

FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Bloomsburg YMCA 2023 Summer Kiddie Camp Registration

June 12th- August 18th - Camp Hours 9am-4pm Monday - Friday

Ages 3-5(Not in Kindergarten yet)

Please print neatly and fill in all sections of this form that apply.

Child's Name:	Age:	DOB:
Address:		
City:	State:	ZIP:
Email:	Phone:	
Y Member: \Box YES \Box NO		

Shirt Size: _____ (Youth or Adult)

You will be charged on Fridays during camp. Field Trips are a different fee and have to be paid prior to the trip that week.

Payment Information

Registration Fee: \$25

Camp Tuition: (pick one)
Private Pay ELRC Pay

Camp Tuition: (pick one)
□ Private Pay □ ELRC Pay

Tuition Payment must be made the Friday BEFORE THAT camp week.

No Refund: What ever days you sign up for is what you will be charged.

Total: \$	Paid:	/_	 _/	Check #	 	 Staff Init	tial:
Parent/Guardian Signa	ture:		 		 Date:	 /	/

Weekly Payment Method:
□ Credit Card □ Bank Draft

The payment method on file will be drafted the Friday BEFORE that camp week. For example the first week of Camp is June 12-16th. On the 9th payment must be made.

Bundle Packages:

Early Bird Registration: Jan 16 th - March 11 th	After Early Bird Registration: March 12 th - Aug 18 th
5 Days per Week	5 Days per Week
Member: \$160 Non-member: \$185	Member: \$175 Non-member: \$200
3 Days per Week	3 Days per Week
Member: \$135 Non-member: \$160	Member: \$150 Non-member: \$175
Before or After Summer Day Camp	Before or After Summer Day Camp
Hours: Charged an additional \$15/week.	Hours: Charged an additional \$20/week.
Both before and after Summer Day	Both before and after Summer Day
Camp is an additional \$30/week	Camp is an additional \$35/week

Before Summer Day Camp Hours are: 6am-9am

After Summer Day Camp Hours are: 4pm-6pm

Breakfast, lunch, and afternoon snack will be included. Must notify Serena Hampton if you are registering for Before or after care. Packet must be completely filled out to get the early bird registration rates.

Weekly Schedule

Please check the weeks and number of days your child will be attending camp each week. If your child will be attending 3 days a week, **must circle the days they will attend.**

Any schedule changes MUST be made IN WRITING to Serena Hampton a MINIMUM of two weeks prior to change.

Week	Days Attending			nding		Themes:
□ June 12 – 16th						Playdough week: No trip
	М	Т	W	Th	F	
□ June 19-23rd		1	1	1		Stem Week: No trip
	М	Т	W	Th	F	
□ June 26 th -30 th						Food Week: No trip
	М	Т	W	Th	F	
□ July 3 rd - July 7 th		T	I	I		Wild Life Explore: Lake Tobias
	М	Т	W	Th	F	
□ July 10 th -14 th						Paint Week : No trip
	М	Т	W	Th	F	
□ July 17 th - 21st					_	Be sweet like corn: Rohrbach farm
	М	Т	W	Th	F	
July 24 th -28 th		1			[Water Week
	М	Т	W	Th	F	
□ July 31 st - Aug 4 th		1	1	1	r	Reptile week: Reptile Land
	М	Т	W	Th	F	- F - · · · · · · · · · · · · · · · · ·
□ August 7 th - 11 th						

	М	Т	W	Th	F	Explore the Past: Reading Museum and planetarium(The enchanted reef)
□ August 14 th -18 th	М	Т	W	Th	F	Bowl your way to the end of summer: No trip

Not ALL fields' trips are available to preschool age kids. W we will be

traveling by school bus, feel free if you want to meet us to the location of the field trip to be an additional chaperone or just to enjoy the trip with your child feel free to. Field trips **will take place mostly on Wednesday**. On the days that we go on field trip **you must arrive at the YMCA NO later than 9 am**. Sometimes depending on the distance for the field trips we will be arriving back at camp after 4pm on those days AND YOU WILL NOT get charged that additional 20\$ for after care. On water days we will be staying at the ymca.

2023 Summer Kiddie Camp- Registration Agreement

I AGREE TO ADHERE TO THE BLOOMSBURG AREA YMCA SUMMER KIDDIE CAMP REGISTRATION POLICIES OUTLINED IN THIS AGREEMENT AND GIVE MY CHILD PERMISSION TO PARTICIPATE FULLY IN THIS PROGRAM.

PLEASE READ EACH AGREEMENT, INITIAL TO THE RIGHT, AND SIGN FULL NAME.

- 1. Registration must be completed before child may enter day camp and consists of the following:
 - a. Signed agreement form by parent and/or guardian
 - b. Emergency form for each child enrolled
 - c. Health Assessments must be current and are due within 30 days of the date on registration form
- 2. I agree to pay the weekly fee as stated on the registration form.
- 3. I understand that I must have a valid credit card or bank draft information on file when my child(ren) registers for camp.
- 4. I understand that weekly fees will be DRAFTED ON THE FRIDAY BEFORE THAT WEEK. Any schedule changes must be made in writing to Serena Hampton two week prior to change.
- 5. In order to ATTEND the field trip, payments **must be paid prior** to the date of the field trip._____
- 6. I understand that childcare services will be terminated if my account is not paid on the Friday of that week .
- 7. If payment is rejected or not processed, I give the Bloomsburg Area YMCA permission to collect payment in full via the credit card or bank draft on file.
- 8. In the event of inclement weather, I understand that field trips may be cancelled without rescheduling. Any copays will be credited to my account.

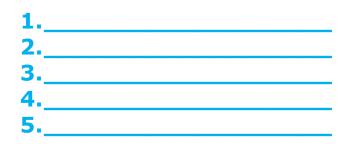
- 9. I understand that on field trips I must pack my child lunch in order to go on the field trip.____
- 10. I understand that upon registration my **child will receive one YMCA Day Camp T-shirt** that will be worn on EVERY field trip. If t-shirt is lost or forgotten, I understand that I will be charged \$10.00 for a new t-shirt.
- 11. An AUTHORIZED ADULT must sign camper in upon arrival and sign camper out upon departure DAILY. YMCA staff will ONLY assume full responsibility for camper when signed in for the program by this adult. YMCA STAFF WILL CHECK AUTHORIZED PICK UP PERSONS. PLEASE MAKE SURE PICK UP PERSONS HAVE PHOTO ID. _____
- 12. I understand that, whenever possible, I will be notified prior to medical treatment of my child. If notification is impossible, I understand that I am financially responsible for any medical or transportation expenses incurred on my child's behalf.
- 13. I understand that it is a STATE REQUIREMENT that if my child requires medication that these medications must be in the ORIGINAL BOTTLE, accompanied with doctor's instructions.
- 14. Any form of violence (whether physical or verbal), talking back or inappropriate language is not tolerated at any time. Should my child behave inappropriately, I will be called into a conference and understand that my child may be liable for expulsion from the Camp Program without refund of fees. _____
- 15. I am responsible for providing NO RUB SPRAY SUNSCREEN for my child. _____ (***Please note: Camp counselors are unable to apply sunscreen to the children, so please educate your child on the importance of sun protection and how to apply***)
- 16. I agree to send my child to YMCA Summer Day Camp suitably dressed (NO OPEN-TOED SHOES, SANDLES, FLIP FLOPS ETC.) Please be aware that the YMCA requires all female campers to wear a ONE PIECE bathing suit if going to the pool.
- 17. In consideration of the Bloomsburg Area YMCA, I waive all claims of any lost, stolen, damaged valuables. Please do not send anything of value to the program with your child.

In consideration of the Bloomsburg Area YMCA program listed above, I waive all claims for myself and for the participants listed above, for any injuries or illness, which may result from participation, including any transportation provided by the YMCA, staff or agents. I further state that the above participant is in proper physical condition to participate in this program. In the event that there is a question regarding the physical condition of the participant, a physician will be consulted by parent/guardian to review the situation prior to any participation.

I agree to adhere to the Bloomsburg Area YMCA Registration agreement and policies for the Summer Day Camp Program as outlined and give my permission to participate fully in this program.

Parent/Guardian Signature:	Date://	/
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Allergies/Medication:



Or N/A if it doesn't apply

Emergency Contacts / Authorized Adults for Pick-Up

Please be advised that these emergency contacts will also be used in the event of extraordinary circumstances. Photo ID will be REQUIRED to pick up the child.

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

Is there anyone who is NOT legally authorized to pick up the child?

] NO
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State regulations state that the Bloomsburg Area YMCA must have court documentation of person(s) unauthorized to collect a child.

If a person is NOT legally authorized to pick up your child, court documentation must be attached.

I authorize treatment of my child in a first aid emergency situation at the nearest hospital or by a competent certified individual. I hereby release the Bloomsburg Area YMCA, the YMCA Summer Camp staff, and its volunteers from any claim that may arise as a result of any injury to my child at the Bloomsburg Area YMCA Summer Camp program.

Parent/Guardian Signature: ______Date: _____Date: _____/ _____

Emergency Information

Child's Name:	Date of Birth:///
Age:	
Home Address (Where correspondence for child is to be	e sent)
Street:	
City:	State: ZIP:
Home Phone:	
Camper lives with: Both parents Single Paren	t/Guardian (List as first below)
Parent/Guardian 1:	Cell Phone:
Place of Employment:	Work Phone:
Email:	Work Hours:
Parent Date of Birth:	
Parent/Guardian 2:	Cell Phone:
Place of Employment:	Work Phone:
Email:	Work Hours:
Parent Date of Birth:	
Medical/Hospital/Insurance Information	n
Physician:	Phone: ()
Dentist:	Phone: ()
Insurance Provider:	Policy #:
Allergies/Medical Conditions (and reactions):	
Medication may be administered by Summer Camp sta	ff: □ YES □ NO
(If yes, written instructions from physician must be atta	ached with original bottles.)
Please indicate any prescription medications that your	child is currently taking:

Special comments/suggestions: _____

Activities to be encouraged or restricted:

Conduct Policy

It is the intent of the Bloomsburg Area YMCA that each camper enjoys the activities planned by understanding that he/she is responsible for his/her actions. With prior knowledge of our basic rules of safety and good conduct, each child is made aware of how to exercise self-discipline, and that the YMCA is here to help campers and to know that we want him/her to succeed. As in any group activity, the inappropriate behavior of a few children can spoil the experience for the entire group. Therefore, the following conduct policies apply directly to each child and will be used in determining his/her eligibility to continue as a participant in the YMCA Day Camp Program. In accordance with the severity of the infraction and the number of times the infraction occurs, a child may (A) be suspended or (B) be terminated from the program for:

- 1. Repeatedly using foul language and/or being rude and discourteous to staff and/or peers.
- 2. Defacing YMCA property.
- 3. Bringing or using illegal substances: alcohol, drugs, weapons (as deemed by staff of the YMCA) or unsafe personal sports equipment.
- 4. Stealing or defacing the property of others.
- 5. Refusing to remain with his/her group, intentionally and repeatedly leaving his/her group activity.
- 6. Inappropriate physical contact: repeated hitting, biting, other physical altercations.
- 7. Intentionally or repeatedly going to unauthorized areas of the facility or leaving the premises without permission will result in the following actions: a search of the premises will be conducted; if the camper is not found the police and parent/guardian will be notified and the child will not be allowed to return to camp. No refund will be given.

In the event that a camper has proven that he/she is unwilling to follow these policies, the parent/guardian will be notified and must meet the Director of Youth Development in order to discuss the situation. The Director will consider a possible suspension or termination. NO REFUNDS will be given. It is our daily desire that every camper enjoys his/her YMCA experience. It is for this reason that we have initiated polices we feel are fair, easily complied with, and are of benefit to everyone involved.

Parent /Guardian Signature: _____Date: _____Date: _____/____

Permission Agreements

Please read and initial the following permission statements indicating your agreement.

Movies

______ My child has permission to view G and PG rated movies at Bloomsburg Area YMCA. I understand that under no circumstances will a movie rated other than G or PG be shown during YMCA Summer Camp Program.

Transportation

______ My child has permission to be transported by bus, and to participate in field trips with YMCA Summer Camp. I understand that if my child chooses not to participate in a field trip that **I must find alternative childcare services.**

Photograph, Video, and Narrative Release

I authorize the reproduction and use, for promotional purposes, of any photographic images, video or audio recordings, or narrative accounts taken of me and/or my child by the YMCA of Bloomsburg, Pennsylvania. I understand that I will not receive any compensation, monetary or otherwise, for the professional use of said materials.

Informed Consent

I am aware that the YMCA Day Camp may be involved in some of the following activities: swimming, running, sports, using YMCA facilities, off area trips such as: walking to the town park or going to other facilities in Bloomsburg.

I understand, accept, and agree with the above statements. As proof of my understanding, acceptance, and agreement, I have signed below.

Print Parent/Guardian Name: _____

Parent/Guardian Signature: ______Date: _____Date: _____/ ____/



FOR YOUTH DEVELOPMENT® FOR HEALTHY LIVING FOR SOCIAL RESPONSIBILITY

Dear Parents,

Please make sure your child's physician completes this form in its entirety, especially all screenings, signatures, and dates. This health assessment needs to be complete and returned within 30 days of enrollment in the Summer Day Camp. If we do not receive the health assessment by that date, then your child will be suspended from the program until the assessment is received.

Thank You,

Serena Hampton

Director of Youth Development

& Family Engagement

Dear Health Care Provider,

This child is currently enrolled in our child care facility which is licensed and inspected by the Pennsylvania Bureau of Child Day Care Services. State regulations require enrolled children to have age appropriate health appraisals, including immunizations and health screenings according to the recommendations of the American Academy of Pediatrics.

Please help us to maintain compliance with these health regulations by completing the attached form according to AAP standards. Please be sure to sign and date the form as required by state regulations. Should you have any questions, please call the PA Chapter of AAP at 800-24-ECELS. Thank you for your cooperation.

This note must remain attached to this health assessment.

Bloomsburg Area YMCA, 30 East 7th Street, Bloomsburg, PA 17815-2728 Phone: (570) 784-0188 / Fax: (570) 784-4303 A United Way Agency

Child Health Assessment

Ľ	Child's Name: (Las	st)	(First)		Parent/Guardian:					
Child Care Providers fill-in this part.	Date of Birth:		Home Phone:		Address:					
ll-in t	Child Care Facility	Name:	1							
ers fi	Facility Phone:		County:		Work Phone:					
id€	To Parents: Submiss	ion of this form to	the child care pro	vider implies consent f	or the child care pro	vider to discuss the child's	s health with the child's clinician.			
5	PA child care pro	oviders must	document that	enrolled children	have received	age appropriate he	alth services and immunizations			
С С	that meet the cu	rrent schedule	e of the Ameri	can Academy of	Pediatrics 141 N	Northwest Point Blv	d., Elk Grove Village, IL 60007. The			
are	schedule is avail	able at <www< td=""><td>.aap.org> or I</td><td>axback 847/758</td><td>-0391 (docume</td><td>nt #9535 and #9807</td><td>7). Print copies provided by DPW</td></www<>	.aap.org> or I	axback 847/758	-0391 (docume	nt #9535 and #9807	7). Print copies provided by DPW			
p	have the schedu									
Ï	Health history and	medical informa	tion pertinent to	routine child care a	nd emergencies	Date of most recent	well-child exam:			
ంర	(describe, if any):									
Its	NONE					 				
Parents	Allergies to food or	medicine (desc	ribe, if any):			· ·	nformation. This form may be			
Ра						1 · ·	h professional. (Initial and date new			
	D NONE					data.) Child care	facility needs 2 copies.			
	LENGTH/H	IEIGHT	WE	EIGHT		CUMFERENCE	BLOOD PRESSURE			
	IN/CM	% ILE	LB/KG	% ILE	(Birth IN/CM	n to Age 2) % ILE	(Beginning at age 3)			
ч.	PHYSIC	AL EXAMINA	TION	🗹 = NORMAL		If ABNORMA	L - COMMENTS			
lati	Head/Ears/Eyes/No	ose/Throat								
Ē	Teeth									
te	Cardiorespiratory									
ple	Abdomen/GI									
mo	Genitalia/Breasts									
о q с	Extremities/Joints/E	Back/Chest								
an	Skin/Lymph Nodes									
Ϊţ	Neurologic & Deve									
vel	IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS			
pIr	DTa/DTP/Td									
por	POLIO									
s s	HIB									
nal	HEP B MMR									
sio	VARICELLA									
fes	PNEUMOCOCCAL									
pro	THEOMOOODINE									
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ו dates, health professionals should verify and complete all data	SCREENIN LEAD ANEMIA (HGB/HC	T) (at age 5)	DATE T	EST DONE	NOTE HE	RE IF RESULTS A	RE PENDING OR ABNORMAL			
tion dates, health	SCREENIN LEAD ANEMIA (HGB/HC URINALYSIS (UA)	T) (at age 5) ive until age 4)	DATE T		NOTE HE	RE IF RESULTS A	RE PENDING OR ABNORMAL			
unization dates, healtl	SCREENIN LEAD ANEMIA (HGB/HC URINALYSIS (UA) HEARING (subject VISION (subjective PROFESSIONAL I	T) (at age 5) ive until age 4) until age 3) DENTAL EXAM				RE IF RESULTS A				

Individualized Education Plans (IEP) & Individualized Family Service Plans (IFSP) Information Sheet

Because of the diverse set of needs of the children in our program, it is important to gather as much information about the best ways to educate each child. IEP's and IFSP's are created by service providers working with children with special needs and include this information. The Keystone STARS Performance Standards therefore require each early learning provider to request copies of IEP's and IFSP's for the children in their care. Because of the importance of the IEP/IFSP to a child's learning, the program should have a copy before the child begins to attend, if possible.

The information found on an IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPAA).

Parent Sign-off Sheet

Child's Name:_____

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

 \Box I am providing a copy of my child's IEP or IFSP.

□ I am not providing a copy of my child's IEP or IFSP and/or this is not applicable to my child.

Printed Name: _____

Signature: ______Date: _____/ ____/

YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America ("YMCA of the USA") or any of its chartered member associations in the United States (collectively "the Y"), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- video film or footage of me,
- sound track recordings of me
- photo reproductions of me
- any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

- All works shall belong to YMCA of the USA;
- The Y has no duty of confidentiality regarding any licensed uses;
- YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
- The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature:______Printed Name:

Date:_____Age:____

Address:

I am the parent or legal guardian of (child's name). I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of	parent or legal guardian:	Printed name:	

Child and Adult Care Food Program

Sponsor/Center Name: _Bloomsburg YMCA

Child Enrollment Form

Agreement #: <u>311-49-138-7</u>

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

PARENTS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same.

				TIMES CH							
FULL NAME OF ENROLLED CHILD	DAYS OF WEEK IN	TIME-IN					TIME OUT			TIME CHILD ATTENDS	
(Include Birth Date/Age	ATTENDANCE					-	-	SCHOOL		MEALS RECEIVED	
(include birtin bate//iBe	,	AM	PM	TIME	AM	PM	TIME	LEAVES	RETURNS		
								CENTER	TO CENTER		
FIRST CHILD	MONDAY										
	TUESDAY										
NAME	WEDNESDAY	Yes	□ No	I work multiple	shifts and	d child(ren) may be in care	different days/h	ours	BREAKFAST	
	THURSDAY						, , ,			A.M. SNACK	
BIRTH DATE	FRIDAY	Other:									
BIRTH BATE											
AGE											
AGE	L SUNDAY						Withdrawal				
		Enroll	ment D	Date:	EVENING SNACK						
				TIMES CH							
		TIME-IN			TIME OUT			TIME CHILD ATTENDS			
FULL NAME OF ENROLLED CHILD	DAYS OF WEEK IN							SCH	HOOL		
(Include Birth Date/Age	ATTENDANCE	Sam	e Times a	s Above						MEALS RECEIVED	
		AM	PM	TIME	AM	PM	TIME	LEAVES	RETURNS		
								CENTER	TO CENTER		
SECOND CHILD	Same as Above	1								Same Meals as Above	
	MONDAY									1	
NAME	TUESDAY	Yes No I work multiple shifts and child(ren) may be in care different days/hours								BREAKFAST	

BIRTH DATE		WEDNESDAY HURSDAY FRIDAY SATURDAY	Other:									A.M. SNACK LUNCH P.M. SNACK SUPPER
		SUNDAY	Enrol	lment D	Date:			Withdrawa	Date:	Date:		EVENING SNACK
						CHILD NORM		TENDS DURING	1			
				TIM	E-IN		TIME OUT		TIME CHILD ATTENDS			
FULL NAME OF ENR (Include Birth I		DAYS OF WEEK IN ATTENDANCE	□ Sam	ne Times a	s Above				SCH	100L	MEALS RECEIVED	
	(AM	РМ	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER		
THIRD CHILD		Same as Above										Same Meals as Above
NAME		TUESDAY	Yes	No No	I work multi	ple shifts and	child(rer) may be in care	different days/h	ours		BREAKFAST
BIRTH DATE		WEDNESDAY HURSDAY FRIDAY FRIDAY	Other:	Other:						A.M. SNACK		
AGE		SATURDAY	Enrol	lment D	Date:			Withdrawa	Date:			SUPPER EVENING SNACK
Signature												
Signature of Parent or Guardian			nn	Date 1				Telephon	e Number of	Parent or	Guardian	
CHILD CARE REPRESENTAT												

Name of Representative/Signature

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

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.

Date

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.

The completed AD-3027 form or letter must be submitted to USDA by:

1. mail: U.S. Department of Agriculture

CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL children in day care (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 Image: State of the state	MI Child's Last Name Image: Child's Last Name Image: Child's Last Name Image: Chill's Last Name Image: Child's Last Name		Foster Child Migrant Runaway Homeless Head Start Image: Start Image: Start Image: Start Image: Start							
		CASE NUMBER:									
	hold members (including you) currently participate in one or mo /ES > Write case number here and proceed to STEP 4 (do not complet		ns: SNAP, TANF, or FDPIR?								
				Write only one case number in this space.							
STEP 3 Report Incom	e for ALL Household Members (Skip this step if you answered 'Ye	s' to STEP 2)									
Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more	 A. Child Income Sometimes children in the household earn or receive incom include the TOTAL income received by all Children listed in 3 B. All Household Members (Including yourself) List all Household Members not listed in STEP 1 (including yourse for each source in whole dollars (no cents) only. If they do not received to the source in whole dollars (no cents) only. 	STEP 1 here. If) even if they do not receive income. For		come, report total gross income (before taxes)							
information.		How often?	Welfare/Child How often?	Pensions/Retirement/ Social Security/SSI/ How often?							
	Name of Household Members (First and last) Earnings	from Work Weekly Bi-Weekly Monthly 2x Month	Support/Alimony Weekly Bi-Weekly Monthly 2x Month	VA Benefits Weekly Bi-Weekly Monthly 2x Month							
The "Sources of Income for Children" chart will	\$		\$ O O O O	s 0 0 0 0							
help you with the Child Income section.	\$	0000	\$ 0 0 0 0	\$ 0 0 0 0							
The "Sources of Income	\$	0000	\$ 0 0 0 0	\$ 0 0 0 0							
for Adults" chart will help you with All Adult	\$	0000	\$ 0 0 0 0	\$ 0 0 0 0							
Household Members section.	\$	0000	\$ 0 0 0 0	s 0 0 0 0							
	Total Household Members (Children and Adults)Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household MemberXXXXXXCheck if no SSN										

STEP 4 Contact information and adult signature. This form is not valid without signature and date of adult household member

"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 the Form	Signature of Adult		Today's Date
Address	<u>City</u>	<u>State</u>	 Phone/Email

Revision 08/16/2021

Source of	Income for Children		Source of Income for Adults				
Sources of Child Income	Examples			Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income		
	 A child has a regular full or part-time job where they earn a salary or wages 		Earnings from Work	Support			
Earnings from work			 Salary, wages, cash bonuses Net income from self-employment (farm or business) 	Unemployment benefits Workers compensation Supplemental Security Income (SSI)	 Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits 		
Social Security - Disability Payments - Survivors Benefits	 A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits 		If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)	 Cash assistance from State or local government Alimony payments Child support payments 	Income from trusts or estates Annuities Investment income Earned interest Rental income		
Income from person outside of household	 A friend or extended family member reguarly gives a child spending money 	Allowances for off-base housing, foor and clothing		Veterans benefits Strike benefits	Regular cash payments from outside household		
Income from any other source	 A child receives regular income from a private pension fund, annuity, or trust 						
OPTIONA _ Children's Ethnic and Racial Ic	entities (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	er 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	employees, and institutions participating in or administering USE disability, age, or reprisal or retaliation for prior civil rights activit require alternative means of communication for program inform	of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and DA programs are prohibited from discriminating based on race, color, national origin, sex, ity in any program or activity conducted or funded by USDA. Persons with disabilities who nation (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the als who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay as the made available in languages other than English
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	To file a program complaint of discrimination, complete the USI gov/complaint_filing_cust.html, and at any USDA office, or write	DA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda. e a letter addressed to USDA and provide in the letter all of the information requested in the form. To request
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	MAIL*: U.S. Department of Agriculture FAX: Rights EMAIL: program.intake@usda.gov.	(202) 690-7442; or *Only use this address if Office of the Assistant Secretary for Civil you are filing a complaint
programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.	1400 Independence Avenue, SW Washington, D.C. 20250-9410	This institution is an equal opportunity provider. of discrimination.

For Official CACFP Sponsor Use NO Only	T VALID WITHOUT	DETERMINING OFFICIAL'	S SIGNATURE AND I	DATE		
Annual Income Conversion: Weekly x 52, Every 2	Weeks x 26, Twice a Mo	nth x 24, Monthly x 12				
Total Income we	How often?	Household size	Categorial Eligibility	Eligibility Free Reduced	Denied	
Determining Official's Signature	Date	Confirming Official's Signature (second check)		Date	Follow-up Official's Signature (For Pricing Institutions - Verification Official)	Date

Effective Date: If the Institution is using the parent/guardian signature date as the effective date, the form must have been signed by the Institution representative within the same month the parent signed the form or the immediately following month