

Discovery Tree Student Release Form

Child's Full Name: _____

Provide names of anyone not permitted to pick up your child:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

List 3 people who are authorized to pick up your child:

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Name: _____ Relationship: _____

Address: _____ Phone #: _____

Your child will not be released to anyone other than the people on the pick-up list. They will be required to show a drivers' license for purpose of identification and verification. A written request from the parent must be given for anyone not on this list, and identification will be required.

I understand the rules for picking up children from Discovery Tree.

Mother's Name

Mother's Signature

Date

Father's Name

Father's Signature

Date

Discovery Tree
Emergency Medical Authorization and Information Form

Child's Name: _____ Home Phone: _____

Date of Birth: _____ Male or Female _____

Address: _____

Child's Insurance: _____ Ins # _____

Mother's Name _____ Phone _____

Father's Name _____ Phone _____

1st Emergency Contact _____ Phone _____

Address: _____

2nd Emergency Contact _____ Phone _____

Address: _____

Does your child have any health problems of which you are aware?

Emotional Challenges: _____ Sight Effects: _____ Diabetes: _____ Seizures: _____

Hearing Challenges: _____ Speech Issues: _____ Processing: _____ Motor: _____

Please explain: _____

Does your child have any allergies? Yes or No

If yes, please list all: _____

Is your child on any medications? Yes or No

If yes, please list all: _____

A written Health Assessment and Immunization Record from child's licensed health provider must be provided to this center prior to enrollment. The Health Assessment must be updated every 6 months for a child 24 months and under, and every 2 years for children 25 months and older. If the child is between 6 weeks and 36 months of age, there must be a written statement signed by the child's licensed health provider permitting entrance into group care.

It is the childcare provider's policy to notify a parent when a child is or ill or in need of medical attention. Occasionally, we are unable to contact the parent(s) and yet need to get immediate medical attention for the child. Our procedure is to have the child taken to the nearest emergency service. (Cabell Huntington Hospital) by ambulance. If an ambulance is not available, the childcare provider staff or volunteer will transport the child. Furthermore, I agree to assume all costs associated with this evaluation, treatment, and/or emergency transportation (ambulance, etc.) whether through my personal insurance and/or private pay.

Hospital preference of parent _____

Physician preference of parent _____ Phone _____

Physician's Address: _____

I hereby give permission for the childcare staff of Discovery Tree to secure and authorize such emergency medical care and/or treatment and necessary transportation arrangements for my child, _____ who has become ill and/or injured.

Signature and Date of Parent/Guardian

Signature of Childcare Provider

Signature of Notary



DISCOVERY
TREE

CHILD ABUSE AND NEGLECT PROTOCOL

Under WV Code §49-6A-2, it is our responsibility and duty as a childcare facility to report, any and all, suspected child abuse and or neglect. Child abuse and/or neglect is defined as a physical/mental/emotional injury, sexual abuse and/or exploitation, the sale or the attempted sale of or negligent treatment of a child by a parent, guardian, or custodian responsible for the child's welfare.

If abuse or neglect is suspected, it is required by law for childcare workers to make a report by contacting Centralized Intake (Child Abuse Hotline) at 1-800-352-6513. Waiting for absolute proof may result in significant risk to the child. It is not the caregiver's job to validate the abuse; this is the job of CPS caseworkers or law enforcement officers who have been trained to undertake this type of investigation.

Furthermore, Discovery Tree will provide orientation and training to all employees on the identification and reporting of child abuse and neglect. By signing, you are stating you understand Discovery Tree and its employees' obligation and protocol for reporting suspected child abuse and/or neglect.

Parent/Guardian Signature

Date

Director's Signature

Date



DISCOVERY
TREE

Discovery Tree

Video and Photo Release and Permission

I, _____, give permission for Discovery Tree to photograph, audio and/or video tape my child, _____, during normal activities and also special activities (such as our Christmas and spring program as well as graduation) to be used on our website, blog, social media, etc. and also in our classrooms and for crafts. The child's name will not be posted with any picture or video.

_____ I DO NOT give permission for my child, _____ to be used in audio/video taping and/or pictures.

_____ I DO give permission for my child, _____ to be used in audio/video taping and/or pictures.

Mother's Name

Mother's Signature

Date

Father's Name

Father's Signature

Date

Discovery Tree Representative

Discovery Tree Representative Signature

Date

Furthermore, I understand that there are video cameras throughout the facility for security purposes and my child will be videoed as a part of routine security procedures. Denial of permissions will not apply to the center's security cameras and that such footage may be accessible to center staff and persons with legal authority (cps, law enforcement, licensing) for purposes of but not limited to: staff evaluation/training, sourcing unexplained injuries/incidents, complaint investigations, and/or administrative review.

Parent/Guardian Signature

Date

Discovery Tree

2400 Johnstown Road, Huntington, WV 25701
304-781-6512 Phone / 304-522-6382 Fax

Information Sheet

Child's Information

Child's Full Name: _____ M or F
Any other name child uses: _____ Date of Birth: _____
Address: _____ Telephone: _____
City: _____ State: _____ Zip: _____

Family Information

Mother's Name: _____ Phone: _____
Mother's Address: _____
Mother's Employer: _____ Work Phone: _____
Mother's Email Address: _____
Father's Name: _____ Phone: _____
Father's Address: _____
Father's Employer: _____ Work Phone: _____
Father's Email Address: _____

Brothers/ Sisters/ ½ Brothers/ ½ Sisters (List names and ages): _____

School Name: (if applicable): _____ Phone: _____

Restrictions/ Limitations.

Is there a court order granting custody, visitation or otherwise restricting allowing access to your child? If so, a copy of the order must be provided along with this application.

Special restrictions (I.E. divorce, custody arrangements): _____

Any special limitations concerning activities: _____

Any special diet/food needs: _____

Any Allergies: _____

Any fears we should be aware of: _____

Does your child currently have an IEP or IFSP? If yes, please explain: _____

Parent/Guardian Name

Parent/Guardian Signature

Date



DISCOVERY
TREE

Discovery Tree

Discharge and Discipline Policy

Discovery Tree reserves the right to cancel the enrollment of a child for any of the following reasons:

1. Non-payment or excessive (as defined by the director) late fees.
2. Parents not observing the rules of the daycare as outlined in the Parent Agreement and other materials explained/signed during the interview process.
3. Physical and/or verbal abuse of a staff member or volunteer by a parent.
4. Parents who display unacceptable or injurious behavior toward children, other parents, volunteers or staff members.
5. Parents failing to comply with our procedures set forth in our discipline and discharge procedures.

We request a two week notice on withdrawals. Discovery Tree retains the sole right and responsibility to determine any disputed factual matters regarding the termination of enrollment.

Parent/Guardian Name

Parent/Guardian Signature

Date

Director Name

Director Signature

Date



DISCOVERY
TREE

Discovery Tree

Grievance Procedure for Families and Employees

The families and employees of Discovery Tree may openly express any concerns or make formal complaints without fear of retaliation, either directly or indirectly. When a complaint is made by either parents, volunteers or employees, it should also be submitted in writing and addressed to the Director.

The grievance procedure of Discovery Tree shall ensure due process for all submitted formal complaints.

If you are not satisfied with the center's actions, due process, or you have a complaint about the director, you can complain directly to Licensing at 304-558-0628. You may also mail complaints to 350 Capitol Street Room 730 Charleston, WV 25301 or fax at 304-558-4194. Go to <https://dhhr.wv.gov/bcf/Childcare/Pages/default.aspx> for more information or to file a complaint online directly with DHHR.

As always, you may contact Centralized Intake (Child Abuse Hotline) at 1-800-352-6513.

I have read the Grievance Policy above and an explanation of the procedure has been provided to me.

Parent/Guardian Name

Parent/Guardian Signature

Date

Director Name

Director Signature

Date



DISCOVERY
TREE

Discovery Tree
Discipline and Discharge Procedures

The children are entitled to a pleasant and harmonious environment at our center. Our center will not serve children who display chronically disruptive behavior. Chronically disruptive behavior is defined as verbal or physical activity which may include, but is not limited to, such behavior that: requires constant attention from staff, inflicts physical or emotional harm on other children, abuses the staff, ignores or disobeys the rules which guide behavior during the day. If a child cannot adjust to the center's program setting and behave as deemed appropriate by the center leadership, then the child may be discharged. All reasonable efforts will be made to assist each child in adjusting to the center setting and requirements.

Disruptive Behavior will be dealt with in the following manner:

Staff members cooperate in implementing the plan and keep on file at the center a copy of the plan, a record of the steps taken during implementation, and the child's progress in meeting the goals of the plan.

Abuse and Neglect. A center shall develop, implement and maintain policies and procedures for the reporting of child abuse and neglect that include: The definition of child abuse and neglect, the requirement to report immediately any suspected incident of child abuse and neglect to the director or designated person-in-charge, and to Child Protective Services; or when the staff member believes that the director or designated person-in-charge would not or has failed to report the suspected incident to the Child Abuse Hotline, 1-800-352-6513. The center will also keep a statement posted at the center in clear public view stating that the center reports suspected child abuse and neglect to Child Protective Services.

For children under 4 years old redirection will be used. For children 4 years and older, where redirection doesn't seem to work, a time-out period of not more than 4 minutes will be used for the child to have an opportunity to calm down and re-enter group activity.

If a second time out is given to a child in a single day the staff will write an incident report. This report will be given to the parent or guardian to read and sign at pick-up, and then they will be provided a copy; a second copy will be placed in the child's file.

If a child receives three written behavior-related reports, the child will be suspended effective at the end of the day of the third report. During the first day of suspension, the parents, staff and director will meet in a conference to determine the conditions for reinstatement. Parents will be responsible for all payments during the suspension period or until the child is withdrawn from the center and/or discharged.

If the child is reinstated in the center and receives a fourth behavior-related report, the director will get assistance from other professionals such as Birth to 3, Link Behavioral Specialist, etc. The parent will be brought in to help assist with the behavioral issues. If the parent fails to cooperate with other professionals or behavioral management planning, the student will be discharged. Our goal is to avoid discharging the student if at all possible so we ask that parents help us work together to address behavioral situations should they arise.

A child may be discharged if he/she is picked up late three times.

A child may be discharged for non-payment of fees.

A child may be discharged if a parent is verbally or physically abusive to any member of the staff, to include, but not limited to bullying, slanderous talk in the community, etc. This must be documented. Our staff will treat each family with respect and confidentiality, and we require the same from each family.

I have read and understand the Discipline and Discharge Procedures.

Parent/Guardian Signature

Date

We are an equal opportunity provider and employer.



Discovery Tree
2400 Johnstown Road, Huntington, WV 25701
304-781-6512 Phone / 304-522-6382 Fax

DISCOVERY
TREE

Discovery Tree
Pesticide Levels 3 and 4

Level 3 EPA Caution (crack and crevice treatments)
Level 4 EPA Warning or Danger (broadcast spraying and fogging)

Do you as a parent or legal guardian wish to be informed at least 24 hours in advance of the application of Level 3 or 4 pesticides in your child's daycare center?

Please circle your selection and return to the director:

YES NO

A notice will be available 24 hours in advance of pesticide application. The notice will be placed at the welcome area where you sign your child in/out each day.

Child's Name: _____

Parent/Guardian Name

Parent/Guardian Signature

Date

We are an equal opportunity provider and employer.

Discovery Tree

2400 Johnstown Road, Huntington, WV 25701
304-781-6512 Phone / 304-522-6382 Fax

Enrollment Selection Form

I, _____, hereby enroll my child, _____, for the days and hours indicated below. I understand that I may apply to change my selected times/dates and the center will attempt to accommodate, based on available times/dates. I understand that these selections are on a first-come/first-serve basis and that I am not entitled to change outside of pre-semester changes.

	Monday	Tuesday	Wednesday	Thursday	Friday
Other					

We are open 6am-6pm Monday through Friday

Parent/Guardian Name

Parent/Guardian Signature

Date

Director Name

Director Signature

Date

Discovery Tree

2400 Johnstown Road, Huntington, WV 25701

304-781-6512 Phone / 304-522-6382 Fax

Well Care Visit/Exam

Date of Exam: _____

Date of Birth: _____

Child's Name: (Last, First, M.I.) _____

1. Review of health history: _____

2. Medical Information pertinent to diagnosis and treatment in the event of an emergency:

3. Special Instructions to provider regarding any medication required during the day care hours:

4. Recommended modifications or limitations of child's activities or diet (i.e. allergies, etc.):

5. Vision: _____

6. Hearing (auditory or equivalent): _____

7. Medical

Normal

Abnormal

Abdomen

Cardiovascular

Ear

Nose

Extremities

Joints

Genitalia

Breasts

Lungs

Mouth

Throat

Skin

Lymph Nodes

Spine

8. HGB _____

9. GM or HCT _____

10. Blood Pressure _____

11. Growth Measurement

Height _____ Percentile _____ Weight _____ Percentile _____

12. Developmental Appraisal _____

13. Is the child progressing normally with age or group? Yes _____ No _____

14. Please remember to include all immunization records with this form.

Name and Address of Physician:

Physician Signature:

Date: _____



DISCOVERY
TREE

Discovery Tree
2400 Johnstown Rd, Huntington, WV 25701
Phone: 304-781-6512; Fax: 304-522-6382

Acknowledgement of Policies

Enrollment Date: _____

Child's Name: _____

This is required to be signed by both the director and parent before a child can be officially enrolled.

I, _____, (parent/guardian) have met with center director and/or staff, and they have explained the policies and procedures and answered my questions. I have also been provided copies of the parent handbook and these policies and understand them.

Parent/Guardian Signature

Date

Director's Signature

Date

Dear Parent or Guardian:

This center participates in the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP). Please help us comply with the requirements of the CACFP by completing, signing and returning the attached statement as soon as possible. The statement will be filed as confidential information. The names of the participants for which free or reduced price meals may be claimed shall not be published, posted or announced in any manner; this information is necessary to determine the amount of federal funding received by our center for the meal served to children. Higher reimbursement will contribute to the overall quality of care your provider maintains.

If you received Food Stamps or benefits under the West Virginia Temporary Assistance to Needy Families (TANF) on behalf of your child, then please list either your 10-digit Food Stamp case number or your TANF case number in Section 2 and sign and date the statement in Section 5. This means that your child is "categorically eligible" and will automatically qualify for reimbursement.

If a Food Stamp or TANF case number is not reported, Section 4 must be completed. You must include your total current household income by source and the names of all household members. CACFP defines a household as a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses). The reported income should be what each member received last month. If last month's income does not accurately reflect your circumstances, provide a projection of your income using last year's income as a basis. Please remember to put the name and social security number of the primary wage earner underneath the chart. You must also sign and date Section 5.

If this application is for a foster child, please read carefully the directions found on the "Instructions For Applying" sheet. If you have a foster child and have further questions, please contact our office for additional information before completing the application.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil right 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.

Thank you for your cooperation: _____
Institution Representative

Program Year 2020-2021

West Virginia Department of Education

FREE AND REDUCED PRICE SCHOOL MEAL FAMILY APPLICATION INSTRUCTIONS FOR APPLYING

If your household gets FOOD STAMPS OR TANF, follow these instructions:

Part 1: List child(ren)'s name, date of birth, grade, and school, center, or camp.

Part 2: Check the appropriate box and list the 10-digit Food Stamp or TANF case number.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is not necessary.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

Part 8: (Found on back of application.) Call number listed to request WVCHIP or Medicaid information.

If you are applying for a child who is HOMELESS, MIGRANT, or a RUNAWAY, follow these instructions: check the appropriate box and call your county contact at the phone number listed in Part 3 of the application. Fill out the rest of the application by following instructions for ALL OTHER HOUSEHOLDS.

If you are applying for a FOSTER CHILD, follow these instructions:

If all children in the household are foster children:

Part 1: List all foster children, date of birth, grade and school, center, or camp.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 6: Answer this question if you choose.

If some children in the household are foster children:

Part 1: List all children in the household (including foster children), date of birth, mark box if foster child, grade, and school, center, or camp.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call the contact number listed.

Part 4: Follow these instructions to report total household income from last month.

Column 1–Name: List all household members.

Column 2–Last month's income: List the types of income your household received last month. *Employment Income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. *Other Income:* List the total amount each person received last month from **all other sources.** Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, withdrawals from savings, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income.

Last Column–Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign the form and list the last 4 digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

Part 8: (Found on back of application.) Call number listed to request WVCHIP or Medicaid information.

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List each child's name, date of birth, grade and school, center, or camp.

Part 2: Skip this part.

Part 3: Check a box only if it applies.

Part 4: Follow these instructions to report total household income from last month.

Column 1–Name: List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). **You must include yourself and all children.** Attach another sheet of paper with household members if required.

Column 2–Last month's income: List the types of income your household received last month. *Employment Income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. *Other Income:* List the total amount each person received last month from **all other sources.** Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, withdrawals from savings, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income.

Last Column–Check if no income: If the person does not have any income, check the box.

Part 5: An adult household member must sign the form and list the last 4 digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

Part 8: (Found on back of application.) Call number listed to request WVCHIP or Medicaid information.

Free and Reduced-Price Household Application for 2021-2022 – 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, 2021 – June 30, 2022					
Household size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$23,828	\$1,986	993	917	459
2	32,227	2,686	1,343	1,240	620
3	40,626	3,386	1,693	1,563	782
4	49,025	4,086	2,043	1,886	943
5	57,424	4,786	2,393	2,209	1,105
6	65,823	5,486	2,743	2,532	1,266
7	74,222	6,186	3,093	2,855	1,428
8	82,621	6,886	3,443	3,178	1,589
Each additional person:	8,399	700	350	324	162

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.