



School Age Child Care Registration Packet For 2011-2012 School Year

Attention Parents & Guardians:

Return all completed registration forms (with signatures) at least 2 weeks prior to your first day of care otherwise your child will not be allowed to attend.

- Child Care Registration Form
- Youth Program Registration Form
- Payment Authorization Form
- Immunization Form
- Parent Statement of Understanding
- Behavior Guidance & Discipline Policy
- CACFP Enrollment Application



YMCA OF GREATER SEATTLE
Child Care Registration Form

CHILD'S INFORMATION

<i>Legal First Name</i>	<i>MI</i>	<i>Legal Last Name</i>
<i>School</i>		<i>Grade in Fall</i>

MONTHLY CARE OPTIONS	FACILITY MEMBER RATE	PROGRAM MEMBER RATE
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<input type="checkbox"/> Before School Care <ul style="list-style-type: none"> • Cost includes Before School Care • Does not include cost of Early Release Days, Non-Student Days and Breaks 	\$260/month	\$285/month
<input type="checkbox"/> After School Care <ul style="list-style-type: none"> • Cost includes After School Care and Early Release Days • Does not include cost of Non-Student Days and Breaks 	\$315/month	\$340/month
<input type="checkbox"/> After School Care Plus <ul style="list-style-type: none"> • Cost includes After School Care, Early Release Days, Non-Student Days and Breaks 	\$360/month	\$385/month
<input type="checkbox"/> Before and After School Care <ul style="list-style-type: none"> • Cost includes Before and After School Care, Early Release Days, Non-Student Days and Breaks 	\$450/month	\$475/month
<input type="checkbox"/> Before and After School Care – Family Budget Option <ul style="list-style-type: none"> • Cost includes Before and After School Care, Early Release Days, Non-Student Days and Breaks • Payments continue through the summer and include all weeks of our Summer Camp Options (some restrictions may apply) • Not available for those with DSHS or other government subsidy • Must register for this option by September 30th 	\$510/month	\$535/month
<input type="checkbox"/> Early Release Days, Non-Student Days or School Breaks	\$40/day	\$50/day

SITE SELECTION

Please select site:

Arbor Heights Elementary
 Concord Elementary
 West Seattle Elementary

DEPOSIT

Start Date: _____ (minimum two business days are needed to process a registration, prior to care)

Program Membership Fee \$50 (if applicable, is good for one year and covers the whole family) \$ _____

Total \$ _____



YMCA OF GREATER SEATTLE

Youth Program Registration Form

YOUTH INFORMATION

<i>Legal First Name</i>	<i>M</i>	<i>Legal Last Name</i>	<i>Preferred Name</i>	<i>Date of Birth</i>	<i>Gender</i>	<i>Ethnicity</i>
<i>Home Address</i>			<i>Apt</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>

SPECIFIC MEDICAL, BEHAVIORAL OR DEVELOPMENTAL NEEDS

<i>Date of Last Physical</i>	<i>Date of Last Tetanus</i>
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Depending upon your child's need, additional paperwork and a meeting with a YMCA Director may be required prior to your child's start to ensure your child can best be accommodated. Failure to share information that identifies your child's special care, accommodations or supervision needs may jeopardize the placement of or continued participation by your child in the program. Write "none" if none.

<i>Dietary Modifications/Allergy</i>	<i>Chronic/Recurring Illness</i>
<i>Current Medications (medication authorization may be required)</i>	<i>Operations/Serious Injury</i>
<i>Physical Disability</i>	<i>Behavioral Disorder</i>
<i>Developmental Delays</i>	

List any activities from which your child should be exempted for health reasons:

EMERGENCY & INSURANCE INFORMATION

<i>Child's Physician</i>	<i>Phone Number</i>
<i>Local Emergency Contact (other than parents or doctor) & Phone Number</i>	<i>Out of Area Emergency Contact & Phone Number</i>

It is the responsibility of every individual, their parent or legal guardian, to provide for their own accident and health coverage while participating in all YMCA activities. The YMCA of Greater Seattle does not provide any accident or health coverage for its participants.

<i>Medical Insurance Company</i>	<i>Policy Number</i>
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PARENT OR GUARDIAN

<i>Legal First Name</i>	<i>M</i>	<i>Legal Last Name</i>	<i>Preferred Name</i>	<i>Date of Birth</i>	<i>Gender</i>	<i>Ethnicity</i>
<i>Home Address (if different than child)</i>			<i>Apt</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Phone Number</i>		<i>Cell Phone</i>	<i>Work Phone</i>		<i>Does Child Live With You?</i>	
<i>Primary Email</i>						
<i>Employer Name</i>						

PARENT OR GUARDIAN

<i>Legal First Name</i>	<i>M</i>	<i>Legal Last Name</i>	<i>Preferred Name</i>	<i>Date of Birth</i>	<i>Gender</i>	<i>Ethnicity</i>
<i>Home Address (if different than child)</i>			<i>Apt</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
<i>Phone Number</i>		<i>Cell Phone</i>	<i>Work Phone</i>		<i>Does Child Live With You?</i>	
<i>Primary Email</i>						
<i>Employer Name</i>						

PICK UP AUTHORIZATIONS

<i>Legal First Name</i>	<i>M</i>	<i>Legal Last Name</i>	<i>Phone Number</i>		
<i>Address</i>		<i>Apt</i>	<i>City</i>	<i>St</i>	<i>Zip</i>
<i>Legal First Name</i>	<i>M</i>	<i>Legal Last Name</i>	<i>Phone Number</i>		
<i>Address</i>		<i>Apt</i>	<i>City</i>	<i>St</i>	<i>Zip</i>
<i>Legal First Name</i>	<i>M</i>	<i>Legal Last Name</i>	<i>Phone Number</i>		
<i>Address</i>		<i>Apt</i>	<i>City</i>	<i>St</i>	<i>Zip</i>
<i>Legal First Name</i>	<i>M</i>	<i>Legal Last Name</i>	<i>Phone Number</i>		
<i>Address</i>		<i>Apt</i>	<i>City</i>	<i>St</i>	<i>Zip</i>

YMCA POLICIES

Everyone is Welcome: The YMCA is a membership organization open to all people.

Financial Assistance: If you cannot afford the full cost of a program or membership, please ask for a confidential scholarship application. Financial assistance, to the extent possible, is available to those in need.

Personal Safety Discussions: Our staff will engage children in discussions to help them understand how they can set their own personal safety and touching limits. These discussions will emphasize respect, set the ground rules for appropriate behavior, and encourage children to tell if someone touches them in a way that makes them feel uncomfortable. The YMCA of Greater Seattle respects the diversity and rights of the individuals it serves.

AUTHORIZATIONS**Participation**

I give permission for my child to participate in all activities, including field trips, climbing wall, overnights, and swimming and to be transported as authorized by the YMCA. I give permission for the YMCA to use any pictures of my child for future promotional purposes.

Medical Treatment

I hereby give permission for my child to be given cardiopulmonary resuscitation (CPR) and first aid treatment by a qualified staff member of the YMCA. In the event I cannot be contacted, I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further consent to the disclosure of health information and to the medical, surgical and hospital care treatment and procedures (including, but not limited to, administration of necessary anesthetics, tests, x-ray examinations, transfusions, injections, drugs) to be performed for my child by a licensed physician or hospital selected by the YMCA director when deemed immediately necessary or advisable by the physician to safeguard my child's health.

Release from Liability

Recognizing that the YMCA will do its best to ensure a safe experience, I understand that accidents may occur both from my child's participation in program activities and from transportation to and from the program. I agree to assume these risks. By signing below, I release the YMCA of Greater Seattle, its employees, volunteers, independent contractors, directors and agents from all liability based on any damage, loss or injury whether it is the result of ordinary negligence or otherwise, caused to my child or to me from participation in YMCA programs.

Email Communication Acknowledgment:

I understand that by providing an email address, I have authorized my consent to receive email notifications from the YMCA.

Photo Release:

The applicant hereby gives permission for the YMCA (local, national and international) to use, without limitation or obligation, photographs or other media that may include the members' image or voice to promote or interpret YMCA programs.

I have read and understand the above and have completed this form to the best of my ability.

Signature of parent or legal guardian: _____

Date: _____



YMCA OF GREATER SEATTLE
Payment Authorization Form – Child Care

PRIMARY MEMBER
Legal First Name MI Legal Last Name
Address Phone Number

PAYMENT AUTHORIZATION
Electronic Funds Transfer or Recurring Credit Card or Debit Card
Type of Account: Checking Savings Visa MC Amex Discover
Name on Account (please print) Name as it appears on Credit Card (please print)
Routing Number Credit Card Number
Account Number Expiration Date
I hereby authorize my financial institution to honor pre-authorized debit entries by the YMCA on my account for child care payments and when my financial institution honors such debits by charging my account this shall constitute my receipt for payment. ____initial
I hereby authorize the YMCA to charge my credit card on a monthly basis for payments as indicated below. When my financial institution honors such debits by charging my account this shall constitute my receipt for payment. ____initial

PAYMENT DATE SELECTION
Charge my monthly payment in full one week prior to the start of each month's care
Charge my monthly payment in full on the ____ day of the month prior to care (must be paid in full by the 25th)
Divide my monthly payment into ____ payments to be paid on the ____ (must be paid in full by the 25th)
Split my monthly payment between multiple forms of payment. I would like \$ ____ to be charged to this account on the ____ day of the month prior to care (must be paid in full by the 25th). Please complete a separate Payment Authorization Form for each account.

YMCA OF GREATER SEATTLE FINANCIAL POLICIES

I further stipulate the following conditions (please read and sign at the bottom):

- I understand that my Child Care tuition is due one week prior to the start of each month. If payment is not received by the due date, my child will not be permitted to attend the program until all fees are paid.
I understand that YMCA programs are continuous and that monthly charges or debits, as indicated above, will continue until I give written notice to change or terminate the program. The frequency and occurrence of my visits has no bearing on my monthly dues.
I understand that I must give the YMCA written notice 14 days prior to the next scheduled draft to change or cancel my program fees and to make changes to my name, address, telephone number or payment information. Failure to do so will make the subsequent draft non-refundable. Any outstanding balances will be due at the time of cancellation. I am liable for any fees that the YMCA may incur in its effort to collect any remaining balance due.
I understand that the YMCA will notify me at least 30 days in advance of any increase to my monthly dues or program fees.
I understand that it is my responsibility to bring any billing discrepancies to the YMCA's attention within 60 days after they first appear on my financial statements. After 60 days, I waive my right to dispute such discrepancies.
I understand and authorize that NSF or collection of fees will be charged to me for any declined or returned monthly dues. Such non-sufficient fees will be the maximum amount allowed by law and will include applicable taxes.

Signed: _____ Date: _____

Reviewed by: _____ Staff Signature	Date: _____
Is there an accompanying signed Certificate of Exemption on file? <input type="checkbox"/> Yes <input type="checkbox"/> No	



DOH 348-013
Rev: 10/15/08

Certificate of Immunization Status (CIS)

Child's Last Name:	First Name:	Middle Initial:	Child's Address:
Child's Birthdate:		Child's Sex:	
Parent/Guardian Name:		Parent/Guardian Day Phone:	

If completing by hand, write the vaccine in the row to the left of "Dose" and the date the vaccine was received in the "Date" column. Age column is optional.

◆ Required for School and Child Care/Preschool ● Required for Child Care/Preschool Only

Vaccine	Dose	Date	Age	Vaccine	Dose	Date	Age	Vaccine	Dose	Date	Age				
◆ Hepatitis B (Hep B)				● Pneumococcal (PCV, PPV)				Hepatitis A (Hep A)							
	1				1				1						
	2				2				2						
	3				3										
	4				4										
Hepatitis B (Hep B) Alternate schedule for teens				◆ Polio (IPV, OPV)				Meningococcal (MCV4, MPSV4)							
	1				1				1						
	2				2										
Rotavirus				Influenza (most recent)				Human Papillomavirus (HPV)							
	1				1				1						
	2				2				2						
	3				3				3						
	4				4										
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				◆ Measles, Mumps, Rubella (MMR)				Other							
	1				1										
	2				2										
	3														
	4														
	5														
◆ Diphtheria, Tetanus, Pertussis (Tdap, Td)				◆ Varicella (chickenpox)				<p>I certify that the information provided here is correct and verifiable.</p> <p>_____ Signature of Parent or Guardian</p> <p>_____ Date</p>							
	1				1										
	2				2										
● Haemophilus influenzae type b (Hib)					1										
	1				2										
	2														
	3														
	4														
<p>See the back of this page for documentation of immunity, a vaccine trade name reference guide, and a vaccine abbreviation list.</p>				▼ Verification of varicella disease history ▼				<p>Licensed HCP Signature (MD, DO, ND, PA, ARNP) Date</p> <p>_____</p> <p>Either initial with parent approval or get parent signature below:</p> <p>Staff initials indicating parent approval: _____</p> <p>Parent Signature indicating approval: _____</p>							
				<input type="checkbox"/> Health Care Provider (HCP) Verified ▶	<input type="checkbox"/> Signed note from HCP attached or <input type="checkbox"/> HCP provider signature here: ▶										
				<input type="checkbox"/> HCP Verified by Registry ▶	<small>No HCP Sig required if box at left checked.</small>	If school staff find verification in the Registry, then school staff must: ▶									
				<input type="checkbox"/> Parental Report ▶	ONLY acceptable for some grades. Write date or age child had disease:										

Documentation of Immunity by Blood Test (titer)

I certify that the child named on this form has laboratory evidence of immunity to (check all that apply):

- Diphtheria
 Hepatitis A
 Hepatitis B
 Hib
 Measles
 Mumps
 Polio
 Rubella
 Tetanus
 Varicella
 Other (list): _____ lab report(s) attached (required)

X

Typed or Printed Name of **Licensed Health Care Provider** (MD, DO, ND, PA, ARNP)

X

Signature of **Licensed Health Care Provider** (required)

Date (required)

Vaccine Trade Names*

Read down and across - Trade Names are in Alphabetical Order.

Trade Name	Vaccine	Trade Name	Vaccine
Acel-Imune	DTaP	Menomune	MPSV4
ActHIB	Hib	OmniHIB	Hib
Adacel	Tdap	Pediarix	DTaP + IPV + Hep B
Boostrix	Tdap	PedvaxHIB	Hib
Certiva	HPV	Pentacel	DTaP + IPV + Hib
Comvax	Hib + Hep B	Pentavalente	DTaP + Hep B + Hib
Daptacel	DTaP	Pneumovax	PPV23
Decavac	Td	Prevnar	PCV or PCV7
Engerix-B	Hep B	ProHIBit	Hib
Fluarix	Flu	ProQuad	MMRV
FluMist	Flu	Quadracel	DTaP + IPV
Fluvirin	Flu	Recombivax	Hep B
Fluzone	Flu	Rotarix	Rotavirus
Gardasil	HPV	RotaTeq	Rotavirus
Havrix	Hep A	Tetramune	DTP + Hib
HibTITER	Hib	TriHIBit	DTaP + Hib
HyperTET	TIG	Tri-Immunol	DTP
HyperHEP B	HBIG	Tripedia	DTaP
Ipol	IPV	Twinrix	Hep B + Hep A
Infanrix	DTaP	Vaqa	Hep A
Kinrix	DTaP + IPV	Varivax	Varicella
Menactra	MCV4		

Vaccine Abbreviations*

Read down – Abbreviations are in Alphabetical Order.

Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus
DTaP	Diphtheria, Tetanus, acellular Pertussis
DTP	Diphtheria, Tetanus, Pertussis
Flu (TIV or LAIV)	Influenza
HBIG	Hepatitis B Immune Globulin
Hep A (HAV)	Hepatitis A
Hep B (HBV)	Hepatitis B
Hib	<i>Haemophilus influenzae</i> type b
HPV	Human Papillomavirus
IPV	Inactivated Poliovirus Vaccine
MCV4	Meningococcal Conjugate Vaccine
MPSV4	Meningococcal Polysaccharide Vaccine
MMR	Measles, Mumps, Rubella
MMRV	Measles, Mumps, Rubella, Varicella
OPV	Oral Poliovirus vaccine
PCV or PCV7	Pneumococcal Conjugate Vaccine
PPV23	Pneumococcal Polysaccharide Vaccine
Rota (RV1 or RV5)	Rotavirus
Td	Tetanus, Diphtheria
Tdap	Tetanus, Diphtheria, acellular Pertussis
TIG	Tetanus immune globulin
VAR or VZV	Varicella

*These lists may not be comprehensive; visit <http://www.doh.wa.gov/cfh/immunize/forms/default.htm> for updated lists.



YMCA OF GREATER SEATTLE

Parent/Guardian Statement of Understanding

STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information and sign this form.

I understand that the adult who signs the child up for the program is responsible for payments to the YMCA.

I understand all financial, attendance, enrollment and other business documents will be provided only to the adult who signs the child up for the program and is responsible for payment.

I understand that YMCA staff are not allowed to baby-sit or transport children outside of the YMCA program.

I understand children should not receive gifts (video games, jewelry, movie tickets...) that are not part of the YMCA program from YMCA staff or volunteers, and I should report this to a supervisor if they do.

I understand that I have free access, at all times, to areas of the program used by my child. I also understand that I will have opportunities to participate in program activities, and that this participation may require me to go through a screening process. I also understand that if my participation obstructs the program in any way, this privilege will be revoked.

I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff is there to receive and supervise my child.

I understand that my child will not be allowed to leave the program with an unauthorized person.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.

I understand that YMCA staff will engage children in discussions to help them understand how they can set their own personal safety and touching limits.

I understand that I will be provided information about my child's progress and/or any issues related to his/her care, however, both parents/guardians may receive this information upon request.

I understand that staff in child care, day camp, resident camp and family and mental health services programs* are mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation. YMCA staff in other programs are also encouraged to report suspected cases of abuse, because we care about children. Furthermore, our staff are protected from liability for good faith reporting.

I understand that the Health Care Plan is posted and available for my review.

* In addition, specific staff in other programs is mandated reporters as well.

AUTHORIZATION

I have read and understand the statements above and I have received a copy of:

(Please initial)

_____ Family Handbook (containing policies, procedures, philosophy, etc.)

_____ Disaster Preparedness Plan

_____ Creating a Child Safe Environment brochure

Child Name

Parent/Guardian Signature

Date

COPY OF STATEMENT FILED WITH CHILD'S RECORDS.

**YMCA of Greater Seattle
Behavior Guidance & Discipline Policy**

We feel we have a wonderful group of children and families we serve each day through the West Seattle & Fauntleroy YMCA Branch. We want to make sure all children at the YMCA have a positive atmosphere that is safe and inclusive. We are asking for your support in communicating and maintaining a fun, safe place where children can achieve their potential. You can help us keep your child safe by understanding, and helping your child understand, the following:

We expect everyone to be
Respectful of themselves and others
Responsible for their own behavior
Honest with themselves and others
Caring towards themselves and others

**Physical or verbal violence, unsafe behaviors and sexual behaviors of any type
will not be permitted.**

In our program, we strive to meet the needs of all children by setting guidelines and boundaries appropriate to each stage of development. It is our desire to help children develop self-control and self-discipline as well as respect the rights of others. If problems arise, we use the following guidelines:

We do not use or endorse any form of corporal punishment by anyone, including parents/guardians.

****If a child is exhibiting behavior that is unsafe (hurting other children or themselves, running away, etc), a parent or guardian will be called immediately to pick up the child. The child may be suspended for the next day as well. If a parent or guardian cannot be reached, the other emergency contacts will be called.**

The YMCA will take the following steps depending upon the nature of the infraction and the developmental level and/or age of the child:

- Encourage the child to use words, working problems out.
- Redirect the child to new areas.
- Remove the child from all areas until the child is ready to discuss solutions.
- Discuss issues with parent, asking them to observe and share ideas.
- One to three day suspension from the program.
- Parents and staff have a behavior management conference, working together to solve issues following a suspension.
- If behavioral challenges continue then official letter will be sent home that documents our concerns.
- A plan of action will be developed with input from parents, school personnel and or other outside professionals, and the YMCA.
- After 3 suspensions removal from the program may become necessary for the benefit of the child as well as for the safety of the other children. This is also subject to change depending on the severity of the behavioral challenge.
- Families will receive written VALUES REPORTS for positive behaviors as well as for behaviors needing attention. The Value Reports will be sent home, and a copy will be put in your child's records. Through our values based programs, we expect all our participants to uphold the YMCA values of **Respect, Responsibility, Honesty, Caring, Faith and Fun. Please help us in emphasizing the YMCA values.**

I have read the Behavior Guidance and Discipline Policy which is thoroughly outlined in the parent handbook. I have also discussed it with my child(ren) and we have agreed to follow it.

Parent Signature: _____ Date _____

Child and Adult Care Food Program ENROLLMENT/INCOME-ELIGIBILITY APPLICATION

PART 1 - CHILDREN'S INFORMATION—Required for all children in care												
Child's Name	Birthdate	Age	Circle Normal Days/ Print Normal Hours of Care				Circle Meals and Snacks Normally Received					
			Sun	Mon	Tu	Wed	Th	Fri	Sat	Breakfast	A.M. Snack	Lunch
			Normal Hours _____ to _____				P.M. Snack	Supper	Eve. Snack			
			Sun	Mon	Tu	Wed	Th	Fri	Sat	Breakfast	A.M. Snack	Lunch
			Normal Hours _____ to _____				P.M. Snack	Supper	Eve. Snack			
			Sun	Mon	Tu	Wed	Th	Fri	Sat	Breakfast	A.M. Snack	Lunch
			Normal Hours _____ to _____				P.M. Snack	Supper	Eve. Snack			
			Sun	Mon	Tu	Wed	Th	Fri	Sat	Breakfast	A.M. Snack	Lunch
			Normal Hours _____ to _____				P.M. Snack	Supper	Eve. Snack			

INCOME ELIGIBILITY

Please check the boxes that apply to help determine the other parts of this form to complete:

- A family member in our household receives benefits from Basic Food, TANF, or FDPIR. (Please complete Part 2 and 5.)
- One or more of the children in Part 1 is a foster child. (Please complete Part 3 and 5.)
- My child(ren) may qualify for Free/Reduced-Price meals based on household income. (Please complete Part 4 and 5.)
- My child(ren) will not qualify for Free/Reduced-Price meals. (Please complete Part 5 only.)

PART 2 – HOUSEHOLD MEMBER RECEIVING BASIC FOOD, TANF, OR FDPIR—Only one household member receiving benefits must be listed in order to establish eligibility for all children in the household.			
Name	Circle One		Case Number or Identification Number
	Basic Food	TANF	FDPIR

PART 3 - FOSTER CHILDREN—List the names of any children listed in Part 1 who are foster children	

PART 4 - TOTAL HOUSEHOLD INCOME FROM LAST MONTH—Not required if you have reported a case number in Part 2				
List Names (First and Last) of everyone in your household, including foster children	Gross Income from Last Month (if None, Write "0") (or net income if self-employed)			
	Earnings from Work Before Deductions	Alimony, Child Support, Welfare	Retirement, Pensions, Social Security	Job Two or Any Other Income
1.				
2.				
3.				
4.				
5.				
6.				
7.				

PART 5 - SIGNATURE AND CERTIFICATION - REQUIRED			
<p>The adult household member who fills out the application must sign below. If Part 4 is completed, the adult signing the form must also list the last four digits of his/her Social Security Number or check the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.) If you have listed a case number in Part 2 or are applying on behalf of a foster child, or have checked the box that your child(ren) will not qualify for Free/Reduced-Price meals, the last four digits of the Social Security Number is not needed.</p> <p>I certify that all of the above information is true and correct and that all income is reported. I understand that this information is being given for the receipt of federal funds; that institution officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.</p>			
Signature of Adult	Date	Print Name of Adult Signing	<input type="checkbox"/> I do not have a Social Security Number
		Social Security Number (last four digits) XXX-XX-	
Address		City/State/Zip Code	Daytime Phone

PART 6 – CHILDREN’S ETHNIC AND RACIAL IDENTITIES—You are not required to answer this part.

Check the ethnic and racial category of your child. We need this information to be sure that everyone receives benefits on a fair basis.

Ethnicity:

- Hispanic or Latino
- Not Hispanic or Latino

No child will be discriminated against because of race, color, national origin, gender, age, or disability.

Race:

- White
- Black or African American
- Asian
- American Indian or Alaskan Native
- Native Hawaiian or Pacific Islander
- Multi-Racial

If you feel you have been discriminated against, you should write USDA, Director of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410.

PRIVACY ACT STATEMENT

The Richard B. Russell National School Lunch Act requires that, unless a household member’s Basic Food, TANF, or FDPIR case number is provided or you are applying on behalf of a foster child, you must include the last four digits of the Social Security Number of the adult household member signing the application, or indicate that the household member does not have a Social Security Number. Provision of the last four digits of the Social Security Number is not mandatory, but if the last four digits of the Social Security Number is not provided or an indication is not made that the signer does not have a Social Security Number, the application cannot be approved in the free or reduced-price category. This notice must be brought to the attention of the household member whose last four digits of the Social Security Number is disclosed. The last four digits of the Social Security Number may be used to identify the household member in carrying out efforts to verify the correctness of information stated on the application. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a Basic Food or welfare office to determine current certification for receipt of Basic Food or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

CENTER USE ONLY

Foster child(ren) have been identified on this form and qualify for the free category.

Child(ren) on this form who are not foster children qualify as follows:

- Check one:
- Free Category
 - Reduced-Price Category
 - Above-Scale Category

Total Monthly Income \$ _____

This form must be signed and dated by the institution’s representative.

Signature of Institution’s Representative

Date