

**YWCA Summer Camp  
Registration Form**  
SUMMER 2024 (June 17<sup>th</sup> – Aug 23<sup>rd</sup>)

<i>for office use only</i>	
Enrollment Date	Termination Date

Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Male    Female    Other

Language(s) Spoken at Home: \_\_\_\_\_

Racial/Ethnic Identity (check all that apply):    White/Caucasian    Black, African, or African American

Asian    Hispanic or Latinx    Native Hawaiian or Other Pacific Islander

American Indian/Alaskan Native    Other \_\_\_\_\_

Street Address: \_\_\_\_\_

~   ~   ~   ~   ~   ~   ~

Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer Address: \_\_\_\_\_

~   ~   ~   ~   ~   ~   ~

Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Employer Address: \_\_\_\_\_

**\*\*IMMUNIZATION RECORDS are required to be provided to the YWCA within 30 days of enrollment per  
Maine State Child Care Licensing Regulations\*\***

**YWCA's Fax Number: 207-795-4053**

Immunization records received by \_\_\_\_\_ on \_\_\_\_\_.

Name(s) & Age(s) of Sibling(s): \_\_\_\_\_

Previous Childcare/School Experience: \_\_\_\_\_

**Names of all people authorized to remove your child from the YWCA:**

**\*\*Anyone picking up your child must have a photo ID\*\***

_____	_____
_____	_____
_____	_____

**Please list any information the YWCA needs to know (e.g. special education needs, aquatic experience) in order to provide developmentally appropriate, quality care for your child:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~ ~ ~ ~ ~ ~ ~

**Family Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Local Hospital Preference (check all that apply):**  CMMC  St. Mary's

**Dentist Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Does your child drink cow's milk?**  Yes  No\* *\*If "no", a required substitution form will be provided.*

**Does your child have any known food allergies?**  Yes  No **If yes, please list:**

**How does your child respond to an allergic reaction?** \_\_\_\_\_

**Does your child have any environmental allergies?**  Yes  No **If yes, please list:**

**How does your child respond to an allergic reaction?** \_\_\_\_\_

**Will the YWCA Central Maine need to administer any medication to your child during their time here?**

Yes  No **If yes, please list:\***

Medication	Dosage	Time Given

*\*A Medication Administration Form **must be completed for each medication** in order for YWCA staff to administer. Please obtain this form from the YWCA for any new medications during the year.*

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**EMERGENCY CONTACT INFORMATION**

*Please list **at least** one person, other than a guardian, who may be contacted to pick up your child in the event of an emergency. Complete street addresses are required per state licensing guidelines:*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_ Alt. Phone: \_\_\_\_\_

**\*\*YOUR CHILD MUST BE PICKED UP WITHIN 2 HOURS OF STAFF CONTACT\*\***

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**GUARDIAN PERMISSIONS**

**Permission for Treatment**

I, \_\_\_\_\_, hereby give permission for medical personnel to secure and  
*(guardian)*  
administer treatment (including hospitalization) for my child, \_\_\_\_\_, and to  
*(child)*  
provide or arrange for necessary emergency transportation, as well as for YWCA Central Maine to  
release any records necessary for insurance purposes.

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

~ ~ ~ ~ ~ ~ ~

**Swim Permission**

*See attached swim form.*

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**Sunscreen Administration Permission**

Does YWCA Central Maine staff have permission to assist your child in applying sunscreen on an as-needed basis in order to help protect them from the harmful effects of UV rays (recommended)?

Yes       No

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

~ ~ ~ ~ ~ ~ ~

**Photo/Video Release**

YWCA Central Maine may photograph/video your child while at the YWCA Early Learning Center for attendance and communication purposes. ***Does the YWCA have permission to use photos and/or videos in YWCA publications, presentations for grants, social media, and/or press releases?***

Yes       No

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

~ ~ ~ ~ ~ ~ ~

## SUMMER CAMP INFORMATION

### Enrollment & Registration

The following fees are required at the time of registration for summer camp:

\$25 Registration Fee

\$45 Community Access Pass (CAP)

\$190 First Week's Tuition

\$35 non-refundable deposit for each week your child will be attending (excluding first week)

An annual YWCA membership (CAP) is required for all campers. This \$45 fee is only due at the time of camp registration for participants who do not already have an active YWCA membership.

Registration for summer camp will not be accepted without payments for the fees and deposits listed above. Your child will not be guaranteed a spot until registration is finalized.

### Important Dates

- **April 5<sup>th</sup> - Early Registration Deadline**
  - The \$25 registration fee will be waived if all other fees have been paid and paperwork received by this date.
- **May 3<sup>rd</sup> - Scholarship Application Deadline**
  - Scholarship funds are allocated on a first come, first served basis. Families receiving state aid for tuition **must** complete a scholarship application.
- **June 7<sup>th</sup> - Registration Deadline for Summer Camp**

### Tuition, Fees, & Scholarship Information

Weekly summer camp tuition is \$190 per child. This includes breakfast, lunch, afternoon snack, swim time throughout the week, field trips, and materials.

Summer camp hours are 7AM to 5:30PM. Families who pick their children up past 5:30 PM will be charged \$10.00 for each child for each late pick up from 5:31 to 5:39 PM. Any child picked up from 5:40 PM or later will automatically be charged \$50 for each child for each late pick up. This fee will be assessed and added to your invoice to be paid with the next regular invoicing period and is subject to the same conditions as regular tuition.

Scholarship funds may be available to those who qualify based on financial need. Limited funds are allocated on a first come, first served basis, so families are encouraged to apply early. Applications for scholarships are included in the registration packet and are due by May 3<sup>rd</sup>.

### Summer Camp Dates

Parents will be charged for each week a child is signed up, regardless of whether or not the child attends. All deposits are non-refundable. **Please check the weeks that your child will be attending YWCA Summer Camp:**

**ALL**

**June 17<sup>th</sup> – 21<sup>st</sup>**

**June 24<sup>th</sup> – 28<sup>th</sup>**

**July 1<sup>st</sup> – 5<sup>th</sup>**

**July 8<sup>th</sup> – 12<sup>th</sup>**

**July 15<sup>th</sup> – 19<sup>th</sup>**

**July 22<sup>nd</sup> – 26<sup>th</sup>**

**July 29<sup>th</sup> – Aug 2<sup>nd</sup>**

**Aug 5<sup>th</sup> – 9<sup>th</sup>**

**Aug 12<sup>th</sup> – 16<sup>th</sup>**

**Aug 19<sup>th</sup> – 23<sup>rd</sup>**

*\*\*For scheduled closures, please see our YWCA Calendar. Note these dates are subject to change.*

## Payment Policy

Each week of summer camp is to be pre-paid by Monday morning. Payments must be made in full before drop off for children to participate in camp. ***There are no exceptions to this policy.*** Balances that run more than one week will result in a child's dismissal from the program.

## Source of Tuition

Please indicate your source of tuition:

- Self-Pay
- FedCap\*
- DHHS (CCSP or foster care)\*\*      Guardian Portion: \$ \_\_\_\_\_
- Other \_\_\_\_\_

*\*If FedCap is chosen as the source of tuition, the guardian is responsible for ensuring that both FedCap and any guardian portions are paid; and that FedCap application renewals are received and re-authorized as required by that program. Lapses in FedCap authorization will be considered self-pay.*

*\*\*If you receive state subsidies for care, paperwork indicating the contract beginning and end dates, as well as the state/guardian payment information, must be provided to YWCA Central Maine. Please note that if you are awarded part-time childcare through a subsidy program, but request full-time care, the remainder of the tuition will be considered self-pay and added to your Guardian Portion.*

## 2024 YWCA Summer Camper Behavioral Agreement

Dear Parents/Guardians and Campers,

Please review the following behavioral expectations together to ensure that your child will always adhere to the terms while attending summer camp at the YWCA. In addition, please review the consequences for non-adherence at the bottom of the contract.

Eliminating racism and empowering women are important parts of the YWCA mission, and the YWCA also prioritizes the development and presentation of positive character values such as responsibility, respect, honesty, and caring communication. These values are a large part of our commitment to provide a safe and exciting camp experience for all who attend. It is very important that all our campers agree to abide by this character code for themselves, their peers, and the YWCA staff.

By signing below, you agree to:

- ✓ Respect other people and the environment
- ✓ Listen while others are speaking
- ✓ Care for myself and those around me
- ✓ Be responsible for my own choices and belongings
- ✓ Gain and earn trust through being honest
- ✓ Follow rules provided by YWCA staff for my own and my peers' safety and well-being
- ✓ Communicate with words when I need help or attention

Please read and check each statement below in acknowledgement of your agreement to abide by camp rules:

While at camp, I will:	While at camp, I will not:
<input type="checkbox"/> Be respectful to others	<input type="checkbox"/> Fight or "rough house" with other campers
<input type="checkbox"/> Be a leader by setting a good example for my peers and having a positive attitude	<input type="checkbox"/> Take things that do not belong to me
<input type="checkbox"/> Be honest with others	<input type="checkbox"/> Use inappropriate language
<input type="checkbox"/> Be helpful	<input type="checkbox"/> Threaten or bully others
<input type="checkbox"/> Be my BEST and do my BEST	<input type="checkbox"/> Bring toys from home
<input type="checkbox"/> Have fun!	<input type="checkbox"/> Ignore directions or rules provided by YWCA staff.

*I have read and understand our Camper Behavioral Agreement. I understand that not following the rules will have consequences, which may include (but are not limited to):*

- *Exclusion from activities (such as free swim or field trips)*
- *Suspension from summer camp (duration to be determined by the Director)*

\_\_\_\_\_

Camper Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date



**DEADLINE: MAY 3<sup>rd</sup>**

## Summer Camp 2024 Scholarship Application

*YWCA of Central Maine has limited scholarships available to families in need. Scholarships are determined on a case-by-case basis and all decisions are final. Parents will be charged for each week a child is signed up, regardless of whether or not the child attends. All deposits are non-refundable.*

### Applicant Information

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent/Guardian Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Financial Information

# of Family Members in Household: \_\_\_\_\_ Total Household Monthly Income: \_\_\_\_\_

How much do you feel you can afford to pay each week? \_\_\_\_\_

Do you receive or qualify for state childcare subsidy? \_\_\_\_\_

If so, what is your parent portion/ month? \_\_\_\_\_

How many weeks of summer camp will your child(ren) be attending? \_\_\_\_\_

**Please describe how this scholarship will benefit your family and impact your child: (See next page)**



*(This area contains 26 horizontal lines for writing.)*

*(This area contains 4 horizontal lines for writing.)*

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



# Water Activity/Swimming Parent/Guardian Consent & Acknowledgement of Risk

**Child's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Dear Parents/Guardians,

Please read the following descriptions of our water policy for the 2023-2024 School Year. Anticipated activities, risks, and safety measures are listed for each swimming session. Please review each section and sign the this document indicating that you are providing informed consent for your child to attend our swimming sessions

**I. Swimming Activities**

Attendees will be given the opportunity to participate in the following programs and activities:

<b>Destination:</b>	The YWCA Swimming Pool
<b>Location:</b>	130 East Ave, Lewiston ME 04240
<b>Date:</b>	The 2023-2024 Enrollment Year
<b>Supervisor in Charge:</b>	Crystal Parritt, Director of Childcare Services; Birdie Gay, Assistant Director of Childcare Services
<b>Possible Activities:</b>	Water play, swimming, wading, swim lessons.
<b>Associated Risks:</b>	Water play/swimming; playground equipment.
<b>Safety Measures:</b>	Attendees will be instructed to use walking feet at all times to minimize risk of trips and falls. Attendees will be offered frequent water breaks to prevent dehydration. Groups will be within State of Maine guidelines for staff-to-child ratio and will remain together at all times. A certified lifeguard from the YWCA will be in attendance.

## II. General Policies and Information for Consent for Participation

*By signing below, the parent/guardian indicates the following:*

- I am satisfied that I have been informed of my right to obtain as much information about these activities as I feel necessary, including information beyond that provided to me by the YWCA Central Maine staff, while respecting the nature and extent of the risks and hazards associated with the aforementioned activities.
- I freely and voluntarily assume the risks and hazards which are inherent in the nature of the above-mentioned activities and understand/acknowledge to the YWCA Central Maine that my child, as a participant, may suffer personal and potentially serious injury or death due to an unforeseeable event.
- My child has been informed that he/she is to abide by the rules and regulations, including the directions and instruction of the YWCA School Aged/Preschool School Program Staff, while participating in the above-mentioned activities. This shall include his/her participation in informational sessions prior to his/her participation in the activities, including safety talks, a buddy system, and remaining with the assigned group.
- In the event that my child fails to abide by the rules and regulations imposed on attendees while participating in the aforementioned activities, disciplinary action may either require that he/she not participate in the program or activity or that I may be contacted to transport him/her home at my own expense.
- I acknowledge that it is my responsibility to advise the YWCA Central Maine of any medical or health concerns of my child which may affect his/her participation in the aforementioned activities.
- I consent and agree that the YWCA Central Maine, through its employees, agents, and officers at the facility, may secure such medical advice and services as those individuals, in their sole discretion, may deem necessary for their child's health and safety, and that I shall be financially responsible for such advice and services.
- I understand that students may be declared ineligible for a swim sessions if the facility policies have not been complied with. Inappropriate behavior or negligence with respect to facility rules and expectations may be grounds for restricting a student's participation. Eligibility decisions for swim participation are made by the Director of Programs.

***Based on my understanding, acknowledgement, and consents as described herein, I agree that my child has my permission to participate in the aforementioned activities. I acknowledge the risks associated with the participation in the above activities and expressly and voluntarily assume the risk of participation in the YWCA summer camp and hereby waive and release all claims, demands, actions, causes of actions, costs, losses, expenses, and liabilities that may arise from injuries, harm, or loss resulting from participation in the YWCA School Aged/PreSchool activities, including any claims alleging negligence by summer camp staff, employees and agents.***

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Parent/Guardian Printed Name

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Parent/Guardian Signature

---

Date



Central Maine

## YWCA Central Maine – Pre-Payment Authorization (Credit/Debit)

### Personal Information

Child(ren) name(s) for accounts covered under this authorization: \_\_\_\_\_

### Authorizations

I hereby authorize YWCA Central Maine to run the credit/debit card(s) listed in this agreement for total fees incurred as outlined in my childcare agreement(s) and guardian handbook(s), including, but not limited to, fees for tuition (regardless of attendance), ad-hoc extended care (late pickups or early drop-offs), yearly community access pass, registration, damages incurred, vacation care, snow days, and more. I authorize that my card(s) be run from \_\_\_\_\_ (date) to \_\_\_\_\_ (date) **Initial** \_\_\_\_\_

I understand that all fees for childcare are due weekly, and tuition must be paid the week prior to a child’s attendance. I agree to directly pay the fees associated with the terms of the agreement outlined in my childcare agreement(s) and guardian handbook(s), even if my child does not attend the program. **I understand that payments are made each Friday to cover the next week’s costs.** **Initial** \_\_\_\_\_

I understand that if the card(s) on file is/are declined, I am required to pay the amount due plus a \$10 declined payment fee *in full via another payment source by the end of day Friday for the following week’s care.*

**Initial** \_\_\_\_\_

I understand that failure to honor these terms may result in my account being forwarded to collections and credit reporting agencies. Additionally, failure to pre-pay for all childcare services and fees could result in your child’s immediate removal from the program(s)—i.e. your child may not be permitted to enter care on Monday if your full tuition/fees are not prepaid by end of day the preceding Friday. **Initial** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please note:** If you require adjustments to this agreement (for example, running your card for the full prepaid amount monthly, bi-weekly, or on another day of the week; or running the card(s) for only part of the tuition due to shared custody agreements), arrangements must be made in advance with the Chief Operating Officer (contact in person, by phone at 207-795-4050, or by email at [mjackson@ywcaine.org](mailto:mjackson@ywcaine.org)).



**YWCA Central Maine**  
130 East Ave, Lewiston, ME 04240  
**P** 207.795.4050 **F** 207.795.4053  
[ywcaine.org](http://ywcaine.org)

**Central Maine**

**Credit/Debit Card Information (Primary—Required)**

Full Name of Cardholder: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_

**Credit/Debit Card Information (Secondary—Optional)\***

\*to be used if the first card is declined in order to prevent interruptions in pre-paid care and/or additional fees for non-payment

Full Name of Cardholder: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Billing Address: \_\_\_\_\_

**Office Use Only (to be completed by YWCA Staff) Estimated weekly fees** (Note: This amount is subject to change based on vacation care, snow days, damages incurred, late/early pickups/drop offs, etc. as outlined in the childcare agreement(s) and guardian handbook(s))

	<b>Description</b>	<b>Cost per Week</b>
<input type="checkbox"/>	Regular Tuition / Parent Portion Child 1	
<input type="checkbox"/>	Regular Tuition / Parent Portion Child 2	
<input type="checkbox"/>	Regular Tuition / Parent Portion Child 3	
<input type="checkbox"/>	Regular Tuition / Parent Portion Child 4	
<input type="checkbox"/>	Regular Tuition / Parent Portion Child 5	
<b>TOTAL PER WEEK</b>		<b>\$</b>



STATE OF MAINE  
DEPARTMENT OF EDUCATION  
23 STATE HOUSE STATION  
AUGUSTA, ME 04333-0023

JANET T. MILLS  
GOVERNOR

A. PENDER MAKIN  
COMMISSIONER

**CHILD CARE CENTERS**  
**July 1, 2023 to June 30, 2024**

Dear Parent:

The Child Care Center in which you are enrolling your child participates in the U.S. Department of Agriculture's Child and Adult Care Food Program. This means the Center must serve meals and supplements that meet or exceed the nutritional requirements set forth by the U.S. Government.

In return for serving meals and supplements that meet these requirements, the Center receives payment from the USDA based on the income levels of the families being served. The higher the number of children served by the Center who come from low-income households, the higher is the level of reimbursement received by the Center for the meals and supplements it serves.

In order to determine the level of reimbursement to be received by the Center for meals or supplements served to your child, USDA requests you to complete the attached application and to include all of the following information on the appropriate lines.

1. The name and age of the child for whom you are making application.
2. If the child for whom you are making application, or any other person in your household, is a member of a Supplemental Nutrition Assistance Program (SNAP) Household (formerly known as Food Stamps), Temporary Assistance to Needy Families (TANF) Assistance Unit or a household that receives benefits under the Food Distribution Program on Indian Reservations (FDPIR), you may give their SNAP, TANF or FDPIR case number in PART I and then skip to PART III.
3. IN PART II you must include the name of each person living in the "household". A "household" is any group of persons living together sharing income and living expenses. These persons may or may not all be related to each other.
4. The last four (4) digits of the Social Security number of the household member or guardian who signs the application form.
5. The total income, before deductions, from all sources, for all persons living in the household.
6. The signature, address, and telephone number of the person completing the application form. The date the form was signed must also be included.

A form will not be considered "complete" unless the applicable information listed above is provided. The person who signs the form must understand that if the household income section of the form is left blank, that person is certifying that the household has zero income. The center staff will then consider your child to be in that category of eligibility which qualifies the center to receive the highest level of payment for the meals and supplements your child will receive.

The following chart shows the upper income level for the ‘Tier I’ category for the period **July 1, 2023 to June 30, 2024**. If the total income for your household size is equal to or less than the amount shown, the center serving your child will be able to receive the Tier I, or highest, level of reimbursement for meals or supplements served to your child.

**Eligibility Scale for “Reduced-Price” Meals**

<b>Family Size</b>	<b>Annual</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
1	26,973	2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
<b>Each Additional Family Member</b>	9,509	793	397	366	183

If a member of your household becomes unemployed, your child may become eligible for “Free” or “Reduced-Price” meals during the period of unemployment, provided the loss of income causes the household income to fall within the eligibility guidelines for your household size.

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.

Thank you.

Sincerely,

Child and Adult Care Food Program

**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)				
<b>TOTAL MONTHLY HOUSEHOLD INCOME:</b>				

**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.

<b>PRINT NAME OF ADULT</b>	<b>LAST 4 DIGITS OF SS#</b>	<b>SIGNATURE OF ADULT</b>	<b>DATE</b>
<input type="checkbox"/> I do not have a social security number			
<b>HOUSEHOLD ADDRESS OF ADULT</b>	<b>HOME PHONE</b>	<b>WORK PHONE</b>	
<b><u>ALL HOUSEHOLDS: Racial/Ethnic Identity: *</u></b>			
<b>1. Ethnicity:</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		<b>2. Race (mark one or more):</b> <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	
<b>*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.</b>			

**THIS PORTION MUST BE COMPLETED BY CHILD CARE CENTER PERSONNEL:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Child's Eligibility Category (Circle One):**      **Free**                      **Reduced-Price**                      **Paid**