



HOSANNA HOUSE  
A PLACE CALLED HOPE!

# *Hosanna House, Inc. Summer Camp 2019*

## *Registration Packet*

*Fantastic Four Forever  
Faith, Favor, Family, Friends*



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***HOSANNA HOUSE, INC.***

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***Summer Camp Program***  
Parent Orientation Packet

**Payment Policy**

The cost of the 2019 Summer Camp Program range is from **\$105.00 to \$190.50** per week. There are many discounts available this year. The discounts include:

- returning children
- multi-children families
- certain family income guidelines.

Please refer to the pricing grid for more price information. A non-refundable fee of \$20.00 per family and the first week's payment for full pay families is due upon registration. There is an exception for parents/guardians who can submit verification of their subsidy eligibility. Weekly payments and subsidy co-payments are due one week in advance. Your payment must be posted to your account no later than 5:30 pm Friday or your child will not be able to attend camp on the following Monday without the required payment. Your child cannot start the same day you register.

Example: Week 1 begins June 10, 2019; your payment must be posted to your account no later than June 10, 2019. If you are receiving CCIS, your child cannot start until we get the confirmation call from CCIS.

Debit or credit card payments can be made through Hosanna House's website ([www.hosannahouse.org](http://www.hosannahouse.org)) or by telephoning Lisa Midla at 412-342-1342 in the Account office. Hosanna House accepts Visa, MasterCard, Discover, and American Express. Payments can also be made in person at Hosanna House in the administration office located on the 3<sup>rd</sup> floor between the hours of 7:30 am and 5:30 pm. Checks and money orders are to be made payable to Hosanna House, Inc. Please include your child's name on the check. A \$35.00 NSF fee will be charged if your check is returned by the bank.

Summer Camp staff will not accept payments. Do not send payment with your children. Please maintain your payment receipts for validation if needed.

Before your child can be enrolled:

- 1) Any past due balances must be brought current.
- 2) If you are receiving a subsidy of any kind, you will need the following before enrollment:
  - a. Enrollment summary of eligibility from the respective agency or person subsidizing the summer Camp fee. Example: CCIS enrollment summary,

CYF letter of eligibility, Church or Community letter of eligibility authorization, co-sponsor (payer other than listed guardian) agreement of financial responsibility. Note: the responsibility to obtain these documents is the parents or guardians. Hosanna House cannot act on your child's behalf in obtaining these documents. Also, note, if your child's CCIS status is changed from part-time to full time, for example, from afterschool program to the summer camp program you need to inform your CCIS caseworker and obtain a new enrollment summary of changed status.

- 3) Early drop-off. If you know at the beginning of the season that you will be dropping your child off early, 7:30 am, you will need to sign up and pay an additional fee of \$15.00 a week.
- 4) Weekly payments and subsidy co-payments are due no later than the Friday proceeding the upcoming week of summer camp. If payment is not received by then, the child can no longer attend camp until payment is made.
- 5) Summer Camp payments must be made consistently to avoid program termination. In the event that your payments are not made, your child will not be allowed to return to camp and their spot will be filled. Any unpaid balances at the end of camp will result in your name being removed from the mailing list for early registration for the next summer. No registrations will be accepted until all balances are paid in full.

### **Drop Off and Pick Up Policy**

Summer Camp hours are 8:00 am to 5:30 pm and pre-registration early drop off with an additional \$15.00/ week 7:30 am to 5:30 pm Monday- Friday. In the morning, parents/guardians are required to enter hosanna House and sign their child(ren) in for the Summer Camp Program and in the afternoon sign the children out at departure, unless otherwise authorized to walk home. Children are only released to the designated adults you have specified on your registration form. Please notify Hosanna House of any changes to your authorized pickup list.

Do not park on the street in the yellow or red zones during drop off and pick up; use the parking lot and walk your child into Hosanna House through the doors located on Wallace Avenue

### **Early Drop off Policy**

You are able to drop off your child early at 7:30 ONLY if you pre-registered your child one week prior to when early drop off care is needed. There is a weekly \$15.00 surcharge for this service. The weekly \$15.00 surcharge must be paid the Friday before the week of care. You cannot drop your child off on an needed basis. This must be an arrangement set up with the finance department. If you drop your child off anytime between 7:30- 8:00 am, this surcharge will automatically be applied to your account.

## **Late Pick Up Policy**

Your child must be picked up at the end of each day at 5:30 pm. Failure to do so will result in the following actions:

- First offense you will receive a verbal warning.
- After the first offense, you will receive a written warning and then late fees will be applied. This late fee must be made the following day for your child to attend camp. Your child cannot attend camp until this late payment is paid.

The late fees are as follows:

- Verbal Warning
- Written Warning
- \$20.00 per child (1<sup>st</sup> offense)
- \$40.00 per child (2<sup>nd</sup> offense)
- \$60.00 per child (3<sup>rd</sup> offense)
- Termination (4<sup>th</sup> offense)

Hosanna House understands that emergencies sometimes happen. In the event of an emergency, please call the Camp Director at 412-342-1343.

## **Discipline Policy**

It is important that summer camp staff maintains order and discipline. The Summer Camp Program includes safety and a positive atmosphere for learning and developing social skills. The Summer Camp Program makes every effort to help children understand clear definitions of acceptable and unacceptable behavior.

A child's behavior is expected to be consistent with the following:

- Use appropriate language and tone at all times.
- Cooperate with staff and follow directions.
- Respects other children and staff, equipment and facilities, and yourself.
- Maintain a positive attitude.
- Stay in assigned groups at all times. Wandering away from group is not acceptable.

Disciplinary actions will be handled as follows:

- First Offense: If a child is unable to comply with the behavior expectations, a conference will be held with the child and their counselor.
- Second Offense: If after the above meeting the child is still unable to comply with the behavior expectations, the program director will set up a conference with the parent(s)/guardian. Failure of the parent(s)/ guardian to attend conference(s) and cooperate will subject the child to suspension or dismissal.
- Third Offense: If the child's behavior continues to be disruptive and/or unsafe, the child will be subject to a three-day suspension and/or dismissal.

## **NO REFUNDS WILL BE GIVEN FOR SUSPENSION OR EXCLUSION.**

*Behaviors, which may result in immediate dismissal, include, but are not limited to:*

- Any action that could threaten or pose a direct threat to the physical/emotional safety of the child, other children or staff.
- Fighting
- Possession of a weapon of any kind
- Vandalism or destruction of Hosanna House property or property of others.
- Sexual misconduct
- Possession or use of alcohol or controlled substances, with the exception of drugs prescribed by a doctor. The Summer Camp Director must be informed in advance of all authorized prescriptions.
- Stealing
- Biting and/or spitting

In the event that drugs or weapons are found, the parent will be called immediately and the incident will be reported to the Wilkesburg Police.

### **Illness or Emergency Policy**

If a child becomes ill, the parent/guardian or designated adult will be called to pick up the child as soon as possible. All parents must provide an emergency number, which can be called if the parent cannot be reached. The child will be kept comfortable at one of the designated first-aid stations until someone arrives.

Slight injuries that occur will receive first aid. Accident forms or incident reports will be completed for all campers requiring first aid. In the event of a serious injury, the parent will be notified immediately. If you cannot be reached and medical attention is required, we will contact the local EMS office for assistance. If your child must be transported to an area hospital, a senior staff member at Hosanna House, Inc. will accompany your child until someone arrives.

If a child contracts a communicable disease other than a cold, parent should notify Hosanna house. *All counselors are trained in basic first aid and CPR.*

Hosanna House First –Aid stations are located at:

- Wallace Avenue location
- The summer camp Director's office
- Sherwood road location
- The lifeguard station

### **Toy Policy**

Hosanna House provides the materials and supplies for summer campers to have an enjoyable day. We ask that you do not send any toys or games with your child to camp since we cannot ensure their safe return to your home that evening. Please do not let your child bring squirt guns, dolls, cars, or toys to camp. We do our best to provide

structured group activities that encourage interaction, physical activity, and fair play. We will supply all the equipment necessary for these activities.

We ask that radios, jewelry, and money (exception: money for field trips) are not brought to camp. If money must be given to your child, please place it in an envelope with your child's name written on the front and personally hand it to your child's counselor.

*In the event that we find toys, mp3's, phones, gaming systems, headphones, etc., during the camp day, we will confiscate the items and it will be held in the Summer Camp Director's office until the end of the day and given to a parent or guardian.*

Hosanna House will take every precaution to safeguard your child's belongings, however we are not responsible for articles or currency lost, stolen or broken.

## **Field Trips**

On designated Fridays (occasionally we may use another day) we will take an offsite field trip. Please ensure that your child is at Hosanna House no later than 9:00 am in order to leave with the group. Any child arriving after camp and staff have left for the field trip will not be allowed to attend camp that day. Field trip locations will be posted by Tuesday of each week in the main entrance of Summer Camp. Your child is also required to wear their Hosanna House Summer Camp T-shirt to every offsite field trip.

## **Food**

Hosanna House participates in the Allegheny County Summer Lunch program in order to provide your child with breakfast and lunch each day. In addition, we provide a snack in the afternoon each day during camp which includes a drink, and a bag of pretzels, chips, or a piece of fruit. We provide breakfast at 9:00 am and lunch at 12:00 noon. In the event that your child arrives after 9:00 am, they will not have access to breakfast at Hosanna House. Therefore, it is important that your child has eaten prior to arrival.

## **Daily Items Needed**

- *Comfortable shoes & socks.* We will be active during each day and we will be playing games that will require running. Flip-flops, sandals, slip-on shoes, are not practical and could cause your child to be uncomfortable or cause an accident. No open toe shoes are allowed to be worn during summer camp.
- *Comfortable clothes that can get dirty.* Although we try our best to avoid mud puddles and food spills, we do go outside every day and your child very likely will get dirty. That is part of the fun.
- *Swimming suit and towel.* Campers will not be permitted to swim without a swimming suit and towel. They cannot go into the pool wearing shorts they have had on during the day.
- *Sun Block.* If your child is prone to sunburn, please be advised that we cannot apply sunscreen to your child. Therefore, they must take this responsibility.
- Please label all your child's belongings, including clothing, with first and last name.

## Contact Information

Hosanna House, Inc.	412-243-7711
Director of Educational Services Dr. Tammi McMillan tammim@hosannahouse.org	412-342-1327
Director of Youth Services Summer Camp Mr. Randy Goodnight randyg@hosannahouse.org	412-342-1343
Director of Child Development Center Summer Camp Mrs. Denise Bell deniseb@hosannahouse.org	412-342-1350
Hosanna House Business Office Ms. Lisa Midla lisam@hosannahouse.org	412-342-1342

**Hosanna House Inc  
2019 Summer Camp  
Rates for Families Without Subsidy**

\$20 Per Family Application Fee (Waived if registered by May 3, 2019)

Families qualify for only one of the following categories:

***CDC Camp Children Ages 3 thru Pre-Kindergarten***

<b>Categories</b>	<b>First Child</b>	<b>Multi-child</b>
Enrolled in our CDC since Oct 1, 2018	\$130.00	\$110.00
*Low-Income 200% on Federal 2019 Poverty Charts	\$140.00	\$120.00
Returning Campers	\$170.00	\$150.00
First Time Campers	\$190.50	\$160.00

***Youth Camp Children who have completed Kindergarten thru 13***

<b>Categories</b>	<b>First Child</b>	<b>Multi Child</b>
*Low-Income 200% on Federal 2019 Poverty Charts	\$105.00	\$90.00
Returning Campers	\$120.00	\$105.00
First Time Campers	\$136.00	\$115.00

For families who have children in both programs, the CDC campers' rates will be used first and youth campers will use the multi-child youth rates.

\*To qualify for low-income rates, you must submit a current DPW printout or one of the following household income verification documents for all household members who receive income or public assistance with your application(s): prior year federal tax return, statements of social security benefits, or current year payroll stubs showing year-to-date earnings.

**INCOME ELIGIBILITY GUIDELINES**  
 Effective July 1, 2018 to June 30, 2019  
 Annual Income

<u>Family Size</u>	<u>Free Meals or Milk</u> (130% of Poverty Guidelines)	<u>Reduced Price Meals</u> (185% of Poverty Guidelines)	<u>Not Eligible for Free or</u> <u>Reduced Price Meals or Milk</u>
One	\$0 to \$15,782	\$15,783 to \$22,459	\$22,460 and up
Two	\$0 to \$21,398	\$21,399 to \$30,451	\$30,452 and up
Three	\$0 to \$27,014	\$27,015 to \$38,443	\$38,444 and up
Four	\$0 to \$32,630	\$32,631 to \$46,435	\$46,436 and up
Five	\$0 to \$38,246	\$38,247 to \$54,427	\$54,428 and up
Six	\$0 to \$43,862	\$43,863 to \$62,419	\$62,420 and up
Seven	\$0 to \$49,478	\$49,479 to \$70,411	\$70,412 and up
Eight	\$0 to \$55,094	\$55,095 to \$78,403	\$78,404 and up
For Each Additional Family Member Add:	+\$5,616	+\$7,992	+\$7,993

(Annual, Monthly and Weekly Guidelines are on opposite side)

**Summer Camp Checklist**

Child's Name: \_\_\_\_\_ Start Date: \_\_\_\_\_

Child's Birthday: \_\_\_\_\_ Male/ Female

Grade Level just finished: \_\_\_\_\_

**Please make sure all forms below are completed and sign the bottom.**

\_\_\_\_\_ \$20.00 non-refundable application fee. (per family)

\_\_\_\_\_ \$15.00 per week early drop-off

\_\_\_\_\_ Fee Agreement

\_\_\_\_\_ Enrollment Weeks

\_\_\_\_\_ Consents

\_\_\_\_\_ Medication Release

\_\_\_\_\_ Emergency Contact Form

\_\_\_\_\_ Health Assessment (Most Recent Well-Child Visit Documentation)

\_\_\_\_\_ Immunizations

\_\_\_\_\_ Food Program Form (Income)

\_\_\_\_\_ Food Program Form

\_\_\_\_\_ Proof of Income

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

\*\*\*\*\*For Office Use Only\*\*\*\*\*

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application Approved: \_\_\_\_\_ Entered into ProCare: \_\_\_\_\_ Group: \_\_\_\_\_

Notes:



## Consents

Please read and initial next to the following consents.

I read, understand and comply with the following:

- o \_\_\_\_\_ I have read, understand and will comply with the Hosanna House Summer Camp Handbook. I have discussed the above policy with my child and understand that if he/she fails to comply, they may be removed from camp without abatement of tuition paid or due.
  
- o \_\_\_\_\_ There maybe times when your child is digitally recorded during summer camp activities in order for Hosanna House and its partnering agencies to promote or report to funders on summer camp activities. By signing this consent form, you are granting your permission for Hosanna House and its partnering agencies to use these digital recordings in connection with their respective public relations, marketing, and fundraising efforts.

## Medication Release

- All medication must be given directly to the Summer Camp Director
- Your child cannot carry any medicine on them or in their bag. All medicine is required to be locked up.
- All medicine must be in its original container and clearly labeled with your child's name, directions and with the original doctor script.
- You only have to fill this portion out if your child's Doctor requires medication to be taken at the time of camp, if not we ask that all medications administered at prior to coming to camp.

### Medication Information

Child's Name: \_\_\_\_\_ Medication: \_\_\_\_\_

Time should be given: \_\_\_\_\_ Dosage: \_\_\_\_\_

Side Effects: \_\_\_\_\_ Reason for Medication: \_\_\_\_\_

I authorize Hosanna House to give my child the above medication. I understand that said medication will be dispersed at lunch. I will not hold Hosanna House, Inc. responsible for any adverse reactions to medication I authorized.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## 2019 Enrollment Weeks

Please mark with an **(X)** the weeks your child will attend camp  
Remember: You are responsible for payment of each week checked below

Weeks 1-3	Weeks 4-6	Weeks 7-9
<input type="checkbox"/> Week 1: 6/10-6/14	<input type="checkbox"/> Week 4: 7/1-7/5	<input type="checkbox"/> Week 7: 7/22-7/26
<input type="checkbox"/> Week 2: 6/17-6/21	<input type="checkbox"/> Week 5: 7/8-7/12	<input type="checkbox"/> Week 8: 7/29-8/2
<input type="checkbox"/> Week 3: 6/24-6/28	<input type="checkbox"/> Week 6: 7/15-7/19	<input type="checkbox"/> Week 9: 8/5-8/9

### Terms

Children must have completed Kindergarten and be under 13 years old to participate in the youth summer camp. Price of the youth summer camp ranges from \$105.00- \$136.00 for the 1<sup>st</sup> child and \$90.00- \$115.00 for each additional child. For the CDC summer camp, the age range is 3-5 years of age for children who have not completed Kindergarten. Prices of the CDC camp ranges from \$130.00- \$190.50 for the 1<sup>st</sup> child and \$110.00- \$160.00 for each additional child. A non-refundable fee of \$20.00 per family and first week payment is due upon registration. Each week must be paid in advance or your child will not be able to attend camp. Parents/guardians who can submit verification of their child's subsidy eligibility will only be required to pay the registration fee(s) and their first week's required co-payment. If your child will not be attending a week that was marked above, a written notice must be received to the administration Office, at least one week in advance of non-attendance or you will be responsible for payment of said week. Camp hours are from 8:00 am until 5:30 pm and pre-registered early drop off with an additional \$15.00 a week, 7:30 am- 5:30 pm. Additional fees will be incurred for late pick-ups that must be paid before the child can return the next day. Details are available in the registration packet.

By signing this form, I agree to the terms listed above and I understand that the child listed above is only registered for the above marked weeks and I am responsible for all payments of marked weeks.

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

Current School District: \_\_\_\_\_

# EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

<b>CHILD'S NAME</b>		<b>BIRTHDATE</b>
<b>ADDRESS</b>		
<b>MOTHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>FATHER'S NAME/LEGAL GUARDIAN</b>		<b>HOME TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>BUSINESS NAME</b>		<b>BUSINESS TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>EMERGENCY CONTACT PERSON(S)</b>	<b>NAME</b>	<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b>	<b>NAME</b>	<b>ADDRESS</b>
		<b>TELEPHONE NUMBER WHEN CHILD IS IN CARE</b>
<b>NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER</b>		<b>TELEPHONE NUMBER</b>
<b>ADDRESS</b>		
<b>SPECIAL DISABILITIES (IF ANY)</b>	<b>ALLERGIES (INCLUDING MEDICATION REACTION)</b>	
<b>MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION</b>	<b>MEDICATION, SPECIAL CONDITIONS</b>	
<b>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD</b>		
<b>HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS</b>		<b>POLICY NUMBER (REQUIRED)</b>
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
<b>OBTAINING EMERGENCY MEDICAL CARE</b>	<b>ADMIN. OF MINOR FIRST - AID PROCEDURES</b>	
<b>WALKS AND TRIPS</b>	<b>SWIMMING</b>	
<b>TRANSPORTATION BY THE FACILITY</b>	<b>WADING</b>	

**PERIODIC REVIEW**

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT or GUARDIAN

\_\_\_\_\_  
DATE

# CHILD HEALTH REPORT

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

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

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

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

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

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

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

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

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> )  <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.</b>						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

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

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: <span style="float: right;">DATE FORM SIGNED:</span>

Parents may write immunization dates; health professional should verify and complete all data.

**Child and Adult Care Food Program  
Child Enrollment Form (Sample)**

**Sponsor:** \_\_\_\_\_  
**Center:** \_\_\_\_\_

**ENROLLMENT FORM FOR CHILDREN IN CHILD CARE (SAMPLE)**

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

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

**Please complete all areas to include signing and dating same.**

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

**Signature**

\_\_\_\_\_  
*Signature of Parent or Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Telephone Number of Parent or Guardian*

CHILD CARE REPRESENTATIVE USE ONLY:

\_\_\_\_\_  
*Name of Representative/Signature*

\_\_\_\_\_  
*Date*

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

## Child and Adult Care Food Program Child Care Center Meal Benefit Income Eligibility Form

Part 1. All Household Members	Check if a foster child (the legal responsibility of a welfare agency or court) * If all children Listed below are foster children, skip to Part 5 to sign this form.	Check if NO income
<b>Names of Enrolled Child(ren)</b> (First, Middle Initial, Last)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Names of all Household Members (First, Middle Initial, Last)	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**Part 2. Benefits:** If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**  
 NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_ - \_\_\_\_\_

**Part 3.** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call [Your center director, Homeless Liaison, Migrant Coordinator at Phone #] Homeless  Migrant  Runaway

**Part 4. Total Household Gross Income—You must tell us how much and how often**

A. Name (List only household members with income)	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) Jane Smith	\$200/weekly	\$150/twice a month	\$100/monthly	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____

**Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)**

An adult household member must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Last four digits of Social Security Number: \* \* \* - \* \* - \_\_\_\_\_  I do not have a Social Security Number

**Part 6. Participant's ethnic and racial identities (optional)**

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

Mark one or more racial identities:

- Asian
- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

**Don't fill out this part. This is for official use only.**

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

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied (Paid) \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_

Reason for Denied: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

Household size	Yearly
1	\$22,459
2	\$30,451
3	\$38,443
4	\$46,435
5	\$54,427
6	\$62,419
7	\$70,411
8	\$78,403
Each additional person:	+\$7,992

**Privacy Act Statement:** 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, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. 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 for the participant or other (FDPIR) identifier 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 if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."