



1250 Crabb River Rd.
Richmond, TX 77469
281-343-KIDS

Welcome to your child's New School

Please fill out this entire packet, and
return to the director on or before
your child's first day.

Thank You!

***Shot Records/ Dr's Statement
Is Required Before
Childs Enrollment Date!**



Enrollment Application

Child's name: _____ Date of Birth: _____

Enrollment Date: _____ Sex: M _____ F _____ Child's last 4 digits of SS#: _____

Home Address: _____

Home Ph#: _____ Days and hours in care: M T W TH F (Please circle) From ____ to ____

Mother's Name: _____ Mother's Email: _____

Work Phone: _____ Cell Phone Number: _____

Mother's Social Security Number _____ - _____ - _____ Driver's License Number _____

Place of Employment: _____

Father's Name: _____ Father's Email: _____

Work Phone: _____ Cell Phone Number: _____

Father's Social Security Number _____ - _____ - _____ Driver's License Number _____

Place of Employment: _____

Parent's marital status: S _____ M _____ D _____ W _____ Child lives with: _____

The Child may be released to the following people with proper identification:

Name: _____ Phone: _____ Relation: _____

Address: _____

Name: _____ Phone: _____ Relation: _____

Name: _____ Phone: _____ Relation: _____

List any allergies or special needs your child may have: _____

HOW DID YOU HEAR ABOUT US?? _____

AUTHORIZATION for EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached, I authorize the management or teachers of Kids R Kids 23tx to take my child to:

Name of Physician: _____ Phone: _____

Address: _____

Name of Hospital or Clinic: Memorial Hermann Phone: 281-274-7000

Parent/Guardian signature: _____ Date: _____

Transportation: I give _____ do not give _____ permission for my child to be transported on:

(please check) Field Trips _____ To and from school _____

Water Activities: I give _____ do not give _____ permission for my child to participate in:

(please check) Splash Park _____

Photograph/Social Media/Website: I give _____ do not give _____ permission to be included.

SCHOOL AGE CHILDREN: My child attends: _____ Phone _____

My child's current immunizations are on file at the school: Yes _____ No _____

Director's name: Sally Compean

Parent's signature: _____ Date: _____



1250 Crabb River Rd.
Richmond, Tx. 77469

Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father's Name _____ Hm. Ph# _____ Wk. Ph. # _____

Mother's Name _____ Hm. Ph# _____ Wk. Ph. # _____

In an emergency and parents cannot be reached:		
1. Name _____	Hm. Phone _____	Wk. Phone _____
Address _____	Relationship _____	
2. Name _____	Hm. Phone _____	Wk. Phone _____
Address _____	Relationship _____	

Child's Doctor _____ Phone# _____

Medical Facility this center uses: **Memorial Hermann Hospital** Phone #: **281-725-5000**

Address: **17510 W. Grand Parkway**

Child's Allergies: _____

Current Prescribed Medication: _____

Child's Special Medical Needs and Condition: _____

In the event of an emergency involving my child, and if Kids R Kids 23tx cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expense incurred during the treatment of my child and to hold harmless and release Kids R Kids International, Inc., from all liability.

Parent or Guardian _____ Date _____

Witnessed By _____ Date _____

HEALTH REQUIREMENTS

Child's Name	Date of Birth
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IMMUNIZATIONS	Date 1 st Dose	Date 2 nd Dose	Date 3 rd Dose	Date 1 st Booster	Date 2 nd Booster
DPT/TD					
Polio					
Hib-CV					
Hep A					
Hep B					
PCV					
MMR Vaccine		Physician's Verifications Must Be Submitted			
Varicella		Measles- Date of Illness		Mumps- Date of Illness:	

NOTE: You may submit a copy of an immunization record signed or stamped by a physician or health professional

Vision & Hearing Test: To be completed at the child's four year old check-up per Texas Department of Health.

Results: **Vision:** ____/____ Pass Fail Corrective Lenses Yes No

Hearing: Right Ear: Pass Fail Left Ear: Pass Fail

Referred to a specialist? Vision: Yes No Hearing: Yes No

Signature (or stamp)-Physician or Health Professional

Date

Signature- Staff Making Handwritten Copy of Record

Date

ADMISSION REQUIREMENT: One of the following must be presented when your pre-school age child is admitted to the day care facility or within one week of admission. Check to indicate the option you select:

Doctor's Statement: I have examined the above-named child within the past year and find that he/she is physically able to take part in the day care program.

Physician's Signature

Date

A form or written statement from health service or clinic.

If you do not have any of the above:

My child has an appointment for a physical examination:

Date	Name and Address of Physician OR Address of EPSDT Screening Site
------	--

I will submit physician's statement, EPSDT form, or health service or clinic form to the day care facility following examination

Signature-Parent or Legal Guardian

Date

Note: If medical diagnosis and treatment and TB testing conflict with your religious beliefs, you must sign an affidavit to that affect and attach it to this form. If immunization and/or TB testing would be injurious to your child or family you must obtain a certificate (signed by a physician) to that affect and attach it to this form.



TRANSPORTATION AGREEMENT

I, _____, agree for my child, _____ to ride on the bus or van provided by the Kids R Kids 23tx Child Care Center as shown in the stamped address above.

My child is to be transported from Kids 'R' Kids # 23 AT _____ (time)

My child is to be delivered to _____ (school) AT _____ (time)

My child is to be picked up from _____ (school) AT _____ (time)

My child is to be delivered to Kids 'R' Kids # 23 AT _____ (time)

ALL STUDENTS RIDING THE BUS SHOULD FOLLOW THE FOLLOWING GUIDELINES TO ENSURE THE SAFETY OF ALL STUDENTS WHEN RIDING THE KIDS R KIDS VEHICLES

- 1. While getting on and off the bus, please stay in line, watch your step, and board one student at a time.
2. Remain seated with seatbelt on until vehicle is parked and comes to a complete stop.
3. Please keep feet and belongings out of the walkway.
4. Students are not allowed to change seats after bus is moving.
5. Be nice to all riders, and allow others to sit with you.
6. If necessary, the driver may assign seats. Please sit in your assigned seat if you are given one.
7. Please use low voices, and refrain from yelling or calling out. This can cause distractions to the driver.
8. No fighting, rough play, and/or bad language allowed. NO EXCEPTIONS.
9. Do not throw objects inside the bus or out of the windows or doors.
10. Keep all body parts in the bus and not out the window.
11. Ensure you have all personal belongings before leaving the bus.
12. Do not touch, pull, or lean on the RED emergency handles. The emergency handles should only be touched during an emergency, when asked by the driver and/or teachers.
13. No food or drink allowed on the bus, unless approved by Kids 'R' Kids management.
14. Never pick up anything you drop around the bus, ALWAYS ask for help.
15. PARENTS: Please inform Kids 'R' Kids if our services will not be needed for pick up from school.
16. Please have your child at the center no later than 6:45 A.M.

Your child's safety and the safety of the other children on the bus is our number one concern. Parents please review these rules with your child to ensure that they understand the importance of these rules.

PARENT'S SIGNATURE _____ DATE _____

STUDENT SIGNATURE _____ DATE _____



Center Policies

1. The Special Senses and Communication Disorders Act, Texas Health and Safety Code, Chapter 36, requires a screening or professional examination for possible vision and hearing problems for all children enrolled in programs who are four years of age by September 1 of each year.
2. Please do not bring peanut items to Kids R Kids #23. We are a PEANUT FREE SCHOOL.
3. I understand that I am not to dress my child in family heirlooms or fancy clothing. I understand that while my child is learning they might get dirty. Kids R Kids #23 is not responsible for any stained or ruined clothes.
4. If my child wears diapers, I understand that it is my responsibility to provide the center with the necessary amount of disposable diapers for my child each day/week.
5. I understand that it is my responsibility to escort my child into and out of the building, and to sign him or her in and out on the computer each day. I understand that a staff member will escort my child into and out the center when being transported by county or Kids R Kids transportation.
6. I understand that I am responsible for any special diet required for my child.
7. If my child's diet consists of formula or breast milk that is taken from a bottle, I understand that I will provide Kids R Kids with the appropriate number of bottles containing formula or breast milk needed for each day. Each bottle shall be clearly labeled with my child's full name and the date the bottle was filled. Kids R Kids will provide a space in Suite 100 for mothers wanting to breastfeed their child.
8. Transportation is provided to and from school and on planned field trips with parental permission. A separate form and signature will be required for this service. School transportation agreement can be signed once each school year. Field trip forms must be signed for each trip. I give my consent for my child to be transported in case of an emergency.
9. Should my child become ill or suffer a serious injury during the time he/she is in care at Kids R Kids, the center shall undertake to contact me immediately. The center shall be authorized to secure such medical attention and care for my child as may be necessary. (The parent will assume responsibility for the payment.)
10. I agree to keep the center informed as to changes in telephone numbers, addresses, etc. where I may be reached.
11. I understand that Kids R Kids #23, while a Kids R Kids franchise, is independently owned and operated. I further understand that neither Kids R Kids International, Inc. nor any Kids R Kids center other than this one is responsible for the actions or obligations of this center.

12. I understand that if my child has not been picked up by the close of business, I may be charged a late pick-up fee. I further understand that if my child has not been picked up by 7:30 and all attempts to reach me and all of my emergency contacts fail, Kids R Kids will call Family and Children Services and Police.
13. A copy of the Minimum Standards Rules for Licensed Child-Care Centers is available for you to review at this facility. You can also request a copy of these standards from your local Child Care Licensing office by calling them at 713-940-3009 or logging on to https://www.dfps.state.tx.us/child_care/child_care_standards_and_regulations/.
14. To report suspected child abuse, please call 1-800-252-5400. All staff receives annual training on signs and symptoms related to Child Abuse & Neglect. Kids r Kids #23 will provide contact information and or training for any parent who is or suspect a child who is a victim of abuse or neglect upon request. Kids R Kids #23 celebrates The Week of the Young Child where families are welcome to participate in honor of child abuse prevention. As well as participating in our annual food drive partnered with Helping Hands. Poison Control can be reached 1-800-764-7661.
15. Procedure for parents to discuss concerns with the director may call our facility at 281-343-5437 or conference at any time.
16. Procedure for parental notification: 1.) by phone, 2.)other contacts, 3.)letter or email
17. Kids R Kids #23 provides children with the following water activities: Splash Park
18. Kids R Kids #23 encourages, however, does not require employees to follow vaccination guidelines. If ill employees showing signs of fever of 100.4 degrees will be sent home. We ask that the employees be out of school until he/she has been fever free for 24 hours without fever relieving medicine. Should a staff show signs of the following symptoms he/she will be sent home:
 - Diarrhea or vomiting (twice in 24 hours)
 - Deep or hacking cough or sore throat
 - Continuous runny nose with a yellow or green color
 - Any suspicious rash that has not been diagnosed by a physician
 - Undiagnosed and untreated pink, swollen, matted or runny eyes

Employees may return to school when any of the following occur:

- Temperature has been normal for 24 hours
- Active signs of illness (diarrhea or vomiting) have been gone for 24 hours.
- The employees physician releases the employee to return to school
- (Please note: An employee may return to school with secondary symptoms from colds and flu, as they may linger for several weeks without the employee being contagious.)

I have read and fully understand the above policies and agree to abide by all policies outline in this agreement, the Health policies, the Tuition policies, and in the Parent handbook.

Parent/Guardian signature: _____ Date: _____



Policies Regarding Payments of Tuition and Fees

Please understand that the standard we have set for the care and education of our children makes it vitally important that parents have a clear understanding of what our policies are regarding the payment of tuition fees. Not unlike your family's own personal budget, our school also operates on a budget that is based on payments of tuition. You will find that our tuition fees are "all inclusive", meaning that, all services and programs that we provide for your children are taken care of in their tuition, and the center shares all student related costs. There are a very limited number of reasons for any up-charges or additions to a student's tuition, with the exception of any outside offered services such as dance and exercise, computer classes, class pictures, book sales, etc. We would also like to mention that any commissions earned from outside services, by our center, are returned directly into the school's budget with no exceptions.

If you have any questions about our policies regarding tuition fees, please do not hesitate to ask.

I agree to pay \$_____ each Friday for tuition for my child(ren).

1. Tuition is paid in advance and due on Friday, for the upcoming week.
2. **Tuition that remains unpaid after the close of school the following Monday will incur a late charge of \$25. Account balances that remain into the next week are accessed the same fee again, until the account is brought to a zero balance.**
3. Late fees are assessed unless prior arrangements have been made with Kids R Kids owners/managers.
4. Late pick-up fees are assessed beginning 5 minutes after school closing time at the rate of \$5.00 for every 5 minutes thereafter.
5. Payments for tuition can be made in any amount, as long as it is over the amount of one week's program charges. Parents are welcome to pay tuition weekly, bi-monthly, monthly, etc.
6. There is a \$25 charge for returned checks.
7. **One day's attendance constitutes a full week.** Illness days or vacation days are not prorated out of that week. Children out the entire week due to illness or vacations pay one-half of their tuition. These policies insure your child's enrollment in that class.
8. Families are entitled to one tuition-free vacation week after one year of continuous enrollment. (This only applies if your child does not attend.)
9. A \$100 Registration Fee will be paid upon each enrollment and at the beginning of each new school year (August) or upon each child's re-enrollment throughout the year.
10. Enrollment fees are NON-REFUNDABLE.
11. Tuition can be paid by check or money order, or Tuition Express. No cash payments please.

I have read the policies regarding payments of tuition fees and understand the policies as stated above.

Parent/Guardian Signature/Confirmation

Date



Policies Regarding Health

In our center, we have very specific guidelines for parents to reference regarding health. These policies are intended to be very clear on what health issues make it necessary for your child to be kept out of school. It is our hope that these policies address all concerns from parents and staff. Administered correctly and fairly, they should protect the best interest of all of our children, well and ill, as well as our staff. In order to keep the children healthy and maintain a safe environment, we ask for your help with the following guidelines:

- Please do not send an ill child to school. Small children are prone to infection because their immune systems are not fully developed. One sick child places all other children at risk.
- A child with a fever of 100.4 degrees will be sent home. We ask that the child be kept out of school until he/she has been fever free for 24 hrs without fever relieving medicine.
- A child showing signs of the following symptoms will be sent home:
 - Diarrhea or vomiting (twice in 24 hrs)
 - Deep or hacking cough or sore throat
 - Continuous runny noses with a yellow or green color
 - Any suspicious rash that has not been diagnosed by a physician
 - Undiagnosed and untreated pink, swollen, matted or runny eyes
- A child may return to school when any of the following occur
 - Temperature has been normal for 24 hrs.
 - Active signs of illness (diarrhea or vomiting) have been gone for 24 hrs.
 - The child's physician releases the child to return to school
 - (Please note: A child may return to school with secondary symptoms from colds and flu, as they may linger for several weeks without the child being contagious)
- A child that is taking prescription medications **MUST** have a release from the physician to return to school.
- Over-the-counter medication **MUST** have a written release from the physician. The release must state child's name, medication and dosage. It must also be in the original container.
- ALL medications must have a medical form filled out by the parent with the dosage, time to be given and the parent's signature.
- Parent must keep the child current on immunizations as per the Texas Department of Health and a copy must be supplied to the center.

Medicine is given at 11am & 3pm daily. To ensure your child is included, please coordinate your child's morning dose with these dosage times.

I have read and fully understand the policies regarding health at Kids R Kids #23.

Parent/Guardian signature: _____ Date: _____

Acknowledgement and Receipt – Discipline and Behavior Management Policy

Praise, positive reinforcement, and redirection are effective methods for the behavior management of children. When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy taken from the Kids ‘R’ Kids Parent Handbook and the NAEYC Code of Ethics.

At Kids ‘R’ Kids Schools of Quality Learning we use a method of ‘redirection’ to guide children toward appropriate behavior. If a child is engaged in behavior that is not conducive to a safe and happy learning environment, the teacher will ‘redirect’ the child toward appropriate behavior.

“Above all, we shall not harm children. We shall not participate in practices that are disrespectful, degrading, dangerous, exploitative, intimidating, emotionally damaging, or physically harmful to children.” (NAEYC Code of Ethics—Principle-1.1)

I, the undersigned parent or guardian of _____ (print child’s full name), do hereby state that I have read and received a copy of the facility’s Discipline and Behavior Management Policy and that the facility’s director (or other designated staff member) has discussed the facility’s Discipline and Behavior Management Policy with me.

Date of Child’s Enrollment: _____

Signature of Parent or Guardian: _____

Signature of Director (or designated staff member): _____

Distribution: One copy to parent or guardian, signed copy to be kept with child’s facility records

(School File Copy)



INTERNET REQUESTS

By signing, you agree that only the people who register online will have access to their codes. This list should be limited to immediate family members such as parents, grandparents, aunts and uncles.

By signing, for security reasons, you agree not to manufacture, take, reproduce, print or save in any way, pictures or videos from "Watch Me Grow."

Violation of the above agreement will terminate usage of your personal code.

Parent Signature

Print child's name

*Parent's E-mail address: _____

INTERNET REQUESTS

Today's technology through computers, video and the Internet has given Kids R Kids the opportunity to offer a unique way for parents to be at "peace of mind" about their child(ren) while at work. Kids R Kids is very excited about being able to bring this new technology and service to our parents.

However, for our children's protection there are some very serious issues that must be addressed and understood. While the video images are protected and security safeguards and access codes are in place to protect our children, it is important to realize that this system works through the Internet, and is only as secure as you the parent allow it to be.

You have the option to register online to view your child(ren). To register:

1. Log on to www.kidsrkidsgreatwood.com
2. Select "Parent Area" in the left column
3. Click on "Online Viewing", then it will take you to Watch Me Grow
4. Click on Register, fill in all required information (select your own user name and password)
5. Click "Accept"

Congratulations, you have now completed the registration portion. A member of the management team will now confirm access as it appears. Also, please inform the center of any family members that have registered for access.



HOURS OF OPERATION

6:00am - 6:30pm

HOLIDAY SCHEDULE

NEW YEAR'S EVE	CLOSE @ 3:00PM
NEW YEAR'S DAY	CLOSED
MEMORIAL DAY	CLOSED
FOURTH OF JULY (will observe the day before or the day after it falls on a weekend.)	CLOSED
LABOR DAY	CLOSED
THANKSGIVING DAY	CLOSED
FRIDAY AFTER	CLOSED
CHRISTMAS EVE & DAY	CLOSED



CACFP Food Program Enrollment Form

Center Name: Greatwood KRK 23 LLC

Phone Number: (281) 343-5437


Child 1	1 – Child’s Name:	
	2 – Date of Birth:	
	3 – Enrollment Date:	
	4 – Days in Care:	
	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
	5 – Start Time in Care:	<input type="checkbox"/> AM <input type="checkbox"/> PM
	6 – End Time in Care:	<input type="checkbox"/> AM <input type="checkbox"/> PM
7 – Meals Served to Child While in Care:		
<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack		
<i>(For Office Use Only)</i> Withdrawal Date:		

Child 2	1 – Child’s Name:	
	2 – Date of Birth:	
	3 – Enrollment Date:	
	4 – Days in Care:	
	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
	5 – Start Time in Care:	<input type="checkbox"/> AM <input type="checkbox"/> PM
	6 – End Time in Care:	<input type="checkbox"/> AM <input type="checkbox"/> PM
7 – Meals Served to Child While in Care:		
<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack		
<i>(For Office Use Only)</i> Withdrawal Date:		

Child 3	1 – Child’s Name:	
	2 – Date of Birth:	
	3 – Enrollment Date:	
	4 – Days in Care:	
	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
	5 – Start Time in Care:	<input type="checkbox"/> AM <input type="checkbox"/> PM
	6 – End Time in Care:	<input type="checkbox"/> AM <input type="checkbox"/> PM
7 – Meals Served to Child While in Care:		
<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack		
<i>(For Office Use Only)</i> Withdrawal Date:		

Child 4	1 – Child’s Name:	
	2 – Date of Birth:	
	3 – Enrollment Date:	
	4 – Days in Care:	
	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	
	5 – Start Time in Care:	<input type="checkbox"/> AM <input type="checkbox"/> PM
	6 – End Time in Care:	<input type="checkbox"/> AM <input type="checkbox"/> PM
7 – Meals Served to Child While in Care:		
<input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack <input type="checkbox"/> Supper <input type="checkbox"/> EV Snack		
<i>(For Office Use Only)</i> Withdrawal Date:		

By signing this form, I acknowledge that I have received the enrollment and income form for the CACFP, as well all supplemental information, including Form 1625A, Letter to Households, and civil rights information.

 <p>Did you complete all 7 steps for each child?</p>	8 – Signature – Parent or Guardian	9 – Date of Signature
	Parent/Guardian Email Address	Parent/Guardian Phone No.

This center’s CACFP is operated in accordance with the USDA’s policies and does not permit discrimination on the basis of color, sex, disability, national origin, age, religion, or political beliefs. Complaints regarding discrimination should be forwarded to the following parties: (1) TDA, Civil Rights Dept, Austin, TX 78714 or (2) USDA, Office of Civil Rights, Washington, DC 20250- 9410.



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren):		
Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<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"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**
 NAME: _____ ELIGIBILITY NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and case number: NAME: _____ ELIGIBILITY NUMBER: _____
 Check here if no eligibility number

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income) <i>(Example)</i> <i>Jane Smith</i>	B. Gross income and how often it was received Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly _____	\$150/twice a month _____	\$100/monthly _____	\$200/bi-monthly _____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)
 An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the next page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ I do not have a Social Security Number



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American	

Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- I **do** elect to allow my household information to be disclosed.
- I **do not** elect to allow my household information to be disclosed.

Don't fill out this part. This is for official use only.

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

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Tier I ___ Tier II ___

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement:

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement:

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

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

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Office of the Assistant Secretary for Civil Rights
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