Registration Renewal - for students who have attended a EnrichEd program within the past 9 months.

Save this PDF before entering data and again when finished. Email, fax, or drop off completed packet to EnrichEd. Please do not send EnrichEd paperwork or payments to your child's school teacher or school secretary. Thank you.

EnrichEd Home Office:
Phone: 401-475-7707 Fax: 401- 231-5048 Email: info@enrichedri.com
Address: 1201 Douglas Pike, Suite 4, Smithfield, RI 02917

Today's Date: _____ Start Date: _____

Child's Name: _____ EnrichEd Site: _____

Enclosed you will find the necessary documents to register your child at EnrichEd school age program. If your child has not recently attended a EnrichEd program, please contact us for an Enrollment Packet. Please complete this Renewal application in order to re-enroll your child in our program.

Please note that we need new enrollment paperwork each school year (or for summer, as applicable). Families are encouraged to sign up early each year. For more information, visit www.enrichedri.com/enroll

Required:

- ☐ Registration Form
- ☐ Emergency Consent
- ☐ Parent Authorization
- ☐ Parent Agreement Contract
- ☐ Meals Served Enrollment Form
- ☐ Meal Benefit Form

* If your child is taking medication that needs to be administered during the site's hours, a parent must sign a **Medication Permission Form** accompanied with a prescription or written order.

Elementary School Attending:

_____

Current Grade:

_____

(indicate grade child will be in, if enrolling in advance)

If Applicable:

- ☐ DHS Child Care Subsidy
- ☐ DHS Absenteeism Form Letter

EnrichEd
School Age Program

This Packet can also be found on our website: www.enrichedri.com/enroll

This page will be shared with your child's teachers.

Registration Form

Child's Information

Child's Name _____ ○ Female ○ Male Nickname _____
(first, middle, last)

Date of Birth _____ Child's Address _____

Town, State & Zip _____

Parents/Guardians

Parents/Guardians/Payers may receive financial statements and financial information on the account.
Parents/Guardians/Payers and Emergency Contacts have permission to speak and sign off on information about the child's day.

Payer #1/Parent/Guardian _____
Relationship to child _____
Address _____
Town, State & Zip _____
Preferred Phone # _____
Email Address _____

Payer #2/Parent/Guardian _____
Relationship to child _____
Address _____
Town, State & Zip _____
Preferred Phone # _____
Email Address _____

Please indicate anyone you want to add to your Emergency Contacts below. Contacts from last year will still be kept on file, unless notified by parent.

Emergency Contacts

Any updates to Emergency Contacts must be made in writing. Please see site Administrator for a Security Questions Form.

The following individual(s) may pick up my child as needed for departure and/or emergencies. I understand that any individuals not listed will not be allowed to pick up unless I provide written permission in advance. Proper Photo ID is required for pick up of your child. All emergency contacts must be 18 years or older.

Name _____
Relationship to child _____
Preferred Phone # _____

Name _____
Relationship to child _____
Preferred Phone # _____

Name _____
Relationship to child _____
Preferred Phone # _____

Name _____
Relationship to child _____
Preferred Phone # _____

Are there any circumstances regarding your child's release? ○ Yes ○ No

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the Administrator. All information will be kept confidential.

Parent/Guardian Signature: _____ Date: _____

If applicable:

DCYF Primary Worker Signature: _____ Date: _____

This page will be shared with your child's teachers.

Emergency Consent

Child's Name _____ Date of Birth _____

(first, middle, last)

I hereby authorize EnrichEd School Age Program to arrange for medical examination and/or treatment of my child should an emergency arise at school or on a field trip. It is understood that a conscientious effort will be made by the school to contact me at the emergency numbers I have provided before any medical action is taken. I would prefer to have my child, if the need arises, taken to (Hospital Name) _____. The choice of hospital may be limited by service or local rescue. I authorize 9y[illegible] to act as the agent of the parents in an emergency situation for the health and welfare of my child. I am responsible for the expenses involved if the services of a physician or hospital are required.

Child's Physician's Name _____

Physician's Address _____ Physician's Phone Number _____

Child's Chronic Health Conditions _____

Child's Medication and Dosage _____

All medication to be administered at the Learning Center must be accompanied by a Medication Permission Form. Please see a Director or see our website for a copy of the Form.

Child's Allergies _____

Allergic Reaction Symptoms _____

Special Dietary Concerns _____

Parent Authorization

Outerwear (coats, hats, etc.) sign off ○ Yes ○ No

I give permission for Dr. Day Care / EnrichEd to choose which outerwear items to wear or not wear during outside play (example: coat, jacket, sweater, hat, mittens/gloves), based on the weather

Our outdoor play philosophy is play-based, meaning that children learn as they play! All children will go outdoors every day, weather permitting. Weather permitting means almost every day, unless there is active precipitation, extremely hot or cold conditions, or public announcements that advise people to remain indoors due to weather conditions such as high levels of pollution, extreme cold or heat that might cause health problems. Outdoor times are allocated on the daily schedule. To ensure each child is dressed for outdoor play, if a child brings in outerwear (coat, jacket, sweater, hat, mittens/gloves) to day care/school, they must wear the item(s) outside, unless the parent signs off otherwise.

Photograph and Video Permission ○ Yes ○ No

I give EnrichEd staff permission to take photographs and/or videos of my child for public relations and /or marketing purposes. This includes the Parent Engagement app that is used to send daily updates to parents. Photos will remain archived at the Home Office and can be used for promotional purposes without notification. Photos may be shared with our funders, partners, and collaborators such as STEM Mentoring RI.
(Please select "No" if your child is a foster child in DCYF custody).

School Department Permission (School Age Only) ○ Yes ○ No

I give EnrichEd staff permission to obtain medical and federal food program forms from the elementary school's designee. I give EnrichEd staff permission to communicate with school department teachers/ staff regarding homework and tutoring assistance for my child.

EnrichEd programs are designed to enhance and reinforce each stage of your child's development. If concerns or questions should arise regarding your child's participation, all parties will reach a solution. EnrichEd enjoys your child and provides a happy, healthy, educational and enriching environment for them and hopes to meet your expectations. If you have any concerns about any of the above listed, please make a note here:

Parent/Guardian Signature: _____ Date: _____

If applicable:

DCYF Primary Worker Signature: _____ Date: _____

Parent Agreement Contract

Start Date _____ Child's Name _____ Site _____

Please fill in the hours needed for the program on the corresponding day (for example, M-F, 7-9am, 3-6pm).
Full-time child care shall not exceed 50 hours per week, or 10 hours per day.

	Monday	Tuesday	Wednesday	Thursday	Friday
Before School:					
After School:					

The tuition for services will be: $_____ per week, based on the above schedule. ☐ DHS copay -
DHS certificate #: _____

Weekly Method of Payment: ◉ Automatic recurring payments via secure link ◉ Non-automatic weekly payment in app

For security and compliance purposes, all credit card, debit card, and bank draft information must be entered exclusively via a secure payment link or via mobile app. The payment link will be sent when enrollment is confirmed. Under no circumstances will any representative of this organization collect, input, or handle any customer credit card or bank account information.

In consideration, I/we, as parent(s) or guardian, enroll or re-enroll our child at EnrichEd / Kids Klub with the understanding of the following:

- To secure a space for your child, a non-refundable Registration fee, if applicable, and first week's tuition is required.
- Electronic payments are required. Cash, check and money orders are not accepted.
- I understand that anyone listed on the Method of Payment Agreement may receive financial statements and financial information on the account.
- A one-time Registration fee, if applicable, is charged per child or family upon enrollment. Registration fee, if applicable, is outlined on the current year's tuition rate sheet.
- The tuition and registration payment is due on or before the first day your child begins care. Thereafter tuition is due each Friday at noon before the upcoming week of service. All automatic payments will be processed the Friday prior to services.
- Our billing system automatically charges a $15.00 fee to any account not paid by Friday at the close of business.
- If hours of care for a child exceed the contracted amount, the parents/guardians will be subject to additional tuition for the overage in hours (i.e. 3 days of care to 4 days of care). Based on available space.
- DHS subsidy only: If weekly hours of care for a child exceeds what DHS approved for the family, the parents/guardians will be subject to a fee for the weekly overage in hours, which will be the difference between what the family is approved for by DHS and what hours were actually attended (i.e. 3/4 time to full time, as applicable). Based on available space.
- Accounts in arrears may be subject to termination and parent/guardian is responsible for litigation.
- There will be a $35.00 charge for all returned ACH payments.
- After two declined automatic payments within 30 days, a new form of automatic payment will be required.
- Late departures after closing are subject to a one dollar per minute late fee. After closing, if EnrichEd is unable to contact you or the emergency contacts provided, local authorities will be called after a reasonable amount of time has passed.

Parent Agreement Contract

- When terminating a child's enrollment, a one-week notice must be given in writing to the site Administrator. If no notice is given, your account will be billed accordingly.

- No child will be cared for when sick with an infectious illness, for the well-being of your child, as well as others. Credit cannot be issued for a child who is out sick. For extended absences due to illness, parents may choose to use two week's vacation credit. Please speak with site Administrator or call our billing department (401-723-2277).

- Vacation Credit - 2 weeks are allowed per year (Sep. – Aug.) at ½ of your regular tuition rate and you may have your child attend ½ time in day increments only. See Administrator for more information.

- To maintain proper staff/student ratio, agreed upon dates and times on this contract can only be altered when another contract is completed.

- Please contact your Administrator as soon as possible if you need to change any of your personal information or schedule (examples: emergency person, address, home/work telephone numbers, times, fees, medical info, etc.).

- EnrichEd will be closed for holidays and other closings. The center's hours and holiday schedules are set annually, but may change at any time. The weekly tuition payments will remain the same. Note: part-time enrollees, if your child is scheduled to attend on a holiday or other school/site closure, another day may be substituted only if staff/student ratio allows. Our program policy is to remain open unless the Governor declares a State of Emergency, we receive a state mandate, or unforeseen circumstances that compromise the safety of our children, staff, and families.

- Inclement Weather/ Professional Days/ Election Days- (this section is only applicable for children in our school age program) on days when the Elementary School is closed and EnrichEd is open, due to Inclement Weather, Professional Days, or Election Days, an additional fee will be added to your regular rate if your child attends. Charges are as followed:$20 additional if your weekly tuition is before and after school rate, $25 additional if your weekly tuition is after school rate, and $35 additional if your weekly tuition is before school rate. If a child is not scheduled for a given day and requires full day care, they will be charged the daily School Vacation rate.

- I hereby release EnrichEd / Kids Klub, its officers, Administrators, and employees from all liability for injury to my child, in excess of the amount payable under the insurance carried by EnrichEd / Kids Klub.

- I agree that this Waiver and Release of Liability shall apply to each day my child attends a EnrichEd / Kids Klub and/or any related entity's facility regardless of the date this form is signed below. I agree that I will assume the risk and full responsibility for any and all injuries, losses, or damages, that might occur to my child or any other family members while on the premises or while participating in any off-site program or activity. I agree to waive and release any and all claims, suits or related causes of action against EnrichEd / Kids Klub, and/or related entities, their owners, officers, employees, or agents for injury, loss, death, costs or other damages incurred by my child, me, my heirs or assigns, or any third parties for claims, suits or related causes of action asserted against EnrichEd / Kids Klub, and/or any related entities, arising from my child's conduct and/or my conduct and/or the conduct of my family members or guests while participating in any programs/activities. I further agree to release, indemnify and hold EnrichEd / Kids Klub, and/or any related entities, harmless from any liability whatsoever for any future claims presented by my child or any persons acting on my child's behalf for any injuries, losses or damages.

- I acknowledge that I received and reviewed the Family Handbook.

EnrichEd does not discriminate on the basis of race, color, sex, handicap, religion or national origin. EnrichEd reserves the right at their sole discretion to refuse an application or dismiss a child from our program.

Parent/Guardian #1 Printed Name: _____

Signature: _____ Date Signed: _____

Parent/Guardian #2 Printed Name: _____

Signature: _____ Date Signed: _____

Meals Served Enrollment Form (CACFP)

To verify the enrollment of your child in this child care center complete the following information, sign and date this form and return it to the day care center. The Administrator will review this completed form before submitting to the EnrichEd Finance Department.

EnrichEd participates in the U. S. Department of Agriculture Child and Adult Care Food Program (CACFP). This program helps us provide nutritious meals and snacks to children enrolled at our center. The requirements and portion sizes for those meals and snacks are included as an attachment to this enrollment form. Under the regulations of the CACFP, you are not charged separate fees for meals nor may you be asked to provide food for your children for those meals or snacks claimed under the program. Regular day care fees cover the cost of care and food costs not reimbursed by the CACFP.

Check here ONLY if you are choosing **not** to enroll your child in CACFP, then sign and date the bottom of the form:

☐ *I **do not** want my child to participate in the Child and Adult Care Food Program (CACFP)*

To verify the enrollment of your child in this child care center complete the following information, sign and date this form and return it to the day care center.

Child's Full Name: _____ Site Name: _____

First Day of Attendance: _____ Month, Date & Year of Birth: _____ Age: _____

My child will normally be in child care during the following days and times and receive the meals as indicated below:

① Child Information			② Days of Attendance	③ Times Child Normally Attends During Week		*(If child leaves for School)*		④ Meals Served
Date of Birth / /	Age*	First Day of Attendance / /	☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday	Arrival Time	Departure Time	Leaves Center	Returns to Center	☐ Breakfast ☐ Lunch ☐ Snack

*For infants ages 6 weeks – 11 months old, please ALSO complete the Infant Meals portion of this form below

Parent/Guardian Printed Name: _____ Work Phone: _____ Home Phone: _____

Address (please print): _____

Parent/Guardian Signature: _____ Date Signed: _____

Administrator's Signature (Sponsor Representative): _____ Date Signed: _____

Building for the Future

This day care facility participates in the Child and Adult Care Food Program (CACFP), a Federal program that provides healthy meals and snacks to children receiving day care. Each day more than 2.6 million children participate in CACFP at day care homes and centers across the country. Providers are reimbursed for serving nutritious meals that meet USDA requirements. The program plays a vital role in improving the quality of day care and making it more affordable for low-income families.

Meals CACFP homes and centers follow meal requirements established by USDA.

Breakfast	Lunch or Supper	Snacks (Two of the five groups:)
Milk Fruit or Vegetable Grains	Milk Meat or meat alternate Grains Fruit Vegetable	Milk Meat or meat alternate Grains Fruit Vegetable

Participating Facilities Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- **Child Care Centers:** Licensed or approved public or private nonprofit child care centers, Head Start programs, and some for-profit centers.
- **Family Day Care Homes:** Licensed or approved private homes.
- **Afterschool Care Programs:** Centers in low-income areas provide free snacks to school-age children and youth.
- **Homeless Shelters:** Emergency shelters provide food services to homeless children.

Eligibility State agencies reimburse facilities that offer non-residential day care to the following children:

- Children age 12 and under
- Migrant children age 15 and younger, and
- Youths through age 18 in afterschool care programs in needy areas

Contact Information If you have questions about CACFP, please contact one of the following:

Sponsoring Organization:
NurturEd / EnrichEd
1201 Douglas Pike, Ste 4, Smithfield, RI 02917
(401) 475-7707

Child Nutrition Programs
RI Department of Education
255 Westminster Street, Providence, RI 02903
(401) 222-4600

USDA Nondiscrimination Statement: 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: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.

This page is for your information. It does not need to be returned.

For directions, scan with your phone to visit
https://enrichedri.com/cacfp-meal-benefit-form-instructions

CACFP Meal Benefit Income Eligibility Form Instructions

The Child and Adult Care Food Program (CACFP) makes good food a regular part of your child's day care! Please fill out the CACFP Meal Benefit Income Eligibility form.

Step 1: List all the children from your household in the day care. Use one line for each child's name. Write one letter in each box. Stop if you run out of space. If there are more children, add their names on a second piece of paper.
Do you have any foster children? If you answer Yes, mark the Foster Child box next to the child's name. If you are only applying for foster children, finish Step 1 and go to Step 4. If you are applying for both foster and non-foster children, go to Step 2.
Are any children migrant, runaway, homeless, or enrolled in Head Start? If Yes, mark the correct boxes next to the child's name and go to Step 4.

Step 2: You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR).
Do any household members, including you, currently receive SNAP, TANF, or FDPIR? If Yes, write the case number in the box and go to Step 4. You only need to provide one case number. If No, go to Step 3.

Step 3: Report current income for all household members. Skip this step if you answered Yes in Step 2.
How do you report child income? Turn the form over and use the Source of Income for Children chart to see if your household has income to report. Write the amount in the boxes in part A of the form. Mark how often the amount is earned. Write 0 in the box if there is no income to report.
How do you report income of adult household members? Turn the form over and use the Source of Income for Adults chart to see if your household has income to report. In part B, list all the adults in your household, including you, even if each of you doesn't receive income. Include all adults, such as grandparents, other relatives, and friends who live with you and share household income and expenses. Write the amount of income each of you receives, in the boxes next to your names. Mark how often the amount is received. Write 0 in the box if there is no income to report.
Make sure you report the current amount of money you get before taxes. Don't include SNAP, FDPIR, WIC, student financial aid, or money you receive for a foster child as income.
Count the number of all children and adults in your household. Include all infants, children, students, and adults. Write the total number in the box under the list of adult household members.
Do you or another adult household member have a Social Security number? Write the last four digits in the boxes. If there is no Social Security number, mark the Check if no SSN box.

Points to Remember:

If:	Then:
Your income isn't always the same	*List the amount of money that you normally get. For example, don't include overtime pay, if you don't normally get it. If your income is normally higher or lower, you can report annual income instead.*
Your household includes members who aren't citizens	*You or your children don't have to be U.S. citizens to qualify for meal benefits.*
You are in the military	*Don't include your Family Subsistence Supplemental Allowance (FSSA), combat pay, or the money you receive for privatized housing. If deployed, count the amount of pay that is made available to your household as income.*

Step 4: An adult household member must sign this form. The signer promises that all information is true and complete. Print the name, address, and telephone or email of the adult signer. Sign and write today's date in the marked boxes.

Optional
We ask about your children's ethnicity and race to make sure we do our best to serve our community. Providing this information is not required. You won't be denied benefits based on your race, color, national origin, sex, age, or disability.

Letter to Parents (Non-Pricing Centers)

Dear Parent or Guardian:

NurturEd & EnrichEd offer healthy meals and snacks to children as part of the Child and Adult Care Food Program (CACFP). We receive support from CACFP to serve those meals. CACFP gives more support if your household income is less than or equal to the limits on this chart:

Federal Income Standards for Reduced-Price Meals for July 1, 2026 - June 30, 2027

Household Size	Yearly	Monthly
1	$29,526	$2,461
2	40,034	3,337
3	50,542	4,212
4	61,050	5,088
5	71,558	5,964
6	82,066	6,839
For each additional person, add…	+$10,508	+$876

Please fill out a CACFP Meal Benefit Income Eligibility form. It will help us find out how much support NurturEd & EnrichEd receives. Please be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms. Please send the completed form to your center Administrator.

Thank you for taking the time to fill out the form. We hope your child enjoys CACFP meals!

In the operation of child nutrition programs, no person will be discriminated against because of race, color, national origin, sex, age, or disability.

If you have questions or need help, please contact Dr. Mary Ann Shallcross Smith at 401-475-7707 or info@enrichedri.com

Dr. Mary Ann Shallcross Smith

Sponsor Representative Signature

This institution is an equal opportunity provider.

Visit https://vote.gov to find more information about local, state, and federal elections and how you can participate.
Check Voter Registration Deadlines and Laws in Your State at Vote.gov

CACFP Meal Benefit Income Eligibility (Child Care)

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

APPLY ONLINE:
Insert URL Here

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	MI	Child's Last Name	Foster Child	Migrant	Runaway	Homeless	Head Start
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐
			☐	☐	☐	☐	☐

Check all that apply

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, 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 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here? Flip the page 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.

Child Income	How often? Weekly	Bi-Weekly	Monthly	Bi-Monthly
$	◯	◯	◯	◯

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'. If you enter '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? Weekly	Bi-Weekly	Monthly	2x Month	Welfare/Child Support/Alimony	How often? Weekly	Bi-Weekly	Monthly	2x Month	Pensions/Retirement/ Social Security/SSI/ VA Benefits	How often? Weekly	Bi-Weekly	Monthly	2x Month
	$	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯
	$	◯	◯	◯	◯	$	◯	◯	◯	◯	$	◯	◯	◯	◯

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 ☐☐☐☐

Check if no SSN ☐

STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

"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 | City | State | Zip | Phone/Email

Admin Initials: _____ Date: _____

Source of Income for Children	
Sources of Child Income	**Examples**
Earnings from work	• A child has a regular full or part-time job where they earn a salary or wages
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
Income from person outside of household	• A friend or extended family member reguarly gives a child spending money
Income from any other source	• A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	**Public Assistance/Alimony/ Child Support**	**Pensions/Retirement/ All other sources of income**
• 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	• Unemployment benefits • Workers compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veterans benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private Pensions or disability benefits • Income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household

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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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: (202) 690-7442; or
EMAIL: program.intake@usda.gov.

This institution is an equal opportunity provider.

***Only use this address if you are filing a complaint of discrimination.**

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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 _____

Categorial Eligibility ☐

Eligibility Free ○ Reduced ○ Denied ○

_____ Determining Official's Signature

_____ Date

_____ Confirming Official's Signature

_____ Date

_____ Follow-up Official's Signature

_____ Date