbox"/> Eat from a spoon</p> <p><input type="checkbox"/> Sit alone without support</p>	<p>Baby's Birth Date:</p> <p>Other things we should know about feeding your baby: (For example -- feeding schedule, allergies, special feeding needs)</p>
--	---

I understand that the child care provider will supply the above iron-fortified formulas for infants according to the Child Care Food Program requirements. ***Note: Child care providers may request parents to supply clean, sanitized and labeled bottles on a daily basis.**

<p>If you <i>formula-feed</i> your baby, place a check mark (✓) by only ONE of the following:</p> <p><input type="checkbox"/> I prefer to have the child care provider supply formula. OR <input type="checkbox"/> I will supply my own formula.</p>	<p>If you <i>breastfeed</i> your baby, place a check mark (✓) by only ONE of the following:</p> <p><input type="checkbox"/> I will supply expressed (pumped) breastmilk. OR <input type="checkbox"/> I will supply expressed (pumped) breastmilk and supply my own formula to supplement as needed.</p> <p>OR <input type="checkbox"/> I will supply expressed (pumped) breastmilk and have the child care provider supply formula as needed.</p>
--	---

I understand the child care provider will supply infant cereal and baby food for infants 4 months and older according to Child Care Food Program requirements.

<p>Place a check mark (✓) by only ONE of the following:</p> <p><input type="checkbox"/> I prefer to have the child care provider supply infant cereal and baby food.</p>	<p>OR <input type="checkbox"/> I will supply my own cereal and baby food.</p>
---	---

This facility has not requested or required me to provide infant formula or food for my baby; I understand that I have the choice of having my baby participate in the CCFP. I also understand that all bottles of breastmilk or formula and containers of food that I prepare and supply for my infant **must be labeled with my baby's name, and date and time of bottle preparation.**

Parent Signature _____ **Date** _____



Bureau of Child Nutrition Programs
Child Care Food Program

Child Participation Form

Name of Child: _____ Name of Facility: _____

Dear Parent:

Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

If child care hours are the same every day, please complete this chart.		Meals Normally Received While In Care	
Day	Normal Hours in Care		
Mon - Fri	a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/>	Lunch <input type="checkbox"/>
		AM Snack <input type="checkbox"/>	
		PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>
			Eve Snack <input type="checkbox"/>

OR

If child care hours are <u>not</u> the same every day, please complete this chart.									
Monday	<table border="0"> <tr> <td>a.m. _____ to _____ p.m.</td> <td>Breakfast <input type="checkbox"/></td> <td>AM Snack <input type="checkbox"/></td> <td>Lunch <input type="checkbox"/></td> </tr> <tr> <td></td> <td>PM Snack <input type="checkbox"/></td> <td>Supper <input type="checkbox"/></td> <td>Eve Snack <input type="checkbox"/></td> </tr> </table>	a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>		PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>
a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>						
	PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>						
Tuesday	<table border="0"> <tr> <td>a.m. _____ to _____ p.m.</td> <td>Breakfast <input type="checkbox"/></td> <td>AM Snack <input type="checkbox"/></td> <td>Lunch <input type="checkbox"/></td> </tr> <tr> <td></td> <td>PM Snack <input type="checkbox"/></td> <td>Supper <input type="checkbox"/></td> <td>Eve Snack <input type="checkbox"/></td> </tr> </table>	a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>		PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>
a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>						
	PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>						
Wednesday	<table border="0"> <tr> <td>a.m. _____ to _____ p.m.</td> <td>Breakfast <input type="checkbox"/></td> <td>AM Snack <input type="checkbox"/></td> <td>Lunch <input type="checkbox"/></td> </tr> <tr> <td></td> <td>PM Snack <input type="checkbox"/></td> <td>Supper <input type="checkbox"/></td> <td>Eve Snack <input type="checkbox"/></td> </tr> </table>	a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>		PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>
a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>						
	PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>						
Thursday	<table border="0"> <tr> <td>a.m. _____ to _____ p.m.</td> <td>Breakfast <input type="checkbox"/></td> <td>AM Snack <input type="checkbox"/></td> <td>Lunch <input type="checkbox"/></td> </tr> <tr> <td></td> <td>PM Snack <input type="checkbox"/></td> <td>Supper <input type="checkbox"/></td> <td>Eve Snack <input type="checkbox"/></td> </tr> </table>	a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>		PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>
a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>						
	PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>						
Friday	<table border="0"> <tr> <td>a.m. _____ to _____ p.m.</td> <td>Breakfast <input type="checkbox"/></td> <td>AM Snack <input type="checkbox"/></td> <td>Lunch <input type="checkbox"/></td> </tr> <tr> <td></td> <td>PM Snack <input type="checkbox"/></td> <td>Supper <input type="checkbox"/></td> <td>Eve Snack <input type="checkbox"/></td> </tr> </table>	a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>		PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>
a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>						
	PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>						
Saturday	<table border="0"> <tr> <td>a.m. _____ to _____ p.m.</td> <td>Breakfast <input type="checkbox"/></td> <td>AM Snack <input type="checkbox"/></td> <td>Lunch <input type="checkbox"/></td> </tr> <tr> <td></td> <td>PM Snack <input type="checkbox"/></td> <td>Supper <input type="checkbox"/></td> <td>Eve Snack <input type="checkbox"/></td> </tr> </table>	a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>		PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>
a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>						
	PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>						
Sunday	<table border="0"> <tr> <td>a.m. _____ to _____ p.m.</td> <td>Breakfast <input type="checkbox"/></td> <td>AM Snack <input type="checkbox"/></td> <td>Lunch <input type="checkbox"/></td> </tr> <tr> <td></td> <td>PM Snack <input type="checkbox"/></td> <td>Supper <input type="checkbox"/></td> <td>Eve Snack <input type="checkbox"/></td> </tr> </table>	a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>		PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>
a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/>	AM Snack <input type="checkbox"/>	Lunch <input type="checkbox"/>						
	PM Snack <input type="checkbox"/>	Supper <input type="checkbox"/>	Eve Snack <input type="checkbox"/>						

Check here if your child has no regularly scheduled hours of care

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Phone Number: _____



Bureau of Child Nutrition Programs
Child Care Food Program

Child Participation Form

Name of Child: _____ Name of Facility: _____

Dear Parent:

Please fill out the following information so that your child may participate in the Child Care Food Program, which reimburses child care providers for serving nutritious, well-balanced meals to children in child care.

If child care hours are the same every day, please complete this chart.		
Day	Normal Hours in Care	Meals Normally Received While in Care
Mon - Fri	a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

OR

If child care hours are <u>not</u> the same every day, please complete this chart.		
Monday	a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Tuesday	a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Wednesday	a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Thursday	a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Friday	a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Saturday	a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>
Sunday	a.m. _____ to _____ p.m.	Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> Eve Snack <input type="checkbox"/>

Check here if your child has no regularly scheduled hours of care

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____ Phone Number: _____



CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

To apply for free and reduced price meals for your child, read the instructions and complete this form. Sign your name, date and return the application to _____ if you need assistance filling out this form, call this number: _____

PART 1 – INFORMATION ON CHILD:

NAME AND ADDRESS OF CCC/OSHCC: _____

Child's Name:

Last Name _____ First Name _____

Date of Birth _____

PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCE PROGRAM OR TANF BENEFITS: Complete this part and Part 4.

Food Assistance Program Case Number: _____ TANF Case Number: _____

PART 3 – ALL OTHER HOUSEHOLDS: If you gave a Food Assistance Program or TANF number, then skip to Part 4. Otherwise, complete this part and Part 4.

HOUSEHOLD MEMBERS		INCOME AMOUNT & FREQUENCY				Check Box if Person has No Income
List the Names of Everyone in Your Household (include child listed in Part 1 above)	Check Box if Foster Child	List pay frequency (i.e., annually, monthly, twice a month, biweekly, or weekly) after each amount.	Gross Earnings (Before Deductions) if self-employed, list net income	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income (including personal use income of a foster child)
Last Name, First Name	<input type="checkbox"/>	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency
1. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
6. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

PART 4 – SIGNATURE AND SSN: An adult household member must sign the application before it can be approved.

Home Phone # _____

Signature of Adult Household Member _____ Date Signed _____

Home Address _____ Street Address, City, State, Zip Code _____ Work Phone # _____

Last Four Digits of Social Security Number _____ Write NONE if you don't have a Social Security Number

PENALTIES FOR MISREPRESENTATION: I certify that all information on this application is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

PART 5 (Optional) - RACIAL IDENTITY OF CHILD

- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- Asian
- White
- Black or African American

ETHNIC IDENTITY OF CHILD

- Hispanic or Latino
- Not Hispanic or Latino

Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless you list a current Food Assistance Program or TANF case number or are applying for a foster child, you must include the last four digits of the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of the last four digits of a social security number is not mandatory, but if this information is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The last four digits of the social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Assistance Program or welfare office to determine current certification for receipt of Food Assistance Program or TANF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them look into violations of program rules.

For Contractor Use Only:

Food Assistance Program/TANF household Foster Child Zero Income Application – Temporary Free Until _____ (evaluate every 45 days)

Total Household Size: _____ Total Household Income: \$ _____ Weekly / Biweekly / Twice a Month / Monthly / Annually

Note: if different income frequencies are listed, convert all income to an annual amount.

Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Eligibility Determination: Free Reduced Non-need

Reason for Non-need Status: Income too High Incomplete Application Other (Reason) _____

Signature of Determining Official: _____ Date Signed: _____



CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

To apply for free and reduced price meals for your child, read the instructions and complete this form. Sign your name, date and return the application to _____ if you need assistance filling out this form, call this number: _____

PART 1 – INFORMATION ON CHILD:

NAME AND ADDRESS OF CCC/OSHCC: _____

Child's Name:

Last Name _____ First Name _____

Date of Birth _____

PART 2 – HOUSEHOLDS RECEIVING FOOD ASSISTANCE PROGRAM OR TANF BENEFITS: Complete this part and Part 4.

Food Assistance Program Case Number: _____ TANF Case Number: _____

PART 3 – ALL OTHER HOUSEHOLDS: If you gave a Food Assistance Program or TANF number, then skip to Part 4. Otherwise, complete this part and Part 4.

HOUSEHOLD MEMBERS		INCOME AMOUNT & FREQUENCY					
List the Names of Everyone in Your Household (include child listed in Part 1 above)	Check Box if Foster Child	List pay frequency (i.e., annually, monthly, twice a month, biweekly, or weekly) after each amount.	Gross Earnings (Before Deductions) if self-employed, list net income	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	All Other Income (including personal use income of a foster child)	Check Box if Person has No Income
Last Name, First Name	<input type="checkbox"/>	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	\$ Amt./Frequency	<input type="checkbox"/>
1. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
2. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
3. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
4. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
5. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>
6. _____	<input type="checkbox"/>	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	<input type="checkbox"/>

PART 4 – SIGNATURE AND SSN: An adult household member must sign the application before it can be approved.

Home Phone # _____

Signature of Adult Household Member _____ Date Signed _____

Home Address _____ Street Address, City, State, Zip Code _____ Work Phone # _____

Last Four Digits of Social Security Number _____ Write NONE if you don't have a Social Security Number

PENALTIES FOR MISREPRESENTATION: I certify that all information on this application is true and correct and that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

PART 5 (Optional) - RACIAL IDENTITY OF CHILD

- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- Asian
- White
- Black or African American

ETHNIC IDENTITY OF CHILD

- Hispanic or Latino
- Not Hispanic or Latino

Privacy Act Statement: Section 9 of the National School Lunch Act requires that, unless you list a current Food Assistance Program or TANF case number or are applying for a foster child, you must include the last four digits of the social security number of the adult household member signing the application or indicate that the household member does not have a social security number. Provision of the last four digits of a social security number is not mandatory, but if this information is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The last four digits of the social security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Food Assistance Program or welfare office to determine current certification for receipt of Food Assistance Program or TANF benefits, contacting the state employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. We may share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs; auditors for program reviews; and law enforcement officials to help them look into violations of program rules.

For Contractor Use Only:

Food Assistance Program/TANF household Foster Child Zero Income Application – Temporary Free Until _____ (evaluate every 45 days)

Total Household Size: _____ Total Household Income: \$ _____ Weekly / Biweekly / Twice a Month / Monthly / Annually

Note: if different income frequencies are listed, convert all income to an annual amount.

Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Eligibility Determination: Free Reduced Non-need

Reason for Non-need Status: Income too High Incomplete Application Other (Reason) _____

Signature of Determining Official: _____ Date Signed: _____

FREE AND REDUCED-PRICE MEAL APPLICATION INSTRUCTIONS

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS:

Part 1: Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed. **Part 2:** List the current Food Assistance Program (formerly known as the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) case number. The case number is on your letter of eligibility; it is not the number on your EBT card. **Skip Part 3. Part 4:** An adult household member must sign the form, but the last four digits of the signer's social security number are not necessary. Complete the address and phone number fields and date the form. **Part 5:** You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

IF YOU ARE APPLYING FOR A FOSTER CHILD, CHOOSE ONE METHOD BELOW TO APPLY:

NOTE: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household with whom they reside. Households wishing to apply for meal benefits for foster children should contact us if they have any questions.

Method 1: Provide official documentation from the foster care agency or court that placed the child with the specific household. With such documentation, it is not necessary to complete the Free and Reduced-Price Meal Application.

Method 2: Complete the Free and Reduced-Price Meal Application according to these instructions – **Part 1:** Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed. **Skip Part 2.**

Part 3: List the child's name, check the box in the "Foster Child" column, and report the child's personal use income, if any, in the "All Other Income" column. "**Personal use" income is a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and/or b) all other money the child receives, such as money from his/her family and money from the child's full-time or regular part-time jobs.** Do not include payments to the household for the care of the foster child.

Part 4: A foster parent or other official representing the child must sign the form, but the last four digits of the signer's social security number are not necessary. Complete the address and phone number fields and date the form. **Part 5:** You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

Method 3: Complete the Free and Reduced-Price Meal Application according to the instructions below for ALL OTHER HOUSEHOLDS.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed.

Skip Part 2.

Part 3:

- (1) Write the names of everyone in your household, whether they receive income or not. Include yourself, the child you are applying for, all other children, your spouse, grandparents and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) If a household member is a foster child, check the box in the "Foster Child" column next to his/her name.
- (3) Write the amount of income each household member regularly receives, before taxes or anything else is taken out, and how often it is received. List income in the appropriate column(s) to designate the source of the income, such as earnings, welfare, pensions, and other income (**refer to examples below for types of income to report**). If a foster child is listed, report his/her personal use income, if any, in the "All Other Income" column. **Refer to Method 2 above for the definition of a foster child's personal use income.** Do not include payments to the household for the care of the foster child as income for any household member. If any amount(s) received during the last month was more or less than usual, write that person's usual income.
- (4) For any person with no income, including children, check the "No Income" box in the last column.

Part 4: An adult household member must sign the application and give the last four digits of his/her social security number (or write NONE if s/he doesn't have a social security number).

Part 5: You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

INCOME TO REPORT

<u>Earnings from Employment:</u>	<u>Pensions/Retirement/Social Security:</u>	<u>Other Income:</u>
Wages/salaries/tips	Pensions	Disability benefits
Strike benefits	Supplemental security income	Cash withdrawn from savings
Unemployment compensation	Retirement income	Interest/dividends
Worker's compensation	Veteran's payments	Income from estates/trusts/investments
Net income from self-owned business or farm	Social security	Regular contributions from persons not living in the household
		Net royalties/annuities/net rental income
		Any other income
<u>Certain Military Income and Benefits:</u>	<u>Welfare/Child Support/Alimony:</u>	
All cash income for off base commercial, private housing allowances, excluding the Military Housing Privatization Initiative and Family Subsistence Supplemental Allowance (FSSA)	Public assistance payments	
All cash income for uniform allowances	Welfare payments	
All cash income made available to the household, except for combat pay received under certain conditions	Alimony/child support payments	
Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.)		

FREE AND REDUCED-PRICE MEAL APPLICATION INSTRUCTIONS

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM OR TANF BENEFITS, FOLLOW THESE INSTRUCTIONS:

Part 1: Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed. **Part 2:** List the current Food Assistance Program (formerly known as the Food Stamp Program) or Temporary Assistance for Needy Families (TANF) case number. The case number is on your letter of eligibility; it is not the number on your EBT card. **Skip Part 3. Part 4:** An adult household member must sign the form, but the last four digits of the signer's social security number are not necessary. Complete the address and phone number fields and date the form. **Part 5:** You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

IF YOU ARE APPLYING FOR A FOSTER CHILD, CHOOSE ONE METHOD BELOW TO APPLY:

NOTE: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household with whom they reside. Households wishing to apply for meal benefits for foster children should contact us if they have any questions.

Method 1: Provide official documentation from the foster care agency or court that placed the child with the specific household. With such documentation, it is not necessary to complete the Free and Reduced-Price Meal Application.

Method 2: Complete the Free and Reduced-Price Meal Application according to these instructions – **Part 1:** Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed. **Skip Part 2.**

Part 3: List the child's name, check the box in the "Foster Child" column, and report the child's personal use income, if any, in the "All Other Income" column. "**Personal use" income is a) money given by the welfare office identified by category for the child's personal use, such as for clothing, school fees, and allowances; and/or b) all other money the child receives, such as money from his/her family and money from the child's full-time or regular part-time jobs.** Do not include payments to the household for the care of the foster child.

Part 4: A foster parent or other official representing the child must sign the form, but the last four digits of the signer's social security number are not necessary. Complete the address and phone number fields and date the form. **Part 5:** You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

Method 3: Complete the Free and Reduced-Price Meal Application according to the instructions below for ALL OTHER HOUSEHOLDS.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS:

Part 1: Print the name and date of birth of the child you are applying for. Print the name and address of the child care center the child attends, if not already pre-printed.

Skip Part 2.

Part 3:

- (1) Write the names of everyone in your household, whether they receive income or not. Include yourself, the child you are applying for, all other children, your spouse, grandparents and other related and unrelated people in your household. Use another piece of paper if you need more space.
- (2) If a household member is a foster child, check the box in the "Foster Child" column next to his/her name.
- (3) Write the amount of income each household member regularly receives, before taxes or anything else is taken out, and how often it is received. List income in the appropriate column(s) to designate the source of the income, such as earnings, welfare, pensions, and other income (**refer to examples below for types of income to report**). If a foster child is listed, report his/her personal use income, if any, in the "All Other Income" column. **Refer to Method 2 above for the definition of a foster child's personal use income.** Do not include payments to the household for the care of the foster child as income for any household member. If any amount(s) received during the last month was more or less than usual, write that person's usual income.
- (4) For any person with no income, including children, check the "No Income" box in the last column.

Part 4: An adult household member must sign the application and give the last four digits of his/her social security number (or write NONE if s/he doesn't have a social security number).

Part 5: You are not required to answer this question. However, providing this information will help ensure equal access to the Child Care Food Program.

INCOME TO REPORT

Earnings from Employment:
Wages/salaries/tips
Strike benefits
Unemployment compensation
Worker's compensation
Net income from self-owned business or farm

Pensions/Retirement/Social Security:

Pensions
Supplemental security income
Retirement income
Veteran's payments
Social security

Other Income:

Disability benefits
Cash withdrawn from savings
Interest/dividends
Income from estates/trusts/investments
Regular contributions from persons not living in the household
Net royalties/annuities/net rental income
Any other income

Certain Military Income and Benefits:

All cash income for off base commercial, private housing allowances, excluding the Military Housing Privatization Initiative and Family Subsistence Supplemental Allowance (FSSA)

Welfare/Child Support/Alimony:

Public assistance payments
Welfare payments
Alimony/child support payments

All cash income for uniform allowances

All cash income made available to the household, except for combat pay received under certain conditions
Does not include "in-kind" benefits NOT paid in cash (base housing, clothing, food, medical care, etc.)

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose 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

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino
- Asian
- American Indian or Alaska Native
- Black or African American
- White
- Native Hawaiian or other Pacific Islander

Choose one or more (regardless of ethnicity):

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL 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 _____

Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____

PART 5. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (ADULT MUST SIGN)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form also must list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school will get Federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my children may lose 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

PART 6. CHILDREN'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Choose one ethnicity:

- Hispanic/Latino Asian American Indian or Alaska Native Black or African American
- Not Hispanic/Latino White Native Hawaiian or other Pacific Islander

Choose one or more (regardless of ethnicity):

DO NOT FILL OUT THIS PART. THIS IS FOR SCHOOL USE ONLY.

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

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

Categorical Eligibility: _____ Eligibility: Free _____ Reduced _____ Denied _____

Reason: _____

Temporary: Free _____ Reduced _____ Time Period: _____ (expires after _____ days)

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Verifying Official's Signature: _____ Date: _____



*Hop aboard the Tuition Express
and never write a check again!*

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com

For Bank Account Authorization, complete this side and return to center management.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) hereby authorize Professional Solutions, as agent on behalf of _____ to initiate debit entries to my Checking or Savings Account indicated below at the depository financial institution hereafter called DEPOSITORY. I (we) authorize Professional Solutions to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees which are due and payable. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____ Phone # _____ DEPOSITORY - Bank or Credit Union Name _____

Address _____ Bank or Credit Union Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

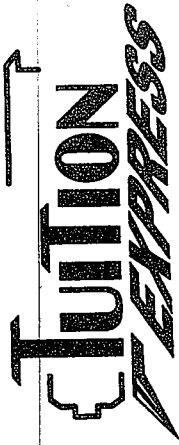
Routing Transit Number (see sample below) _____ Account Number (see sample below) _____ Type: Checking Savings

This authorization shall remain in full force and effect until I (we) notify you in writing of its termination in such time and in such manner as to afford Professional Solutions - Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Under no circumstances shall this time be less than 5 business days.

Signature _____ Date _____

(Please attach a copy of a voided check below - deposit slips not accepted)

John Smith 3214 N. Smith 123 Main Street Anytown, CA 97506	1420
PAY TO THE ORDER OF	DATE
\$	Dollars
APPROVE BANK ANYTOWN, OR 97002	
MEMO	
⑆ 105742104⑆ 5782458⑆ 1420	
Routing Transit Number	Account Number
Check Number	



*Hop aboard the Tuition Express
and never write a check again!*

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com

For Bank Account Authorization, complete this side and return to center management.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) hereby authorize Professional Solutions, as agent on behalf of _____ to initiate debit entries to my Checking or Savings Account indicated below at the depository financial institution hereafter called DEPOSITORY. I (we) authorize Professional Solutions to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees which are due and payable. I (we) acknowledge that the origination of ACH transactions to my account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____ Phone # _____ DEPOSITORY - Bank or Credit Union Name _____

Address _____ Bank or Credit Union Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Routing Transit Number (see sample below) _____ Account Number (see sample below) _____

Type: Checking Savings

This authorization shall remain in full force and effect until I (we) notify you in writing of its termination in such time and in such manner as to afford Professional Solutions - Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Under no circumstances shall this time be less than 5 business days.

Signature _____ Date _____

(Please attach a copy of a voided check below - deposit slips not accepted)

John Smith
123 Main Street
Anytown, CA 97504

1420

DATE _____ \$ _____ Dollars

PAY TO THE ORDER OF _____

APPROX BANK ANYTOWN, OR 97022

MEMO

⑆ 105742104⑆ 5782458⑆ 1420

Routing Transit Account Check
Number Number Number

Never write a check again!

Tuition Express is a safe, reliable, convenient method of paying your childcare expenses

TUITION EXPRESS

Wish your tuition payments were easier to manage?
Help is on the way...

For Credit Card Authorization, complete this side and return to center management.

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize _____ (hereafter referred to as "center") to initiate recurring credit card charges to the below referenced credit card account for the purpose of collection of childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are **due and payable** at the time of the credit card transaction. I understand that this agreement is between myself (us) and the below referenced "center". I further understand that the "center" utilizes Professional Solutions of Medford, Oregon to capture, create, and transmit all credit card information. Professional Solutions does not settle any monetary transactions in any form. Therefore, I hereby indemnify and hold harmless, Professional Solutions from any and all liability resulting from any and all single and/or recurring transactions. All disputes shall be directed to and addressed by and between "center" and the below signed cardholder. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give "center" written notice of revocation. A minimum of 5 business days is required to affect revocation.**

Visa MasterCard American Express Discover

Cardholder Name _____ Phone # _____ Account Number _____

Cardholder Billing Address _____ Expiration Date _____

City _____ State _____ Zip _____ Cardholder Signature _____ Date _____

For Official Use Only:

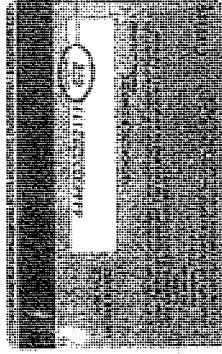
Date Received: _____

Employee Signature: _____

Attention: Parent/Cardholder
For your protection the cardholder is required to submit the CVV Number. The number indicates to the center that the cardholder is the rightful owner of the credit card. **The center will not be able to accept your credit card for payments without this number.**

Center Management: Cut along line and destroy CVV number after entering data into Tuition Express.

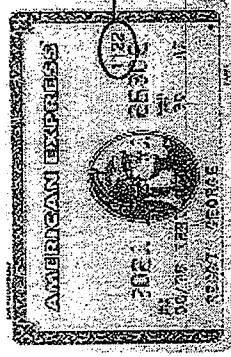
For Visa, MasterCard, and Discover Card:
The CVV Number is a three-digit security code printed on the back of your card. The number appears in reverse italic at the top of the signature panel at the end.



CVV

CVV Number:

For American Express:
The CVV Number is a 4 digit number found on the front of your card.



CVV

Never write a check again!

Tuition Express is a safe, reliable, convenient method of paying your childcare expenses

TUITION EXPRESS

Wish your tuition payments were easier to manage?
Help is on the way...

For Credit Card Authorization, complete this side and return to center management.

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize _____ (hereafter referred to as "center") to initiate recurring credit card charges to the below referenced credit card account for the purpose of collection of childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are **due and payable** at the time of the credit card transaction. I understand that this agreement is between myself (us) and the below referenced "center". I further understand that the "center" utilizes Professional Solutions of Medford, Oregon to capture, create, and transmit all credit card information. Professional Solutions does not settle any monetary transactions in any form. Therefore, I hereby indemnify and hold harmless, Professional Solutions from any and all liability resulting from any and all single and/or recurring transactions. All disputes shall be directed to and addressed by and between "center" and the below signed cardholder. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give "center" written notice of revocation. A minimum of 5 business days is required to affect revocation.**

Visa MasterCard American Express Discover

Cardholder Name _____ Phone # _____ Account Number _____

Cardholder Billing Address _____ Expiration Date _____

City _____ State _____ Zip _____ Cardholder Signature _____ Date _____

For Official Use Only:

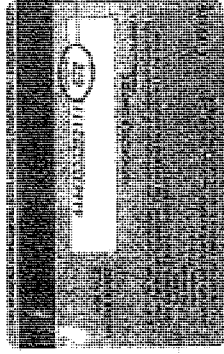
Date Received: _____

Employee Signature: _____

Attention: Parent/Cardholder
For your protection the cardholder is required to submit the CVV Number. The number indicates to the center that the cardholder is the rightful owner of the credit card. **The center will not be able to accept your credit card for payments without this number.**

Center Management: Cut along line and destroy CVV number after entering data into Tuition Express.

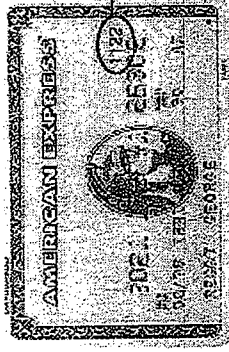
For Visa, MasterCard, and Discover Card:
The CVV Number is a three-digit security code printed on the back of your card. The number appears in reverse italic at the top of the signature panel at the end.



CVV

CVV Number:

For American Express:
The CVV Number is a 4 digit number found on the front of your card.

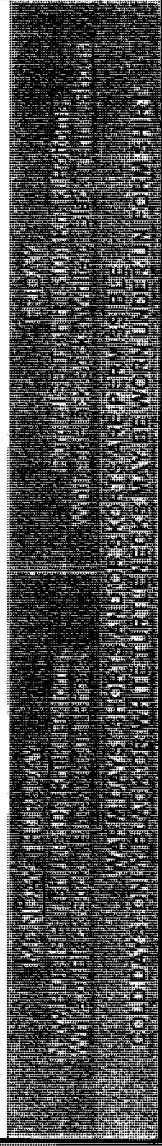


CVV

INNOVATION SCHOOL OF EXCELLENCE

2011-12 SCHOOL UNIFORM DRESS CODE

ICDC: 2-YEAR-OLDS



	GIRLS	BOYS	PURCHASE FROM
Monday through Wednesday	Light Blue ICAE Polo (\$12) Navy Blue Bottoms Black Shoes (Dress or Casual) White Socks or White Tights	Light Blue ICAE Polo (\$12) Navy Blue Pants Black Shoes (Dress or Casual) Black Socks & Black Belt	Innovation School of Excellence
Thursday (chapel)	White ISE Shirt Plaid Jumper Black Shoes (Dress or Casual) White Socks or White Tights	Blue ISE Oxford Shirt Navy Blue Pants Black Shoes (Dress or Casual) Black Socks & Black Belt	G. Willie's Uniforms
Friday	Purple ISE T-shirt (\$10) Tan Khaki Bottoms White Socks or White Tights White or Black Tennis Shoes	Purple ISE T-shirt (\$10) Tan Khaki Pants White Socks White or Black Tennis Shoes	Innovation School of Excellence

WARM DAYS: SHORTS AND/OR SKORTS ARE PERMISSIBLE
COLD DAYS: ONLY BLACK, NAVY BLUE OR WHITE TURTLENECKS MAY BE WORN UNDER UNIFORM SHIRT

	GIRLS	BOYS	PURCHASE FROM
Monday through THURSDAY	White ICAE Shirt Plaid Jumper Dress White Socks or White Tights Black Shoes (Dress or Casual)	Blue ICAE Oxford Shirt Navy Blue Pants Black Shoes (Dress or Casual) Black Socks & Black Belt	G. Willie's Uniforms
Thursday (chapel)	White ICAE T-shirt Plaid Jumper Dress White Socks or White Tights Black Shoes (Dress or Casual)	Blue ICAE Oxford Shirt Plaid Tie (Dress or Casual) Navy Blue Pants Black Shoes (Dress or Casual) Black Socks & Black Belt	G. Willie's Uniforms
Friday	Purple ISE T-shirt (\$10) Tan Khaki Bottoms White Socks or White Tights White or Black Tennis Shoes	Purple ISE T-shirt (\$10) Tan Khaki Pants White Socks White or Black Tennis Shoes	Innovation School of Excellence

WARM DAYS: SHORTS/SKORTS ARE PERMISSIBLE
COLD DAYS: ONLY BLACK, NAVY BLUE OR WHITE TURTLENECKS MAY BE WORN UNDER UNIFORM SHIRT

	GIRLS	BOYS	PURCHASE FROM
Monday and Thursday	Navy Blue ISE Sports Coat Navy Blue Sweater Vest White Oxford Long/Short-Sleeved Shirt Gold Tie Tan Khaki Pants or Skirt (NO SHORTS) Black Belt Black, Navy or White Socks Black or Brown Casual Shoes	Navy Blue ISE Sports Coat Navy Blue Sweater Vest White Oxford Long/Short-Sleeved Shirt Gold Tie Tan Khaki Pants (NO SHORTS) Black Belt Black, Navy or White Socks Black or Brown Casual Shoes	G. Willie's Uniforms
Tuesday, Wednesday, and Friday	Polo Shirt (5 th Grade: Purple 6 th Grade: White, 7 th Grade: Gold, 8 th Grade: Black) Tan Khaki Pants, Shorts or Skirt Black Belt Black or White Socks Solid White or Solid Black Tennis Shoes	Polo Shirt (5 th Grade: Purple 6 th Grade: White, 7 th Grade: Gold, 8 th Grade: Black) Tan Khaki Pants or Shorts Black Belt Black or White Socks Solid White or Solid Black Tennis Shoes	G. Willie's Uniforms

G. WILLIE' S UNIFORMS IS LOCATED AT 1407 MAHAN DRIVE, TALLAHASSEE, FLORIDA, 32308
 CONTACT THEM BY PHONE: (850)878-0204, FAX: (850)942-5316 OR
 EMAIL: SALES@GWILLIES.COM VISIT G. WILLIE' S ON THE WEB AT WWW.GWILLIESUNIFORMS.COM

INNOVATION SCHOOL OF EXCELLENCE

2011-12 SCHOOL UNIFORM DRESS CODE

ICDC: 2-YEAR-OLDS

	GIRLS	BOYS	PURCHASE FROM
Monday through Wednesday	Light Blue ICAE Polo (\$12) Navy Blue Bottoms Black Shoes (Dress or Casual) White Socks or White Tights	Light Blue ICAE Polo (\$12) Navy Blue Pants Black Shoes (Dress or Casual) Black Socks & Black Belt	Innovation School of Excellence
Thursday (chapel)	White ISE Shirt Plaid Jumper Black Shoes (Dress or Casual) White Socks or White Tights	Blue ISE Oxford Shirt Navy Blue Pants Black Shoes (Dress or Casual) Black Socks & Black Belt	G. Willie's Uniforms
Friday	Purple ISE T-shirt (\$10) Tan Khaki Bottoms White Socks or White Tights White or Black Tennis Shoes	Purple ISE T-shirt (\$10) Tan Khaki Pants White Socks White or Black Tennis Shoes	Innovation School of Excellence

WARM DAYS: SHORTS AND/OR SKORTS ARE PERMISSIBLE
COLD DAYS: ONLY BLACK, NAVY BLUE OR WHITE TURTLENECKS MAY BE WORN UNDER UNIFORM SHIRT

	GIRLS	BOYS	PURCHASE FROM
Monday through THURSDAY	White ICAE Shirt Plaid Jumper Dress White Socks or White Tights Black Shoes (Dress or Casual)	Blue ICAE Oxford Shirt Navy Blue Pants Black Shoes (Dress or Casual) Black Socks & Black Belt	G. Willie's Uniforms
Thursday (chapel)	White ICAE T-shirt Plaid Jumper Dress White Socks or White Tights Black Shoes (Dress or Casual)	Blue ICAE Oxford Shirt Plaid Tie (Kishin Cards) Navy Blue Pants Black Shoes (Dress or Casual) Black Socks & Black Belt	G. Willie's Uniforms
Friday	Purple ISE T-shirt (\$10) Tan Khaki Bottoms White Socks or White Tights White or Black Tennis Shoes	Purple ISE T-shirt (\$10) Tan Khaki Pants White Socks White or Black Tennis Shoes	Innovation School of Excellence

WARM DAYS: SHORTS/SKORTS ARE PERMISSIBLE
COLD DAYS: ONLY BLACK, NAVY BLUE OR WHITE TURTLENECKS MAY BE WORN UNDER UNIFORM SHIRT

	GIRLS	BOYS	PURCHASE FROM
Monday and Thursday	Navy Blue ISE Sports Coat Navy Blue Sweater Vest White Oxford Long/Short-Sleeved Shirt Gold Tie Tan Khaki Pants or Skirt (NO SHORTS) Black Belt Black, Navy or White Socks Black or Brown Casual Shoes	Navy Blue ISE Sports Coat Navy Blue Sweater Vest White Oxford Long/Short-Sleeved Shirt Gold Tie Tan Khaki Pants (NO SHORTS) Black Belt Black, Navy or White Socks Black or Brown Casual Shoes	G. Willie's Uniforms
Tuesday, Wednesday, and Friday	Polo Shirt (5 th Grade: Purple, 6 th Grade: White, 7 th Grade: Gold, 8 th Grade: Black) Tan Khaki Pants, Shorts or Skirt Black Belt Black or White Socks Solid White or Solid Black Tennis Shoes	Polo Shirt (5 th Grade: Purple, 6 th Grade: White, 7 th Grade: Gold, 8 th Grade: Black) Tan Khaki Pants or Shorts Black Belt Black or White Socks Solid White or Solid Black Tennis Shoes	G. Willie's Uniforms

G. WILLIE' S UNIFORMS IS LOCATED AT 1407 MAHAN DRIVE, TALLAHASSEE, FLORIDA, 32308
 CONTACT THEM BY PHONE: (850)878-0204, FAX: (850)942-5316 OR
 EMAIL: SALES@GWILLIES.COM. VISIT G. WILLIE' S ON THE WEB AT WWW.GWILLIESUNIFORMS.COM