



A CHILDS WORLD LEARNING ACADEMY
ENROLLMENT FORM
 (813) 935-7777



Child's Name _____ Nickname _____

Date of Birth: _____ Sex: _____ Enrollment Date: _____

Address: _____ Zip Code: _____

Mother's Name: _____ SSN: _____

Home # _____ Mobile: _____

Employer: _____ Work #: _____

Email: _____

Father's Name: _____ SSN: _____

Home # _____ Mobile: _____

Employer: _____ Work #: _____

Email: _____

Emergency Contact/Person authorized to remove child from Center:

(NOT INCLUDING PARENTS/ID REQUIRED)

1. _____
FULL NAME RELATIONSHIP PHONE NUMBER

2. _____
FULL NAME RELATIONSHIP PHONE NUMBER

3. _____
FULL NAME RELATIONSHIP PHONE NUMBER

** If additional space needed please attach NOTE to this form

Person picking up child must provide ID before ACWLA releases any child.

I have received a copy of the Child Care Facility Brochure, Know your Child Care Center and A Child's World Learning Academys Disciplinary Practices, as well as a copy of ALL rules within the Parent Handbook.

Parent/Legal Guardian Signature

_____ Date _____



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MEDICAL INFORMATION

Child's Physician: _____ Phone: _____

Address: _____ Preferred Hospital: _____

LIST ALL MAJOR OPERATIONS/ HOSPITAL STAYS: _____

Was your child born prematurely? _____ If so how long? _____

COMMUNICABLE DISEASES: (Check ALL that your child has had/list date)

Whooping cough: _____ Measles: _____ Chicken Pox: _____ Mumps: _____

Scarlet Fever: _____ German Measles: _____ Head Lice: _____ RSV: _____

Does your child have asthma? _____

Is your child on any daily medication? _____ If so list: _____

Has your child ever had convulsions? _____

Has your child ever had seizures? _____

Does your child have any allergies? If so list ALL allergies _____

Parents please state any information that would be beneficial to the staff in the event that your child should begin to have any medical problems stated above. _____

If my child, _____, should become ill or injured at

A CHILDS WORLD LEARNING ACADEMY, I understand that the facility will:

1. Contact me
2. Contact the emergency contact. In the event that neither can be reached I authorize the center to arrange for emergency medical treatment and the physician/staff to treat my child. I will accept responsibility for any and all medical bills.

 Parent/Guardian Signature

 Date

A CHILD'S WORLD LEARNING ACADEMY



Please acknowledge the following rules for A CHILD'S WORLD LEARNING ACADEMY by initialing next to each rule:

Child's Name: _____ DOB: _____

Initials:

_____ I give my son/daughter permission to attend any/all fieldtrips at a A CHILD'S WORLD LEARNING ACADEMY. I understand that they will be transported by A CHILD'S WORLD LEARNING ACADEMY staff members in ACWLA school bus.
**** Please note: CHILDREN DO NOT start going to fieldtrips until they are in the PRE-K 3 class.**

_____ I give A CHILDS WORLD LEARNING ACADEMY permission to put "BUG SPRAY" on my son/daughter as needed. **I am aware that a A CHILDS WORLD LEARNING ACADEMY does not provide the spray I will bring it in.**

_____ I am aware that tuition is due at A CHILD'S WORLD LEARNING ACADEMY on MONDAY. Tuition is considered late on Monday at closing. **Any payments received on or after this time will have a late fee applied.**

_____ I am aware that I must give A CHILDS WORLD LEARNING ACADEMY a 2 weeks notice before dis-enrolling my child. Should the center not receive a written 2 weeks notice I am aware that I will be responsible for both weeks tuition even if the children do not attend the center.

_____ Hours of operation are from 6:30 a.m. to 5:30 p.m. I am aware that if I should arrive after 5:30 p.m. there will be a late charges of **\$20.00 + \$1 per MIN PER CHILD FOR EVERY MINUTE THAT I AM LATE**

PARENT SIGNATURE

DATE



3223 Alene St – Tampa Florida 33614
Phone: 813-935-7777 Fax: 813-935-3758

Some very important RULES that we need for EVERYONE to be aware of and reminded that they are to be followed:

- **SICK CHILDREN:** If your child(ren) have any of the following symptoms they **CAN NOT** be at daycare:

Runny yellow/green nose mucus, constant coughing, fever over 99.0 degrees, vomiting, diarrhea, head lice, and any disease or illnesses that may be contagious to others - should your child have any of these symptoms stated they must be out of the daycare for 24 hours and/or return with a doctor's note stating they are ok to return to school.

- **HOURS OF OPERATION:** Our daily hours are 6:30am-5:30pm – we CLOSE promptly at 5:30pm. Any child at the center after 5:30pm will be charged a late fee of \$20 from 5:30-5:35pm + \$1 per minute per child for every minute after 5:35pm. Please be considered of this time as the teachers put in very long hours each day. We do understand and realize that emergencies due happen, please be sure to call the center if this is ever the case, prior to 5:30pm.
- **VPK HOURS:** VPK hours are 9am-12pm – VPK-ers that stay full time are allowed to attend a max of 10 hours per day between the hours of 6:30am-5:30pm. Class begins at 9am. ALL students should arrive no later than 8:55am. Arriving after 9am causes the class to be interrupted and is a distraction to the children as well as the teachers. VPK students that are only here for VPK hours 9-12pm can be dropped off as early as 8:50am (NO EARLIER) and must be picked up at 12 noon. Any part time VPK student that is not picked up by 12 noon will be subjected to the late fee of \$1 per minute per child after 12 noon. We do offer extended care for VPK at an additional cost, if this is ever needed it is \$30 per day and would cover 10 hours between 6:30am-5:30pm for 1 day. If they attend for 3 or more days the full weekly rate of \$110 will be due.
- **SCHOOL READINESS FAMILIES:** Your school readiness voucher covers each child for 10 hours max per day when the voucher is fulltime, when the voucher is part time (after schoolers) school readiness will cover 5 hours or less per day max. For example: Full time from 7:30am-5:30pm = 10 hours. Full time students can not exceed 10 hours per day, should you exceed your 10 hours on any day there will be an additional \$20 fee per day/per child that you exceed the 10 hours and if you exceed 5:30pm then it will be the additional \$20 per occurrence + \$1 per minute after 5:35pm per child.
- **PRIVATE PAY FAMILIES:** Please keep in mind the hours of operation are 6:30-5:30pm. Your weekly tuition is due every week on Monday and no later than close of business. If tuition is not paid Monday there will be a late fee assessed to your account of \$20, \$25 on Wednesday, \$30 on Thursday, and \$35 if paid on Friday. Your tuition covers 10 hours a day of care for example: 6:45am-4:45pm. Children that exceed the 10 hours per day will incur additional fees as stated above.

Parents Name/Date

Child's Name/Date

OUR COMMITMENT TO YOU: To offer your children the care, comfort, fun and safety they deserve.



PANDEMIC RESPONSE PLAN

We are dedicated to the health and safety of our children, their families and our staff. We have developed this Response Plan in light of the current COVID 19 outbreak.

We will address three areas:

OUR CENTER

Cleaning commonly used areas more often, including door handles, check in station, cubbies and toys.

Checking the temperatures of all staff and all children upon entering the building to identify signs of illness as early as possible.

Not allowing anyone in the facility that is not a staff member, health department, or licensing employee. All parents MUST remain in the lobby of the center. Children will be escorted by a staff member to their classrooms upon arrival and escorted to their parents/guardians upon dismissal.

Partnering with a commercial cleaning company to complete deep sanitizing quarterly in addition to the daily cleaning schedule.

Installation of a sanitation station for the lobby.

Sanitizing bathrooms more frequently and restocking with supplies, including soap, paper towels and hand sanitizer.

Adding extra hand sanitizer to hallways, classrooms and commonly used areas

Hourly sanitizing of all door handles.

Partnering with our suppliers to replenish high-demand preparedness products.

Following best practices for safe food handling, as always.

Continuing to maintain infection control in order to monitor individuals with symptoms and patterns of disease process.

Increasing our fever exclusion, sick policy symptoms timeframe to 48 hours after symptoms subside. Stopping entry to the center of any person with a temperature of 99.0 degrees.

Fever over 99.0 degrees, runny nose (green mucus, yellow mucus), coughing, sneezing are all symptoms that require children remain home from school.

Requiring any child that has family members/friends (or exposure to) whom test positive for COVID remain excluded from school for 14 days and provide a negative COVID test result.

Requiring every child or employee with a household member that has traveled to a high infection area to be excluded from the program for 14 days.

OUR STAFF

Encouraging our staff and their families to closely monitor their health and well-being.

Providing hand sanitizer and tissues in all areas and meeting rooms.

Asking our staff to stay home if they, or someone in their household, are sick.

Requiring our staff to follow the CDC's suggested hygiene practices to reduce the spread of the virus.

Requiring all staff members wear mask while in our school.

Requiring any staff that themselves, family members/friends (exposure to) whom test positive for COVID remain excluded from school for 14 days and provide a negative COVID test result.

Recommending that our staff also practice safe food handling at home.

Recommending staff and parents drink plenty of water, reduce stress, eat a healthy diet and get a good night's sleep.

Any employee scheduled to take a vacation within the next 30 days will be counseled about the risk of exposure and possibility that they will be stopped from returning to work for a period of 14-30 days.

OUR PARENTS

Keeping parents updated with all changes and updates to emergency response plans.

Continuing to provide information regarding all illnesses which are identified at the center.

If there is a government mandated closure, we will inform you immediately. Should the closure last one week or less, tuition will be due as normal. Your child's place at the center is guaranteed during any enforced closures. We will maintain close contact via our school's communication app throughout any potential closures.



**3223 Alene Street
Tampa Florida 33614
813-935-7777**

COVID-19 Parent Health Statement

To the best of my knowledge, my child(ren) _____, nor anyone in our household has had a fever of 99.0 or higher and are all symptom free for the past 7 days. I also affirm the following statements to be true.

- They or anyone in the household do not have a fever of 99.0 degrees higher
- They or anyone in the household have not shown additional symptoms of a respiratory infection such as cough, shortness of breath, and sore throat
- They or anyone in the household have not come in contact with someone who has a confirmed diagnosis of COVID-19 in the past 14 days
- They or anyone in the household have not shown symptoms of the following kind: fever, runny nose (green or yellow mucus), sneezing, coughing, rash, loss of appetite or over sleeping
- They or anyone in the household have not come in contact with someone who is ill with a respiratory illness
- They have not traveled internationally or to other US States within in the last 30 days

If you have more than one child enrolled with us this document will cover all enrolled children as long as their names appear on the document. Please list additional children below:

_____, _____, _____
_____, _____, _____

I affirm that if my child(ren) develop a fever or signs and symptoms mentioned above, I do have an adult prepared to pick up my child within 30 minutes of being notified.

Should any of the information above change at any time while my child is enrolled at A Child's World Learning Academy, I will advise them of this in writing and I will adhere to the centers policies and procedures regarding COVID 19 and any sick policies they have in place.

By signing below, I confirm that I have received copies of all policies and procedures from the center and will abide by them.

Parent/Guardian Signature

Date



**3223 Alene Street
Tampa Florida 33614
813-935-7777**

Date: _____

A Child's World Learning Academy is doing everything we can to protect the children and families in our program from the spread of COVID-19. To this extent, we will be following the Center of Disease Control (CDC) and local health department guidelines regarding social distancing practices in order to reduce the spread of the Novel Coronavirus, or COVID-19.

We will require all staff, children, and families to wash their hands upon entering the building. We will also be taking temperatures, disinfecting surfaces, providing hand sanitizer, and barriers when appropriate. All adults entering the lobby of the school MUST wear a face mask or improvised mask such as scarves, bandanas, and handkerchiefs while interacting with others.

If we all work together, we can overcome the spread of COVID-19 as well as other infectious diseases. We are doing everything in our power to continue to practice proper sanitizing measures throughout the day as well as decreasing traffic throughout the program by not allowing parents or other family members pass the front lobby. Drop-off and pick-up will be conducted in the front lobby. By signing below, you are bringing your child to our program at your free will and are agreeing not to take legal action or sue A Child's World Learning Academy if you or your child falls ill with the Coronavirus.

Director's Printed Name

Director's Signature

Parent or Guardian's Printed Name

Parent or Guardian's Signature

Date

Rules & Regulations

- ❑ I have read the entire parent handbook and will abide by all rules within the handbook.
- ❑ All children must have a completed registration form up to date immunization form and a student physical in their file. (Yellow & blue forms) Brightwheel app MUST also be up to date.
- ❑ All tuition fees are due on Monday. Your payment is considered late, on Monday at closing, we will add \$20.00 Tuesday, \$25 Wednesday, Thursday \$30.00 and Friday \$35.00,
- ❑ Your child must be left with a staff member upon arrival, do not leave your child at the door to walk in by himself. Please notify the teacher if there are any changes or concerns.
- ❑ Sick children can not attend school, we have no facilities to care for sick children. We are here to secure the well being of our children as well as our staff.
- ❑ There will be no deduction made for sick days, legal holidays that fall on a school day or if you choose to keep your child home with you. We will not pro-rate the tuition, tuition will be due in full.
- ❑ Absolutely no toys, candy, gum or any other personal items allowed to be brought to school. Additional snacks are welcomed but can only be eaten during designated snack times
- ❑ All children must wear socks, shoes or tennis shoes. Absolutely no flip flops, sandals, crocs or open toe shoes.
- ❑ Any child that is not potty trained, the parents must provide us with wipes, disposable diapers and change of clothes. If not on table food the parent must also provide us with baby food.
- ❑ Hours of operation are from 6:30 AM to 5:30 PM. If you arrive for pick up after 5:30 PM, a late fee will apply of \$20 per child for the first 5 minutes and \$1.00 per min/per child after 5:35 p.m.
- ❑ All children are allowed a maximum of 10 hours per day at the center. Anything over 10 hours will be charged the late fee stated above.
- ❑ I have read and understand as well as agree to all of the rules and guidelines regarding COVID-19 and any other infectious diseases.

Rules & Regulations

- All full time students must arrive at the center no later than 9:00 AM, your cooperation is appreciated in this matter . It is very hard for the teacher to conduct class when she constantly has to stop. If your child has a Dr. appt. this will be the only exception to the rule. This being the case and your child will arrive after 9 a.m. you must call the center to be included for lunch if we don't receive a call you will have to provide your own lunch and Dr documentation.
- Absolutely no children can be dropped off between 10:30-2 p.m. (This is the centers Lunch/Nap time) This includes children with Dr appts.
- All after schoolers must remain in school or at home until pickup. If a schooler did not go to school he/she can not be dropped off until 2:30 p.m.
- I give my son/daughter permission to attend any/ all fieldtrips at ACWLA. I understand that they will be transported or walked by a ACWLA Staff members.
*Please note: Children DO NOT start going on fieldtrips until they are in a VPK class
- I give ACWLA permission to apply "Bug Spray" on my son/daughter as needed. I am aware that ACWLA does not provide the bug spray I will supply my own.

By signing below you are agreeing to all of the rules and regulations above and on the previous pages. Please be sure to go over these rules with your children. Signing also affirms your understanding and agreement to the center rules found in the HANDBBOOK, COVID-19 Pandemic Response Plan, Parent Health Statement, guidelines and information provided (Revised 7/2020).

Parent Signature

Date

Child's Name

Director Signature

Date

When a Child Misbehaves in Our School

- ❑ Each class has classroom rules. The teacher goes over the classroom rules each day. When a child breaks a rule, he/she is reminded about the rule and the reason for the rule.
- ❑ If negative behavior continues we will remove the child from the group. The thinking center will apply (depending on the age) for no more than one minute per age #.
- ❑ (ex: 2 yr old = 2 min, 3 year =3 min etc.)
- ❑ If it continues further, we will take privileges away and if necessary we will speak to the child's parents. We will do this together with the child, so that the child's parents become aware of a possible problem and at the same time to show the child that his/her actions are a concern to those who care for him/her and that there is consistency between home and school.
- ❑ A plan of improvement will be created.
- ❑ If the problem continues and the child shows no intentions to change, we will have a conference with the parent and the child. At this time the child could be suspended from one to three days, depending on how severe the problem is. If it continues, we will have no other alternative than to ask the parent to remove the child from our school. This is all on a case by case basis.

Please remember, together we stand strong and we will build a solid foundation for our children: "For our children are the future".

By signing below you are acknowledging our disciplinary plan and agree to help your child abide by the rules.

Parent Signature

Date

Child's Name

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



For additional information, please visit www.myflorida.com/childcare or contact your local licensing office below:

How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.

**"The Flu"
A Guide
for Parents**

CF/PI 175-70, June 2009

This brochure was created by the Department of Children and Families in consultation with the Department of Health.

INFLUENZA VIRUS



During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

Name: _____

Child's Name: _____

Date Received: _____

Signature: _____

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.



What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>

A change in daily routine, lack of sleep, stress, fatigue, cell phone use, and simple distractions are some things parents experience and can be contributing factors as to why children have been left unknowingly in vehicles...



MYFLFAMILIES.COM

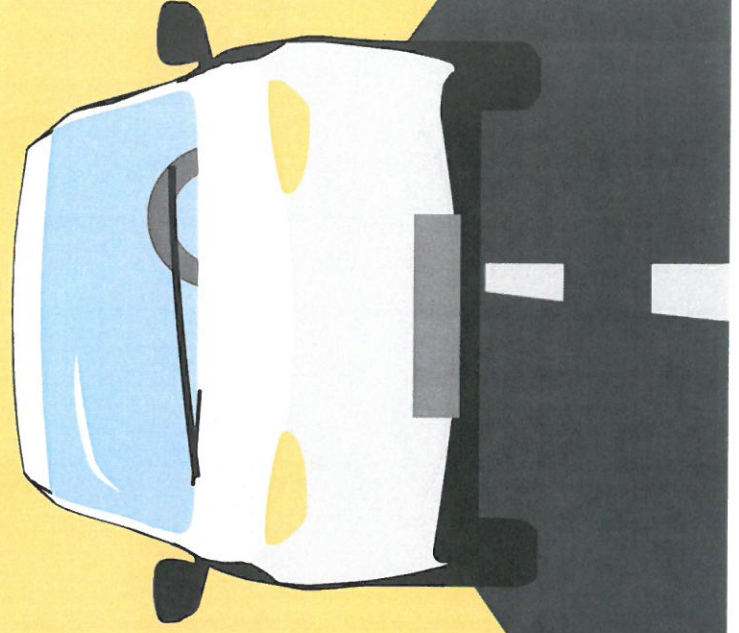
Developed by:

The Office of Child Care Regulation

www.myflfamilies.com/childcare
CF/PI 175-12, May 2018

When life happens...Don't be a

DISTRACTED ADULT





FACTS ABOUT HEATSTROKE:

It only takes a car **10 minutes to heat up 20** degrees and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.



⚠️ PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

During the 2018 legislative session,

a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



My signature below verifies receipt of the Distracted Adult brochure

Parent/Guardian:

Child's Name:

Date:

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: _____ Center Name & Address: A Child's World Learning Academy - 3223 Alene St Tampa FL 33614

Primary Hours of Care: From: _____ To: _____ Days of the Week in Care: **M T W T F S S** Meals Typically Served While in Care: **BR MS LU AS** SU ES None

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (813) 935-7777

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits? If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: _____ or TANF Case Number: _____

STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income – Total: \$ _____ How often received? (check only one): Weekly Bi-Weekly Twice a Month Monthly Annually

STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." if you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): _____ Last four digits of Social Security Number (SSN) of adult household member: _____ If no SSN, write "none."

STEP 5: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ Daytime phone #: (_____) _____ - _____

Street Address, City, State, Zip Code

Signature of adult household member: _____ Printed name: _____ Date signed: _____

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals.

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

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: FAP/SNAP or TANF Household Foster Child Non-neediness Free Reduced-Price Non-neediness Income too High Incomplete Application Other Reason: _____

How Often Income is Received (Frequency): Weekly Biweekly Twice a Month Monthly Annually

NOTE: if different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Total Household Income: \$ _____

Determining Official's Signature: _____ Date: _____ Second Party Check Signature: _____ Date: _____