



Franklin Springs Academy



224 S Horton Pkwy
Chapel Hill, TN 37034
Phone: (931) 364-5444

Email: Franklinspringsacademy@gmail.com

Child Application for Chapel Hill

Date of Pre-enrollment Tour: _____ Date of Admission: _____

Child's Full Name: _____

Child's Birth Date: _____

Parents:

Mother/Guardian's Name: _____ Last 4 of S.S. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Cell/Home Phone: _____ Work Phone: _____

Employer's Name & Address: _____

Work Hours: _____

Father/Guardian's Name: _____ Last 4 of S.S. _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Cell/Home Phone: _____ Work Phone: _____

Employer's Name & Address: _____

Work Hours: _____

Transportation Plan:

To ensure the safety of your child, please list other adults with phone numbers to whom your child can go with or who may provide transportation for your child. Authorized person(s) are the only people your child can go with. These persons cannot have a child released to them if they show any behavior that we may consider a risk to the child. All authorized adults picking up children are required to show a picture ID.

Name	Phone Number

Emergency Information:

Name of a person other than the director, authorized to act for the parent in an emergency:

Address: _____

Home Phone: _____ Work Phone: _____

Name of Physician: _____

Address: _____

Office Phone: _____

Background Information

Name & Age of other children in the family: _____

What are some ways in which the child plays at home? _____

Does he/she play with children from other families? Yes No If Yes How does he/she react? _____

Does he/she feed himself/herself? Yes No

What is his/her general attitude toward eating? _____

If he/she refuses to eat, how is this handled? _____

Favorite foods: _____

Disliked foods: _____

Foods he/she is allergic to: _____

Dietary Preferences: _____

If the child is an infant an infant feeding plan will be provided for information about the formula, bottle schedule, etc.

What is the child's attitude toward taking a nap? _____

Does he/she wet bed? Naptime Yes No

If yes to the above question, what actions are necessary to handle it? _____

Does he/she take himself/herself? Yes No _____

Does he/she tell you when he/she needs to go to the toilet and go willingly? Yes No

Can he/she manage his/her clothes himself/herself at the toilet? Yes No

What word does he/she use for urinating? _____

What word does he/she use for bowel movement? _____

HEALTH HISTORY

What health problems has your child had in the past? _____

What health problems does your child have now? _____

Does your child have any **allergies**? Yes No If yes, what are they, and how severe?

Does your child take any medication regularly? Yes No If Yes what are the names of them? _____

Has your child ever been hospitalized? Yes No If Yes when and why? _____

Does your child have any of the following chronic illnesses?

Asthma cerebral palsy developmental delay diabetes hemophilia frequent earaches seizures other _____

Do you have any concerns about your child's health? _____

Does your child have any problems with talking or making sounds? Please explain: _____

Does your child have any problems with walking, running, or moving? Please explain: _____

Does your child have any problems seeing? Please explain: _____

Does your child have any problems hearing? Please explain: _____

Does your child have any problems using his/her hands (such as with puzzles, or small building pieces?) Please explain: _____

What is the best way to discipline your child **EXCLUDING** physical punishment? _____

Does your child use a special comforting item? _____

Is there any other information that you wish to share that would assist in meeting your child's needs? Examples: likes to wander off, walks in their sleep, has nightmares, etc.

Franklin Springs Academy Policy Statement

Welcome to our childcare center. We are happy to have you and your child/children.

- Our hours of operation are Monday thru Friday 5:30 a.m. until 6:00 p.m. (Subject to change. Adjustments are made per location.)
- After hours Emergency contact: Corey & Rebekah Proctor, Owners 740-516-9034
 - **We close for the following holidays:**
 - New Year's Eve at 2 PM
 - New Year's Day
 - Good Friday
 - Memorial Day
 - 4th of July
 - Labor Day
 - Thanksgiving & the day after
 - Christmas Eve at 2PM
 - Christmas Day
- We will not discriminate against a child with a handicapping condition (disability) solely based on the handicap (disability). We serve children with special needs and handicapping conditions (disabilities) whenever possible. Any eligible applicant with special needs or handicapping conditions (disabilities) will be enrolled in the program and after careful evaluation of the child's care needs and our capabilities to meet these needs and it is felt that the child can participate in and benefit from the program/services that we offer and we can make reasonable accommodations to provide safe care to this child as well as to the other enrolled children should this child be enrolled.
- We have a 30-day (30) trial period for any enrolled child. We reserve the right to request withdrawal of a child during or after the trial period if one or more of the following conditions exists:
 1. The child is not participating in or not benefiting from the program.
 2. There are no reasonable accommodations that we can make to provide adequate or safe care for this child.
 3. There are no reasonable accommodations that we can make to provide adequate or safe care to other enrolled children due to the care needs of this child.
- We will not discriminate against a child or parent because of race, color, or national origin in any of our policies, services, or practices.

We provide/offer:

- Breakfast: served from 6:00-6:30 a.m. for school-age & 7:30-8 a.m. for the rest of the center
- Lunch at 11:00
- Afternoon snack at 2:00 and 3:00 for school-age
- Planned learning activities, and toys for exploring, creating, and learning.
- Cots, blankets, and sheets for napping (if you child prefers his/her own blanket for **napping only** please feel free to send it.)
- Sippy cups
- We offer parent-teacher conferences
- CPR & First Aid Certified Staff (CPR/First aid training is offered parents)
- Our facility and outside grounds are a smoke-free environment.

- All full-time children will receive a free week after your child has been enrolled 6 months. Every six months you will receive another free week of childcare. They expire in a six-month period they do not roll over. They must be requested and are not automatically applied and cannot be used if your account is behind.
- 10% Sibling discount (When one child is enrolled full time, you will receive 10% of the child with the lowest tuition rate.)
- If you or your spouse serves on active duty in the armed forces of the United States, your child will be moved ahead of any child on a waitlist that does not meet this criterion.
- When your child moves to or enrolls in the 2-year-old class, he/she will no longer be able to have a pacifier due to health and sanitation purposes. We strive to keep germs at a minimum and this will help our cause.
- The center behavior management policy is to first distract the child's attention and substitute a desirable activity. If unacceptable behavior continues time out will be used based on no more than one minute per age of the child.
- **If your child has a disciplinary/behavioral problem that we cannot control, we will set up a meeting with the parent/guardian to develop a two-week action plan. At the end of this two-week period, we will reassess the situation. If there has not been improvement this may include dismissal. If dismissal is the end result, then a one-week transition notice will be given to find alternate care. The center reserves the right to immediately dismiss a child at any point if the behavior is threatening to other children or staff.**
- Weekly fees are **due on Friday** for the following week before your child attends.
- Weekly fees are due even if your child/children are absent.
- Tuition is subject to change and is not a locked-in rate at the time of enrollment/signature.
- We base our fees on 10 hrs. per day there will be an additional fee of \$5.00 per 15 minutes over the 10-hour period.
- **You will be charged \$10.00 late fee per day for overdue accounts.**
- A registration fee of \$75.00 is due upon enrollment and annually on your child's anniversary date.
- If your account is behind, you cannot leave your child until your account is paid in full.
- **All past due accounts of 30 days or more a collection agency / small claims court will take these for further collection procedures. You will be responsible for any additional costs.**
- **There is a \$25.00 service fee on all returned checks.**
- If a child is to be withdrawn from the center, a 2-week paid notice is required.
- I give my permission for you to use my child(s) picture for advertisement purposes only. Example: (website, Facebook, newsletter, newspaper, etc.)
- The following is what we expect from parents:
- Before your child/children can attend our center, we will need a signed or stamped health record from your child/children's physician or health dept. stating that your child/ children's immunizations are current.
- **Drop-off is before 10:00 a.m. If you have a special circumstance (Dr appt, etc.), please speak with a member of management to get approval to arrive after 10:00 a.m.**
- You are required to sign your child/ children in / out daily.
- If an outside agency is coming to observe your child, we require written parental permission.
- If someone other than the persons listed on the application will be picking up your child/children, we require written authorization with parental signature and date.

- If your child/children have a fever of 100 degrees or more or they are showing signs of any other illness (vomiting, diarrhea, rash, etc.), they will be sent home and cannot return until they have been symptom-free for 24 hrs.
- If your child /children become ill, at the center, we will notify you and you will need to arrange to have the child/children picked up as soon as possible.
- We do not dispense medications unless it is an emergency medication (e.g. epi-pen, inhaler)
- For infants, you are required to supply labeled bottles of formula/breastmilk with the child's first and last name and the date, baby food, diapers, wipes, and a change of clothes.
- For toddlers, you are required to supply diapers, wipes, and a change of clothes.
- For all other children, you are required to supply a change of clothes.
- Your child/children clothes must be labeled and weather-appropriate.
- We do not allow food, toys, electronics, or money to be brought from home.
- Any family receiving state assistance for childcare will be responsible for any overage that the state does not cover.
- For School Age an additional \$8 will be added for scheduled school out days and unscheduled school out days that your child attends.

Weekly fees (Rates below are according to the classroom your child is in):

Infants Classroom	Full-time \$220	No Part-time
Toddlers (1's) Classroom	Full-time \$200	Part-time \$130
Two's Classroom	Full-time \$195	Part-time \$125
Preschool (3's) Classroom	Full-time \$185	Part-time \$115
Pre-K Classroom	Full-time \$180	Part-time \$110
School Age	School Out \$135	School In \$95

Tuition is subject to change.

Good communication between the director, caregiver, and parent is very important to ensure a successful relationship. If you have any ideas, questions, or additional information about your child/children that you feel would be helpful please let us know.

I have received and read a copy of the Franklin Springs Academy Emergency Preparedness Plan and the summary licensing requirements.

I have read and will abide by the Franklin Springs Academy Policy Statement.

I have taken a pre-enrollment tour of the facility.

I do hereby authorize emergency medical care.

Parent/Guardian's Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Date child is withdrawn: _____

Reason for withdrawal: _____

Please feel free to keep the information regarding policies and emergency procedures. But please return all pages asking for information and signatures.



Tennessee Department of Human Services Influenza Information Notification Form

Public Chapter 687 requires the Department of Human Services and the Department of Health to work together to educate parents of children in childcare agencies regarding the importance of immunizing their children against influenza. The Department of Human Services works with childcare agencies to ensure that this information is distributed annually to parents in August or September.

There are many reasons to get an influenza (flu) vaccine each year. Below is a summary of the benefits of flu vaccination and selected scientific studies that support these benefits.

- Flu vaccination can keep you from getting sick with flu.
 - Flu vaccine prevents millions of illnesses and flu-related doctor's visits each year.
 - During seasons when the flu vaccine viruses are similar to circulating flu viruses, the flu vaccine has been shown to reduce the risk of having to go to the doctor with flu by 40% to 60%.
- Flu vaccination can reduce the risk of flu-associated hospitalization.
 - A 2014 study showed that flu vaccine reduced children's risk of flu-related pediatric intensive care unit (PICU) admission by 74% during flu seasons from 2010-2012.
- Flu vaccine can be life-saving in children.
 - A 2017 study was the first of its kind to show that flu vaccination can significantly reduce a child's risk of dying from flu.
 - A 2022 study showed that flu vaccination reduced children's risk of severe life-threatening influenza by 75%.
- Flu vaccination has been shown in several studies to reduce the severity of illness in people who get vaccinated but still get sick.
- Getting vaccinated yourself may also protect people around you, including those who are more vulnerable to serious flu illness, like babies and young children, older people, and people with certain chronic health conditions.

*References for the studies listed above can be found at [Publications on Influenza Vaccine Benefits](#).

I acknowledge that I have received information on the importance of immunizing children against influenza.

Signature of Parent or Legal Guardian

Date

Signature of Agency Representative

Date



Franklin Springs Academy of Chapel Hill

224 S Horton Pkwy

Chapel Hill, TN 37034

(931) 364-5444



Franklin Springs Academy Emergency Procedures

(Consult with Bob Hawkins, Marshall County

Emergency Mgmt. Director) **Helpful websites:**

<http://health.state.tn.us/ceds/TNDisSup/PDFs?ChildCareEmergencyWeb.pdf>

*Each emergency requires Franklin Springs Academy to use the sign-in/out logs as verification of who is in attendance and who needs to be accounted for. Therefore, it is imperative that you, sig-in/out every day for each child. A list of phone contacts for each child will be in this log as well as along with allergy/safety list.

Inclement weather:

If the center must open late, close early or close for the day due to inclement weather families will be notified via our website, Facebook or a phone call.

Fire:

In case of fire at our Chapel Hill location we will relocate children and we will coordinate with local Emergency Mgmt. to take children to:

Chapel Hill
Elementary School
4795 Nashville Hwy.
Chapel Hill, TN 37034 (931) 364-3435

Severe Weather, Earthquakes, etc.

During the threat of severe weather Franklin Springs Academy will take children to bathrooms or storeroom.

Floods:

Franklin Springs Academy is in contact with the Marshall County Emergency Management daily through Emergency personnel. Protocol for flooding will be to close when MCEM deems flooding to be a risk for parents/students/children. In the event this happens during the day, parents will be called. **Under state guidelines, if you cannot be contacted, we will be forced to contact emergency personnel to find you in order to be in compliance with state regulations. Our goal is to protect the children and their families.**

Chemical Spill / Gas Leak:

Chemical leaks and or spills could force emergency evacuation. We will coordinate with local emergency personnel to arrange transportation.

Chapel Hill
Elementary School
4795 Nashville Hwy.
Chapel Hill, TN 37034
(931) 364-3435

Intruder:

In Chapel Hill we will immediately call 911 and implement lockdown procedures which is every door will be locked and no staff member, child, or parent will be permitted to enter or leave the building until it is deemed safe by local law enforcement.

- Due to new state guidelines, **Franklin Springs Academy will monitor closely with the Marshall County Emergency Management System regarding emergency disasters and make decisions accordingly.**
- **Each emergency situation could limit communication for all involved. Please know that Franklin Springs Academy will provide care until you are able to be contacted and/or emergency personnel allows persons to enter the area (hours and/or days if necessary).**
- **Each emergency evacuation facility will contain food, water, first-aid items, etc. in case of lengthy stays.**
- **In all instances 911 will be called!**
- **Each year drills will take place to where every disaster is covered, and fire drills are done once per month.**

If you would like to review all of our procedures for emergency situations you may ask to see the detailed copy of these procedures.

Emergency Information Sheet

Name of Child: _____ **DOB** _____

Name of Mother/Guardian: _____

Home Address: _____

Emergency Contact Numbers: Cell # _____

Home # _____ Work# _____

Name of Father/Guardian: _____

Home Address: _____

Emergency Contact Numbers: Cell # _____

Home # _____ Work# _____

Additional Emergency Contact Person Name: _____

Emergency Contact Number: _____

Child's Health Care Provider & phone # _____

Medical Information such as allergies, special needs of the child, medication required by child, etc. _____

Profile of the child such as personal information about the child's likes, needs, etc. that will allow emergency caregiver information to help support the child: _____

All other adults allowed to pick up your child:

Name	Phone Number

If any of the above information changes I will notify the center as soon as possible.

Parent/Guardian Signature: _____ Date: _____

Our Daily Bread CACFP

ADDENDUM TO ENROLLMENT FORM FOR CHILD CARE

Franklin Springs Academy @ Chapel Hill / Rebekah Proctor

Name of Child Care Facility / Director Name

Instructions: This Addendum may be used to meet the enrollment data requirements of the Child and Adult Care Food Program as mandated by the Interim Rule issued on September 1, 2004, by the U.S. Department of Agriculture. The Addendum will be valid for one calendar year from the date of the parent or guardian's signature.

Participant Name: _____
Last First Middle Initial Date of Birth

Enrollment Date: _____ **Special Needs Child**

Normal Days of Care (Circle as Appropriate)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Normal Hours of Care during School Year: _____ to _____
_____ to _____

Normal Hours of Care during Summer: _____ to _____
_____ to _____

Participant Meals (Circle as Appropriate):

Breakfast AM Supplement Lunch
PM Supplement Supper Evening Supplement

Parent/Guardian Name: _____
Last First Middle

Parent/Guardian Daytime Telephone Number (with Area Code):

Signature of Parent/Guardian

Date of Signature

CACFP Meal Benefit Income Eligibility (Child Care)

STEP 1	List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)																																																					
<p>Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."</p> <p>Children in Foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 100%;">Child's First Name</th> <th style="width: 5%;">MI</th> <th style="width: 100%;">Child's Last Name</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Child's First Name	MI	Child's Last Name																			Check all that apply	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 12.5%;">Foster Chi</th> <th style="width: 12.5%;">Migrant</th> <th style="width: 12.5%;">Runaway</th> <th style="width: 12.5%;">Homeles</th> <th style="width: 12.5%;">Head Sta</th> </tr> </thead> <tbody> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> <tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr> </tbody> </table>	Foster Chi	Migrant	Runaway	Homeles	Head Sta	<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"/>
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STEP 2	Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?									
<p>Complete one application per household. Please use a pen (not a pencil). IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)</p>	<div style="border: 1px solid black; padding: 5px;"> CASE NUMBER: </div>									

STEP 3	Total Household Gross Income (List only household members with income)									
<p>Write only one case number in this space</p>	Empty space for case number									

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-Weekl	Monthly	2x Month
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Name of Adult Household Members (First and last)	Earnings from Work	How often?				Welfare/Child Support/Alimony	How often?				Pensions/ Retirement/ Social Security/SSI? VA Benefits	How often?						
		Weekly	Bi-Weekl	Monthly	2x Month		Weekly	Bi-Weekl	Monthly	2x Month		Weekly	Bi-Weekl	Monthly	2x Month			
	\$					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	\$					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Total Household Members (Children and) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member Check if on SSI

"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

STEP

4

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

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,

Print Name of Adult Signing the Form	Signature of Adult	Today's Date
Address	City	State Zip Phone/Email

Source of Income for Children		Source of Income for Adults		
Sources of Child Income	Examples	Earnings from Work	Public Assistance/Alimony/ Child Support	Pensions/Retirement/ All other sources of income
Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages		- Unemployment benefits - Workers compensation - Supplemental Security Income (SSI)	
Social Security - Disability Payments - Survivors Benefits	- 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	- Salary, wages, cash bonuses - Net income from self-employment (farm or business)	- Cash assistance from State or local government - Alimony payments - Child support payments - Veterans benefits - Strike benefits	- 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
Income from person outside of household	- A friend or extended family member regularly gives a child spending money	If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) - Allowances for off-base housing, food, and clothing		
Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust			

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):

<input type="checkbox"/>	American Indian or Alaskan Native	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Black or African American	<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>	White
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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, uditors for program reviews, and law enforcement officials to

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: **MAIL***: U.S. Department of Agriculture **FAX:** (202) 690-7442; or ***Only use this address if you are filing a complaint** Office of the Assistant Secretary for Civil **EMAIL:** program.intake@usda.gov.

Rights
1400 Independence Avenue, SW

This institution is an equal opportunity provider.

Office of the Assistant
of discrimination.

DO NOT FILL OUT For official use only

Annual Income Conversion:

Total Income	<table border="1"> <tr><th colspan="4">How often?</th></tr> <tr><th>Weekly</th><th>Bi-Weekly</th><th>Monthly</th><th>2x Monthly</th></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> </table>	How often?				Weekly	Bi-Weekly	Monthly	2x Monthly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Household size	<table border="1"> <tr><th colspan="3">Eligibility</th></tr> <tr><th>Free</th><th>Reduced</th><th>Denied</th></tr> <tr><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> </table>	Eligibility			Free	Reduced	Denied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Categorial Eligibility	<input type="checkbox"/>
How often?																										
Weekly	Bi-Weekly	Monthly	2x Monthly																							
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Eligibility																										
Free	Reduced	Denied																								
<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"/>																				
Determining Official's Signature	Date	Confirming Official's Signature	Date	Follow-up Official's Signature	Date																					

Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12