THE SALVATION ARMY
OUR PLACE DAY CARE CENTER

Application Checklist

The Salvation Army's Our Place Day Care Center helps families break the cycle of homelessness by providing a program that meets the educational, emotional, and spiritual needs of each family member.

Please Complete the Following:

- ☐ Background Information & Parent Agreement
- ☐ Releases & Attendance Agreement
- ☐ Developmental History
- ☐ Developmental Questionnaire
- ☐ Transportation
- ☐ Individualized Service Plan, Transitioning, Parent Comments
- ☐ Shelter Verification Letter
- ☐ Child Enrollment Food Form

Please Bring in a Copy of the Following:

- ☐ 2 forms of Parent Identification *(one must be a photo ID the second can be any other listed: license, ID Card, School ID card, passport, US Citizenship, US Naturalization, Perm. Res. Card, Temp Res Card, Birth Certificate, Social Security Card)*
- ☐ Child's Birth Certificate
- ☐ Siblings Birth Certificates
- ☐ Address Verification - *(letter from shelter OR recent utility bill within the last 45 days)*
- ☐ Income Verification *(TAFDC, Food Stamps, SSI, Last 4wks of Pay Stubs, etc.)*
- ☐ Updated Child Immunizations *(including lead screening results)*
- ☐ Copy of Health Insurance Card
- ☐ Copy of Child Care Voucher *(if applicable)*

All information and copies of documents need to be returned to Our Place before your child can start. Information/Copies can be faxed to Darlene Kopesky at: (617) 441-0718.

BACKGROUND INFORMATION

PARENT INFORMATION:

Mother's Name _____ Shelter Name _____

Address *(street)* _____ *(city)* _____ (*zip)* _____

Home Phone # _____ Cell Phone # _____

Race: ☐ Hispanic ☐ Black/African ☐ White ☐ Asian ☐ Native American/Alaskan ☐ Hawaiian/Pacific Islander ☐ Other _____

Residence (Prior to current shelter): _____

Reason for leaving prior residence: _____

Father's Name _____

Home Phone # _____ Cell Phone # _____

(Please check one) ☐ Yes, my child's father is involved in my child's life
☐ No, my child's father is not involved in my child's life
☐ My child's father does NOT have permission to see my child *(domestic violence or 51A)*.

Race: ☐ Hispanic ☐ Black/African ☐ White ☐ Asian ☐ Native American/Alaskan ☐ Hawaiian/Pacific Islander ☐ Other _____

CHILD INFORMATION:

Child's Name _____ Nickname _____

Date of Birth _____ Primary Language _____ Sex _____

Eye Color _____ Skin Color _____ Hair Color _____ Height _____ Weight _____

Identifying Marks _____

Allergies/Special Diet _____

Race: ☐ Hispanic ☐ Black/African ☐ White ☐ Asian ☐ Native American/Alaskan ☐ Hawaiian/Pacific Islander ☐ Other _____

Relationship: ☐ This is my birth child ☐ This is my foster child ☐ This is my grandchild ☐ This child is my _____

CHILD'S MEDICAL INFORMATION:

Name of Doctor _____
Name of Clinic _____
Address *(street)* _____ *(city)* _____ (*zip)* _____
Phone Number _____

Any Chronic Health Conditions _____
_____

Any Limitations or Concerns _____
_____

(Please check one) ☐ Yes, I give Our Place permission to contact my child's health care provider to obtain proof of my child's immunization status, lead screening results, and any pertinent medical information.
☐ No, I do not give Our Place permission to contact my child's health care provider.

OUR PLACE PARENT AGREEMENT:

In order for my child to be enrolled in Our Place, I understand that I am required to be working at least 30 hours per week or enrolled in classes/trainings/shelter activities that total at least 30 hours per week <u>or</u> a combination of both totaling at least 30 hours per week. I understand that Our Place only provides full time care and no part time slots are available.

Signature _____ Date _____

RELEASES & ATTENDANCE AGREEMENT

EMERGENCY CARE RELEASE:

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Our Place to transport my child to the nearest medical facility and to secure necessary medical treatment for my child. I also understand that the teachers are trained in First Aid and CPR and I authorize them to administer First Aid and CPR if necessary.

Signature _____ **Date** _____

FIELD TRIPS/OUTINGS RELEASE:

I understand that some of the day care's activities take place at local parks or libraries. I understand that children may walk or use public transportation at these times. I give permission for my child to participate in these local activities.

Signature _____ **Date** _____

CHILD PICK-UP & DROP-OFF RELEASE:

Only the individuals listed below will be permitted to pick-up your child from Our Place. They must bring a photo ID with them when picking up your child-a copy will be made and placed in your child's file. Please notify your child's teacher if these permissions change.

1. Name _____
   Relationship _____
   Address *(street)* _____ *(city)* _____ *(zip)* _____
   Home Phone # _____ Cell Phone # _____
2. Name _____
   Relationship _____
   Address *(street)* _____ *(city)* _____ *(zip)* _____
   Home Phone # _____ Cell Phone # _____

Signature _____ **Date** _____

PHOTOGRAPH PERMISSIONS:

I give permission for my child's photograph to be taken and used for: *(Please check all that apply)*

- ☐ Pictures for in class use only.
- ☐ Pictures for Newspapers
- ☐ Pictures for Publications by The Salvation Army
- ☐ Pictures for Television and/or other multi-purpose media productions for The Salvation Army.

Signature _____ **Date** _____

ATTENDANCE & TARDINESS AGREEMENT:

I understand that if my child is absent 3 consecutive days or more than 5 days in one month that I will need to meet with the Director to reassess my need for child care. I understand that if I arrive after 9:30AM or 3:15PM, my child will be considered late. I understand that it is my responsibility to contact my child's teacher if I will be late. Excessive absences and lates will result in a meeting with the Director to reassess my need for child care. I also understand that my child will not be accepted after 9:30AM. (some exceptions will be made for doctor's visits if teachers are informed at least 1 day in advance). If my child no longer needs child care services, I must notify the director at least 14 days in advance.

Signature _____ **Date** _____

DEVELOPMENTAL HISTORY

Child's Name _____ Date of Birth _____

GENERAL

What age did your child begin…sitting? _____ crawling? _____ walking? _____ talking? _____

Does your child pull himself/herself up? *Y / N*……*Crawl? *Y / N*…….*Walk with support? *Y / N*

Does your child have any speech difficulties? *Y / N - Explain* _____

_____

Does your child use any special words to describe his/her needs? *Y / N - Explain* _____

_____

What language is spoken at home? _____ Other languages your child understands _____

*Does your child use a pacifier? *Y / N - When?* _____

*Does your child suck his/her thumb? *Y / N - When?* _____

*When does your child get fussy or act up? *Explain* _____

_____

_____

What do you do when your child gets fussy or acts up? _____

HEALTH

Were there any complications at birth? *Y / N – Explain* _____

_____

Were there any serious illnesses and/or hospitalizations? _____

Does your child have asthma? *Y / N*

Does your child have any allergies? *Y / N* - Explain _____

Does your child take any medication? *Y / N* - Explain _____

EATING HABITS

*If infant is on special formula, describe its preparation in detail: _____

_____

_____

Please list your child's favorite foods _____

Does your child refuse any foods? _____

*Is your child fed by being held in your lap? *Y / N*……*Is your child fed in a Hi-Chair? *Y / N*

*Does your child eat with a spoon? *Y / N*…….. *A fork? *Y / N*…….. *Hands? *Y / N*

TOILETING

*Are disposable or cloth diapers used? _____

*Does your child get a diaper rash? *Y / N*

*Check all that you use: ☐ Baby Oil ☐ Baby Powder ☐ Baby Lotion ☐ Other _____

*Does your child have a problem with diarrhea? *Y / N* *Does your child have a problem with constipation? *Y / N*

*Has toilet training been attempted? *Y / N - Describe steps that you took* _____

_____

Check all that you use: ☐ Potty Chair ☐ Special Child Seat ☐ Regular Toilet Seat ☐ Other _____

How does your child indicate bathroom needs? (Include special words) _____

_____

Is your child ever reluctant to use the bathroom? *Y / N - Explain* _____

Does your child have accidents? *Y / N - Explain* _____

Signature _____ Date _____

Developmental Snapshot Questionnaire

Please answer the following questions to the best of your ability.

Child's Name _____ Classroom _____
Parent's Name _____

1. Describe ways in which your child demonstrates pleasure in activities and relationships.

2. What types of activities does your child initiate? Is your child able to engage and focus on an activity he/she has chosen?

3. How does your child respond to directions, structure of the day, limits?

4. What things upset your child? Howe does he/she calm himself/herself down?

5. How does your child make his/her needs known to you (the parent)? Does your child use words, gestures, or both? How many words does your child know or can say?

6. Is your child able to chew all types of textured foods without gagging, storing food in his/her cheeks, or spitting out food?

7. Is there anything that your child is particularly sensitive to or afraid of (i.e., loud noises, strangers, unusual foods or textures, amount of light, changes in routine, sudden movements, or animals)?

8. What other things might be important in understanding how your child is developing?

INDIVIDUALIZED SERVICE PLAN, TRANSITIONING, PARENT COMMENTS

Child's Name _____ Date of Birth _____

INDIVIDUALIZED SERVICE PLAN

Please list and explain any behavioral, developmental, and/or emotional issues that need to be addressed while your child is enrolled at Our Place. *(Use the space below and attach any documentation/evaluations that the child may have received.)*

_____
_____
_____
_____
_____
_____
_____

Check one of the following:

- ☐ My child currently receives Early Intervention Services
- ☐ My child currently receives Special Education Services through the Cambridge Public Schools
- ☐ My child currently receives Special Services from: _____
- ☐ My child DOES NOT currently receive any special Services

I understand that any specialists working with my child will be able to work with my child at Our Place, however, this needs to be coordinated with the Director and releases will need to signed in order for this to begin.

Signature _____ Date _____

TRANSITIONING ASSISTANCE - CHILD CARE VOUCHER ASSISTANCE

Please list the towns you are searching for housing in: _____
_____
_____
_____

☐ ***I do,*** ☐ ***I do not*** receive TAFDC

- ☐ My DTA Social Worker is _____
- ☐ My DTA Social Worker's phone number is _____
- ☐ I have a Child Care Authorization (CCA).

☐ I already have a child care voucher.

Please note that if your child is enrolled into a "Homeless Slot" you will be provided child care for 12 months. Once you secure housing, it is important that you notify our Family Advocate so she can begin assisting you in obtaining child care closer to where you live. Once the 12 months is up you would no longer be eligible for the homeless slot you were initially enrolled into. If you have any questions about the type of slot your child is enrolled into or child in general, feel free to speak to the Director.

Signature _____ Date _____

PARENT COMMENTS:

_____
_____
_____
_____
_____

SHELTER VERIFICATION LETTER

Date _____

To Whom It May Concern:

I would like to inform you that _____ *(parent)* and her child(ren), _____, are currently residing at:

_____ (*name of shelter*).

_____ *(street)*

_____ *(City, State, Zip)*

This parent participates in the following activities Monday through Friday:
(Please indicated the number of hours on the line)

1. _____ hours of housing search (max of 20 hrs/wk)
2. _____ hours of job search (max of 20 hrs/wk)
3. _____ hours of counseling sessions (max of 5 hrs/wk)
4. _____ hours of meetings with social worker/case manager (max of 5 hrs/wk)
5. _____ hours of shelter assigned activities (max of 5 hrs/wk)
6. _____ hours for transportation (max of 5 hrs/wk)
7. _____ hours of The Salvation Army parent workshops
8. _____ hours of parenting workshops/classes (max of 5 hrs/wk)
9. _____ hours of _____ class/training
10. _____ hours of _____ class/training
11. _____ hours of _____ class/training
12. _____ hours of _____ class/training
13. _____ hours of employment
14. _____ hours enrolled in a school/college/university

TOTAL NUMBER OF HOURS PER WEEK = _____

For any questions about this client, you can contact the following Shelter Advocate/Case Worker:

_____ (Name of Shelter Advocate/Case Worker)

Sincerely,

Shelter Employee _____

Title _____

Child and Adult Care Food Program
Child Enrollment Food Form

The Salvation Army's Our Place Day Care Center participates in the United States Department of Agriculture (USDA) and the Massachusetts Department of Education's Child and Adult Care Food Program (CACFP) sponsored by *The Salvation Army*. The CACFP extends the benefits of the National School Lunch Program to non-residential children through age 12 enrolled in Child Care Centers. Centers serve nutritious meals that follow USDA mandated meal patterns, introducing different types of foods and teaching good eating habits. Your Center will give you a copy of the minimum meal components and portion requirements to be served according to the child's age upon request. Under the CACFP regulations you will not be charged separate fees for meals and you will not be asked to provide food for your child. **A diet/restrictions statement from your doctor is needed if your child cannot eat foods required by the CACFP.**

This form verifies the approximate times of the day your child is enrolled for care at this center. Please complete the following for each child. Enter the arrival and departure times and place "✓" for each meal REQUESTED to be served under the CACFP.

_____ *Child's First Name/Nickname* _____ *Child's Last Name* _____ *Child's Date of Birth* ☐ Male ☐ Female	**Schedule**	**Mon.**	**Tues.**	**Wed.**	**Thurs.**	**Fri.**
	Time IN/OUT	8:30-6:30	8:30-6:30	8:30-6:30	8:30-6:30	8:30-6:30
	Breakfast	✓	✓	✓	✓	✓
	AM Snack					
	Lunch	✓	✓	✓	✓	✓
	PM Snack	✓	✓	✓	✓	✓
	Supper					

VOLUNTARY CIVIL RIGHTS INFORMATION (Optional)

Please indicate your child's ethnicity:

- ☐ **White** *(Origins in Europe, North Africa, Middle East)*
- ☐ **Black or African American** *(Origins in Black racial groups of Africa)*
- ☐ **American Indian or Alaska Native** *(Origins in North/South American, Tribal Affiliations)*
- ☐ **Hispanic or Latino** *(Mexican, Cuban, Puerto Rican, or other Spanish culture of origin)*
- ☐ **Asian** *(Origins in Far East, Southeast Asia, or Indian Subcontinent)*
- ☐ **Native Hawaiian or other Pacific Islander** *(Origins in Hawaii, Guam, Samoa, Pacific Islands)*

PARENT INFORMATION

Mother's Name: _____	Father's Name: _____
Street Address: _____	Street Address: _____
City/Town: _____	City/Town: _____
State: MA Zip Code: _____	State: MA Zip Code: _____
Home Phone: _____	Home Phone: _____
Work Phone: _____	Work Phone: _____
Cell Phone: _____	Cell Phone: _____

Is your child currently enrolled in any other Child Care Center or Family Day Care Home?
☐ Yes ☐ No

Center/Provider's Name: Our Place
Street Address: 402 Massachusetts Ave, PO Box 390647
City/Town: _Cambridge___________________________ **Telephone #**: _617-547-3400__________

I, ___________________________ *(Parent/Guardian)*, understand that this center participates and receives reimbursement in the CACFP. Nutritious meals meeting the USDA guidelines are served to the children enrolled at this Center. I also understand that this Child Care Center serves USDA approved *Iron Fortified Enfamil* Formula to the infants in their care.

PLEASE CHECK ONE OPTION

☐ I would like Our Place to provide meals to my child.

☐ I will provide meals for my infant child.

I have read this child enrollment form and request that my child receive the above Child and Adult Care Food Program benefits. If my child is not participating in this program, I have provided a letter from my child's doctor which indicates the reasons/restrictions. I have received a copy of this completed form.

Parent's/Guardian's Signature: ____ Date ___________

Relationship to Child: ____

The Salvation Army
Our Place Day Care Center for Homeless Children
P.O. Box 390647
Cambridge, MA 02139
Site #: 001