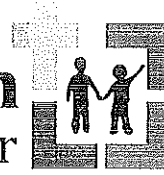


**Zion Christian
Early Learning Center**



SUMMER REGISTRATION

It is time for all of us to begin planning for our summer fun. If you could please help by letting us know if you are planning to change or suspend your child's enrollment for summer. Suspending their enrollment does not hold their spot for the fall if there is a waiting list for your child's classroom. If you are planning to send your school-age child we will need to know as soon as possible. We have many exciting activities planned for each age group. **The start date for summer is June 3rd.**

**Please remember your child must be enrolled a minimum of 3 days a week to stay enrolled in our program.*

Childs name _____ **Birth date** _____

What days and times will you need?

Full-Time | Part-Time Care

We will be on vacation the week of _____

How will payments be made? Private Pay or State Funded

Parent signature _____

Date: _____

Registration fee is \$40.00 per child.

This is paid annually.

**There are no registration fees for currently enrolled students.*

Remember if you have more than one child attending there is a 15% off discount for your oldest child.

Zion Christian Early Learning Center 2023-2024 Rates
 Starting Sept 1st, 2023

Infant Care (6 weeks to 18 months)

5 full days	\$ 254.78	half days	\$ 178.35
4 full days	\$ 232.94	half days	\$ 163.06
3 full days	\$ 196.55	half days	\$ 137.58
Additional Day	\$ 80.07	half days	\$ 56.05

Toddler Care (18 months to 3 years)

5 full days	\$219.06	half days	\$153.35
4 full days	\$200.29	half days	\$140.20
3 full days	\$168.99	half days	\$118.29
Additional Day	\$68.85	half days	\$48.19

Preschool Care

5 full days	\$190.62	half days	\$133.44
4 full days	\$174.28	half days	\$122.00
3 full days	\$147.05	half days	\$102.94
Additional Day	\$59.91	half days	\$41.94

Summer SACC

5 full days	\$172.44	half days	\$120.71
4 full days	\$157.66	half days	\$110.36
3 full days	\$133.02	half days	\$93.12
Additional Day	\$54.20	half days	\$37.94

Registration - \$40.00 for all classes

Before & After School Care - \$7.25 per hour SACC

Financial Policy

Name of Child:

1. An annual non-refundable registration fee will be charged each year at the time of registration
Registration is valid for 12 months

2. Days missed during the week cannot be made up at a later time. If you need to schedule an extra day, you must speak to the Administrator to see if there is an opening. Any additional days will be billed at the daily rate.

3. Parents are responsible for payment of full tuition for any week for which their child is enrolled, whether the child attends or not. Parents will be invoiced every Friday for the upcoming week attended and Paid in Full before the next Schedule is given by Wednesday.

Tuition must be **"PAID IN FULL"** before the schedule is submitted. No Exceptions !!

Remember tuition is based upon enrollment rather than attendance.

4. Payments must be paid weekly. Billing is based on the schedule that you submit each week, due on or before Wednesdays by 6pm. Tuition may be paid in a convenient monthly payment in advance.

5. There is a **3 day minimum** schedule required to keep enrollment in the center. As long as there are 3 billable days in the week you are required to schedule to keep your placement even when there is a holiday in the week.

6. **Vacation days.** One week of family vacation time is allotted per year, based on the amount of days in school per week. Please let Administrator know as soon as possible. The vacation time must be used in one week time and not broken up.

7. Upon written verification, tuition may be prorated for time absent due to hospitalization and recuperation. This does not count for doctor visits.

8. **Payment methods accepted are:** Credit/Debit card online or in office, Check or Cash. Please be advised that check payments may take longer to process.

All "non-sufficient funds" checks are charged \$25.00

9. **For ODJFS subsidized students,** any failure to TAP your child's attendance which results in non-payment by ODJFS for the week not signed in/out, will result in a charge to your account for the week of tuition. This tuition charge must be paid in Full before the child can attend the next week.

All Co-payments based upon ODJFS must be paid weekly to keep enrollment.

10. **Late Pick-Up Fee:** A late pickup penalty of \$10.00 per additional 15 mins, will be charged for any child picked up after 6:00pm. Three late departures are grounds for dismissal.

11. Parents must notify the school before the first of the month if their child is withdrawing, in order to avoid weekly payment. If a child is permanently withdrawn from the program after tuition has been remitted the tuition is forfeited.

Signature of parent/guardian:

Date:

Ohio Department of Job and Family Services
**CHILD ENROLLMENT AND HEALTH INFORMATION
 FOR CHILD CARE**

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

Child's Name		Date of Birth		First Day at Program/Home	
Home Address				City	
State		Zip Code	Home Telephone Number		
Parent/Guardian Name #1			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone (if applicable)		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Parent/Guardian Name #2			Relationship to Child		
Home Address <input type="checkbox"/> Same as Child's			Home Telephone Number <input type="checkbox"/> Same as Child's		
City		State	Zip		
Email Address (if applicable)			Cell Phone		
Parent's Work/School Name			Parent's Work/School Telephone Number		
Parent's Work/School Address				City	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parents/guardians. <input type="checkbox"/> Yes <input type="checkbox"/> No					
If you answered yes, please indicate which information above to include on the list <input type="checkbox"/> Work # <input type="checkbox"/> Cell # <input type="checkbox"/> Home # <input type="checkbox"/> Email					
Where can you be reached while your child is in this program/home?					
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached . Any person listed should be able to assist in contacting you. At least one person listed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age.					
Name		Name			
City		State	City		State
Telephone Number		Relationship to Child		Telephone Number	
				Relationship to Child	
Other numbers where emergency contact can be reached (if applicable)			Other numbers where emergency contact can be reached (if applicable)		
Name of Physician or Clinic/Hospital					
Street Address					
City		State	Telephone Number		

Child's Name

Allergies, Special Health or Medical Conditions, and Medical Foods

Fill in this section accurately and completely. Please note that if your child has a **current** health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.

Does your child have any food, medication or environmental allergies? (*check all that apply*)

No

Yes - *check all that apply* Food Medication Environmental Please list and explain:

Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (*check one*)

No

Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Does your child have a developmental delay or special health or medical condition? (*check one*)

No

Yes - please explain

Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (*check one*)

No

Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.

Is your child currently using any medication or medical food? (*check one*)

No

Yes - please explain

If yes, does this medication or medical food need to be administered at the child care program/home?

No

Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food.

Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (*check one*)

No

Yes - please explain

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group?

No

Yes - written instructions from the child's health care provider must be on file.

N/A - program does not provide meals or snacks to the child.

Child's Name

List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.

Not applicable

List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.

Not applicable

List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.

Not applicable

List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.

Not applicable

Child's Name

Diapering Statement

Is your child toilet trained? Yes (If yes, skip to Emergency Transportation Authorization section)
 No (If no, fill out the following:)

The program's policy is to check diapers every 2 hours. Please indicate if you want your child's diaper checked according to the program's policy or another:

I agree with the program's schedule I do not agree, please check my child's diaper every _____ hours.

Emergency Transportation Authorization

Give <u>Permission</u> to Transport		OR Do not sign both	Do Not Give Permission to Transport	
Program or Home Name Zion ELC			Program or Home Name	
has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.			does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:	
Parent's Signature	Date		Parent's Signature	Date

Acknowledgement of Policies and Procedures

I have reviewed and received a copy of the program's or home's policies and procedures/handbook. Yes No (check one)

This form, after being completed and signed by the parent/guardian, must be reviewed for completeness and signed by the administrator/designee prior to the child receiving care.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature	Date

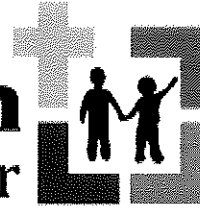
The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is to indicate all information has stayed the same or changes have been noted. If significant changes are needed, please complete a new form.

Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review
Parent/Guardian Initials	Date of Review	Administrator/Designee Initials	Date of Review

Note:

This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04. This form must be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.

Zion Christian
Early Learning Center



Handbook Statement

Please Read through this form and fill out accordingly.

Name of Guardian:

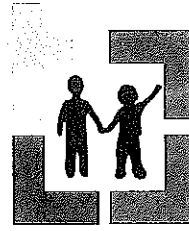
Name of Child:

**I have received and read a copy of the
Zion Christian Early Learning Center Handbook.
I understand and agree to abide by the procedures
the center has established.
We also received and signed the financial policy
and procedures.**

Signature of parent/guardian

Date:

Zion Christian Early Learning Center



3300 Canfield Rd. Youngstown OH 44511 330-792-4066

Photo Consent Form

Occasionally during the school year local media or the newspaper will take pictures or film footage or our schools special events. Please indicate below as to whether or not your child may be photographed.

_____ Yes, my child may be photographed for use for all media purposes

i.e. newsletters, website, Facebook, etc...

_____ No, my child may not be photographed for all media purposes

i.e. newsletters, website, etc...

Parent/Guardian Signature

Date

Dear Parent or Guardian:

Zion Christian Early Learning Center offers healthy meals and snacks to children as part of the Child and Adult Care Food Program (CACFP). Your day care provider receives support from CACFP to serve those meals. CACFP gives more support to your provider if your household income is equal to or less than the limits on this chart:

Federal Income Standards for Reduced-Price Meals for July 1, 2023- June 30, 2024		
Household size	Yearly Income	Monthly Income
1	26,973	2,248
2	36,482	3,041
3	45,991	3,833
4	55,500	4,625
5	65,009	5,418

Please fill out a *CACFP Meal Benefit Income Eligibility* form. It will help us find out how much support your provider receives. Be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms. Please turn in the completed form to the school office.

Thank you for taking the time to fill out the form. We hope your child enjoys CACFP meals!

In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability. If you have questions or need help, please contact **Kara Ehret** at **330-792-4066** or **school@zionohio.org**

Sincerely,



Geniene Hankey
ZCELC Administrator

This institution is an equal opportunity provider.

Ohio Department of Education - Office of Nutrition
CHILD AND ADULT CARE FOOD PROGRAM
ENROLLMENT FORM

Required Form for use by Child Care Centers and Head Start Programs

CACFP programs exempt from having an enrollment form on file are: Emergency Shelters, Outside School Hours, Youth Development & After School at Risk

Instructions to Complete		
<ul style="list-style-type: none"> • All parents/guardians are to complete a separate form for each child enrolled at the child care or Head Start center. • List the child's name, age, birth date, the days and hours normally in care and the meals normally received while in care. • If schedule listed will frequently vary due to changes in parent/guardian schedule, check response box below chart. • If the child comes before and after school, list the hours in care for both the morning and afternoon. • CACFP Federal regulations 226.15(e) (2) require that an enrollment form be completed annually and signed by the child's parent or guardian. 		
CENTER NAME Zion Christian Early Learning Center		
CHILD'S NAME (please print)	AGE	BIRTHDATE month / day / year

CHECK THE NORMAL DAYS AND HOURS YOUR CHILD IS IN CARE AND THE MEALS RECEIVED WHILE IN CARE											
Check (✓) Days Child Normally in Care	List hours child normally in care				Check (✓) meals child normally receives while in care						
	Arrive	Depart	Arrive	Depart	Breakfast	AM Snack	Lunch	PM Snack	Supper	Evening Snack	
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Saturday											
Sunday											
<input checked="" type="checkbox"/> Yes, the schedule listed above may frequently vary due to changes in parents/guardians schedule.											

SIGNATURE OF PARENT/GUARDIAN	DATE	DAY PHONE NUMBER
------------------------------	------	------------------

MAILING ADDRESS: STREET /APT.	CITY	ZIP CODE
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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 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;

(2) fax: (833) 256-1665 or (202) 690-7448; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Revised 8/2022

ETHNIC and RACIAL DATA FORM

Agency/Daycare Center Zion Christian Early Learning Center
 Agency/Daycare Address 3300 Canfield Rd

The agency or daycare listed above receives Federal financial assistance for participating in the Child and Adult Care Food Program (CACFP). Because they receive Federal financial assistance they are required to record and maintain the Ethnic and Racial data of all children enrolled in the CACFP. This information is used solely for the purpose of determining compliance with Civil Right laws and will be kept confidential. We are requesting for each participant to 'Self Identify' and provide this information, however it is optional to Self Identify. If you choose not to Self Identify, then please be aware that the agency/daycare will need to make a judgment of your child's race and ethnicity because Civil Rights law require them to do so. This ethnic and racial information will remain confidential and on file for 3 years and will only be accessible to authorized personnel.

To Self Identify, please answer the following questions.

Child's name _____

Ethnic Category: Choose one

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino".	
Non-Hispanic or Latino:	

Racial Categories: Check all that apply

American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America, (including Central America), and who maintains tribal affiliation or community recognition.	
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.	
Black or African American: A person having origins in any of the black racial groups of 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.	
White: A person having origins in any of the original peoples of Europe, the Middle East or North Africa	
Other	

Parent/Guardian Signature _____ Date _____

Ohio Department of Job and Family Services
FAMILY INFORMATION
FOR STEP UP TO QUALITY PROGRAMS (SUTQ)

Child's Name (Last)	(First)	Nickname (if any)
<p><i>By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in care. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.</i></p>		
Who is in the child's immediate family?		
Who lives at home with your child?		
What is the primary language spoken in your child's home?		
Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional Details?		
Are there any changes or transitions that your child has recently experienced or is experiencing? (moved from crib to bed, divorce, new home, death of family member, friend or pet) Additional Details?		
Are there any cultural or religious practices of your family we should be aware of? (Dietary restrictions, clothing, head coverings, etc.)		
Do you have any pets at home? If so, what are they and what are their names?		
Has your child had a previous care arrangement? <input type="checkbox"/> Yes or <input type="checkbox"/> No. Additional Details? (Center based, in home, with family, with parents, etc.)		
My child drinks <input type="checkbox"/> milk, <input type="checkbox"/> formula, <input type="checkbox"/> juice or <input type="checkbox"/> water. (Check all that apply) How much and how often?		
Does your child have any favorite foods?		
Does your child dislike any foods?		
Are there any foods your child should not be fed? (Licensing requires documentation be completed for children with food allergies and/or dietary restrictions)		

Please check all of the words that best describe your child's personality and behavior

- active adventurous affectionate anxious bossy bright busy calm cautious cheerful
 content creative curious easily-angered emotional energetic excitable friendly gives-in-easily
 happy hesitant insecure jealous likes structure/routines loud loving mellow outgoing
 prefers adult attention quiet sensitive serious shares-well social spontaneous stubborn tentative
 other:

Are there additional personality and behavior characteristics that would be useful to know about your child?

Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

Does your child use any special comfort or support items that help him/her go to sleep? If so, what?

What is your child's mood upon waking? (happy, grouchy, clingy, slow to awaken)?

My child sits in a high chair, booster, child size chair or adult size chair. (Check the one that applies.)

Is your child toilet trained? If not, have you started the toilet training process? Please explain the process used.

Does your child need assistance when using the toilet? If so, how?

What words, gestures or signs does your child use if he/she needs to use the bathroom?

What time does your child normally go to bed at night and wake up in the morning?

What time(s), and for how long, does your child usually nap?

Does your child have trouble sleeping (Night terrors, trouble going to sleep, etc.)? Please explain.

What might you and/or your child be anxious about as he/she starts in this program?

What are you and/or your child excited about as he/she starts in this program?

What are your expectations of this program?

What other information would be helpful for the staff caring for your child to know?

Parent/Guardian's Signature

Date

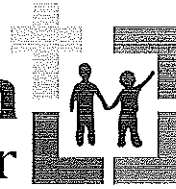
Ohio Department of Job and Family Services
CHILD MEDICAL STATEMENT FOR CHILD CARE

Child's Name (<i>print or type</i>)	Date of Birth
Note: Sections A and B must be completed by the examining Health Care Practitioner (Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner):	
Section A- EXAMINATION	
√ The above named child has been examined.	
√ The above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care).	
√ The above named child does not have allergies OR is allergic to the following (<i>please list in space below</i>):	
<div style="text-align: center; font-size: 2em; color: gray;">/</div>	
<i>Check below, if applicable:</i>	
<input type="checkbox"/> Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form.	
Optional: Measurements and Recommended Assessments/Screenings	
Height _____	Vision _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Weight _____	Hearing _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
BMI _____	Dental _____ <input type="checkbox"/> Yes <input type="checkbox"/> No
Notes:	Lead _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Hemoglobin _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Other: _____
Signature of Examining Health Care Practitioner	Date of Examination
Name of Examining Health Care Practitioner	Telephone Number
Street Address	City, State and Zip Code

ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.

IMMUNIZATION (Complete ONLY ONE SECTION below):	
Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases: Chicken pox, Diphtheria, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertussis, Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.	
Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER: <input type="checkbox"/> The above named child has been immunized against the diseases listed above. <i>If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific immunization(s):</i>	Initials of Examining Health Care Practitioner Date
Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S): <input type="checkbox"/> I have declined to have my child immunized for reasons of conscience, including religious convictions against all of the diseases listed above or against the following disease(s): <div style="font-size: 2em; font-weight: bold; text-align: center;">NA</div>	Signature of Parent Date

Zion Christian Early Learning Center



3300 Canfield Rd. Youngstown OH 44511 330-792-4066

Family Information	
Name of Child	
Birth date	
Home Phone	
Street Address	
City, State, Zip	

Mother/Guardian	
Name	
Street Address	
City State Zip	
Cell Phone	
Email	
Place of Employment	
Work Phone	

Father/ Guardian	
Name	
Street Address	
City State Zip	
Cell Phone	
Email	
Place of Employment	
Work Phone	

Marital Status				
MARRIED	DIVORCED	SEPARATED	WIDOW/WIDOWER	SINGLE

Custody/Visitation Arrangements

Other Members of your Household (Siblings, grandparents, etc.)			
	Name	Age	Relationship to Child
1.			
2.			
3.			
4.			
5.			

Persons Permitted to pick up your Child from the Center (Other than parents)		
	Name	Relationship to Child
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		



Student Information

Student Name:
Assigned Classroom:

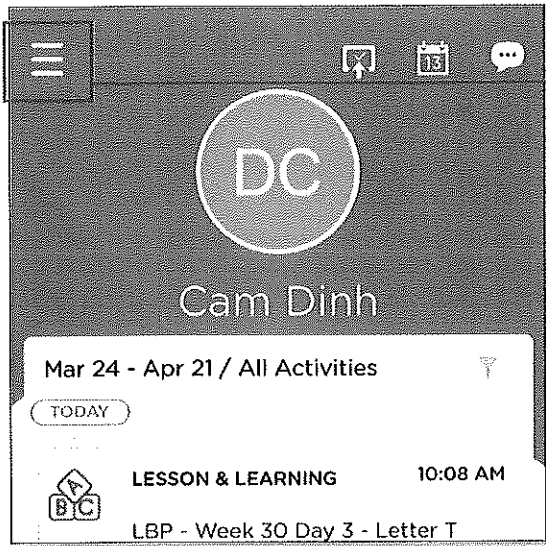
Student Name:
Assigned Classroom:

Contact information :
(Must Provide Email for each Parent)

Parent Name:
Relationship to Student : Mother / Father / Guardian
Phone #:
Email:

Parent Name:
Relationship to Student: Mother / Father / Guardian
Phone #:
Email :

The Procure child care mobile app is available for Apple iOS and Android devices and can be downloaded in their respective app stores.

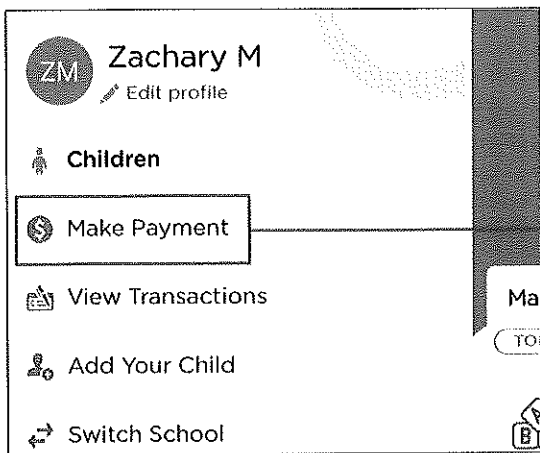


IN THE MOBILE APP

Click on the top left side of the app to see your menu:

Select **Make Payment** – follow the same instructions above for adding payment methods. You only need to add a payment method once, either in the web portal or with the mobile app. Once you have set up your payment method, the payment type will be available in both interfaces.

Your current balance will display as the payment amount. You can make partial payments as well by clicking on the pencil icon.



If you would like to learn more about the Procure child care mobile app, please visit our help center for families here:



<https://procare.solutions/3z20XOF>

To learn more about how parents can take advantage of our features in Procure's web portal and the child care mobile app, you can access all articles for families here:



<https://procare.solutions/3qp9GHZ>



Please note: Online and mobile payments are only available to centers with the Procure engagement web portal with integrated payment processing. Please contact your center to request this capability for your child's center!