



# 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 my child may also be videotaped 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 be also videotaped 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. An annual Program/Registration fee of \$150.00 per child must be paid at the time of initial registration. This fee includes an Emergency Disaster kit on site for each child in the event of an emergency. These fees are non-refundable.
2. A non-refundable tuition deposit of \$\_\_\_\_\_ (your child's first week's tuition) is required. 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 \$5.00 per week will be assessed if you would prefer your child to consume Organic milk only.  
Yes                      No
4. I understand that the director must receive a written two-week notice to withdraw my child. Tuition must 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.
5. If I am receiving a childcare subsidy from the State or another 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 for paying the Lil' People's World **Standard Tuition Rates** for any time **not covered** and/or contracted by the subsidy provider.
6. **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 end of each week of care, then care can 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 tuition.

- Cash, check, EFT, or Visa are accepted forms of payment. Visa has a 5% service charge. A fee of \$35.00 will be charged for checks returned as non-sufficient funds (NSF).
- At enrollment, the child shall be scheduled for specific days and times. Additional days that are not regularly scheduled will be added to your weekly or monthly tuition invoice.
- Weekly/Monthly tuition fees are non-refundable regardless of holidays, illness, vacation, professional development in-service days, inclement weather days, or emergencies. Lil' People's World will make a 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, a message will be left on the voicemail one hour before opening hours. Please refer to the details for closures or early closures in the Disaster/Crisis Handbook and Policies.
- A fee will be charged for any child not picked up before regular closing time: \$1.00 per minute per child. Fees for late pick-up must be paid immediately (the night of late pick-up or the morning following).
- Lil' People's World reserves the right to deny, cancel, or suspend a child's enrollment at any time at its sole discretion.
- If a child is absent, the absence should be reported to Lil' People's World by/before 10:30 a.m.
- Please see the posted dates in the lobby for scheduled In-Service and Closure Dates.
- Parents will be given a 30-day notice before tuition increases. Tuition rates are typically increased each year 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
- Tooth brushing opt-out
- 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

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 (CACFP) Enrollment Income Eligibility Application (EIEA)

PART 1 – CHILDREN’S INFORMATION (REQUIRED)														
Child’s Name	Birthdate	Age	Days of Attendance	Arrival Time	Departure Time	Circle Meals and Snacks Normally Received			Check Below if Foster Child					
			Sun Mon Tu Wed Th Fri Sat			Breakfast P.M. Snack	A.M. Snack Supper	Lunch Eve. Snack	<input type="checkbox"/>					
			Sun Mon Tu Wed Th Fri Sat			Breakfast P.M. Snack	A.M. Snack Supper	Lunch Eve. Snack	<input type="checkbox"/>					
			Sun Mon Tu Wed Th Fri Sat			Breakfast P.M. Snack	A.M. Snack Supper	Lunch Eve. Snack	<input type="checkbox"/>					
			Sun Mon Tu Wed Th Fri Sat			Breakfast P.M. Snack	A.M. Snack Supper	Lunch Eve. Snack	<input type="checkbox"/>					
PART 2 – HOUSEHOLD MEMBER RECEIVING BASIC FOOD/TANF/FDPIR IN WA STATE - Any household member receiving benefits can establish eligibility for children in the household. If listing case number or ID, please skip to part 5.								Case Number or ID number						
PART 3 – TOTAL HOUSEHOLD GROSS ANNUAL INCOME						PART 4 – CHILDREN’S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)								
The adult signing the form must list the last four digits of their Social Security Number (SSN) or check the box if no SSN. See Privacy Act Statement and Sources of Income on the back of this page (Annual Income Conversion by pay frequency: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12)						<p>We are required to ask for information about your children’s race and ethnicity. This information helps to make sure we are fully serving our community. Responding to this section is optional, it will not affect your children’s eligibility for receiving meals during care.</p> <p>Ethnicity (check one):  <input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> Not Hispanic or Latino</p> <p>Race (check one or more):  <input type="checkbox"/> American Indian or Alaskan Native  <input type="checkbox"/> Multi-Racial  <input type="checkbox"/> Native Hawaiian or Pacific Island  <input type="checkbox"/> Black or African American  <input type="checkbox"/> Asian  <input type="checkbox"/> White</p>								
List names (First and Last) of everyone in your household, including foster children	Annual Earnings from Work Before Deductions	Annual Welfare, Alimony, Child Support	Retirement, Pensions, Social Security, Other											
1.	\$ /yr	\$ /yr	\$ /yr											
2.	\$ /yr	\$ /yr	\$ /yr											
3.	\$ /yr	\$ /yr	\$ /yr											
4.	\$ /yr	\$ /yr	\$ /yr											
5.	\$ /yr	\$ /yr	\$ /yr											
6.	\$ /yr	\$ /yr	\$ /yr											
Number of Household Members		Last 4 of SSN (check box if no SSN) <input type="checkbox"/>												
PART 5 – PARENT/GUARDIAN SIGNATURE AND CERTIFICATION—(REQUIRED) SIGNATURE CONFIRMS ALL INFORMATION PROVIDED IS CORRECT AND ACCURATE														
<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>														
Signature _____			Print Name _____			Date _____								
Address _____				City, State, Zip _____			Phone Number _____							
DO NOT FILL OUT – CENTER USE ONLY				CATEGORY				OSPI USE ONLY						
_____ Institution Representative Signature  <b>INVALID WITHOUT SIGNATURE AND DATE</b> (see back for effective date requirements)				<input type="checkbox"/> Free (Basic Food/TANF/FDPIR) <input type="checkbox"/> Free (foster child(ren))				Total Annual Income \$ _____ <input type="checkbox"/> Free <input type="checkbox"/> Reduced-Price <input type="checkbox"/> Above-Scale				<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> AS		
												_____ OSPI Rep.		

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, 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; or

**FAX:** (833) 256-1665 or (202) 690-7442; or **\*Only use this address if you are filing a complaint of discrimination.**  
**EMAIL:** [program.intake@usda.gov](mailto:program.intake@usda.gov)

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

**EIEA Effective Date**

**If the institution uses the parent/guardian signature date as the effective date, the form must be signed by the institution representative within the same month as the parent, or the following month. If the institution representative does not sign the EIEA within these timeframes, the institution representative's signature date must be used as the effective date.**

**Valid TANF or Basic Food Number Guidelines and Contact Resources for WA State Recipients**

<p>Consists of seven to nine digits, such as 004235555 A parent may omit the zeros preceding the number and write as (ex. 4235555) May start with 002, 003, 004, 005 or 05 Does not include any letters</p>	<p>Is not a social security number (unless it's a tribal case number). Does not start with a 200 series number Is not a case number for state-paid childcare Is not an EBT card number</p>
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**DSHS Customer Service Number: (877) 501-2233**

**Basic Food and TANF website: [www.washingtonconnection.org](http://www.washingtonconnection.org)**

<b>Earnings from Work</b>	<b>Public Assistance, Alimony, Child Support</b>	<b>Pension, Retirement, Other Sources of Income</b>	<b>Sources of Child Income</b>	<b>Examples:</b>
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li>Net income from self-employment (farm or business)</li> <li><u>If you are in the U.S. Military:</u></li> <li>Basic pay and cash bonuses (does NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers' compensation</li> <li>Supplemental Security Income</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned interest</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>	<ul style="list-style-type: none"> <li>Earnings from work</li> <li>Social Security -Disability Payments</li> <li>-Survivors Benefits</li> <li>Income from any other source</li> </ul>	<ul style="list-style-type: none"> <li>A child of legal working age has a regular full or part-time job where they earn a salary or wages</li> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>