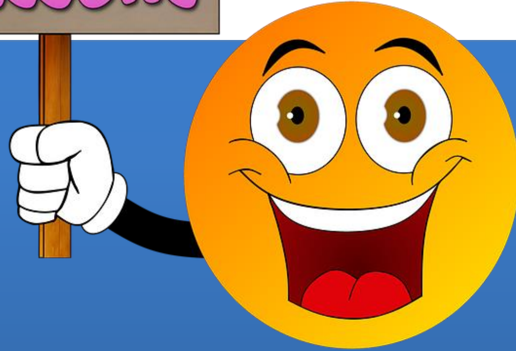
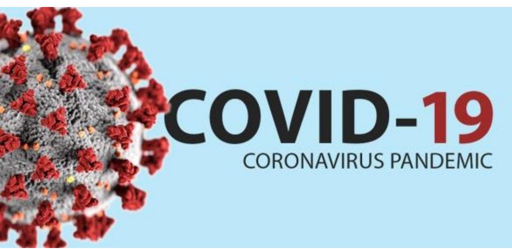


St. Clair County Head Start



Safety Procedures

- Please observe all signs and reminders to wear mask and observe social distancing of 6ft.
- Parents will bring children to the marked entrances/bus to be checked and signed in.
- All children will have their temperature checked before entrance. Parents will be asked about possible exposure to covid-19.
- Children are not required to wear mask.

Arrival & Pick-up

- Arrival 7:30 – 8:00am
- Pick-up 1:30 – 2:00pm
- Buses will arrive at 7:30am and leave campus at 2:00pm. Individual Bus stop schedules will be given to parent's of bus riders.

- No changes to transportation will be accepted over the phone.

Classroom Rules

Our staff will teach children how to manage their behavior to be successful in the classroom. We appreciate your help to foster the following behaviors:

We use walking feet.

We use inside voices in the classroom and halls.

We use gentle hands and kind words to our friends.

We take care of our classroom and materials.

Health & Dental

- All enrolled children must have 3 forms on file:

Physical Form

Up-to-date

Immunization Form

Dental Form

Nutrition

- Each child will receive a nutritious breakfast, lunch and snack provided by our USDA nutrition program.
- If your child has a food allergy , you must bring documentation from their physician.
  No substitutions in meals will be provided without a note from your doctor.
- No food from home is allowed.

Nutrition

This form must be completed and signed by every parent. →→

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care) FY____________

Part 1. Enrolled Children: list names of all enrolled children				
Names of all enrolled children: Use additional pages if necessary (First and Last)	BIRTH DATE MM/DD/YYYY	CHECK IF IN HEAD/EVEN START	CHECK IF FOSTER CHILD	CHECK IF HOMELESS CHILD
	/ /	☐	☐	☐
	/ /	☐	☐	☐
	/ /	☐	☐	☐
	/ /	☐	☐	☐
	/ /	☐	☐	☐
	/ /	☐	☐	☐

Part 2. Benefits: If any member of your household received SNAP (food stamps) or TANF cash assistance, provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME:______________________________ CASE NUMBER: ____________________

Part 3. Total Household Gross Income —You must tell us how much and how often

	B. Gross Income and how often it was received *For example $200/week or $150/twice a month*				
A. Name – First and Last (List **only** household members not listed in Part 1)	1.Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. Other Income	5. Check if no income
	$____/____	$____/____	$____/____	$____/____	☐
	$____/____	$____/____	$____/____	$____/____	☐
	$____/____	$____/____	$____/____	$____/____	☐
	$____/____	$____/____	$____/____	$____/____	☐
	$____/____	$____/____	$____/____	$____/____	☐

Part 4. Signature and Last Four Digits of Social Security Number (Adult must sign) - An adult household member must sign this form. **If Part 3 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 below)

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; that center officials may verify the information on the form; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Sign here: ____________________ Print name: ____________________ Date: ____________

Last four digits of Social Security Number: X X X – X X – ___ ___ ___ ___ ☐ I do not have a Social Security Number

Address: ____________________ Phone Number: ____________________

City:____________________ State: __________ Zip Code: __________

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 the participant 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 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 for the participant or other (FDPIR) identifier 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 the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Part 5. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
☐ Hispanic or Latino	☐ Asian	☐ American Indian or Alaska Native
☐ Not Hispanic or Latino	☐ White	☐ Native Hawaiian or Other Pacific Islander
	☐ Black or African American	☐ Other

Don't fill out this part. This is for official use only.

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

Household size: ________Total Annual Income: ____________ SNAP/TANF Household: ____

Determination for: Free Meals_____ Reduced-Price Meals _____ Paid Meals_____ # Foster free _____ # Head/Even Start Free_____

Homeless Free_____

Determining Official's Signature: ______________________________ Date: ____________

1 | Page of 3

Disability & Mental Health Services

- All Children will be screened for developmental milestones, speech, hearing, vision and behavior. Referrals will be made based on results of screening and Parent/Teacher observation.
- Services for children with disabilities will be provided by our local school systems.
- A mental health consultant will be on campus and available to our children and families.

Important Information

- All parents must provide a photo ID to pick up a child. Only persons on the pick-up list , with a valid ID will be allowed to sign children out.
- We must have a valid phone number and address for each enrolled child at all times.
- Changes to your child’s record can only be made in person by the child’s parent or legal guardian.
- For notices about school closures please sign up for ‘Notify Me’, check our schools website: www.stclaircountyheadstart.com or listen to WBRC Fox 6 or WFHK 94.1 the River.

Communication

- Monthly calendars and other communication will be sent home in your child’s weekly folder.
- Notify me Messaging service
- Website: stclaircountyheadstart.com
- St. Clair County Head Start Facebook page
- Please make sure your phone and email information is up-to-date at all times.

Communication

- Main line : 205-338-9694 **Head Start Director: ext. 102**
- Fax : 205-338-3215
- Manager extensions:
  - Family Services ext.115
  - Education ext. 113
  - Health ext. 105
  - Parent Engagement ext. 104
  - Bus /Transportation ext. 121
  - Disability/Mental Health ext. 108
  - Receptionist ext. 116
  - Nutrition ext. 120

Please call the receptionist if your child will be absent before 9:00am.

Be INVOLVED

- Volunteer : Fill out an application and get 3 letters of reference.

  Get a physical and TB test.

  Have a criminal background check including:

  ABI/FBI , Child abuse and neglect Registry clearance, National Registry Sex Offender Search.
- Attend monthly Parent meetings
- Serve on the Policy Council