

SEESAW LEARNING ACADEMY MASTER CARD

Date of Admission _____

(View Handbook Online- www.seesawlearningacademy.com)

Child's Name: _____ Sex _____ DOB ____ / ____ / ____

	MOTHER	FATHER
Name:		
Address:		
Employer		
Home Phone #		
Work Phone #		
Work Extension #		
Cell Phone #		
DL#		
DL State		
Email Address		

Person with whom the child lives: _____

Child's Doctor: _____ Doctor's Phone# _____

Child's Dentist: _____ Dentist Phone # _____

Preferred Hospital _____

Individuals to contact in case of emergency:

_____ Phone # _____

_____ Phone # _____

_____ Phone # _____

Does your child take any medications at present time? ___ Yes ___ No

If yes, what? _____

Does your child have any difficulties or disabilities which need our special help or attention?

_____ Hearing _____ Vision _____ Other

Describe _____

Known Food/ Other Allergies: ___ Yes ___ No _____

Chronic Illness (es): _____ Potty Trained ___ Yes ___ No

Does your child have a problem playing with other children: ___ Yes ___ No

ELEMENTARY SCHOOL ATTENDING _____	OFFICE USE ONLY Door Code _____
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My child has my permission to be released to the following individuals: (Please notify the following that they may be asked to show proof of identity.) If we already have a list of your contacts below and you give us permission to use the same contacts, please indicate in the box by writing SAME CONTACTS.

Name	Relationship	Phone #	Auth. Code

Parent Signature: _____ **Date:** _____

The last four digits of each person's social security number will determine the Authorization Codes. In the case of a duplicate number, we will assign a number based on data used on the application.

Seesaw Learning Academy Authorizations

I agree to pay the tuition amount of \$_____ per week in advance. All fees are due on Friday (prior to the week of childcare). A late fee will be added if the account is paid late. (Late is considered by the end of business on Tuesday. Accounts will be charged \$15.00 per day.) Children may not receive care beginning Wednesday if the weekly tuition is not paid.

Parent Signature:_____ **Date:**_____

Please check: I would/ would not like web-viewing access. I understand I will be given 10 (5 minute sessions) per day to access my child's classroom only. I also understand this fee is \$20.00 per month for **ALL** families (including CCAP and B-3 families). (Effective 7/1/2023) Lastly, I understand that my PB&JTV account will be terminated if I attempt to take a snapshot or video of the live stream.

_____ Yes _____ **Parent Initial** _____ No _____ **Parent Initial** Date:_____

If you pick up your child after 6:00p.m., a late fee of \$5.00 **per** minute will be charged. Late fee **must** be paid prior to Child Care services the next day.

Parent Signature:_____ **Date:**_____

I understand that a two (2) week's notice is required should I withdraw my child from the center for any reason. I understand that the full tuition for each of the two week's notice is to be paid whether my child comes to the center or not. (This includes illness, vacation, or inclement weather).

Parent Signature:_____ **Date:**_____

In case of evacuation, Seesaw Learning Academy has my permission to transport my child.

Parent Signature:_____ **Date:**_____

I give Seesaw Learning Academy my permission to take pictures and display pictures on the Seesaw Learning website, Seesaw Learning social media platform, and for Caddo Smart Start Early Learning Initiatives.

Parent Signature:_____ **Date:**_____

I understand that Seesaw Learning Academy has 20 cameras throughout the Center for security and educational purposes. I also understand that internet viewing is provided for parents who pay an additional fee.

Parent Signature:_____ **Date:**_____

I give permission for my child to be transported to/from (please circle school's name): AC Steere Elementary, Shreve Island Elementary, or the school listed below for the After-School Program.

School: _____

Parent Signature:_____ **Date:**_____

My child is 5 years old or older and has my permission to watch PG programming. (School Age Only)

Parent Signature:_____ **Date:**_____

I understand the Center staff is not allowed to give my child medication unless it is for an Emergency such as an allergic reaction requiring an Epi Pen. I will update the Emergency Medication Authorization Form at least every six months (Medication Form Included in Packet).

Parent Signature: _____ **Date:** _____

I understand that Seesaw Learning Academy will participate in the Child and Family Food Program once approved. Every person in attendance for care should have the Free/Reduced Price Meal Application completed annually whether enrolled full time or part-time. This form is confidential information and will be given to the Owner to determine eligibility. The Center will adhere to a 4 week menu cycle with a variety of food items as well as whole grain usage daily.

Parent Signature: _____ **Date:** _____

I authorize Seesaw Learning Academy to care for my child during the time he/she is in the facility or participating in a facility sponsored field trip and to administer and/or obtain emergency medical treatment for my child.

Parent Signature _____ Date: _____

I have received and reviewed a written description of Seesaw Learning Academy Program and policies.

Parent Signature: _____ Date: _____

NON-VEHICULAR EXCURSIONS

My child, _____, has my permission to participate in the following off-site activities when the children are walking and accompanied by staff of the Center:

Type of Activity:

_____ (Infant/Toddler Large Stroller/Carrier on Seesaw Learning Parking Lot)- 6 wks to 1 year

_____ (Gaming Truck located on Seesaw Learning Parking Lot)- 3yrs to 12 years

_____ (Trunk or Treat on Seesaw Learning Parking Lot)- 1 yr to 12 years

Parent's Signature and Date

Authorization for the Application of Topical Products

Child's Name: _____

I give my permission for center staff to apply the following topical products to my child whether center provided or parent provided:

Yes	No	
()	()	Sunscreen
()	()	Insect Repellant
()	()	Diaper Rash Ointment
()	()	Teething Gel
()	()	Other _____

(Name)

The one time authorization will remain in effect until a new authorization is signed.

Parent Signature: _____ **Date:** _____

SEESAW LEARNING TUITION AND FEES

Fees I am responsible for:

- 1- Weekly tuition payable each Friday.
- 2- Late payment fee if not paid on time.
- 3- \$5.00 per minute late pick-up fee (6:00p.m.)
- 4- Enrollment Fee
- 5- Annual curriculum/supply fee payable in July (all ages)
- 6- Web-viewing Fee (if desired)

Tuition		Tuition Increase 7/2023
Non-refundable enrollment fee	\$80.00	
Annual Supply/ Curriculum Fee	\$100.00	
Web-Viewing	\$20.00 per month (50min. limit per day)	CCAP and B-3 children must pay for this service beginning 7/2023.
Before/After School Annual Van Deposit Fee	\$20.00 to reserve your spot	\$25.00 to reserve your spot
Graduation Fee	\$40.00	No change
Field Trip Summer Camp Fee		\$50 Yearly
Weekly Tuition Due each Friday		Tuition Increase 7/2023
Infants	\$145.00	\$155.00
One Year	\$140.00	\$155.00
Two Year	\$135.00	\$145.00
Three to Four Years	\$135.00	\$140.00
Afterschool	\$75.00	No change
Afterschool + daily rate	\$75.00 + \$15.00 per day	No change
Summer Camp- All Week	\$130.00	Yearly Field Trip Fee \$50 and \$130per wk

I have read and understand this fee schedule. I have been given a parent handbook and understand I can access this information by logging on to www.seesawlearningacademy.com.

Signature

Date

Seesaw Learning Academy

1200 S. Pointe Parkway

Shreveport, LA 71105

(318) 219-2267

(318) 219-2229 (Fax)

I am aware that Seesaw Learning Academy utilizes recordings and/or taping of my child such as digital recordings, videotaping, and audio recordings while in the center for observation/security purposes. I understand that parents are given an access code to tune in each day using multiple platforms to stream activities and learning during the day. I understand I will only have access to my child's classroom and that this service is only available if a monthly fee is paid. Parents who determine they want this service must commit to one year of web-viewing. Changes will not be made to account until the next school year. If while viewing the live feed, a parent witnesses something that concerns them, he or she should write down the day and time of the event and bring it to the attention of the Director. The Center Director will review the findings and report back to the parents within 48 hours.

In addition, if a parent chooses not to purchase this service, he or she will **not** be allowed to view cameras within the Center. The Center Director will view the camera and report all findings to the parent within 48 hours.

Parent's Signature

Date

**WE MUST HAVE ALL
CURRENT SHOT
RECORDS BEFORE
YOUR CHILD WILL BE
ABLE TO ATTEND THE
CENTER**

**WE MUST HAVE A
COPY OF YOUR
DRIVER'S LICENSE**

Dropped Date: _____ Re-Entered Date: _____ Transferred Date: _____

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

MEAL BENEFIT INCOME ELIGIBILITY FORM

FREE AND REDUCED PRICE MEAL (FRPM) APPLICATION FORM (October 1, 2022 – September 30, 2023)

INSTITUTION NAME: _____ FACILITY NAME: _____

PART 1. CHILD OR ADULT ENROLLED TO RECEIVE DAY CARE (USE A SEPARATE APPLICATION FOR EACH PARTICIPANT)					
Print Name of Participant:	(First, Middle Initial, Last)			Age	DOB (mm/dd/yy)
Foster Child?	Yes _____	No: _____		If participant is in Foster Care, Eligibility is FREE. Enter Foster Child's Personal Income Earned in Part 2, Section 4 (If applicable)	
Enter CID # for Child or Adult Care, if applicable :					
Enter FITAP or FDPIR # for Child or Adult Care, if applicable:					
Enter SSI/Medicaid # for Adult Day Care Only					
PART 2. Total Household Gross Income					
If you listed a CID/FITAP/FDPIR/SSI/Medicaid case # above, Eligibility is FREE (Skip PART 2.)					
A. Name (List everyone in household, including child listed above)	B. Gross income and how often it was received Examples: \$100 / monthly \$100 / twice a month \$100 / every two weeks \$100 / weekly				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement	4. All Other Income	
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
PART 3: USDA Supplemental Annual Enrollment Information: (This section must be completed annually by an adult household member for all children enrolled at Child Care Centers participating in the USDA Child and Adult Care Food Program.)					
Expected Days of participation: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday					
Expected Hours of participation: From _____ To _____ or Before School: From _____ To _____ Afterschool: From _____ To _____					
Expected Meal participation: _____ Breakfast _____ Lunch _____ Snack					
PART 4. Adult Signature, Social Security Number, and Contact Information					
An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on page 2.)					
<i>I certify that all information on this form is true and that all income is reported. I understand that the center 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.</i>					
Sign Here: _____		Print Name: _____		Date: _____	
Address: _____			Phone Number: _____		
Social Security Number: XXX-XX-____			<input type="checkbox"/> I do not have a Social Security Number		
Part 5. Participant's ethnic and racial identities (optional)					
Mark one ethnic identity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Mark one or more racial identities: <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander					
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: _____ Per: <input type="checkbox"/> Month, <input type="checkbox"/> Twice a month, <input type="checkbox"/> Every two weeks, <input type="checkbox"/> Week, <input type="checkbox"/> Year Household size: _____					
Eligibility Determination: _____ Free <input type="checkbox"/> CID(Food Stamp)/FITAP/FDPIR/SSI/Medicaid Eligible _____ Reduced _____ Above/ Paid					
Extended Categorical Eligibility Validation Attached _____ YES _____ NO					
Determining Official's Signature: _____					Date: _____

The Sponsor/Institution Determining Official will utilize this **CACFP 108** (Standards of Eligibility) to confirm participant's eligibility status as Free, Reduced, or Above.

Effective July 1, 2022 to June 30, 2023

Free Price Meal Eligibility:						
Households with incomes less than or equal to these levels are eligible for free price meals.	Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
	1	\$17,667	\$1,473	\$737	\$680	\$340
	2	\$23,803	\$1,984	\$992	\$916	\$458
	3	\$29,939	\$2,495	\$1,248	\$1,152	\$576
	4	\$36,075	\$3,007	\$1,504	\$1,388	\$694
	5	\$42,211	\$3,518	\$1,759	\$1,624	\$812
	6	\$48,347	\$4,029	\$2,015	\$1,860	\$930
	7	\$54,483	\$4,541	\$2,271	\$2,096	\$1,048
	8	\$60,619	\$5,052	\$2,526	\$2,332	\$1,166
	Each additional family member add	+ \$6,136	+ \$512	+ \$256	+ \$236	+ \$118
Reduced Price Meal Eligibility:						
Households with incomes less than or equal to these levels are eligible for reduced price meals.	Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
	1	\$25,142	\$2,096	\$1,048	\$967	\$484
	2	\$33,874	\$2,823	\$1,412	\$1,303	\$652
	3	\$42,606	\$3,551	\$1,776	\$1,639	\$820
	4	\$51,338	\$4,279	\$2,140	\$1,975	\$988
	5	\$60,070	\$5,006	\$2,503	\$2,311	\$1,156
	6	\$68,802	\$5,734	\$2,867	\$2,647	\$1,324
	7	\$77,534	\$6,462	\$3,231	\$2,983	\$1,492
	8	\$86,266	\$7,189	\$3,595	\$3,318	\$1,659
	Each additional family member add	+ \$8,732	+ \$728	+ \$364	+ \$336	+ \$168

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 (CID), 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.

Nondiscrimination Statement: This explains what to do if you believe you have been treated unfairly. In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Compliant Form which can be obtained online at: [USDA Program Nondiscrimination Complaint Form](#), from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov.

This institution is an equal opportunity provider.

INSTRUCTIONS FOR THE FREE/REDUCED PRICE MEAL (FRPM) APPLICATION FORM

If your household receives SNAP, FITAP, FDPIR, or SSI/Medicaid, follow these instructions:

- Part 1: Child Care Center:** List participant's complete legal name, age and date of birth (DOB). Indicate CID, FITAP or FDPIR case number, if applicable.
Adult Day Care (ADC): List participant's complete name and DOB. Indicate a CID, FITAP, FDPIR, or SSI/Medicaid case number, if applicable.
- Part 2:** Skip this part.
- Part 3:** An adult household member must indicate normal days/hours of care and meal types for the enrolled child.
- Part 4:** An Adult must Sign, enter the last 4 digits of their Social Security Number or mark the box if there is no SSN, date, and complete the contact information.
- Part 5:** Answering this question is optional.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

- Part 1:** Enter the child's name, age, and DOB.
Check "Yes"
- Part 2:** **NOTE:** A Foster Child is the legal responsibility of a welfare agency or court. Eligibility is categorically Free. If the Foster Child receives "**personal earned income**" enter that amount in Part 2, section 4. Income received by the placing agency should not be included as income.
- Part 3:** An adult household member must indicate normal days/hours of care and meal types for the enrolled child. (Days, hours, and meal types may vary based on actual participation)
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answering this question is optional.

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

- Part 1: Child Care Center:** List participant's complete legal name, age, and DOB. Indicate CID, FITAP or FDPIR case number, if applicable.
Adult Day Care (ADC): List participant's complete name, age, and DOB. Indicate a CID, FITAP, FDPIR, or SSI/Medicaid case number, if applicable.
- Part 2:** Follow these instructions to report total household income from last month.
Column A—Name: List first and last name of **each** person living in the household, related or not, such as, grandparents, other relatives, or friends, including yourself, the applicant and all other children.
Column B—Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.
In Box 1, list gross income each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** Next to the amount each person received, write how often; for example: weekly, every other week, twice a month, or monthly.
In box 2, list amount each person received last month from welfare, child support, or alimony.
In box 3, list Social Security, pensions, and retirement.
In box 4, list ALL OTHER INCOME SOURCES: Personal earned income by a Foster Child, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people not in your household. Report net income of self-owned business, farm, or rental income. Next to the amount each person received, write how often. Participants of the Military Housing Privatization Initiative should not include housing allowance.
Column C—Check if no income: If the person does not have any income, check the box.
- Part 3:** An adult household member must indicate normal days/hours of care and meal types for the enrolled child.
ADC: SSI/Medicaid recipients skip this part.
- Part 4:** An Adult household member must sign, enter the last 4 digits of their Social Security Number, date, and complete the contact information or mark the box if there is no SSN. Adult Day Care participants, who are unable to sign, may indicate their "**MARK**" as signature with a witness.
- Part 5:** Answer this question if you choose to.