



Before & After School Program
Brunswick School Department, MSAD75, & RSU 1
Enrollment Packet
2025-2026

Bath Area Family YMCA
 303 Centre St.
 Bath, Maine 04530
 (207) 443-4112
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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"/> Communication Consent
<input type="checkbox"/> Family 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 (Fisher Mitchell)

☐ Woolwich (Woolwich) ☐ Harpswell (Harpswell Community School)

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, & Harpswell ONLY)

****A minimum of 10 consistent children for AM & PM care and adequate staffing will be required to open any Y Care site.**

Bath YMCA Y Care Fees 2025-2026 YCARE HOURS: AM: 6:30AM - start of school day PM: End of school day - 5:30PM		
SCHOOL DEPARTMENT	BRUNSWICK/HARPSWELL	RSU1
Y CARE SITES	-Kate Furbish/HBS (At KF) -Harpwell (At HCS)	-Dike Newell/Fisher Mitchell (At FM) -Woolwich (At WW)
DAY(S)	FEE	FEE
5 days: AM AND PM (Monday-Friday)	Member: \$170 Community Member: \$220	Member: \$150 Community Member: \$200
5 days: AM OR PM (Monday-Friday)	Member: AM ONLY: \$95 PM ONLY: \$75 Community Member: AM ONLY: \$120 PM ONLY: \$100	Member: \$75 Community Member: \$100
Wednesday AM ONLY (RSU1/MSAD75 ONLY– late start)	Member: \$35 Community Member: \$60	Member: \$35 Community Member: \$60
Additional Care & Special Fees		
PROGRAM	ADDITIONAL FEES	
Vacation Weeks at Bath Y OR Landing Y	YES	Member: \$180 (4 day) \$215 (5 day) Community Member: \$205 (4 day) \$240 (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: \$45 Community Member: \$70 Sign-up taken on a first come first served basis.
Half Days	YES	Member: \$20 Community Member: \$45

** To receive member rates, you will need to be a member at the time of registration and remain a member through the school year.

**A minimum of 10 consistent children for AM & PM care and adequate staffing will be required to open any Y Care Site.

**Prices subject to change.

PAYMENT POLICY & PROCEDURE

- A registration fee of \$35 per child is necessary for your child to register for the Y Care program. In addition, the first week's payment is due 5 days prior to care.
- 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 Welcome Center. 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 contracted 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 if the payment is not received. This fee is compounded.
- **Non-payment of fees when due will result in notification of child care 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 the 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.
- The Bath Area Family YMCA does not have the option of splitting or altering multiple family household payments. Payments and tuition for care will be taken as a single payment the week prior of the care provided. Child care payments will only be scheduled to draft from one payment method on file.

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 Youth & Family Director or the Billing & Receivables Specialist.

I, _____, hereby enroll my child, _____, in the child care 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 in *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 Child Care 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 child care (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 child care 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 child care.

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

*We must have proof of your account in order to process your child care 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)

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 support 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 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 Disciplinary Action Reports 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 need to be signed by guardians within 24 hours of incident and a written notice of termination will be provided.

***Disciplinary Action Reports/Termination are evaluated on situational bases.

Parent/Guardian Signature

Date

ESSENTIAL ELIGIBILITY CRITERIA

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

- 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 (IEP REQUIRED)

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.

FIELD TRIP & BUS WAIVER

I understand that The Bath Area Family YMCA transports my child during summer camp for field trips. I give my permission to the Bath Area Family YMCA to transport my child during the times summer camp is in operation.

SWIMMING PERMISSION FORM

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

PHOTO WAIVER

I give permission to 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.

PEANUT/TREE NUT FREE PROGRAM WAIVER

I understand that all Bath Area Family YMCA child care 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.

FAMILY HANDBOOK UNDERSTANDING

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

TEXT ALERTS

I would like the following numbers to be added to the Bath Area Family YMCA text alert notification system for Y Care closures.

Phone Number: _____

Phone Number: _____

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/or MSAD75 Personnel.

This can include: the principal, the child's teacher, occupational therapist, speech therapist, behavior specialist, social worker, guidance counselor and other individuals/groups included 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.

WAIVER, RELEASE, PERMISSION FORM SIGNATURES (Please Initial/Sign)

I have read the following waivers, releases, and permission forms. My child, _____, has permission and releases of/from the following.

- ☐ Climbing Release & Waiver _____ (Initial)
- ☐ Field Trip & Bus Waiver _____ (Initial)
- ☐ Swimming Permission Form _____ (Initial)
- ☐ Photo Waiver _____ (Initial)
- ☐ Peanut/Tree Nut Free Program Waiver _____ (Initial) REQUIRED
- ☐ Family Handbook Understanding _____ (Initial) REQUIRED
- ☐ Text Alerts _____ (Initial)
- ☐ Communication Consent _____ (Initial)

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.
- Regardless of income, please complete the rest of the form and sign it.
- If you have any questions about this program, please speak with the Youth & Family Director or the Billing & Receivables Specialist.

USDA FOOD PROGRAM FORMS ARE DUE WITH THE SUBMISSION OF ENROLLMENT PACKET.

**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.		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