

2026 BATH YMCA SPECIALTY CAMP REGISTRATION

Child Emergency Information

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

Address: _____ Town: _____ Zip: _____

School: _____ Grade 2026-2027: _____

T- Shirt Size: YS YM YL YXL

Extra Camp Shirt (additional \$11.00) (Cut off order date 05/01/2026)

Parent/Guardian Name: _____ DOB: _____ Relationship: _____

Address: _____ Town: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____ Email: _____

Business Name: _____ Business Phone: _____

Parent/Guardian Name: _____ DOB: _____ Relationship: _____

Address: _____ Town: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____ Email: _____

Business Name: _____ Business Phone: _____

With whom is the child living with: _____

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

Parent/Caregiver to contact first: _____

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

Mailing Address: _____ Physical Address: _____ Town: _____

Zip: _____ Primary Phone: _____ Alternate Phone: _____

Email: _____ 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.**

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: _____

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 summer camp 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/Guardian's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____

Insurance Information:

Policy Holder: _____ Policy #: _____

Does your child require reasonable accommodations under the Americans with Disabilities Act? O Yes O NO

If you have answered "YES" the Bath Y staff will reach out to you for a meeting to discuss any reasonable accommodation. The Bath Y is committed to providing programs and services to children and families in the community that are inclusive of individuals with special needs. In addition, the Y is committed to providing staff with clear and consistent guidelines for compliance with federal, state, and local laws, Association standards and best practice.

All information above MUST be completed prior to enrollment.

<u>OFFICE USE ONLY</u>	
<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"/> Sunscreen Waiver
<input type="checkbox"/> Family Handbook Understanding	<input type="checkbox"/> Immunization Records
<input type="checkbox"/> Financial Agreement	<input type="checkbox"/> Behavior Policy Understanding

If the above is not checked, the child does NOT have these forms on file. Therefore, they cannot:

- Climb the Rock Wall
- Ride 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
- Have staff help apply sunscreen
- Be enrolled in the summer camp program

AUTHORIZATION

To Draw Debits or Drafts for Summer Camp Payments YMCA-Bank and YMCA Credit Card /Debit Card Summer Camp Payment Agreement

Payment is due the Wednesday before the program start date. Automatic draft is available, please complete the form below.

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 ends. I understand that the funds will need to be available by 5pm, five days prior to the start of care. 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 two weeks' 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. 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.
4. Should my bank/credit card company for **any reason** not honor any summer camp draft, I realize that I am still responsible for that payment plus a service charge of \$10.00-\$30.00 applied by the YMCA. This is in addition to any service fee my bank/credit card company may charge. The rejected summer camp 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 summer camp payment and fees with an alternate form of payment.
5. A late pickup fee of \$2.00 a minute after 4:00PM will be charged.
6. 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 to the care provided. Child care payments will only be scheduled to draft from one payment method on file.

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 (field trips) or camp shirts 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 summer camp 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#: _____

Signature: _____ Date: _____

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 Childcare Administrative Assistant

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: _____

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 whom 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 known or diagnosed behavioral issues, we require to have the 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 Behavioral and are not a part of this policy) before your child will be terminated from Summer Camp. All incidents, behavioral and physical, will be documented and a written notice of termination will be provided.

***Disciplinary Action Reports/Termination are evaluated on a situational basis.

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 member 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 ACOUNT 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 REESPOSIBILITY 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 FAMILY YMCA.

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**

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

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.

SUNSCREEN PERMISSION FORM

I give permission to the Bath Area Family YMCA staff to apply sunscreen to my child as needed. (Spray sunscreen ONLY)

FAMILY HANDBOOK UNDERSTANDING

I have received, read, and understand the Summer Camp Family Handbook. I am aware of all the policies & procedures outlined in the handbook.

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
- Sunscreen Permission Form _____ (Initial)
- Family Handbook Understanding _____ (Initial) REQUIRED

X
(Parent/Legal Guardian Signature)

(Date)



Bath Area Family YMCA
303 Centre St., Bath, ME 04530
Phone (207) 443-4112 Fax (207)4431079

Authorization to Dispense Medication

(Prescription & Non-Prescription)

I hereby authorize _____ to administer the following medication to
Name of Facility

Name of Child	Prescribing Physician (when applicable)		
Name of Medication	Dosage	Time(s) to Give	Continue this medication until

Medication must be in its original container with the child's name on it.

(Container should be up to date & not expired)

I, _____ have given the first dosage on _____
Name of individual administering meds *Date*

Name of Parent/Guardian (please print) *Signature of Parent/Guardian*

Signature of Parent/Guardian

Date: _____

Record of Medication: Use this to indicate dosage(s) given and as a reference for sharing this information with the child's parent. When complete, please return, and add to child's file.

2026 Summer Specialty Camp Registration

Specialty Camp at Bath YMCA

*Please indicate the summer camp program you would like to register for by checking the box to the left of each.

* In order to receive member rates, a **FAMILY MEMBERSHIP** is required at the time of registration and maintained throughout the summer.

* Field trips are subject to change based on bus availability.

*5% discount on each additional child enrolled. (Discounts cannot be stacked)

* \$25 camp deposits per week enrolled for summer camp.

* \$35 non-refundable and non-transferable camp deposit fee.

Mark "X" to enroll	Program	Fee
Weekly Summer Camp Enrollment: Weekly Payments		
	Session 1: (3rd-5th Grade) Y Our Community Matters 7/20/26-7/24/26	Member: \$300 Community Member: \$320
	Session 2: (1st-5th) Y Chef Academy 7/27/26-7/31/26	Member: \$300 Community Member: \$320
	Session 3: (1st-5th) Y Science Labs 8/3/26-8/7/26	Member: \$350 Community Member: \$370
	Session 4: (1st-5th) Where the Y-ild Things Are 8/10/26-8/14/26	Member: \$350 Community Member: \$370
	Session 5: (3rd-5th Grade) Y-Venture 8/17/26-8/21/26	Member: \$450 Community Member: \$470
	Session 6: (1st-5th) Art Exploration 8/24/26-8/28/26	Member: \$300 Community Member: \$320

HOUSEHOLD APPLICATION FOR FREE & REDUCED PRICE SCHOOL MEALS – SY2026

Please fill in form completely. Sections 1, 3, and 4 are REQUIRED.

STEP 1: STUDENT INFORMATION List ALL students living in the household.

Student Last Name	Student First Name	School	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Homeless/Migrant
Student Last Name	Student First Name	School	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Homeless/Migrant
Student Last Name	Student First Name	School	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Homeless/Migrant
Student Last Name	Student First Name	School	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Homeless/Migrant
Student Last Name	Student First Name	School	<input type="checkbox"/> Foster Child	<input type="checkbox"/> Homeless/Migrant

STEP 2: ASSISTANCE PROGRAMS Do any household members (including you) participate in SNAP, TANF or FDPIR? No → Go to STEP 3. Yes → Write name and SNAP/TANF number here and skip to STEP 4.Name: _____

SNAP or TANF Number _____ Letter _____

STEP 3: HOUSEHOLD INCOME List all household members including yourself & students listed above. List gross income for each person. By entering '0' or leaving blank, you certify (promising) there is no income to report.

Names	Earnings from Work before deductions	Gross Income													
		Weekly	Every 2 weeks	2 times/month	Monthly	Public Assistance, Child Support, Alimony received	Weekly	Every 2 weeks	2 times/month	Monthly	Pensions, Retirement, Social Security, All Other Income	Weekly	Every 2 weeks	2 times/month	Monthly
All Household Members (including students listed above)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOTAL HOUSEHOLD SIZE: (REQUIRED)															

STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (required)

"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 school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws".

Signature of Adult: _____ **Last 4 Digits of Social Security Number:** _____ do not have a Social Security Number

Printed Name: _____ **Phone:** _____ **Email:** _____

Address: _____

Date: _____

* FOR SCHOOL USE ONLY *

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

Total Income: _____ Household Size: _____ Free _____ Reduced _____ Denied _____ Categorically eligible free: _____

Determining Official's Signature: _____ Date: _____

Verification - Confirming Official's Signature: _____ Date: _____

STEP 5: Optional CHILDREN'S ETHNIC and RACIAL IDENTITIES You are **not required** to answer this question.

Mark one ethnic identity:

Hispanic or Latino
 Not Hispanic or Latino

Mark one or more racial identities:

Asian
 White
 Black or African American

American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander
 Other

NOTIFICATION OF ELIGIBILITY

DATE:

Dear Parent/Guardian:

Your application for free or reduced price meals for your child(ren) has been:

Approved for applicable programs listed below (check all that apply)
 Free Lunches Reduced price lunches at \$ _____ per meal
 Free Breakfasts Reduced price breakfast at \$ _____ per meal
 Free After School Snacks Reduced price After School Snacks at \$ _____ per snack

Denied because:
 Household income is over the amount allowable. The application is missing _____.

Other _____.

You may appeal this decision by contacting the Hearing Official, _____ at (phone/email of Hearing Official) _____.

Sincerely,
[Signature of Approving Officer]

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, audiotape, 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; or

(2) **fax:**
(833) 256-1665 or (202) 690-7442; or

(3) **email:**
program.intake@usda.gov

This institution is an equal opportunity provider

The Maine Human Rights Act prohibits discrimination because of race, color, sex, sexual orientation, age, physical or mental disability, genetic information, religion, ancestry or national origin.

Complaints of discrimination must be filed at the office of the Maine Human Rights Commission, 51 State House Station, Augusta, Maine 04333-0051. If you wish to file a discrimination complaint electronically, visit the Human Rights Commission website at <https://www.maine.gov/mhrc/file/instructions> and complete an intake questionnaire. Maine is an equal opportunity provider and employer.

(Federal Statement Revised 5/2022)

STEP 1: STUDENT INFORMATION

- (a) List all students living in the household.
- (b) Include the name of the school they attend (if known).
- (c) If the student is a foster child, mark the 'foster child' box next to the child's name. If you are ONLY applying for a student who is a foster child, complete Step 1 and proceed to Step 4. If you are applying for foster children and non-foster children, go to Step 3. Adopted children are not considered foster children.
- (d) If you believe the student is Homeless or Migrant, check the 'Homeless/Migrant' box next to the child's name and complete the rest of the application. Homeless and migrant status must be confirmed with the appropriate program staff. If the school district cannot confirm this status, the school district may contact you.

STEP 2: ASSISTANCE PROGRAMS

- (a) If no one in your household participates in SNAP, TANF or FDPIR, check 'No' and proceed to Step 3.
- (b) If anyone in your household participates in SNAP, TANF or FDPIR, check 'Yes' and write in the case number and name of the person receiving these benefits. Skip step 3. An adult household member must sign the form in Step 4 but does not have to list a social security number.

STEP 3: HOUSEHOLD INCOME

- (a) Write the names of each person living in your household including yourself and the students listed in step 1. A household is a person(s) living together that shares income and expenses, even if not related.
- (b) Write the amount of gross income each person receives before taxes and other deductions. Each income amount should be entered in the appropriate column.
- (c) Check the box for how often each income is received.
- (d) If self-employed, list income from your business as a net amount. This is calculated by subtracting the total operating expenses of your business from it's gross revenue.
- (e) Entering \$0 or leaving any income field blank is a positive indication there is no income to report.
- (f) Report total household size. This number must equal the number of household members listed in section 3.

STEP 4: ADULT SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

The form **must** have the **signature** of an adult household member.

- (a) The adult household member who signs must include the **last four digits of his/her social security number**.
If he/she does not have a social security number, check the appropriate box. A social security number is not needed if you listed a SNAP or TANF case number or if you are applying for a foster child.

STEP 5: CHILDREN'S ETHNIC and RACIAL IDENTITIES *Optional* – This field is optional and does not affect your child's eligibility for free or reduced meals. You are not required to answer this question, but completion of this information will help ensure everyone is treated fairly.

INCOME TO REPORT

Earnings from Work	Public Assistance/Child Support/Alimony Received	Pensions/Retirement/Social Security & Other Income
<p>-Salary, wages, cash bonuses -Net income from self-employment (farm or business)</p> <p>If you are in the military: -Basic pay and cash bonuses (do not include combat pay, FSSA or privatized housing allowances) -Allowances for off-base housing, food and clothing</p>	<p>-Unemployment benefits -Worker's compensation -Social Security Income (SSI) -Cash assistance from State or local government -Alimony payments -Child support payments -Veteran's benefits -Strike benefits</p>	<p>-Social Security (including railroad retirement and black lung benefits) -Private pensions or disability benefits -Regular income from trusts or estates -Annuities-Investment income -Earned interest -Rental income -Regular cash payments from outside household</p>