



BAIS YAAKOV SCHOOL FOR GIRLS

MRS. PEARL ROSENSAFT, DIRECTOR • EARLY LEARNING CENTER
443.548.7700 X 231 • BYELC@BAISYAAKOV.NET

July 22, 2021

Lower Elementary School Preschool

Rabbi Yitzchok Sanders
Principal

Upper Elementary School

Rabbi Yochanon Stein
Principal

11111 Park Heights Avenue
Owings Mills, MD 21117
443.548.7700
Lower Elementary x 4
Upper Elementary x 3

Rabbi Benjamin Steinberg Middle School

Rabbi Moshe Frohlich
Principal

6300 Smith Avenue
Baltimore, MD 21209
443.548.7700 x 2

Eva Winer High School

Rabbi Yechezkel Zweig
Principal

Rabbi Yehoshua Shapiro
Associate Principal

Mrs. Elise Wolf
General Studies Principal

6302 Smith Avenue
Baltimore, MD 21209
443.548.7700 x 1

Executive Office

Rabbi Zalman Nissel
Chief Executive Officer

Rabbi Aaron Gross
Director of Development

Rabbi Yacov Simha
Vice President, Development

6300 Smith Avenue
Baltimore, MD 21209
443.548.7700 x 5

Officers

Moshe Dov Shurin, *President*
Dovid E. Feinberg, *Vice President*
Ari Krupp, *Treasurer*
Tzvi Schwartz, *V.P. & Secretary*
Jacob I. Slone, *V.P., Finance*
Dr. Yoel Jakobovits,
Chair, Va'ad Hachinuch

www.baisyaakov.net
*Bais Yaakov is a beneficiary
of the Associated Jewish Community
Federation of Baltimore*

Dear Parents,

Bais Yaakov Preschool is proud to announce that this school year hot lunch will be provided to our Nursery and Pre-Nursery classes **Monday thru Thursday at no cost to the parents. Lunch will begin on the first day of school.**

The Child and Adult Care Food Program (CACFP) is a Federally Subsidized program administered by the Maryland State Department of Education, Health and Nutrition Division, which financially supports nutritious meals for Licensed Child Care Centers and Preschools. (Kindergarten will be included in the Elementary school program).

CACFP focuses on providing a nutritious hot lunch to children below 5 years of age. It also introduces children to healthy eating habits, promotes portion control, teaches lessons on proper nutrition and eliminates the parent's need to pack a lunch.

The children enrolled in the Pre-Nursery and Nursery program will also receive a healthy snack in the afternoon. Afternoon snacks will consist of carbohydrates such as pretzels or crackers and milk. Lunch is comprised of USDA's required five components for a nutritious meal: protein, grain, vegetable, fruit and milk. The menu will consist of pastas with cheese, tuna, fish sticks, cheese sandwiches and, the always popular, pizza. **Parents will continue to provide healthy morning snacks, such as cheese, fruit, vegetables, cereal, etc.**

All children enrolled in the Pre-Nursery and Nursery classes will receive meals, regardless of the family's financial status. The attached letter from CACFP answers questions and provides specific details on how to register for the program. Please note that **every family must complete both the Enrollment Form and The Meal Benefit Application (MBA) even if you have a child enrolled in a the Elementary/Middle/High school programs.** Both forms are completed annually. The MBA determines reimbursement rates from MSDE. Information obtained is confidential and is not shared with any other department of Bais Yaakov. **If your family does not qualify for Free or Reduced meals, you may place a line through the income area and write "DO NOT QUALIFY."**

The MBA and Enrollment Forms as well as instructions to complete them may be accessed using the following link: <https://www.baisyaakov.net/mailings> or by requesting a paper copy from the BYELC office, which administers the program on behalf of the Preschool. The BYELC office may be reached at 443-548-7700 ext. 230. **Forms can be emailed to byelc@baisyaakov.net, dropped off at BYMS, or mailed Attn: Pearl Rosensaft, BYELC, 6300 Smith Ave, Baltimore, MD. 21209.**

To ensure that your child receives meals through this program, parents must complete the forms **no later than August 20, 2021.**

If you have any questions or concerns regarding CACFP or the forms, please contact Pearl Rosensaft at 443-548-7700 ext 230.

All the best,

Rabbi Yitzchok Sanders
Principal, Lower Elementary

Miriam Trout
Director, BY Preschool

Pearl Rosensaft
Director, BYELC



BAIS YAAKOV SCHOOL FOR GIRLS

MRS. PEARL ROSENSAFT, DIRECTOR • EARLY LEARNING CENTER
443-548-7700 X 230 • BYELC@BAISYAAKOV.NET

July 15, 2021

Dear Parent/Guardian:

Children need healthy meals to learn. **Bais Yaakov Early Learning Center** offers healthy meals every day. Although all children receive meals at no charge, the U.S. Department of Agriculture (USDA) provides funds that support the nutrition program based on your child's eligibility. This letter is a request for you to complete the information on the enclosed application to assist our agency's food service program.

1. DO I NEED TO FILL OUT AN APPLICATION FOR EACH CHILD? No. Use one Meal Benefit Application for all children in your household. We cannot approve an application that is not complete, so be sure to fill out all required information. Return the completed application to: **Bais Yaakov Early Learning Center**
C/O PEARL ROSENSAFT 6300 Smith Avenue Baltimore Maryland 21209 443-548-7700*230
2. ADDITIONAL USDA REIMBURSEMENT IS AVAILABLE TO OUR AGENCY FOR MEALS SERVED TO CHILDREN IN THE FOLLOWING HOUSEHOLDS:
 - getting money or help from the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA).
 - with Foster children.
 - with a gross income within the free limits or reduced limits on the Federal Income Eligibility Guidelines.
 - with children certified as homeless, runaway, Head Start, Early Head Start, Even Start or migrant.
 - with some people participating in WIC.
3. I COMPLETED AN APPLICATION LAST YEAR. DO I NEED TO FILL OUT A NEW ONE? **Yes.** Your child's application is only good for one year. You must send in a new application each year.
4. WILL THE INFORMATION I GIVE BE CHECKED? **Yes** and we may also ask you to send written proof.
5. MAY I APPLY IF SOMEONE IN MY HOUSEHOLD IS NOT A U.S. CITIZEN? **Yes.** You or your children do not have to be U.S. citizens to qualify.
6. WHO SHOULD I INCLUDE AS MEMBERS OF MY HOUSEHOLD? You must include all people living in your household, related or not (such as grandparents, other relatives, foster children, or friends) who share income and expenses. You must include yourself and all children living with you. If you live with other people who are economically independent (for example, people who you do not support, who do not share income with you or your children, and who pay a pro-rated share of expenses), do not include them.
7. WHAT IF MY INCOME IS NOT ALWAYS THE SAME? List the amount that you normally receive. For example, if you normally make \$1000 each month, but you missed some work last month and only made \$900, put down that you made \$1000 per month. If you normally get overtime, include it, but do not include it if you only work overtime sometimes. If you have lost a job or had your hours or wages reduced, use your current income.
8. WE ARE IN THE MILITARY. DO WE REPORT OUR INCOME DIFFERENTLY? Your basic pay and cash bonuses must be reported as income. If you get any cash value allowances for off-base housing, food, or clothing, it must also be included as income. However, if your housing is part of the Military Housing Privatization Initiative, do not include your housing allowance as income. Any additional combat pay resulting from deployment is also excluded from income.
9. MY FAMILY NEEDS MORE HELP. ARE THERE OTHER PROGRAMS WE MIGHT APPLY FOR? To find out how to apply for **FSP, TCA, and medical assistance programs** or other assistance benefits, contact your local assistance office or call 1-800-332-6347.

If you have other questions or need help, call 443-548-7700 #230
Sincerely,

Pearl Rosensaft
Director, Bais Yaakov Early Learning Center

INSTRUCTIONS FOR COMPLETING MEAL BENEFIT APPLICATION – BAIS YAAKOV EARLY LEARNING CENTER /PRESCHOOL

Complete the application using the instructions below. Sign the form and return it to the center. If you need help, call **443-548-7700 ext. 230**

STEP 1 – CHILDREN’S INFORMATION - ALL HOUSEHOLDS COMPLETE

List the first and last name of all enrolled children. Indicate if a foster child, homeless, migrant, runaway, or in Head Start, Early Head Start or Even Start by checking the box. If **ALL** children listed are foster, homeless, migrant, runaway, or in Head Start, Early Head Start, or Even Start, skip to Step 4.

STEP 2 – CASE NUMBER

If **any** member of your household receives benefits from the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA), write the case number and skip to Step 4.

STEP 3 – NAMES OF ALL HOUSEHOLD MEMBERS AND GROSS INCOME

- List the first and last name of everyone in your household, whether they receive income or not. Your household includes all those living as one economic unit. Include yourself, all children living with you, including foster children and any other person living in your household, related or not. List each type of income received last month and how often it is received. You must indicate how much in whole dollars, and how often received (weekly, bi-weekly, twice a month, monthly, yearly). **If a household member has no income—write ‘0’ in the income box.**
- Report all income as gross income. Gross income is the amount earned before taxes and other deductions. This is not the same as take-home pay. Gross income includes unemployment benefits, Worker’s Compensation, Supplemental Security Income and Veteran’s benefits, Social Security, private pensions or disability, strike benefits, income from trusts or estates, annuities, investment income earned interest, rental income and regular cash payments from outside household. For self-owned business, farm, or rental income, report income as **net income**.
- If you are in the Military Housing Privatization Initiative, do not include your housing allowance as income. Do not include combat pay.
- Indicate the total number of household members in the space provided.
- The form must have the last four digits of the Social Security Number of the primary wage earner or adult who signs unless the adult does not have a Social Security Number. If the adult does not have a Social Security Number, check the box. The last four digits of the Social Security Number are not needed if you listed a FSP or TCA case number, or if you are only applying for foster children.

STEP 4 – SIGNATURE - ALL HOUSEHOLDS COMPLETE

All forms must have the signature of an adult household member.

STEP 5 – RACIAL/ETHNIC IDENTITY

You are not required to answer this question to get meal benefits. This information will help ensure that everyone is treated fairly.

Federal Income Eligibility Guidelines

Household Size	Year	Month	Week
1	\$23,828	\$1,986	\$ 459
2	32,227	2,686	620
3	40,626	3,386	782
4	49,025	4,086	943
5	57,424	4,786	1,105
6	65,823	5,486	1,266
7	74,222	6,186	1,428
8	82,621	6,886	1,589
For each add’l family member add:	\$ 8,399	\$ 700	\$ 162

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced-price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number are not required when you are only applying for foster children, or you list a Food Supplement Program or Temporary Cash Assistance case number, or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced-price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with 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.

Nondiscrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

fax: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

The Maryland State Department of Education does not discriminate on the basis of age, ancestry/national origin, color, disability, gender identity/expression, marital status, race, religion, sex, or sexual orientation matters affecting employment or in providing access to programs and activities and provides equal access to the Boy Scouts and other designated youth groups. For inquiries related to Department policy, please contact: Agency Equity Officer, Equity Assurance and Compliance Office, Office of the Deputy State Superintendent for Finance and Administration, Maryland State Department of Education, 200 W. Baltimore Street - 6th Floor, Baltimore, Maryland 21201-2595, 410-767-0426 – voice, 410-767-0431 – fax, 410-333-6442 - TTY/TDD.

Meal Benefit Application for BAIS YAAKOV EARLY LEARNING CENTER / PRESCHOOL

11111 Park Heights Ave., Baltimore, MD 21117

July 1, 2021 - June 30, 2022

For more information, read **Instructions for Completing** or call Pearl Rosenshaft 443-548-7700 ext 230 or 845-304-1267

Step 1 List all enrolled children (if more spaces are required for additional names, attach another sheet of paper).

Children in **Foster Care** and children who meet the definition of **Homeless, Migrant, Runaway, Head Start, Early Head Start or Even Start** are eligible for free meals. If **ALL** children listed are foster, homeless, migrant, runaway or in Head Start, Early Head Start or Even Start, skip to Step 4.

First and Last Names of All ENROLLED	Check all that apply:					
	Foster Child	Homeless	Migrant	Runaway	Head Start Early Head Start	Even Start

Step 2 Do any Household Members (including you) currently participate in the Food Supplement Program (FSP) or Temporary Cash Assistance (TCA)?

Circle One: Yes No

If you answered **NO**, complete Step 3.

If you answered **YES**, provide a case number then go to Step 4

Case

Number:

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Step 3 Report Income for ALL Household Members (skip this step if you answered 'Yes' to Step 2)

List all Household Members (including yourself) even if they do not receive income. For each Household Member listed, if they receive income, report total gross income (before taxes) for each source in whole dollars only. If they do not receive income from any source, enter '0'. If you enter '0' or leave any fields blank you are certifying (promising) that there is no income to report.

How Often = Weekly, Every 2 Weeks, Monthly, Twice a Month or Yearly

First and Last Names of ALL Household Members	Earnings from Work		Child Support, Alimony, Public Assistance		Pensions, Retirement, Other Income	
	Income	How Often?	Income	How Often?	Income	How Often?

Total Household Members (Children and Adults):

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Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member:

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Check if No SSN:

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Step 4 Contact Information and Adult Signature

I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable State and Federal laws. I understand my child's eligibility status may be shared as allowed by law.

Printed Name:		Signature:	
Street Address:			
Date:		Phone #:	

Step 5 OPTIONAL: Children's Racial and Ethnic Identities

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community.

Ethnicity (Check One):

- ☐ Hispanic or Latino
☐ Not Hispanic or Latino

Race (Check one or more):

- ☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander

☐ White

DO NOT FILL OUT THIS SECTION. CENTER USE ONLY

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income (Children and Adults): \$ _____

Eligibility: ☐ Weekly ☐ Every 2 Weeks ☐ Twice a Month ☐ Monthly ☐ Yearly

☐ Free ☐ Categorically Eligible ☐ Reduced ☐ Paid

Determining Official's Signature: _____ Date: _____

Date Withdrawn: _____

<p>INSTRUCTIONS TO PARENTS:</p> <p>(1) Complete all items on this side of the form. Sign and date where indicated.</p> <p>(2) If your child has a medical condition which might require emergency medical care, complete the back side of the form. If necessary, have your child's health practitioner review that information.</p> <p>NOTE: THIS ENTIRE FORM MUST BE UPDATED ANNUALLY.</p>		
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Child's Home Address _____

Street/Apt. # _____ City _____ State _____ Zip Code _____

Parent/Guardian Name(s)	Relationship	Phone Number(s)		
		Place of Employment: _____	C:	H:
		W: _____		
		Place of Employment: _____	C:	H:
		W: _____		

Address _____

Street/Apt. # _____ City _____ State _____ Zip Code _____

ANNUAL UPDATES _____
(Initials/Date) (Initials/Date) (Initials/Date) (Initials/Date)

Signature of Parent/Guardian _____ Date _____

INSTRUCTIONS TO PARENT/GUARDIAN:

- (1) Complete the following items, as appropriate, if your child has a condition(s) which might require emergency medical care.
- (2) If necessary, have your child's health practitioner review the information you provide below and sign and date where indicated.

Child's Name: _____ Date of Birth: _____

Medical Condition(s): _____

Medications currently being taken by your child: _____

Date of your child's last tetanus shot: _____

Allergies/Reactions: _____

EMERGENCY MEDICAL INSTRUCTIONS:

(1) Signs/symptoms to look for: _____

(2) If signs/symptoms appear, do this:

_____ (3) To prevent incidents:

OTHER SPECIAL MEDICAL PROCEDURES THAT MAY BE NEEDED: _____

COMMENTS: _____

Note to Health Practitioner:

If you have reviewed the above information, please complete the following:




Name of Health Practitioner

Date

of Health Practitioner Telephone Number () _____ Signature

BAIS YAAKOV PRESCHOOL

LUNCH MENU- August / September 2021

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
30	31 MAC & CHEESE PEAS PLUMS	1 FISH STICKS BAKED BEANS APPLES	2 PIZZA CORN PINEAPPLE	3  Good Shabbos!!!
6 SCHOOL CLOSED ROSH HASHANA	7 SCHOOL CLOSED ROSH HASHANA	8 SCHOOL CLOSED ROSH HASHANA	9 EARLY CLOSURE TZOM GEDALIA NO LUNCH	10  Good Shabbos!!!
13 YOGURT & CHEESE BREAD PEAS PEACHES	14 TUNA & BREAD GREEN BEANS ORANGES	15 SCHOOL CLOSED YOM KIPPUR	16 SCHOOL CLOSED YOM KIPPUR	17  Good Shabbos!!!
20 SCHOOL CLOSED SUCCOS	21 SCHOOL CLOSED SUCCOS	22 SCHOOL CLOSED SUCCOS	23 SCHOOL CLOSED SUCCOS	24 SCHOOL CLOSED SUCCOS
25 SCHOOL CLOSED SUCCOS	26 SCHOOL CLOSED SUCCOS	27 SCHOOL CLOSED SUCCOS	28 SCHOOL CLOSED SUCCOS	29 SCHOOL CLOSED SUCCOS

**Substitutions occur as needed

A bread alternative is served at every meal. Whole Wheat is served once a day.

The ELC provides milk at lunch and morning snack, 100% fruit juice is served at afternoon snack. 1% milk is provided for children over two years old. Children between one and two years of age receive whole milk.

This facility is an equal opportunity provider.