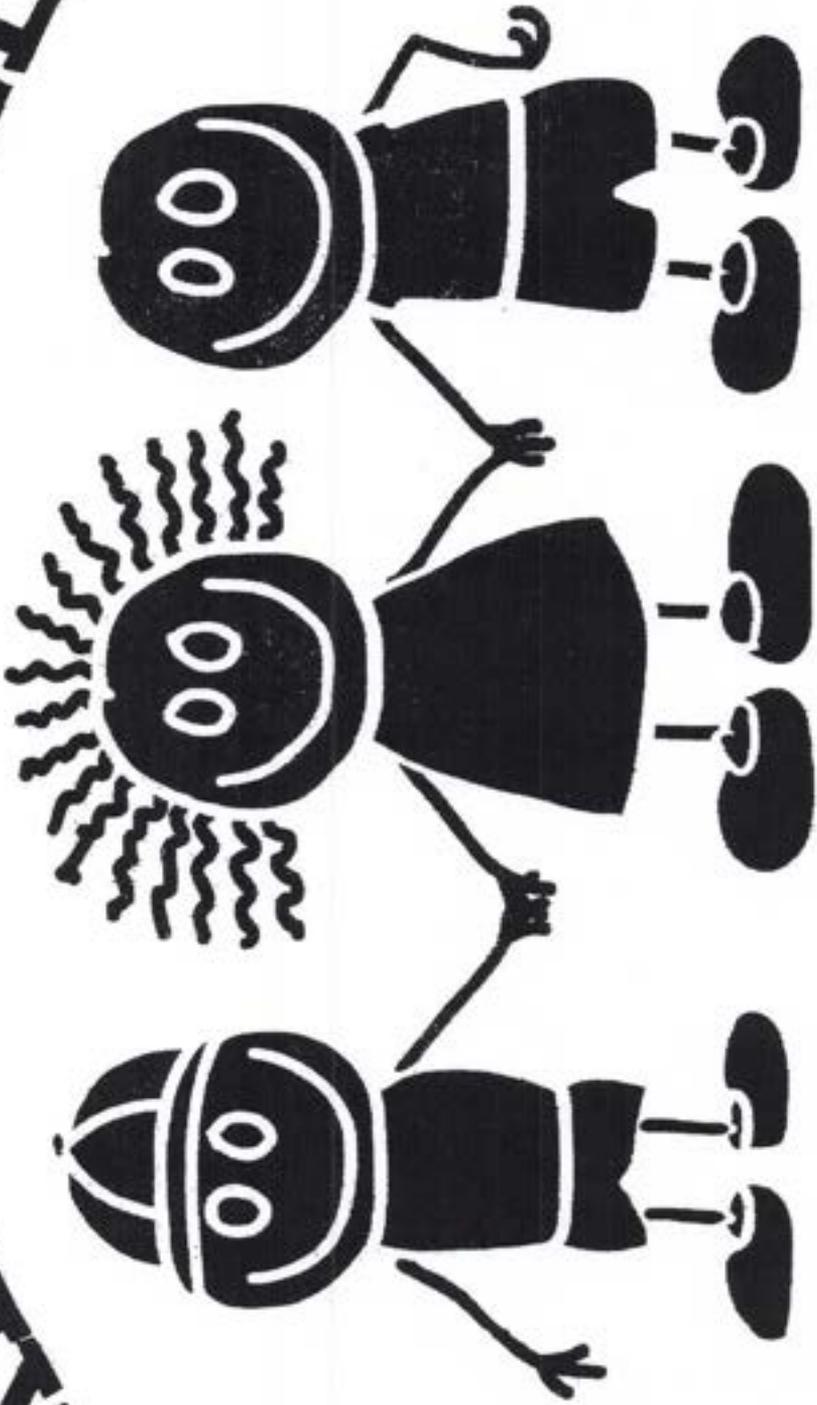
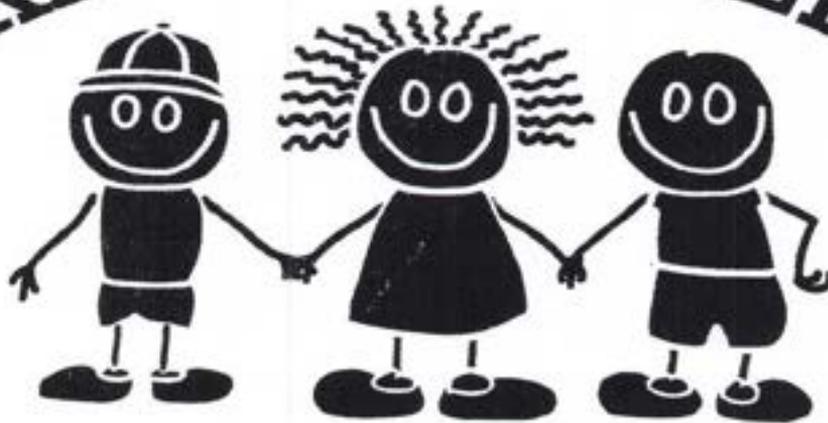


FREMONT STREET



NURSERY

FREMONT STREET



NURSERY

533 Fremont Street
Winchester, VA 22601

ACKNOWLEDGEMENT OF RECEIPT OF PARENT HANDBOOK

I have received a copy of the Parent Handbook and agree to the follow the policies therein.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Parent/Guardian Name: _____

Signature: _____ Date: _____

**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

Parent(s) or Guardian(s)

Date

Administrator of Center

Date

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.

OFFICE USE ONLY IDENTITY VERIFICATION

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

| Place of Birth | Birth Date | Birth Certificate Number | Date Issued |
|---------------------|------------|---------------------------|------------------------------|
| Other Form of Proof | | Date Documentation Viewed | Person Viewing Documentation |

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.



533 Fremont Street, Winchester, VA 22601

Emergency Contact and Medical Information for a Child

| | | | |
|-----------------------------------|---------------------|-----------------------------------|-----------------------|
| _____ Child's Name | | _____ Date of Birth | _____ Gender M / F |
| _____ Parent's/Guardian's Name | | _____ Parent's/Guardian's Name | |
| _____ Home Phone | _____ Work Phone | _____ Home Phone | _____ Work Phone |
| _____ Address | | _____ Address | |
| _____ City, State and Zip Code | | _____ City, State and Zip Code | |

Alternative Emergency Contacts

| | | | |
|------------------------------------|---------------------|--------------------------------------|---------------------|
| _____ Primary Emergency Contact | | _____ Secondary Emergency Contact | |
| _____ Home Phone | _____ Work Phone | _____ Home Phone | _____ Work Phone |
| _____ Address | | _____ Address | |
| _____ City, State and Zip Code | | _____ City, State and Zip Code | |

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

The undersigned parent or legal guardian of, _____, hereby expressly grants Fremont Street Nursery and its authorized staff consent to seek emergency medical care for _____, when the daycare center is immediately unable to make contact with the parent or legal guardian because waiting for consent could jeopardize the health and welfare of the child.

Parent's/Guardian's Signature

Date



PART 1: FIELD TRIP PERMISSION

I give permission for my child, _____, to join field trips with Fremont Street Nursery.

These trips will be:

- Part of the regular program
- Supervised by staff and parent volunteers
- Announced in advance with details

Important: If I do not want my child to attend a specific trip, I will send a note to the teacher before the trip date.

Parent/Guardian Signature: _____ Date: _____

PART 2: SAFETY AGREEMENT

I understand that:

- My child will be supervised during all activities
- I accept normal risks that come with field trips
- I will not hold Fremont Street Nursery responsible for accidents or injuries during these activities

Parent/Guardian Signature: _____ Date: _____

PART 3: PHOTO AND VIDEO PERMISSION

Please check ONE box to tell us how we may use photos or videos of your child:

- NO PERMISSION: Please do not use my child's image anywhere.
- CLASSROOM ONLY: My child's image may only be used within the nursery building.
- EDUCATIONAL USE ONLY: My child's image may be used for educational materials, but not for marketing.
- PRINT ONLY: My child's image may appear in printed materials only (no websites or videos).
- FULL PERMISSION: My child's image may appear in print materials, videos, and on the nursery website.

Child's Name: _____

Parent/Guardian Signature: _____ Date: _____

Information about your child

Where has child lived previously?

Other schools or daycare:

Child's allergies, special health, or dietary needs:

Does child still nap? _____ How long? _____ Approximate bedtime? _____

Where does child sleep? (ex: Bed, Crib, Own Room) _____

Status of toilet training: _____

Eating patterns:

Methods of discipline:

Child's stage of self-discipline:

Child's reactions to punishment:

Child's special interests, preferred activities, favorite games or songs:

Activities child enjoys with parents:

How much TV does your child watch on a daily basis?

What programs? _____

What do you hope for your child to gain from a FREMONT experience?

Do you anticipate separation anxiety in your child during the first days of school?

What personal talents or skills would you like to contribute to the school?



**Virginia Child and Adult Care Food Program (CACFP)
(Child) Annual Enrollment Form (AEF)**

CENTER/PROVIDER COMPLETE THIS SECTION

Fremont Street Nursery
Center/Provider Name

533 Fremont Street
Street Address

Winchester
City

VA
State

22601
Zip Code

This institution participates in the Child and Adult Care Food Program (CACFP) and receives Federal reimbursement to provide nutritious meals for children. Federal CACFP regulations require all parents/guardians to complete and sign a separate Annual Enrollment Form for each child when enrolling their child(ren) with this provider, and every 12 months thereafter. The parent or guardian must complete and ensure accuracy of Sections 1 through 6 below.

This form is required for:

This form is NOT required for:

Child Care Centers, Family Day Care Homes

Outside School Hours Care Centers, Emergency Shelters

| 1 | FULL NAME OF ENROLLED CHILD (Include Birth Date/Age) | 2 | DAYS OF WEEK IN ATTENDANCE | 3 | | | TIMES CHILD NORMALLY ATTENDS CARE DURING THE WEEK | 4 | MEALS RECEIVED |
|---|--|---|------------------------------------|---------|----------|---|---|------------------------------------|----------------|
| | Child's First Name | | <input type="checkbox"/> Monday | TIME IN | TIME OUT | SPORADIC SCHEDULE (no set schedule of days) | | <input type="checkbox"/> Breakfast | |
| | Child's Last Name | | <input type="checkbox"/> Tuesday | | | | | <input type="checkbox"/> AM Snack | |
| | Date of Birth (mm/dd/yyyy) | | <input type="checkbox"/> Wednesday | | | | | <input type="checkbox"/> Lunch | |
| | Age | | <input type="checkbox"/> Thursday | | | | | <input type="checkbox"/> PM Snack | |
| | | | <input type="checkbox"/> Friday | | | | | <input type="checkbox"/> Supper | |
| | | | <input type="checkbox"/> Saturday | | | | | <input type="checkbox"/> EV Snack | |
| | | | <input type="checkbox"/> Sunday | | | | | | |

5 Parent/Guardian Signature and Date: *By signing this form, I certify that I am the parent/legal guardian of the child named in Section 1 of this Annual Enrollment Form and that the information contained on this form is true and correct.*

Printed Name: _____ Signature: _____

Street Address: _____ City, State, Zip Code: _____

Phone Number HOME / WORK / CELL (circle one): _____ Date: _____

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](http://www.usda.gov) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9430, Washington, D.C. 20250-9430;
2. Fax: (202) 690-7443; or
3. Email: protecom.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

6 Ethnic and Racial Identification: Parent/Guardian to complete. Please select ONE Ethnicity; Please select ONE OR MORE Races

ETHNIC IDENTIFICATION

Hispanic, Latino or Spanish Origin: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Not Hispanic, Latino or Spanish origin

I decline to answer.

RACIAL IDENTIFICATION

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 culture identification through tribal affiliation or community attachment (includes Aleuts and Eskimos).

Black, African American, or Haitian: A person having origins in any of the black racial groups of Africa.

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.

White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

I decline to answer.

NOTES:

Information on this form must be kept confidential.

Child Care Representative Use Only

Effective Date of This Enrollment Form:

(mm/dd/yyyy)

Effective Withdrawal Date of This Enrollment Form:

(mm/dd/yyyy)

Printed Name of Center Representative

Signature of Center Representative

The effective date may be retroactive to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

This form is effective for 12 months from the date of parent signature.

CONFIDENTIAL

CACFP-020 CHILD Annual Enrollment Form Revised 7/2025, Previous versions obsolete

VIRGINIA CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (IEF) FOR CHILD CARE CENTERS and FAMILY DAY CARE HOMES

| 1 All Household Members | | 2 | | 3 | | | | | | | | | |
|--|--|--|-------------------------|--|--------------------------|---|--|--|--|--|--|--|--|
| NAMES OF ALL HOUSEHOLD MEMBERS (Adults and Children) | | | | FOSTER CHILD | | SNAP, TANF or FOPIN CASE # | | | | | | | |
| First, Middle Initial, Last | | Check <input type="checkbox"/> NO Income | Age of children in care | Skip to Part 6 if all are foster children. | | Skip to Part 6 if you list a SNAP, TANF or FOPIN case number. | | | | | | | |
| | | | | | | SNAP AND TANF MUST BE NINE (9) DIGITS | | | | | | | |
| 1 | | <input type="checkbox"/> | | | <input type="checkbox"/> | | | | | | | | |
| 2 | | <input type="checkbox"/> | | | <input type="checkbox"/> | | | | | | | | |
| 3 | | <input type="checkbox"/> | | | <input type="checkbox"/> | | | | | | | | |
| 4 | | <input type="checkbox"/> | | | <input type="checkbox"/> | | | | | | | | |
| 5 | | <input type="checkbox"/> | | | <input type="checkbox"/> | | | | | | | | |
| 6 | | <input type="checkbox"/> | | | <input type="checkbox"/> | | | | | | | | |

4 Homeless, Migrant, or Runaway

Homeless Migrant Runaway If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your School Homeless Liaison or Migrant Coordinator.

5 Total Household Gross Income (before deductions). You must tell us how much and how often.

| NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME) | GROSS INCOME AND HOW OFTEN IT IS RECEIVED (Example: \$100/month, \$100/twice a month, \$100/every other week, \$100/week) | | | | | | | |
|---|---|-----------|---------------------------------|-----------|---------------------------------------|-----------|---------------------------------------|-----------|
| | Earnings From Work | | Welfare, Child Support, Alimony | | Pensions, Retirement, Social Security | | Worker's Comp, Unemployment, SS, etc. | |
| | Amount | How often | Amount | How often | Amount | How often | Amount | How often |
| I. | \$ | | \$ | | \$ | | \$ | |
| II. | \$ | | \$ | | \$ | | \$ | |
| III. | \$ | | \$ | | \$ | | \$ | |
| IV. | \$ | | \$ | | \$ | | \$ | |
| V. | \$ | | \$ | | \$ | | \$ | |

6 Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 5 is completed or if zero income is listed, 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.

X X X - X X - Social Security Number

I do not have a social security number.

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home 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.

Date: _____ Printed Name of Adult Household Member: _____ Signature of Adult Household Member: _____

7 Contact Information (Optional)

Work Telephone Number (include Area Code): _____ Home Telephone Number (include Area Code): _____ Home Address (Number, Street, City, State, Zip Code): _____

8 Optional - Sharing Information with Virginia's Health Insurance Program for Children (FAMIS)

May we share your information on this application with the FAMIS, the complete health insurance program for every child in Virginia? If yes, do not sign below.

No, I do not want any information from this application shared with the FAMIS. Date: _____ Sign here: _____

CHILD CARE REPRESENTATIVE USE ONLY – ELIGIBILITY DETERMINATION – COMPLETE SECTIONS A and B BELOW

SECTION A Annual Income Conversion: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12 (Select income only if different frequencies of pay are reported)

TOTAL INCOME Per \$ _____ Week Every 2 Weeks Twice a Month Month Year NUMBER IN HOUSEHOLD: _____

FREE based on: REDUCED based on: DENIED reasons:

Foster child Migrant SNAP, TANF, FOPIN household income income too high incomplete application

Homeless Runaway household income non-qualifying SNAP/TANF

SECTION B Signature of Determining Official: _____ Date: _____

Non-discrimination Statement: In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3022, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. Fax: (202) 690-7442; or
3. Email: program.intake@usda.gov.

This institution is an equal opportunity provider.



533 Fremont Street
Winchester, VA 22601
(540) 662-7237

Parents/Guardians:

In addition to the packets that are attached we also need the following:

- Birth Certificate / Record
- Shot Record — With Doctors Signature
- Physical / Wellness Record — With Doctors Signature
- Change of clothes
- Diapers/Pull-ups/Wipes (if applies to your child(ren) needs)

When filling out the paperwork, please provide complete names, addresses (city, state, zip-codes), and phone numbers. If you make a mistake on any paperwork, please mark through with one single line and initial.

If you have any questions or concerns, please don't hesitate to contact by calling (540) 662-7237 , emailing fremontst@verizon.net (Director) or fremontstoffice@gmail.com (Office Admin).

Also go like our Facebook Page — Fremont Street Nursery, and you can message the Director straight from there.

Thank you,
Fremont Street Nursery

FREMONT STREET NURSERY

DAILY SCHEDULE

| | |
|--|------------------------------------|
| 6:30a - 7:40a | Free Play |
| 7:40a - 8:00a | Separate Classes |
| *To be counted in for breakfast and/or lunch call the nursery by 8:00am* | |
| 8:00a - 9:00a | *Breakfast Free Play Clean Up |
| **9:00am All Children Need To Be Present** | |
| 9:00a - 11:00a | Circle/Learning Time |
| | Centers / Structured Activities |
| | Outside/Inside Play |
| 11:00a - 12:00p | Clean Up Prepare for Lunch |
| | *Lunch Break Clean Up |
| | Story Time / Prepare for Rest Time |
| 12:00p - 2:30p | Rest Time |
| 2:30p - 3:00p | Wake Snack Clean up |
| 3:00p - 4:30p | Centers Structured Activities |
| | Outside/Inside Play |
| 4:30p - 5:30p | Free Play Departure |

Please remember to call the Nursery (540-662-7237) if you would like your child counted in for meals.

For breakfast and lunch call before 8am

****Children Need To Be Here No Later Than 9am****

Your Child(Ren) Will Not Be Excepted For The Day, Unless You Have A Doctors Excuse.

Schedule is subject to change a little depending on classroom lessons and what is happening for the day (etc ; field trips, holidays, special events, classroom set-up, and etc).

Otherwise this is an overview of a typical day at FSN

FREMONT STREET



NURSERY

533 Fremont Street
Winchester, VA 22601
540-662-7237

Tuition Rates

Year - 2025

| CLASS | WEEKLY RATES |
|---------------------|--------------|
| Infant Class | \$195.00 |
| 1 year old Class | \$175.00 |
| 2 year old Class | \$140.00 |
| 3 NP year old Class | \$140.00 |
| 3-5 year old Class | \$135.00 |

HOLIDAYS

The Nursery will be closed in observance of the following holidays:

- New Year's Day
- Martin Luther King Day
- Apple Blossom Friday
- Memorial Day
- Juneteenth
- Independence Day
- Labor Day
- Thanksgiving (Thursday and Friday)
- Christmas Day

Please note: Tuition is not reduced during the week in which the holiday occurs.



Parents / Guardians:

Fremont Street Nursery's guidelines for sickness; if your child(ren) would have a contagious illness, or any illnesses such as repeated diarrhea, vomiting, temperature above 100.0 degrees, Fremont Street Nursery would require to have your child(ren) picked up and/or stay home. Also, if anyone in your household would be tested and is positive for Covid-19 that you follow the CDC guidelines

To return to Fremont Street Nursery, for any one of these illnesses, you will be required

To have a doctor's note stating the child(ren) is no longer infectious.

Please... This means when you know that you, your child(ren), and/or other family member(s) are not feeling well, PLEASE KEEP YOUR CHILD(REN) AT HOME! This is to ensure the safety of the staff, other children, and their families.

If the nursery has to close due to a Covid-19 outbreak, you WILL NOT be responsible for that week's tuition.

However, if you keep your child(ren) out due to illnesses or a personal reason, YOU ARE REQUIRED TO STILL PAY TUITION.

If you have any questions please let me know.

Sincerely,

Freda Roberson
Executive Director