



## **Premier Learning Academy**

“It takes a village to raise a child”

( “Se necesita una aldea para criar un niño”)

Please note that Premier Learning Academy follows the Cobb County School Calendar

(Por favor, tenga en cuenta que esta escuela sigue el calendario del condado Cobb)

**Pre-K Hours (Las horas de Preescolar): 7:50-2:30 pm**

### **School Supply List (Lista de útiles escolar)**

- 8 count jumbo crayons (Crayones jumbo de colores-8 conteo)
- 1 pack of washable markers (1 paquete de marcadores lavables)
- 1 box of jumbo pencils (1 caja de lapices jumbo)
- 1 bottle of glue or glue sticks (1 botella de pegamento o pegamento en barras)
- Complete changes of clothes to leave at school
- Blanket for rest time
- Labeled water bottle (botella de agua labled)
- 1 box of facial tissue (1 caja de faciales)
- 1 box of quart size Ziploc bags (1 caja de cuatro de gallon tamaño de Ziploc)
- 1 box of snack size Ziploc bags (1 caja de tamaño bocado de Ziploc)
- Box of Clorox Wipes (1 caja de toallitas Clorox)
- 1 bottle of liquid hand soap (1 botella de jabon liquid para manos)
- 1 roll of paper towels (1 rollo de toallas de papel)
- 1 box of baby wipes (1 caja de toallitas para bebe)
- Family Pictures (Foto de familia)
- Baby Picture (Foto de bebe)

**\*\* Please bring all these items within in two weeks \*\***

**\*\* (Por favor, traigan todos estos articulos en dos semanas) \*\***

### **School Uniform (Uniforme Escolar):**

- Red polo shirt (Camisa roja)
- Black or navy-blue pants or skirts (Pantalones azules o negro o pantalones cortos)
- Closed toe shoes (Zapatos cerrados)



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### **Georgia Pre-K Checklist (Georgia Pre-K Lista de verificatción)**

- Immunization Certificate # 3231 (Certificado de Vacunacion)
- Certified Birth Certificate (Acta di Nacimiento Certificada)
- Ear, Eye, Dental, and Nutrition Form (Formulario de examen de oídos, ojos, dental y nutrición)
- Social Security Card (Tarjeta de Seguro Social)
- Medical Card (Tarjeta Medica)
- Lease or Utility Bill (Contrato de arrendamiento o factura de servicios públicos)
- Special Needs/Medical Documentation (Necesidades Especiales o Documentacion Medica)
- Custody Documents (Documentos de Custodia)
- Pre-K Enrollment Application (Pre-K Solicitud de Inscripcion)
- Roster Form (Lista Formulario)
- Vehicle Emergency Form (Vehiculos de Emergencia Forma)
- Premier’s Policy & Procedures (Premier Politicas y Precedimientos)
- Food Program (Programa de Alimentos)



Please write the school year in the box →

# Pre-K Registration Form School Year

**PROVIDER LEGAL NAME:** \_\_\_\_\_ (This section to be completed by the provider)

**SCHOOL/SITE NAME:** \_\_\_\_\_

**CHILD INFORMATION (Please print name exactly as it appears on the birth certificate.)**

CHILD'S LAST NAME:														
CHILD'S FIRST NAME:														
CHILD'S MIDDLE NAME:	NAME SUFFIX:       (i.e. Jr, Sr, II,III)													
CHILD'S SOCIAL SECURITY#:		D.O.B. (MM/DD/BY):		SEX: [ ]M [ ]F										
HOME ADDRESS (Do not enter PO Box Info):				COUNTY:										
CITY:	STATE: GA	ZIP:	HOME PHONE: ( )											

**If the Student is transferring from another Pre-K, please provide the following:**  
 Previous School Name: \_\_\_\_\_ Last Date in Attendance: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian #1 - LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

Home Address (If different from child): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian #2 - LAST NAME: \_\_\_\_\_ FIRST: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

Home Address (If different from child): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION (Persons to contact in the event that either parent/guardian cannot be contacted)**

	NAME	RELATIONSHIP	CELL PHONE	ALTERNATE PHONE	EMAIL
1.					
2.					

I verify the above information to be correct, and I understand that completion of this form does not guarantee placement in a Pre-K class. If my child is placed in Georgia's Pre-K Program, I agree that my child will attend the program for the required number of hours and days as prescribed by the Georgia Department of Early Care and Learning and outlined by the center where my child is enrolled. I understand that failure to comply with these attendance requirements could result in disenrollment. I understand that I cannot register my child without appropriate age documentation. I have attached a copy of appropriate age documentation to this registration form.

**Signature Parent/Guardian:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CHILD MAINTENANCE**

CHILD'S LIVING ARRANGEMENTS:     BOTH PARENTS     MOTHER     FATHER     OTHER

CHILD'S LEGAL GUARDIAN:             BOTH PARENTS     MOTHER     FATHER     OTHER

**THE CHILD MAY BE RELEASED TO THE PERSON(S) SIGNING THIS AGREEMENT OR TO THE FOLLOWING:**

	<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>CELL PHONE</u>
1.				
2.				
3.				
4.				

**CHILD'S PHYSICIAN OR CLINIC'S NAME (CHILD'S PRIMARY HEALTH SOURCE):** \_\_\_\_\_

DATE OF LAST FULL HEALTH SCREENING: \_\_\_\_\_ PHONE: (    )

**MY CHILD HAS THE FOLLOWING SPECIAL NEED(S):**


**THE FOLLOWING SPECIAL ACCOMMODATION(S) MAY BE REQUIRED TO MOST EFFECTIVELY MEET MY CHILD'S NEEDS WHILE AT THIS CENTER:**


**MY CHILD IS CURRENTLY ON MEDICATION(S) PRESCRIBED FOR LONG-TERM CONTINUOUS USE AND/OR HAS THE FOLLOWING PRE-EXISTING ALLERGIES, ILLNESS, OR HEALTH CONCERNS:**


**GENERAL RELEASE**

I verify the above information to be correct and true. I hereby grant permission for the information provided in the preceding Registration Form to be distributed to Pre-K providers, the Department of Early Care and Learning (DECAL), and certain agencies or those entities contracted by Pre-K providers or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities.

**SIGNATURE (Parent/Guardian):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PHOTOGRAPH/VIDEOTAPE RELEASE**

I hereby grant permission for the Pre-K provider specified below, the Georgia Department of Early Care and Learning (DECAL) and certain agencies or entities contracted by the Pre-K provider or DECAL which shall include, but not be limited to, the Georgia Department of Education, and colleges/universities, to record the participation and appearance of my child,

\_\_\_\_\_, by photograph and/or videotape in connection with daily Pre-K

activities for the purposes of news releases, reporting, and assessing the progress of children and the program. DECAL and its contractors are authorized to exhibit or distribute such photograph(s) and/or videotape in whole or in part without restrictions or limitations for any educational or promotional purpose that DECAL deems appropriate. Such photograph(s) and/or videotape may, for example, appear in printed or visual materials for DECAL and/or on DECAL's web site.

The undersigned hereby jointly and severally releases, acquits, forgives, and discharges the Pre-K provider, DECAL, and other entities contracted by the Pre-K provider or DECAL, from any actions, agreements, claims, controversies, demands, judgments, liabilities, proceedings, and suits, whether arising in equity or in law regarding such participation and appearance by said child.

This release shall remain binding upon all successors in interest and personal representatives of the parties, to the extent permitted by law.

**PRE-K PROVIDER NAME/ADDRESS:** \_\_\_\_\_

**SIGNATURE (Parent/Guardian):** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## Parental Agreements with Child Care Facility

The \_\_\_\_\_  
(Name of Facility)  
agrees to provide child care for \_\_\_\_\_  
(Name of Child)  
on \_\_\_\_\_, beginning at \_\_\_\_\_ AM  
(Days of Week)  
and ending at \_\_\_\_\_ PM from \_\_\_\_\_ to \_\_\_\_\_.  
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

Breakfast Snack	Morning Snack	Lunch	Afternoon
Evening Snack		Dinner	Bedtime Snack
— — — — —			

Before any medication is dispensed to my child, I will provide a written authorization, which includes: Date, Name of Child, Name of Medication, Prescription Number (if any), Dosages, and Date and Time of Day to be given to child. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person(s) authorized by parent(s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

\_\_\_\_\_ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I'm not available.

I have received a copy and agree to abide by the policies and procedures for the above-named facility.

SIGNED: \_\_\_\_\_  
Parent/Guardian Date

SIGNED: \_\_\_\_\_  
Facility Administrator / Authorized Person Date

This form is to be completed after school starts, not at the time of registration. **Please clearly print** the name as it appears on the birth certificate. *(Por favor escriba el nombre como aparece en el certificado de nacimiento.)*

<b>TODAY'S DATE (M/D/Y):</b> ____/____/____		
<b>CHILD INFORMATION:</b>		
Legal Last Name ( <i>Apellido</i> ):	Name Suffix (Sufijo) (Jr,II,III):	
Legal First Name ( <i>Primer Nombre</i> ):	Name Child is Called:	
Legal Middle Name ( <i>Segundo Nombre</i> ):		
Child's Social Security#	DOB ( <i>Fecha de Nacimiento</i> )	Gender ( <i>Sexo</i> ): M <input type="checkbox"/> F <input type="checkbox"/>
____-____-____	(M/D/Y): ____/____/____	
Date enrolled in Pre-K (M/D/Y): ____/____/____		
<b>PARENT/GUARDIAN INFORMATION:</b>		
Last Name:		First Name:
Relationship: Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/>		

1. Is your child's ethnicity **Hispanic/Latino/Spanish Origin**, regardless of race? (*¿Es Ud. Hispano/Latino o de Origen Hispano, sin importar la raza?*)

**Yes (Si)**  **No (No)**  **Decline to Answer** (*negarse a contestar*)

Please select **ONE OR MORE** of the following races regardless of how you answered question one. (**TODOS** deben seleccionar **UNA O MAS** de las siguientes razas sin importar cómo haya contestado la primera pregunta.)

2. Is your child:

a. **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. (**Blanco** – Una persona que tiene orígenes en los pueblos provenientes de Europa, el Medio Oriente, o Africa del Norte).

b. **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (**Asiática** – Una persona con orígenes en los pueblos provenientes del Lejano Oriente, Suroeste de Asia, o el subcontinente Hindú incluyendo, a Cambodia, China, India, Japón, Corea, Malasia, Pakistán, Las Filipinas, Tailandia, y Vietnam.)

c. **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (**Nativo de Hawaii u Otra Isla del Pacífico** – Una persona con orígenes en los pueblos provenientes de Hawaii, Guam, Samoa, u otra Isla del Pacífico.)

d. **Black or African American** – A person having origins in any of the Black racial groups of Africa. (**Negro o Afro Americano** – Una persona con orígenes en los pueblos provenientes del Africa o en grupo racial Negro.)

e. **American Indian or Alaskan Native** – A person having origins in any of the original peoples of North and South America including Central America, who maintains a tribal affiliation or community attachment. (**Indio Americano o Nativo de Alaska** – Una persona con orígenes en los pueblos provenientes de América Del Norte y del Sur, incluyendo América Central, que mantiene una afiliación tribal o comunitaria.)

f. **Decline to Answer** (*negarse a contestar*)

3. What is your child's primary language? (*¿Cuál es el idioma primario de su hijo(a)?*)

**English (Inglés)**

**A language other than English** (*Un idioma diferente al Inglés*)

4. Was your child born as a: (*El parto en que Ud. tuvo a su hijo(a) fue de:*)

**Single Birth (1)** (*Un sólo niño*)

**Twin (2)** (*De mellizos*)

**Triplet (3)** (*De trillizos*)

**Quadruplet (4)** (*De cuatrillizos*)

**Quintuplet (5)** (*De quintuples*)

5. Does your child have an Individualized Education Plan (IEP)? (*¿Tiene su hijo(a) un Plan de Educación Individualizada (IEP?)*)

**Yes (Si)**  **No (No)**

6. Does your child receive any of the following services? (*¿Recibe su hijo(a) alguno de estos servicios?*)

**Childcare and Parent Services (CAPS) (child care subsidy program)**

**Food Stamps** (*Cupones de Alimentos*)

**SSI**

**Medicaid**

**Temporary Assistance for Needy Families (TANF)**

7. Will the Pre-K center be providing transportation for your child? (*¿Recibirá su hijo(a) transporte en el Centro donde va a asistir a Pre-K?*)

**Yes (Si)**  **No (No)**

Parent/Guardian Signature

Date

## **Premier Learning Academy Policy & Procedures**

Premier Learning Academy is dedicated to providing quality childcare for your children. The Center serves children six (6) weeks through five (5) years in a full day. We serve children five (5) through twelve (12) years old in the Holiday Care. Summer Camp Programs and in the before and after school care.

1. Premier Learning Academy will be open from **7:00 to 5:00 p.m.** Monday through Friday, January through December. A fee of \$1.00 per 1 minute will be charged for children picked up after 5:00 p.m. The fee is due and payable in cash at the time the child/children is picked up.
2. The Center is closed for the following holidays, New Year's, MLK Day, Memorial Day, July 4<sup>th</sup>, Thanksgiving, Christmas, and occasionally for severe weather. Full tuition is charged for these weeks.
3. Registration fees are due at the time of application. No child can be placed into a program or onto a waiting list without paid registration. In order to assure proper placement for your child, registration fees are due annually.
4. Tuition payments for the program you have selected are due in advance on Monday of each week. Families for whom payments are received after 6:30 p.m. on Tuesday will be charged a late payment fee of \$30.00.
5. We offer of 10% discount for each additional child enrolled in our program from the same facility.
6. A supplementary fee of **\$75.00** per day is charged for school-aged children when they are at the Center due to snow days, teacher in-service days, and any other single school holiday.
7. There is a \$35.00 charge for each returned check. Cash or money orders will be accepted as a replacement form of payment. Two returned checks will result in your account being placed on a "cash only" status.
8. **A one-week notice of disenrollment is required.** Anytime a child is disenrolled, his or her place may be filled by someone on the waiting list. In order for him or her to be re-enrolled and an opening will have to be available. A new application must also be submitted accompanied by the required registration fee. Premier learning Academy has the right to disenroll any child after a conference, two written warnings, and one week's formal notice. Parent's failure to abide by the centrist policies may also result in disenrollment.
9. The full weekly fee will still be charged for any child present at Premier Learning Academy even if your child/children did not stay for the whole week.
10. In accordance with the state of Georgia licensing regulations for each childcare service, we must have a completed set of Immunization Records and Emergency Cards prior to enrollment. These forms will be provided to you.

In order to protect all children enrolled in the center, your child must be kept home if he/she exhibits any of the following symptoms:

- An oral temperature of over 100 degrees



- Intestinal disturbance accompanied by diarrhea vomiting
- Any undiagnosed rash
- Sore or discharging eyes or ears profuse nasal discharge

If your child develops any of the symptoms above while at the Center, we will contact you to arrange for pick up. This is necessary in order to curtail the spread of infection within the center.

If a child has been exposed to a contagious disease, he/she should be kept at home and the facts of his/her condition should be reported to the Center. Strep throat, pinworms, viral infections, infected ears or glands, measles, mumps, chickenpox, scarlet fever, etc. are among those conditions categorized as “highly contagious”. Before a child can return to the center, a physician’s release **note** is required indicating that the child is free of the disease.

11. Premier learning Academy will meet your child's nutritional needs for the part of the day in which he or she spends the in the center by providing breakfast snack (which ends daily at a dedicated time), a well-balanced lunch, and an afternoon snack. No food from the outside should be brought into the center except for special occasions, special diets, etc. These expectations should be cleared by the center director there will be a quiet time each afternoon for all children. Depending on their age, children are expected to rest quietly or engage in quiet activities allowing those who need to sleep an opportunity to do so. In order for your child's rest time to be as pleasant as possible, parents need to provide two small blankets.
12. Parents and guardians are responsible for escorting their child/children to and from school.
13. Please dress your child and comfortable, washable, play clothes. Children’s garments should be clearly marked with their child's full name. A complete set of extra clothes should be available in your child's cubby. We also ask that you anticipate weather conditions and dress your child accordingly. Shoes should be worn at all times.
14. The use of corporal punishment to discipline is NEVER permitted at any time at Premier Learning Academy. Should disciplinary measures be called for, positive reinforcement and or time out from activities (other than rest, toileting, and food), will be used. Good communication between parents and Premier Learning Academy is always best for the family and the center.
15. The State of Georgia requires that all members of daycare institutions report known or suspected child abuse or neglect. Premier Learning Academy, therefore, is obligated to report to the state any suspected or known case of child abuse or neglect.
16. Absolutely no smoking is allowed on the premises or on the school bus by anyone including staff, parents, and children.
17. In case of snow, Premier Learning Academy follows the schedule of the Cobb County Public Schools or tune in to the WSB-TV Storm watch. If bad weather develops during the day, please make arrangements to leave work early. We do not want children and staff members stranded at the center. If we call you during the day

to say that the center is closing early due to serious weather conditions, you need to pick up your child by the designated time.

Please refer to the bulletin board located in the front of the center in the lobby area for specific procedures in regard to:

- Emergency release in the event of a medical emergency.
- Emergency procedures for the protection of children in the event of severe weather fire or a physical problem
- Guidance and discipline techniques
- License copy of rules communicable disease chart
- statement of parental access names of the person in charge current weekly menu and statement for visitors.

18. For inclement weather, school Closings will be announced on Channel 2.

19. In case of emergency and it becomes necessary to evacuate the Center, children will be moved to the **Super 8 Motel** until the emergency passed.

20. Please advise the center of any changes in address or telephone numbers immediately as they are now. This will allow the center to reach you in case of an emergency.

Divorce records: divorced parents are required to provide a copy of custody papers to be kept in these child's files at the time of enrollment. Should divorce occur during enrollment, a copy of custody papers needs to be filled out immediately with the Center. If the former spouse is not authorized to pick up or otherwise or restricted from having contact with the child you, are required to make this information known in writing to the Center's director. If you have any questions or concerns, feel please feel free to contact the Center.

We sincerely thank you for entrusting your child with us.

As of \_\_\_\_ / \_\_\_\_ / \_\_\_\_ your child \_\_\_\_\_ is now formally enrolled at Premier Learning Academy/ Georgia Pre-K Program at a weekly tuition rate of \_\_\_\_\_.

I have read and agreed to the policies and tuition agreement for learning.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Director

\_\_\_\_\_  
Date

**Premier Learning Academy**  
Vehicle Emergency Medical Information

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Child's Doctor:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

Medical Facility Premier Learning Academy uses WellStar Cobb Hospital \_\_\_\_\_.

Address of Medical Facility: 3950 Austell Rd SW, Austell, GA 30106 \_\_\_\_\_.

**Child's Current Allergies:** \_\_\_\_\_

**Current prescribed medications:** \_\_\_\_\_

**Child's special needs/conditions:** \_\_\_\_\_

In the event of an emergency involving my child, and **Premier Learning Academy** cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

**Child's Name:** \_\_\_\_\_

**Signature (Parent/Guardian):** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnessed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Authorization to Dispense External Preparations

**590-1-1-.20(1)**

Parental Authorization. Except for first aid, personnel shall not dispense prescription or non-prescription medications to a child without specific written authorization from the child's physician or parent. Such authorization will include, when applicable, date; full name of the child; name of the medication; prescription number, if any; dosage; the dates to be given; the time of day to be dispensed; and signature of parent.

I give \_\_\_\_\_, permission to apply one or more of the following topical ointments/preparations to my child in accordance with the directions on the label of the container.

\_\_\_\_\_ Baby Wipes

\_\_\_\_\_ Band-aids

\_\_\_\_\_ Neosporin or similar ointment

\_\_\_\_\_ Bactine or similar first aid spray

\_\_\_\_\_ Sunscreen

\_\_\_\_\_ Insect Repellent

\_\_\_\_\_ Non-Prescription ointment (such as A & D, Desitin, Vaseline)

\_\_\_\_\_ Baby Powder

Other (please specify) \_\_\_\_\_

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

\_\_\_\_\_  
Date

\*center should maintain in child's file



# B

Name of Child Care Center: \_\_\_\_\_

## CACFP Meal Benefit Income Eligibility Statement\*

### PART I: Child(ren) or Adult enrolled to receive day care

Name: (Last, First and Middle Initial)	Date of Birth (Optional) MM/DD/YY	SNAP, TANF, or FDPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. <b>Note: Do not use EBT numbers. Write case number and proceed to Part III.</b>	Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. <b>(See definitions in FAQs)</b>				
			Head Start	Foster Child	Migrant	Runaway	Homeless
			<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"/>

### PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)

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

**A. Child Income** - Sometimes children in the household earn or receive income. Please indicate the TOTAL income received by child household members listed in PART I here.

All children income/How often?  
\$ \_\_\_\_\_ / \_\_\_\_\_

**B. Other Household Members.** List all household members even if they do not receive income. Also, list the adult participant if he/she did not meet eligibility in Part I. 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 field blank you are certifying (promising) there is no income to report.

Name of Other Household Members (First and Last)	1. Earnings from work before deductions / How often	2. Welfare, child support, alimony / How Often	3. Social Security, pensions, retirement / How Often	4. All other income / How Often
(Example) Jane Smith	\$ 200/week	\$ 150/twice a month	\$ 100/month	\$ _____ / _____
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

### C. Total Household Members (Adults and Children) listed in Part I and Part II \_\_\_\_\_

**D. Social Security Number.** If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). **Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.**

Last four Digits of Social Security Number XXX-XX-\_\_\_\_\_  
 I do not have a Social Security Number

### PART III: Enrollment Information: Children Only

My child is normally in attendance at the facility between the hours of \_\_\_\_\_ [am/pm] to \_\_\_\_\_ [am/pm].  (✓) Check here if only before/after school care is provided.

Circle the days your child will normally attend the center: **Sunday** **Monday** **Tuesday** **Wednesday** **Thursday** **Friday** **Saturday**

Circle the meals your child will normally receive while in care: **Breakfast** **AM Snack** **Lunch** **PM Snack** **Supper** **Evening Snack**

### PART IV: Signature

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. **If not completed fully and signed, the participant will be placed in the Paid category.**

Signature: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### PART V: Participant's Ethnic and Racial Identities (optional)

Check (✓) one ethnic identity:  Hispanic/Latino  Not Hispanic/Latino

Check (✓) one or more racial identities:  Asian  White  Black or African American  Indian or Alaska Native  Hawaiian or other Pacific Islander

**Official Use Only Section for QCC Staff: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12**

(A) Total income: \_\_\_\_\_ per  Week  Every 2 weeks  Twice a month  Year

(B) Household Size: \_\_\_\_\_ (C) Categorical Eligibility:  (Check if applicable) (D) Eligibility:  Free  Reduced  Paid

(E) Day Care Homes Only: Check one  Tier I  Tier II (F) Time Period: \_\_\_\_\_

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

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

Follow Up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_