



# School Age Program

## YMCA 2019 SUMMER DAY CAMP

Enrollment Forms (Please Print)

<b>SCHOOL (Please Circle One):</b>			
#42320-006 YMCA NORTH CAMP K-6 <sup>TH</sup>		#42320-006 YMCA NORTH CAMP CIT 7 <sup>TH</sup> -10 <sup>TH</sup>	
#58947-009 YMCA HILL TOP CAMP K-2 <sup>ND</sup> GRADE		#48554-007 YMCA SOUTHWEST CAMP 3 <sup>RD</sup> -6 <sup>TH</sup> GRADE	
MONDAY – FRIDAY 7:30AM – 5:30PM		Attended camp last year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child's Name:	Date of Birth: __/__/__ Male or Female	Age:	Grade in Fall of 2019:
Child's Address:	City/State/Zip:		
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other: _____			

**Primary Parent/Guardian Contact Information**  Mother  Father  Other: \_\_\_\_\_

Primary Parent/Guardian Name:	Date of Birth: __/__/__ Male or Female	Cell# Home# Work#
Home Address (if different from child):	City/State/Zip:	
Custodial Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No	May the Y release to non custodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____		
Email:	Preferred Method of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All	

**Primary Parent/Guardian Contact Information**  Mother  Father  Other: \_\_\_\_\_

Primary Parent/Guardian Name:	Date of Birth: __/__/__ Male or Female	Cell# Home# Work#
Home Address (if different from child):	City/State/Zip:	
Custodial Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No	May the Y release to non custodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____		
Email:	Preferred Method of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All	

**Emergency Contact/Authorized Pick Up** (other than parents):

Name:	Home Address:	City/State/Zip:
Relationship to Child:	Phone #:	

**Additional Authorized Pick Up** (other than parents):

Name:	Address:	Phone #:
Name:	Address:	Phone #:
Name:	Address:	Phone #:

# 2019 YMCA SUMMER DAY CAMP

WEEK	DATE	FEE	NORTH (K-2)	NORTH (3-6)	NORTH (TEEN)	SW (3-6)	HILLTOP (K-2)	
1	May 28 – May 31	\$80/92						
2	June 3 – June 7	\$100/115						
3	June 10 – June 14	\$100/115						
4	June 17– June 21	\$100/115						
5	June 24– June 28	\$100/115						
6	July 1 – July 5**	\$80/92						
7	July 8 – July 12	\$100/115						
8	July 15 – July 19	\$100/115						
9	July 22 – July 26	\$100/115						
10	July 29 – Aug. 2	\$100/115						

\*\* No camp July 4<sup>th</sup>.

**Accounting Policies:**

1. Acceptable payment form is: Electronic Funds Transfer (EFT) or advance payments made in full two-weeks prior to camp attendance.
2. To secure your child’s spot, a one-time \$25, non-refundable, registration fee is due at the time of registration.
3. Drafts will be made by the close of business on Friday for the following week of camp. Drafts will be made each week unless a two-week written notification has been provided for cancellation.
4. The Y does not issue statements for individual tax purposes. Please keep any and all cancelled checks, payment receipts or bank statements as documentation of childcare payments.
5. No adjustments in the weekly fee will be made for partially attended weeks.
6. If your payment is returned for insufficient funds (NSF), your payment along with an NSF service fee of \$25.00 will be collected electronically. Any change to your bank draft information must be received at least seven days prior to the date the change is to take effect. A \$10 late fee will be assessed on payments not made by the deadline.
7. If full payment is not received, I understand that my child will be considered unregistered for camp and will not be able to attend until the payment is collected in full.

**Payment Information:**

**Parent name** \_\_\_\_\_ **DOB** \_\_\_\_\_

**Child’s name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Child’s name** \_\_\_\_\_ **DOB** \_\_\_\_\_

I will make advanced payments in full at the Y Member Service Desk at the time of registration.

I receive third party payments, i.e. DCF/SRS, KVC, I understand that I am responsible for all copayment. Fees and payments will not be determined by time sheets.

I will be paying with electronic funds transfer. Information below is required with a voided check:

Bank name \_\_\_\_\_ Bank City/State \_\_\_\_\_

Type of Account:  Checking  Savings

Print your name as it appears on the account: \_\_\_\_\_

Bank routing number \_\_\_\_\_ Account number \_\_\_\_\_

I will be paying with a credit card:  Visa  Mastercard  Discover  American Express

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ 3-Digit Code \_\_\_\_\_

Print name as it appears on card \_\_\_\_\_ Zip Code \_\_\_\_\_

**We have read the Accounting Policies and agree to comply with all payments and policies.**

\_\_\_\_\_  
**Print Name of Authorized Signature**      **Authorized Signature**      **Date**

**Participant Health History and Information**

Hospital preference (please circle): St. Francis Stormont Vail

Child's Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

Is your child covered by insurance?  Yes  No If yes please complete the following:

Health Insurance/Medical Assistance Name \_\_\_\_\_ Policy/Card number \_\_\_\_\_

Military Medical Care I.D. Number \_\_\_\_\_

**Check any conditions that your child has experienced:**

Asthma  Autism  Diabetes  Heart/Lung Conditions  ADD/ADHD  Cerebral Palsy/Other Motor Disorder

Cognitive or Learning Disabilities  Status of Vision, Hearing, Speech to Note \_\_\_\_\_

Non-Food Allergies (list) \_\_\_\_\_

Food/Milk Allergies (list) \_\_\_\_\_

If your child has food allergies or dietary restrictions, attach a statement from a medical professional. (REQUIRED)

My child carries and epi-pen, inhaler or other medication. (additional medication form is required)

Other conditions to note: \_\_\_\_\_

Please provide symptoms and/or special instructions for any condition marked above. (Additional information may be attached) \_\_\_\_\_

**Check any of the following that relate to your child:**

Fears we should be aware of: \_\_\_\_\_

An event in your child's life that may have been particularly upsetting: \_\_\_\_\_

Social or emotional characteristic you would like to note: \_\_\_\_\_

Other conditions requiring special care or additional information you feel would be helpful. (additional pages or notes may be attached) \_\_\_\_\_

**Please answer yes or no to each of the following:**

My child attended a public/accredited non-public school in Kansas, Missouri, or Oklahoma the previous year?

I have provided a copy of immunization records for my kindergartner child along with this form.

My child is current on his/her immunizations.

Is your child currently taking any medication?  Yes  No If yes, what kind and why (unless confidential by law)? \_\_\_\_\_

If any medication (prescription or over the counter) is required during Y program time, a medication form **MUST** be completed.

**The YMCA of Topeka has my permission to:** (initial each line)

Involve my child in photographs or video taken for Y publicity purposes

Transport my child, provided that the Y and the driver have the legally required insurance in force, the driver has a valid Kansas driver's license and there is a current Kansas tag on the vehicle.

**Statement of understanding:** (your signature confirms your agreement with the following terms)

- I will notify the staff of any changes in the registration information.
- I understand it is my responsibility to sign my child in upon arrival to the program and out before leaving each day.
- I understand there is \$1/minute late pick up fee charged for each child picked up after 5:30pm. If the child is not picked up by 6:30pm 911 will be called.
- I understand that the Y has a no outside contact policy between Staff and Children. This includes but is not limited to : babysitting, sleepovers, transportation or other non-Y events.
- I understand that state law mandates the Y to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- **In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the Y to take my child to the nearest facility for medical attention.**
- I consent to my child's participation in the Y program and assume the risks involved. I attest and verify that I have knowledge of the risks involved in program activities and I give my child authorization to participate in such activities.
- By signature and of free will I do hereby agree to indemnify and hold harmless the Y for any and all claims or demands, cost of expense arising out of any injury or damage sustained by me or any party I am responsible for.
- I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for allowing my child to participate in Y programs, I understand and expressly acknowledge that I, for myself and for anyone entitled to act on my behalf, waive and release the Y, sponsors, representatives and successors from all claims or liabilities of any kind arising out of my child's participation in activities at or sponsored by the Y. I further agree to indemnify and save harmless the Y from any claims or demands arising out of such injuries or losses. I understand that this release includes any claims based on negligence, action or inaction of the YMCA of Topeka, its staff, directors, members and guests.

Print Name	Relationship to child	Sign Name	Date
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If the health history form was completed by a person other than a Parent/Guardian Who provided you with this information? What is that person's relationship to the child?

**2019 SUMMER DAY CAMP  
ACTIVITIES AND PARTICIPATION PERMISSIONS**

NORTH CIT CAMP #42320-006  
NORTH CAMP #42320-006

YMCA SOUTHWEST CAMP #48554-007  
YMCA HILL TOP CAMP #58947-009

While my child, \_\_\_\_\_, is attending YMCA Summer Day Camp from 7:00am to 5:30p, Monday thru Friday, between the dates of May 28 to August 2, 2019, I give permission for him/her to participate in the following activities:

Please initial indicating permission:

\_\_\_\_\_Swimming activities, including the use of the diving boards and water slides offered at the YMCA of Topeka branch locations (N, 1936 N Tyler; DT, 421 SW Van Buren; SW, 3635 SW Chelsea Dr.) and

Blaisdell Pool  
4201 SW Reinisch PKWY, Topeka 66606  
Lake Shawnee Adventure Cove  
3435 SE East Edge Rd., Topeka 66605  
Garfield Park Pool  
1600 NE Quincy, Topeka  
Shawnee North Family Aquatic Center  
300 NE 43<sup>rd</sup>, Topeka  
Midwest Health Aquatic Center  
2201 SW Urish Rd., Topeka 66614  
Oakland Pool  
801 NE Poplar, Topeka 66616

Dornwood Splash Park  
2815 SE 25<sup>th</sup>, Topeka 66605  
Manhattan City Pool  
1220 Poyntz, Manhattan 66502  
Osage City Pool  
525 S 2<sup>nd</sup>, Osage City 66523  
Jones Aquatic Center  
4202 W 18<sup>th</sup> Ave., Emporia 66801  
Jackson Spray Park  
1220 SE 10<sup>th</sup>, Topeka 66607

\_\_\_\_\_My child has my permission to use all of the play equipment and participate in all camp activities provided at the YMCA and field trip areas, i.e.

Gage Bowl  
4200 SW Huntoon, Topeka 66604  
Brown vs. Board of Education  
1515 SE Monroe, Topeka  
Gage Park & Topeka Zoo  
635 SW Gage, Topeka 66606  
Lake Shawnee  
3137 SE 29<sup>th</sup>, Topeka 66605  
Topeka & Shawnee County Public Library  
1515 SW 10<sup>th</sup>, Topeka 66604  
Kansas Children's Discovery Center  
4400 SW 10<sup>th</sup>, Topeka 66606  
Going Bonkers  
5515 SW 21<sup>st</sup>, Topeka 66604  
Sky Zone Trampoline Park  
1801 SW Wanamaker, Topeka 66615  
Regal 14 Movie Theater  
6200 SW 6<sup>th</sup>, Topeka 66615  
Deanna Rose Farmstead  
13800 Switzer Rd., Overland Park 66221  
Barnes and Noble  
6130 SW 17<sup>th</sup>, Topeka 66615  
McDonald's  
3117 S Topeka Blvd, Topeka 66611

Wamego Park  
569 – 599 6<sup>th</sup> St., Wamego 66547  
Prairie Park Nature Center  
2730 Harper St., Lawrence 66046  
Watkins Museum of History  
1047 Massachusetts, Lawrence 66044  
Helping Hands Humane Society  
5720 SW 21<sup>st</sup>, Topeka 66604  
Cedar Crest – Governor's Mansion  
1 Cedar Crest Dr., Topeka 66606  
Quincy Metro Station  
820 SE Quincy, Topeka 66612  
Build A Buddy Factory  
1801 SW Wanamaker, Topeka 66604  
Great Overland Station  
701 N Topeka, Topeka 66608  
West Ridge Lanes  
1935 SW Westport Dr., Topeka 66604  
Mulvane Art Lab  
1700 SW Jewell, Topeka 66621  
Flint Hills Discovery Center  
315 S 3<sup>rd</sup>, Manhattan 66502  
Museum of Kansas National Guard  
125 SE Airport Dr., Topeka 66619

OZ Museum  
511 Lincoln Ave., Wamego 66547  
Combat Air Museum  
7016 SE Forbes, Topeka 66619  
Ritchie House  
1116 SE Madison, Topeka 66601  
Call Hall K-State Campus  
1530 Mid-Campus Dr., Manhattan 66506  
Kansas State Capitol  
300 SW 10<sup>th</sup>, Topeka 66612  
McDonald's  
5525 SW 21<sup>st</sup>, Topeka 66604

Pizza Hut  
27 Market St., Osage City 66523  
David Traylor Zoo of Emporia  
8702 75 Sodens Rd., Emporia 66801  
Sk8away  
815 SW Fairlawn Rd., Topeka 66606  
Sports Center  
6545 SW 10<sup>th</sup>, Topeka 66615  
Sonic Drive In  
5922 SW 21<sup>st</sup>, Topeka 66614  
3520 SE 29<sup>th</sup>, Topeka 66605  
1221 SW Gage, Topeka 66604

\_\_\_\_\_I hereby give my permission for my child to watch G & appropriate PG movies. Alternative activities will be provided for children no viewing the movies.

\_\_\_\_\_Face painting, colored hair gel and nail polish for various spirit activities. With the exception of nail polish, all items will wash out or off with regular soap and water. Campers will always have the opportunity to choose not to participate.

\_\_\_\_\_Sunscreen and bug spray administration. Each time campers will be outside for an extended period, sunscreen/bug spray (provided by campers) will be applied by campers. **Sunscreen will be applied as a protective measure, but this is not a guarantee against sunburn.**

\_\_\_\_\_The staff will be notified promptly of any changes in our family that would affect the child's attendance, activities or behavior. This includes updating information in the camper's file.

I understand that some of the above activities are considered to be HIGH RISK, according to the Kansas Department of Health & Environment.

I have read, understand and agree to follow the policies set forth in the Parent Handbook. I understand the YMCA reserves the right to dismiss a child for continual behavioral problems. I hereby give permission for the above named child to participate in any camp program that includes transportation to or from a camp activity or field trip.

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Parent/Guardian Signature

Date

Dear Parent or Guardian:

Our center has been approved for participation in the Child and Adult Care Food Program (CACFP). The CACFP reimburses the center for the partial cost of meals. Participation in the CACFP enables us to keep our fees lower as well as serve nutritious meals to children in our program.

**The parent/guardian must complete Parts 1 and 4 and one of the following options: Part 2, Part 3A or Part 3B, to determine the amount of CACFP funds the center will be eligible to receive. This form will be placed in our files and treated as confidential information. Note: no white out or erasure should be used. If there is an error cross through, correct, and initial.**

**Part 1 FOR CHILD ENROLLMENT:**

- **CHILD'S NAME:** List the first and last name of all children enrolled at this center.
- **DATE OF BIRTH:** List each child's date of birth.
- **TIMES OF CARE, DAYS OF CARE and MEALS SERVED:** List the regular times of care for each child by listing their arrival time and leave time, check each day the child will be in care and check each meal type received while in care.
- **ETHNICITY/RACE:** Using the codes provided, enter the codes for ethnicity and race.
- **FOSTER CHILD:** If the child is a foster child (the legal responsibility of a foster care agency or the court), please check the box.

**Part 2 FOR A HOUSEHOLD RECEIVING BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), TEMPORARY ASSISTANCE FOR FAMILIES (TAF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR):**

- Complete Parts 1, 2 and 4 on the reverse side.
- Provide the name and case number for the program from which benefits are received.

**Part 3A FOR A HOUSEHOLD EXCEEDING THE INCOME GUIDELINES LISTED ON THE CHART BELOW:**

- Complete Parts 1, 3A and 4 on the reverse side.

**TO CALCULATE ANNUAL INCOME**

Weekly Income X 52 • Every 2 Weeks Income X 26 • Twice a Month Income X 24 • Monthly Income X 12

Household Size:	1	2	3	4	5	6	7	Each Add'l Family Member
Annual Income:	\$22,459	\$30,451	\$38,443	\$46,435	\$54,427	\$62,419	\$70,411	+ \$7,992

**Part 3B FOR ALL OTHER HOUSEHOLDS:**

- Complete Parts 1, 3B and 4 on the reverse side using the additional information below.
- **HOUSEHOLD NAMES:** Write the names of everyone in your household not listed in Part 1. Include yourself and all other children, your spouse, grandparents, other relatives and unrelated people in your household. Use a separate sheet of paper if you do not have enough space.
- **GROSS INCOME BEFORE DEDUCTIONS:** Write the amount of income each person gets on the same line as their name. Use the appropriate column(s): Earnings from Work, Welfare/Child Support/Alimony, Pensions/Retirement/Social Security or Other Income (see list below). Next to the amount of income write how often the income was received. Income is all money before taxes or anything else is taken out. If a person does not have income, check the box for zero income.
  - **OTHER INCOME:** strike benefits, unemployment compensation, worker's compensation, disability benefits, interest/dividends, cash withdrawn from savings, income from estates/trust/investments, royalties/annuities/rental income, and regular contributions from persons not living in the household.
  - **FOSTER CHILDREN:** List any personal income received by the foster child under Part 3B. Personal income is (a) money given for the child's personal use, such as clothing, school fees and allowances and (b) all other money the child gets, such as money from his/her family.
  - **MILITARY HOUSING BENEFITS:** Report off-base housing allowance as income. If the housing is part of the Military Housing Privatization Initiative, do not include as income.
  - **SELF-EMPLOYMENT:** Report income derived from the business venture less operating costs for net income. The loss from the business cannot be deducted from a positive income earned in other employment. The least possible income is zero.
- **SOCIAL SECURITY NUMBER:** Write the last four (4) digits of the social security number of the adult household member who signs the form. If the adult household member does not have a social security number, check the box. Use of this information is for CACFP use only and is required.

**Part 4 SIGNATURE AND CONTACT INFORMATION:**

- Sign and date the application. The form must be signed by the parent or guardian.
- Complete the contact information – name, address, telephone number, and employer information.

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 deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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:

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

This institution is an equal opportunity provider.

**ENROLLMENT & INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS  
JULY 1, 2018 THROUGH JUNE 30, 2019**

**Part 1. CHILD ENROLLMENT:** Complete the information below for all children in care. If the child is a foster child (legal responsibility of a foster care agency or the court), please check the box.

Last Name, First Name	Date of Birth	Times of Care		Regular Days of Care							Meals Served During Care					Ethnicity/Race*		Foster Child					
		Arrival Time	Leave Time	M	T	W	T	F	S	S	B	A	L	P	D	E	V		Ethnicity	Race			
																							<input type="checkbox"/>
																							<input type="checkbox"/>
																							<input type="checkbox"/>
																							<input type="checkbox"/>

\*Ethnicity (select one): H=Hispanic or Latino or N=Not Hispanic or Latino

\*Race (select one or more): W=White, B=Black or African American, I=American Indian or Alaskan Native, A=Asian, or P=Native Hawaiian or other Pacific Islander

**Part 2. HOUSEHOLDS RECEIVING BENEFITS FROM THE FOOD ASSISTANCE PROGRAM (FAP), TEMPORARY ASSISTANCE FOR FAMILIES (TAF), OR FOOD DISTRIBUTION PROGRAM ON INDIAN RESERVATIONS (FDPIR):** Complete Parts 1, 2 and 4.

Program Name: \_\_\_\_\_ Case No. \_\_\_\_\_

**Part 3A. HOUSEHOLDS EXCEEDING THE INCOME GUIDELINES:** Complete Parts 1, 3A and 4.

If your family income exceeds the income guidelines (listed on reverse side), check this box

**Part 3B. ALL OTHER HOUSEHOLDS – If you do not have a FAP, TAF or FDPIR case number:** Complete Parts 1, 3B and 4.

List the Names of All Household Members not listed in Part 1	GROSS INCOME BEFORE ANY DEDUCTIONS (Net for Self Employed) W=Weekly E2=Every 2 weeks 2M=Twice monthly M=Monthly Y=Yearly								Check if ZERO income
	Earnings from Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		All Other Income		
	How much?	How often?	How much?	How often?	How much?	How often?	How much?	How often?	
(Example) Jane Smith	\$200	W	\$150	2M	\$100	M			<input type="checkbox"/>
1									<input type="checkbox"/>
2									<input type="checkbox"/>
3									<input type="checkbox"/>
4									<input type="checkbox"/>
5									<input type="checkbox"/>
6									<input type="checkbox"/>

Social Security Number of Household Member who signs form:

Last four digits of Social Security Number: XXX- XX - \_\_\_\_\_

If you do not have a Social Security Number, check this box

Privacy Act Statement: 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, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the adult household member who signs the application. The social security number is not required when you apply on behalf of a foster child or you list a Food Assistance Program (FAP), Temporary Assistants for Families (TAF) or Food Distribution Program on Indian Reservation (FDPIR) case number for your child or other (FDPIR) identifier 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 if your child is eligible for free or reduced price meals, and for administration and enforcement of the CACFP.

**Part 4. SIGNATURE AND CONTACT INFORMATION:**

*I certify that all information on this form is true and that all income is reported. I understand that the facility will receive Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose their meal benefits, and I may be prosecuted.*

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Employer(s) \_\_\_\_\_

**FOR CENTER USE ONLY**

\_\_\_\_ FAP/TAF/FDPIR HOUSEHOLD

\_\_\_\_ Homeless Documentation from school, emergency shelter, or agency

\_\_\_\_ ANNUAL INCOME: \_\_\_\_\_ HOUSEHOLD SIZE: \_\_\_\_\_

\_\_\_\_ Sponsor's Determining Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_ Sponsor's Confirming Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>HOUSEHOLD CATEGORY:</b>	<input type="checkbox"/> Free
	<input type="checkbox"/> Reduced Price
	<input type="checkbox"/> Paid
<b>Foster Child – Free Category</b>	
List name of foster child(ren):	_____