

Tuition Fees

Child's Name _____

_____ Private Pay _____ School Readiness

Rate: _____

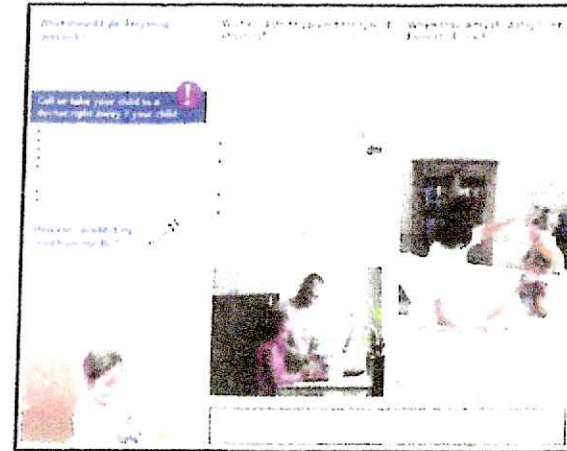
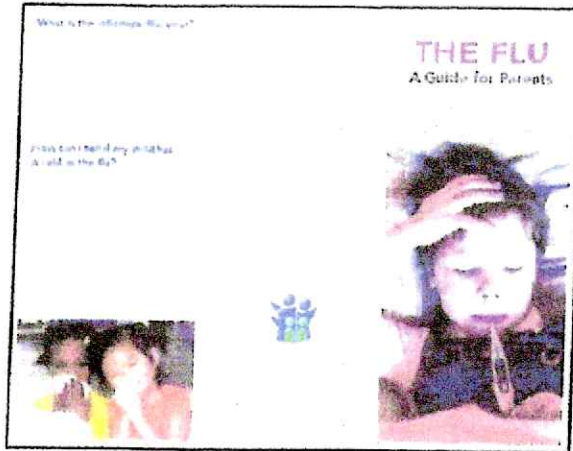
ELC Add on: _____

Total Tuition Cost: _____

ELC Expiration Date: _____

Parent Signature: _____ Date: _____

FLU NOTICE

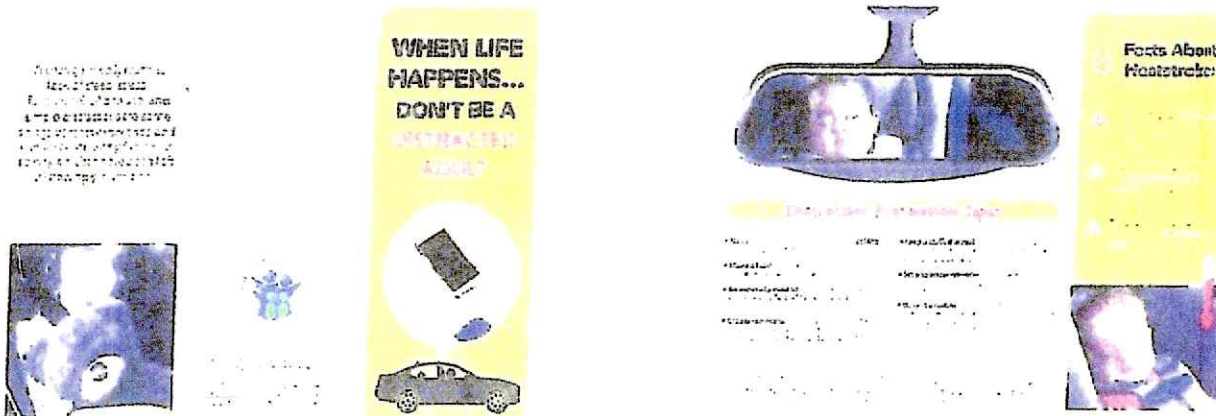


During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August or September.

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

Child's Name: _____ Parent Name: _____ Signature: _____ Date: _____	Child's Name: _____ Parent Name: _____ Signature: _____ Date: _____	Child's Name: _____ Parent Name: _____ Signature: _____ Date: _____
Child's Name: _____ Parent Name: _____ Signature: _____ Date: _____	Child's Name: _____ Parent Name: _____ Signature: _____ Date: _____	Child's Name: _____ Parent Name: _____ Signature: _____ Date: _____
Child's Name: _____ Parent Name: _____ Signature: _____ Date: _____	Child's Name: _____ Parent Name: _____ Signature: _____ Date: _____	Child's Name: _____ Parent Name: _____ Signature: _____ Date: _____

DISTRACTED DRIVER NOTICE



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

Child's Name: _____ Parent Name: _____ Signature: _____ Date: 7/____	Child's Name: _____ Parent Name: _____ Signature: _____ Date: _____	Child's Name: _____ Parent Name: _____ Signature: _____ Date: _____
Child's Name: _____ Parent Name: _____ Signature: _____ Date: _____	Child's Name: _____ Parent Name: _____ Signature: _____ Date: _____	Child's Name: _____ Parent Name: _____ Signature: _____ Date: _____
Child's Name: _____ Parent Name: _____ Signature: _____ Date: _____	Child's Name: _____ Parent Name: _____ Signature: _____ Date: _____	Child's Name: _____ Parent Name: _____ Signature: _____ Date: _____



Food Experience Permission Form

I give permission for my child _____ to participate in food related activities.

Please check one of the following:

_____ My child DOES NOT have a food allergy or dietary restriction.

_____ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

_____ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

Parent Signature

Date

Simmons Child World
107 E Clay Ave
Brandon FL, 33510
Phone: 813-689-3453 Fax: 813-653-4299



Child's Name: _____

Birthdate: _____

Home Address: _____

Home Phone Number: _____

Mother/ Guardian Name: _____

Father/ Guardian Name: _____

Mother/ Guardian Work #: _____

Father Guardian Work #: _____

Mother/ Guardian Cell #: _____

Father/ Guardian Cell #: _____

Additional Emergency Contacts (Please list in order to be called)

1. Name: _____
Relationship: _____
Phone #: _____
2. Name: _____
Relationship: _____
Phone #: _____

Student Allergies: _____

Policies and procedures agreement between parents and Day Cares of Florida

These policies and procedures have been designed to ensure the safety, security and health of your child.

Please initial next to each statement:

____ I understand my child needs a current Florida physical examination and a current immunization record on or before the first day of enrollment (shot records will not be sufficient). All one year olds **MUST** have their shot records on the first day of enrollment.

____ I give permission for my child to be photographed while at school.

____ I understand that the Center opens at 6:30 a.m. and closes at 6:00 pm, all children need to be picked up before 6:00pm.

____ I understand that Day Cares of Florida follows the same "school closing" as PCSB regarding "severe weather conditions" or other "extreme conditions".

____ I understand that the school's discipline policy is "redirecting behavior"

____ I understand that the only medicine that is administered at school by the staff is prescription medication.

____ I understand that I must sign my child in and out daily.

____ I understand there is absolutely no outside food permitted in the school.

____ Please be sure to label all of your child's belongings with a permanent marker, i.e.: clothes, blankets, diapers, and wipes

____ We ask that your child wear appropriate clothes and shoes to school.

____ Sneakers are the only shoes permitted on the playground.

____ Day Cares of Florida is closed for the following holidays and a full week's tuition will be charged during the holiday weeks as these are paid days off for the staff. **Memorial day, Independence day, Labor Day, Thanksgiving, day after Thanksgiving, Christmas Eve, New Year's Eve, New Year's day, Martin Luther King day, Teacher training in August.**

____ I will notify Day Cares of Florida by 10 a.m. if my child is not attending for the day, also if my child will not be getting picked up by the bus/van.

____ I understand that my child will leave their toys from home at home.

____ Children who become ill may not remain in school. The parents will be called to pick up the child. Please do not send your child to school if the following conditions exist: 1. Fever within the past 24 hours, 2. Vomiting or diarrhea within the past 12 hours, 3. Any unexplained persistent coughing/wheezing/shortness of breath, 4. Runny green discharge from the nose.

____ Each preschool child in the center will have an afternoon rest/nap period.

Policies and procedures agreement between parents and Day Cares of Florida

____ Children will be permitted to play outside, except in inclement weather. If your child can not play outside please bring in a signed note from your pediatrician.

____ Children enrolled in Day Cares of Florida will be transported on planned field trips in the bus or van. (Ages 5 and up) By signing this agreement I hereby give my permission for my child to be transported on the school bus or van

____ Although we request cooperation in not disrupting our program, parents are permitted access to all parts of our school.

____ Parents must cooperate with the school in carrying out all governmental laws, rules and regulations affecting the operation of the school. This agreement may be changed at any time by Day Cares of Florida.

____ **The School reserves the right to ask at any time to any student to withdraw from the program upon notification to parents or legal guardians.**

____ All personnel at Day Cares of Florida may have access to the children's records and files.

____ By signing this agreement, I agree to allow Day Cares of Florida to apply insect repellent, diaper cream, or sunscreen provided by me as needed to my child.

These policies and procedures have been designed to ensure the safety, security, and health of your child.

Parent signature: _____ Date: _____

Nondiscrimination Enrollment Policy

____Day Cares of Florida does not discriminate against any student or parent on the grounds of race, color, religion, gender, national origin, or disability.

Biting Policy

____Biting is a natural behavior for very young children. One and two year olds bite because their gums hurt and they cannot express themselves. When biting becomes a problem we will encourage positive behavior.

In the event that your child is bit, we will clean the bite with soap and water, put ice on the area for a short time and give tender loving care. Both the biter and the child who was bit will receive an incident report.

The Day Cares of Florida staff will remove the biter and remind them to use their words and that we use our teeth for food instead of on friends. We will tell the biter that biting hurts.

Day Cares of Florida Behavior Policy

____The following behavior will not be tolerated at Day Cares of Florida:

- Willful destruction of school property
- Disregard of school rules
- Violence to other children or teachers
- Disrespectful to staff

If any of this behavior occurs, the child will receive a written reprimand and suspension for one day. If behavior does not improve, child will be terminated from Day Cares of Florida immediately.

Discipline and Termination Policy

The Hillsborough County Ordinance NO. 14-39, and associated Rules & Regulations regarding the regulation of Child Cre Facilities, Section 5.02(1)(B) and Hillsborough County Ordinance No. 14-40 for the licensing and regulations of Family Child Care Homes and Large Family Child Care Homes, Section 1.04(2)(b) "Child discipline" requires that parents are notified in writing of the disciplinary practices used while in care prior to admission. Spanking or any other form of physical punishment is prohibited. Discipline shall not be associated with food, rest, or toileting. Children shall not be subjected to discipline which is severe, humiliating or frightening. Children may not be denied active play as a consequence of misbehavior.

The goal of discipline is to help children see the sense in acting a certain way. Of course, this is a time-consuming task and it is important that we remain realistic in the expectation of the behavior of each child. His/her developmental age and stage must be taken into consideration.

1. The teacher will ask the child, "Why did you do that?" Then say, "We do not behave that way in our school. We have rules that we must follow."

Policy on Investigations by Outside Agencies

____ Family Services and law enforcement or any other agency with the proper authority shall be permitted to investigate any matter that is related to the school. Parents will be contacted as soon as feasible to be kept informed of the situation.

It is the policy of Day Cares of Florida to assess each situation on an individual basis and a course of action decided upon at the discretion of the management, always ensuring the welfare of the child and the protection of the school from false or unfounded accusations.

No smoking Policy

____ I understand that there is a no smoking allowed at Day Cares of Florida at any time and that this includes E-Cigarettes and any type of Vaping.

I have fully read the above policies and procedures and agree to comply:

Signature: _____ **Date:** _____

Day Cares of Florida Health Policy

Dear Parent/Guardian,

We at the Day Cares of Florida strive to give top quality child care in a learning environment. Our center needs your full cooperation, to adhere to our policies, concerning health issues for sick children.

It is our responsibility as a child care provider to ensure the health and safety of all children. We do understand that children can and do get sick, however, our center is not licensed for sick care. We have to adhere to guidelines that we must follow that are provided by our health care services readiness nursing staff, to ensure that we can prevent spread of contagious disease and illness, to others. See a list of guides to help us adhere to the policies that need enforced immediately.

If your child is sick in our facility

You will receive a call, to arrange for child's immediate pick-up by you or a designated person. Upon pick-up we are requesting that all sick children be examined by a doctor, and be kept at home for a 24-hour period; two days maximum, to ensure that child had an incubation period to be readmitted to the center. Please have a backup sitter if necessary. Your child will be placed on a cot and laid down by the office until your arrival, please note we will need your child to be picked up within the hour.

If an antibiotic is prescribed for your child, he/she must take medication for 24 hours before returning and have a doctor's note explaining the illness being treated, and the date the child is to return to school.

Dispensing Medication for your child

We will dispense your child's prescribed medication by your doctor if it is life threatening medication IE. EPIPEN, breathing machine, etc.

Symptoms of sick child

Strep throat or sore throat with swollen glands, inflammation of the eyes with discharge, fever of 100.4 or higher, lice, unexplained rash, vomiting, diarrhea/watery stools more than once over a period of 24 hours, green or yellow mucous discharge, continuous cough, or other contagious diseases.

Rules need to be enforced to ensure the quality health and safety of all children under our care. We appreciate your full cooperation in keeping your child's/children healthy. Keeping a sick child at home will help reduce the spread of disease and illness. A Child should be physically able to take part in all school activities when returning to school.

Parent signature _____ Date _____

I understand that tuition is due on Monday unless otherwise agreed upon.

I understand that a late payment of \$10 will be added if tuition is not paid by Wednesday.

I understand that tuition is due regardless of attendance.

I understand that if I am on school readiness that I must pay a ELC add on fee per age of my children.

I give my permission for my child to be photographed or videoed while at school.

I Understand that the center is sprayed for bugs and termites.

I understand that Day Cares of Florida has a 10 a.m. cut off and that my child needs to be here by then.

I understand that the school opens at 6:30am and closes at 6:00pm

I understand that Day Cares of Florida follows the same "school closing" as HCLB regarding severe weather conditions and extreme weather conditions.

I understand that the school's discipline policy is "redirecting behavior"

Day Cares of Florida prohibits children from being subjected to discipline that is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any form of physical punishment is prohibited by all child care personnel.

I understand that the late pick-up fee is \$1 a minute per child after 6:00pm.

I understand that only life-threatening medication will be given to my child and that the school staff will need to be taught how to administer it.

I understand that if a parent pays advance tuition and then decides to remove their child that I will be reimbursed the tuition that was paid.

I have read the above and agree to comply:

Parent signature: _____ Date: _____

Day Cares of Florida

Terms

____ I agree to pay a registration fee of \$50.

____ I agree that if my child is absent for any of the days contracted to attend, I will still be liable for the full week's tuition, i.e., child is scheduled 5 days and only attends 3 full tuition is still due. If my account becomes delinquent, I will be responsible for all collection costs. This policy ensures a reserved space for your child at our center.

____ I agree to pay a late fee of \$1 a minute per child if my child is left at school after 6:00pm closing time as described in the policies and procedures agreement.

____ In the case of withdrawal of my child from this school, I agree to give Day Cares of Florida a full week's notice.

____ In the event of emergency of illness or accident, Day Cares of Florida has my permission to administer emergency treatment and take the child to the nearest emergency facility. Parent will be phoned. In the event of illness while my child is in attendance; medical expenses are the responsibility of the parent.

____ I agree to pay a \$35 NSF check charge for each check returned. All future tuition payments must be paid in cash or by credit card.

____ My child will be allowed 2 free weeks of vacation per year. Your child will need to be enrolled for 3 months to use this free vacation, and payments must be current to receive the vacation time. Your child must be absent from school to receive vacation time. Vacation time may not be carried over to the next year. After the free weeks are used, I agree to pay half of the regular week's tuition for each full week my child is out.

____ I agree to carry out the parent's responsibilities under the policies and procedures agreement between the parents and Day Cares of Florida, and same may be changed from time to time. Written notification of any change will be given to all parents.

How did you hear about our center? Friend____ Internet____ Other____

Signature of Parent/Guardian _____

Signature of Director _____

Miscellaneous Information

Is your child taking over the counter prescribed medication at home?

If yes, _____

Is your child taking vitamins regularly at home? Yes___ No___

If yes, _____

If your child has an allergy what kinds of allergic reaction should we look for?

How is it treated? _____

Have you ever suspected your child of having seizures? Yes___ No___

What was the cause? _____

How was it treated? _____

How do you consider your child's physical development?

Normal___ Advanced___ Lagging___

Comments: _____

Does your child use a pacifier, suck thumb, security object? Yes___ No___

Does your child use special or unusual words/names for objects, places, or people?

Is there anything else medical or otherwise that we need to know about your child?

Toilet trained___ Diapers___ Toilet training___

Child's habits, fears, etc. _____

Other household members: _____ Children _____

Previous preschool or group experiences (include dates) _____

Signature of parent/legal guardian _____ Date _____

Nutrition Policy

We will be serving a free U.S.D.A breakfast, lunch, and afternoon snack. Breakfast will be offered from 8:00-9:00 a.m., lunch will be served from 11:15-12:15p.m., and snack will be served from 2:30pm - 3:30p.m. This applies to all the children that attend Day Cares of Florida.

All you must do is turn in your "food program participation" form. We need this form filled out for your child to accounted for. The eligibility determination is based on free, reduced, or non-needy regardless of category your child will be receiving free U.S.D.A meals. The information on the form is strictly confidential. All children who are enrolled at Day Cares of Florida will be served U.S.D.A breakfast, lunch, and afternoon snack.

If you have any questions, please see management in the office.

Thank you for your cooperation.

Parent signature _____ Date _____



EMERGENCY MEDICAL RELEASE

This form must contain only one child's name, and be the original notarized form.

A new notarized form is required when there is a change in legal guardianship.

Please Print Information

Child's Full Name: _____ Birthdate: _____

Allergies: _____

Medicines Routinely Taken: _____

Name of Custodial Parent(s)/Legal Guardian(s): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Family Physician's Name/Health Care Resource: _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Telephone () _____

Hospital Preference: _____
Name City

Medical Insurance Company: _____

Policy #: _____ Expiration Date: _____

Emergency Contact (if custodial parent/guardian cannot be reached): _____

Address: _____
Street Address (number, apartment #, street) City State Zip Code

Home Telephone _____ Cell Telephone _____ Work Telephone _____

Sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child
 _____, in the event of an emergency at which time
(Child's Full Name)
 I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Signature of Custodial Parent/Legal Guardian (Affiant) _____

STATE OF FLORIDA COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ 20____
(Month) (Day) (Year)
 by means of ☐ physical presence or ☐ online notarization by _____ who is personally known
(Name of Affiant)
 to me or has produced _____ as identification.
(Type of identification)

SEAL OF NOTARY

Signed: _____ (Signature of Notary)



State of Florida
Department of Children and Families

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information:

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

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From: _____ To: _____

Days of the Week in Care: ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

Family Information:

Child's Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ Cell: _____ Work Phone: _____ Cell: _____

Custody: ☐ Mother ☐ Father ☐ Both ☐ Other (specify): _____

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____
Phone Number: _____

Doctor: _____ Address: _____
Phone Number: _____

Dentist: _____ Address: _____
Phone Number: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern: _____



Simmons Child World

Mission Statement:

Our mission is to provide the highest standard of care and education to our students.

Beliefs:

We believe that every child deserves a secure, safe, warm, and happy environment where they may learn and grow; giving them the chance to discover a world of excitement and enrichment. Our goal is to develop each child to his/her fullest potential in the social, academic, physical, and emotional areas.

Philosophy:

Our philosophy is one that stimulates the desire to learn. Learning is the central theme in our curriculum.

1. Being is more important than knowing. Knowledge is a means to education; not its end.
2. Play is not distinguished from work as the predominant mode of learning in early childhood.
3. Self-confidence is directly related to the ability to learn and to make choices affecting learning.
4. Mistakes are essential to learning because they contain information essential to further learning.
5. Children learn and develop at their own rate and in their own style.
6. Children have both the competence and the right to make decisions concerning their own learning.
7. A good self-image is intrinsic to intellectual development and the acquiring of skills.

New Parent Orientation Checklist

Dear Parent,

As you and your child begin the process of acclimating yourself to Simmons Child World, we strive to ensure that all your questions have been answered and addressed. We welcome any additional questions you may have at any time!

Please sign the bottom that you have been introduced to and/or given the opportunity to experience the following aspects of Simmons Child World:

- I have received a tour of Simmons Child World.
- I understand Simmons Child World's admission requirements and procedure.
- I have been introduced to my child's teaching staff.
- I have had an opportunity to visit with my child's classroom teacher.
- I have been given an overview of Simmons Child World's parent handbook.
- I understand the emergency preparedness plan.
- I have had the opportunity to discuss the expectations of our family, and the needs of my child.
- I have had the opportunity for a visit in my child's classroom for a period of time to allow both of us to be comfortable in the new surroundings.
- I understand that parent-teacher conferences are conducted twice each year, and anytime when requested by a parent.
- I realize that my support, influence and involvement with my child, both in and outside of Simmons Child World will greatly contribute to my child's ability to learn and enjoy his or her experiences at the center.
- I understand that my family's participation in my child's Simmons Child World related activities are important to my child's success at the center.
- I understand that the curriculum that Simmons Child World utilizes Creative Curriculum for Infants & Toddlers & Preschool Age
- I have read and understand the philosophy and program goals utilized by Simmons Child World.
- I have been provided and have signed Simmons Child World's written policies and procedures, which are kept in my child's file at the center.

Signature of parent: _____ Date: _____

Dear Parents,

Enclosed you will find enrollment forms and a medical release that we need to have completed by you. Please note that **ALL areas on the form need to be completed**. If there is an area that does not apply to you please put a "dash" on the line or write "N/A" in the space. Please disregard the Notary requirement on the Medical Release Form.

Please note that in the enrollment forms, on the "In Case of Emergency" line, we must have a name, complete address, and phone number. This emergency contact person cannot be someone living at your address. This has to be someone who will know how to contact you in the event we are not able to. This is also someone you would designate to pick up your child in case of an emergency. Please note we always contact the parents first.

All areas that ask for addresses must be completed with a street number, street name, city, state, and zip code. All areas asking for phone numbers should have the area code entered also.

If your child doesn't have a dentist yet, please fill in your child's pediatrician's name, address, and phone number.

We cannot accept forms that have "blank spaces" on them and we will ask you to please supply the information required by the Hillsborough County License Board for Day Care Centers. We cannot fill in the information for you.

If you should have any questions, please feel free to contact the office.

Dear Parents,

Welcome to Day Cares of Florida! We have an open-door policy, which means that you are welcome to stop by our facility anytime to visit with your child.

Please let us know if you are interested in volunteering in your child's class on party days and whenever we have special events planned. Extra hands are always appreciated!

We also encourage parents to be involved with their child's daily activities. Please check our monthly newsletter to see what is happening for the month. Look for activities that include arts, crafts, cooking, etc.

Also please don't forget that we are always open to comments and suggestions. We appreciate any information you are willing to share.

As your child learns and grows with us here we will do periodic screenings using pre-test, post-test, and ASQ's to evaluate their level of development. We will provide activities centered on arts and crafts, reading stories, outside adventures, lunch, cooking, and open centers.

When dropping off and picking up your child please be sure to sign them in and out. You will find this binder located with your child's teacher.

If you ever have any questions regarding our center, please feel free to speak to the office personnel.

Thank you for choosing Day Cares of Florida!

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

Child's Name: _____ Center Name & Address: _____

Primary Hours of Care: From: _____ To: _____ Days of the Week in Care: M T W TH 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: (_____) _____

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. 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

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: ☐ FAP/SNAP or TANF Household ☐ Foster Child Total Household Size: _____ Total Household Income: \$ _____

Eligibility Determination: ☐ Free ☐ Reduced-Price ☐ Non-needy 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

Reason for Non-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

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