



TUITION RATES & BILLING DATES FOR 2023

Enrollment Fee: \$100.00 per child, non-refundable

TUITION RATE CHANGES EFFECTIVE DEC. 26, 2022 – DEC. 22, 2023

Infants (6 weeks to 16 mos.)	\$210.00/week or \$ 56.00/day
Toddlers (16 mos. to 30-36 mos.)	\$201.00/week or \$ 50.00/day
Preschool (30-36 mos. to 42-48 mos.)	\$196.00/week or \$ 50.00/day
Pre-Kindergarten (42-48 mos. to K)	\$196.00/week or \$ 50.00/day
Summer School-age (K through 3 rd grade)	\$160.00/week or \$ 39.00/day

TUITION BILLING DATES OCCUR EVERY OTHER MONDAY

Tuition rates are charged on a bi-weekly basis and due on Monday for the upcoming two weeks. **Beginning January 1, 2023 ALL accounts will automatically be changed to auto pay. Every account will need to have a bank account or credit card tied to their account for their bi-weekly payments. NO EXCEPTIONS.** (Brightwheel charges a 2.9% fee for using a credit card and only \$0.60 for using a bank account (checking or savings).

This fee does not come to the child care centers, it goes directly to Brightwheel as a processing fee.

Please direct all billing questions to Melissa Hansen, melissah@vinjchurch.com



Closed Dates 2023

Please keep this sheet for future reference

New Year's Day	Monday, January 2
Good Friday	Friday, April 7
Teacher Cont Ed	Friday, April 21
Memorial Day	Monday, May 29
Independence Day	Monday July 3, AND Tuesday, July 4
Labor Day	Monday, September 4
Thanksgiving	Thursday, November 23 AND Friday, November 24
Christmas Day	Monday, December 25

This schedule is in accordance with our Parent Handbook Tuition policies, which states that the center will close 10 days each year.



LOVING ARMS / PRAISE & PLAY TUITION CONTRACT

Effective Dec 26, 2022 – Dec 22, 2023

Child(ren)'s name _____

Primary Caregiver #1 Name _____

Work Place/Work phone _____

Primary Caregiver #2 Name _____

Work place/Work phone _____

Billing address _____ City _____ Zip _____

Home phone _____ Primary #1 cell _____ Primary #2 cell _____

Email address _____

Rates: There is \$100 non-refundable enrollment fee for each child enrolled. You will be billed for the days you are contracted for whether its Full time or Daily. Infants is \$210 per week or \$56 per day. Toddlers is \$201 per week or \$50 per day. Preschool and Pre-Kindergarten is \$196 per week or \$50 per day. School Age (Summer only) is \$160 per week or \$39 per day. We bill every two weeks for two weeks ahead. The contracted tuition for your child(ren) is due upon receipt of the bi-weekly statement and occurs every other Monday. Tuition is the same every statement date regardless of days missed due to illness, vacation or posted holidays/closings. Tuition will not be reimbursed or credit given for make up days for weather related closures.

Please direct all billing questions to Melissa Hansen, melissah@vinjchurch.com

Closed Days 2023:

- New Year's Day Monday, January 2
- Good Friday Friday, April 7
- Staff Cont Ed Friday, April 21
- UW-Stout

- Memorial Day Monday, May 29
- Independence Day Monday July 3
AND Tuesday, July 4
- Labor Day Monday, September 4
- Thanksgiving Thursday, November 23
AND Friday, November 24
- Christmas Day Monday, December 25

Additional days: Families who contract for the Daily rate will be billed for the days they have contracted for. If you want to add an additional day, you can check with the director to see if there is availability. We will not be able to rearrange the days contracted for you if your child needs to be absent on contracted days.

Tuition policies: Tuition payments are due on the first scheduled day of attendance following the statement date. You will be charged a late fee of \$2 per day for each day after the due date. Two weeks of non-payment without communication to Melissa or the Director, will result in the termination of the childcare contract and care will no longer be provided. **Beginning January 1, 2023 ALL accounts will automatically be changed to AUTO PAY. Every account will need to have a bank account or credit card tied to their account for their bi-weekly payments. NO EXCEPTIONS.** Please direct all billing questions to Melissa Hansen, melissah@vinjchurch.com

All bank charges will be billed to a parent/guardian account for any payment returned due to non-sufficient funds and an additional \$35.00 will be billed for closed account returns.

Children picked up after 5:30 pm will be charged a \$15 "Late Pick-up" Fee and an additional \$2 fee for every minute beyond closing. This goes into effect starting at 5:31pm. Fees will be added to the next tuition statement. Emergency contacts will be called after 10 minutes and if no contact has been made by 6:00pm, Child Protection Services will be called. In this extreme case, there will be an additional \$100 charge.

Contracted days and hours: My child(ren) will be **Full Time** My child(ren) will be **Daily, ____ days per week** (please be as precise as possible as we schedule our staff according to this contract).

If you need care before or after contracted hours, you must check for availability first. Thank you!

Child(ren)'s Name	Monday Hours	Tuesday Hours	Wednesday Hours	Thursday Hours	Friday Hours	Total hours for week

I agree to give **TWO** weeks **WRITTEN** notice if I decide to withdraw my child(ren) from the program. I understand that I will be charged for these 2 weeks whether or not my child(ren) attends. I will complete a dated written notice and give it to the **DIRECTOR**. Upon withdrawal of my child(ren) from the program, I agree to pay, in full any outstanding balance due on the child(ren)'s last day of attendance.

I have read the above contract and agree to the stated terms. By signing this agreement, you agree that you are responsible for any and all charges relating to the care of the child(ren) listed on this contract. In the event legal action is taken to collect your bill, all costs of collection, including, but not limited to, attorney fees and court costs, will be added to your bill.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Director's Signature _____ Date _____



Emergency Contacts/Authorization to Pick-Up

Please list two people we may contact in event of an emergency and a parent cannot be located. They must be available to pick up your child within an hour of being called. This is extremely important for your child’s well-being and is also a requirement of our licensing agency.

1. Name _____ Relationship to child _____

Address _____

Home/Cell phone _____ Work phone _____

Is authorized to pick up my child: _____yes _____no

2. Name _____ Relationship to child _____

Address _____

Home/Cell phone _____ Work phone _____

Is authorized to pick up my child: _____yes _____no

The following people are **not allowed** to pick up my child:

Name _____ Name _____

It is very important that each day you identify on the daily sheet who will be picking up your child or call the center if that changes. When you call to make a change in pickup person, we will need the person’s full name and written permission to add them to your emergency contact list. We will ask for a picture ID and may contact the parent/guardian to verify at the time of pick-up.

Medical Contacts

Name of Physician _____ Check the appropriate clinic below:

_____ CentraCare, 101 SW Willmar Ave, Willmar 320-231-5000

_____ Family Practice, 502 – 2nd St. W., Willmar 320-235-7232

_____ CentraCare, 600 Peterson Parkway, New London 320-354-2222

Name of Dentist _____ Phone _____

Address _____



**LOVING ARMS / PRAISE & PLAY CHILD CARE CENTER
PARENTAL CONSENT FORM FOR SUNSCREEN AND INSECT REPELLANT**

This form will be effective for the duration of your child’s enrollment at Loving Arms unless you request a new permission form.

CHILD’S NAME: _____ BIRTHDATE: ____/____/____

SUNSCREEN

Parents are required to supply sunscreen (min SPF of 30) for their child/children.

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child’s risk for skin cancer later in life.

- Staff will apply products when children are playing outside.
- Sunscreen products will be applied 15-30 minutes before going outside in appropriate amounts.
- Sunscreen will be applied to all exposed areas of skin.
- Sunscreen will be reapplied every 2 hours, or before each outdoor activity.
- Sunscreen is most effective when applied to cool, dry skin.

- Staff may apply the sunscreen provided (or a sunscreen of the center’s choice, if none is provided by the parents) as needed.
- NO, for medical reasons, do not apply sunscreen to my child under any circumstances.**

INSECT REPELLANT

Staff will apply a light coating of insect repellent containing no more than 10% DEET before each outdoor activity when the risk of mosquitoes is present. Repellent wipes will be used on infants under 16 months of age and spray will be used on children between 16 months and 9 years.

- Staff may apply insect repellent to my child as needed.
- NO, do not apply insect repellent to my child under any circumstances.**

Parent Signature _____ Date _____

Parent Signature _____ Date _____



Dear Parent/Guardian:

We provide nutritious meals every day to the children at our center.

The Child and Adult Care Food Program (CACFP) helps our center to pay for meals. The amount of help we get depends on the incomes of households with children in care. **Please complete the enclosed CACFP Household Income Statement form** following the instructions. If your household income is higher than the guidelines shown on the instructions page, please write "over income" on the Household Income Statement, include your children's names and return the form.

Return your completed Household Income Statement form to:
[Insert return address]

Commonly Asked Questions:

I already get MFIP or SNAP benefits. Do I meet CACFP income guidelines? Yes. You should provide your case number on the form instead of income information if anyone in your household is approved for one of these programs: Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR).

In addition, children in foster care meet CACFP guidelines without providing income information.

Your household may meet CACFP income guidelines if you are approved for the *Women, Infants, and Children* program (WIC) or *Medical Assistance* program (MA). Please fill out a Household Income Statement form.

Who should I include as members of my household? Include yourself and all other people living in your household, related or not (such as grandparents, other relatives or friends). Include anyone who is temporarily away. Example: a college student.

What if my income is not always the same? List the amount that you normally get. Include overtime pay if you regularly work overtime. For fluctuating income like seasonal work, list the average monthly income.

Do I need to provide my Social Security number? If household incomes are reported on the form, the person signing the form must write in just the last four digits of their Social Security number. If you don't have a Social Security number, indicate that on the form.

May I fill out a Household Income Statement if someone in my household is not a U.S. citizen? Yes. You or your children or other household members do not have to be United States (U.S.) citizens for you to fill out a CACFP Household Income Statement.

How will my information be kept? We will keep your information on file as private data. The back page of the form has more information about data privacy.

If I don't qualify now, may I apply later? Yes. Please complete a Household Income Statement form at any time if your income goes down, your household size goes up, or you start getting SNAP, MFIP or FDPIR benefits.

If you have other questions or need help, call Melissa Hansen at 320.235.7271.

Sincerely,

Melissa Hansen



How to Complete the Household Income Statement Form

Fill out a Child and Adult Care Food Program—Household Income Statement if any of the following apply:

- Any person in your household currently participates in one of these programs: Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), or
- You have one or more children in foster care in the household (a welfare agency or court has legal responsibility for the child), or
- Your total household income (gross earnings before deductions, not take-home pay) is less than or equal to the income shown below for your household size. Include any children in foster care as members of the household. Do not include as income: foster care payments, federal education benefits, MFIP payments, or value of assistance received from SNAP, WIC or FDPIR. Military: Do not include combat pay or assistance from the Military Privatized Housing Initiative. The income guidelines are effective from July 1, 2023 through June 30, 2024.

Maximum Total Income

Household Size	\$ Annual	\$ Monthly	\$ Twice Per Month	\$ Every Two Weeks	\$ Weekly
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Add for each additional person	9,509	793	397	366	183

1. Children to List

List all infants and children in the household and their birthdates, even if they are not related. Attach another page if needed to list all children. Fill in circles to show which children are enrolled at this child care center. If any children are in foster care, fill in the circle.

Providing ethnic and racial information for each child is optional and does not affect approval for CACFP benefits. This information helps to make sure we are fully serving our community.

2. Case Number

If any household member currently participates in SNAP, MFIP or FDPIR assistance programs, check the box to indicate which assistance program and write in the corresponding case number. Then go to number 4. If no one in your household participates in SNAP, MFIP or FDPIR, leave number 2 blank and continue on to number 3.

Note: Benefits received from Child Care Assistance, Medical Assistance (MA), Women, Infants, and Children (WIC) and Person Master Index (PMI) numbers **do not** qualify for this purpose and cannot be reported on the Household Income Statement in number 2.

3. Adults/Incomes/Last Four Digits of Social Security Number

- If any children have regular earning, write in the amount of income and fill in a circle for frequency. Do not write in an hourly wage. Do not include occasional earnings like babysitting or lawn mowing.
- List all adults living in the household (everyone not listed in number 1) whether related or not, such as grandparents, other relatives or friends. Include any adult who is temporarily away from home, like a student away at college. Attach another page if necessary.
- List gross incomes before deductions, not take-home pay. **Do not list an hourly wage rate.** For adults with no income to report, enter a '0' or leave the section blank. This is your certification (promise) that there is no income to report for these adults.
- For each income, fill in a circle to show how often the income is received: weekly, every two weeks, twice per month, or monthly. For fluctuating income like seasonal work, list average monthly income.
- For farm or self-employment income **only**, list the net income per year or month after business expenses. A loss from farm or self-employment must be listed as 0 income and does not reduce other income.
- The adult household member signing the form must provide the last four digits of their Social Security number or check the box if they do not have a Social Security Number.

4. Signature and Contact Information

An adult household member must sign and date the form.

Child and Adult Care Food Program—Child Care Centers Household Income Statement—July 2023

1 List all infants, children and students through grade 12 in the household, even if they are not related. If more space is needed, attach another sheet.

Child's First Name	MI	Child's Last Name	Birthdate	If yes, fill in one or more circles for each child. <i>Ethnicity and Race are Optional</i>							
				Enrolled at this center?	Child in Foster Care?	Race – One or more may be selected					
						Ethnicity		Race – One or more may be selected			
				Hispanic / Latino?	American Indian or Alaskan Native?	Asian?	Black or African American?	Native Hawaiian or other Pacific Islander?	White?		
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

2 Do any household members **currently** participate in SNAP, MFIP, or FDPIR? If yes, check which program and write the corresponding case number below: **Go on to number 4. If no, go to number 3. NOTE: Child Care Assistance, Medical Assistance, WIC benefits, and PMI numbers do not qualify under this section 2.**

SNAP Case number _____ MFIP Case number _____ FDPIR Case number _____

3 Report income for all household members. Skip this step if you answered yes to number 2 or if all participants are children in foster care.

A. Child Income. Include the total income a child earns or receives. Child Income: _____ Weekly Every two weeks Twice per Month Monthly

B. Adult Income. Include yourself and record total income below. List all adult household members even if they don't receive income.

Adults - Full Name List the full name of each household member who is living with you and shares income and expenses. Enter all income(s) in whole dollars. If zero income write 0. Include any college students temporarily away.	Gross Pay from Work Do not write in an hourly wage						Farm or Self-Employment Net Income after business expenses. State if annual or monthly.	Public Assistance, Child Support, Alimony				All Other Incomes					
	Gross pay before taxes (not take-home pay)	Weekly	Every two weeks	Twice per month	Monthly	Annual		Payments received	Weekly	Every two weeks	Twice per month	Monthly	Pension, retirement, disability, unemployment, Veterans benefits, etc.	Weekly	Every two weeks	Twice per month	Monthly
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

C. Last four digits of signer's Social Security Number (SSN) or no SSN (required): X X X-X X-□□□□ or I don't have a Social Security Number.

4 I certify (promise) that all information on this application is true and correct and all household members and incomes are reported. I understand that this information is given in connection with receipt of federal funds and that officials may verify (check) the information. I understand that if I purposely give false information, I may be prosecuted under applicable federal and state laws.

Signature of adult household member (required): _____ **Printed Name:** _____ **Date:** _____

Sponsor Use Only—Do Not Write Below

Approved: A—Foster A—Case Number A—Income B—Income C Total Household Members: _____ Total Income: \$ _____ per _____
 Effective Dates: From _____ through _____ Sponsor Signature _____ Date _____



Child and Adult Care Food Program – Child Care Centers Household Income Statement–July 2023

Farmer or Self-Employed

Income is your *net* income (after deducting business expenses) from farm or self-employment during the year, which is shown on Schedule C or F from the federal tax return. A loss from farm or self-employment must be listed as zero income and does not reduce other household income for the purpose of completing this form.

Seasonal Worker

Income is your expected *average gross income* before deductions (*not* take-home pay) from seasonal work during the year. List your *average gross income* from seasonal work per month or other frequency.

Privacy Act Statement / How Information Is Used

The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give this information but if you do not, we cannot approve your child for free or reduced-price school meals. 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 are not required when you apply on behalf of a child in foster care, or you provide a Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservation (FDPIR) assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

Only authorized officials will have access to the information you provide on this form. We will use your information to determine if your child qualifies for free or reduced-price meals, and for administration and enforcement of the program. We may share your information with other 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. We require written consent from you before sharing information for other purposes.

While listing your children’s race and ethnicity is voluntary, CACFP uses the percentages of participants in each racial and ethnic category to make sure CACFP is operated in a nondiscriminatory manner and in compliance with federal and civil rights laws. The information is not required and will not affect approval of benefits.

Nondiscrimination Statement

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, audiotope, 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](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf) 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: 1. **mail:** U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or 2. **fax:**(833) 256-1665 or (202) 690-7442; or 3. **Email:** program.intake@usda.gov

This institution is an equal opportunity provider.

Office Use Only: Verification (Pricing Program Only)

Date Verification Sent: _____ Response Due: _____ 2nd Notice: _____ Result: No Change A to B A to C B to A B to C

Reason for change: Income Case number not verified Foster status not verified Refused cooperation Other: _____

Signature of verifying official: _____ Date: _____