

South Carolina Department of Social Services  
Child Care Regulatory Services

# GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION TO CHILD CARE FACILITY

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

**GENERAL INFORMATION:** (to be completed by Parent or Guardian)

Name of Facility: MEGA CHILD DEVELOPMENT CENTER County: Lexington

Address: 3630 AUGUSTA HWY GILBERT SC 29054  
Street Address – no Post Office Boxes City, State, Zip

**Child's Name:** \_\_\_\_\_  
Last First Middle Initial Nick Name

Date of Birth: \_\_\_\_\_ Enrollment Date: \_\_\_\_\_

Child's Current Home Address: \_\_\_\_\_  
Street Address City, State, Zip

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Parent/Guardian's Full Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**You must have two individuals who have the authority to obtain emergency medical treatment for the child.**

1. Person responsible if parent/guardian unavailable for emergency medical services:

\_\_\_\_\_  
Full Name Relationship  
Address: \_\_\_\_\_  
Street Address City, State, Zip  
Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

2. Person responsible if parent/guardian unavailable for emergency medical services:

\_\_\_\_\_  
Full Name Relationship  
Address: \_\_\_\_\_  
Street Address City, State, Zip  
Telephone Number(s): \_\_\_\_\_ Family Code Word(s): \_\_\_\_\_

Is Child currently enrolled in school? (5K up to 6 years old)  Yes  No

My Child will regularly attend this facility **FROM** \_\_\_\_\_ am/pm **TO** \_\_\_\_\_ am/pm

If Child is a drop-in, indicate hours of care: **FROM** \_\_\_\_\_ am/pm **TO** \_\_\_\_\_ am/pm

Check all days Child will regularly attend this facility:  Mon  Tue  Wed  Thurs  Fri  Sat  Sun

Check all meals Child will receive daily:  Meals are not offered  Breakfast  Morning Snack  Lunch  
 Afternoon Snack  Dinner  Evening Snack

**HEALTH INFORMATION:** (to be completed by Parent or Guardian)

Family Physician or Health Resource: \_\_\_\_\_  
Name

\_\_\_\_\_  
Street Address City, State, Zip Telephone

Emergency Care Provider: \_\_\_\_\_  
Emergency Facility Name

\_\_\_\_\_  
Street Address City, State, Zip Telephone

Dental Care Provider: \_\_\_\_\_  
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: \_\_\_\_\_

Certificate of Immunization:  Yes  No  N/A Please explain: \_\_\_\_\_

**My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:**

Additional Comments: \_\_\_\_\_

I certify that to the best of my knowledge \_\_\_\_\_  
Child's Name

is in good mental and physical health and able to participate in the child care program at

\_\_\_\_\_  
Name of Child Care Facility

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Parent or Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Director/Operator/Staff Designee

MEGA Child Development Center

POLICIES AND PROCEDURES

3630 Augusta Hwy Gilbert, SC 29054

803-892-6342

**Mission Statement:**

**The mission of MEGA is to provide a high quality, high impact educational program and learning opportunities to children and their families, regardless of income, to help them achieve their full intellectual and social potential.**

**PARENT ORIENTATION** Prior to enrollment parents/guardians must attend an orientation meeting.

**PARENT CLASSROOM OBSERVATION** Prior to enrollment parents must observe in the classroom to obtain a better understanding of classroom procedures, curriculum, routines and teaching philosophies to better assess how the program will meet their needs.

**HAND WASHING** Children and staff members must wash their hands upon arrival. Parents who wish to volunteer in the classroom must also wash their hands upon arrival.

**RELEASE POLICY** If your child will be picked up by an individual other than the parents the individual must be listed on the "authorized persons to pick up list". Identification will also be required. If the MEGA CDC staff observes that a parent/guardian or other authorized individual is under the influence of drugs or alcohol they will call another individual listed on the SC DSS form 2900 to pick the child up from the center.

**CUSTODIAL PARENT** Should a dispute arise regarding the pickup of a child from a non-custodial parent MEGA CDC will refer to the court documents and ask for police assistance to mediate the matter.

**PARENTS AND TEACHERS** will have the opportunity to evaluate our program. We will use this information to form a yearly plan for continuous quality improvement.

**WEATHER DELAYS AND CLOSINGS** In case of severe weather or natural disaster we will generally follow Lexington School District 1 if they are closing or delaying start time. This information can be found on WIS TV 10 or on the local radio station. Full tuition for the week is due regardless of closing days or delays.

**OUTDOOR PLAY** Outdoor play is an extension of the curriculum. It is aimed at promoting children's physical development and socialization. At MEGA we go outside everyday weather permitting (we will have active play in our gym if the weather prevents us from going outside). Children will have 90-120 minutes of active play each day. This includes teacher led activities as well as free choice for all children. If it is raining, below 45 degrees or above 90 degrees we will not go outside. If your child is too sick to go outside please keep him/her at home. Remember to dress your child for active play each day. Bring a jacket, mittens, hat, etc. on cold days and light clothing on warmer days.

**INFORMATION AND CONFIDENTIALITY** Information pertaining to an individual child or parent/guardian of the child will not be disclosed to persons other than the appropriate staff unless the parent/guardian of the child grants written permission for the disclosure of information. All written records on all children and staff members

remain confidential and in the direct supervision of the Director. The SC Dept. of Social Services has unlimited access to each child's and staff members confidential records without parent/staff permission.

**CHILD SCREENING AND REFERRALS** Developmental vision and hearing screening (ASQ) are conducted within 60 days of your child entering MEGA CDC. MEGA has access to screening material appropriate to your child's home language. All information gathered will be shared confidentially with families. MEGA has professional resources available and will guide families to appropriate agencies.

**INCLUSION POLICIES** MEGA follows ADA inclusion guidelines and participates in the I.E.P. care plan at the parent's request. Teachers will incorporate goals from the I.E.P. to support the child's individual learning.

**SC CHILD ABUSE REPORTING POLICIES** MEGA is required by law to report suspected child abuse or neglect to the South Carolina Department of Social Services. All staff members are mandated reporters and must report suspected child abuse to Lexington County DSS hotline.

**NON-DISCRIMINATORY PRACTICES** MEGA does not discriminate on the basis of race, color, religion, sex, age, national origin, sexual orientation or disability in their admissions or employment policies. "This institution is an equal opportunity provider".

**DISCIPLINE** Positive and appropriate behavior is encouraged at MEGA. Teachers model appropriate behavior as well as encourage each child to think about his or her actions and how they may affect themselves as well as others. Corporal punishment is not considered to be an acceptable method of dealing with your children's behavior. Children will not be hit, slapped, spanked, or verbally/mentally/physically abused while attending MEGA. MEGA uses Conscience Discipline, a system of empowering children to support appropriate choices.

**SUSPENSION AND EXPULSION POLICY** MEGA believes expelling preschoolers is not an intervention. Rather, it disrupts the learning process, pushing a child out the door of one program, only for him or her to be enrolled somewhere else. This is a negative cycle of revolving doors that increases inequality and hides the child and family from access to meaningful supports.

**ADMINISTRATION OF MEDICATION** A medication authorization form must be filled out before any medication will be administered to your child. The date, time and dosage must be listed along with the type of medication. Prescription medication must be in its original container with the child's name, date and dosage requirements. Should an error in dosage occur, a parent or guardian will be contacted. Over the counter medication will NOT be administered at MEGA unless accompanied by a physician's note.

**ILLNESS** If your child has a cold or runny nose, the child will be looked at by a teacher to determine whether the child should be sent home or remain at school. MEGA does not accept ill children (mildly or otherwise). All children must be fever free and show no signs of illness such as diarrhea, vomiting, etc. for a minimum of 24 hours before they may return to school. Additionally, children may not have open sores or have any other communicable disease that could be transmitted to other children or staff members. MEGA reserves the right to prohibit a child from attending school if the Director deems the child to be a health danger to other students or staff.

**MEDICAL EMERGENCY** In the event of a medical emergency the staff will respond to the immediate needs according to the guidelines set forth by the Red Cross CPR and First Aid standards and call 911 if deemed necessary.

**LATE PICK UP FEE** We close promptly at 6:00pm each day. A late pick up fee of \$1 per minute will be assessed for each minute after 6:00pm

**WITHDRAWALS** A minimum of 2 weeks' notice is required if your child will not be returning to school. Without this notice you will be responsible for another 2 weeks of tuition.

**TRANSPORTATION** For field trips will be provided by the parents. MEGA will not transport children.

**TRACKING** Every student will be signed in on a roll sheet by their teacher. If the student joins a new classroom for part of the day the student will be signed out of homeroom and will be signed into the new room. Students will be sign in/out as they enter/leave the gym, playground and restroom. Caregivers will use face to name recognition as well.

**SWIM PERMISSION** The children may participate in occasional swimming activities. As always parents will be given ample written and verbal notice before such activities.

**GRIEVANCE PROCEDURES** Families or staff may request a special conference with the Director to negotiate differences that may arise between MEGA and families.

**PHOTO RELEASE** I understand that from time to time children will be photographed for special occasions, activities, and achievements. These photos may be displayed in the newspaper, the MEGA Facebook and website, and other media.

**NAP TIME SUPPLIES** Students must bring their own nap mat, cover and blanket. Blankets and covers will be sent home every Friday to be washed and must be returned on Monday.

**NO DROP OFF AT NAP** Because of the disruption to the sleeping children there will be no drop off during lunch and nap between 11:00-2:00.

**CELL PHONES** Please refrain from using cell phones during drop off/pick up. We want to be able to communicate with you regarding your child.

**CHANGE OF CLOTHES** Every child must have a complete change of clothes labeled in a clear plastic bag to be left in their cubbies.

**UNLIMITED ACCESS** Parents are always welcome visitors and shall have unlimited access to their children and to the teachers during the normal hours of operation.

**BREAKFAST HOURS** Breakfast is served from 7:45-8:30. All students that are in attendance at this time will be offered breakfast consisting of a whole wheat item (pancakes, toast, cereal, etc) fruit, and 1% milk.

**LUNCH** Lunch is served from 11:45-12:30.

**SNACK** Snack is served from 2:45-3:15

"In accordance with Federal law and US Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW Washington, DC 20250-9410 or call (800) 795-32724 or (202) 720-6382."

**NUTRITION POLICIES** MEGA CDC will serve nutritious foods in accordance with the USDA food guidelines and the ABC Grow Healthy Project. Children over age 2 will be served 1% milk, 100% fruit juice and or water. MEGA CDC does not serve high fat, high sugar, or high salt content foods. We provide nutritional education weekly and make accommodations of special dietary requirements of children based on physical, religious or cultural beliefs. MEGA meals are always family style and teachers encourage healthy eating and discuss foods and their origin.

**TUITION** is due before the 1<sup>st</sup> of the month for monthly payments. Tuition is due every Monday for weekly payments. Students will not be allowed to attend if payment is not made by Wednesday of each week. Tuition is due regardless of sick days, vacation days or holidays.

**PARENT RESOURCES FOR CHILDREN WITH DIFFERENT ABILITIES AND NEEDS** MEGA provides parents with information and resources for children with different abilities and needs. This information was included in my parent packet and was received by me on \_\_\_\_\_.

**PARENT/TEACHER CONFERENCES** MEGA conducts formal parent/teacher conferences twice a year (informal conferences throughout the year are encouraged as well). Conferences are held in November and February.

**PARENT PARTICIPATION** MEGA encourages family involvement in the classroom. Volunteers in the classroom are always appreciated. MEGA invites the families to our Christmas Show, Spring Fest, Muffins for Mom and Donuts for Dad, graduation and other classroom events throughout the year. Additionally, MEGA values cultural differences and similarities. We encourage families to share their culture and interest with our program.

**MEDIA** (TV, video and DVD) viewing and computer use are not permitted for children age 2 years and under.

**TRANSITION POLICY** When children will be moved to a new classroom within the center MEGA will provide a smooth transition for children and families. Children will not be transitioned to a new classroom more than once a year.

**PERMISSION TO TREAT**

I hereby give my permission to MEGA staff and/or trained medical professionals to administer emergency medical/dental treatment as necessary to my child should sickness or injury occur in my absence. I understand and agree that I would be financially responsible for any medical treatment necessary.

Signed \_\_\_\_\_ Date \_\_\_\_\_

I HAVE READ EACH ITEM REGARDING MEGA POLICIES AND AGREE TO THE TERMS SET FORTH

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

## MEGA Child Development Center Policies

### Emergency Medical Plan

In case of a medical emergency in which emergency care and treatment is warranted, the following steps will be followed:

- 911 and the parent/guardian will immediately be called.
- Staff members trained in CPR/1<sup>st</sup> Aid will administer help if deemed necessary by the 911 operator.
- Emergency information for the child will be taken with the child to the hospital or emergency room.
- A staff person will remain with the child at the hospital or emergency location until the parent/guardian arrives.

### Emergency Evacuation Plan

**Tornado** – In the event of a tornado students and teachers will move to a non-window wall and sit with their backs against the wall with their hands over their heads and eyes. They will remain there until it is safe to get up or until emergency help arrives.

**Fire** – In the event of a fire in the building students and teachers will walk to a safe area outside the building. Fire drills are conducted monthly at MEGA.

**Evacuation** – if for some reason such as brush fire, flash flood, etc occurs and we must evacuate the building we will follow the direction of emergency personnel. This may include transportation by bus, ambulance, fire truck, National Guard, cars and buses. Parents should listen to the local radio station and watch local WIS TV to get up-to-date information. DSS regulations require us to name an evacuation “meeting place”. MEGA has chosen Shiloh Methodist Church as their “meeting place”. However, depending on the type of emergency and the location of the danger we may be instructed or transported to another location that emergency personnel consider safe. The children will remain under the supervision of our child care personnel until the dangerous conditions subside. If children are exposed to toxic fumes or injured during the emergency, they will be transported to Lexington County Hospital by ambulance where they will be examined by a health care professional and the parents or guardians will be contacted.

In the event that a major emergency or disaster occurs such as a major environmental hazard, hurricane, earthquake, etc. and mandatory evacuation is ordered, children will be transported to a Red Cross designated mass shelter by emergency vehicles, bus or private vehicles. The children will remain at the Red Cross shelter under the care and supervision of the MEGA staff while parents/guardians are contacted.

Emergency procedures are reviewed with staff annually as well as posted in each classroom. New staff members are oriented on procedures as well.

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES  
CACFP MEAL BENEFIT INCOME ELIGIBILITY (CHILD CARE)**

COMPLETE ONE APPLICATION PER HOUSEHOLD. PLEASE USE A PEN (NOT A PENCIL).

**STEP 1** List ALL Household Members who are infants, children, and students up to and including grade 12. (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 | LAST NAME | CHECK ALL THAT APPLY | ENROLLED IN CHILD CARE<br><input type="checkbox"/> YES <input type="checkbox"/> NO | FOSTER CHILD<br><input type="checkbox"/> YES <input type="checkbox"/> NO | HEAD START<br><input type="checkbox"/> YES <input type="checkbox"/> NO | HOMELESS/MIGRANT/RUNAWAY<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| CHILD'S FIRST NAME | MI | LAST NAME |                      | ENROLLED IN CHILD CARE<br><input type="checkbox"/> YES <input type="checkbox"/> NO | FOSTER CHILD<br><input type="checkbox"/> YES <input type="checkbox"/> NO | HEAD START<br><input type="checkbox"/> YES <input type="checkbox"/> NO | HOMELESS/MIGRANT/RUNAWAY<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| CHILD'S FIRST NAME | MI | LAST NAME |                      | ENROLLED IN CHILD CARE<br><input type="checkbox"/> YES <input type="checkbox"/> NO | FOSTER CHILD<br><input type="checkbox"/> YES <input type="checkbox"/> NO | HEAD START<br><input type="checkbox"/> YES <input type="checkbox"/> NO | HOMELESS/MIGRANT/RUNAWAY<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| CHILD'S FIRST NAME | MI | LAST NAME |                      | ENROLLED IN CHILD CARE<br><input type="checkbox"/> YES <input type="checkbox"/> NO | FOSTER CHILD<br><input type="checkbox"/> YES <input type="checkbox"/> NO | HEAD START<br><input type="checkbox"/> YES <input type="checkbox"/> NO | HOMELESS/MIGRANT/RUNAWAY<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
| CHILD'S FIRST NAME | MI | LAST NAME |                      | ENROLLED IN CHILD CARE<br><input type="checkbox"/> YES <input type="checkbox"/> NO | FOSTER CHILD<br><input type="checkbox"/> YES <input type="checkbox"/> NO | HEAD START<br><input type="checkbox"/> YES <input type="checkbox"/> NO | HOMELESS/MIGRANT/RUNAWAY<br><input type="checkbox"/> YES <input type="checkbox"/> NO |

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

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** Total Household Gross Income

Are you unsure what income to include here? Turn to page 3 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 | How often?               |                          |                          |                          |
|              | Weekly                   | Bi-Weekly                | 2x Month                 | Monthly                  |
| \$           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**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" 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?               |                          |                          |                          | Public Assistance Child Support Alimony | How often?               |                          |                          |                          | Pensions/Retirement Social Security/SSI/VA Benefits/Other | How often?               |                          |                          |                          |
|--|--------------------|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
|  |                    | Weekly                   | Bi-Weekly                | 2x Month                 | Monthly                  |   | Weekly                   | Bi-Weekly                | 2x Month                 | Monthly                  |   | Weekly                   | Bi-Weekly                | 2x Month                 | Monthly                  |
|  | \$                 | <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"/> | \$  | <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"/> | \$                                      | <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"/> |

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 | X | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|---|---|---|---|---|---|----------------------|----------------------|----------------------|----------------------|

Check if No SSN

**STEP 4** Contact Information and adult signature.

"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 FORM |      | SIGNATURE OF ADULT |     |             | DATE |
| ADDRESS                          | CITY | STATE              | ZIP | PHONE/EMAIL |      |



**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, 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, audiotape, 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 Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, 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:

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

FAX: (833) 256-1665 or (202) 690-7442;  
or  
EMAIL: [program.intake@usda.gov](mailto:program.intake@usda.gov)

*This institution is an equal opportunity provider.*

**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?<br>Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/> | Household Size                  | Categorial Eligibility <input type="checkbox"/> | Eligibility<br>FREE <input type="checkbox"/> REDUCED <input type="checkbox"/> PAID <input type="checkbox"/> | For Child Care Homes Only:<br>Tier I _____ Tier II _____ |
| <input type="text"/>             | <input type="text"/>  | <input type="text"/>            | <input type="text"/>                            | <input type="text"/>  | <input type="text"/>                                     |
| Determining Official's Signature | Date  | Confirming Official's Signature | Date  |   |  |

**INSTRUCTIONS FOR DSS FORM 16160**

To apply for free and reduced-price meals, complete this application using the instructions below, sign your name and return the application to the center.

**Step 1**—List ALL Household Members who are infants, children, and students up to and including grade 12. Check if the child is enrolled in the Child Care facility, Foster Child, is in Head Start or is Homeless, Migrant or a Runaway. Check all that apply

**Step 2**—Households Getting SNAP, Participating in the Family Independence (FI) Program or Participating in the Food Distribution Program on Indian Reservations (FDPIR): List current SNAP, Family Independence or FDPIR case number. Complete steps 1 and 4. Do not complete step 3.

**Step 3**—If you did not provide a SNAP, FI or FDPIR case and you do not have an eligibility statement for Head Start or Even Start, complete this step and step 1.

**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.

**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 the 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. The applicant must also enter the Total Household Members, the Last Four Digits of Social Security Number (SSN) of the primary wage earner or other adult household member or check the box if the applicant does not have a SSN.

| 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<br>- Disability Payments<br>- Survivors Benefits | • A child is blind or disabled and receives Social Security benefits<br>• 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 regularly 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   |
| <ul style="list-style-type: none"> <li>• Salary, wages, cash bonuses</li> <li>• Net income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>• Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>• Allowances for off-base housing, food, and clothing</li> </ul> | <ul style="list-style-type: none"> <li>• Unemployment benefits</li> <li>• Workers compensation</li> <li>• Supplemental Security Income (SSI)</li> <li>• Cash assistance from State or local government</li> <li>• Alimony payments</li> <li>• Child support payments</li> <li>• Veterans benefits</li> <li>• Strike benefits</li> </ul> | <ul style="list-style-type: none"> <li>• Social Security (including railroad retirement and black lung benefits)</li> <li>• Private Pensions or disability benefits</li> <li>• Income from trusts or estates</li> <li>• Annuities</li> <li>• Investment income</li> <li>• Earned interest</li> <li>• Rental income</li> <li>• Regular cash payments from outside household</li> </ul> |

**Step 4**—Applicants must have the adult household member sign, print name, date and complete all other boxes in this step.

**OPTIONAL—Ethnic/Racial Identity:** Put a check (  ) next to the ethnicity you identify with. Put a check (  ) next to the race or races you identify with. We need the information to be sure everyone gets benefits on a fair basis. You do not have to answer these questions to get free or reduced price meals. USDA is an equal opportunity provider and employer.

**Ethnicity:**

1. *Hispanic or Latino.* A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."
2. *Not Hispanic or Latino.*

**Race:**

1. *American Indian or Alaskan Native.* A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
2. *Asian.* A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
3. *Black or African American.* A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
4. *Native Hawaiian or Other Pacific Islander.* A person having any origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
5. *White.* A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

South Carolina Department of Social Services  
Child Care Licensing  
**AUTHORIZATION FOR INTERVENTION, THERAPY AND  
EXTRACURRICULAR ACTIVITIES**

I authorize \_\_\_\_\_ MEGA GYMNSATICS \_\_\_\_\_ to remove  
Name of Person/Entity Providing Activity

\_\_\_\_\_/\_\_\_\_\_  
Name of Child / Child's Date of Birth

from \_\_\_\_\_ MEGA CDC \_\_\_\_\_ and/or its programs from  
Name of Child Care Facility

VARIES 1 HOUR to VARIES 1 HOUR on VARIES 1 DAY A WEEK 9/1/22-8/29/23  
Time Time Dates/Period of Service (See instructions below)

for the purpose of participating in \_\_\_\_\_ GYMNASTICS CLASS \_\_\_\_\_. I am aware that  
Type of Activity

while participating in \_\_\_\_\_ GYMNASTICS \_\_\_\_\_, my child **will not** be supervised  
Type of Activity

by a qualified staff person employed by \_\_\_\_\_ MEGA CDC \_\_\_\_\_.  
Name of Child Care Facility

I am also aware that, \_\_\_\_\_ MEGA GYMNASATICS \_\_\_\_\_ and its employees  
Name of Person/Entity Providing Activity

are not required to adhere to laws governing \_\_\_\_\_ MEGA CDC \_\_\_\_\_.  
Name of Child Care Facility

including, but not limited to laws governing staff to child ratios, supervision, background checks, and educational training.

\_\_\_\_\_  
Parent/Guardian's Signature Date

\_\_\_\_\_  
Child Care Facility Director's Signature Date

\_\_\_\_\_  
Person Providing Activity's Signature Date

**Instructions:**  
***This form must be completed and signed by all parties before providing services or activities. Beginning and ending dates should be used to show when the service or activity is being provided. If the service or activity continues for more than a year from the date it is signed, the form must be renewed.***

MEGA Child Development Center

Emergency Contact

Child's full name \_\_\_\_\_

DOB \_\_\_\_\_ Email address \_\_\_\_\_

Home Address \_\_\_\_\_

Mother's Name \_\_\_\_\_

Place of employment \_\_\_\_\_ work# \_\_\_\_\_

Cell number \_\_\_\_\_

Father's Name \_\_\_\_\_

Place of employment \_\_\_\_\_ work# \_\_\_\_\_

Cell number \_\_\_\_\_

With whom does the child live? \_\_\_\_\_

In the event of an emergency, sickness, or other unforeseen incident and parent cannot be reached the following people may pick up my child from MEGA.

Name \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_

Name \_\_\_\_\_ phone \_\_\_\_\_

Parent Signature \_\_\_\_\_ date \_\_\_\_\_

**MEGA CHILD DEVELOPMENT CENTER**  
**IMPORTANT DATES 2023**

| <b>IMPORTANT DATES</b>                  | <b>HOLIDAY/BREAK</b>                    |
|---|---|
|   |   |
| <b>MONDAY, JANUARY 16<sup>TH</sup></b>  | <b>MLK HOLIDAY - MEGA CLOSED</b>        |
|   |   |
| <b>MONDAY, FEBRUARY 20<sup>TH</sup></b> | <b>PRESIDENTS HOLIDAY - MEGA CLOSED</b> |
|   |   |
| <b>FRIDAY, APRIL 7<sup>TH</sup></b>     | <b>GOOD FRIDAY - MEGA CLOSED</b>        |
|   |   |
| <b>MONDAY, MAY 29<sup>TH</sup></b>      | <b>MEMORIAL DAY- MEGA CLOSED</b>        |
|   |   |
| <b>MONDAY, JUNE 5<sup>TH</sup></b>      | <b>FIRST DAY OF SUMMER SCHEDULE</b>     |
|   |   |

01-01-23

**MEGA CHILD DEVELOPMENT CENTER  
FAMILY RESOURCES**

**FOOD BANKS**

Mission Lexington Social Services  
Social Services Organization  
216 Harmon Street  
Lexington, SC 29072  
803-957-6656/ Email: [info@missionlexingtonsc.org](mailto:info@missionlexingtonsc.org)

Harvest Hope Food Bank  
2220 Shop Rd.  
Columbia, SC 29201  
803-254-4432

**THRIFT STORE (VOUCHER APPLICATION)**

Mission Lexington Store  
216 Harmon St.  
Lexington, SC 29072  
803-957-6656/Email: [missionlexingtonsc.org](mailto:missionlexingtonsc.org)

**SOCIAL SERVICES DEPT**

DSS South Carolina  
1070 S. Lake Drive, Suite A  
Lexington, SC 29073  
Main Line- 803-785-7333

**DISABILITY & SPECIAL NEED LOCATION**

Richland/Lexington Disabilities & Special Needs  
301 Greystone Blvd.  
Columbia, SC 29210  
803-252-5179

**BABYNET OFFICE**

200 Arbor Lake Drive, Suite 100  
Columbia, SC 29223  
803-532-8414/ Email: [Frances.Stroman@scdhhs.gov](mailto:Frances.Stroman@scdhhs.gov)

**DEPT OF MENTAL HEALTH (Email: <https://hope.connectsyou.org>)**

301 Palmetto Park Blvd., Lexington, SC 29072 803-359-0666/803-996-1500  
119a Malibu Drive, Batesburg-Leesville, SC 29006 803-532-8414

# NAEYC

## Healthy, Fit Families

Children need to move their bodies and eat healthy foods. Families can promote healthy habits by encouraging children to eat nutritious foods and get some exercise every day. Here are some suggestions.

- **Follow the nutrition guidelines for children under 6.** Information on nutritious foods, portion sizes, and sample menus for planning snacks and meals are available free [through the CDC](#).
- **Eat meals together.** You'll know what your child is eating, you can model appropriate choices and portion sizes, and you'll have fun talking and spending time as a family.
- **Steer your child toward healthier choices at fast food restaurants.** Look for salads, sliced apples, baby carrots, and low-fat milk in colorful containers.
- **Offer fun, healthy snacks.** Ants on a log (celery sticks with peanut butter or cream cheese topped with raisins), sliced fresh fruit on a skewer, or raw vegetables and low-fat yogurt dip are favorites of many young children.
- **Teach your child to listen to his or her stomach.** When children do this, they'll learn to know when they have had enough to eat. It takes 15 to 20 minutes after eating to know if you're really hungry for seconds.
- **Plan a taste-testing event.** Family members can taste and vote on new, healthy foods—veggie burgers, baby spinach, turkey hot dogs, whole wheat pasta, kiwis, and the like. Then make the favorites part of your regular menu.
- **Give hugs and kisses—not food—for comfort and encouragement.** This simple action helps children associate eating healthy foods with taking care of themselves. They are likely to grow up to be adults who avoid using food as a reward or a way to cope with stress.
- **Limit your children's screen time.** Instead of watching television or playing on the computer, spend time together—go for a run, kick a ball around, ride bikes (or trikes), or take a nature hike.
- **Walk instead of driving to nearby places.** Leave the stroller at home. Park a few blocks from the store and walk the rest of the way. Get off the bus a stop or two away from your destination and walk the remainder.