



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

**Jeanette Barker, Executive Director**

**(304) 633-0076**



# Playmates Preschools & Child Development Centers, Inc.

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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

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### 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: \_\_\_\_\_





**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 \_\_\_\_\_



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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	\$ 130.00	_____
Drop-In and Overtime (hourly)	\$ 5.50	_____
<b>School Age:</b>		
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	_____
<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 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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*Serving Families in Cabell and Wayne Counties for Over 30 Years*  
Administrative Office Phone (304) 429-4934 Fax (304) 429-3281  
Email: [jbarkerplaymates@aol.com](mailto:jbarkerplaymates@aol.com)



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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.

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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)

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**Free and Reduced-Price Household Application for 2023-2024 – 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 2023-2024 – 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, 2023 – June 30, 2024</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	\$26,973	\$2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Each additional person:	9,509	793	397	366	183

**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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- fax:  
(833) 256-1665 or (202) 690-7442; or
3. email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

**This institution is an equal opportunity provider.**





# Playmates Preschools & Child Development Centers, Inc.

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

## *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

*Serving Families in Cabell and Wayne Counties for Over 30 Years*  
Administrative Office Phone (304) 429-4934 Fax (304) 429-3281  
Email: [jbarkerplaymates@aol.com](mailto:jbarkerplaymates@aol.com)

