



MONA PREP DAY CARE INC.

241-15 N. Conduit Avenue ♦ Rosedale, NY 11422

...from Mona Prep to success

SUMMER 2023 APPLICATION

Mona Prep Day Care Inc. – Policies & Fees Contract

BOARD OF DIRECTORS

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President

GREGORY DUMOND
Vice President

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CAMILLE RUSSELL
Chief Legal Officer

We are looking forward to an exciting and successful summer program in spite of COVID-19. This letter serves as an explanation of our payment policies. If there are any questions regarding your account, please make it your point of duty to contact the Director, Ms. Allison F. Russell. We promise to address inquiries promptly and efficiently. We are grateful for your cooperation and reliability. Please keep a copy of this letter for your records.

Please Note: Summer Program starts July 5, 2023 and ends August 18, 2023.

TUITION :

Registration fee is \$100.00 per child.

Tuition is \$250 per week (includes the school t-shirt)

PAYMENTS:

- Parents may pay the tuition using personal checks, money order, bank card, or cash.
- Please note that Mona Prep will not accept personal checks if your account is in arrears, or you have given us a check that has bounced.
- Your child’s name must appear on the face of the check to ensure proper allocation. Receipts will be issued for the various forms of payment.
- We are not responsible for any lost receipts.
- We cannot accept excuses for non-payment of your school fees.
- Parents are required to pay their child/children’s tuition on time, therefore, please make sure the fees are within your financial means.
- Tuition payments must be made Monday each week.
- There will be no deduction for partial attendance or absenteeism.
- Please keep in mind that we are a registered New York Preschool.
- Pick-up during the summer is at 5:30 PM

LATE PICK-UP CHARGES: Parents who pick up their child/children after 6:00 P.M. will be charged \$1.00 per minute until the child is picked up. Late fees must be paid in week they are incurred.

Name (Print) _____ **Date:** _____

Name of Child _____ **Relationship to Child** _____

Signature _____

■ Phone (718) 525-8555

■ Fax: (718) 949-5362

■ E-mail: monaprepsdaycare@aol.com



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REGISTRATION

...from Mona Prep to

Date of Application: / /

CHILD'S INFORMATION

Name:	LAST	FIRST	DOB	SEX	F/M
Position of Child in Family		/Number of Children	/Child's Social Security #		
					---/- -/----
Address					
City		/State	/Zip Code		
Chronic Illness (If any)					
Medication					
Allergies					
Name of Child's Physician					
Doctor's Phone #			/Doctor's Fax #		
Address					
City		/State	/Zip Code		
Can your child participate in Physical Ed Activities			/Yes	/No	
If no, please explain /					

PARENT'S INFORMATION

Mother's Name	Father's Name
Mother's Social Security #	Father's Social Security #
Cell # ()	Cell # ()
Work # ()	Work # ()
Address	Address
City	City :
Zip Code:	Zip Code:
Email Address:	Email Address:
Home Phone # ()	Home Phone # ()
Mother's Occupation :	
Father's Occupation:	
Fundraising is mandatory for ALL parents. \$250.00 is required in lieu of fundraising.	
How did you hear about Mona Prep? [] Friend [] Advertisement [] Walk-in	
Signature:	/Relationship to Child
	Date:

Revised 4/19/2016



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Mona Prep Day Care Inc. Policies & Fees Contract (Continued)

PERSONS PERMITTED TO PICKUP UP _____ FROM SCHOOL.

	NAME	RELATIONSHIP	PHONE NUMBER
1			
2			
3			
4			
5			
6			

- I understand that **Mona Prep Day Care Inc.** will **ONLY** release _____ to the adults (18 years and older) listed above, except parents and legal guardians.
- If any other person seek to pickup my child, prior written/verbal notice by the parent/legal guardian is required.
- **PROPER IDENTIFICATION IS REQUIRED BEFORE YOUR CHILD CAN BE RELEASED.**
- I also understand that any person who retrieves your child from school must sign out your child before leaving the premises.
- **Mona Prep Day Care Inc.** can and will contact any person(s) listed above to retrieve your child if you fail to pick him/her up by the end of the school day.

Signed _____ **Date:** _____



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REGISTRATION

Mona Prep Day Care Inc. Policies & Fees Contract (Continued)

PERMISSION FORM

I, _____, give permission to Mona Prep Day Care Inc. for my child/children _____ to participate in field trip(s).

I, _____, give permission to Mona Prep Day Care Inc. for my child/children _____ to participate in neighborhood walks and to accompany teachers to the parks when the weather permits.

- I give permission for my child/children to receive emergency medical care if necessary.
- I understand that Emergency Medical Services will be called first and then you will be notified.
- My child/children along with his/her medical records and a member of staff will go to the nearest hospital or one previously designated by me, _____.

Signed _____ Date: _____



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Acknowledgement:

I have read and clearly understand the policies and regulations laid out in the document above. Any questions I may have were discussed and fully explained by the Director of the program or her designated representative. I understand this is a binding and legal document and further agree to abide by all the rules and regulation laid out in the school's Policies and Procedures. Any deviation on my part from said policies will result in my breaking the contract I entered into with Mona Prep Day Care Inc.

CACFP ENROLLMENT FORM

MEALS: Three (3) nutritious meals are prepared daily for the students:-

- a) Breakfast b) Lunch c) Snack

Parents will see a sample menu for the week posted in each classroom or "Parent Information Center".

- The school will not prepare specific meals for a child (e.g. Vegetarian, kosher). We will be mindful of any allergies your child may have. Special arrangements will be made in this instance.
- Breakfast is served at 8:00 A.M. and breakfast ends at 9:00 A.M.
- Lunch is served at 11:30 A.M. and ends at 12:30 P.M.
- Snack is served at 3:00 P.M. and ends at 4:00 P.M.

Please indicate if your child/children will participate in all three meals and sign below.

	Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast					
Lunch					
Snack					

Parent/Guardian (Print) _____

Signed _____ Date: _____



Dear Parent, Guardian or CACFP Participant,

This center participates in the Child and Adult Care Food Program (CACFP) and provides healthy meals at no cost to all children and adults enrolled in the daycare center. By completing and returning the attached Income Eligibility Form, you will help your center receive money from CACFP for the meals that are served. If your household's income is equal to or less than the amounts indicated for your household size on the chart below, the center will receive a higher rate of funding for the meals served. The Income Eligibility Form needs to be completed every year. Your center and CACFP will keep all information private.

**INCOME ELIGIBILITY GUIDELINES
(Effective July 1, 2021 until June 30, 2022)**

HOUSEHOLD SIZE	REDUCED-PRICE MEALS		
	YEAR	MONTH	WEEK
1	23,828	1,986	459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,222	6,186	1,428
8	82,621	6,886	1,589
FOR EACH ADDITIONAL FAMILY MEMBER	+8,399	+700	+162

SPONSOR/CENTER OFFICIAL

SPONSORING ORGANIZATION

DATE

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME _____

Print the name of the child(ren) enrolled in this child care center

1. _____ 2. _____ 3. _____

DIRECTIONS

Complete SECTION A if anyone in your household

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

SECTION A

SNAP Case # _____

TANF # _____

FDPIR # _____

Names of Foster Children _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature _____

Date _____

FOR SPONSOR USE ONLY	
CACFP Agreement # _____	
Total Number of Household Members _____ <small>(INCLUDING FOSTER CHILDREN, IF APPLICABLE)</small>	
Total Household Income \$ _____	
Free _____ Reduced _____ Paid _____	
Date of Determination _____	
Signature of Center Staff _____	

Complete SECTION B if no one in your household participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION B

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature _____

Print Name _____

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER

DATE _____

USDA is an equal opportunity provider and employer.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this form. 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 form. The Social Security Number is not required when you: apply on behalf of a foster child; provide a SNAP, TANF or FDPIR number; or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

INSTRUCTIONS FOR COMPLETING DOH-3688

Definition of Income

Income means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

Definition of Household

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

INSTRUCTIONS FOR PARENTS OR GUARDIANS

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

Section A: If anyone in your household participates in the Supplemental Nutrition Assistance Program (SNAP), receives Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the SNAP, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

Foster children: If your household includes a foster child who is in child care, write in the names of the foster children.

Section B: Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

INSTRUCTIONS FOR CENTERS AND SPONSORS

The For Sponsor Use Only section is to be completed, signed and dated by center or sponsor staff. The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The CACFP Agreement Number.

Total Number of Household Members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

Total Household Income – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid*.

Number of Free, Reduced or Paid – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, last four digits of Social Security Number or SNAP, TANF or FDPIR numbers) are categorized in the paid category.

The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member. For example, a form signed on May 12, 2014 is valid until May 31, 2015.



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REGISTRATION

- 2 Yrs
- 3 Yrs
- 4 Yrs
- 5 Yrs
- 6 Yrs
- After School

CONTACT INFORMATION

Name Of Child _____

Date of Birth _____

Current Address _____

Mother's Name _____

Mother's Information

Home Telephone: () _____ **CELL#** () _____

Work Telephone: () _____

Fathers Information

Father's Name _____

Home Telephone: () _____ **CELL#** () _____

Work Telephone: () _____

Emergency Contact Name:

1. _____ **Phone #** () _____

2. _____ **Phone #** () _____

3. _____ **Phone #** () _____

Authorized Pick-Up

1. _____ **Phone #** () _____

2. _____ **Phone #** () _____

3. _____ **Phone #** () _____

4. _____ **Phone #** () _____

5. _____ **Phone #** () _____