



Before & After School Program
Brunswick, RSU 1, & West Bath School Departments
Enrollment Packet
2022 - 2023

Bath Area Family YMCA
 303 Centre St.
 Bath, Maine 04530
 (207) 443-4112
 Fax: (207) 443-1079

Kayla Royer, School Age & Camp Director, Ext. 39
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Child Emergency Information

Start Date _____ End Date _____

* Child's Name: _____ Age: _____ Date of Birth: _____ Sex: M F

Mailing Address: _____ Physical Address: _____ Town: _____ Zip: _____

School: _____ Grade: _____

* Parent/Caregiver's Name: _____ Date of Birth: _____ Relationship: _____

Mailing Address: _____ Physical Address: _____ Town: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____ Email Address: _____

Business Name: _____ Business Phone: _____

* Parent/Caregiver's Name: _____ Date of Birth: _____ Relationship: _____

Mailing Address: _____ Physical Address: _____ Town: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____ Email Address: _____

Business Name: _____ Business Phone: _____

With whom is the child living with: _____

Is there a Court Order? Yes (please attach) No

Parent/Caregiver to contact first: _____

Authorized Pick-Up

The following people are the **ONLY** people to pick up my child, should I be unable to do so. We must be notified in writing of any changes in pick up routine. Please remind them to bring a picture ID when they come to pick up your child(ren).

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Other Person to Contact: _____ Date of Birth: _____ Relationship: _____

Mailing Address: _____ Physical Address: _____ Town: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____ Email Address: _____

Business Name: _____ Business Phone: _____

Child's Physician: _____ Phone: _____ Address: _____

Child's Dentist: _____ Phone: _____ Address: _____

*Allergies: _____ Reaction: _____

*Medical Conditions: _____ Daily Medications: _____ (Please fill out Auth. to Dispense Medication)

**Should your child have an allergy or medical condition, please contact the director prior to enrollment.*

Emergency Authorization

I _____ hereby authorize the Bath Area Family YMCA to arrange for medical and/or treatment for my child _____ should an emergency arise; during, before or after school care or on a field trip. It is understood that a conscientious effort will be made by the YMCA to contact me at the emergency number I have provided before any medical action is taken. I understand that if the need arises, my child will be taken to the nearest hospital.

Parent/Caregiver's signature: _____ Date: _____

Parent/Caregiver's signature: _____ Date: _____

All information above MUST be completed prior to enrollment.

OFFICE USE ONLY	
<input type="checkbox"/> Climbing Waiver	<input type="checkbox"/> Field Trip & Bus Waiver
<input type="checkbox"/> Swimming Permission Form	<input type="checkbox"/> Photo Waiver
<input type="checkbox"/> Peanut & Tree Nut Notice & Agreement	<input type="checkbox"/> Consent to Speak with School
<input type="checkbox"/> Parent Handbook Understanding	<input type="checkbox"/> Immunization Records
<p>If the above is not checked, the child does NOT have these forms on file. Therefore, they cannot:</p> <ul style="list-style-type: none"> • Climb the Rock Wall • Get on the bus to go to the Y or field trips • Swim • Have photos taken of them to be on display or on the Y's website or social media platforms • Y Care staff CANNOT talk with school staff about child • Be enrolled in Y Care programs 	

ENROLLMENT

Start Date: _____

1. Choose your Y Care site:

- Kate Furbish/HBS (Kate Furbish) Dike Newell/Fisher Mitchell (Dike Newell)
- Woolwich (Woolwich) West Bath School (W. Bath)

2. Choose the time of day your child will attend:

Grades K-5:

Monday-Friday: AM PM AM & PM

Wednesday AM ONLY
(Dike Newell, Fisher Mitchell, Woolwich, & West Bath ONLY)

Woolwich PreK:
Monday-Friday Mid-Care
(12:00-3:00 PM)

**Children enrolled in Mid-Care may NOT enroll in AM or PM care

** All Registration for Mid-Care will be put on an initial waiting list. A minimum of 9 consistent children will need to be met in order to offer Pre-K care. Updates will be provided via email.

**A minimum of 9 consistent children for AM & PM care will be required to open any Y Care site.

Bath YMCA Y Care Fees 2022-2023 YCARE HOURS: AM: 6:30AM - start of school day PM: End of school day - 5:30PM		
SCHOOL DEPARTMENT	BRUNSWICK	RSU1/West Bath
YCARE SITES	-Kate Furbish/HBS (At KF)	-Dike Newell/Fisher Mitchell (At DN) -Woolwich (At WW) - West Bath (At WB)
DAY(S)	FEE	FEE
5 days: AM AND PM (Monday-Friday)	Member: \$160 Community Member: \$170	Member: \$140 Community Member: \$150
5 days: AM OR PM (Monday-Friday)	Member: AM ONLY: \$90 PM ONLY: \$70 Community Member: AM ONLY: \$100 PM ONLY: \$80	Member: \$70 Community Member: \$80
Wednesday AM ONLY (RSU1 ONLY – late start)		Member: \$30 Community Member: \$40
5 days: Mid-Care (PreK) Woolwich		Member: \$80 Community Member: \$90
Additional Care & Special Fees		
PROGRAM	ADDITIONAL FEES	
Vacation Weeks at Bath Y OR Landing Y	YES	Member: \$175 (4 day) \$210 (5 day) Community Member: \$185 (4 day) \$220 (5 day) -Basic Hours- 9:00AM-4:00PM - Additional Before Care-6:30AM-9:00AM (\$15) - Additional After Care- 4:00PM-5:30PM (\$10)
Full Days Off at Bath Y OR Landing Y	YES	Member: \$40 Community Member: \$50 Sign-up taken on a first come first served basis.
Half Days	YES	Member: \$15 Community Member: \$25

** In order to receive member rates, you will need to be a member at the time of registration and remain a member through the school year.
 **Mid-Care will be dependent on a minimum enrollment of 9 consistent students and adequate staffing.
 **Mid-Care will run 12:00PM-3:00PM
 **A minimum of 9 consistent children for AM & PM care and adequate staffing will be required to open any Y Care Site.

PAYMENT POLICY & PROCEDURE

- A registration fee of \$35 per child is necessary for your child to register for the school age Before & After School program. In addition, the first week's payment is due 5 days before care starts.
- Payments, *including those made by mail*, must be received 5 days before the next week of care. Payments may be called in by phone during business hours for your convenience.
- Payments can be made on a weekly, twice a month or monthly basis **prior** to the date of service. Automatically drafted payment arrangements can be set up.
- Payments are to be made at the Front Desk. Receipts will be given after the payment is made. Receipts for credit card or bank drafts can be printed at the parent's/guardian's request. Credit card receipts and bank statements can serve as the initial receipt.
- Payment is based on contract for days enrolled, not days attended. **Fees will not be prorated for sick, vacation or non-attended days.**
- A \$10.00 late fee will be charged after two weeks the payment is not received. This fee is compounded.
- **Non-payment of fees when due, will result in notification of childcare termination.**
- A late pickup fee of \$2.00 a minute after 5:30pm will be charged.
- When a child is withdrawn from the program, the slot is open for another family. If the parent wishes to re-enroll the child at a later date and a slot is available, the child may return, but this is NOT a guaranteed option.
- **Two (2) weeks written notice must be given to the YMCA when withdrawing a child from the program or reducing number of slots.** As all contracts are weekly, payment is still expected during these 2 weeks even if the child is removed from the program earlier. Weeks will not be prorated.

FINANCIAL AGREEMENT

The following agreement is a binding agreement between the Bath Area Family YMCA and _____.
(parent/ guardian name)

I have read (or have had read to me) and understand the Payment Policy and Procedure Form. I realize that by signing this, I agree to comply with the above policy. If I am not able to adhere to these policies, I will contact the School Age & Camp Director or the Childcare Billing Specialist.

I, _____, hereby enroll my child, _____, in the childcare program of this facility listed above. My payment of \$_____ will be made by the previous WEDNESDAY of services rendered. In other words, payment is to be made 5 days *advance* of service, not at the end of the completed week. Late fees will be applied accordingly.

Signed: _____ Date: _____

AUTHORIZATION
To Draw Debits or Drafts for Child Care Payments
YMCA-Bank and YMCA Credit Card /Debit Card Childcare Payment Agreement

1. I understand that this plan will remain in effect until the end of the contract period or until I request in writing that the debit end. **I understand that the funds will need to be available by 5pm, the day before the draft. If funds are not available at that time, an overdraft or decline of payment may occur and may result in additional fees charged by my banking institution and by the YMCA.**
2. It is to my complete understanding that if I wish to cancel or change my status in any way; I must give the YMCA a written notice prior to my draft date. **It will be my responsibility to notify the YMCA of any changes to my account.** (i.e., new account numbers, new credit or debit card numbers and expiration dates)
3. Should my bank/credit card company for **any reason** not honor any Y Care drafts, I realize that I am still responsible for that payment plus a service charge of \$10.00-\$30.00 is applied by the YMCA. This is in addition to any service fee my bank/credit card company may charge. The rejected Y Care payment and service charge will be automatically resubmitted to your bank/credit card company. If there is a second rejection, you will be required to pay the Y Care payment and fees with an alternate form of payment.

Please draft the indicated account every Wednesday

Draft Amount: \$_____ *I understand that all drafts that are not weekly will vary by the number of weekly payments covered in each draft. **Additional fees incurred by registering for extra childcare (i.e., vacations, snow days etc.) will be added to my normal draft according to due dates.**

CHECKING / SAVINGS INFORMATION

I, _____ hereby give authority to _____
Name of Bank Customer Name of Bank

to honor preauthorized checks drawn by the Bath Area Family YMCA on my account for childcare payments. I understand that the Bath Y will send a preauthorized check to your bank. That preauthorized check will serve as notice and receipt for payment of childcare.

Type of account: **Checking*** **Savings****

*We must have proof of your account in order to process your childcare debit. For checking accounts, please attach a voided check or a photocopy of a check.

** For savings accounts, please bring this form to your financial institution and have them complete the information below.

ATTENTION: TO BE COMPLETED ONLY FOR DRAFTS FROM SAVINGS ACCOUNTS ONLY!

Routing number: _____ Account Number: _____

X _____
(Bank depositor Signature) (Date signed)

CREDIT CARD or DEBIT CARD

Name of Card Holder: _____ Visa MasterCard Discover Amex (Circle one)

Mailing Address of Card Holder: _____ Town: _____ Zip: _____

Credit Card Number: _____ Exp. Date: _____ CVV#: _____
(3-digit number on the back of your card)

X _____
(Card holder Signature) (Date signed)

BEHAVIOR POLICY UNDERSTANDING

Mandatory

While most children in our care respond to our Typical Behavior Management Procedures, some children exhibit continuing behaviors that threaten the safety and development of other children/themselves, or have special needs necessitating the use of additional strategies. To ensure a smooth transition into our program and to ensure that our staff are adequately trained and/or have sufficient experience to meet the needs of all children for who they are responsible, we encourage parents of all children with known disabilities (medical, educational/developmental, and behavioral) to share additional information with the YMCA. (Helpful information includes diagnoses, recommendations by physicians, and recommendations by child development experts and other professionals who have relationships with the child and family.)

We want to provide children with the supports they need to be successful in our program. If a child has a known or diagnosed behavioral issue, we prefer to have an Individualized Behavior Plan in place at the start of the child’s time in our program and ask that parents assist the YMCA in creating this plan. Cooperation and sharing of information go a long way toward making the child’s transition as smooth as possible.

There may be times when your child's behavior requires a parent or caregiver to pick up their child immediately. In this instance parents or caregivers are required to pick up their child within in 30 minutes of the phone call. Not adhering to this policy may result in termination of enrollment.

Because of the nature of our program, the Bath Y child care programs will adhere to a strict behavioral policy of each behavioral incident (Physical injuries/Incident Reports are different from Behavioral and are not a part of this policy) before your child will be terminated from Y Care. All incidents Behavioral and Physical will be documented and provided to parents within 24 hours of incident and a written notice of termination will be provided.

Parent/Guardian Signature

Date

ESSENTIAL ELLIGIBILITY CRITERIA

Due to the nature of a group-based style of this program, the following list of eligibility criteria have been developed to create a safe environment for all the children in our care. We will do our best to make any reasonable accommodations.

- Your child should be able to meet his/her personal needs (toileting, basic hygiene.)
- Your child should be able to move from place to place with the group without wandering off.
- Your child should be able to follow basic directions from staff.
- Your child should be capable of effective interaction in our group-based environment.
- Your child should be able to talk with a staff person when assistance is needed.

(PLEASE FAMILIARIZE YOURSELF WITH THE BEHAVIOR GUIDELINES & PROGRAM DISCIPLINE PROCEDURES OUTLINED IN OUR Y CARE HANDBOOK)

Does your child have any behavioral concerns? (i.e., that ability to follow the above requirements)

YES NO If "YES" please explain in detail (additional info may be attached)

Does your child have any disabilities or physical restrictions that we should be aware of? YES NO

If "YES" please describe any disabilities or physical restrictions of which you want us to be aware and any reasonable adaptations or accommodations that are requested? (Additional info may be attached)

Does your child have an IEP? YES NO If YES, please explain (additional info may be attached)

Is there anything we should know about your child to ensure their success in our program?

ANYTHING that will help YMCA staff to better understand or work with your child should be indicated.

BATH AREA FAMILY YMCA

CLIMBING RELEASE and WAIVER of LIABILITY

ASSUMPTION of RISK and INDEMNITY AGREEMENT

I, the climber, (or parent/guardian if applicable), signing this form, understand that climbing is a potentially HAZARDOUS activity. I am well aware of the inherent risks in the use of the Bath Area Family YMCA Climbing Wall and have full knowledge of the nature and extent of all the risks associated with the use of the facility. I understand that the risks include, but are not limited to, serious injury and possible death, which may result from, among other things:

- rope abrasion, entanglement and other injuries resulting from activates on or near the Climbing wall, such as, but not limited to:
 - Climbing, rappelling, belaying, and lowering of the rope, rescue systems and other rope techniques.
- injury including death resulting from falling off the wall and hitting projections, (permanent or temporary), or the floor.
- injuries resulting from falling climbers or dropped items, such as, but not limited to:
 - ropes or climbing hardware
- cuts and abrasions resulting from contact with the Climbing Wall structure
- slips, trips, falls, rope burns or being dropped while participating or observing, at the Climbing Wall.
- Failure of ropes, harnesses, climbing hardware, anchor points, or any other part of the Climbing Wall structure.

I understand that I am voluntarily participating in this activity with knowledge of the danger involved and agree to accept all risks of personal injury, damage to property and possible death. I fully realize and understand that the YMCA does not warrant or guarantee, in any respect, the physical condition of the Climbing Wall or any of the equipment that will be used in connection with this activity. I understand that the Bath Area Family YMCA will offer helmets for use by climbers and that the climber may decline to wear one. I further understand that such failure would increase the risk of head injuries and I assume such risks. Consideration of being permitted to use the Bath Area Climbing Wall today, and on any and all future dates, on behalf of my heirs, my state's personal representative and myself.

I HEREBY RELEASE AND DISCHARGE THE BATH AREA FAMILY YMCA FROM ALL LIABILITY AND I COVENANT NOT TO SUE FOR ANY AND ALL LOSS OR DAMAGE, AND ANY AND ALL CLAIMS OR DEMANDS ON ACOCUNT OF INJURY TO ME, OR MY PROPERTY, ARISING OUT OF, OR RELATED TO, MY USE OF THE CLIMBING WALL, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE BATH AREA FAMILY YMCA. I HEREBY ASSUME FULL REESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE ARISING OUT OF, OR RELATED TO, MY USE OF THE CLIMBING WALL, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF THE BATH AREA FAMILYYMCA.

I further agree to indemnify and hold harmless the Bath Area Family YMCA, its employees, volunteers, trustees, officers, members, and agents from any and all present and future claims, resulting from or arising out of my use of the Climbing Wall and any negligence on the part of the Bath Area Family YMCA. I certify that I have sufficient insurance to cover any property damage, personal injury, loss of life, or other loss caused by, or suffered by me, that arise in any way out of participating in the Bath Area Family YMCA climbing activities.

In the event of any accident or injury, I hereby give consent for any designee of the YMCA to provide or procure any medical treatment deemed necessary on my behalf, including the provision for, or arranging for, any necessary emergency, medical services, and transportation to an appropriate medical facility, should that be required.

I understand and agree that all climbers and observers may be photographed and/or videotaped without their specific consent. I hereby authorize the Bath Area Family YMCA to use any photographs or videotape for all purposes, including as marketing or educational materials.

I further acknowledge that I have read and understand the Bath Area Family YMCA Climbing Wall rules and safety procedures and agree to comply with them. If any portion of this agreement is held invalid, it is agreed that the balance shall nevertheless continue with full force and effect and remain binding upon all parties, subject to the above terms and conditions.

I HAVE READ THIS **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT** AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT AND INTEND THAT MY SIGNATURE BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY MAINE LAW.

Climbers Printed Name: _____ Age: _____

Street Address: _____

Town/State/Zip: _____

Home Telephone: _____ Office Telephone: _____

Climber's Signature: _____ Date Signed: _____

IF CLIMBER IS UNDER AGE 18:

I AM THE CLIMBER'S PARENT OR LEGAL GUARDIAN AND HAVE CAREFULLY READ THE ABOVE AGREEMENT AND HAVE BEEN GIVEN AN OPPORTUNITY TO REVIEW ITS MEANING WITH OTHERS, AND I BELIEVE THAT I UNDERSTAND ITS MEANING AND LEGAL EFFECTS ADEQUATELY.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date Signed: _____

Reviewed and accepted by YMCA employee: _____ Date Signed: _____

.....

FIELD TRIP & BUS WAIVER

I _____, understand that the Bath Area Family YMCA transports my child, _____ during Y Care for field trips. I give my permission to the Bath Area Family YMCA to transport my Child during the times Y Care is in operation.

X _____

(Parent/Legal Guardian Signature)

(Date)

.....

SWIMMING PERMISSION FORM

Child's Name _____

My child's swimming ability is:

- Water adjustment incomplete (unable to swim/afraid of water)
- Non-swimmer, but comfortable (will go to the pool with familiar adults)
- Swims independently, with flotation
- Swims independently

I give permission for my child _____ to participate in open swim and free swim at the Bath Area Family YMCA.

X _____

(Parent/Legal Guardian Signature)

(Date)

.....

PHOTO WAIVER

I give permission for the Bath Area Family YMCA to use, display, publish, etc. photos in print and video footage of my child _____ participating in YMCA programs or activities. No names will be used.

X _____
(Parent/Legal Guardian Signature) (Date)

PEANUT/TREE NUT FREE PROGRAM WAIVER

I understand that all Bath Area Family YMCA Childcare programs are peanut & tree nut free environments. I understand that I may NOT send my child with food that includes peanut or tree nuts. Noncompliance with this policy will result in my child not being allowed to eat their snack or food. Continued noncompliance with this policy may result in termination of enrollment.

X _____
(Parent/Legal Guardian Signature) (Date)

PARENT HANDBOOK UNDERSTANDING

I have received, read, and understand all policies and procedures outlined in the Parent Handbook.

X _____
(Parent/Legal Guardian Signature) (Date)

PARENT CONSENT FORM FOR COMMUNICATION

Between the Bath YMCA Y-Care Staff and The School Personnel

This is a consent form to allow Y Care staff to speak with the school regarding your child. It is helpful for the Y Care staff to share information with the school personnel about your child's day and deal with transitions in a positive manner.

I _____ give the Bath YMCA Y Care Staff at the _____ School site, permission to share and receive information regarding my child with the RSU1, Brunswick School District, and West Bath Personnel.

This can include: The Principal, the child's teacher, occupational therapist, speech therapist, behavior specialist, social worker, guidance counselor and other person I want to include on this form. Information that is shared is confidential and will not be shared with anyone other than the parties involved. I realize this is an optional form. I will be informed by the Y Care Staff about the communications.

X _____
(Parent/Legal Guardian Signature) (Date)

MEAL REIMBURSEMENT FORMS

**Attached at the end of enrollment packet

- The Bath YMCA participates in a meal reimbursement program through the United States Department of Agriculture.
- As a participating organization in the USDA Food Program, we are required to have all program participants complete this document.
- If your household income is “Over” the amount listed in the chart on the document, then please use the term “Over.”
- Because we are concerned with the safety of your privacy, we ask that you use only the last four numbers of your Social Security number.
- No matter your income, please complete the rest of the form and sign it.
- If you have any questions about this program, please speak with the School Age & Camp Director or the Child Care Billing Specialist.

USDA FOOD PROGRAM FORMS WILL BE AVAILABLE JULY 1st & EMAILED TO YOU & ARE DUE THE FIRST WEEK OF YCARE. FAILURE TO TURN IN MAY RESULT IN SUSPENSION FROM PROGRAM.



Child Care Policies

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please keep and refer to your copy of the Before & After School Parent Handbook, which includes the following program policies:

- I understand that I am not to leave my child at the YMCA or a program site unless a YMCA teacher/site director/group leader is there to receive and supervise my child.
- I understand that the YMCA staff and volunteers are not allowed to baby-sit or transport children outside of the YMCA program at any time without prior authorization from the Executive Director. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be listed with the YMCA (Child Emergency Information Form), or other arrangements must be made in writing.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff has no recourse but to contact the police. Please do not put staff in a position where they need to make this judgment.
- I understand that my child cannot return to childcare until he/she has been fever-free for a 24-hour period of time.
- I understand that the YMCA is mandated, by state law, to report any suspected cases of Child abuse or neglect to the appropriate authorities for investigation.

The following procedures will be in place:

- Family members may not enter the building. Children will be dropped off at an outside door where a staff member will greet for sign in.
- If a parent or caregiver tests positive for COVID-19, we will take the guidance given by the CDC and child care licensing regarding this child and when they can resume to care.
- If a family member tests positive for COVID-19 it is the responsibility of the family to notify the School Age & Camp Director to ensure proper protocols are met.

Emergency Closure Policy

During this time, The Bath Area Family YMCA might need to implement short-term closure procedures if an infected person has been in our building.

- The administration of the YMCA reserves the right to close at any time due to staffing and guidance from the State of Maine.
- Tuition remains due when our program is closed.
- The Bath Area Family YMCA has the discretion to make closure decisions based on the health of staff and children in our care.

I have read the above amended policies regarding Y Care.

Parent / Guardian Signature

Date

Child Care Director

Date

**APPLICATION FOR "FREE" OR "REDUCED-PRICE" MEALS
CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**

CHILD FOR WHOM APPLICATION IS BEING MADE: Name: _____ Age: _____

Days of the Week in Care	Hours in Care (i.e. 7:30 – 5:00)	Meals Received While in Care*					
<input type="checkbox"/> Monday		<input type="checkbox"/> Br	<input type="checkbox"/> AM S	<input type="checkbox"/> Lu	<input type="checkbox"/> PM S	<input type="checkbox"/> Su	<input type="checkbox"/> E S
<input type="checkbox"/> Tuesday		<input type="checkbox"/> Br	<input type="checkbox"/> AM S	<input type="checkbox"/> Lu	<input type="checkbox"/> PM S	<input type="checkbox"/> Su	<input type="checkbox"/> E S
<input type="checkbox"/> Wednesday		<input type="checkbox"/> Br	<input type="checkbox"/> AM S	<input type="checkbox"/> Lu	<input type="checkbox"/> PM S	<input type="checkbox"/> Su	<input type="checkbox"/> E S
<input type="checkbox"/> Thursday		<input type="checkbox"/> Br	<input type="checkbox"/> AM S	<input type="checkbox"/> Lu	<input type="checkbox"/> PM S	<input type="checkbox"/> Su	<input type="checkbox"/> E S
<input type="checkbox"/> Friday		<input type="checkbox"/> Br	<input type="checkbox"/> AM S	<input type="checkbox"/> Lu	<input type="checkbox"/> PM S	<input type="checkbox"/> Su	<input type="checkbox"/> E S
<input type="checkbox"/> Saturday		<input type="checkbox"/> Br	<input type="checkbox"/> AM S	<input type="checkbox"/> Lu	<input type="checkbox"/> PM S	<input type="checkbox"/> Su	<input type="checkbox"/> E S
<input type="checkbox"/> Sunday		<input type="checkbox"/> Br	<input type="checkbox"/> AM S	<input type="checkbox"/> Lu	<input type="checkbox"/> PM S	<input type="checkbox"/> Su	<input type="checkbox"/> E S

* Br = Breakfast AM S = AM Snack Lu = Lunch PM S = PM Snack Su = Supper E S = Evening Snack

NOTE: If you are applying for CACFP benefits on behalf of a Foster Child, please check this box and notify the person to whom you return this form. Foster Child

PART I: HOUSEHOLDS RECEIVING SNAP, TANF OR FDPIR BENEFITS:

If you, your child, or any other person living in your household, currently receives SNAP, TANF or FDPIR benefits, please provide their SNAP, TANF or FDPIR case number. **DO NOT COMPLETE Part II; skip to Part III. Part III must include the printed name and signature of the adult who completes this application. The date the application was completed needs to be included also.**

- (a) YES: A member of this household receives SNAP, TANF or FDPIR benefits.
- (b) SNAP Case Number: # _____ (not EBT number)
- (c) TANF Case Number: # _____
- (d) FDPIR Case Number: # _____

If applicable, your child's Free or Reduced-Price meal eligibility information will be disclosed to Medicaid and/or SCHIP unless you elect not to have the information disclosed. The information will be used to identify children eligible for, and to seek to enroll children in, a health insurance program. Your decision on whether to disclose this information will not affect your child's eligibility for Free or Reduced-Price meals.

If you elect not to have this information disclosed to Medicaid and/or SCHIP, please check this box:

NOTE #1:

If no one in your household receives SNAP, TANF or FDPIR benefits, or if you do not provide their case number, you must complete Part II and Part III in order for your child to qualify for either "Free" or "Reduced-Price" meals. **You must also include the last four (4) digits of your Social Security Number on the line next to your signature.**

PART II: ALL OTHER HOUSEHOLDS:

(a) **Household Members:** List the name of every person living in your household. **Be sure to include yourself and the child listed above.**

(b) **Social Security Number:** Section 9 of the National School Lunch Act requires that, unless a SNAP or TANF case number is provided for your child, you must include the last four (4) digits of your Social Security number on the application. This must be the Social Security number of the adult household member signing the application. If the adult household member signing the application does not possess a Social Security number, he/she must indicate so on the application. Provision of a Social Security number is not mandatory, but if the last four (4) digits of the adult household member's Social Security number is not provided or an indication is not made that the adult household member signing the application does not have one, the application cannot be approved. This notice must be brought to the attention of the household member whose Social Security number is disclosed. The Social Security number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits and investigations and may include contacting employers to determine income, contacting a SNAP, Indian Tribal Organization or Welfare Office to determine current certification for receipt of SNAP, FDPIR or TANF benefits, contacting the State Employment Security Office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal action if incorrect information is reported.

(C) **Income:** List all income from all sources received last month on the same line as the name of the person who received it. Income must be gross, that is, it must be the amount received before deductions for taxes, Social Security, dues, insurance, etc. List each amount under the correct column. *If you are in the Military Privatized Housing Initiative or receive combat pay, please do not include these allowances as income.*

LIST ALL HOUSEHOLD MEMBERS:

Names of Household Members:	Age	Monthly Gross Wages or Net Self-Employment	Monthly TANF, Alimony, Welfare, Child Support	Monthly Pensions, SSI, Social Security, Workers Comp, Unemployment Comp, Insurance & Retirement
1.				
2.				
3.				
4.				
5.				
6.				
(Note: Weekly income x 4.333 weeks; Bi-weekly income x 2.15 weeks) TOTAL MONTHLY HOUSEHOLD INCOME:				

PART III:

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (866) 632-9992 (voice) or (800) 877-8339 (TTY) or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that all income is reported. I understand this information is being given in connection with the receipt of Federal Funds and Program Officials may verify the information on the application and that deliberate misrepresentation of any of the information on this application may subject me to prosecution under applicable State and Federal Criminal Statutes.

(PRINT NAME OF ADULT)	(LAST 4 DIGITS OF SS#)	(SIGNATURE OF ADULT)	(DATE)
<input type="checkbox"/> I do not have a social security number			
(HOUSEHOLD ADDRESS OF ADULT)		(HOME PHONE)	(WORK PHONE)
ALL HOUSEHOLDS: Racial/Ethnic Identity: * 1. Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino *This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws. Your response will not affect consideration of your application. If you decline to self-identify your child's race and ethnicity, a visual identification will be made and recorded.		2. Race (mark one or more): <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	

THIS PORTION MUST BE COMPLETED BY CHILD CARE CENTER PERSONNEL:

Signature: _____

Date: _____

Child's Eligibility Category (Circle One):

Free

Reduced-Price

Paid