



Enrollment Packet



Playmates Preschools & Child Development Centers, Inc.

www.playmateschildcare.com

www.facebook.com/PlaymatesChildcare

6:00 a.m. to 12:00 midnight

Ages 3 months to 12 years old

State Licensed

Kenova Playmates 725 Chestnut Street Kenova, WV 25530 (304) 453-4858 NAEYC Accredited	Lavalette Playmates 5185 Route 152 Lavalette, WV 25535 (304) 523-4858 NAEYC Accredited	Huntington Playmates 418 Bridge Street Huntington, WV 25702 (304) 522-4858 NAEYC Accredited
Ceredo Playmates 111 4th Street E. Ceredo, WV 25507 (304) 908-3368 NAEYC Accredited	Westmoreland Playmates 3603 Piedmont Road Huntington, WV 25704 (304) 429-4851 NAEYC Accredited	Buffalo Playmates 330 Buffalo Creek Road Kenova, WV 25530 (304) 429-3988 NAEYC Accredited
P.E.E.C. of Westmoreland 3609 Hughes Street Huntington, WV 25704 (304) 781-0053 NAEYC Accredited	Westmoreland Teen Center 3609 Hughes Street Huntington, WV 25704 (304) 429-7620	Ceredo Kenova Elementary Preschool 1 Wonder Lane Kenova, WV 25530 (304) 453-1521 (304) 453-5998

Jeanette Barker, Executive Director
(304) 633-0076



Playmates Preschools & Child Development Centers, Inc.

Kenova	Lavalette	Huntington	Buffalo	Westmoreland	Ceredo / C-K Pre-K	Westmoreland Pre-K	Teen Center
304-453-4858	304-523-4858	304-522-4858	304-429-3988	304-429-4851	304-908-3368	304-781-0053	304-429-7620



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

Date of Admission: _____ Date of Discharge: _____

Child's Full Name: _____ Sex: Male [] Female []

Social Security Number _____ - _____ - _____ Date of Birth: _____

Name Child Goes by: _____ Birthplace: _____

Child's Home Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

School (If School Age): _____ Phone: _____ WVEIS #: _____

Scheduled Days & Hours for Care: _____

Parent or Guardian Information

Guardian 1's Full Name: _____ **Phone:** _____

Okay to Text? Yes [] No [] Phone provider if yes _____ Email address: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation and Place of Employment: _____

Work Phone: _____ Social Security Number: _____ - _____ - _____

Guardian 2's Full Name: _____ **Phone:** _____

Okay to Text? Yes [] No [] Phone provider if yes _____ Email address: _____

Address: _____ City: _____ State: _____ Zip: _____

Occupation and Place of Employment: _____

Work Phone: _____ Social Security Number: _____ - _____ - _____



How Did You Hear About Us?

Circle all that apply:

Facebook	Friend or relative	Television	Other
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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:

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, etc.): _____

If so, where and when: _____

List any and all food or drug allergies: _____

Does child have any bowel or bladder irregularities?: _____

Any additional information such as child's communication methods? _____

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: _____ How does child eat _____

Toilet Habits

Does child indicate bathroom needs _____ Word for urination? _____ bowel movement? _____

Sleeping Habits

Does child take nap? Yes [] No [] If yes, from: _____ to _____? What helps child to go to sleep _____

What time does child go to bed in the evening _____ awake _____

Social Relationships

Other play groups _____

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

Friendly	Aggressive	Shy	Withdrawn
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How does child relate to strangers?: _____

Does child play well alone: Yes [] No [] Favorite toy: _____

Frightened by (circle all that apply):

Animals	Rowdy children	Loud noises	Darkness	Storms	Other _____
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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? _____



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 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: _____



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Child Care Emergency Contact Information and Consent Form

(This form is for child's classroom emergency book)

Child's Name: _____ Birth date: _____

Complete Address: _____

Guardian #1 Name: _____ Phone#1 _____ Phone#2 _____

Complete Address: _____

Guardian #2 Name: _____ Phone#1 _____ Phone#2 _____

Complete Address: _____

Emergency Contacts / Authorized Pick-ups

Name #1: _____ Complete Address: _____

Relationship: _____ Phone: #1 _____ Phone: #2 _____

Name #2: _____ Complete Address: _____

Relationship: _____ Phone: #1 _____ Phone: #2 _____

Is there a court order for custody, or otherwise restricting access to the child? _____

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

List of people NOT ALLOWED to pick up child: _____

Child's Preferred Sources of Medical Care

Physician's Name: _____ Telephone: _____

Address: _____

Dentist's Name: _____ Telephone: _____

Address: _____

Hospital Name: _____ Telephone: _____

Address: _____

Ambulance Service: _____ Telephone: _____

Child's Health Insurance

Insurance Plan: _____ ID# _____ Name on card _____

Please List any special conditions, disabilities, allergies, dietary needs or medical conditions

Authorization for Staff to Act in Emergency

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. 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, 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. 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 _____ Guardian's Signature _____ Date _____



PRICING POLICY & PAYMENT AGREEMENT

Full-Time: (More than 5 hours per day, 5 days per week)		
Infant (0 – 23 months)	\$ 160.00	_____
Child (2 years to 5 years)	\$ 120.00	_____
Part-Time:		
Infant:		
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	_____
Child:		
Hourly Child (up to 5 hours per day)	\$5.50	_____
Daily (9 hours of service per day)	\$ 26.00	_____
Weekly	\$ 130.00	_____
Drop-In and Overtime (hourly)	\$ 5.50	_____
School Age:		
After school pickup up to three hours	\$ 8.50 per day	_____
Hourly (up to 5 hours per day)	\$5.50 per hour	_____
Daily (up to 9 ½ hours)	\$25.00 per day	_____
Supply Fee	\$12.00/child/year	_____
Registration Fees	\$15.00/per family	_____
Public Pre-K	No Charge during Public Pre-K hours	_____
State Funded Tuition	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 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 more than 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 attend the 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

Parent's Signature

Date



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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. Using 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 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 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 using 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. 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 based on sex, race, color, religion, handicapping conditions, marital status, or national origin in employment or in its educational programs and activities.

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 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.

Student's Name (printed) _____

Parent or Guardian's Name (printed) _____

Parent or Guardian's Signature _____ Date _____



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CREDIT/DEBIT CARD HOLDER INFORMATION

Section A (Credit/ Debit Card) (Visa or Mastercard accepted)

Cardholder Name _____

Cardholder Address _____ City _____

State _____ Zip Code _____ Phone _____

Credit/Debit card number: _____ CVG# _____ Exp date: ____/____(mm/yy)

Section B (Bank Account) (Please attach a voided check)

Your Name _____ Phone _____

Address _____ City _____

State _____ Zip code _____

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____

State _____ Zip Code _____

Routing Transit Number _____

Account 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 and **any balance owed to Playmates will be charged at time of termination of services.**

If you would like to request an alternate payment schedule, please list.

Accountholder Signature: _____ Date: _____



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Reading to your child each day is one of the best things you can do!

RECOMMENDED AND AWARD-WINNING PICTURE BOOKS

Birth to 3 books

1. Bay Face (series) by Roberta Grobel (ages 6-12 months)
2. Black on White by Tana Hoblan (ages birth-24months)
3. Brown Bear, Brown Bear What Do You See? by Bill Martin Jr., /Eric Carle (ages 18mths/preschool)
4. Chicka Chicka Boom Boom by Bill Martin (ages 12-18 months)
5. Corduroy (series) by Don Freeman (ages birth-preschool)
6. Eating the Alphabet by Lois Ehlert (ages 18-24 months)
7. Farmer Duck by Martin Wadell (ages birth-preschool)
8. Five Little Monkeys Jumping on the Bed by Eileen Christelow (ages birth-preschool)
9. Good Night Moon by Margaret W. Brown (ages 12-18months)
10. Guess How Much I Love You by Sam Mc Bratney (ages birth-preschool)
11. Is Your Mama a Llama by Deborah Guarino (ages 18-24 months)
12. The Carrot Seed by Ruth Kraus (ages birth -preschool)
13. The Kissing Hand by Audrey Penn (ages birth-preschool)
14. The Very Busy Spider by Eric Carle (Ages 18months-preschool)
15. The Very Hungry Caterpillar by Eric Carle (The Very....Series) (ages 18months-preschool)
16. Will You Come Back for Me? by Ann Tompert (ages birth-preschool)
17. Busy Toes by C.W. Bowie (ages 18-24 months)
18. The Napping House by Audrey Wood (ages birth-preschool)
19. The Rainbow Fish (Series) by Marcus Pfister (ages birth-preschool)

Preschool to 8 books

1. Blueberries for Sal by Robert Mc Closkey (ages 18months-preschool)
2. Click, Clack, Moo: Cows That Type by Doreen Cronin (ages 4-8)
3. Curious George by H.A Rey (ages 3-5)
4. Goldilocks and the Three Bears by James Marshall (ages birth-preschool)
5. Green Eggs and Ham by Dr. Seuss (all Dr. Seuss) (ages birth-preschool)
6. Hands Are Not for Hitting, (series) by Elisabeth Verdick (ages 4-8)
7. Harold and the Purple Crayon by Crockett Johnson (ages 4-8)
8. How Do Dinosaurs Say Good Night by (How Do Dinosaurs....Series) (ages 4-8)
9. I Love You Forever by Robert Munch (ages 4-8)
10. If You Give A Mouse A Cookie (If You Give..... series) by Laura Numeroff (ages 3-5)
11. Leo the Late Bloomer by Robert Kraus (ages 4-8)
12. Stone Soup by Marcia Brown (ages 4-8)
13. The Giving Tree by Shel Silverstein (ages 4-8)
14. The Little Engine That Could by Watty Piper (ages 4-8)
15. There Was an Old Lady That Swallowed a Fly by Simms Taback (ages 4-8)
16. Tikki Tikki Tembo by Arlene Mosel (ages 4-8)
17. Today I Feel Silly and Other Moods by Jamie Lee Curtis (ages 4-8)
18. We All Sing in the Same Voice by J. Phillip (ages 4-8)
19. When Sophie Gets Really, Really Angry by Molly Bang (ages 4-8)
20. Where the Wild Things Are by Maurice Sendack (ages 4-8)

Serving Families in Cabell and Wayne Counties for Over 30 Years
Administrative Office Phone (304) 908-1230 Fax (304) 908-1232
Email: jbarkerplaymates@aol.com

Free and Reduced-Price Household Application for 2020-2021 – 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 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) List everyone in the Household. Attach a separate sheet if needed.	Monthly Earnings from Work (Before Deductions)	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Other Monthly Income	Check if no 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 _____

Free and Reduced-Price Household Application for 2020-2021 – 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 You may also apply online at 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.

FEDERAL INCOME CHART					
For School Year July 1, 2020 – June 30, 2021					
Household size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$23,606	\$1,968	984	908	454
2	31,894	2,658	1,329	1,227	614
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,112	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
Each additional person:	8,288	691	346	319	160

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:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) MAIL: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) FAX: (202) 690-7442; or
- (3) EMAIL: program.intake@usda.gov.

This institution is an equal opportunity provider.



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Building for the Future

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

Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals which 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 CACFP 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 CACFP 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.
- **Afterschool 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.

Contact

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

Sponsoring Organization/Center

State Agency Director

WV Department of Education Office of Child Nutrition

1900 Kanawha Boulevard, East R-248 B Charleston,
West Virginia 25305
(304) 558-3396



USDA is an equal opportunity provider

English Version

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