

SUMMER CAMP 2017



GENERAL INFO

Monday - Friday

7:00 - 5:30 PM

(\$1 late pick up fee)

Programs

Our Summer program provides age-appropriate fun for children 5 - 13 yrs

2 week minimum enrollment for Summer

2017 Summer Dates

June 19th - August 25th 2017

SAMPLE DAILY SCHEDULE

6:30 - 8:45	ARRIVAL/ BREAKFAST / QUIET TABLE TOPS
8:45 - 9:00	CLEAN UP/ TRANSITION
9:00 - 9:30	DEVOTION
9:30 - 10:30	PROJECT DEVELOPMENT/ TRIP
10:30 - 11:00	MORNING SNACK
11:00 - 12:00	ALL SUMMER LONG READING PROGRAM
12:00 - 1:00	LUNCH
1:00 - 2:00	TIME TO REFLECT/ JOURNAL ENTRY
2:00 - 3:00	LET'S MOVE!/ ZUMBA/ YOGA
3:00 - 3:30	SNACK TIME
3:30 - 4:45	PROJECT DEVELOPMENT
4:45 - 5:00	CLEAN UP & TRANSITION
5:00 - 5:30	FREE EXPLORATIONS

TUITION & FEES

Registration \$45 / \$80 (family)

Weekly Tuition

10% OFF for families with multiples

Please choose either Option 1 or 2

Option 1: Without Trips (\$110)

Option 2: With Trips (\$160)

Registration applies to new families only.

Option 2 pays the cost of all Trips and Transportation.

WEEKLY HIGHLIGHTS

Movie Mondays

Trivia Tuesdays

Water Ice Wednesdays

Tasty Thursdays

Flashback/Flashforward Fridays

EARLY BIRD SPECIAL!

- Sign up by March 31st
get 15% OFF one week tuition
- Pay in full by June 19th
receive 10% OFF entire summer tuition

Enroll Today!

610-734-5900

SNEAK PEEK

Fun Plex

Sahara Sam's

Arnold's Fun Center

Wildwood

Hershey Park

Dorney Park

Camping & Fishing

And more...

Fieldtrips are subject to change!

10 Weeks | 18 Trips

CALL TODAY TO REGISTRER

610-734-5900

Little Bible Buddies Childcare Facility

500 Midvale Rd., Upper Darby PA 19082

ABOUT US

The LBB Summer Camp Program is an exciting and hands-on learning opportunity for young learners with a special emphasis on Art, Dance, Career Exploration and Drama; while continuing to improve the student's Reading, Writing, and Math Skills. Each activity is created to be both fun and full of academic enrichment. The program intends to expose children to these subjects by capturing their eyes, minds and hearts with inspiration and imagination.

Each week campers set out on a different expedition that will take them to exciting destinations whether it be with a trip or activity.

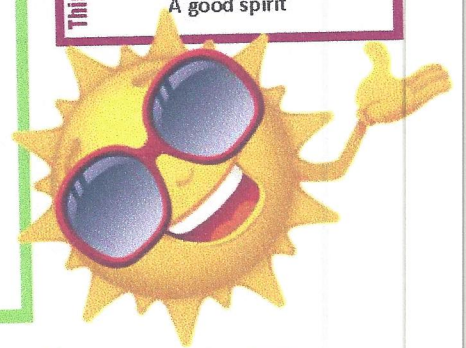
With these goals in mind, our program employs counselors who will provide a fun-filled, challenging and safe summer camp.

**Come join us for a unique
Summer Camp Experience**

WEEK 1 JUNE 19 - JUNE 23 SCIENCE WEEK	WEEK 6 JULY 24 - JULY 28 SPACE WEEK
WEEK 2 JUNE 26 - JUNE 30 WACKY WEEK	WEEK 7 JULY 31 - AUG 4 SPORTS WEEK
WEEK 3 JULY 3 - JULY 7 CARNIVAL WEEK	WEEK 8 AUG 7 - AUG 11 ADVENTEROUS WEEK
WEEK 4 JULY 10 - JULY 14 CHOCOLATE WEEK	WEEK 9 AUG 14 - AUG 18 OUTDOORS WEEK
WEEK 5 JULY 17 - JULY 21 WATER EXPLORATION WEEK	WEEK 10 AUG 21 - AUG 25 CELEBRATION WEEK

Things you'll need for camp:

- Summer Reading Lists
- Camp shirt \$12
- A Composition book
- Sneakers (no open toe shoes)
- Labeled Water Bottle
- A good spirit



Changes for 2017

- Project Development has replaced specialty camps.
- Introducing the **ALL SUMMER LONG READING PROGRAM**

Did you know that teachers typically spend between 4 to 6 weeks re-teaching material students have forgotten over the Summer?

This is called "Summer Slide." LBB is dedicated to putting a stop to this!

SUMMER CAMP REGISTRATION FORM

CHILD'S NAME _____ CHILD'S AGE _____

DATE OF BIRTH _____ T-SHIRT SIZE _____

ADDRESS _____

HOME TELEPHONE _____ email _____

MOTHER _____ home _____ cell _____

FATHER _____ home _____ cell _____

MOM &/or DAD's MAIN EMAIL _____

EMERGENCY CONTACT PERSON (S)

1. NAME _____ RELATIONSHIP _____

home _____ cell _____ work _____

2. NAME _____ RELATIONSHIP _____

home _____ cell _____ work _____

CHILD'S ALLERGIES, MEDICATIONS OR PHYSICAL LIMITATIONS. PLEASE EXPLAIN.

DOCTOR'S NAME _____ DOCTOR'S PHONE NUMBER _____

I give my child _____ permission+ to attend this program.

I give permission for my child's picture/video to be taken for decoration around the center Yes No

Referred By _____

I will attend "Mandatory Parent Orientation" meeting _____ June 15th, 2017 or _____ June 16th, 2017 (initials)

PARENT/GUARDIAN'S SIGNATURE _____

I agree to terms of "**Behavior Contract**" _____

(Parent/Guardian Signature)

(Camper Print)

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN	DATE
SIGNATURE OF PARENT or GUARDIAN	DATE

AGREEMENT

55 PA CODE CHAPTERS 3270.123 &.181(c); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY-WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
TRANSPORTATION, CARE, MEALS,		
HOMEWORK ASSISTANCE		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN-HR	
Extra services to be provided at an additional fee if applicable		

I, the parent/guardian;

received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

SIGNATURE-OPERATOR

DATE

SIGNATURE-PARENT OR GUARDIAN

DATE

DATE OF CHILD'S ADMISSION

DATE OF WITHDRAWAL

PERIODIC REVIEW

SIGNATURE-PARENT OR GUARDIAN

DATE

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)
 YES NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)	
HEARING (subjective until age 4)	
LEAD	

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER:
	DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

SUMMER CAMP 2017



June 19th - August 25th 2017

SUMMER CAMP RULES AND POLICIES

Campers must be enrolled for at least 2 weeks of Summer Camp. No "drop-in" option.

FINANCIAL

- Tuition/summer camp fee/ co-payments are due each FRIDAY for the following week, must be in exact change. **CASH**, **CREDIT** or **MONEY ORDER only!**
- There is a \$5 late fee applied each day after Friday for late tuition. Late tuition and Late pick-up fees must be paid along with tuition.
- There is **NO INDIVIDUAL PAYMENTS** for trips. All trips are paid for through the weekly "with trip" tuition
- **All registration fees must be paid before a child can begin the summer camp program or participate in any trip activity**

TIMES

- Camp ends at 5:30 daily. There is a late fee of \$1 per minute/per child when children are picked up late.
- Children must arrive **NO LATER THAN 9:00AM DAILY**. Children will not be permitted after 9:30 unless a parent calls the office due to an emergency or doctor's appointment that morning.
- There will be a counselor to receive/return the children from/to your vehicles for drop off and pick up daily.

PERSONAL BELONGINGS

- **No personal game systems or toys are permitted. Technology is allowed on Fridays but Little Bible Buddies is not responsible for any lost, stolen or damaged items.**
- Children are not allowed to bring money unless told otherwise or on trip days.
- Minimize belongings in backpacks for trips. Children are responsible for carrying their own bags on trips.

MAJOR AND MINOR CONCERNS

- Parents are not permitted to address other camp children
- **ALL CONCERNS** (about children issues, counselor performances, etc.), should be brought to the attention of the office.

THE "MUSTS"

- Children **MUST wear their camp shirts on trip days.**
- Children **MUST wear their bathing attire on WATER TRIPS** to camp and pack a change of clothes.
- Children **MUST wear WATERSHOES on WATER TRIPS, not flip flops**

MEALS

- Lunch and snack are provided. Tuesdays and Thursdays the children must bring their own lunch unless told otherwise by trip list. No heat-able meals for breakfast or lunch on trip days.

SUMMER CAMP 2017

June 19th - August 25th 2017



Behavior Contract

We are guests in the facility we are using. The LBB staff are here to secure the safety of all children and staff. Students who acquire 3 offenses within 1 week for ANY physical, verbal and/or aggressive behavior towards either another student or staff member will be suspended for 1 camp day. We would like to ensure all students have a fun and safe camp experience while attending Little Bible Buddies.

- A. I will not be physically or verbally hurtful to my peers or counselors.
- B. I will treat others with respect and never use foul language.
- C. I will participate in all summer camp activities that are set up by the counselors.
- D. I will dress appropriately and modestly for Summer camp every day.
- E. I will properly use the facilities. (restrooms, cafeteria, gym, etc.,)
- F. I will use all materials, supplies, and equipment appropriately.
- G. I will never walk out of the sight of my supervising counselor without permission.
- H. I will stay in my assigned group and area without complaint.
- I. I will not steal, destroy or touch the property of others.
- J. I will only use my technology on Fridays as long as it is permitted by my counselor.
- K. I will treat and address my counselors with respect at all times.
- L. I will ask for permission to leave assigned areas before walking away.

AT A GLANCE:

WEEK 1. JUNE 19 - 23

SCIENCE WEEK

M 19. FIRST DAY OF CAMP

MOVIE MONDAY

"HONEY WE SHRUNK OURSELVES"

"FLUBBER"

T 20. TRIVIA TUESDAY

W 21. WATER ICE

WEDNESDAY

TH 22. FRANKLIN INSTITUTE

F 23. FLASHBACK FRIDAY

40s

WEEK 2. JUNE 26 - 30

WACKY WEEK

M 26. MOVIE MONDAY

"A GOOFY MOVIE"

"FREAKY FRIDAY"

T 27. CLEMENTON PARK

W 28. WATER ICE

WEDNESDAY

TH 29.

F 30. DESPICABLE ME 3

TRANSFORMERS

JUNE 2017

Mon	Tue	Wed	Thu	Fri
			1	2
5	6	7	8	9
12	13	14	15	16
19 SUMMER CAMP BEGINS	20	21 	22 	23
26	27 	28	29	30 

AT A GLANCE:

SWIMMING EVERY
WEDNESDAY

WEEK 3, JUNE 19 - 23

CARNIVAL WEEK

M 3: PAINTBALLING (5-8)

T 4: LBB CLOSED

W 5: DUTCHWONDERLAND

F 7: FUNPLEX

WEEK 4, JUNE 26 - 30

CHOCOLATE WEEK

M 10: CHARLIE AND THE

CHOCOLATE FACTORY

T 11: MILLENIUM SKATING

TH 13: HERSHEY PARK

F 14: FLASHBACK FRIDAY 50s

WEEK 5, JULY 17 - 21

WATER EXPLORATION WEEK

M 17: FISHING

T 18:

TH:

F 21 SAHARA SAMS

WEEK 6, JULY 24-28

SPACE WEEK

M 24: IFLY

T 25: POWER RANGERS

TH 27: SKYZONE

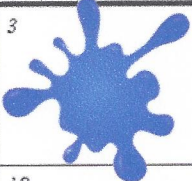



F 28: FLASHBACK FRIDAY 60s

WEEK 7, JULY 31 - AUG4

SPORTS WEEK

M 31: CITIZENS BANK PARK

JULY 2017

	Mon	Tue	Wed	Thu	Fri
3		4 	5 	6	7 
10		11 	12	13 	14
17		18	19	20	21 
24	 skydiving	25	26	27 	28
31					

AT A GLANCE:

WEEK 7: JULY 31- AUG 4

SPORTS WEEK

T 1: THE SANDLOT

W 2: Water Play Wednesday

TH 3: ARNOLD'S

F 4: FLASHBACK FRIDAY 60S

WEEK 8: AUG 7 - 11

ADVENTEROUS WEEK

M 7: ROCKCLIMBING

T 8: JUMANJI

F 11: DORNEY PARK

WEEK 9: AUG 14 - 18

OUTDOORS WEEK

T 15: BRANDYWINE PARK

T 17: WILDWOOD BEACH

WEEK 10: AUG 21 - 25

CELEBRATION WEEK

F 25: END OF SUMMER DANCE

WEEK 11: AUG 27 - 31

EXTENDED WEEK

M 27: CAMPING TRIP

AUGUST 2017

	Mon	Tue	Wed	Thu	Fri
		1 	2 	3 	4 <i>the 60s</i>
7 	8	9	10	11 	
14	15 	16	17 	18	
20	21	22	23 	24	
27 	28	29	30	31	

Little Bible Buddies
State-sponsored School/Daycare and Summer Food Program
500 Midvale Road Upper Darby, PA 19082
Phone: 610-734-5900. Fax: 484-973-9973

Dear Parent/Guardian:

This letter is intended for parents or guardians of children enrolled in a child care center. LBB offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. Your child(ren) may buy lunch for \$2.00, breakfast for \$1.00, and snack for \$0.50. Your child(ren) may also receive meals free or at a reduced price of \$0.40 for lunch, \$0.30 for breakfast, and \$0.15 for snack. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

1. **Do I need to fill out a Meal Benefit Form for each of my children in day care?** You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household only if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. Return the completed form to: Little Bible Buddies 500 Midvale Road Upper Darby, PA 19082.

2. **Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) benefits can get free meals. Foster children and children enrolled in Head Start are also eligible for free meals. Children in households participating in WIC may be eligible for free meals.

3. **Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Federal Income Chart, shown on this application. Children in households participating in WIC may be eligible for reduced price meals.

4. **May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

5. **Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

6. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed, by source, each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, or FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

7. **What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

8. **What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children should contact Little Bible Buddies 500 Midvale Road Upper Darby, PA 610-734-5900.

9. **We are in the military, do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

10. **Will the information I give be verified?** There may be a possibility that your application may be selected for verification. We may ask you to send written proof to verify the information you submitted on the form. What if I disagree with the decision about the information I complete on this form? You should talk to the director of LBB.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call 610-734-5900.

Sincerely,

Your Little Bible Buddies Administrative Team

Child and Adult Care Food Program Child Enrollment Form

Enrollment Date: _____

Child _____ Address _____ _____ Birth date _____	Parent/Guardian _____ Address _____ _____ Telephone (home) _____ (work) _____
---	--

Sponsoring Organization _____ Address _____ _____	Center/Home _____ Address _____ _____
---	---

Normal Hours of Care (write in times)*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____	Start: _____
End: _____	End: _____	End: _____	End: _____	End: _____	End: _____	End: _____

* If more than 8 hours of care per day, please attach an explanation to this form.

Daily Expected Meal Service Participation (please check box)

Breakfast	AM Snack	Lunch	PM Snack	Supper	Eve Snack

Is this child of school age? Yes No If yes, will additional meals be provided when school is not in session? Yes No If yes, please specify the meal: Breakfast Lunch Snack Supper

Parental Contacts: This child care facility participates in the Child and Adult Care Food Program. In order to receive federal funds, representatives of the sponsoring organization or the State Agency may contact you to verify your child's participation. Please indicate what time and method of contact you prefer:

____ Day	____ Evening	____ Time
____ Letter	____ Telephone (home)	____ Telephone (work)

Signature _____ **Date** _____
 Parent/Guardian

Signature _____ **Date** _____
 Center Administrator/Home Provider

"In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs)."
"To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."



For Sponsor Use Only

Child withdrew on _____



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<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 2. Benefits: If any member of your household received [State SNAP], [FDPIR], or [State TANF cash assistance], provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.
 NAME: _____ CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [Your School, Homeless Liaison, Migrant Coordinator at Phone #] Homeless Migrant Runaway

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income)	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
<i>(Example)</i> Jane Smith	\$200/weekly	\$150/twice a month	\$100/monthly	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /
	\$ /	\$ /	\$ /	\$ /

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Statement on the back of this page.)

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 purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ I do not have a Social Security Number