2022 FCCC K-4 SUMMER CAMP ENROLLMENT PACKET

Summer Camp enrollment is open to rising Kindergarteners (must be age 5 by September 30, 2022) and children that have graduated Kindergarten through 4th grade this current school year, 2021-2022.

CHILD _____

CAMP SITES:

❒GREENVILLE (0011)
7389 Academic Avenue
Nokesville, VA 20181
(540) 349-8544

❒H.M. PEARSON (0008)
9347 Bastable Mill Road
Catlett, VA 20119
(540) 788-1548

❒P.B. SMITH (0005)
6176 Dumfries Road
Warrenton, VA 20187
(540) 341-7785

❒ENROLLMENT FORM

❒ONE CALL NOW EMERGENCY NOTIFICATIONS Emergency notifications will be sent to cell phones and e-mails on file. One cell phone number and one e-mail per parent.

❒PAYMENT AGREEMENT

❒INCOME VERIFICATION FORM Qualifying for a sliding scale tuition rate **(Step 1, Step 2 or Step 3)** requires proof of your annual **household** income. Annual income includes all wages, child support, social security, etc**. T**wo most recent pay stubs and FCCC's Income Verification Form are required for proof of income. **You will be charged full fee tuition until required documentation is received and verified.**

❒CACFP MEAL BENEFIT FORM FCCC offers a morning and afternoon snack. **Form must be completed for all enrollees.**

❒HEALTH RECORDS physical/well check + immunization records, both signed or stamped by physician

❒ORIGINAL BIRTH CERTIFICATE viewed for identity verification

❒EMERGENCY MEDICATIONS All enrollees with severe allergies, food or environmental, must have the appropriate paperwork and medication at FCCC.

❒Does your child require emergency medications? _____

❒MAT FORM **❒EMERGENCY CARE ACTION PLAN FORM**

❒INDEMNIFICATION AGREEMENT / CACFP ETHNICITY AND RACE IDENTIFICATION FORM

❒ILLNESS POLICY PARENTAL AGREEMENT Refer to Handbook for Illness Policy.

- FCCC will notify parents when their child becomes ill and arrangements shall be made for the child to be picked up as soon as possible.
- The Executive Director must be notified within 24 hours if a child or a member of the immediate household contracts a contagious illness. Life threatening diseases must be reported immediately.
- I authorize FCCC to obtain medical care if any emergency occurs when I cannot be immediately located.

Parent/Guardian Signature_____ Date _____

❒PHOTO RELEASE

- I hereby authorize Fauquier Community Child Care, Inc. (FCCC), hereafter referred to as "Company," to publish photographs taken of myself and/or the minor child or children listed above, and our names and likenesses, for use in FCCC's print, online, social media and video-based marketing materials, as well as other Company publications.
- I hereby release and hold harmless FCCC from any reasonable expectation of privacy or confidentiality for me and for the minor child or children listed above associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child or children listed above and that I have full authority to consent and authorize FCCC to use their likenesses and names.
- I further acknowledge that participation is voluntary and that neither I, the minor child, nor minor children will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications.
- I hereby release FCCC, its contractors, its employees and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor child listed above.

Parent/Guardian Signature_____ Date _____

❒SWIM ABILITY: Non-Swimmer Beginner Intermediate Advanced

❒CAMP T-SHIRT: **choose:** Child ***or*** Adult
choose: Small Medium Large XL

2022 FCCC K-4 SUMMER CAMP ENROLLMENT FORM

Summer Camp enrollment is open to rising Kindergarteners (must be age 5 by September 30, 2022) and children that have graduated Kindergarten through 4th grade this current school year, 2021-2022.

CAMP SITE: GREENVILLE H.M. PEARSON P.B. SMITH

CHILD (Full Name) (Nickname) **BIRTHDATE** **GENDER** **GRADE GRADUATED**
(Current School Year 2021-2022)

1_____ Female / Male_____

2_____ Female / Male_____

3_____ Female / Male_____

PARENTS/GUARDIANS – First name listed is considered the enrolling parent/guardian.

Name	Employer	Work Hours	Business Phone

Physical Address City State Zip	Home Phone
Mailing Address, if different than Physical: **E-Mail Address:**	Cell #

Name	Employer	Work Hours	Business Phone

Physical Address City State Zip	Home Phone
Mailing Address, if different than Physical: **E-Mail Address:**	Cell #

Person(s) or Agency Having Legal Custody of Child *(Appropriate legal documentation shall be on file when a parent/guardian or the court system denies the non-custodial parent/guardian visitation or permission to pick up a child.)*	
Home Address	Home Phone
Business Address	Business Phone

EMERGENCY INFORMATION

Does your child have any allergies or sensitivities? If yes, please specify allergy/sensitivity and what action should be taken in an emergency? *All enrollees with severe allergies, food or environmental, must have the appropriate paperwork and medication at FCCC.*
Does your child have any chronic physical or developmental difficulties? If so, please provide appropriate documentation.
Has your child ever had an adverse reaction to insect repellant or sun block? ❍yes ❍no (*If yes, indicate which product.*) I authorize FCCC to apply sun block to my child when necessary. _____/_____ Parent/Guardian Signature Date

Child's Physician	Phone
EMERGENCY CONTACTS - OTHER THAN PARENTS/GUARDIANS **(2 REQUIRED).** 1. Name: **Complete Home Address:**	1. Phone
2. Name: **Complete Home Address:**	2. Phone

Person(s) Authorized to Pick Up Child(ren):	
Person(s) NOT Authorized to Pick Up Child(ren):	
If Child Attends this Center & Another School/Program, Give Name of School/Program:	Grade
Previous Child Day Care Programs & Schools Attended:	

FCCC USE ONLY:
Birth Certificate #: _____ State/Country Issued: _____ Date Issued: _____ Viewed By:_____

2022 FCCC K-4 SUMMER CAMP PAYMENT AGREEMENT

Summer Camp enrollment is open to rising Kindergarteners (must be age 5 by September 30, 2022) and children that have graduated Kindergarten through 4th grade this current school year, 2021-2022.

CHILD: _____ **CAMP SITE:** GREENVILLE H.M. PEARSON P.B. SMITH

A $55.00 Non-Refundable Registration Fee is due, per child, at the time of sign-up.
Payment for the first week your child is enrolled is due on or before 5/13/2022. *Cash, check or money order payments only.*
REGISTRATION IS PLACED ON HOLD AND NOT COMPLETE UNTIL BOTH PAYMENTS ARE RECEIVED.

_____**Week 1: June 6-10**
Park & Cookout, Marshall

_____**Week 2: June 13-17**
Atlantis Water Park, Centreville

_____**Week 3: June 20-24**
Wolf Trap Children's Theatre-in-the-Woods, Vienna

_____**Week 4: June 27-July 1**
Wolf Trap Children's Theatre-in-the-Woods, Vienna

_____**Week 5: July 5-8 (closed July 4th)**
Park & EarthQuest, Marshall

_____**Week 6: July 11-15**
Shenandoah Caverns, Quicksburg

_____**Week 7: July 18-22**
Waterworks Waterpark, Dale City

_____**Week 8: July 25-29**
Steven F. Udvar-Hazy Center, Chantilly

CARE OPTIONS: Determine your household size in the left column and your yearly household income in that corresponding row. Once determined, follow that column down to identify the **WEEKLY FEE** for your chosen care option.

Household Size	Full Fee Income	Step 1	Step 2	Step 3
2	above $34,404	$34,403 - $27,083	$27,082 - $19,761	below $19,760
3	above $42,803	$42,802 - $35,482	$35,481 - $28,160	below $28,159
4	above $51,202	$51,201 - $43,881	$43,880 - $36,559	below $36,558
5	above $59,601	$59,600 - $52,280	$52,279 - $44,958	below $44,957
6+	above $68,000	$67,999 - $60,679	$60,678 - $53,357	below $53,356
Camp Only (8:30AM-3:30PM)	$162.00	$139.00	$117.00	$95.00
Combined (6:30AM-6:30PM)	$184.00	$157.00	$134.00	$110.00

- Qualifying for a sliding scale tuition rate **(Step 1, Step 2 or Step 3)** requires proof of your annual **household** income. Your annual income includes all wages, child support, social security, etc. Two most recent pay stubs and FCCC's Income Verification Form are required for proof of income. **You will be charged full fee tuition until required documentation is received.**
- When a family enrolls more than one child a 10% discount is applied to the fee that is of equal or lesser value for that week.

I agree to pay $_____ per week for the care option chosen above. I am aware that this payment agreement is valid for Summer Camp 2022 and that fees will be due for the weeks marked on this payment agreement unless changes or cancellations are made in accordance with FCCC's cancellation policy.

_____I would like to purchase a Punch Card ($145.00) for occasional use before or after Camp Only Care.

❒CANCELLATION POLICY: Changes or cancellations must be made, in writing, before 6:30 PM, May 27, 2022. If changes or cancellations are not made by the deadline my account will be charged and fees will be due for the number of weeks marked on this payment agreement.
❒I authorize FCCC to discuss account information with both parents/guardians listed on the enrollment form. I understand that in order to rescind this authorization I must provide the FCCC main office with a written statement.
❒FCCC offers a morning and afternoon snack to all enrollees.
❒Residing County: ❍Culpeper ❍Fauquier ❍Madison ❍Orange ❍Prince William ❍Rappahannock ❍Other_____
❒Sites, dates, and activities are subject to change. Activities and field trips may be cancelled due to unsafe weather conditions.
❒By signing below, I grant my child permission to participate in the FCCC Summer Camp Program and all activities. I agree to hold FCCC, its agents, employees and volunteers harmless from all action, damages, claims or demands and all liability that might arise as a result of my child's participation in the FCCC Summer Camp Program. In addition, I give FCCC permission to take steps to provide medical attention should the participant be injured.

I have read and understand all terms stated above.

_____ _____/_____
Parent/Guardian PRINTED Name Parent/Guardian Signature Date

❒I would like to make a donation of $_____ to help a child in need attend FCCC. *(Please pay separately from tuition.)*

FCCC USE ONLY:
Accepted by: _____ Date Received _____ Amount Paid $_____ ❒Check/MO # _____
❒Cash / Receipt # _____

MAIN OFFICE USE ONLY:
Processed by: _____ Date _____ ❒CHECKED FOR OUTSTANDING BALANCE $_____

CHILD_____

CAMP SITE: GREENVILLE H.M. PEARSON P.B. SMITH TEEN CAMP

INDEMNIFICATION AGREEMENT

In consideration of participating in FCCC's Summer Camp Program ("the Program"), and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence, FCCC and its directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I expressly accept and assume all of the risks inherent in participation in the Program or that might have been caused by the negligence of the Releasees. My child's participation in the Program is purely voluntary and we elect to participate. If at any time I believe that event conditions are unsafe or that my child is unable to participate due to physical or medical conditions, then I will immediately discontinue participation;
2. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my child's participation in the Program arising from negligence. This release does not apply to claims arising from intentional conduct or conduct that constitutes greater than ordinary negligence. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs;
3. I further represent that my child has no medical or physical conditions which could interfere with the child's safety in the Program;
4. In the event that I file a lawsuit, I agree to do so in the state of Virginia, and I further agree that the substantive law of that state shall apply; and
5. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

_____ _____/_____

Parent/Guardian PRINTED Name Parent/Guardian Signature Date

VIRGINIA CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

ETHNIC IDENTIFICATION: *Parent/Guardian to complete. Please select ONE Ethnicity.*

❒ **Hispanic, Latino or Spanish Origin:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

❒ **Not Hispanic, Latino or Spanish origin**
❒ **I decline to answer**

RACIAL IDENTIFICATION: *Parent/Guardian to complete. Please select ONE OR MORE Races.*

❒ **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains culture identification through tribal affiliation or community attachment (includes Aleuts and Eskimos).
❒ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

❒ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
❒ **Black, African American, or Haitian:** A person having origins in any of the black racial groups of Africa.
❒ **White:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
❒ **I decline to answer.**

This institution is an equal opportunity provider.

CHILD LETTER TO HOUSEHOLD (PARENTS/GUARDIANS)
MEAL BENEFIT INCOME ELIGIBILITY FORM

Dear Parent or Guardian:

This center/home participates in the United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP) and receives Federal funds to provide healthy meals and snacks to enrolled children. The amount of reimbursement the center receives is based on the information provided on the attached CACFP Meal Benefit Income Eligibility Form (IEF). Part of the USDA requirement is to complete the IEF. If household income is equal to or less than the income listed in the chart below for household size, the center will receive a higher level of reimbursement. Please return the completed IEF back to the center as soon as possible.

If a member of the family (child or adult) receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) benefits or cares for a foster child(ren) that is the legal responsibility of the Virginia Department of Social Services or the court, children are categorically eligible for meal benefits regardless of household income.

If the household income is over the income guidelines listed below, the family is not required to complete this application. Instead, please write the child's name on the IEF and return it to the center. Please notify the center staff if someone in the household becomes unemployed and the loss of income causes the household income to be within the income eligibility standards.

The information provided on the IEF will be used to determine the child's eligibility for meal benefits. The information will be kept confidential and only available to staff directly connected with administering the CACFP.

***Family Access to Medical Insurance Security Plan* (*FAMIS*)**

FAMIS is Virginia's health insurance program for children. It provides access to quality health services for children who do not have health insurance. ***FAMIS Plus*** is Virginia's name for children's Medicaid. ***FAMIS Plus*** also provides great benefits and covers children in families with low or no income, even if the children are covered by health insurance.

By signing the section on the application for *FAMIS* or *FAMIS Plus*, the family is stating they do not want information shared with the local Department of Social Services. If IEF information is disclosed, it may be used to identify the child(ren) for the health insurance program. More information on *FAMIS* is available at 1-866-873-2647 – Interpreters are available. Log onto www.famis.org to apply online.

A household with income less than or equal to the income chart for reduced-priced meals below is eligible for free or reduced-price meals:

Household Size	Yearly
1	$23,828
2	$32,227
3	$40,626
4	$49,025
5	$57,424
6	$65,823
7	$74,222
8	$82,621
Each additional person:	+$8,399

Please feel free to contact the center at (540) 347-6970 with questions or concerns.

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 on-line 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.

CACFP-042 CHILD Letter to Household (Parents/Guardians)
Revised 9/2020; Previous version obsolete

VIRGINIA CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (IEF)FOR CHILD CARE CENTERS and FAMILY DAY CARE HOMES

1 All Household Members | 2 | 3

NAMES OF ALL HOUSEHOLD MEMBERS [Adults and Children]			FOSTER CHILD	SNAP, TANF or FDPIR CASE #
	First, Middle Initial, Last	Check if NO income	Ages of children in care	Skip to Part 6 if all are foster children.	kip to Part 6 if you list a SNAP, TANF or FDPIR case number. SNAP AND TANF MUST BE NINE (9) DIGITS
1		☐		☐	
2		☐		☐	
3		☐		☐	
4		☐		☐	
5		☐		☐	
6		☐		☐	

4 Homeless, Migrant, or Runaway

☐ Homeless ☐ Migrant ☐ Runaway

If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your School Homeless Liaison or Migrant Coordinator.

5 Total Household Gross Income (before deductions). You must tell us how much and how often.

NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT IS RECEIVED (Example: $100/month, $100/twice a month, $100/every other week, $100/week)							
	Earnings From Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp, Unemployment, SSI, etc.	
	Amount	How often	Amount	How often	Amount	How often	Amount	How often?
i.	$		$		$		$	
ii.	$		$		$		$	
iii.	$		$		$		$	
iv.	$		$		$		$	
v.	$		$		$		$	

6 Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 5 is completed or if zero income is listed, the adult signing the form must also list the last four digits of his or her social security number or mark the *I do not have a social security number* box.

X X X – X X – _____
Social Security Number

☐ **I do not have a social security number.**

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

_____
Date *Printed Name of Adult Household Member* *Signature of Adult Household Member*

7 Contact Information (Optional)

_____ (_____) _____ _____
Work Telephone Number (Include Area Code) *Home Telephone Number (Include Area Code)* *Home Address (Number, Street, City, State, Zip Code)*

8 Optional - Sharing Information with Virginia's Health Insurance Program for Children (FAMIS)

May we share your information on this application with the *FAMIS* , the complete health insurance program for every child in Virginia? If **yes**, do not sign below.

☐ No, I do not want my information from this application shared with the FAMIS. Date:_____ Sign here: _____

CHILD CARE REPRESENTATIVE USE ONLY – ELIGIBILITY DETERMINATION – COMPLETE SECTIONS A and B BELOW

SECTION A **Annual Income Conversion: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12**

Convert income only if different frequencies of pay are reported.

TOTAL INCOME Per S_____ ☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year **NUMBER IN HOUSEHOLD:** _____

☐ **FREE** based on:			☐ **REDUCED** based on:	☐ **DENIED** reason:	
☐ foster child	☐ migrant	☐ SNAP, TANF, FDPIR	☐ household income	☐ income too high	☐ incomplete application
☐ homeless	☐ runaway	☐ household income			☐ non-qualifying SNAP/TANF

SECTION B **Signature of Determining Official:**_____ **Date:** _____

Nondiscrimination 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.

CACFP-Child IEF
Revised 8/2021; Previous versions obsolete

WIC
At - A - Glance

WIC gives access to healthy food, nutrition education and breastfeeding support. If you're pregnant, a caregiver, or a mom with a child under 5, you can get the right personalized support for you and your family.

Nutrition Education

Shopping guidance
Prenatal nutrition tips
Kid-friendly recipes
Personalized nutrition counseling

Breastfeeding Support

Support and education
Peer counseling
Lactation support
Classes and information

Healthy Food Options

Fresh fruits & vegetables
Milk, cheese & more
Cereal & other grains
Peanut butter, beans & More

Referrals & Resources

Social services
Substance abuse
Health screenings
Immunization services

This institution is an equal opportunity provider.

WIC At - A - Glance

WIC clinics statewide are now issuing eWIC cards to WIC families. WIC participants use their eWIC card like a debit card to purchase WIC approved foods at authorized WIC grocery stores.

Is Virginia WIC For Me?

Must Be:

- A Virginia resident
- A pregnant woman, breastfeeding woman, or the parent of a child aged birth to five years old
- Household income eligible *(Ex. family of four can earn $45,510 or less yearly or $3,793 or less monthly)*
- Assessed as having a nutritional risk

EBT Benefits:

- Electronic payment system
- Each WIC family gets one eWIC card
- Family's food benefits are added together
- Food benefits are kept in a special family account

Next Steps

Contact Virginia WIC @
1-877-TELL-WIC (835-5942)
to connect to a local clinic, check eligibility, and set up an appointment

VDH Virginia Department of Health
Virginia CACFP Child and Adult Care Food Program