



Admission Information

Use this form to collect all required information about a child enrolling in day care.

Directions: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information

Operation's Name:		Director's Name:	
Child's Full Name:	Child's Date of Birth:	Child Lives With? <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address:	Date of Admission:	Date of Withdrawal:	
Name of Parent or Guardian Completing Form:	Address of Parent or Guardian (if different from the child's):		
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:	Custody Documents on File? <input type="radio"/> Yes <input type="radio"/> No
In case of an emergency, call:			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			
I authorize the child care operation to release my child to leave the child care operation ONLY with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.			
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	

Consent Information

1. Transportation:
I give consent for my child to be transported and supervised by the operation's employees (Check all that apply). <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school
2. Field Trips:
<input type="radio"/> I give consent for my child to participate in field trips. <input type="radio"/> I do not give consent for my child to participate in field trips.
Comments:
<div></div>

3. Water Activities:

I give consent for my child to participate in the following water activities (Check all that apply).

☐ water table play ☐ sprinkler play ☐ splashing or wading pools ☐ swimming pools ☐ aquatic playgrounds

Is your child able to swim without assistance: ☐ Yes ☐ No

If no, what type of assistance is needed: _____

4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for (Check all that apply).

- | | |
|--|---|
| <input type="checkbox"/> Discipline and guidance | <input type="checkbox"/> Procedures for release of children |
| <input type="checkbox"/> Suspension and expulsion | <input type="checkbox"/> Illness and exclusion criteria |
| <input type="checkbox"/> Emergency plans | <input type="checkbox"/> Procedures for dispensing medications |
| <input type="checkbox"/> Procedures for conducting health checks | <input type="checkbox"/> Immunization requirements for children |
| <input type="checkbox"/> Safe sleep | <input type="checkbox"/> Meals and food service practices |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director | <input type="checkbox"/> Procedures to visit the center without securing prior approval |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website |

5. Meals:

I understand that the following meals will be served to my child while in care (Check all that apply):

☐ None ☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack

6. Days and Times in Care:

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Child's Special Care Needs (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Environmental allergies | <input type="checkbox"/> Limitations or restrictions on child's activities |
| <input type="checkbox"/> Food intolerances | <input type="checkbox"/> Reasonable accommodations or modifications |
| <input type="checkbox"/> Existing illness | <input type="checkbox"/> Adaptive equipment (<i>include instructions below</i>) |
| <input type="checkbox"/> Previous serious illness | <input type="checkbox"/> Symptoms or indications of complications |
| <input type="checkbox"/> Injuries and hospitalizations (<i>past 12 months</i>) | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Other: | |

Explain any needs selected above:

Does your child have diagnosed food allergies? ☐ Yes ☐ No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Signature — Parent or Legal Guardian

Date Signed

School Age Children

My child attends the following school:

School Area Code and Phone No.:

My child has permission to (check all that apply):

- ☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of his or her sibling under 18 years old

Authorized pick up or drop off locations other than the child's address:

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

Authorization For Emergency Medical Attention

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician

Address

Phone No.

Name of Emergency Care Facility

Address

Phone No.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature — Parent or Legal Guardian

Date Signed _____

Requirements for Exclusion from Compliance

- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

Vision Exam Results

Right Eye 20/ Left Eye 20/ ☐ Pass ☐ Fail

Signature _____ Date Signed _____

Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

Signature _____ Date Signed _____

Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission. (Select **only one** option.)

- ☐ Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.
- ☐ A signed and dated copy of a health care professional's statement is attached.
- ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
- ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name of Health Care Professional, if selected

Address of Health Care Professional, if selected

Signature — Health Care Professional _____ Date Signed _____

Signature — Parent or Legal Guardian _____ Date Signed _____

Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

Varicella (Chickenpox)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about [date] and does not need varicella vaccine.

Signature _____

Date Signed _____

Additional Information Regarding Immunizations

For additional information regarding immunizations, visit the Texas Department of State Health Services website at www.dshs.state.tx.us/immunize/public.shtm.

TB Test (If required)

☐ Positive ☐ Negative Date: _____

Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

Signatures

Child's Parent or Legal Guardian _____

Date Signed _____

Center Designee _____

Date Signed _____

Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

Signature _____

Date Signed _____



Since 1993

Jefferson Place Learning & Developmental Center, Inc.

3430 South Marsalis Avenue

Dallas, Texas 75216

214-375-1155

Child's Name _____

Date of Birth (Mo.) _____ (Date) _____ (Year) _____

Parents:

Father's Name _____ Address _____

City _____ State _____ Zip _____

Wk. Ph. _____ Cell _____

Mother's Name _____ Address _____

City _____ State _____ Zip _____

Wk. Ph. _____ Cell _____

In case of emergency call:

Name

Address

Phone Numbers

X _____

X _____

X _____

X _____

Jefferson Place Learning Center, Inc. Photograph & Video Release Form

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following purposes:

- ❖ conference presentations
- ❖ educational presentations or courses
- ❖ informational presentations
- ❖ on-line educational courses
- ❖ educational videos

By signing this release I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet/Social media or in the public educational setting.

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

This release applies to photographic, audio or video recordings collected as part of the sessions listed on this document only.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Full Name _____

Street Address/P.O. Box _____

City _____

Prov/Postal Code/Zip Code _____

Phone _____ Fax _____

Email Address _____

Signature _____ Date _____

If this release is obtained from a presenter under the age of 19, then the signature of that presenter's parent or legal guardian is also required.

Parent's Signature _____ Date _____

Discipline and Guidance Policy for Jefferson Place Learning Ctr. Inc.

Name of Operation

- Discipline must be:
 - (1) Individualized and consistent for each child;
 - (2) Appropriate to the child's level of understanding; and
 - (3) Directed toward teaching the child acceptable behavior and self-control.
- A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:
 - (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
 - (2) Reminding a child of behavior expectations daily by using clear, positive statements;
 - (3) Redirecting behavior using positive statements; and
 - (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.
- There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:
 - (1) Corporal punishment or threats of corporal punishment;
 - (2) Punishment associated with food, naps, or toilet training;
 - (3) Pinching, shaking, or biting a child;
 - (4) Hitting a child with a hand or instrument;
 - (5) Putting anything in or on a child's mouth;
 - (6) Humiliating, ridiculing, rejecting, or yelling at a child;
 - (7) Subjecting a child to harsh, abusive, or profane language;
 - (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;and
 - (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature

Date

Check one please:

- ☐ parent ☐ employee/caregiver ☐ household member of child-care home

Addressing Challenging Behaviors

When a child in care displays challenging behaviors on a reoccurring basis, a behavior management program will be implemented over a two-to-four-week trial period, no longer than four weeks. This program will be devised based on the individual needs of each child. A behavior management program will usually consist of the following steps:

1. A formal discussion will be carried out weekly with the child's parents to gain information regarding the child's behavior and to discuss ways of dealing positively and consistently with the challenging behavior. Parents will be encouraged to implement similar strategies from the program at home to reinforce positive behavior. Examples of strategies used in the program will be:
 - a. Praising good behavior,
 - b. Listening to the child,
 - c. Setting limits by choosing a few simple rules, explaining the rules, and repeating them periodically.
 - d. Incorporating activities into the curriculum to reinforce good behavior for example through role play, arts, crafts, and reading favorite stories at story time etc.
2. All incidents will be recorded and shared with the child's parents. Confidentiality will be respected, and information will only be shared with the parties concerned.
3. At the end of the 4-week period of the behavior timeline, parents will be informed about their child's needs for the future they will have 2 weeks to find alternative childcare arrangements.

Parents may be advised to refer their child to other Professional Services, such as Early Childhood Intervention (ECI). These services can assist parents with identifying if their child's needs are being met and if they require any additional support. The importance of early cooperation in a behavior management program by parents is imperative to complete a successful behavior management program.

Please sign indicating you understand our policy.

Parent Signature

Date

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Street Address/P.O. Box _____ City _____

Prov/Postal Code/Zip Code _____

Phone _____ Fax _____

Email Address _____

Signature _____ Date _____

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Parent's Signature _____ Date _____

Terms of Agreement Acknowledgement

I, (We), fully understand and agree to the contents of Jefferson Place Learning Center, Inc. Parent Handbook. This agreement may be renegotiated at any time.

Parent/Legal Guardian **Printed Name:** _____

Parent/Legal Guardian **Signature:** _____

Relationship to the child(ren): _____

E-mail address: _____

Date: _____

Co-signer Signature: _____

(Required if the parent(s) are under age 18. Co-signer is obligated to policy compliance and financial terms stated in the Parent Handbook).

Date: _____

Primary Caregiver Signature: _____

Date: _____

This page will be placed in the child's file

Jefferson Place Learning Center, Inc.

Parent/Guardian Orientation

Name of parent(s)/guardian(s): _____

Child's Name: _____

I have received information on the following:

- ☐ Tour of the facility
- ☐ Introduction to the staff
- ☐ Parent visit with their child's classroom caregiver/teacher
- ☐ Overview of the parent handbook
- ☐ Policy for arrival and late arrival
- ☐ Opportunity for an extended visit in the classroom by both parent and child for a period to allow us both to be comfortable
- ☐ An explanation of the Texas Rising Star Quality Certification Program
- ☐ Encouragement to parents to share elements of Child Care Assistance (CCA) enrollment so that the provider may assist, if applicable
- ☐ Family support resources and activities in the community
- ☐ Information on child development and developmental milestones provided
- ☐ Family is informed of the significance of consistent arrival time. Children should arrive before the educational portion of the program begins to limit disruption. Consistent routines prepare children for the transition to kindergarten.
- ☐ Statement shared with family about limiting technology use on-site (e.g. refrain from cell phone use) in order to improve communication between parents and staff and parents and children. It is best if parents are not distracted by use of electronic devices while at the center/home.
- ☐ Statement is shared with parents reflecting the role and influence of families.

Initial

I acknowledge receipt of the above information.

Parent/Guardian Signature

Date

Director/Assistant Director Signature

Date

9/1/2021

New ☐Update ☐Drop In ☐

Center: JEFFERSON PLACE LEARN AND DEV CNTR

Enrollment

Date of Current CACFP Enrollment:			Date of Withdrawal:		
Child First Name	Child Last Name	Date of Birth	Days In Care		Meals Attending
			MON <input checked="" type="checkbox"/>	TUE <input checked="" type="checkbox"/>	BREAKFAST <input checked="" type="checkbox"/> AM SNACK <input type="checkbox"/>
Parent/Guardian Name	Arrive 6:30 am		WED <input checked="" type="checkbox"/>	THR <input checked="" type="checkbox"/>	LUNCH <input checked="" type="checkbox"/> PM SNACK <input checked="" type="checkbox"/>
	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>		FRI <input checked="" type="checkbox"/>		SUPPER <input type="checkbox"/> EV SNACK <input type="checkbox"/>
Address	Depart 5:30 pm		SAT <input type="checkbox"/>	SUN <input type="checkbox"/>	
City, ST, Zip	AM <input type="checkbox"/> PM <input checked="" type="checkbox"/>				
Phone	Race	White <input type="checkbox"/>	Black <input type="checkbox"/>	Asian <input type="checkbox"/>	Other <input type="checkbox"/>
Work Phone	Native American Indian <input type="checkbox"/>	Alaska Native <input type="checkbox"/>	Hawaiian/Pacific Islander <input type="checkbox"/>		
Email	Ethnicity	Hispanic <input type="checkbox"/>	Non-Hispanic <input type="checkbox"/>		

THIS SECTION MUST BE COMPLETED FOR INFANTS UNDER 12 MONTHS OF AGE

Under the regulations of the USDA CACFP, this center is required to offer an iron-fortified formula of the center's choice. This center offers this iron-fortified formula:

You may accept or decline the offered formula. Please select your preferences below:

☐ I accept the formula offered by this center.

☐ I decline the formula offered by this center and will bring expressed breast-milk.

I decline the formula offered by this center and will bring this formula:

This formula is: ☐ Iron-fortified ☐ Low-iron ☐ Iron free
(If this formula is low-iron or iron free, I understand a medical statement must be provided to the center.)

Under the regulations of the USDA CACFP, this center is required to offer solid foods such as iron-fortified infant cereal, vegetables, fruits, meat/meat alternates and crackers when an infant is developmentally ready to accept these components as recommended by the American Academy of Pediatrics and as specified in the Infant Meal Pattern. Please select your preferences below:

☐ I accept the solid foods offered by this center

☐ I decline the solid foods offered by this center and will bring the solid foods for my infant

This center is required to update the feeding preferences of the infant as the situation changes as well as within one month of the infant changing age groups. Changes may include a change in the formula or foods. Please update any changes below (example: change formula to IF Similac; begin feeding IF infant cereal):

New Instructions:

Today's Date:

☐ My infant is: 0-5 mos

☐ My infant is: 6-11 mos

Dear parent, because your day care provider cares about good nutrition, they have chosen the benefits of the Child and Adult Care Food Program (CACFP). This program is sponsored by **NUTRISERVICE INC**. Under the regulations of the CACFP, your provider may not charge you separate fees for meals, nor may you be asked to provide food for your child for those meals claimed under the program. 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 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. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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; fax: 202-690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider and employer.

Signature of Parent/Guardian	Date of Signature
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CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care) **JEFFERSON PLACE LEARN AND DEV CNTR**

Part 1. All Household Members

Name of Enrolled Child(ren): _____

Names of all household members (First, Middle Initial Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.		CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. If no one receives these benefits, skip to part 3.
NAME: _____ ELIGIBILITY NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and eligibility number: NAME: _____ ELIGIBILITY NUMBER: _____
Check here if no eligibility number ☐

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income) (Example) Jane Smith	B. Gross income and how often it was received Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
		\$200/weekly	\$150/twice a month	\$100/monthly
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 4 is completed, 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. (See Privacy Act Statement on the next page.)

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.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: TX Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ ☐ I do not have a Social Security Number

Jefferson Place School Uniform Order Form



Parents Name: _____

Student/Students Name: _____



Color	Quantity	Size
Black		YXXS (2T) YXS (3T)
Gold		YXXS (2T) YXS (3T)
Total		

Total Amount Due: _____

Price \$15.00 Each

****PAYMENT IN FULL BEFORE ORDER IS PLACED****