



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Bloomsburg YMCA 2023 Summer Day Camp Registration

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

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: ☐ Yes or No

Shirt Size: _____

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

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 Initial: ____

Parent/Guardian Signature: _____ 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 16th- March 11th	After Early Bird Registration: March 12th- Aug 18th
5 Days per Week Member: \$160 Non-member: \$185	5 Days per Week Member: \$175 Non-member: \$200
3 Days per Week Member: \$135 Non-member: \$160	3 Days per Week Member: \$150 Non-member: \$175
Before or After Summer Day Camp Hours: Charged an additional \$15/week.	Before or After Summer Day Camp Hours: Charged an additional \$20/week.
Both before and after Summer Day Camp is an additional \$30/week	Both before and after Summer Day 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					Themes
<input type="checkbox"/> June 12-16th						Get to know you week: No trip
	M	T	W	Th	F	
<input type="checkbox"/> June 19 th - 23 rd						Jump into Summer: TBD
	M	T	W	Th	F	
<input type="checkbox"/> June 26 th - 30 th						Water week: Berwick Ymca pool
	M	T	W	Th	F	
<input type="checkbox"/> July 3 rd - July 7 th						Wild life Explore: Lake Tobias
	M	T	W	Th	F	
<input type="checkbox"/> July 10 th - 14 th						Water Week: Berwick Ymca Pool
	M	T	W	Th	F	
<input type="checkbox"/> July 17 th - 21 st						Be Sweet like corn: Rohrbach's Farm
	M	T	W	Th	F	
<input type="checkbox"/> July 24 th - 28 th						Underworld Week: Penns Cave
	M	T	W	Th	F	
<input type="checkbox"/> July 31 st - Aug 4 th						Reptile Week: Reptile Land (kiddie camp only) Berwick Pool
	M	T	W	Th	F	
<input type="checkbox"/> August 7 th -11 th						Explore the past: Reading Museum and planetarium
	M	T	W	Th	F	
<input type="checkbox"/> August 14 th -18 th						Bowl your way to end of Summer: p-nut bowl
	M	T	W	Th	F	

Field trips **will take place mostly on Wednesday** of most of the weeks. On the days that we go on the 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. **Water week we will be traveling to Berwick ymca pool on Fridays only.**

2023 Summer Day Camp - Registration Agreement

I AGREE TO ADHERE TO THE BLOOMSBURG AREA YMCA SUMMER DAY 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 OF SERVICE. 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. To go on the trips campers MUST pack a PEANUT FREE lunch. _____
7. I understand that childcare services will be terminated if my account is not paid on the Friday prior to service. _____
8. 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. _____
9. In the event of inclement weather, I understand that field trips may be cancelled without rescheduling. Any copays will be credited to my account. _____
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 **SPRAY ON 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. If 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: ____/____/____

Allergies/Medication:

1. _____
2. _____
3. _____
4. _____
5. _____

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?

☐ YES ☐ NO

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: ____/____/____

Emergency Information

Child's Name: _____ Date of Birth: ____/____/____

Age: _____ Grade _____

Home Address (Where correspondence for child is to be sent)

Street: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____

Camper lives with: ☐ Both parents ☐ Single Parent/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: _____

Parents Date of Birth: _____

Medical/Hospital/Insurance Information

Physician: _____ Phone: (____) - _____

Dentist: _____ Phone: (____) - _____

Insurance Provider: _____ Policy #: _____

Allergies/Medical Conditions (and reactions): _____

Medication may be administered by Summer Camp staff: ☐ YES ☐ NO

(If yes, written instructions from physician must be attached 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.

If 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 policies we feel are fair, easily complied with, and are of benefit to everyone involved.

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



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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

Parent/Provider fill in this part.

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:

☐ I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

PARENT'S SIGNATURE:

DO NOT OMIT ANY INFORMATION
This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
☐ NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY. ☐ NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
☐ NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
☐ NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
☐ YES ☐ NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.	
	VISION (subjective until age 3)	
	HEARING (subjective until age 4)	
	LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HIP-B						
ROTAVIRUS						
DTP/DTP/TD						
HIB						
PEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HIP-A						
MENINGOCOCCAL						

OTHER						
MEDICAL CARE PROVIDER:					SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT TITLE:	
ADDRESS:						
			PHONE:		LICENSE NUMBER: DATE FORM SIGNED:	

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.

☐ 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: _____

Nondiscrimination in Services

TO: Parents/Members

FROM: Serena Hampton – Director of Youth Development & Family Engagement

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex.

Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods.

Any individual/client/patient/student (and /or their guardian) who believes they have been discriminated against, may file a complaint of discrimination with:

Bloomsburg Area YMCA

30 East 7th Street

Bloomsburg, PA 17815

(570)784-0188

Department of Public Welfare PA Human Relations Commission

Bureau of Equal Opportunity Harrisburg Regional Office

Room 223, Health & Welfare Building 333 Market Street, 8th Floor

PO Box 2675 Harrisburg, PA 17104

Child and Adult Care Food Program

Sponsor/Center Name: Bloomsburg YMCA

Child Enrollment Form

Agreement #: 311-49-138-7

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.

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK								MEALS RECEIVED
		TIME-IN			TIME OUT			TIME CHILD ATTENDS SCHOOL		
		AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER	
FIRST CHILD	<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: Enrollment Date: _____ Withdrawal Date: _____								<input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME										
BIRTH DATE										
AGE										
SECOND CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: Enrollment Date: _____ Withdrawal Date: _____								<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME										
BIRTH DATE										
AGE										
THIRD CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: Enrollment Date: _____ Withdrawal Date: _____								<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME										
BIRTH DATE										
AGE										

Signature

Signature of Parent or Guardian

Date

Telephone Number of Parent or Guardian

CHILD CARE REPRESENTATIVE USE ONLY:

Name of Representative/Signature

Date

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.

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, audiotope, 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

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

List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

[illegible]

X	X		
---	---	--	--

Source of Income	
Earnings from Work	Public Assistance Support

	<ul style="list-style-type: none">• A child has a regular full or part-time job where they earn a salary or wages	<ul style="list-style-type: none">• Salary, wages, cash bonuses• Net income from self-employment (farm or business)If you are in the U.S. Military:• Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)• Allowances for off-base housing, food, and clothing	<ul style="list-style-type: none">• Unemployment• Workers comp• Supplemental S• Cash assistance government• Alimony payme• Child support p• Veterans benef• Strike benefits
Social Security <ul style="list-style-type: none">- Disability Payments- Survivors Benefits	<ul style="list-style-type: none">• 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		
Income from person outside of household	<ul style="list-style-type: none">• A friend or extended family member regularly gives a child spending money		
Income from any other source	<ul style="list-style-type: none">• A child receives regular income from a private pension fund, annuity, or trust		

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, employees, and institutions participating in or administering USDA programs are prohibited from discriminating on the basis of race, color, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. If you require an alternative means of communication for program information (e.g. Braille, large print, audiotape, etc.) please contact USDA at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint form (USDA-1141), which can be found at www.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide the following information in your letter: USDA is not bound to conduct an investigation for complaints received more than 60 days after the date of the alleged discrimination. Submit your completed form or letter to USDA by: (1) mail to 1417 Green Road, Room 2118, Washington, D.C. 20250-4302; (2) fax to (202) 690-7442; or (3) email to program.intake@usda.gov.

MAIL*: Rights

U.S. Department of Agriculture
EMAIL: program.intake@usda.gov
1400 Independence Avenue, SW
Washington, D.C. 20250-9410

FAX: (202) 690-7442; or

***Only if you are filing a complaint**
This institution is an equal opportunity provider.

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NOT VALID WITHOUT DETERMINING OFFICIAL'S SIGNATURE AND DATE

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

Total Income

How often?

Weekly

Bi-Weekly

Monthly

2x Month

Household size

Categorical Eligibility

Eligibility

Free

Reduced

Denied

Determining Official's Signature

Date

Confirming Official's Signature

Date

Follow-up

(second check) (For Pricing Institutions - Verification Official)

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.