



HOSANNA HOUSE

Fostering Education • Inspiring Hope • Celebrating Life

***Hosanna House, Inc.
Summer Camp 2020***

Registration Packet

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



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:

HOSANNA HOUSE, INC.

Summer Camp Program Parent Orientation Packet

Payment Policy

The cost of the 2020 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 registration 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 15, 2020; your payment must be posted to your account no later than June 10, 2020. 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) 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 3rd 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 (7:30 am) ONLY if you pre-register your child for early drop off. The early drop off period begins at 7:30 am. There is a weekly \$15.00 surcharge for this service. If you drop your child off anytime between 7:30 and 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 (1st offense)
- \$40.00 per child (2nd offense)
- \$60.00 per child (3rd offense)
- Termination (4th 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 EXPLUSION.

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 spiting

In the event that drugs or weapons are found, the parent will be called immediately and the incident will be reported to the Wilkinsburg 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	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
2020 Summer Camp
Rates for Families Without Subsidy

\$20 Per Family Application Fee (Waived if registered by May 4, 2020)

Families qualify for only one of the following categories:

CDC Camp Children Ages 3 thru Pre-Kindergarten

Categories	First Child	Multi-child
Enrolled in our CDC since Oct 1, 2019	\$130.00	\$110.00
*Low-Income 200% on Federal 2020 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

Categories	First Child	Multi Child
*Low-Income 200% on Federal 2020 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.

2020 Poverty Guidelines, all states (except Alaska and Hawaii)

Household/Family Size	*100%*	150%	200%	250%	300%	350%	400%
1	\$12,760	19,140	25,520	31,900	38,280	44,660	51,040
2	\$17,240	25,860	34,480	43,100	51,720	60,340	68,960
3	\$21,720	32,580	43,440	54,300	65,160	76,020	86,880
4	\$26,200	39,300	52,400	65,500	78,600	91,700	104,800
5	\$30,680	46,020	61,360	76,700	92,040	107,380	122,720
6	\$35,160	52,740	70,320	87,900	105,480	123,060	140,640
7	\$39,640	59,460	79,280	99,100	118,920	138,740	158,560
8	\$44,120	66,180	88,240	110,300	132,360	154,420	176,480

For families/households with more than 8 persons, add \$4,480 for each additional person.

Summer Camp Fee Agreement

Child's Name: _____ Date of Birth: _____ M / F
Parent's Name: _____ Start Date: _____
Phone Number: _____ Cell Phone Provider: _____
People who child can be released to:

Services Provided by HHI include: Breakfast, Lunch, Snack, and Quality Programming.

Hours (Please mark the hours that your child will attend.)

Days of Care: Monday Tuesday Wednesday Thursday Friday

Hours of Care: 8:00 am- 5:30 pm

Pre-registered Early drop off (addl \$15 a week fee) 7:30 am- 5:30 pm

Rates:

\$20.00 Non-Refundable Application Fee per family and price range is \$105.00 - \$190.50 per week per child, \$90.00- \$115.00 for each additional child registered in youth camp and \$110.00- \$160.00 for each additional child registered in CDC camp.

Payments are due on week in advance on Friday. Children will not be accepted if accounts are more than 1 week delinquent. First week payment is due at the time of application submitted.

CCIS Subsidized Weekly Co-Pay: _____

Please note we will not accept children if co-pay is more than 1 week delinquent.

Late Fees: \$ 20.00 per child (1st offense)
\$ 40.00 per child (2nd offense)
\$ 60.00 per child (3rd offense)
Termination (4th)

The above information has been explained to me and I agree to the terms and conditions set by CCIS and Hosanna House, INC. I understand that if I should lose my subsidy for any reason I will be billed at the full daycare tuition rate for the period that I am unsubsidized. I also understand that my weekly tuition is due every Friday in advance and if I become more than two weeks' delinquent I will be terminated from the center.

I have received a Summer Camp Orientation Packet and understand all terms and conditions.

I agree to update the emergency contact and fee agreement whenever changes occur or every 6 months at minimum.

HHI Signature/ Date: _____ Parent Signature/ Date: _____

Where did you hear about us? (Circle One) T.V. Radio Facebook Word of Mouth
Magazine Mailer Other: _____

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: 6/15-6/19	<input type="checkbox"/> Week 4: 7/6-7/10	<input type="checkbox"/> Week 7: 7/27-7/31
<input type="checkbox"/> Week 2: 6/22-6/26	<input type="checkbox"/> Week 5: 7/13-7/17	<input type="checkbox"/> Week 8: 8/3-8/7
<input type="checkbox"/> Week 3: 6/29-7/3	<input type="checkbox"/> Week 6: 7/20-7/24	<input type="checkbox"/> Week 9: 8/10-8/14

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 1st 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 1st 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

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

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 WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.						
	<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: DATE FORM SIGNED:

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

**Child and Adult Care Food Program
Child Enrollment Form**

Sponsor/Center Name: _____
Agreement #: _____

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		Enrollment Date:			Withdrawal Date:					
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		Enrollment Date:			Withdrawal Date:					
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		Enrollment Date:			Withdrawal Date:					

Signature _____

Signature of Parent or Guardian

Date _____

Telephone Number of Parent or Guardian _____

CHILD CARE REPRESENTATIVE USE ONLY: _____ Name of Representative/Signature	_____ Date
The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.	

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, 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, audiotope, 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.

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

CACFP Meal Benefit Income Eligibility (Child Care)

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

APPLY ONLINE:

Insert URL Here

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."

Children in Foster care and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name

Foster Child	Migrant	Runaway	Homeless	Head Start
<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"/>	<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"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check all that apply

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF NO > Go to STEP 3 **IF YES >** Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income

How often? Weekly Bi-Weekly Monthly Bi-Monthly

B. All Adult Household Members (Including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and last)	Earnings from Work	How often?				Welfare/Child Support/Alimony	Pensions/Retirement/Social Security/SSI/VA Benefits	How often?			
		Weekly	Bi-Weekly	Monthly	2x Month			Weekly	Bi-Weekly	Monthly	2x Month
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member Check if no SSN

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

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Adult Signing the Form	Signature of Adult	Today's Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address	City	State Zip Phone/Email

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money
Income from any other source	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Workers compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov.

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

DO NOT FILL OUT 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	How often?				Household size	Categorial Eligibility <input type="checkbox"/>	Eligibility		
<input type="text"/>	Weekly	Bi-Weekly	Monthly	2x Month	<input type="text"/>	<input type="checkbox"/>	Free	Reduced	Denied
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Determining Official's Signature	Date	Confirming Official's Signature	Date	Follow-up Official's Signature	Date				