

# Little Bible Buddies **SUPER** Summer Camp



**2023**  
**Registration Packet**



# SUMMER CAMP INFORMATION

Get ready for some SUPER summer camp fun! Children will have the opportunity participate in a rotation of different specialty camps including cooking, dance/movement, sports, art, and academics. They will get to venture out on field trips every Tuesday & Thursday and enjoy Water Wednesdays where they get to enjoy outdoor water play and eat water ice here at the facility. This is sure to be a summer to remember!

**DATES:** June 19 – August 18, 2023\*\*

WEEK 1: June 19-23

WEEK 2: June 26-30

WEEK 3: July 3-July 7 (closed on Mon, 7/3 & Tue, 7/4 for Independence Day)

WEEK 4: July 10-14

WEEK 5: July 17-21

WEEK 6: July 24-28

WEEK 7: July 31-August 4 (4PM closing on Friday, August 4<sup>th</sup>)\*

WEEK 8: August 7-11

WEEK 9: August 14-18

*\*Note, we close at 4PM on the first Friday of each month for professional development training*

*\*\*Note, we are closed to school age children from August 21-25 to prepare for the 2023-24 school year*

**CAMP HOURS:** Monday through Friday 7:30AM – 5:30PM

Latest drop off is 9:00AM. Please note that extended care is available with advance notice from 6:30–7:30AM and 5:30–6:00PM at \$10.00 per child per day. Standard \$1.00 per min per child late fee applies after 5:30PM.

## **CAMP FEES:**

1. **REGISTRATION** – \$45.00 per child or \$60.00 per family
2. **TUITION** – Fulltime: \$175.00 per week or Parttime: \$125 per week (MWF only – no trips). Tuition fees are due every Friday for the subsequent week.
3. **TRIPS** – See attached trip schedule for individual fees. Trips must be paid at the time of weekly tuition. Children may not attend trips if tuition is unpaid or past due.
4. **T-SHIRT (\$12 each)** – For your child's safety, **children must wear a camp t-shirt on ALL trips**. Any child who arrives on trip day without a camp t-shirt will be provided a shirt for an additional fee that must be paid on the same day. Available sizes include:

Youth: XS(2-4), S(6-8), M(10-12), L(14-16), XL(18-20)    Adult: S, M, L, XL, 2XL

**AGES:** 6-13 (grades 1-8) – *this is the grade your child will enter in Fall 2023*

Preschool aged children (3–5) are welcome to participate in our wonderful preschool program pending availability. Inquire with the office for more information.

**MEALS:** Breakfast, lunch, and afternoon snack are provided. On trip days (Tuesday and Thursday), the children must pack their own cold lunch unless specified otherwise per the trip list (children may not bring lunch money). Breakfast is served between 8:30-9:00AM daily.

**DAILY SUPPLIES:** Children should bring with them each day, a labeled backpack with a labeled water bottle, change of clothes, sunscreen, hat or visor, and sneakers. For your child's safety, **no flip flops**.



# SUMMER CAMP RULES

## GENERAL:

- All required paperwork including a health assessment and immunization records, registration fee, first & last week's tuition, and trip fees must be submitted before your child(ren) may start camp.
- Children must arrive by 9:00AM daily. Children will not be permitted after 9:00AM unless a parent provides advance notice of an emergency or doctor's appointment.
- A parent must escort their child to/from designated drop-off and pick-up area(s).
- If a child misses the bus and/or is unable to attend a trip for any reason, then that child may attend camp that day as usual. No refunds will be issued for missed trips.
- All children are required to wear a camp t-shirt on trips. Any child who arrives on trip day without a camp t-shirt will be provided a shirt for an additional fee that must be paid on the same day.
- On the day of water trips, water shoes should be worn; **no flip flops**. Children must also wear a swimsuit to camp, with a camp t-shirt over top.

## PAYMENT:

- Tuition is due **each FRIDAY** for the subsequent week. Payment may be submitted directly to the office via cash or cash app (\$lbbdoe).
- A \$20 late fee will be applied each week for late tuition. Late fees must be paid along with tuition.
- Trip payments are due at the time of tuition for the subsequent week. Children may not attend trips if tuition is unpaid or past due.

## CHILD CONDUCT:

- All children must conduct themselves with respect, honesty, and integrity.
- Failure to meet the terms of the behavioral contract will result in automatic dismissal from the program. Refunds will not be issued.
- LBB is NOT responsible for any missing or broken electronics.
- Children are not permitted to bring money unless specified otherwise or on trip days. LBB is not responsible for any child's money.

## PARENT CONDUCT:

- Parents must conduct themselves as according to the Parent Handbook.
- Parents are never permitted to address other camp children.
- Parents should address the office in the first instance about any concerns.



# BEHAVIOR CONTRACT

1. I will treat all counselors, staff, and campers with the utmost respect by keeping my hands to myself and using my mouth only to eat and say kind and uplifting words.
2. I will dress appropriately and modestly for summer camp every day.
3. I will make proper use of all facilities including trip locations.
4. I will use materials, supplies, and indoor/outdoor equipment properly.
5. I will participate in all summer camp activities that are set up by the counselors.
6. I will never walk away from a counselor without permission, especially during trips and when my parent arrives.
7. I will understand that LBB is not responsible for my electronics and thus, I must take proper care of my belongings and never leave them unattended.
8. I will keep an open mind and have FUN!

**\*\*\* The first violation of the behavior contract will result in a verbal warning. A second violation will result in a written warning and parent conference. Any further violations will result in automatic dismissal from the program. Tuition and trip payments are non-refundable. \*\*\***



# 2023 TRIP LIST

WEEK	DATE OF TRIP	PAYMENT DUE DATE	COST (per child)	NAME OF TRIP	DEPARTURE (promptly)	ARRIVAL (estimate)	ESSENTIALS (what's needed)
Week 1 June 19-23	Tuesday, June 20 <sup>th</sup>	June 16 <sup>th</sup>	\$25.00	Main Event	10:00AM	4:00PM	Socks Sneakers
	Thursday, June 22 <sup>nd</sup>		\$55.00	Dorney Park*	9:00AM	6:00PM	Swimwear, Sneakers
Week 2 June 26-30	Tuesday, June 27 <sup>th</sup>	June 23 <sup>rd</sup>	\$25.00	Oasis Family Fun Center	10:00AM	4:00PM	Socks, Sneakers
	Thursday, June 29 <sup>th</sup>		\$40.00	Franklin Institute w/ Disney Exhibit	10:00AM	4:00PM	Swimsuit, Sneakers, <b>Lunch</b>
Week 3 July 3-7 (Closed July 3 <sup>rd</sup> & 4 <sup>th</sup> )	Thursday, July 6 <sup>th</sup>	June 30 <sup>th</sup>	\$25.00	Adventure Aquarium	10:00AM	4:00PM	Sneakers, <b>Lunch</b>
	Friday, July 7 <sup>th</sup>		\$18.00	Ichiban Buffet	11:00AM	2:00PM	Sneakers
Week 4 July 10-14	Tuesday, July 11 <sup>th</sup>	July 7 <sup>th</sup>	\$35.00	Urban Air	10:00PM	4:00PM	Socks, Sneakers
	Thursday, July 13 <sup>th</sup>		\$10.00	V&S Bowling	12:30PM	4:30PM	Socks, Sneakers
Week 5 July 17-21	Tuesday, July 18 <sup>th</sup>	July 14 <sup>th</sup>	\$20.00	Philadelphia Zoo	10:00AM	4:00PM	Sneakers, <b>Lunch</b>
	Thursday, July 20 <sup>th</sup>		\$35.00	Clementon Park	9:00AM	6:00PM	Swimsuit, Sneakers, <b>Lunch</b>
Week 6 July 24-28	Tuesday, July 25 <sup>th</sup>	July 21 <sup>st</sup>	\$15.00	AMC Theater	TBD	TBD	Sneakers
	Thursday, July 27 <sup>st</sup>		\$45.00	The FunPlex	9:30AM	5:30PM	Swimsuit, Sneakers
Week 7 July 31 – August 4	Tuesday, August 1 <sup>st</sup>	July 28 <sup>th</sup>	\$20.00	Round1	10:00AM	4:00PM	Socks, Sneakers
	Thursday, August 3 <sup>rd</sup>		\$35.00	Big Kahuna's****	9:30AM	5:30PM	Swimsuit, Sneakers
Week 8 August 7-11	Tuesday, August 8 <sup>th</sup>	August 4 <sup>th</sup>	\$35.00	Dave & Buster's	10:00AM	4:00PM	Socks, Sneakers,
	Thursday, August 10 <sup>th</sup>		\$20.00	Legoland	10:00AM	4:00PM	Socks, Sneakers, <b>Lunch</b>
Week 9 August 14-18	Tuesday, August 15 <sup>th</sup>	August 11 <sup>th</sup>	\$10.00	Family Day at Smith Playground	9:30AM	4:00PM	Socks, Sneakers
	Thursday, August 17 <sup>th</sup>		\$40.00	Arnold's Fun Center	10:00AM	4:00PM	Socks, Sneakers

\* Trip schedule and pricing subject to change

\*\*Due to hiring shortage, any child not attending a trip must remain home on trip day

\*\*\* Dorney Park is now a "cashless" park. For this reason, we have purchased a lunch voucher for each child at \$17/pp which is included in the trip price above. It does not include a drink, so please pack a refillable water bottle or purchase a drink voucher.

\*\*\*\*All young school-age children (grades 1-3) must bring a chaperone to attend this water trip.

\*\*\*\*\*On trips where lunch is required, please **do not send your child with lunch money**. This causes major delays and minimizes play time. You must send a **packed cold lunch only**.

**\*\* We are guests in the facilities that we occupy and must behave accordingly. \*\***



# REGISTRATION FORM

June 19 – August 18, 2023

Monday – Friday

7:30AM – 5:30PM

Tons of SUPER summer camp fun!

Child's name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Age \_\_\_\_\_ Grade entering Fall 2023 \_\_\_\_\_ T-shirt size/amount (\$12) \_\_\_\_\_

☐ Full Time (4-5 days per week) ☐ Part Time (Monday, Wednesday, Friday only – no trips)

Enrollment Date \_\_\_\_\_ Start Date \_\_\_\_\_

Registering Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Subsidy: Yes OR No

Record Number \_\_\_\_\_ Copay \$ \_\_\_\_\_

Caseworker \_\_\_\_\_ Phone # \_\_\_\_\_

## PERMISSIONS:

I give my child permission to go on walks and trips.

Yes No

I give my child permission to participate in aquatic activities such as swimming, wading, sprinklers, etc.

Yes No

I give permission for my child's picture to be taken for decoration around the center.

Yes No

I give permission for my child's picture/video to be uploaded to LBB's website and/or social media platform for promotional use only.

Yes No

I understand and will adhere to the behavior contract and camp rules that are outlined in this camp registration packet. I understand that failure to comply may result in dismissal from the program.

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



# 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		BIRTH DATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE 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 REACTIONS)	
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)	
<b>PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		
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.)		
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 minumum. (§ 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:		

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

<b>DO NOT OMIT ANY INFORMATION</b> <b>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.</b>						
HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY): <input type="checkbox"/> 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. <input type="checkbox"/> NONE						
CHILD'S ALLERGIES (DESCRIBE, IF ANY): <input type="checkbox"/> 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. <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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 <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> )  <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>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.</b>			
			VISION (subjective until age 3)			
			HEARING (subjective until age 4)			
			LEAD			
<b>RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD</b>						
<b>IMMUNIZATIONS</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>DATE</b>	<b>COMMENTS</b>
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:						
		PHONE:		TITLE:		
				LICENSE NUMBER:		DATE FORM SIGNED:

# Child and Adult Care Food Program Child Enrollment Form (Sample)

Sponsor/Center Name: \_\_\_\_\_  
Agreement #: \_\_\_\_\_

## ENROLLMENT FORM FOR CHILDREN IN CHILD CARE (SAMPLE)

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

**PARENTS:** This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same.

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK								MEALS RECEIVED
		TIME-IN			TIME OUT			TIME CHILD ATTENDS SCHOOL		
		AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER	
FIRST CHILD	<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: _____ Enrollment Date: _____ Withdrawal Date: _____								<input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
SECOND CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: _____ Enrollment Date: _____ Withdrawal Date: _____								<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
THIRD CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY	<input type="checkbox"/> Same Times as Above <input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours Other: _____ Enrollment Date: _____ Withdrawal Date: _____								<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK

Signature

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number of Parent or Guardian

CHILD CARE REPRESENTATIVE USE ONLY:

\_\_\_\_\_  
Name of Representative/Signature

\_\_\_\_\_  
Date

The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

\*\*\*\*\*

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, audiotope, 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](#), (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.

CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

APPLY ONLINE:

Insert URL Here

STEP 1 List ALL children in day care (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."  
  
Children in Foster care and children who meet the definition of **Homeless, Migrant** or **Runaway** are eligible for free meals.

Child's First Name	MI	Child's Last Name	Foster Child	Migrant	Runaway	Homeless	Head Start
			<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"/>

Check all that apply

STEP 2 Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

IF NO > Go to STEP 3 IF YES > Write case number here and proceed to STEP 4 (do not complete STEP 3)

CASE NUMBER:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.  
  
The "Sources of Income for Children" chart will help you with the Child Income section.  
  
The "Sources of Income for Adults" chart will help you with All Adult Household Members section.

**A. Child Income**  
Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child Income

How often?

Weekly Bi-Weekly Monthly Bi-Monthly

**B. All Adult Household Members (Including yourself)**  
List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and last)	Earnings from Work	How often?				Welfare/Child Support/Alimony	How often?				Pensions/Retirement/ Social Security/SSI/ VA Benefits	How often?				
		Weekly	Bi-Weekly	Monthly	2x Month		Weekly	Bi-Weekly	Monthly	2x Month		Weekly	Bi-Weekly	Monthly	2x Month	
	\$															
	\$															
	\$															
	\$															
	\$															

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or other Adult Household Member

X X X X X

Check if no SSN

STEP 4 Contact information and adult signature. MAIL COMPLETED FORM TO YOUR SCHOOL AT:

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form

Signature of Adult

Today's Date

Address

City

State

Zip

Phone/Email

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none"><li>A child has a regular full or part-time job where they earn a salary or wages</li></ul>
Social Security <ul style="list-style-type: none"><li>- Disability Payments</li><li>- Survivors Benefits</li></ul>	<ul style="list-style-type: none"><li>A child is blind or disabled and receives Social Security benefits</li><li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li></ul>
Income from person outside of household	<ul style="list-style-type: none"><li>A friend or extended family member regularly gives a child spending money</li></ul>
Income from any other source	<ul style="list-style-type: none"><li>A child receives regular income from a private pension fund, annuity, or trust</li></ul>

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"><li>Salary, wages, cash bonuses</li><li>Net income from self-employment (farm or business)</li></ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"><li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li><li>Allowances for off-base housing, food, and clothing</li></ul>	<ul style="list-style-type: none"><li>Unemployment benefits</li><li>Workers compensation</li><li>Supplemental Security Income (SSI)</li><li>Cash assistance from State or local government</li><li>Alimony payments</li><li>Child support payments</li><li>Veterans benefits</li><li>Strike benefits</li></ul>	<ul style="list-style-type: none"><li>Social Security (including railroad retirement and black lung benefits)</li><li>Private Pensions or disability benefits</li><li>Income from trusts or estates</li><li>Annuities</li><li>Investment income</li><li>Earned interest</li><li>Rental income</li><li>Regular cash payments from outside household</li></ul>

OPTIONAL

Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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, (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:

**MAIL\*:**

U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

**FAX:** (202) 690-7442; or  
**EMAIL:** [program.intake@usda.gov](mailto:program.intake@usda.gov).

*This institution is an equal opportunity provider.*

**\*Only use this address if you are filing a complaint of discrimination.**

DO NOT FILL OUT

For official use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income

How often?

Weekly

Bi-Weekly

Monthly

2x Month

☐

☐

☐

☐

Household size

Categorial Eligibility

☐

Eligibility

Free

Reduced

Denied

☐

☐

☐

Determining Official's Signature

Date

Confirming Official's Signature

Date

Follow-up Official's Signature

Date