



2012 Selden St  
Richmond, VA 23223  
Phone 804-648-4862  
Fax 804-648-0557

Dear Parent,

Welcome to Woodville Day Nursery (WDN)! We are an affordable Christ-centered daycare located in the historic Church Hill area. My name is Shawn Wilkins and I serve as the Director of WDN.

We consider it an honor to serve as your daycare provider! Woodville works with City and / or County clients, also cash paying customers. You will find our prices to be extremely competitive and our care extraordinary. We work with each family on an individualized basis. We strive to treat your child (ren) just as our own. Your child will be well cared for in a wholesome Christian environment. Our teachers are qualified daycare teachers that operate from a standardized “school ready” for children here all day. We also provide before and after care for children that are already in school. We service children ages 2-12. Meals and snacks are provided by WDN. Woodville also provides transportation for those that need it.

It has been my pleasure to serve as Director for the last eight years. I want you to know that your child is safe secure with us! Feel free to call me if your child has particular needs (medical or dietary) that warrant discussion beforehand. Again, thank you for the opportunity to serve as your daycare provider.

Sincerely,

Shawn D. Wilkins, Director

## **MISSION STATEMENT:**

**Our mission is to offer affordable daycare in a Christian environment. Woodville Day Nursery is a community service. Our goal is to provide progressive learning through basic skills. We hope to achieve this with a variety of fun learning experiences. We would like to thank you for giving us an opportunity to work with your child/children.**

Items That Need to Be Returned

Application \_\_\_\_\_

Birth Certificate \_\_\_\_\_

Physical Form \_\_\_\_\_

CACFP Income Eligibility Form \_\_\_\_\_

CACFP Enrollment Form \_\_\_\_\_

Provider-Parent/Guardian Daycare Agreement Form \_\_\_\_\_

**WOODVILLE DAY NURSERY  
DIVISION OF LICENSING PROGRAMS  
DEPARTMENT OF SOCIAL SERVICES  
CHILD REGISTRATION FORM (Model)**

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

**PARENT(S)/GUARDIAN(S)**

Father	Place Employed	Business Phone
Home Address		Home Phone
Mother	Place Employed	Business Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

**EMERGENCY INFORMATION**

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician		Phone
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

## AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. \*\*
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

## SIGNATURES

<i>Parent(s) or Guardian(s)</i>	<i>Date</i>
<i>Administrator of Center</i>	<i>Date</i>

Date Child Entered Care: \_\_\_\_\_ Date Left Care: \_\_\_\_\_

\*\* If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

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### OFFICE USE ONLY IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

<b>Place of Birth</b>	<b>Birth Date</b>	<b>Birth Certificate Number</b>	<b>Date Issued</b>
<b>Other Form of Proof</b>		<b>Date Documentation Viewed</b>	<b>Person Viewing Documentation</b>

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

\_\_\_\_\_ *Date*

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

**CHILD AND ADULT CARE FOOD PROGRAM**  
**MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care) / FISCAL YEAR 2015**  
**PARENT LETTER**

Dear Parent or Guardian:

This child care center participates in the USDA Child and Adult Care Food Program (CACFP) and receives Federal funds to provide healthy meals and snacks to all of the enrolled children. The amount of reimbursement the center receives is based on the information you provide on the attached CACFP Meal Benefit Income Eligibility Form (IEF). Part of the USDA requirement is to ask you to complete the IEF. If your income is equal to or less than the income listed in the chart below for your household size, the center will receive a higher level of reimbursement. Read the attached instructions carefully and fill out all required information. We cannot approve an application that is not complete. Please return the completed IEF back to our center as soon as possible.

If a member of your family (child or adult) receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or, Food Distribution Program on Indian Reservations (FDPIR) benefits; or you care for a foster child(ren) that is the legal responsibility of VDSS or the court, these children are eligible for meal benefits regardless of your household income.

If your income(s) is over the income guidelines listed below, you are not required to complete this application; however, it would be helpful if you would write your child's name on the IEF and return it to our center. Please notify us if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the income eligibility standards.

The information you provide on the IEF will be used to determine your child's eligibility for meal benefits. The information will be kept confidential and only available to staff directly connected with administering the CACFP.

***Family Access to Medical Insurance Security Plan (FAMIS)***

**FAMIS** is Virginia's health insurance program for children. It provides access to quality health services for children who do not have health insurance. **FAMIS Plus** is Virginia's name for children's Medicaid. **FAMIS Plus** also provides great benefits and covers children in families with low or no income, even if the children are covered by health insurance.

By signing the section on the application for **FAMIS** or **FAMIS Plus**, you are stating you do not want your information shared with the local Department of Social Services. If you agree to disclose the IEF information, it may be used to identify your child(ren) for the health insurance program. If you would like more information on **FAMIS**, call toll-free 1-866-873-2647 – Interpreters are available. Log onto [www.famis.org](http://www.famis.org) to apply online.

A household with income less than or equal to the income chart for reduced-priced meals below is eligible for free or reduced-priced meals:

Household Size	Yearly
1	\$21,590
2	\$29,101
3	\$36,612
4	\$44,123
5	\$51,634
6	\$59,145
7	\$66,656
8	\$74,167
Each additional person:	\$7,511

If you have any questions or need help, please contact our center.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

# Annual Enrollment Form

## Virginia Child and Adult Care Food Program

ONE FORM PER ENROLLED CHILD, NEW FORM MUST BE COMPLETED EVERY 12 MONTHS

<b>This form is required for:</b> Child Care Centers, Head Start, Even Start, and Licensed Outside School Hours Programs	<b>This form is NOT required for:</b> At-Risk After-School, or Emergency Shelters
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Center Information – <i>Sponsoring Institutions should pre-fill this section</i>			
WOODVILLE DAY NURSERY	59587		
<i>Center Name</i>	<i>CACFP Sponsor Number</i>		
2012 SELDEN STREET	RICHMOND	VA	23223
<i>Center Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

**PARENTS/CENTERS:** This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents or guardians to complete or review a CACFP Annual Enrollment Form when enrolling their child(ren) and 12 months thereafter. This information will help ensure all children receive appropriate meals during their care. **The parent or guardian must complete Sections 1 through 6. The parent must review to ensure accuracy; then complete Section 5, sign and date Section 6.**

1	FULL NAME OF ENROLLED CHILD <small>(Include Birth Date/Age)</small>	2	DAYS OF WEEK IN ATTENDANCE	3 TIMES CHILD NORMALLY ATTENDS DURING WEEK						4	MEALS RECEIVED																																
	_____ <i>Child's First Name</i> _____ <i>Child's Last Name</i> _____      _____ <i>Date of Birth</i> <i>Age</i>		<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	<table border="1" style="width: 100%; border-collapse: collapse; font-size: small;"> <tr> <th colspan="3" style="padding: 2px;">TIME IN <small>(check AM/PM and record time)</small></th> <th colspan="3" style="padding: 2px;">TIME OUT <small>(check AM/PM and record time)</small></th> <th colspan="2" style="padding: 2px;">TIME CHILD ATTENDS SCHOOL <small>(record in/out times)</small></th> </tr> <tr> <td style="padding: 2px;">AM</td><td style="padding: 2px;">PM</td><td style="padding: 2px;">Time</td> <td style="padding: 2px;">AM</td><td style="padding: 2px;">PM</td><td style="padding: 2px;">Time</td> <td style="padding: 2px;">Leaves Center</td><td style="padding: 2px;">Returns To Center</td> </tr> <tr> <td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td> <td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td> <td style="padding: 2px;"></td><td style="padding: 2px;"></td> </tr> <tr> <td colspan="8" style="padding: 2px;"> <input type="checkbox"/> Yes    I work multiple shifts and child(ren) may be in care  <input type="checkbox"/> No      different days/hours.                 </td> </tr> </table>						TIME IN <small>(check AM/PM and record time)</small>			TIME OUT <small>(check AM/PM and record time)</small>			TIME CHILD ATTENDS SCHOOL <small>(record in/out times)</small>		AM	PM	Time	AM	PM	Time	Leaves Center	Returns To Center									<input type="checkbox"/> Yes    I work multiple shifts and child(ren) may be in care <input type="checkbox"/> No      different days/hours.									<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper
TIME IN <small>(check AM/PM and record time)</small>			TIME OUT <small>(check AM/PM and record time)</small>			TIME CHILD ATTENDS SCHOOL <small>(record in/out times)</small>																																					
AM	PM	Time	AM	PM	Time	Leaves Center	Returns To Center																																				
<input type="checkbox"/> Yes    I work multiple shifts and child(ren) may be in care <input type="checkbox"/> No      different days/hours.																																											

5	Ethnic/Racial Categories	
	<i>Please answer both questions. This information is voluntary.</i>	
A. Ethnic data of child(ren): <b>Mark one only</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
B. Racial data of child(ren): <b>Mark one or more that apply</b>	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native	

6	Signature and Date (parent or guardian must complete this section)	
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*I certify the information above is correct.*

\_\_\_\_\_  
*Signature of Parent or Guardian*                      \_\_\_\_\_  
*Date*                      \_\_\_\_\_  
*Parent's Telephone Number (optional)*

**NON-DISCRIMINATION STATEMENT:** The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer.

Child Care Representative Use Only	
Effective Date of This Enrollment Form: _____	<i>The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.</i>
_____	This form is effective for 12 months from the date of parent signature.
<i>Signature of Center Representative</i>	<i>Date</i>





**Adult Day Care Center  
ENROLLMENT STATEMENT**

\_\_\_\_\_, Age \_\_\_\_\_ is enrolled at  
(Name of Participant)

WOODVILLE DAY NURSERY

\_\_\_\_\_  
(Name of Center)

2012 SELDEN STREET

\_\_\_\_\_  
(Address of Center)

Starting on \_\_\_\_\_  
(Month/Day/Year)

Signature: \_\_\_\_\_  
(Participant, Adult Household Member or Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
You are not required to answer these questions. If you choose to do so:

Please mark one of the following ethnic identities:  Hispanic or Latino  Not Hispanic or Latino

Please mark one or more of the following racial identities:  American Indian or Alaska Native  
 Asian  Black or African American  Native Hawaiian or Other Pacific Islander  White

\_\_\_\_\_  
For Center Use Only:

Adult Participant withdrew on \_\_\_\_\_  
(Date)

An Enrollment Form needs to be completed one time when an Adult enters the day care program, after Adult Day Care Centers are responsible for updating each participant's Plan of Care annually and keep the Enrollment forms on file as long as the participant remains in the program

## WIC At A Glance



**WIC Defined:** WIC is the more commonly known term for The Special Supplemental Nutrition Program for Women, Infants, and Children. WIC is a federally funded initiative, the goal of which is to protect the health of low-income pre and postpartum women and young children by providing healthy food, nutrition education, and referrals to other health and social services.

**A WIC in Time:** The very first WIC clinic opened its doors in 1974 in Pineville, Kentucky. With humble beginnings, WIC served 88,000 people in its first year at a total cost of 10.4 million dollars. Today, WIC serves over 9 million people with total program costs reaching over 6 billion dollars. WIC operates through 90 state agencies including all 50 states, 34 Indian tribal organizations, 5 U.S. territories (Northern Mariana, American Samoa, Guam, Puerto Rico, and the Virgin Islands), and The District of Columbia. It also provides healthy foods to 45% of infants, 37% of pregnant women, and 25% of children up to the age of 5 in the United States.



**WIC, At Your Service:** The WIC program offers a variety of services. The First and foremost, WIC provides access to nutritious food and formula by supplying participants with paper food instruments detailing WIC Food Packages, or more recently, the EBT cards. Participants use these to secure allowable food items from locally approved grocery stores. All allowable foods provided meet strict USDA guidelines to ensure that they are healthy, balanced, and provide nutrition that would otherwise be missing from a participant's diet. Along with



nutritious food, WIC provides access to educational materials that cover a myriad of topics, ranging from the importance of breastfeeding, to parenting tips and techniques. Lastly, WIC provides screenings to evaluate nutritional needs, as well as referrals to other health and social services that may aid the participant.



**Is WIC For Me?** To participate in the WIC program, it is necessary to meet the following requirements:

- A participant must be pre or postpartum female, infant (under the age of 1), or a child (age 5 or under)
- A participant must live in the state in which they applied for benefits.
- A participant's gross income must be at or below 185% of the U.S. Poverty Income Guidelines. The participant automatically qualifies on an income level if they are receiving SNAP benefits, Medicaid, or TANF. The state may also determine eligibility if the participant has qualified for certain other State programs.
- The participant must be assessed as a nutritional risk, the guidelines of which shall be determined on a per state basis.

**WIC Moving Forward:** Currently the state of Virginia's WIC program is working to convert its payment system from paper food instruments (similar to a check) to an EBT card. This project will greatly assist in making the WIC payment system easier and less cumbersome for the participant. The EBT card will offer more discretion at the time WIC purchases are made, as well as eliminate the need to keep track of several months' worth of food instruments.



# **FEE SCHEDULE:**

<b>Registration:</b>	<b>\$50.00</b>
<b>Daycare Weekly Tuition:</b>	<b>\$90.00</b>
<b>Before and After School:</b>	<b>\$80.00</b>
<b>Before <u>or</u> After School:</b>	<b>\$70.00</b>
<b>Return Check:</b>	<b>\$25.00</b>
<b>Late Fee:</b>	<b>\$10.00</b>

**\*\*We do offer a sliding fee scale**

# **Hours/days of Operation:**

**Monday – Friday 6:30 am – 6:00 pm**

**The following holidays will be observed:**

**Martin Luther King Jr. Birthday**

**Good Friday**

**Easter Monday**

**Memorial Day**

**Independence Day**

**Labor Day**

**Veteran's Day**

**Thanksgiving Day and the day after**

**Christmas Eve close 12 noon**

**Christmas Day and the day after**

**New Year's Eve**

**New Year's Day**

**President's Day**

**Radio/TV Stations to watch in case of inclement weather: WTVR 6**