

ALLERGY FORM

Child's Name: _____ Date of Birth: _____

Please list any of your child's allergies and any medical conditions that your child may have.

Food: _____

Medications: _____

Any other substance that may cause an allergic reaction:

If my child has an allergy, I authorize that my child's name may be posted in the classroom as a reminder to staff to prevent allergic reactions. This is very important to keep your child as safe as possible and involved in a healthy environment.

Parent's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

South Carolina Department of Social Services
Child Care Regulatory Services

**GENERAL RECORD AND STATEMENT OF CHILD'S HEALTH FOR ADMISSION
TO CHILD CARE FACILITY**

This form is to be completed for each child at the time of enrollment in the child care facility, updated as needed when changes occur, and maintained on file at the facility.

GENERAL INFORMATION: (to be completed by Parent or Guardian)

Name of Facility: _____ County: _____

Address: _____
Street Address – no Post Office Boxes City, State, Zip

Child's Name: _____
Last First Middle Initial Nick Name

Date of Birth: _____ Enrollment Date: _____

Child's Current Home Address: _____
Street Address City, State, Zip

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

Parent/Guardian's Full Name: _____

Home Phone: _____ Work Phone: _____ Other Phone: _____

You must have two individuals who have the authority to obtain emergency medical treatment for the child.

1. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

2. Person responsible if parent/guardian unavailable for emergency medical services:

Full Name Relationship
Address: _____
Street Address City, State, Zip
Telephone Number(s): _____ Family Code Word(s): _____

Is Child currently enrolled in school? (5K up to 6 years old) Yes No

My Child will regularly attend this facility **FROM** _____ am/pm **TO** _____ am/pm

If Child is a drop-in, indicate hours of care: **FROM** _____ am/pm **TO** _____ am/pm

Check all days Child will regularly attend this facility: **Mon** **Tue** **Wed** **Thurs** **Fri** **Sat** **Sun**

Check all meals Child will receive daily: **Meals are not offered** **Breakfast** **Morning Snack** **Lunch**
 Afternoon Snack **Dinner** **Evening Snack**

HEALTH INFORMATION: (to be completed by Parent or Guardian)

Family Physician or Health Resource: _____
Name

Street Address City, State, Zip Telephone

Emergency Care Provider: _____
Emergency Facility Name

Street Address City, State, Zip Telephone

Dental Care Provider: _____
Name

Street Address City, State, Zip Telephone

Health Insurance Provider: _____

Certificate of Immunization: Yes No N/A Please explain: _____

My child has the following health conditions such as allergies, asthma, diabetes, epilepsy, etc., and/or takes the following medications on a regular basis:

Additional Comments: _____

I certify that to the best of my knowledge _____
Child's Name

is in good mental and physical health and able to participate in the child care program at

Name of Child Care Facility

Signature: _____ Date: _____
Parent or Guardian

Signature: _____ Date: _____
Director/Operator/Staff Designee

CHILD CARE EMERGENCY CONTACT INFORMATION

Child's Name: _____ Birthdate: _____

Home Address: _____

Parent or Guardian: _____

Telephone Numbers: Home _____ Work _____

Cell Phone/Pager _____ E-mail Address: _____

Home Address: _____

Place of Employment: _____ Department: _____

Contact person at work (who usually knows your whereabouts): _____

_____ Phone Number: _____

Parent or Guardian: _____

Telephone Numbers: Home _____ Work _____

Cell Phone/Pager _____ E-mail Address: _____

Home Address: _____

Place of Employment: _____ Department: _____

Contact person at work (who usually knows your whereabouts): _____

_____ Phone Number: _____

Emergency Contacts (when attempts to reach parents are not successful and who may pick child up)

Name#1: _____

Telephone Numbers: Home _____ Work _____

Name#2: _____

Telephone Numbers: Home _____ Work _____

Person's Authorized to pick child up

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

We must have written permission for anyone other than parent/guardian to pick child up from the center.

Child's Usual Source of Medical Care

Physician's Name: _____ Phone #: _____

Address: _____

Hospital to take child in case of an emergency: _____

Dentist's Name (either Child's or Parent's): _____

Address: _____ Phone #: _____

Child's Health Insurance

Name of Insurance Plan: _____

Certificate Number (or ID) #: _____ Group #: _____

Policy Holder's Name: _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations:

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Date: _____ Parent/Guardian #1 Signature _____

Date: _____ Parent/Guardian #2 Signature _____

Review Date _____ Parent/Guardian Signature _____

Review Date _____ Parent/Guardian Signature _____

Review Date _____ Parent/Guardian Signature _____

Little Wonder Learning Center Policies

Medication Authorization:

_____ I understand and acknowledge, Medication is accepted **only** in its original container, labeled with child's name. Medication is **not** accepted if it is expired. Medication is given **only** with prior written consent of a child's parent/legal guardian.

Discipline Policy Statement:

_____ I understand and acknowledge, LW Learning Center will **only** use strategies that allow the child to take responsibility for his/her actions. In addition, we will focus on teaching children appropriate behavior. We will not use threats or bribes; however, the use of Time-out is use when the child needs a break away from the group. We will focus on teaching children how to interact socially and continually reinforce the limits at Little Wonder Learning Center. Physical punishment will **not** be used, even if requested by parent.

Field Trips:

_____ I understand and acknowledge, that LW Learning Center will take every precaution and care to insure my child's safety. Adults who will provide proper supervision and will exercise every precaution to avoid accidents, in accordance with the state licensing regulation will accompany visiting groups.

*No child will be permitted to attend any field trip unless this form has been filled out in advance by the Parent or Guardian and turned into the director.

Corporal Punishment:

_____ I understand and acknowledge, **No** child is subjected to corporal punishment or physical discipline at any time. Discipline shall never be related to food, rest, or toileting.

Emergency Medical Treatment:

_____ I acknowledge and hereby grant permission for Little Wonder Learning Center staff to take whatever steps that may be necessary to obtain emergency medical care if warranted. We will make attempts to contact the parent/guardian and/or any person(s) listed on the emergency information form you completed for us. If we cannot contact you or your child's physician, we will do any or all the following: (a) Call an ambulance. (b) Have the child taken to an emergency hospital in the company of the provider or a staff member.

ID Verification:

_____ I acknowledge, any person(s) picking up my child/children, must be on my release form and must present a picture form of ID.

Sign _____ Date _____

Child Care Nutrition Policy

Policy Statement

Good nutrition is vital to children's overall development and well-being. In an effort to provide the best possible nutrition environment for the children in our facility, **Little WONDERS LEARNING CENTER** has developed the following child care nutrition policies to encourage the development of good eating habits that will last a lifetime.

Child Care Nutrition

Little WONDERS LEARNING CENTER follows the child care nutrition guidelines recommended by the USDA CACFP (Child and Adult Care Food Program) for all the foods we serve. To provide a healthy and balanced diet that includes fruits, vegetables, and whole grains and limits foods and beverages that are high in sugar, and/or fat, our nutrition policy includes the following:

Fruits and Vegetables

- √ We serve fruit at least 2 times a day.
- √ We offer a vegetable other than white potatoes at least once a day.

Grains

- √ We serve whole grain foods at least once a day.

Beverages

- √ We limit juice intake to once per day in a serving size specified for the child's age group. When served, the juice is 100% fruit juice.
- √ We do not serve sugar sweetened beverages.
- √ We serve only skim or 1% milk to children age 2 years and older.

Fats and Sugars

- √ High fat meats, such as bologna, bacon, and sausage, are served no more than two times per week.
- √ Fried or pre-fried vegetables, including potatoes, are served no more than once per week.
- √ We limit sweet food items to no more than two times per week.

Role of Staff in Nutrition Education

- √ Staff provide opportunities for children to learn about nutrition 1 time per week or more.
- √ Staff act as role models for healthy eating in front of the children.

Meal and snack times are planned so that no child will go more than four hours without being offered food. We provide a variety of nutritionally balanced, high quality foods each day so please do not send your child with outside food and drinks.

Weekly Menus

Our weekly menus are carefully planned to follow child care nutrition guidelines at every meal. Each menu is designed to provide a wide variety of nutritious foods that are different in color, shape, size and texture. All of our child care menus include foods that are culturally diverse and seasonally appropriate. We also like to introduce new and different foods and include children's favorite recipes in our menu planning. Menus are rotated on a **Little WONDERS LEARNING**

CENTER week basis to provide the children with a balance of variety and familiarity. Menus are adapted to incorporate local and fresh in-season produce when available.

Nutrition and Punishment

Staff will never use food as a reward or as a punishment.

Celebrations

From birthday parties to holidays there are many opportunities for celebrations in our child care center. A birthday party will be held monthly in each classroom. If you would like to recognize your child's actual birthday, we request that you not send in treats or goody bags but instead send a birthday book. For holiday celebrations, a sign-up sheet with specific foods and beverages will be placed on the classroom door.

Professional Development

Annual nutrition training is required to ensure that all staff understand the important role nutrition plays in the overall well-being of children.

My signature below indicates that I have received a copy of the nutrition policy, it has been reviewed with me, and I have read and understand this policy.

Signature _____ Date _____

Please circle as appropriate: STAFF PARENT

If parent, name of child _____

Child Care Discipline Policy

Policy Statement

Praise and positive reinforcement are effective methods of behavior management of children. When children receive positive, nonviolent, and understanding interactions from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief, uses a positive approach to discipline and practices the following discipline and behavior management techniques.

WE DO

- ◆ Communicate to children using positive statements.
- ◆ Communicate with children on their level.
- ◆ Talk with children in a calm quiet manner.
- ◆ Explain unacceptable behavior to children.
- ◆ Give attention to children for positive behavior.
- ◆ Praise and encourage the children.
- ◆ Reason with and set limits for the children.
- ◆ Apply rules consistently.
- ◆ Model appropriate behavior.
- ◆ Set up the classroom environment to prevent problems.
- ◆ Provide alternatives and redirect children to acceptable activity.
- ◆ Give children opportunities to make choices and solve problems.
- ◆ Help children talk out problems and think of solutions.
- ◆ Listen to children and respect the children's needs, desires and feelings.
- ◆ Provide appropriate words to help solve conflicts.
- ◆ Use storybooks and discussion to work through common conflicts.

WE DO NOT

- ◆ Inflict corporal punishment in any manner upon a child. (Corporal punishment is defined as the use of physical force to the body as a discipline measure. Physical force to the body includes, but is not limited to, spanking, hitting, shaking, biting, pinching, pushing, pulling, or slapping.)
- ◆ Use any strategy that hurts, shames, or belittles a child.
- ◆ Use any strategy that threatens, intimidates, or forces a child.
- ◆ Use food as a form of reward or punishment.
- ◆ Use or withhold physical activity as a punishment.
- ◆ Shame or punish a child if a bathroom accident occurs.

- ◆ Embarrass any child in front of others.
- ◆ Compare children.
- ◆ Place children in a locked and/or dark room.
- ◆ Leave any child alone, unattended or without supervision.
- ◆ Allow discipline of a child by other children.
- ◆ Criticize, make fun of, or otherwise belittle a child's parents, families, or ethnic groups.

Conferences will be scheduled with parents if particular disciplinary problems occur. If a child's behavior consistently endangers the safety of the children around him/her, then the Director has the right, after meeting with the parents and documenting behavior problems and interventions, to terminate child care services for that particular child.

Note: If, at any point, there is an indication/suspicion that a child may have special needs, will inform the child's family and make contact with Baby Net for assessment and assistance.

My signature below indicates that I have received a copy of the discipline policy, it has been reviewed with me, and I have read and understand this policy.

Signature _____ Date _____

Please circle as appropriate: STAFF PARENT

If parent, name of child _____

Child Care Physical Activity Policy

Policy Statement

Little WONDERS LEARNING CENTER > recognizes the importance of physical activity for young children. Implementation of appropriate physical activity practices supports the health and development of children in care, as well as assisting in establishing positive lifestyle habits for the future.

Physical Activity in Child Care

The purpose of this policy is to ensure that children in care are supported and encouraged to engage in active play, develop fundamental movement skills and to have limited screen time. Our center encourages all children to participate in a variety of daily physical activity opportunities that are appropriate for their age, that are fun and that offer variety. In order to promote physical activity and provide all children with numerous opportunities for physical activity throughout the day **Little WONDERS LEARNING CENTER** > will:

Daily Outdoor Play

- ▶ Encourage a least restrictive, safe environment for infants and toddlers at all times.
- ▶ Provide a designated safe outdoor area for infants (ages 0-12 months) for daily outdoor play.
- ▶ Provide toddlers (ages 1 through 2 year olds) with at least 60-90 minutes of daily outdoor active play opportunities across 2 or 3 separate occasions.
- ▶ Provide preschoolers and school age children (ages 3 through 12 year olds) with at least 90-120 minutes of daily outdoor active play opportunities across 2 or 3 separate occasions.
- ▶ Increase indoor active play time so the total amount of active play time remains the same, if weather limits outdoor time.
- ▶ Provide a variety of play materials (both indoors and outdoors) that promote physical activity.

Role of Staff in Physical Activity

- ▶ Will encourage children to be physically active indoors and outdoors at appropriate times.
- ▶ Will provide 5-10 minutes of planned physical activities at least 2 times daily for children age 3 and older.

Screen Time Limitations

- ▶ Not permit screen time (e.g., television, movies, video games and computers) for infants and children two years and younger.

Physical Activity and Punishment

Staff members do not withhold opportunities for physical activity (e.g., not being permitted to play with the rest of the class or being kept from play time), except when a child's behavior is dangerous to himself or others. Staff members never use physical activity or exercise as punishment, e.g., doing push-ups or running laps. Play time or other opportunities for physical activity are never withheld to enforce the completion of learning activities or academic work. Our center uses appropriate alternate strategies as consequences for negative or undesirable behaviors.

Appropriate Dress for Physical Activity

We at **Little WONDERS LEARNING CENTER** > have a Ready to Play Policy! Please bring your child ready to play and have fun each day. Your child will participate in both indoor play and outdoor play. Therefore, play clothes and shoes which can get dirty and allow for free and safe movement are most appropriate. We expect parents to provide children with appropriate clothing for safe and active outdoor play during all seasons.

It is our expectation that children will go outside EVERYDAY! If you feel your child is too sick to go outside then he/she is too sick to be at the child care center. We request that you keep him/her at home until they are well enough to go outside.

Professional Development

Annual training on promotion of children's movement and physical activity is required for all staff.

My signature below indicates that I have received a copy of the physical activity policy, it has been reviewed with me, and I have read and understand this policy.

Signature _____ Date _____

Please circle as appropriate: STAFF PARENT

If parent, name of child _____



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ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

_____		_____	
Cardholder Name		Phone #	
_____		_____	_____
Cardholder Address		City	State Zip
_____		_____	
Account Number		Expiration Date	
_____		_____	
Cardholder Signature		Date	

SECTION B (Bank Account)

_____		_____	
Your Name		Phone #	
_____		_____	_____
Address		City	State Zip
_____		_____	
Bank or Credit Union Name	Bank or Credit Union Address	City	State Zip
_____		_____	
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
_____		_____	
Authorized Signature		Date	

For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: _____ \$	Attach Voided Check Here	
_____ Dollars	Deposit slips not accepted	
123456789	1800338	0226
Routing Number	Account Number	Check Number

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TUITIONEXPRESS.COM REGISTRATION

As a customer of _____(business name), I (we) wish to register at www.tuitionexpress.com for the purpose of making Online Payments using a credit card.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name Phone #

Cardholder Address City State Zip

Cardholder Signature Date

Website Registration Code: _____ (Please select a 4 digit PIN that will be used when you register at TuitionExpress.com)
4 digits

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Date Received
Employee Signature

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**SOUTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
CACFP MEAL BENEFIT INCOME ELIGIBILITY (CHILD CARE)**

COMPLETE ONE APPLICATION PER HOUSEHOLD. PLEASE USE A PEN (NOT A PENCIL).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12. (If more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related. Children in Foster Care and children who meet the definition of **Homeless, Migrant or Runaway**, are eligible for free meals.

CHILD'S FIRST NAME	MI	LAST NAME	CHECK ALL THAT APPLY	ENROLLED IN CHILD CARE <input type="checkbox"/> YES <input type="checkbox"/> NO	FOSTER CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD START <input type="checkbox"/> YES <input type="checkbox"/> NO	HOMELESS/MIGRANT/RUNAWAY <input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD'S FIRST NAME	MI	LAST NAME		ENROLLED IN CHILD CARE <input type="checkbox"/> YES <input type="checkbox"/> NO	FOSTER CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD START <input type="checkbox"/> YES <input type="checkbox"/> NO	HOMELESS/MIGRANT/RUNAWAY <input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD'S FIRST NAME	MI	LAST NAME		ENROLLED IN CHILD CARE <input type="checkbox"/> YES <input type="checkbox"/> NO	FOSTER CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD START <input type="checkbox"/> YES <input type="checkbox"/> NO	HOMELESS/MIGRANT/RUNAWAY <input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD'S FIRST NAME	MI	LAST NAME		ENROLLED IN CHILD CARE <input type="checkbox"/> YES <input type="checkbox"/> NO	FOSTER CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD START <input type="checkbox"/> YES <input type="checkbox"/> NO	HOMELESS/MIGRANT/RUNAWAY <input type="checkbox"/> YES <input type="checkbox"/> NO
CHILD'S FIRST NAME	MI	LAST NAME		ENROLLED IN CHILD CARE <input type="checkbox"/> YES <input type="checkbox"/> NO	FOSTER CHILD <input type="checkbox"/> YES <input type="checkbox"/> NO	HEAD START <input type="checkbox"/> YES <input type="checkbox"/> NO	HOMELESS/MIGRANT/RUNAWAY <input type="checkbox"/> YES <input type="checkbox"/> NO

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: **SNAP, TANF (FI), or FDPIR?**

IF NO > Go to STEP 3

IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

STEP 3 Total Household Gross Income

Are you unsure what income to include here? Turn to page 3 and review the charts titled, "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section. The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

	How often?			
Child Income	Weekly	Bi-Weekly	2x Month	Monthly
\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write "0" or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often?				Public Assistance Child Support Alimony	How often?				Pensions/Retirement Social Security/SSI/VA Benefits/Other	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
	\$	<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"/>	<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"/>	\$	<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"/>	<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"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

X X X X X X

Check if No SSN

STEP 4 Contact Information and adult signature.

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

PRINT NAME OF ADULT SIGNING FORM		SIGNATURE OF ADULT			DATE
ADDRESS	CITY	STATE	ZIP	PHONE/EMAIL	

OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

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, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of 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) case number or other FDPIR identifier for your child 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 the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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:

MAIL*: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (833) 256-1665 or (202) 690-7442;
or
EMAIL: program.intake@usda.gov.

This institution is an equal opportunity provider.

DO NOT FILL OUT 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	<input type="text"/>	How often? Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> 2x Month <input type="checkbox"/> Monthly <input type="checkbox"/>	Household Size	<input type="text"/>	Eligibility FREE <input type="checkbox"/> REDUCED <input type="checkbox"/> PAID <input type="checkbox"/>	For Child Care Homes Only: Tier I _____ Tier II _____
	<input type="text"/>		Categorial Eligibility	<input type="checkbox"/>		
Determining Official's Signature	<input type="text"/>	Date	<input type="text"/>	Confirming Official's Signature	<input type="text"/>	Date