



# Lil' People's World

## Child Registration

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Email Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

### People permitted to pick up your child (other than those listed above):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ Drop-off Time: \_\_\_\_\_ Pick-up Time: \_\_\_\_\_

Days Attending:  Monday  Tuesday  Wednesday  Thursday  Friday

How did you hear about us? Drive by, Referral, Online, Other: \_\_\_\_\_

# Medical Information

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(First and Last Name)

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Date of Last Physical Exam: \_\_\_\_\_  
(MM/DD/YYYY)

Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Health or Developmental Concerns: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(First and Last Name)

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Date of Last Dental Exam: \_\_\_\_\_  
(MM/DD/YYYY)

Is your child seeing a speech therapist, physical therapist, nutritionist, or any other specialist?

Yes       No

**If yes:**

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Does your child have birth marks or Mongolian spots:  Yes       No

If yes, please provide details on appearance and physical location:

\_\_\_\_\_

## Out-of-Area Contact Information

During a disaster, communication could become challenging. Often, it is easier to contact an out-of-area phone number than a local or cell number. Our facility has established an out-of-area contact to relay information throughout a disaster. Please provide the following information for our records:

### Out-of-Area Contact (100+ Miles Away)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(First and Last Name)

Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

### Local Contact (Nearest Acquaintance)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
(First and Last Name)

Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

## Permission for Emergency Medical Treatment

I, \_\_\_\_\_, the parent or guardian hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment to include First Aid/CPR by a qualified staff member at Lil' People's World. I also give permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center/hospital for treatment. In the event that I cannot be contacted, I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed on my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preferred Hospital Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_ Group Number: \_\_\_\_\_

ID Number: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Primary Insured's Name (or Insured Contract Holder) \_\_\_\_\_

## Agreement for Medical Expenses

I am the parent, custodian, or legal guardian of \_\_\_\_\_ ("Child"). I understand that as a condition of enrolling my child in Lil' People's World program, I am required to ensure that my child has health insurance. I authorize Lil' People's World to make emergency medical decisions, authorize emergency medical procedures and seek appropriate medical care or treatment that Lil' People's World determines to be necessary at the sole discretion of Lil' People's World. I agree to accept full responsibility and liability for the cost of any treatment, medical care, dental care, or transportation authorized or ordered for my child while at or participating in Lil' People's World Programs, except to the extent that Lil' People's World is legally liable for the injury.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Release and Agreement

I, \_\_\_\_\_, acknowledge that Lil' People's World is not an insurer against injury, and that Lil' People's World offers its services at a cost which reflects the fact that Lil' People's World will not and cannot be financially responsible for personal injuries which might occur anywhere on Lil' People's World premises. I agree to release and hold harmless Lil' People's World and its employees, administrators and owner from and against any liability for damage or injury arising out of personal injuries sustained by my own child as a result of the intentional act or omission to act of the child-care center employees, students or any other individual for whose acts the school might otherwise be liable except through gross negligence or willful misconduct on the part of Lil' People's World or its agents. I accept this limitation with the knowledge that I am free to enroll my child at another childcare facility if I decline to accept this release.

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(First and Last Name)

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Transportation Agreement

I give permission for Lil' People's World to transport my child by the provided form of transportation when enrolled in a Before or After School Program or attending a field trip. If I fail to drop off my child before departure time it will be my responsibility to ensure that my child be transported to school.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

## Outside Food Policy

Here at Lil' People's World, we are a Nut-Free Facility. To continue this, we request families to bring in foods with nutrition labels and nut free products. It can be a concern when providing treats for birthdays, farewell parties, and celebrations. We have provided some suggestions for pre-permitted treat options.

Permitted Treat Options: Fruit, Vegetables, Low Sugar frozen treats, Nilla Wafers, pre-packaged Krispy Treats

Please check with the Director for any other possible allergies within the classroom (i.e., dairy allergies).

When treats are brought in, they must be given to the office with the child's name and classroom labeled. The office will then provide the class with the approved snacks.

I understand that to bring outside food, I must meet Lil' People's World's **Outside Food Policy** standards. I understand that this is done to ensure the safety of the children.

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

## Photo, Video, and Social Media Release

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_ give full permission for my child's picture to be viewed on the official Lil' Peoples World website, newsletter, or social media pages. The pictures used will only be in relation to the daily activities at LPW. Photographs provided by me or other family members may also be used on these documents.

Initial:

I agree: \_\_\_\_\_ I opt out: \_\_\_\_\_

I acknowledge that myself and my child may also be video and audio taped by a security camera while at or around the school premises. I will notify each person listed on the Registration Form that he or she may also be video and audio taped while at or around the school premises. I also agree to not videotape, photograph, or voice-record any person on the Lil' People's World premises at any time. I agree not to post comments that are harassing, misleading, or defamatory or that are invasive of anyone's individual privacy regarding any students, staff or Owner of Lil' People's World on any website, blog, or social media network.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Enrollment and Policies Agreement

This Enrollment Agreement (the "Agreement"), is effective this \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_\_ (year), is between Lil' People's World, an independent private childcare center located at \_\_\_\_\_

1. There is an Annual Program/Registration fee of \$100.00 that must be paid at the time of initial registration. If a child is disenrolled for a period of longer than three (3) consecutive weeks, the registration must be repaid to re-enroll.
2. A non-refundable tuition deposit of \$\_\_\_\_\_ (your child's first week's tuition). Please refer to our tuition policy as weekly tuition varies by classroom. This is required to guarantee/reserve enrollment space for each child.
3. An additional \$10.00 fee upon enrollment for the purchase of an Emergency Disaster Kit will be stored on site for my child in the event of an emergency.
4. An additional \$5.00 per week will be assessed if you would prefer your child to consume Organic milk only.  Yes  No
5. I understand that a written two-week notice must be given to the Director to withdraw my child. Tuition is then required to be paid through the end of the two-week notice. If a two-week notice is not received, a two-week tuition charge will be incurred from the last day of attendance.
6. If receiving a childcare subsidy from the State or other provider, I agree to pay my co-payment no later than the first business day of each month. I understand that late charges will apply. I understand that I am responsible to pay the Lil' People's World **Standard Tuition Rates** for any time not covered and/or contracted by the subsidy provider.
7. **Tuition:**
  - **Weekly Tuition** is due every Monday. There is a 24-hour grace period and a \$5.00 per day late fee that will be charged on tuition payments received after this grace period. If weekly tuition fees (including any applicable late fees) are not received by the 5<sup>th</sup> calendar day of the month, care will be terminated.
  - **Monthly Tuition** is due on or before the tuition week of each new month. There is a 24-hour grace period and a \$5.00 per day late fee will be charged on tuition payments received after this grace period. If Lil' People's World is compelled to take legal action to collect unpaid tuition, the responsible party agrees to pay Lil' People's World reasonable attorney's fees and costs incurred.
  - If a family has a second child at the center, the family shall receive a 15% discount on whichever child has the lesser tuition. If a family has a third child at the center, the family shall receive a 20% discount on whichever child has the lowest of the tuitions.

- A fee of \$35.00 will be charged for checks returned as non-sufficient funds (NSF).
- At the time of enrollment, the child shall be scheduled for specific days and times. Additional days may be added for an additional fee. These fees are broken down in our tuition policy per classroom.
- Weekly/Monthly tuition fees are non-refundable regardless of holidays, illness, vacation, professional development in-service days, inclement weather days, emergencies, or COVID-19. Lil' People's World will make reasonable effort to open in inclement weather; however, Lil' People's World may choose to close at the sole discretion of the Center. In the event of an unexpected closure, there will be a message left on the voicemail one (1) hour prior to opening hours. Please refer to the details for closures or early closure in the Disaster/Crisis Handbook and Policies.
- A fee will be charged for any child not picked up before regular scheduled closing times. This charge shall be \$1.00 per minute per child. Fees for late pick-up are to be paid immediately (night of late pick up or morning following).
- Lil' People's World reserves the right to deny, cancel, or suspend a child's enrollment at any time in its sole discretion.
- If a child is absent, the absence should be reported Lil' People's World by/before 10:30 a.m.
- Please see posted dates in the lobby for scheduled In-Service and Closure Dates.
- Parents will be given a 30-day notice prior to tuition increases. Tuition rates will typically be increased each September but at the Center's discretion.

The undersigned Parents have received an executed copy of this Agreement and a copy of the Parent Handbook which included the Illness Policy reference. Parents acknowledge that this agreement is by and between Parents and Lil' People's World Learning. The Parents understand that from time to time, Lil' People's World may update its enrollment policy and that by keeping a child enrolled in Lil' People's World after any update to the policy, this will be considered consent to any updated policies.

The undersigned Parents understand the terms and Agreement and agree to be bound by them. All policies can be reviewed on site or online at: [www.LilPeoplesWorld.com](http://www.LilPeoplesWorld.com).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Policy and Agreements Review

I, \_\_\_\_\_, have read and reviewed the following Lil' People's World policies (please initial each line):

\_\_\_\_\_ Parent Handbook

\_\_\_\_\_ Healthcare Policy

\_\_\_\_\_ Disaster/Crisis Plan

\_\_\_\_\_ Pesticide Policy

\_\_\_\_\_ Transportation Agreement, if applicable

\_\_\_\_\_ Outside Food Policy

\_\_\_\_\_ Photo/Video & Social Media Agreement

\_\_\_\_\_ Enrollment/Tuition Agreement

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lil' People's World Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Lil' People's World Parent Orientation

(To be completed with management)

- Registration Packet
- Immunizations
- Infant Information Form
- Organic Milk option
- Supplemental Menu
- Anti-Bullying and Behavior Management Policy
- Hours of Enrollment: 10-hour maximum, call if late or absent
- Sign-in Procedures: Full-Legal Signature, 10:30 AM Policy, I.D. required for individuals on pick-up list
- Drop-off Procedures/Cell phone/Sign in procedure/Classroom requirements
- No outside food, special occasions only store-bought items. (Nutrition Label Required)
- Items to bring for age group, i.e., bottles prepared, extra clothes, sheet, blanket and water bottle
- Illness Policy
- Medication, Diaper Cream, Sunscreen Form
- Holiday's, In-Service days, Non-scheduled Closure dates
- Tuition Policy, Paid on Mondays
- Transitions into the next classroom
- A two-week written notice is required prior to disenrollment. (For more information, please review the Tuition Policy).

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Lil' People's World Rep Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Getting to Know You

1. What do you value most about your child's daily interactions at school?
2. What languages are primarily spoken at home?
3. What is your child's bedtime routine?
4. How does your family prefer to spend free time?
5. What's your child's favorite activity?
6. What are some of your child's least favorite things to do?
7. When emotions run high, how does your child settle down?
8. Are there any other family members that live in the home, or interact with your child daily?
9. What's your favorite thing to celebrate?
10. Are there any other topics you would like to share about your child's family?



# Certificate of Immunization Status (CIS)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed COE on File?  Yes  No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Birthdate (MM/DD/YYYY):</b>
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X _____ <b>Parent/Guardian Signature</b>		X _____ <b>Parent/Guardian Signature Required if Starting in Conditional Status</b>	
<b>Date</b>		<b>Date</b>	

▲ Required for School • Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
<b>Required Vaccines for School or Child Care Entry</b>						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib ( <i>Haemophilus influenzae type b</i> )						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>						
COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

**Documentation of Disease Immunity (Health care provider use only)**

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:

A verified history of varicella (chickenpox) disease.  
 Laboratory evidence of immunity (titer) to disease(s) marked below.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		

  

▶ \_\_\_\_\_  
 Licensed Health Care Provider Signature    Date

  

▶ \_\_\_\_\_  
 Printed Name

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
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**Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.**

**To print with the immunization information filled in:**

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: [waisrecords@doh.wa.gov](mailto:waisrecords@doh.wa.gov) or 1-866-397-0337.

**To fill out the form by hand:**

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
  - If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
  - If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

**Acceptable Medical Records**

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

**Conditional Status**

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

**Reference guide for vaccine trade names in alphabetical order**

For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

## Child and Adult Care Food Program ENROLLMENT/INCOME-ELIGIBILITY APPLICATION

PART 1 – CHILDREN'S INFORMATION—Required for all children in care.												
Child's Name	Birthdate	Age	Select Normal Days/ Print Normal Hours of Care				Select Meals and Snacks Normally Received					
			<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tu	<input type="checkbox"/> Wed	<input type="checkbox"/> Th	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Breakfast	<input type="checkbox"/> A.M. Snack	<input type="checkbox"/> Lunch
			Normal Hours _____ to _____				<input type="checkbox"/> P.M. Snack	<input type="checkbox"/> Supper	<input type="checkbox"/> Eve. Snack			
			<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tu	<input type="checkbox"/> Wed	<input type="checkbox"/> Th	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Breakfast	<input type="checkbox"/> A.M. Snack	<input type="checkbox"/> Lunch
			Normal Hours _____ to _____				<input type="checkbox"/> P.M. Snack	<input type="checkbox"/> Supper	<input type="checkbox"/> Eve. Snack			
			<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tu	<input type="checkbox"/> Wed	<input type="checkbox"/> Th	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Breakfast	<input type="checkbox"/> A.M. Snack	<input type="checkbox"/> Lunch
			Normal Hours _____ to _____				<input type="checkbox"/> P.M. Snack	<input type="checkbox"/> Supper	<input type="checkbox"/> Eve. Snack			
			<input type="checkbox"/> Sun	<input type="checkbox"/> Mon	<input type="checkbox"/> Tu	<input type="checkbox"/> Wed	<input type="checkbox"/> Th	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Breakfast	<input type="checkbox"/> A.M. Snack	<input type="checkbox"/> Lunch
			Normal Hours _____ to _____				<input type="checkbox"/> P.M. Snack	<input type="checkbox"/> Supper	<input type="checkbox"/> Eve. Snack			

### INCOME ELIGIBILITY

**Please check the boxes that apply to help determine the other parts of this form to complete:**

- A family member in our household receives benefits from Basic Food, TANF, or FDIPIR. (Please complete Part 2 and 5.)
- One or more of the children in Part 1 is a foster child. (Please complete Part 3 and 5.)
- My child(ren) may qualify for Free/Reduced-Price meals based on household income. (Please complete Part 4 and 5.)
- My child(ren) will not qualify for Free/Reduced-Price meals. (Please complete Part 5 only.)

PART 2 – HOUSEHOLD MEMBER RECEIVING BASIC FOOD/TANF/FDIPIR— Any household member receiving benefits can establish eligibility for all children in the household.	Case Number or Identification Number

PART 3 – FOSTER CHILDREN—List the names of any children listed in Part 1 who are foster children.	

PART 4 – TOTAL HOUSEHOLD GROSS INCOME FROM LAST MONTH—Not required if you have reported a case number in Part 2.															
List names (First and Last) of everyone in your household, including foster children	Tell us how much and how often. If no income, write "0". Use net income if self-employed.														
	Earnings from Work Before Deductions	Weekly	Every 2 Weeks	2X Month	Monthly	Welfare, Alimony, Child Support	Weekly	Every 2 Weeks	2X Month	Monthly	Retirement, Pensions, Social Security, Other	Weekly	Every 2 Weeks	2X Month	Monthly
1.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 5 – SIGNATURE AND CERTIFICATION—REQUIRED		
<p>The adult household member who fills out the application must sign below. If Part 4 is completed, the adult signing the form must also list the last four digits of his/her Social Security Number (SSN) or check the box if no SSN. See <i>Privacy Act Statement on the back of this page.</i></p> <p><b>If you have listed a case number in Part 2 or are applying on behalf of a foster child, or have checked the box that your child(ren) will not qualify for Free/Reduced-Price meals, the last four digits of the SSN is not needed.</b></p> <p>"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."</p>		
<b>Signature of Adult</b>  X _____	<b>Today's Date</b>  _____	<b>Print Name of Adult Signing</b>  _____
<b>Address</b>  _____		<b>Social Security Number (SSN) (last four digits)</b> XXX-XX- _____ <input type="checkbox"/> Check if no SSN
<b>City/State/Zip Code</b>  _____		<b>Daytime Phone</b>  _____

**PART 6 – 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  Multi-Racial  
 Native Hawaiian or 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 Basic Food, 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](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  
**EMAIL:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

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

**This institution is an equal opportunity provider.**

**DO NOT FILL OUT - CENTER USE ONLY**

- Child(ren) are categorically free based on Basic Food/TANF/FDPIR.
- Foster child(ren) have been identified on this form and qualify for the free category.

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

Child(ren) on this form who are not categorically eligible qualify as follows:

- Check one:  Free  
 Reduced-Price  
 Above-Scale

Total Income: \$ \_\_\_\_\_  
 Annual  Monthly  Twice Per Month  
 Every Two Weeks  Weekly

X \_\_\_\_\_  
**Signature of Institution’s Representative**

\_\_\_\_\_  
**Today’s Date**

**NOT VALID WITHOUT SIGNATURE AND DATE.**

**EIEA 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. If the institution representative does not evaluate and sign the EIEA within these guidelines, the institution representative’s signature date must be used as the effective date.**