In collaboration with

Welcome to Bear Buddies!

We are looking forward to a fabulous year! This is one of many of your child's formal experiences in an educational environment. We know it will be a positive and memorable one! During the coming year, you can expect your child to make new friendships, gain independence, test their limits, and grow in mind, body, and character.

Our 4k classes will begin on **August 30, 2023**. In this packet you will find the calendar for the 2023-2024 school year. We will be following the Hudson School District calendar.

Our open house will be held on **August 25, 2023, from 4pm-6:30pm**. This will allow you an opportunity to meet the teacher, familiarize your student with the classroom, and drop off supplies. The supply list can be found in this packet.

If you plan to use our early childhood wrap around program in addition to Hudson 4k, you will need to fill out necessary enrollment paperwork. A $35 registration fee and a 2-week deposit will be required at this time. Your 2-week deposit will secure you a spot in wrap around care and will also be used as an advanced tuition payment to cover your child's first 2 weeks of tuition. Wrap around care spots are limited. If your child already attends Bear Buddies, you do not need to pay a fee or deposit.

Attached are the Bear Buddies/ Hudson 4k family information forms that need to be completed and returned by **August 8th, 2023**.

The forms to return include:

- Child enrollment form
- Child Health Report (signed by doctor)
- Immunizations
- Parent Orientation Checklist
- Student Intake Form
- Food Program Form
- Media Release Form (optional)

Forms for you to keep:

- School Calendar
- School Supply List

Our first day of classroom instruction is August 30th, 2023. We look forward to seeing you at open house!

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

http://dcf.wisconsin.gov

CHILD CARE ENROLLMENT

Use of form: Use of this form is mandatory for Family Child Care Centers to comply with DCF 250.04(6)(a)1. Failure to comply may result in issuance of a noncompliance statement. This form may also be used by Group Child Care Centers and Day Camps to comply with DCF 251.04(6)(a)1. and DCF 252.41(4)(a)1. respectively. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian shall fill out the form completely, sign it and submit it to the center prior to the child's first day of attendance. Information on this form shall be kept current. When enrolling a child under two years of age, a completed *Intake for Child Under 2 Years* form must also be on file prior to the child's first day of attendance.

CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance

PARENT OR GUARDIAN – All parents / guardians are permitted to visit during center hours and are allowed to pick up the child unless access is prohibited or restricted by a court order. Attach court order, if any. If the child resides at multiple locations, the department recommends the provider obtain and attach a schedule.

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care

Home Address (Street, City, State, Zip)	Does child reside at this location? ☐ Yes ☐ No	Place of Employment and Work Phone No.

b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care

Home Address (Street, City, State, Zip)	Does child reside at this location? ☐ Yes ☐ No	Place of Employment and Work Phone No.

AUTHORIZED PERSONS – Persons other than parents / guardians who are authorized to pick up the child or accept the child if dropped off. If no one, write "None."

a. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.
b. Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.

EMERGENCY CONTACT – The person to be notified in an emergency when parents / guardians cannot be reached.
☐ Yes ☐ No This person is authorized to pick up the child.

Name and Relationship to Child	Home / Cell Phone No.	Email Address Where Reachable While Child is in Care	Place of Employment and Work Phone No.

PHYSICIAN OR MEDICAL FACILITY

Name	Address (Street, City, State, Zip Code)	Telephone Number

AUTHORIZATIONS

☐ Yes ☐ No I hereby give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately.
☐ Yes ☐ No I have had an opportunity to review the policies of this child care center and a summary of the Wisconsin Rules for Licensing Child Care Centers.
☐ Yes ☐ No I give permission for my child to participate in ☐ Transported ☐ Walking field trips and other activities during operating hours.
☐ Yes ☐ No I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: If pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

SIGNATURE – Parent or Guardian	Date Signed

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1., DCF 251.04(6)(a)6., and DCF 252.41(4)(a)6. of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)	Birthdate (mm/dd/yyyy)	First Day of Attendance (mm/dd/yyyy)
Home Address (Street, City, State, Zip Code)		

PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number
Name	Primary Telephone Number	Work Telephone Number	Secondary Telephone Number

PHYSICIAN / MEDICAL FACILITY INFORMATION

Physician Name	Medical Facility Address	Telephone Number

SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 250.07(6)(h)6., Authorizations shall be reviewed periodically and updated as necessary. Per DCF 251.07(6)(g)3., authorizations shall be reviewed every 6 months and updated as necessary.

	Brand Name	Ingredient Strength
☐ Yes ☐ No I authorize the center to apply sunscreen to my child.		
☐ Yes ☐ No I authorize the center to allow my child to self-apply sunscreen.		
☐ Yes ☐ No I authorize the center to apply repellent to my child.		
☐ Yes ☐ No I authorize the center to allow my child to self-apply repellent.		

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

☐ No specific medical condition
☐ Asthma
☐ Cerebral palsy / motor disorder
☐ Other condition(s) requiring special care – Specify.
☐ Diabetes
☐ Epilepsy / seizure disorder
☐ Gastrointestinal or feeding concerns, including special diet and supplements
☐ Any disorder, including Cognitively Disabled, LD, ADD, ADHD, or Autism

☐ Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
☐ Food allergies – Specify food(s).

☐ Non-food allergies – Specify.

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education

dcf.wisconsin.gov/

CHILD HEALTH REPORT – CHILD CARE CENTERS

Use of form: Use of this form is voluntary; however, completion of this form meets the requirements of DCF 202.08(4), DCF 250.04(6)(a)4. and DCF 251.04(6)(a)8. Failure to comply with these rules may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04(1)(m), Wisconsin Statutes].

Instructions: Each child under 2 years of age shall have an initial health examination not more than 6 months prior to nor later than 3 months after being admitted to the center and a follow-up health examination at least once every 6 months thereafter. Each child 2 years of age but who is not 5 years of age or older shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to a center and a follow-up health examination at least once every 2 years thereafter. The parent / guardian shall give this form to the physician, physician assistant, or other EPSDT provider to be completed, signed, and dated. The licensee / operator shall obtain a copy for the child's record. Note: Children are also required to have on file at the child care center documentation of immunizations; it may be helpful if the parent / guardian includes a copy of the child's immunization record when submitting this form to the child care center.

PARENT OR GUARDIAN – This section should be completed by the parent or guardian

Child's Name (Last, First, MI)	Child's Birthdate (mm/dd/yyyy)

Child's Address (Street, City, State, Zip Code)

Parent or Guardian Name (Last, First, MI)

Parent or Guardian Address (Street, City, State, Zip Code)

HEALTH PROFESSIONAL – This section should be completed by the health professional

Instructions for feeding and care of child with special health concerns – Specify: (attach information as necessary).

☐ Yes ☐ No Does the child have a milk allergy? If "Yes," identify the recommended milk substitute.

☐ Yes ☐ No Does this child have any food or non-food allergies? If "Yes," specify and include the treatment plan to be implemented in the event of an allergic reaction.

Date of child's most recent blood lead test: _____ (mm/dd/yyyy).

Note: Children on Medicaid are required to be tested at around ages 12 months and 24 months or once between the ages of 3 and 5 years if no previous test is documented. Lead testing is optional for children who are not on Medicaid.

Immunization(s) not to be administered to child due to medical reason(s) – Specify.

AUTHORIZATION

I certify that I have examined the above child on this date and that he / she is able to participate in child care activities.

Name – MD, PA, or other EPSDT Provider (type or print)	Address (Street, City, State, Zip Code)

SIGNATURE – MD, PA, or other EPSDT Provider	Date of Examination

DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-44192 (02/2023)

STATE OF WISCONSIN
Wis. Stat. § 252.04

CHILD CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO CHILD CARE CENTER. State law requires all children in child care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the child care center.** These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the child care center. See "Waivers" below. If you have any questions about immunizations, or how to complete this form, please contact your child's child care provider or your local health department.

STEP 1 PERSONAL DATA — PLEASE PRINT

Child's Name(Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

STEP 2 IMMUNIZATION HISTORY

List the MONTH, DAY AND YEAR the child received each of the following immunizations. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus *Influenzae* Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (Chickenpox)					

History of Varicella/Chickenpox

In accordance with DHS 144.03(2)(g), I attest that this child has a reliable history of varicella disease and is not required to receive Varicella vaccine.

_____ _____

SIGNATURE – Physician/PA/APNP Date Signed

STEP 3 REQUIREMENTS

The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at child care entrance. Children who reach a new age/grade level while attending this child care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES						
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B		
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib[1]	3 PCV[2]	2 Hep B	1 MMR[3]	
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib[1]	3 PCV[2]	3 Hep B	1 MMR[3]	1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT[4]	4 Polio			3 Hep B	2 MMR[3]	2 Varicella

[1]If the child began the Hib series at 12-14 months of age, only two doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose four days or less before the first birthday is also acceptable).

[2]If the child began the PCV series at 12-23 months of age, only two doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

[3]MMR vaccine must have been received on or after the first birthday (Note: a dose four days or less before the first birthday is also acceptable).

[4]Children entering kindergarten must have received one dose after the fourth birthday (either the third, fourth or fifth) to be compliant (Note: a dose 4 days or less before the fourth birthday is also acceptable).

STEP 4 COMPLIANCE DATA AND WAIVERS

IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the child care center), OR

IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to child care center).

☐ Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I, understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the child care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the child care center may result in court action against the parents and a fine of $25.00 per day of violation.

☐ For health reasons this child should not receive the following immunizations _____(List in STEP 2 any immunizations already received)

_____
Physician's Signature Required

☐ For religious reasons this child should not be immunized. (List in STEP 2 any immunizations already received)

☐ For personal conviction reasons this child should not be immunized. (List in STEP 2 any immunizations already received):

STEP 5 SIGNATURE

To the best of my knowledge, this form is complete and accurate.

_____ _____

SIGNATURE - Parent, Guardian or Legal Custodian Date Signed

BEAR BUDDIES
CHILD DEVELOPMENT CENTER

In collaboration with HUDSON SCHOOLS

(Sponsored by Bear Buddies Educational Resources, Inc.)

PARENT ORIENTATION CHECK LIST
2019-2020

I (we) agree to comply with its policies as outlined below.
PLEASE INITIAL EACH LINE ITEM

*** **Tuition:**

_____ I (we) understand that there is NO FEE for the Hudson 4K Program.

_____ I (we) understand that drop off and pick up times are no earlier or later than 5 minutes before and after school hours.

_____ I (we) understand that I will be charged a rate of $5 up to the first 15 minutes (payable in ½ hour increments) an hourly rate of $9.50 per hour for any times other than the allotted preschool hours. This is including early arrival and late pick up. Fees are due at time of pick up.

*** **Health:**

_____ I (we) agree to provide Bear Buddies current immunization and health records prior to attendance in accordance with Wisconsin State Licensing.

_____ I (we) agree to pick up my child within one hour of being notified of a condition or illness that warrants exclusion from preschool.

_____ I (we) agree to inform Bear Buddies of any health information concerning allergies, immunizations, communicable disease, diet or other special needs.

*** **Curriculum:**

_____ I (we) understand that my child will receive a daily educational program that includes, but is not limited to, activities in cognitive development (pre-reading, pre-math, thought processes), communication (expressive and receptive), motor development, language development, character growth (socialization, conflict resolution, positive self image).

_____ I (we) understand that weekly lesson plans, weekly newsletters and a daily classroom schedule will be given to me, e-mailed or posted in the classroom for me to view.

*** **Communication:**

_____ I (we) agree to inform the staff and office of changes in persons authorized to drop off or pick up my child.

_____ I (we) understand that any **authorized** person picking up my child will be required to have a picture I.D.

_____ I (we) agree to share with the preschool teacher and/or director any concerns regarding the type or quality of education my child receives, both positive and constructive.

_____ I (we) acknowledge that regular communication with my child's teacher can be expected including but not limited to daily personal communication and parent conferences with progress reports.

_____ I (we) acknowledge that 2 conferences will be held throughout the year. One will be scheduled in the fall and one in spring. They will be up to ½ hour each.

*** **Parent Involvement:**

_____ I (we) understand that the parent involvement activities are offered as part of the Hudson 4K program to enhance school, community and family unity. These are not required attendance and may involve a small fee.

*** **Scheduled Time:**

_____ My child's normal schedule is AM or PM (circle one)

*** **Waiver:**

_____ I (we) understand that accidents happen when children play and grow and in the event that a non-negligent accident occurs due to play or child on child, I (we) will not hold Bear Buddies Child Development Center INC. responsible.

_____ I (we) understand that by singing this contract, I (we) agree to waive any and all claims, demands, suits and charges that I (we) have or may have in the future in connection with Bear Buddies Child Development Center, INC., its officers, trustees, agents, and employees; including but not limited to personal injury, bodily harm, injury or property damage occurring while my child is in their care.

_____ I (we) understand that by singing this contract I (we) agree to HOLD HARMLESS and INDEMNIFY Bear Buddies Child Development Center, INC., for any and all liability for any property damage, loss or personal injury to any third party.

_____ _____

Parent Signature Date

_____ _____

Parent Signature Date

Things My Teacher Needs To Know

My Name is: _____

1. Everyone calls me by this name:

2. My Parents (guardians) Names:

3. Language spoken in my household:

4. What makes me happy:

5. Things I dislike:

6. Things that scare me:

7. What helps me to calm down when I'm upset?

8. What makes me unhappy?

9. Any allergies?

10. Potty-trained? Diapers? Needs Assistance? Accidents?

11. Forms of communication I use: (example: verbal, gestures, pointing, sign language, pictures, devices, tactile symbols, etc.):

12. Things my teacher/s need to know about me: (example: seizures, tube-fed, private nurse, medical conditions, or anything else the teacher should know):

13. When I'm upset or when people get in my space, I may react this way: (example: cry, hit, bite, pinch, scratch, kick, etc.)

14. When I do this, I need or want this: (example: clap my hands-want more)

15. Will I be taking meds to school?

16. My name (will I respond to my name, can I write my name, can I spell my name, do I recognize my written name, etc.)

17. Can I count to 10? Still in progress?

18. Can I recite and recognize letters of the alphabet? Still in progress?

19. Other things I might want to share:

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) For Establishing Provider's Tier 1 Status – FFY 2024

PROVIDER LETTER

Rev. 06/23

This Provider Letter and the attached Household Size-Income Statement form (HSIS) must be given to all home providers who do not qualify as Tier I by area eligibility.

Dear Provider:

To establish eligibility as a Tier I home provider under the CACFP, you must complete and return to our office the attached Household Size-Income Statement form (HSIS) along with support documentation of all reported income or your household's participation in Benefits Programs. Once approved for Tier 1 rates, your family day care home will remain eligible for Tier 1 meal rates for a period not to exceed 12 months, regardless of any change in household size and/or income or termination from Benefits Programs during this 12-month period. This information will be kept confidential in our files. You are not required to complete this HSIS if no one in your household receives benefits from FoodShare WI (the Supplemental Nutrition Assistance Program (SNAP)), FDPIR (Food Distribution Program on Indian Reservations), or Wisconsin Works Programs and your household income is higher than the amount shown for your household size within the table below.

Determining Eligibility based on Participation in Benefits Programs → *Complete Part 1 and Part 3 of HSIS form*

Your family day care home will receive Tier 1 meal reimbursement rates if your household receives benefits from FoodShare WI, FDPIR, or WI Works Programs. Wisconsin Works Programs is Wisconsin's Temporary Assistance for Needy Families (TANF) program. It provides work placement and training programs and IS NOT the WI Child Care Subsidy Program. WI Works Programs includes Trial Employment Match Program (TEMP), Community Service Jobs (CSJ), W-2 Transitions (W-2T), Case Management, Custodial Parent of an Infant (CMC), Minor Parents Services, Noncustodial Parents, and Pregnant Women, Learnfare and Emergency Payments.

You must include the following information on the HSIS (a-c) for eligibility based on receiving benefits from FoodShare WI, FDPIR, WI Works Programs:

(a) The names of your own and/or other residential children;
(b) Checked box for the benefit your household receives and its case number; &
(c) The signature of an adult member in the household & signature date

- DO NOT list case numbers for: Medicaid, SSI, OR Wisconsin Child Care Subsidy program AND
- DO NOT list 16-digit Quest Card number *(starts with 5077)* for FoodShare W

Determining Eligibility by Household Size and Income → *Complete Part 2 and Part 3 of HSIS form*

Household-Size Income Scale (Effective July 1, 2023 to June 30, 2024)

Household Size	Annual Income Level (at or below)
1	$ 26,973
2	$ 36,482
3	$ 45,991
4	$ 55,500
5	$ 65,009
6	$ 74,518
7	$ 84,027
8	$ 93,536
For each additional Household Member, add:	+$ 9,509

If your household earns a total income that is less than or equal to the income levels listed within this table, you will receive Tier 1 meal rates for all your enrolled children.

For determining eligibility based on your household size and income, you must include the following information on the HSIS (a-e):

(a) Full names of all household members who share income and expenses, including children, parents, and non-related persons;
(b) Income received by each household member identified by source of income and its pay frequency;
(c) Total number of household members;
(d) The signature of an adult member of the household and signature date; and
(e) The last four digits of the social security number of the adult household member signing the HSIS or an indication they do not have a social security number.

- Disclosure of United States citizenship or immigration status is not required and is not a condition of eligibility for higher meal reimbursement rates.

Eligibilities of Foster, Runaway, Homeless, and Migrant Children, and Children in Head Start: If your household does not qualify you as a Tier 1 provider based on the information provided on this form, any child residing in your home who is a foster, runaway, homeless, or migrant child, or a child enrolled in Head start will qualify for Tier 1 meal rates when the respective documentation listed below is provided. These children's Tier 1 eligibility status does not extend to your home or any other children in the household. The respective documentation is required for these children to be eligible for Tier 1 rates:

- Foster Children: Your completed HSIS with the 'Foster Child' box checked next to your foster children's names. When including them on your HSIS completed for your non-foster children, any income reported for your foster children must only be for their personal use. Your foster children will then be eligible for Tier 1 meal reimbursement rates. Your non-foster children's eligibilities will be based on the benefits or income information provided on your household's completed HSIS form.
- Children Enrolled in Head Start: Written certification of your child's Head Start enrollment eligibility period from the Head Start administering agency.
- Runaway, Homeless, and Migrant Children: Written certification of the child's status from an official of the appropriate Runaway and Homeless Youth Program, Migrant Education Program, or school official.

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You are not required to provide this information, but if you do not, you cannot be approved as a Tier 1 eligible provider. You must include the last four digits of the social security number of the household member signing the form unless: the HSIS is only for your foster child(ren); you list a case number for receiving FoodShare WI, WI Works Programs, or FDPIR; or when the household member signing the HSIS checks "None" for not having a SS#.

Sharing Eligibility Information: Children's meal eligibility information may be shared, in accordance with disclosure protection requirements without prior notification, with education, health, and nutrition programs to assess their eligibility for benefits. The law allows us to share your children's eligibility information with programs such as Medicaid or BadgerCare for ensuring their access to free or low-cost health insurance, unless you tell us not to. This information may only be used for determining eligibility for their programs; if your children are eligible, they may contact you to offer their enrollment options. Filling out this HSIS does not automatically enroll your children in these programs. If you do not want your information to be shared with these programs, notify us in writing. This notification will not change whether your children's meals are eligible for meal reimbursement. Your eligibility information provided on the HSIS may also be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

Refer to the USDA Non-Discrimination Statement and Complaint Filing Procedure. This institution is an equal opportunity provider.

W S Goodman

Signature of Sponsor Representative

HOUSEHOLD SIZE-INCOME STATEMENT (HSIS)

For Establishing Provider's Tier 1 Status: Complete and return this form to your sponsor for establishing eligibility as a Tier 1 provider, along with documentation supporting all listed sources of household income OR your household's participation in Benefits Programs. Refer to the accompanying *Provider Letter* for instructions on completing this form.

Provider's Name	Provider Number

PART 1: BENEFITS

Do any household members currently participate in FoodShare WI, WI Works Programs, or FDPIR?
If yes, check the program and write the corresponding case number below; then go to Part 3. If no, skip to Part 2.

☐ FoodShare Wisconsin (10-digit case number)
DO NOT list a 16-digit Quest Card number: ____________________

☐ FDPIR (9-digit case number): ____________________

☐ Wisconsin Works (W-2) Programs (10-digit case number):
Wisconsin Shares Child Care Subsidy benefits is NOT a W-2 Program. It does not qualify a child as CACFP eligible.
____

PART 2: TOTAL HOUSEHOLD SIZE AND INCOME

If you did not complete Part 1, complete a, b, and c below; then go to Part 3.

a) Household Member Information:
List full names of all members in first column below, including yourself and all children

b) Income:
- List all income on the same line as the household member who receives it
- Check the box for how often each income source is received
- Record each income source only once

Household Member Names Household Member: anyone who is living with you and shares income and expenses, even if not related.	Optional Age	Check if Foster Child	Check if No Income	Gross wages, Net income *(self-employed)*, Tips, Commission, Cash bonuses, Military pay & allowances, Work comp, strike benefits, Unemployment	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Retirement, Social Security, SSI, Disability, VA benefits, Child support, Alimony	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Private pensions, trusts, Annuities, Interest, Investments, Net rental income, Savings, Other income	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
		☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
		☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
		☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
		☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
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		☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐
		☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐	$	☐	☐	☐	☐	☐

c) Record total number of household members: ________

PART 3: SIGNATURE

An adult household member must sign and date this form
If Part 2 is completed, the adult signing the form must list the last four digits of their SS# OR check "None" if they do not have a SS#.

I CERTIFY that all information on this form is true. I understand that this information is given in connection with the receipt of Federal funds and that CACFP officials may verify the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Home Provider's Signature	Signature Date *Mo./Day/Yr.*	Last 4 digits of SS# (or check "None" if you do not have a SS#) ***-**- ________ ☐ None
Address	Daytime Phone Number	Email

FOR SPONSORING ORGANIZATION USE ONLY – Complete all 3 sections

Section 1: Basis of Determining Eligibility *(A or B)*		Section 2: Eligibility Determination	Section 3: Determining Official's Initials/Approval Date and Effective Month of Determination
A. *Household Size & Income* Total Household Size ______ *Total Income $________/________ ($ Amount) (Time Period)	B. *Benefits/Foster* ☐ FoodShare WI ☐ W-2 Programs ☐ FDPIR ☐ Foster Child(ren)	☐ Eligible ☐ Not Eligible	Initials/Date: ____________________ **Effective Month of Determination: ____________________ Month/Year

*Convert to yearly income only when multiple pay frequencies are reported, using only these multipliers:

Weekly x 52	Twice a month x 24
Every 2 weeks x 26	Monthly x 12

**This form expires one year from the *Effective Month of Determination.*

WISCONSIN CACFP Child and Adult Care Food Program

CACFP ENROLLMENT FORM

Child Care Name:

Parent/Guardian Instructions:
This form can be used for up to three children per household. In the spaces below list the child's name, current age, the days and hours normally in care, and the meals normally received while in care. If the child is of school age report the hours in care both before and after school. Child and Adult Care Food Program (CACFP) regulations require that the enrollment form be updated annually and signed by the child's parent or guardian. **This form can be used for three years for the same child(ren), to meet the annual updating requirements.**

HOURS AND MEALS WHILE IN CARE

	Days Normally in Care (Check ✓)	From	To	From	To	Meals Normally Received While in Care (Check ✓)					
Child's Name:						Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
	☐ Sunday					☐	☐	☐	☐	☐	☐
	☐ Monday					☐	☐	☐	☐	☐	☐
	☐ Tuesday					☐	☐	☐	☐	☐	☐
Date of Birth:	☐ Wednesday					☐	☐	☐	☐	☐	☐
	☐ Thursday					☐	☐	☐	☐	☐	☐
	☐ Friday					☐	☐	☐	☐	☐	☐
	☐ Saturday					☐	☐	☐	☐	☐	☐

Additional Information (Year One):	Additional Information (Year Two):	Additional Information (Year Three):

HOURS AND MEALS WHILE IN CARE

	Days Normally in Care (Check ✓)	From	To	From	To	Meals Normally Received While in Care (Check ✓)					
Child's Name:						Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
	☐ Sunday					☐	☐	☐	☐	☐	☐
	☐ Monday					☐	☐	☐	☐	☐	☐
	☐ Tuesday					☐	☐	☐	☐	☐	☐
Date of Birth:	☐ Wednesday					☐	☐	☐	☐	☐	☐
	☐ Thursday					☐	☐	☐	☐	☐	☐
	☐ Friday					☐	☐	☐	☐	☐	☐
	☐ Saturday					☐	☐	☐	☐	☐	☐

Additional Information (Year One):	Additional Information (Year Two):	Additional Information (Year Three):

HOURS AND MEALS WHILE IN CARE

	Days Normally in Care (Check ✓)	From	To	From	To	Meals Normally Received While in Care (Check ✓)					
Child's Name:						Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack
	☐ Sunday					☐	☐	☐	☐	☐	☐
	☐ Monday					☐	☐	☐	☐	☐	☐
	☐ Tuesday					☐	☐	☐	☐	☐	☐
Date of Birth:	☐ Wednesday					☐	☐	☐	☐	☐	☐
	☐ Thursday					☐	☐	☐	☐	☐	☐
	☐ Friday					☐	☐	☐	☐	☐	☐
	☐ Saturday					☐	☐	☐	☐	☐	☐

Additional Information (Year One):	Additional Information (Year Two):	Additional Information (Year Three):

PARENT/GUARDIAN SIGNATURE

Parent/Guardian Signature (Year One): Date *Mo./Day/Yr.*	*Parent/Guardian Initials (Year Two):* Date *Mo./Day/Yr.*	*Parent/Guardian Initials (Year Three):* Date *Mo./Day/Yr.*

245 W. Paperjack Dr. New Richmond, WI 54017 ** (715) 246-7600; Fax: (715) 246-7602
3250 Heiser St. Hudson, WI 54016 ** (715) 386-5454; Fax: (715) 531-1945
Email: info@bearbuddies.org
Website: www.bearbuddies.org

Facebook Consent Form

_____ I give permission to have my child's photo appear on the Bear Buddies Facebook page.

_____ I DO NOT give permission to have my child's photo appear on the Bear Buddies Facebook page.

Parent Signature:_____ Date:_____

Child: _____

Child:_____

Child:_____

Hudson Community 4K Program

2023-2024 Calendar

2023-2024 School District Calendar

	- No School		- Early Release/No 4K Class
	- First/Last day of 4K		- Teacher PD/ No 4K Classes

July 2023

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

Augugst 2023

Su	M	Tu	W	Th	F	Sa
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

September 2023

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October 2023

Su	M	Tu	W	Th	F	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

November 2023

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

December 2023

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

January 2024

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	23	26	27
28	29	30	31			

February 2024

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

March 2024

Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

April 2024

Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

May 2024

Su	M	Tu	W	Th	F	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

June 2024

Su	M	Tu	W	Th	F	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

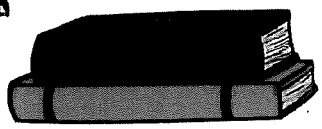
July 2024

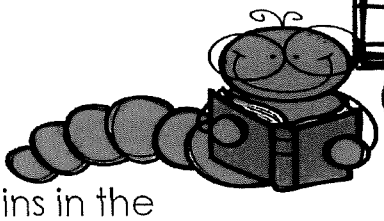
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August 2024

Su	M	Tu	W	Th	F	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

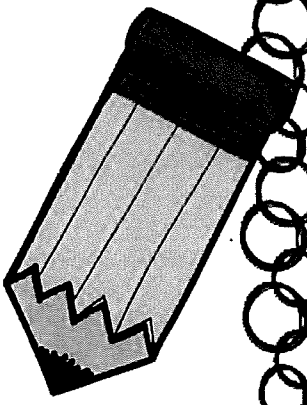
School Supply List





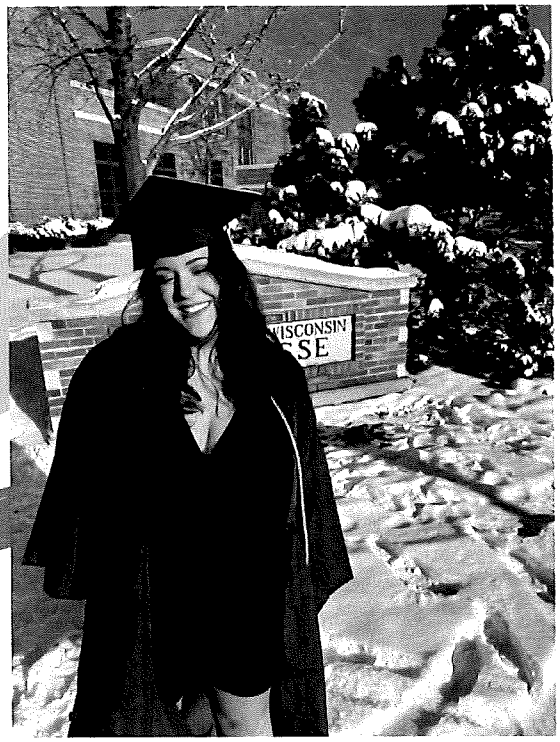
Please drop these items off into the designated bins in the classroom during the open house August 26th 6am-4pm. I appreciate all of the classroom donations and you providing your scholar with materials to be successful this year. Thank you for your commitment as we start the new school year!

- 1 – 1 inch clear front pocket binder
- 1 – paint shirt labeled with scholar's name
- 1 – complete extra set of clothing (including socks) in a labeled Ziploc bag
- 1 – labeled standard sized backpack
- 2 – 4 oz bottles of Elmer's liquid glue
- 3 – thick Elmer's glue sticks
- 6 – thin Elmer's glue sticks
- 1 – 12 pk Crayola colored pencils
- 1 – 24 pk Crayola crayons
- 1 – set watercolor paints
- 1 – 12 pk Crayola classic color markers
- 2 – My First Ticonderoga pencils
- 1 – 4 pk dry erase markers
- 2 – large boxes of tissue
- 2 – packs of colored construction paper
- 2 – reams of standard copy paper
- 1 – plastic folder with pockets and 3 metal prongs in the middle for daily communication



1 -- notebook labeled with scholar's name

Meet Miss Claire!



Hello! My name is Miss Claire and I'm the new 4K teacher at Hudson Bear Buddies. I can't wait to get to know you and your kiddos during this school year :)

About Me:

- I live in Hudson, WI but I'm originally from Cottage Grove, Minnesota!
- I graduated from the University of Wisconsin - La Crosse with a degree in education and a minor in French.

My Favorite Things:

Color: Pink
Animal: Dolphin
Food: Pasta
Drink: Iced coffee
Candy: Sour Patch Kids
Disney/Pixar Movie: Luca
Hobbies: Cooking, reading, singing/dancing