



# Enrollment Packet



## Playmates Preschools & Child Development Centers, Inc.

[www.playmateschildcare.com](http://www.playmateschildcare.com)

[www.facebook.com/PlaymatesChildcare](https://www.facebook.com/PlaymatesChildcare)

6:00 a.m. to 12:00 midnight  
 Ages 3 months to 12 years old  
 State Licensed

|   |   |  |
|---|---|--|
| <p><b>Kenova Playmates</b><br/>           725 Chestnut Street<br/>           Kenova, WV 25530<br/>           (304) 453-4858<br/> <b>NAEYC Accredited</b></p>            | <p><b>Lavalette Playmates</b><br/>           5185 Route 152<br/>           Lavalette, WV 25535<br/>           (304) 523-4858<br/> <b>NAEYC Accredited</b></p>         | <p><b>Huntington Playmates</b><br/>           418 Bridge Street<br/>           Huntington, WV 25702<br/>           (304) 522-4858<br/> <b>NAEYC Accredited</b></p> |
| <p><b>Ceredo Playmates</b><br/>           111 4th Street E.<br/>           Ceredo, WV 25507<br/>           (304) 908-3368<br/> <b>NAEYC Accredited</b></p>              | <p><b>Westmoreland Playmates</b><br/>           3603 Piedmont Road<br/>           Huntington, WV 25704<br/>           (304) 429-4851<br/> <b>NAEYC Accredited</b></p> | <p><b>Buffalo Playmates</b><br/>           330 Buffalo Creek Road<br/>           Kenova, WV 25530<br/>           (304) 429-3988<br/> <b>NAEYC Accredited</b></p>   |
| <p><b>P.E.E.C. of Westmoreland</b><br/>           3609 Hughes Street<br/>           Huntington, WV 25704<br/>           (304) 781-0053<br/> <b>NAEYC Accredited</b></p> | <p><b>Jeanette Barker</b><br/> <b>Executive Director</b><br/>           Phone (304) 908-3368<br/>           Fax (304) 429-3281</p>                                    | <p><b>Ceredo Elementary Preschool</b><br/>           100 Main Street<br/>           Ceredo, WV 25507<br/>           (304) 453-5998</p>                             |



## Parent Orientation Checklist

- \_\_\_\_\_ Tour of the center
- \_\_\_\_\_ Explain and collect at orientation:
  - Application
  - Health Summary
  - Immunization Records
  - Receipt of Handbook Form
  - Abuse & Neglect Reporting
- \_\_\_\_\_ Parent Guide:
  - Philosophy
  - Sick Policy
  - Medicine
  - Clothing
  - Hours of Operation
  - Nutrition
  - Sign in and Sign out
  - Holiday and Weather Closings
- \_\_\_\_\_ Parent Conferences/Communication
  - Requests for Individual Conferences
  - Holiday Celebrations
  - Annual Supply Fee
  - Tuition Contract
  - Daily Communications
  - Children's Quarterly Assessments
  - Biannual Parent Evaluations of Center
  - Open Houses
- \_\_\_\_\_ Fee Schedule:
  - Due Date
  - Late Charges
- \_\_\_\_\_ Classroom:
  - Schedule
  - Teacher Biography
  - Goals
  - Behavior Guidance
  - Classroom Procedures
  - Parent Bulletin Board
- \_\_\_\_\_ Questions, Comments
- \_\_\_\_\_ Provide Parent with copy of policies & signature page.

\_\_\_\_\_  
(Parent's signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Director/Representative signature)

\_\_\_\_\_  
(Date)

## Playmates Enrollment Form



# Playmates Preschools & Child Development Centers, Inc.

|                        |                           |                            |                         |                              |                        |                              |                                    |
|------------------------|---------------------------|----------------------------|-------------------------|------------------------------|------------------------|------------------------------|------------------------------------|
| Kenova<br>304-453-4858 | Lavalette<br>304-523-4858 | Huntington<br>304-522-4858 | Buffalo<br>304-429-3988 | Westmoreland<br>304-429-4251 | Ceredo<br>304-908-3368 | Ceredo Pre-K<br>304-453-5998 | Westmoreland Pre-K<br>304-781-0053 |
|------------------------|---------------------------|----------------------------|-------------------------|------------------------------|------------------------|------------------------------|------------------------------------|

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Date of Admission \_\_\_\_\_ Date of  
Discharge \_\_\_\_\_

Child's Full Name \_\_\_\_\_ Sex \_\_\_\_\_

Name Child Goes \_\_\_\_\_

By \_\_\_\_\_

Date of \_\_\_\_\_

Birth \_\_\_\_\_ Birthplace \_\_\_\_\_

Child's Home \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

School (If School Age) \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

WVEIS # \_\_\_\_\_

Scheduled Days & Hours for \_\_\_\_\_

Care \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Parent or Guardian Information

Father's Full \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Stepfather \_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father's Address \_\_\_\_\_

Father's Occupation and Place of Employment \_\_\_\_\_

\_\_\_\_\_



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|                        |                           |                            |                         |                              |                        |                              |                                    |
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|------------------------|---------------------------|----------------------------|-------------------------|------------------------------|------------------------|------------------------------|------------------------------------|

Phone \_\_\_\_\_

Mother's Full

Name \_\_\_\_\_ Phone \_\_\_\_\_

Stepmother \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mother's Address \_\_\_\_\_

Mother's Occupation and Place of

Employment \_\_\_\_\_

Phone \_\_\_\_\_

Legal Guardian \_\_\_\_\_

Other \_\_\_\_\_

## Family Information

Brothers and/or sisters (Please indicate ages and whether they live with the child)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other persons living with the child and their relationship (if any) to the child \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Pick-Up



# Playmates Preschools & Child Development Centers, Inc.

|                        |                           |                            |                         |                              |                        |                              |                                    |
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|------------------------|---------------------------|----------------------------|-------------------------|------------------------------|------------------------|------------------------------|------------------------------------|

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Persons authorized to pick up child (other than parents)

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Persons who may **NOT** pick up child

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

## Personal History

Is your child right-handed or left-handed?

\_\_\_\_\_

Does your child participate in any other group setting or preschool program?

(Please include Speech, Physical therapist,

ect.) \_\_\_\_\_

—



If so, where and when

\_\_\_\_\_

Please list any and all food or drug allergies

\_\_\_\_\_

\_\_\_\_\_

Are there any medical problems of which we should be aware?

\_\_\_\_\_

\_\_\_\_\_

Does child have any bowel or bladder irregularities?

\_\_\_\_\_

\_\_\_\_\_

Are there any special dietary or other needs because of medical or any other reason? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any sleeping or napping instructions?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any additional information such as child's communication methods?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DEVELOPMENTAL HISTORY**

Type of birth \_\_\_\_\_ Any

Complications \_\_\_\_\_

Does your child?

SIT \_\_\_\_\_ CRAWL \_\_\_\_\_ WALK \_\_\_\_\_ TALK \_\_\_\_\_



Any difficulties in...

Speaking \_\_\_\_\_

\_\_\_\_\_

Special words or

gestures \_\_\_\_\_

### Health

Any chronic illness or hospitalization:

\_\_\_\_\_  
\_\_\_\_\_

Any disabilities

\_\_\_\_\_

Any regular medication

\_\_\_\_\_

Side effects of medication

\_\_\_\_\_

**A health assessment and immunization record signed by the child's licensed health provider must be provided**

### Eating

Food allergies: \_\_\_\_\_ Favorite Food

\_\_\_\_\_

Foods refused: \_\_\_\_\_ How does child eat

\_\_\_\_\_



### Toilet Habits

Does child indicate bathroom needs \_\_\_\_\_ word for urination\_\_\_\_\_

Word for bowel movement \_\_\_\_\_

### Sleeping Habits

Does child take nap \_\_\_\_\_ from\_\_\_\_\_to\_\_\_\_\_

What time does child go to bed in the evening \_\_\_\_\_ awake \_\_\_\_\_

Mood on awakening \_\_\_\_\_ What does child take to bed \_\_\_\_\_

What helps child to go to sleep \_\_\_\_\_

### Social Relationships

Other play groups \_\_\_\_\_

By nature, is child (circle all that apply):

|          |            |     |           |
|----------|------------|-----|-----------|
| Friendly | Aggressive | Shy | Withdrawn |
|----------|------------|-----|-----------|

How does child relate to strangers\_\_\_\_\_

Does child play well alone \_\_\_\_\_

Favorite toy\_\_\_\_\_





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Frightened by (circle all that apply):

|         |                |             |          |        |       |
|---------|----------------|-------------|----------|--------|-------|
| Animals | Rowdy children | Loud noises | Darkness | Storms | Other |
|---------|----------------|-------------|----------|--------|-------|

Who does most of the discipline

\_\_\_\_\_

What is the best way of handling your child

\_\_\_\_\_

How do you comfort your child

\_\_\_\_\_

Does the family receive any support from agencies in the community

\_\_\_\_\_

Is the family receiving support from early intervention

\_\_\_\_\_

Is the family receiving in home support

\_\_\_\_\_

Are there any considerations for adaptation to the childcare setting

\_\_\_\_\_

## Field Trip Permission Slip and Transportation Policies

My child, \_\_\_\_\_ has permission to attend and to be transported by Playmates Preschool and Child Development Centers, Inc. paid employees and volunteer staff to field trips.



Parents please discuss with your child or children the importance of field trip rules.

- Seat Belts (children and adults)
- No standing or yelling on vans (children and adults)
- No eating or drinking on vans (May cause choking) (children and adults)
- Always use our best manners on van and places we visit (children and adults)
- For many years we have had a reputation for having very well behaved children when we visit places.

We at Playmates feel that with our staff and parents working together, we will continue to have safe, fun, and wonderful trips. Thank you for being an involved parent.

Parent's Signature \_\_\_\_\_

### **Sunscreen Permission**

I give permission for Playmates to apply sunscreen (SPF 15 or higher) any time my child may be exposed for a period of time in the sun.

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

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_



### **Use of Insect Repellents Permission**

In case of emergency when public health authorities recommend use of insect repellants due to high risk of insect-borne disease, only repellents containing Deet will be used, and these are applied only on children older than two months.

I give consent for staff to apply insect repellent once per day.

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

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Photograph, Audio, and Video Tape Permission**

I give Playmates Preschool & Child Development Centers, Inc. permission to photograph, audio, or video tape my child during special activities or for news stories and advertising purposes. I also authorize the video taping of my child as part of a routine security procedure.

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

Parent's Signature \_\_\_\_\_ Date

\_\_\_\_\_



### Enrollment Agreement

I hereby enroll my child in Playmates Preschool and Child Development Centers, Inc. for the days and hours listed above. I have met with center staff. They have explained all center policies including behavior management and reporting of abuse and neglect and provided me with a copy of those policies.

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

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

### Child Care Emergency Contact Information and Consent Form

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ WVEIS # \_\_\_\_\_

Sex \_\_\_\_\_ Address \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Beeper/Cell \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Address \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### Emergency Contacts

(To be notified in case of emergency or to whom child may be released if guardian is unavailable)

Name #1 \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Beeper/Cell \_\_\_\_\_



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|                        |                           |                            |                         |                              |                        |                              |                                    |
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Name #2 \_\_\_\_\_ Address \_\_\_\_\_

Relationship \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Beeper/Cell \_\_\_\_\_

Is there a court order granting custody, visitation, or otherwise restricting or allowing access to the child?

\_\_\_\_\_  
(If yes, a copy of the of the court order must be provided with this application)

### Child's Preferred Sources of Medical Care

Physician's Name: \_\_\_\_\_

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

Dentist's Name: \_\_\_\_\_

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

Hospital Name: \_\_\_\_\_

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

Ambulance Service: \_\_\_\_\_

Telephone: \_\_\_\_\_

(Parents are responsible for all emergency transportation charges.)

### Child's Health Insurance

Insurance Plan: \_\_\_\_\_ ID# \_\_\_\_\_

Subscriber's Name (on insurance card)  
\_\_\_\_\_

**SPECIAL CONDITIONS, DISABILITIES, ALLERGIES, DIETARY, OR MEDICAL  
EMERGENCY INFORMATION** \_\_\_\_\_

### Parent/Guardian Consent and Agreement for Emergencies

As parent/guardian, I consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be



responsible for all charges not covered by insurance. I give consent for the emergency contact person listed previously to pick up my child or to act on my behalf until I am available.

I agree to review and update this information whenever a change occurs and at least every 6 months.

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

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

**Authorization for Staff to Act in Emergency**

In the event of a medical emergency, the center staff will immediately attempt to contact one or both parents. If the parents cannot be contacted, staff will attempt to contact the persons listed on the emergency contact list.

If neither the parents nor the persons on the emergency contact list can be contacted, center staff is authorized to obtain emergency medical evaluation and/or treatment for the child.

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

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**How Did You Hear About Us?**

Circle all that apply:

|          |                    |            |       |
|----------|--------------------|------------|-------|
| Facebook | Friend or relative | Television | Other |
|----------|--------------------|------------|-------|



## **IMPORTANT INFORMATION**

**See the Site Director for:**

**Age Appropriate Wellness Form**

**And**

**Current Meal Application Form**



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## PRICING POLICY & PAYMENT AGREEMENT

|  |                                     |       |
|--|-------------------------------------|-------|
| <b>Full-Time: (More than 5 hours per day, 5 days per week)</b>         |                                     |       |
| Infant (0 - 23 months)   | \$ 160.00                           | _____ |
| Child (2 years to 5 years)   | \$ 120.00                           | _____ |
| <b>Part-Time:</b>  |                                     |       |
| <b>Infant:</b>   |                                     |       |
| Hourly Infant (up to 5 hours per day)                                  | \$7.00                              | _____ |
| Daily (9 hours of service per day)                                     | \$34.00                             | _____ |
| Weekly   | \$160.00                            | _____ |
| Drop-In and Overtime (hourly)  | \$7.00                              | _____ |
| <b>Child:</b>  |                                     |       |
| Hourly Child (up to 5 hours per day)                                   | \$5.50                              | _____ |
| Daily (9 hours of service per day)                                     | \$ 26.00                            | _____ |
| Weekly   | \$ 120.00                           | _____ |
| Drop-In and Overtime (hourly)  | \$ 5.50                             | _____ |
| <b>Before and After-School Services (up to 3 hours after school) *</b> | \$ 8.50 per day                     | _____ |
| <b>Supply Fee</b>  | \$12.00/child/year                  | _____ |
| <b>Registration Fees</b>   | \$15.00/per family                  | _____ |
| <b>Public Pre-K</b>  | No Charge during Public Pre-K hours | _____ |
| <b>State Funded Tuition</b>  | Sliding Fee Scale                   | _____ |

PARENTS: Please select each category that applies to you. Selection of service reserves the spot each day and must be paid whether child is here or not. Full time enrolled children earn one personal day per month when child is present and attending regularly as scheduled. Part





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|                        |                           |                            |                         |                              |                        |                              |                                    |
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time enrolled children earn one half personal day per month when child is present and attending regularly as scheduled. To use personal days, families must submit a note requesting personal days with their tuition payment.

Any payments made in excess of weekly bill will be credited to the following week's balance. A two-week notice is required to terminate your child (ren)'s reserved space(s). All balances must be paid in full at termination date. Refunds will be given if agreement is fulfilled.

If a part-time spot is requested, please list days and hours child will be in attendance at center.

I agree to pay fees according to the service selected. I understand and agree to the terms stated above in the Pricing Policy & Payment Agreement. I understand that payments must be made on a weekly basis on the first day of the week services are provided. If you need an alternate payment schedule, please list when payment shall be made. I understand failure to comply with payment agreement will result in termination of services. Cash, check and credit card are accepted. Note: The fee applied to all checks returned will be \$15.00.

I am asking for an alternate payment schedule. I will make payments as follows:

\_\_\_\_\_  
Child Care Director  
Date

\_\_\_\_\_ Date

\_\_\_\_\_ Parent's Signature

Instructions: To pay by credit/debit card, please complete both sections below.

### CREDIT/DEBIT CARD HOLDER INFORMATION

Please check credit card type:

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American  
Express \_\_\_\_\_

Credit/Debit card number: \_\_\_\_\_ CVG  
# \_\_\_\_\_

Expiration date: \_\_\_\_\_/\_\_\_\_\_(mm/yy)

Exact name as it appears on the credit card:

Billing  
Address \_\_\_\_\_



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|                        |                           |                            |                         |                              |                        |                              |                                    |
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Billing Zip Code: \_\_\_\_\_ Amount to be charged: \$

\_\_\_\_\_

Primary phone number: \_\_\_\_\_ Secondary phone number:

\_\_\_\_\_

I authorize and direct Playmates Child Care Centers, Inc. to charge payment to above account information on a weekly basis for child care services balance due for \_\_\_\_\_ (child's name)

Child Care fees are charged on Monday of each week. If you would like to request an alternate payment schedule, please list.

\_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date:

\_\_\_\_\_

### LICENSEE/DRIVER INFORMATION

Name as it appears on Driver's License/ID:

\_\_\_\_\_

Licensee's Drivers License / ID number:

\_\_\_\_\_

Birth date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/dd/yyyy)

**Acceptable Use Policy for Technology in Playmates Preschools and  
Child Development Centers**

Letter to Parents and Students,



The use of technology in our classrooms provides educational tools which enhance instruction and learning. Through the use of computers, the Internet, and distance education equipment, your child will be able to communicate with other children throughout the world. Through the World Wide Web and Virtual Field Trips, students will be able to visit places around the world, research a variety of topics, and get the latest information about many subjects. They can learn about the Oregon Trail, visit Antarctica, research whales, see the latest pictures from space, visit various museums and historical sites, do research, and many other projects. The possibilities are endless.

Your child will be working on the computer and/or accessing the Internet in the classroom or the lab. Your child will be accessing specific websites that have been recommended by our staff or doing searches for specific information. When using e-mail, they will be communicating with a keypad or asking a question of an expert. They will not be involved in "chat rooms." When students are on the Internet or are involved in distance learning activities, they will be monitored by a teacher, classroom aide, parent volunteer, high school tutor or a college tutor. With access to the Internet, there may be some material that may not be considered to be of educational value or may be objectionable, illegal or inaccurate. We feel that the slight risk of this is far outweighed by the valuable information and interactions available through the use of instructional technology. Although we cannot guarantee that your child will not access inappropriate material, we take whatever steps we can to prevent it. Internet filtering technology is the responsibility of Public Law 106-554 - "Children's Internet Protection Act." This policy will be taught each year, and will require parent signatures beginning at the Pre Kindergarten grade levels and from all new students.

It should be understood that the use of the Internet and distance learning is a privilege, not a right. We expect all computer users and distance learners (students and teachers) to follow certain rules. This includes, but is not limited to, the following:

- Students will be polite and act responsibly while using the computer network, Internet, or distance learning equipment.
- Students will use appropriate language - swearing, vulgarity, ethnic or racial slurs, harassment, and any other type of defamatory language is prohibited.
- Students will respect the privacy of others. They will not pretend to be someone else when sending or receiving messages. This kind of behavior is inappropriate.
- Students will use the Internet to access educationally relevant materials only.
- Students will not transmit obscene messages or pictures.
- Students will respect other people's right to private property and not trespass in or copy the contents of other people's folders.
- Students will not damage or vandalize the computers or distance learning equipment or disrupt or alter the data or video network in any manner.
- Students will not give out their name, address or phone number.
- Students will refrain from the use of unauthorized e-mail accounts.
- Students will not create inappropriate web pages on school servers or personal web pages and/or postings from web pages that can be accessed from the school's computers.

The privilege of Internet and telecommunications access should be taken seriously. Failure to comply with these rules will result in loss of access and disciplinary action and possible legal action by Playmates. Immediate control will be the responsibility of the teacher supervising students using the materials.

Please read and discuss these rules with your child. If you have any questions, please contact your child's teacher. Once both you and your child sign this agreement and it is sent to school, your child will be able to use the school's networks for learning activities.



### Discrimination Prohibited

As required by federal laws, Playmates Preschools and Child Development Centers does not discriminate on the basis of sex, race, color, religion, handicapping conditions, marital status, or national origin in employment or in its educational programs and activities.

## Acceptable Use Policy for Technology in Playmates Preschools and Child Development Centers

### Signature Sheet

#### Teacher Section

I have read the Acceptable Use Policy for Technology for Playmates Preschools and Child Development Centers and agree to promote these policies with the students. As the sponsoring teacher, I agree to instruct the student on acceptable use of all network and Internet technologies and proper network etiquette.

Teacher's Name (printed) \_\_\_\_\_

Teacher's Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Parent Section

As parent or guardian of this student, I have read the Acceptable Use Policy for Technology for Playmates Preschools and Child Development Centers and discussed them with my child. I understand that this access is granted for educational purposes and that Playmates has taken precautions to eliminate exposure to objectionable material. However, I also realize it is impossible to completely restrict access to all objectionable materials and will not hold Playmates or staff responsible for materials acquired through Internet access. I accept full responsibility for supervision if and when my child's use of computers and Internet is not in a school setting.

I hereby give my permission for my child to use the computer networks, Internet, and distance learning equipment in Playmates Centers.

Parent or Guardian's Name (printed) \_\_\_\_\_

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

#### Student Section

I have discussed the rules for using the computer networks, Internet and distance learning equipment with my parent and teacher. I understand that if I do not follow the rules and use the technology available at the Centers in the proper way, disciplinary action may be taken including the possible loss of the privilege to use the Internet and school networks.

Student's Name (printed) \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_



## **100 RECOMMENDED AND AWARD WINNING PICTURE BOOKS**

- A Chair for My Mother by Vera B. Williams (ages 3-5)
- Altoona Baboona by Jamie Bynum (ages 4-8)
- Are you My Mother by P.D. Eastman (ages 4-8)
- Click, Clack, Moo: Cows That Type by Doreen Cronin (ages 4-8)
- Bay Face (series) by Roberta Grobel (ages 6-12 months)
- Barnyard Dance by Sandra Boynton for Ages Birth-Preschool
- Best Day of the Week by Nancy Carlsson-Paige
- Big Red Barn by Margaret Wise Brown (ages 4-8)
- Black on White by Tana Hoblan (ages birth-24months)
- Blueberries for Sal by Robert Mc Closkey (ages 18months-preschool)
- 
- Brown Bear, Brown Bear What Do You See? by Bill Martin Jr., /Eric Carle (ages 18 months-preschool)
- Busy Toes by C.W. Bowie (ages 18-24 months)
- Caps for Sale by Esphyr Slobodkina (ages 3-5)
- The Carrot Seed by Ruth Kraus (ages birth -preschool)
- Chicka Chicka Boom Boom by Bill Martin (ages 12-18 months)
- Chicka Chicka One, Two, Three by Bill Martin (ages 12-18 months)
- Click, Clack, Moo: Cows That Type by Doreen Cronin (ages 4-8)
- 
- Corduroy (series) by Don Freeman (ages birth-preschool)
- Curious George by H.A Rey (ages 3-5)
- Dear Zoo by Rod Campbell (ages birth-preschool)
- Don't Let the Pigeon Drive the Bus by Mo Williams (ages birth-preschool)
- 
- Each Peach Pear Plum by Allen Ahlberg (ages 4-8)
- Eating the Alphabet by Lois Ehlert (ages 18-24 months)
- Farmer Duck by Martin Wadell (ages birth-preschool)
- Five Little Monkeys Jumping on the Bed by Eileen Christelow (ages birth-preschool)
- Go Away, Big Green Monster by Ed Emberely (ages 4-8)
- Good Night Moon by Margaret W. Brown (ages 12-18months)
- Good Night, Gorilla by Peggy Rathman (ages 12-18 months)



Goldilocks and the Three Bears by James Marshall (ages birth-preschool)

Green Eggs and Ham by Dr. Seuss (all Dr. Seuss) (ages birth-preschool)

Guess How Much I Love You by Sam Mc Bratney (ages birth-preschool)

Hands Are Not For Hitting, Feet Are Not For Kicking, Teeth Are Not For Biting,  
and Words Are Not For Hurting by Elisabeth Verdick (ages 4-8)

Harold and the Purple Crayon by Crockett Johnson (ages 4-8)

Harry the Dirty Dog by Gene Zion (ages 4-8)

Henny Penny by Paul Galdone ages (birth-preschool)

Here are My Hands by Bill Martin (ages birth-preschool)

How Do Dinosaurs Say Good Night by (How Do Dinosaurs...Series) (ages 4-8)

I Love You: A Rebus Poem by Jean Marzollo (18months-preschool)

I Love You Forever by Robert Munch (ages 4-8)

There Was an Old Lady That Swallowed a Fly by Simms Taback (ages 4-8)

I Went Walking by Sue Williams (ages birth-preschool)

If You Give A Mouse A Cookie (If You Give..... series) by Laura Numeroff (ages 3-5)

If You Give a Pig a Pancake by Laura Numeroff (ages 3-5)

In The Small, Small Pond by Denise Fleming (ages birth-preschool)

Is Your Mama a Llama by Deborah Guarino (ages 18-24 months)

It Looked Like Spilt Milk by Charles Shaw (ages 4-8) Joseph Had a Little

Overcoat by Simms Taback (ages 4-8)

Jump, Frog, Jump by Robert Kalan (ages 3-5)

The Kissing Hand by Audrey Penn (ages birth-preschool)

Knuffle Bunny by Mo Williams (ages 4-8)

Leo the Late Bloomer by Robert Kraus (ages 4-8)

Little Red Riding Hood by Paul Galdone (ages 4-8)

Make Way for Ducklings by Robert McCloskey (ages 4-8)

Mama, Do You Love Me? By Barbara Joose (ages 3-5)

Mike Mulligan and His Steam Shovel by Virginia Burton (ages 4-8)

Millions of Cats by Wanda Gag (ages 4-8)

Miss Bindergarten Gets Ready for Kindergarten by Joseph Slate (ages birth-preschool)

Miss Tizzy by Libba Moore Gray (Ages 4-8)

The Mitten by Jan Brett (ages 4-8)

Mother, Mother I Feel Sick by Rhemy Sharlip (ages birth-preschool)

My Very First Mother Goose by Iona Opie (birth-preschool)



Mrs. Wishy Washy (series) by Joy Cowley (ages birth-preschool)

The Napping House by Audrey Wood (ages birth-preschool)

No David (Series) by David Shannon (ages birth-preschool)

Olivia (series) Ian Falconer (ages birth-preschool)

Papa, Please Get the Moon for Me by Eric Carle (ages birth-preschool)

Pat the Bunny by Dorothy Kunhardt (ages birth-preschool)

Peek-a-boo Morning by Rachel Isadora (ages birth-preschool)

Polar Bear, Polar Bear, What Do You Hear? By Bill Martin Jr. (ages 18months - preschool)

The Rainbow Fish (Series) by Marcus Pfister (ages birth-preschool)

The Relatives Came by Cynthia Rylant (ages 4-8)

Ruby in Her Own Time by Jonathan Emmett (ages birth-preschool)

The Runaway Bunny by Margaret Wise Brown (ages birth-preschool)

Silly Sally by Audrey Woods (ages 4-8)

Shades of Black by Sarah Pinkerney (ages birth-preschool)

The Snowy Day by Ezra J. Keats (ages birth-preschool)

Stone Soup by Marcia Brown (ages 4-8)

Sylvester and the Magic Pebble by William Steig (ages 4-8)

Ten, Nine, Eight by Molly Bang (ages birth-preschool)

The Giving Tree by Shel Silverstein (ages 4-8)

The Family Book, The Daddy Book and The Mommy Book by Todd Parr (ages birth-preschool)

The Little Engine That Could by Watty Piper (ages 4-8)

The Tale of Peter Rabbit by Beatrix Potter (ages 4-8)

The Three Billy Goats Gruff by P.C Asbjrnsen and J.E Moe (ages 4-8)

There's A Nightmare in My Closet by Mercer Mayer (ages 4-8)

Tikki Tikki Tembo by Arlene Mosel (ages 4-8)

To Market, To Market, by Ann Miranda (ages 4-8)

Today I Feel Silly and Other Moods by Jamie Lee Curtis (ages 4-8)

The Very Busy Spider by Eric Carle (Ages 18months-preschool)

The Very Hungry Caterpillar by Eric Carle (The Very...Series) (ages 18months-preschool)

We All Sing in the Same Voice by J. Phillip (ages 4-8)

The Wheels on the Bus by Cynthia Rylant (ages birth-preschool)

When I Was Young in the Mountains by Cynthia Rylant (ages 4-8)

When Sophie Gets Really, Really Angry by Molly Bang (ages 4-8)

When I Was Little by Jamie Lee Curtis (ages 4-8)

Where the Wild Things Are by Maurice Sendack (ages 4-8)





# Playmates Preschools & Child Development Centers, Inc.

Kenova      Lavalette      Huntington      Buffalo      Westmoreland      Ceredo      Ceredo Pre-K      Westmoreland Pre-K  
304-453-4858    304-523-4858    304-522-4858    304-429-3988    304-429-4251    304-908-3368    304-453-5998    304-781-0053

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Whoever You Are by Mem Fox (ages birth-preschool)

Why Mosquitoes Buzz in Peoples Ears: A West African Tale by Gerald Mc Dermott  
(ages birth-preschool)

Will You Come Back for Me? by Ann Tompert (ages birth-preschool)





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## Playmates Parent Connection Connecting Parents for Strengthening Families

**(All information obtained in the survey is optional and confidential-the intent of this survey is to gather information/interests to better serve our families as a whole)**

Parent(s) Name: \_\_\_\_\_

Parent(s) Age: \_\_\_\_\_

Marital Status:                      Married                      Single                      Divorced                      Separated  
Widow

**I would be interested in meeting other parents or be involved in the following settings (circle all that apply):**

|                       |                             |                        |                         |
|-----------------------|-----------------------------|------------------------|-------------------------|
| Play groups           | Family outings              | Class fieldtrips       | Birthday parties        |
| Pot lucks             | Exercise/fitness activities | Casual get-togethers   | Single parent's outings |
| Parent only outings   | Parent evening out          | Community outreaches   | Carpools                |
| Mother & child groups | Grandparents day            | Special class projects | Father & child groups   |
| Book Clubs            | Children groups             | Single parent groups   | Other _____             |

Sharing My Skills/Talents Other: \_\_\_\_\_

**I would be interested in classes or information regarding the following areas (circle all that apply):**

|                   |                |                  |                  |
|-------------------|----------------|------------------|------------------|
| Parenting classes | Potty training | Discipline tools | Bedtime routines |
|-------------------|----------------|------------------|------------------|

What should I expect my child to do by this age? - (Developmental Milestones)

|                     |                     |                          |                             |
|---------------------|---------------------|--------------------------|-----------------------------|
| Community resources | Drivers education   | Caring for aging parents | My child's special needs    |
| Dealing with stress | Conflict resolution | Dealing with divorce     | Building a healthy marriage |
| Sibling rivalry     | Exercise classes    | Community activities     | Church support group        |



# Playmates Preschools & Child Development Centers, Inc.

|                        |                           |                            |                         |                              |                        |                              |                                    |
|------------------------|---------------------------|----------------------------|-------------------------|------------------------------|------------------------|------------------------------|------------------------------------|
| Kenova<br>304-453-4858 | Lavalette<br>304-523-4858 | Huntington<br>304-522-4858 | Buffalo<br>304-429-3988 | Westmoreland<br>304-429-4251 | Ceredo<br>304-908-3368 | Ceredo Pre-K<br>304-453-5998 | Westmoreland Pre-K<br>304-781-0053 |
|------------------------|---------------------------|----------------------------|-------------------------|------------------------------|------------------------|------------------------------|------------------------------------|

|              |                                 |   |                |
|--------------|---------------------------------|---|----------------|
| Summer camps | Children's<br>sports/activities | Cub Scouts/4-<br>H/Girl Scouts,<br>etc. | Other<br><hr/> |
|--------------|---------------------------------|---|----------------|

**To be able to participate in Parent Activities, I would prefer or need assistance in the following areas (please circle all that apply):**

- |                      |                        |                    |
|----------------------|------------------------|--------------------|
| Day Time Activities  | Evening Activities     | Weekend Activities |
| Child Care Provided  | Transportation         |                    |
| Financial Assistance | Special Accommodations |                    |

Other:

---

**Please list your special interests/hobbies/ways you like to spend your spare time (i.e.-camping, swimming, quilting, sewing, scrapbooking, etc):**

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**Please list your talents, special gifts, collections or knowledge (i.e. - musical instruments, mission trips, coin or other collections)**

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# Playmates Preschools & Child Development Centers, Inc.

|                        |                           |                            |                         |                              |                        |                              |                                    |
|------------------------|---------------------------|----------------------------|-------------------------|------------------------------|------------------------|------------------------------|------------------------------------|
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|------------------------|---------------------------|----------------------------|-------------------------|------------------------------|------------------------|------------------------------|------------------------------------|

Would you be interested in sharing, demonstrating or volunteering your talents/collections in your child's classroom?

\_\_\_\_\_

Do you have any suggestions as how we can improve our communication with you about your children?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any suggestions as how we can improve on serving your family as a whole and connecting you with other parents?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Playmates Parent Connection  
Connecting Parents for Strengthening Families

***Welcome!***

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

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

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



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Children names:

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---

Ages: \_\_\_\_\_

Birthdays: (Month/Day/Year)

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\_\_\_\_\_ Please include me in the Playmates Parent Connection Directory.



**Free and Reduced-Price Meals Household Application for 2015-2016 – West Virginia Dept. of Education**  
 USE BLACK OR DARK BLUE INK, PRINT NEATLY, COMPLETE ONE APPLICATION PER HOUSEHOLD

**1. Names of ALL Children in School, Center, or Camp**

| Last Name | First Name | MI | Date of Birth<br>MM/DD/YY | Mark if Foster           | Grade | School, Center, or Camp |
|-----------|------------|----|---------------------------|--------------------------|-------|-------------------------|
|           |            |    | / /                       | <input type="checkbox"/> |       |                         |
|           |            |    | / /                       | <input type="checkbox"/> |       |                         |
|           |            |    | / /                       | <input type="checkbox"/> |       |                         |
|           |            |    | / /                       | <input type="checkbox"/> |       |                         |
|           |            |    | / /                       | <input type="checkbox"/> |       |                         |

**2. SNAP/TANF NUMBER**

If any member of your household receives SNAP or TANF, indicate which program and provide the 10-digit case # (If any, SKIP TO PART 5)

SNAP  TANF

**3. HOMELESS, MIGRANT, RUNAWAY**

If the child you are applying for is homeless, migrant, or runaway, check the appropriate box and call your county contact at \_\_\_\_\_ Homeless  Migrant  Runaway

**4. HOUSEHOLD MEMBERS AND GROSS INCOME FROM LAST MONTH**

List each person in the household. For each person who receives income, write the amount received and fill in how often it is received.

| Name (Last, First)<br>List everyone in the Household.<br>Attach a separate sheet if needed. | Monthly Earnings<br>from Work<br>(Before Deductions) | Monthly Welfare,<br>Child Support,<br>Alimony | Monthly Payments<br>from<br>Pensions, Retirement,<br>Social Security | Other Monthly<br>Income | Check if<br>no<br>Income |
|---|--|---|--|-------------------------|--------------------------|
|   | \$   | \$  | \$   | \$                      | <input type="checkbox"/> |
|   | \$   | \$  | \$   | \$                      | <input type="checkbox"/> |
|   | \$   | \$  | \$   | \$                      | <input type="checkbox"/> |
|   | \$   | \$  | \$   | \$                      | <input type="checkbox"/> |
|   | \$   | \$  | \$   | \$                      | <input type="checkbox"/> |
|   | \$   | \$  | \$   | \$                      | <input type="checkbox"/> |

**Total Number of Persons in Household** \_\_\_\_\_ **Total Monthly Income Before Deductions \$** \_\_\_\_\_

**5. Signature and Social Security Number (Adult must sign.)**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last 4 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 system may 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 child(ren) may lose meal benefits, and I may be prosecuted.

Today's Date     Last 4 Digits of Social Security Number \* \* \* \* \*  I do not have a Social Security Number

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State

ZIP Code \_\_\_\_\_

**6. Children's Race and Ethnicity - (You do not have to complete this part to receive free and reduced price meals.)**

Mark one or more racial identities from this group:

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

And mark one ethnic identity from this group:

- Hispanic or Latino  Not Hispanic or Latino

**7. Other Benefits - (You do not have to complete this part to receive free and reduced price meals.)**

Yes, school officials may use the information provided on this application to determine my child(ren)'s eligibility for free textbooks, workbooks, and other school supplies.

**Do not fill out this part. This is for sponsor's use only.** Annual Income Conversion: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12

Categorically Eligibility:  -or- Income Eligibility:   Free Meals  
 Reduced Meals  
 Denied: Reason: \_\_\_\_\_

Signature/Stamp of Approving Official \_\_\_\_\_ Date Approved \_\_\_\_\_ Date Withdrawn \_\_\_\_\_

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

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

WVDE-ADM-121

**"Continue on Back"**

FY2016



**Free and Reduced-Price Meals Household Application for 2015-2016 – West Virginia Dept. of Education**  
 USE BLACK OR DARK BLUE INK, PRINT NEATLY, COMPLETE ONE APPLICATION PER HOUSEHOLD

**8: Free and Low-Cost Health Care**

If your children get free or reduced price school meals, they may also be able to get free or low-cost insurance through Medicaid or the West Virginia Children's Health Insurance Program (WVCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

If you would like information about WVCHIP or Medicaid, please call toll-free anytime at 1-877-982-2447 or visit [www.chip.wv.gov](http://www.chip.wv.gov) You may also apply online at [www.wvinroads.org](http://www.wvinroads.org).

**Your children may qualify for free or reduced price meals if your household income does not exceed the limits on this chart.**

| <b>FEDERAL INCOME CHART</b>                         |               |                |                        |                        |               |
|---|---------------|----------------|------------------------|------------------------|---------------|
| <b>For School Year July 1, 2015 – June 30, 2016</b> |               |                |                        |                        |               |
| <b>Household size</b>                               | <b>Yearly</b> | <b>Monthly</b> | <b>Twice Per Month</b> | <b>Every Two Weeks</b> | <b>Weekly</b> |
| 1   | \$21,775      | 1,815          | 908                    | 838                    | 419           |
| 2   | 29,471        | 2,456          | 1,228                  | 1,134                  | 567           |
| 3   | 37,167        | 3,098          | 1,549                  | 1,430                  | 715           |
| 4   | 44,863        | 3,739          | 1,870                  | 1,726                  | 863           |
| 5   | 52,559        | 4,380          | 2,190                  | 2,022                  | 1,011         |
| 6   | 60,255        | 5,022          | 2,511                  | 2,318                  | 1,159         |
| 7   | 67,951        | 5,663          | 2,832                  | 2,614                  | 1,307         |
| 8   | 75,647        | 6,304          | 3,152                  | 2,910                  | 1,455         |
| Each additional person:                             | 7,696         | 642            | 321                    | 296                    | 148           |

**Privacy Act Statement:** This explains how we will use the information you give us.

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. 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.

**Non-discrimination Statement:**

This explains what to do if you believe you have been treated unfairly. The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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