American Child Care, Inc

Welcome, and thank you for considering American Child Care as the place where your child will learn, grow, and thrive. We are delighted that you are taking the first steps in exploring the possibility of joining our family, and we hope this letter gives you a glimpse of the love, care, and purpose that guide everything we do here.

At American Child Care, we believe that every child is a unique and precious gift. Our mission is to create a nurturing environment where your little one will feel safe, valued, and celebrated for who they are. From the moment your child walks through our doors, they will be surrounded by warmth, encouragement, and opportunities to discover their world in meaningful ways.

We know how important it is to find the right place for your child, and we are honored to be a part of your journey. Our team of dedicated and experienced caregivers is passionate about building trusting relationships with each child and family. We are here to partner with you, to celebrate milestones, to navigate challenges, and to cheer on every success—big or small.

In our classrooms, your child will find a balance of structured activities and free play designed to spark their imagination and foster their development. Whether it's exploring through art, music, and storytelling or learning foundational social and academic skills, we strive to make each day exciting and filled with purpose. Most importantly, we want your child to feel deeply loved and supported every step of the way.

As you prepare to complete the application process, know that we are here to answer any questions you may have and to ensure this experience is as smooth as possible. We look forward to learning more about your family and discovering how we can best serve your child's needs.

Thank you again for considering American Child Care. Together, we can create a foundation of love, learning, and joy that will last a lifetime.

Warm regards,

Mrs. Rhonda
Director
American Child Care, Inc.
(615) 352-6084
810moody.ts@gmail.com

American Child Care, Inc

CHILD APPLICATION

Date of admission: _____

Child Full Name: _____

Child like to be called: _____

Child's Birthdate: _____

Mother's Full Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Employer: _____

Work Phone: _____ Work Hours: _____

Father's Full Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Employer: _____

Work Phone: _____ Work Hours: _____

Name of Physician: _____

Address: _____

Phone: _____ Hospital: _____

American Child Care, Inc

EMERGENCY CONTACT INFORMATION

Emergency Contact *(other than parent or guardian)*:

Full Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

Address: _____

Employer: _____

Work Phone: _____ Work Hours: _____

Authorized Pick-Up List:

Full Name: _____

Relationship: _____ Phone Number: _____

Full Name: _____

Relationship: _____ Phone Number: _____

Full Name: _____

Relationship: _____ Phone Number: _____

Medical Attention:

I hereby give my consent to American Child Care Inc. to seek medical attention for my child in the event of an emergency from any licensed physician and/or hospital if I am unable to be contacted.

_____ _____

Signature of parent and/or legal guardian Date

American Child Care, Inc

BACKGROUND INFORMATION

Other children in the family:

Name: _____

Birthdate: _____ School: _____

Name: _____

Birthdate: _____ School: _____

Name: _____

Birthdate: _____ School: _____

Experience with others:

What are ways the child plays at home?

_____

_____

Does he/she play with children from other families? If so, how?

_____

_____

Does he/she get their way? If not, how do they react?

_____

_____

Is the entire family together for any time during the day?

_____

American Child Care, Inc

BACKGROUND INFORMATION

Eating Habits:

At what time does the child eat:

Breakfast: _____ Lunch: _____ Dinner:_____

At what time does the child eat between meal snack(s)? _____

Does he/she feed themselves? _____

What is his/her general attitude towards eating?

_____

How is it handled if he/she does not eat?

_____

Favorite Food: _____ Disliked food: _____

Food allergies:

_____

(If child is an infant, use separate sheet for information about formula, bottles, etc.)

Sleep Habits:

Child sleeps

☐ Alone ☐ With other children ☐ With parents

Child sleeps at night from : _____ to _____

Average number of hours: _____

Does he/she wet the bed? If so, how is the problem handled?:

_____

American Child Care, Inc

BACKGROUND INFORMATION

Toilet habits:

Does he/she go on their own?

_____

What word does he/she use for urination and bowel movement?

_____

Speech and physical growth:

Child talks:

☐ Well ☐ Fair ☐ Not well ☐ At all?

Please give any other information we may need to know:

_____

_____

American Child Care, Inc

HEALTH HISTORY CHECKLIST

Child Full Name: _____

Birthdate: _____

Parent(s)/Guardian Name(s): _____

The answers are to provide medical information in the event your child becomes ill and we are unable to reach you. Please circle YES or NO.

YES / NO Were there problems with your pregnancy?
YES / NO Was his/her birth weight under 5.5 pounds?
YES / NO Were there problems with your pregnancy?
YES / NO Did the baby have any problems in the hospital?
YES / NO Has your child ever been in the hospital overnight?
YES / NO Is your child taking any medicine?
YES / NO Is your child allergic to any medicine?
YES / NO Does your child have asthma?
YES / NO Does your child have a speech or hearing problem?
YES / NO Has your child had 2 or more ear infections in a year?
YES / NO Has your child had tonsilitis?
YES / NO Does your child have trouble seeing?
YES / NO Has your child had bladder/kidney infection?
YES / NO Does your child have seizures, fits, or shaking?
YES / NO Does your child have a heart murmur?
YES / NO Can your child play as hard as other children?
YES / NO Has your child been with anyone with TB?
YES / NO Has your child had worms?
YES / NO Is your child a free bleeder? *(Hemophilian)*
YES / NO Is your child on a heart rate monitor?
YES / NO Does your child have tubes in his/her ears?
YES / NO Is your child in special educations classes?
YES / NO Any problems with your daughter's first period? When was it? _____
YES / NO Does your child have any problems not indicated?

American Child Care, Inc

PARENT AGREEMENT

_____ I understand that if my child does not attend daycare for a week, I am still required to pay half of the tuition for that week.
Initial

_____ I understand that if my child attends any day of the week, it is still full price. Even one day.
Initial

_____ I understand that tuition payments are due on Mondays. If payment is not made by 10:00am Thursday morning, I understand that there will be a $25.00 late fee that must be paid or my child will not be able to attend.
Initial

_____ I understand that there is a $20.00 returned check fee on returned checks.
Initial

_____ I understand that any parent fees or overage fees are the responsibility of the parent if I am on government child care assistance.
Initial

_____ I understand that the hours of operation are 6:30am to 5:30pm.
Initial

_____ I understand that the cut off time for drop off is 10:00am. If I am late, my child will not be permitted to stay unless the director or assistant director has been notified.
Initial

_____ I understand that if I do not pick up my child by 6:00pm, I will be charged $1.00 per minute, per child, for every minute past the hour.
Initial

_____ I understand that I must accompany my child into the building, sign them in, and establish contact with their teacher before leaving the premises.
Initial

American Child Care, Inc

PARENT AGREEMENT

_____ *Initial* I understand that if American Child Care Inc. closes early or is closed due to weather, I will be considerate of the staff and pick my child up in a timely manner.

_____ *Initial* I understand that if I do not sign my child in or out, I will be charged a $5.00 fee per child.

_____ *Initial* I understand that I must keep my child's health records and contact information up to date.

_____ *Initial* I understand that my child must have at least one change of clothes, diapers and/or pull-ups, and wipes on hand.

_____ *Initial* I understand that I need to label my child's belongings.

_____ *Initial* I understand that toys are only allowed on days when it is show and tell. American Child Care Inc. is not responsible for any times brought to the center and they will not replace them.

_____ *Initial* I understand that if my child is sick, I will not bring him/her to daycare. If my child is vomiting or has diarrhea, they will be sent home and may not return for 24 hours.

_____ *Initial* I understand that American Child Care, Inc. can only give my child medication if I sign a consent form and have a plan of action form from my child's doctor.

American Child Care, Inc

PARENT AGREEMENT

Toddler and PreK parents/guardians:

_____ I understand that my child must have a fitted crib sheet and small blanket for nap time.
Initial

_____ I understand that sheets and blankets will be sent home every Friday to be washed and returned on Monday.
Initial

_____ I understand the following meal schedule: Breakfast is served between 7:45am – 8:45am, Lunch is served between 10:45am – 11:45am, and Afternoon Snack is served between 2:15pm – 3:15pm.
Initial

Infant parents/guardians:

_____ I understand that my child must have a fitted crib sheet for nap time.
Initial

_____ I understand that my infant must have at least four pre-made bottles.
Initial

I have read and understand the above parent agreement.

_____ _____

Signature of parent and/or legal guardian Date

American Child Care, Inc

OPTIONAL MEALS / MILK

We gladly serve three nutritious meals daily. The menu is posted in the foyer and in the child's classroom for you to view and see what contents are served. We know some children have their preference for meals and milk.

If you choose to provide your own meals, please initial accordingly below.

If you choose to provide your own milk, please list the type of milk you will bring.

_____ I will provide the following meal(s) for my child daily.
Initial (optional)

☐ Breakfast ☐ Lunch ☐ Snack

_____ I will provide my child's milk.
Initial (optional)

Brand of milk: _____

_____ _____

Signature of parent and/or legal guardian Date

American Child Care, Inc

PICK UP POLICY

The office at American Child Care Inc. must be notified if someone else is picking up your child. That person must be on your child's transportation list for your child to be released from the center. If there is an emergency pick-up, you must call the center. You will be asked a question to verify identification and the pick-up person's identification must to be presented before the child can be released. American Child Care Inc. reserves the right to decline anyone from picking up your child that we feel may put them at risk, including anyone we feel is impaired.

If you have any questions regarding this policy, please feel free to discuss it with the American Child Care Inc. director.

_____ _____

Signature of parent/legal guardian Date

Verification Question:
(Example: What is your mother's maiden name?)

Question:

_____

Answer:

_____

American Child Care, Inc

DISMISSIAL POLICY

Dear Families,

At American Child Care, Inc., our mission is to provide the best possible care and a nurturing environment for all children. To achieve this, we must ensure the safety and well-being of every child in our care. Additionally, we want to make sure our center is the right fit for your child.

If you decide to discontinue services with us, we kindly ask for a two-week notice. This allows us to prepare for a smooth transition and maintain continuity of care for other children.

We also want to inform you of our policy regarding immediate dismissal. To protect the safety and harmony of the center, we reserve the right to end our relationship with a family if a child's behavior poses a serious risk to others, including peers and staff. Examples of such behaviors include, but are not limited to, repeated biting, leaving the classroom without permission, or the use of inappropriate language.

Our goal is always to address challenges proactively and collaboratively. We will provide verbal warnings, document incidents, and make every effort to work with you to resolve the situation. However, in cases where these behaviors persist and jeopardize the safety of others, immediate dismissal may be necessary.

Thank you for your understanding and partnership as we strive to create a safe and loving environment for all children.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____

American Child Care, Inc

COVID-19 SUMMARY

Please keep your child out of the center if he/she has the following symptoms:

- Fever
- Cough
- Chills
- Shortness of breath
- Sore throat
- Headache

In order to keep our staff and children healthy, please:

- Practice social distance
- Keep hands washed upon entering the classroom
- If you feel ill, please get tested for COVID-19. If positive, stay out of the center for 10 days until negative
- Please read COVID-19 summary book located in the foyer

_____ _____

Signature of parent and/or legal guardian Date

Tennessee Department of Human Services

Influenza Information Notification Form

PUBLIC CHAPTER 687 requires the Department of Human Services and the Department of Health to work together to educate parents of children in child care agencies regarding the importance of immunizing their children against influenza. The Department of Human Services works with child care agencies to ensure that this information is distributed annually to parents in August or September.

I/We acknowledge that we have received information on the importance of immunizing children against influenza.

Signature of Parent or Legal Guardian:_____ Date: _____

Signature of Parent or Legal Guardian:_____ Date: _____

Signature of Agency Representative:_____ Date: _____

American Child Care, Inc

INFORMATION VERIFICATION

I have been given by American Child Care, Inc. information on Maximum Group Size, Adult Child Ratio, and a Summary of Licensing Requirement for Child Care Centers by Tennessee Department of Human Services.

_____ _____

Signature of parent and/or legal guardian Date

I have received information regarding the influenza immunization from DHA Flu Information published by the DHS Center for Disease Control.

_____ _____

Signature of parent and/or legal guardian Date

I have been given a center tour, information on American Child Care, Inc., Education Goals, and Parent Agreement.

_____ _____

Signature of parent and/or legal guardian Date

American Child Care, Inc

ITEMS TO BRING

INFANTS:

- [ ] Breast milk bags *(we can freeze)*
- [ ] Formula
- [ ] 1 gallon jug of water
- [ ] 3 Bottles
- [ ] Diapers
- [ ] Wipes
- [ ] 2 complete changes of clothes
- [ ] Crib Sheet
- [ ] Bibs
- [ ] Pacifier

TODDLERS / PRESCHOOL

- [ ] Crib sheet and/or blanket
- [ ] Wipes
- [ ] 2 complete changes of clothes
- [ ] Backpack

★ We will also need the most up to date immunization record from your child's physician's office.

CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:
Insert URL Here

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	Foster Child	Migrant	Runaway	Homeless	Head Start
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐

Check all that apply

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF NO > Go to STEP 3 **IF YES >** Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER: ____________

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The **"Sources of Income for Children"** chart will help you with the Child Income section.

The **"Sources of Income for Adults"** chart will help you with All Adult Household Members section.

A. Child Income
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income	Weekly	Bi-Weekly	Monthly	Bi-Monthly
$	○	○	○	○

B. All Adult Household Members (Including yourself)
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and last)	Earnings from Work	How often? Weekly	Bi-Weekly	Monthly	2x Month	Welfare/Child Support/Alimony	How often? Weekly	Bi-Weekly	Monthly	2x Month	Pensions/Retirement/ Social Security/SSI/ VA Benefits	How often? Weekly	Bi-Weekly	Monthly	2x Month
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

Total Household Members (Children and Adults) ____

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member X X X X X ____

Check if no SSN ☐

STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form ____ Signature of Adult ____ Today's Date ____

Address ____ City ____ State ____ Zip ____ Phone/Email ____

Source of Income for Children	
Sources of Child Income	**Examples**
Earnings from work	• A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	• A friend or extended family member reguarly gives a child spending money
Income from any other source	• A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All other sources of income**
• Salary, wages, cash bonuses • Net income from self-employment (farm or business) **If you are in the U.S. Military:** • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) • Allowances for off-base housing, food, and clothing	• Unemployment benefits • Workers compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household

OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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, the funds your child care center/provider receives may be impacted. 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 the meal reimbursement for your child care center/provider. 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.

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:

MAIL*: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov.

This institution is an equal opportunity provider.

***Only use this address if you are filing a complaint of discrimination.**

DO NOT FILL OUT For official use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income

How often? Weekly ○ Bi-Weekly ○ Monthly ○ 2x Month ○

Household size

Categorial Eligibility ☐

Eligibility: Free ○ Reduced ○ Denied ○

Determining Official's Signature | Date | Confirming Official's Signature | Date | Follow-up Official's Signature | Date