



## Parent Handbook

### Mission Statement

At Little Spuds Christian Preschool, we believe early childhood should be filled with joy, warmth, security, and a love for learning. We strive to create an environment where children feel safe to explore, discover, and grow.

Our mission is to nurture the whole child—socially, emotionally, physically, and intellectually—through engaging, hands-on experiences. Our curriculum is thoughtfully designed to encourage creativity, curiosity, and a strong foundation in faith.

Through storytelling, music, Bible lessons, art, science, nature exploration, and interactive play, we help children develop essential skills while fostering a love for God and others. From colors and numbers to sharing and celebrating special moments, every day at Little Spuds is an opportunity to learn, laugh, and grow.

### Enrollment

Little Spuds Christian Preschool is committed to providing a nurturing, inclusive, and faith-based learning environment for all children. We welcome applications without regard to race, religion, sex, or national origin, ensuring equal opportunity for every child.

While we strive to accommodate all families, Little Spuds Christian Preschool reserves the right to decline enrollment or request alternative arrangements if we determine that our program may not be the best fit for a child's needs.

To complete enrollment, we ask that you carefully review this Parent Handbook, which outlines our policies and procedures. All required enrollment forms must be completed and signed, and the registration fee along with the first week's tuition must be submitted on or before your child's first day. We look forward to partnering with you in your child's early learning journey!

### Parent Responsibility for Updating Information

It is the responsibility of the parents or guardians to promptly update the Preschool with any changes to important contact information or child-related details. This includes, but is not limited to, changes in your address, phone number, emergency pick-up list, allergies, or any other relevant information. Keeping this information current ensures that we can provide the best care and respond effectively in case of an emergency. Please notify the Director or staff as soon as any changes occur.

## Procure Software

We know that communication, security, and efficiency are top priorities for parents. That's why we use **Procure**, the leading all-in-one preschool management software designed to make your life easier!

### Why Parents Love Procure:

**Seamless Communication:** Stay connected with real-time updates, messages, and photos of your child's day.

**Easy Check-In & Security:** Secure drop-off and pick-up with digital check-ins, PIN codes, and authorized guardian verification.

**Billing Made Simple:** Hassle-free online payments, automatic invoicing, and flexible payment plans—no more paperwork or late fees!

**Attendance & Daily Reports:** Track your child's progress, meals, naps, and activities with detailed daily reports.

**Parent Engagement:** Join your child's learning journey with direct insights into lesson plans, milestones, and fun moments.

With Procure, you'll have **peace of mind** knowing your child is in a safe, structured, and nurturing environment—while staying informed every step of the way!

## Illness & Health Policy

To ensure a safe and healthy environment for all children, we ask that parents follow these guidelines regarding illness and medication:

- If your child becomes ill during the day, you will be notified immediately and must arrange for them to be picked up as soon as possible.
- Your child must be fever-free and symptom-free for at least **24 hours** before returning to school. Ex: Diarrhea, vomiting, persistent cough, etc.
- If your child has been exposed to a contagious disease, please notify the Director promptly.
- To ensure your child's safety, permission to administer medication must be sent via **messages on Procure**, including the **dosage amount** and **time to be given**, prior to administering any medication.
- For proper handling, all medication must be **labeled with your child's name** and kept in its **original container**.
- Thank you for helping us ensure your child's safety and well-being!



### Daily Sign-In & Sign-Out Policy

For the safety and security of all children, we require strict adherence to our daily sign-in and sign-out procedures:

- Parents or authorized individuals **must** complete the sign-in and sign-out process each day using a unique **I.D. code** provided at enrollment.
- This system also allows you to check your account and receive important messages or reminders.
- Children must be dropped off **no later than 9:00 a.m.** If your child leaves during the school day for any reason, they may not return that day.
- Only parents or authorized individuals listed on the child's **enrollment and emergency contact/pick-up list** may sign them out. The designated person **must be at least 18 years old** and may be asked to provide identification.
- **No child will be released to anyone without prior authorization.** If custody is a concern, we require a **notarized court order** on file outlining custody arrangements.
- **Children must never be left unattended or unsupervised at any time.**
- At pick-up, please collect your child's belongings, notify the teacher of their departure, and ensure they are properly signed out.

Your cooperation ensures a smooth and secure process for everyone—thank you for helping us keep your child safe!

### Emergency Evacuation Policy

At Little Spuds Christian Preschool, the safety of our children is our top priority. We conduct **regular evacuation drills** to ensure that staff and students are prepared in case of an emergency.

In the event of an actual emergency requiring evacuation, we will notify you as soon as possible. If the situation is expected to last for an extended period, you will be asked to pick up your child promptly.

We appreciate your cooperation in keeping our preschool a safe and secure environment for all

### Immunization Policy

To comply with the **Department of Health & Welfare**, Little Spuds Christian Preschool requires a **current copy of your child's immunization record** at the time of enrollment.



Parents are responsible for providing **updated records** each time their child receives a new immunization.

We also accept the **Idaho Immunization Exemption Form** for families opting out of vaccinations.

Thank you for helping us maintain a safe and healthy environment for all children!

### **Group Placement Policy**

At Little Spuds Christian Preschool, we carefully place children in classes based on their **chronological age** at the time of enrollment. We welcome children from **4 weeks to school age**, and while potty training is not required for enrollment, children **must be fully potty trained before advancing beyond the toddler program**.

Advancement to the next class is determined by **age, developmental readiness, and available space**. In most cases, children transition to the next age group with the start of a new school year.

During early mornings and late afternoons, **age groups may be combined**. Children arriving early or staying late may spend time in a **transitional room**, where activities are tailored to their individual **needs, interests, and abilities**.

Our goal is to provide a nurturing and developmentally appropriate environment for every child as they grow and learn!

### **Nap Time Policy**

Rest is an essential part of a child's day. All preschool-aged children will have a **designated nap time** in their classroom, lasting approximately **1.5 to 2 hours**. While children are not required to sleep, they are **expected to lay quietly** during this time to allow themselves and others to rest.

We ask all parents to **provide a bedroll** for their child, which can be found on **Amazon** or at other retailers. To maintain a clean and comfortable environment, **please take your child's bedroll home every Friday for washing** and remember to return it on Monday.

Thank you for helping us create a cozy and restful space for your little one!

### **Toys from Home**

To avoid lost, broken, or misplaced items, **toys from home are not allowed** at Little Spuds Christian Preschool. We provide a variety of engaging and age-appropriate toys and activities for children to enjoy during the day.

Special exceptions may be made for comfort items, such as a small stuffed animal for nap time, but these must be kept in your child's cubby during the day.

### **Monthly Newsletter & Menu**

At the beginning of each month, you will receive a newsletter via email, keeping you informed about upcoming school activities, events, and important updates. Along with the newsletter, you will also receive the monthly menu to help you stay up to date with meal plans.

### **Special Events**

Our preschool hosts a variety of special events throughout the year, bringing parents, family, and friends together to celebrate and create lasting memories with their children. From Open House and Grandparents' Day to our Harvest Carnival, Thanksgiving Feast, and many more fun-filled celebrations, there's always something exciting happening. We look forward to sharing these special moments with you!

### **Good Hygiene Practice**

Developing positive health habits is essential for children's well-being. To promote good hygiene, we reinforce regular handwashing throughout the day, including before and after meals and snacks, after using the restroom, and whenever necessary. These routines help instill lifelong healthy practices in a supportive and nurturing environment.

### **Nutrition**

We are committed to providing nutritious meals that support your child's growth and development. Whether lunch is provided by the preschool or brought from home, our goal is to ensure it meets two-thirds of the recommended daily dietary allowance. We offer a well-balanced morning snack, lunch, and afternoon snack, each featuring selections from at least two of the four essential food groups: fruits/vegetables, milk, meat, and bread/cereal.

To help you stay informed, monthly menus will be emailed at the beginning of each month.

### **Toilet Training**

We welcome children at all stages of potty training and believe that this important milestone begins at home. Our team is dedicated to working alongside you to support your child's progress while they are at school. We provide gentle encouragement, assistance, and plenty of praise to help build confidence and make the potty training journey a positive experience.

### **Allergies**



Your child’s health and safety are our top priorities. If your child has any allergies, please inform the Director and their teacher so we can take the necessary precautions. Allergy information is available on the app, allowing anyone caring for your child to stay informed and prepared.

**Daily Maximum**

In accordance with state regulations, children are limited to a maximum of 10 hours at school each day. The state of Idaho mandates this 10-hour limit to ensure children’s well-being. Please plan accordingly to help us adhere to this guideline.

**Infant Hours**

Our Baby & Crawler Rooms have designated hours. They are as follows:

- Post Falls I **Babies** at 737 North Thornton Street: 8:00 a.m. to 5:00 p.m.
- Post Falls I **Waddlers** at 737 North Thornton Street: 7:30 a.m. to 5:00 p.m.
- Post Falls II at 760 North Thornton Street: 7:30 a.m. to 5:30 p.m.
- Coeur d’ Alene: 7:30 a.m. to 5:00 p.m.

Infants and crawlers may only attend during this timeframe to ensure the best care and routine for our littlest learners. To maintain a calm and stable environment, we also limit the number of staff going in and out of the room, which helps to reduce disruptions and promote a more focused, nurturing experience.

**Holidays**

I understand that the Preschool will be closed for the following holidays, and I acknowledge that there will be no tuition adjustment for these closures. If a holiday falls on the weekend, it will be observed on the Friday before or the Monday after:

New Year’s Eve	New Year’s Day
President’s Day	Memorial Day
Labor Day	Veteran’s Day
Christmas Eve	Christmas Day
Good Friday	Independence Day & Day after
Martin Luther King Jr. Day	Thanksgiving Day & the Day after
Juneteenth	Thursday & Friday before Labor Day

Please note that there may be adjustments to this list as needed. Thank you for your understanding and cooperation.

### **Labor Day Closure**

Please note that the Preschool will be closed the Thursday and Friday before Labor Day, as well as on Labor Day itself, for teacher in-service. Tuition will remain unchanged for these days.

### **Absence, Illness, and Vacation Policy**

I understand that tuition remains the same regardless of whether my child is absent or ill.

### **Release of Child**

I understand that my child will only be released to individuals listed in the app. If someone not listed will be picking up my child, I will inform the Director in advance. For the safety of all children, Little Spuds Christian Preschool staff will request proof of identification from anyone who arrives to pick up a child that they have not previously met.

### **Shot Record**

I understand that I must provide an up-to-date shot record for my child on or before their first day of school. If their immunizations are not current, I agree to ensure they are updated. Little Spuds Christian Preschool accepts Idaho Immunization Exemptions.

### **Biting Policy**

Biting can be a challenging behavior to manage, particularly with young children who may not yet have the communication skills to express themselves fully. We ask for patience and understanding as we work through these situations together. In the interest of maintaining the health and safety of all children, the following steps will be taken when biting occurs:

1. **First Incident:** The child will be sent to the office to reflect on the situation, and the parents will be notified.
2. **Second Incident:** The parent will need to pick up the child immediately and take them home for the rest of the day.
3. **Third Incident:** The same procedure as the second incident will apply.
4. **If Biting Occurs More Than Three Times:** A parent/teacher/director conference will be scheduled to discuss the situation. Depending on the outcome of the meeting, the child may be withdrawn from the Preschool.

We appreciate your cooperation and understanding as we navigate this behavior. Our goal is always to create a positive, safe environment for all children.

### **Preschool Discipline Policy**

At Little Spuds Christian Preschool, our discipline policy emphasizes guidance, positive reinforcement, and teaching appropriate behaviors to foster self-control. Our goal is to create a nurturing environment where children learn to make positive choices while understanding the consequences of their actions.

### **Key Elements of Our Discipline Approach:**

#### **1. Positive Reinforcement and Encouragement:**

- **Acknowledge and Praise Positive Behaviors:** We recognize and reward positive actions such as sharing, kindness, cooperation, and completing tasks.
- **Use Positive Language:** We frame instructions in a positive manner, focusing on what children should do, rather than what they shouldn't.
- **Model Desired Behaviors:** Our teachers and staff consistently demonstrate appropriate behavior, serving as role models for children.

#### **2. Clear Expectations and Rules:**

- **Establish Clear Rules and Expectations:** Children will be taught what is expected of them in the classroom and on the playground.
- **Keep Rules Simple and Age-Appropriate:** We use language that children can easily understand and follow.
- **Communicate Rules Consistently:** We consistently reinforce rules to help children internalize them and understand their importance.

#### **3. Guidance and Redirection:**

- **Use Redirection:** When inappropriate behavior occurs, we gently redirect children to more appropriate activities or tasks.
- **Provide Choices:** Whenever possible, we offer children choices to help them feel a sense of control and autonomy over their actions.
- **Teach Problem-Solving Skills:** We guide children in resolving conflicts and managing their emotions in constructive ways.

#### 4. Consequences for Misbehavior:

- **Use Logical Consequences:** Consequences are directly related to the misbehavior and provide children with opportunities to learn from their mistakes.
- **Focus on Teaching and Learning:** Consequences are viewed as teaching moments to help children understand appropriate behavior.
- **Be Consistent in Applying Consequences:** We ensure consequences are applied fairly and consistently, regardless of the child or the situation.
- **Avoid Punishment:** Our focus is on teaching and guiding children, not on punitive measures.

#### 5. Collaboration with Parents:

- **Communicate with Parents Regularly:** We maintain open communication with parents about their child's behavior and progress.
- **Work Together to Establish Consistent Expectations:** We ensure that expectations at home and school align to provide consistency for the child.
- **Provide Parents with Resources and Support:** We offer parents resources and guidance on positive discipline strategies to reinforce our approach at home.

#### Snow Day Policy

At Little Spuds Christian Preschool, the safety of our students and staff is our top priority. In the event of inclement weather, we will follow the Post Falls School District's decision regarding closures. If the Post Falls School District is closed for the day, Little Spuds will also be closed. However, we reserve the right to close early or cancel classes for the day if we deem it necessary, even if the Post Falls School District remains open. We encourage parents to stay updated on weather conditions and school announcements for any changes.



## Financial Agreement

### **Registration Fee:**

A non-refundable registration fee of \$150.00 per child is required upon enrollment.

### **Weekly Rate:**

Tuition is \$\_\_\_\_\_ per week, and accounts are billed every Monday for the current week of childcare.

### **New Enrollments:**

Tuition for the first week and the registration fee are due on your child's first day of school. Additionally, all required paperwork and the child's immunization record must be submitted on the first day of attendance.

### **Payment Options:**

We offer several convenient payment methods:

- **Advance Payments:** Payments can be made in advance at any time.
- **Tuition Express:** Payments may be deducted directly from your checking account using our Tuition Express form.
- **Check or Cash:** Payments can be made by check or cash and deposited in the provided drop box.
- **Online Payments:** You can also pay online via [myprocare.com](http://myprocare.com). Please contact your director for more information.
- **Credit Card:** Payments made by credit card are subject to a 3% processing fee.

### **Additional Fees:**

Fees will be added to your account and are due immediately for the following situations:

- **Late Pick-Up:** A late pick-up fee of \$25 will be applied for the first 10 minutes after 5:30 PM. An additional \$25 will be charged for every additional 5 minutes past 5:40 PM. Please notify us as soon as possible if you anticipate being late. The late fee applies regardless of notification.
- **Late Tuition Payment:** Tuition must be paid in advance on Monday of each week and must be posted by Wednesday at closing for the current week's attendance. A late fee of \$25 will be assessed if payment is not received by Wednesday at closing. For monthly payments, tuition is due by the 7th of each month and is considered late if not received by the 10th.

- **Monthly Tuition:** Monthly tuition, including ICCP co-payments, is due by the 7th of each month.

**Withdrawal Policy:**

If you wish to withdraw your child, a written notice of at least two weeks is required. If no written notice is provided, tuition will be charged for the two weeks following the last day of attendance. Split weeks are not allowed.

**Child's Inventory Fee:**

A minimum fee of \$1.00 will be charged for each item (e.g., diapers, wipes) used by your child that is provided by Little Spuds Christian Preschool. Please ensure your child's inventory is stocked with supplies each week.

**Returned Check Fee:**

A fee of \$25.00 will be charged for any returned checks. After the second returned check, your account will be placed on a cash-only basis.

**Failed Payment Transactions:**

If your payment via Tuition Express Autopay is declined more than twice, we may request that you switch to a cash-only payment method moving forward.

**Re-Registration/Material Fee:**

An annual, non-refundable material fee of \$55.00 is due every September 1st. This fee is required at the time of re-registration.

**Tuition Express:**

We offer a convenient program called Tuition Express, which allows your tuition to be automatically withdrawn from your checking account or credit card on the 7th of each month. Please contact the Director for an application.

**Outstanding Balances and Collections:**

Failure to pay outstanding balances upon withdrawal from Little Spuds Christian Preschool may result in further collection efforts, including third-party collection agencies or legal action. You will be responsible for any fees incurred during the collection process.

**Termination of Services:**

Little Spuds Christian Preschool reserves the right to terminate services at any time, including if your account becomes delinquent for two or more weeks or exceeds a balance of \$500 or more.

### **First Day Essentials**

To ensure a smooth and comfortable start, please provide the following items for your child:

#### **For Children (1 Year and Up):**

- ✓ **Complete Change of Clothing** – Including socks, stored in a labeled zip-lock bag.
- ✓ **Sweater or Jacket** – Labeled with your child's name.
- ✓ **Bed Roll for Nap Time** – Labeled and available for purchase on Amazon.
- ✓ **Copy of Immunization Record or Exemption Form**
- ✓ **Sippy Cup or Water Bottle**
- ✓ **Diapers & Wipes** – A week's supply is preferred.

#### **For Infants (0-12 Months):**

- ✓ **Two Complete Changes of Clothing**
- ✓ **Crib Sheet**
- ✓ **Two Bottles (Preferred)**
- ✓ **Formula or Breast Milk**
- ✓ **Diapers & Wipes**
- ✓ **Swaddle Blanket**
- ✓ **Diaper Cream**

Please label all personal items with your child's name to avoid mix-ups.



### **Proper Attire for School (Ages 3 and Up)**

To ensure your child is comfortable and ready for all activities, please provide the following attire:

1. **Play Clothes** – Children will engage in hands-on activities that can get messy as they explore their world.
2. **Closed-Toe Shoes** – To ensure safety during play and movement.
3. **Season-Appropriate Clothing** – Please dress your child according to the season (e.g., gloves and hats for winter, short sleeves for summer).

We want to make sure your child is prepared for a fun and active day!

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## CHRISTIAN PRESCHOOL

### Weekly Rates

Age Group (Room)	Full Time	3 days (MWF)	2 days (T/TH)
Infants	\$295	N/A	N/A
Waddlers (12-24 months)	\$255	\$215	\$185
Toddlers (25-36 months)	\$235	\$195	\$160
Preschool / PreK (3-5 year)	\$225	\$185	\$150

**Registration Fee \$150 (non-refundable)**

**Yearly Re-Registration Fee \$55**

Pricing includes meals (Breakfast, Lunch & PM Snack)

Hours: Monday thru Friday 7:00 AM to 5:30 PM

Dropoff cutoff: 9:00 AM

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# little spuds

## CHRISTIAN PRESCHOOL

### CHILD'S INFORMATION

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age at time of enrollment: \_\_\_\_\_ Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Gender:  Male  Female

Enrollment Days:  Monday  Tuesday  Wednesday  Thursday  Friday

Allergies:  yes  no

If yes, please explain/list allergies: \_\_\_\_\_  
\_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Parent/Guardian's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

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

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

Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Work Hours: \_\_\_\_\_ Work Ph: \_\_\_\_\_

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

### EMERGENCY CONTACTS

Please list any additional emergency contacts authorized to act for the parents/guardians in an emergency:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_

### PICK-UP AUTHORIZATION

Please list any additional contacts, other than the parents/guardians and emergency contacts, authorized to pick-up your child:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ Home Ph: \_\_\_\_\_

**Photo Release**

I, \_\_\_\_\_, (Parent/Guardian Name),  Give /  Do Not Give permission for Little Spuds Christian Preschool to use photographs of my child, \_\_\_\_\_ (Child's Name), taken during activities at the preschool.

I understand that these photos may be used for purposes such as:

- ✦ Social Media (e.g., Facebook)
- ✦ Promotional Materials
- ✦ Website & Posters
- ✦ Slideshows & Displays within the Center

I acknowledge that these photos will be used exclusively by Little Spuds Christian Preschool and will not be shared for any other purpose.

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Permission Slip/Outdoor Release**

I, \_\_\_\_\_ (Parent/Guardian Name), grant permission for Little Spuds Christian Preschool to take my child(ren), \_\_\_\_\_, outside the school building for supervised walks around the school grounds and along adjacent streets.

I understand that all outdoor activities will be conducted with appropriate supervision to ensure my child's safety.

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Acknowledgement

I have read and fully understand the **Parent Handbook** provided by Little Spuds Christian Preschool. By signing below, I acknowledge my agreement to follow the policies and guidelines outlined in the handbook.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I acknowledge that I have received a copy of the **Financial Agreement** and understand that my tuition is \$\_\_\_\_\_ per week or \$\_\_\_\_\_ per month.

I understand that:

- Weekly tuition payments are due at the beginning of each week.
- Monthly tuition payments are due by the 7th of each month.
- Late fees will apply as outlined in the "Late Tuition" policy in my agreement.

By signing below, I agree to adhere to the payment schedule and accept responsibility for any applicable late fees.

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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

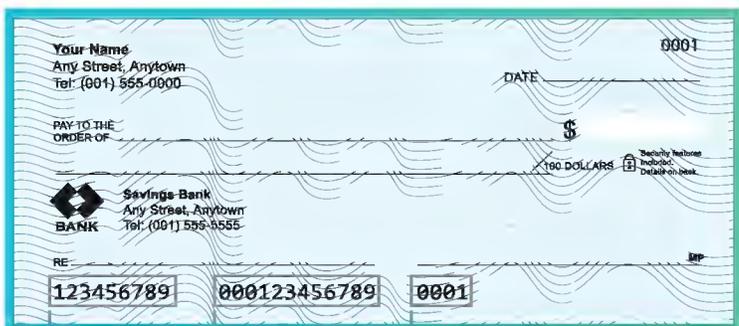
### COMPLETE ONE SECTION ONLY

#### SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date	CVV	
Cardholder Signature	Date		

#### SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER

ACCOUNT NUMBER

CHECK NUMBER



### BILLING (Check One)

Weekly
Monthly

# 2025-2026 CACFP Meal Benefit Income Eligibility/Enrollment Form: (Child Care Centers, Outside School-Hours Care Centers and Day Care Homes)

Complete one application per household. **Please use a pen (no pencil)**

Provider/CenterName: \_\_\_\_\_

**Step 1** List ALL children in a day care (if more space is 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	Birthdate	Normal Meals Received			Normal Days in Care							Normal Hours in Care	Foster Child	Homeless Migrant Runaway	Head Start	
				B	SN	L	SN	S	SN	S	M	T	W					Th

**STEP 2** Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TAFI, or FDPIR?

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4 (Do not complete STEP 3) Case Number: \_\_\_\_\_  
Write only one case number in this space. Quest Card # Not Allowed

**STEP 3** Report Current GROSS (before Deductions) 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 following:  
  
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 the All Adult Household Members section.

**A. Child Income** Child income How often?  
Sometimes children in the household receive and/or earn income. Please include the TOTAL income received by all Household Members listed in STEP 1 here. Weekly Bi-Weekly 2x Month Monthly

\$

**B. All Household Members not included in step 1 (please include 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 income for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0', you are certifying (promising) that there is no income to report.

Name of Household Members (First and Last)	Earnings from Work	How often?				Public Assistance/ Child Support/Alimony	How often?				Pensions/Retirement/ All Other Income	How often?			
		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly		Weekly	Bi-Weekly	2x Month	Monthly
<input type="text"/>	\$					\$					\$				
<input type="text"/>	\$					\$					\$				
<input type="text"/>	\$					\$					\$				
<input type="text"/>	\$					\$					\$				

Total Household Members (Children and Adults)   Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member     Check if no SSN

**STEP 4** Contact Information and adult signature. Submit completed form to your Provider/Center

"I certify (promise) 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 under applicable State and Federal laws."

Street Address (if available) Apt # City State Zip Daytime Phone and Email (optional)

Printed name of adult completing the form \_\_\_\_\_ Signature of adult completing the form \_\_\_\_\_ Today's date \_\_\_\_\_

**Do Not Fill Out: Official Use Only Below This Line**

**Household Determination:** Convert to Annual if Multiple Frequencies: Weekly x52, Every 2 Weeks x26, Twice Monthly x24, Monthly x12  
 foster child, SNAP, TAFI, FDPR, Homeless, Migrant, Runaway, Headstart OR  Income: Total Income \$ \_\_\_\_\_ Per:  Week  Every 2 Weeks  Twice a Month  Month # in Household \_\_\_\_\_

**Eligibility:** Free Meals Reduced Denied (Paid) Tier I (SODCH) Tier II (SODCH)  Enrollment Form only Withdrawn Date: \_\_\_\_\_

**Signature of Determining Official:** \_\_\_\_\_ **Date Determined:** \_\_\_\_\_  
**Signature of Confirming Official:** \_\_\_\_\_ **Date Confirmed:** \_\_\_\_\_

**OPTIONAL**

**Children’s Racial and Ethnic Identities**

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.

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

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

**Dear Parent or Guardian:**

Our facility offers healthy meals to all enrolled children as part of the Child and Adult Care Food Program (CACFP). The CACFP provides support to serve healthy meals and snacks. Please help us find out if your household qualifies for free or reduced priced meals and complete the Meal Benefit Income Eligibility and Enrollment Form. Please fill out the form completely, sign, and return this form today or as soon as possible. **This information will be kept strictly confidential.**

You have the option of returning it directly to your Provider or to the Provider’s Sponsor. If you would like to provide your form directly to the sponsor, return the completed form to:

Sponsor Name: \_\_\_\_\_ Sponsor Address: \_\_\_\_\_ Sponsor Phone Number: \_\_\_\_\_

\_\_\_\_\_ Initial here if you consent to allowing your provider to collect your form and submit it to the Sponsor. Your provider will not review your form.

**When completing your form, be sure to read the instructions below carefully and fill out all required information.**

**Step 1** List ALL household members who are infants and children enrolled for care (if more spaces are required for additional names, attach another sheet of paper). 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 the household income. Check the box if any children are foster children. Households with foster children are not required to include payments received for the foster care as income. Mark if any children are Migrant, Runaway, Homeless, or enrolled in Head Start.

**Step 2** If applicable, list a current SNAP (food stamp), FDIPIR, or TAFI case number for any member of the household (an EBT or Quest card number is not allowed). Skip step 3 and go to step 4.

**Step 3** **A)** Report all current income received by all children. Refer to Source of Income for Children (see chart below)

**B)** Please include ALL members in your household who are living with you and share income and expenses, even if not related and even if they do not receive income of their own. DO NOT include infants and children already listed in Step 1. If your household income is less than or equal to the income Eligibility Guideline levels below, the facility receives more reimbursement for the nutritious meals served to your children without an additional charge to you.

**Income:** Report all amounts in **gross income** (before taxes and premiums) only. Report all income in whole dollars. Do not include cents. Mark how often each type of income is received using the check boxes to the right of each field. If you are **self-employed**, report income from that work as a **net** amount. This is calculated by subtracting the total operating expenses of your business from its gross receipts or revenue. If you are **Military**, see “Sources of Income for Adults” below.

**Report total household size:** Enter the total number of household members in the field “Total Household Members (Children and Adults)”. This number MUST be equal to the number of household members listed in Step 1 and Step 3.

**Provide the last four digits of your social security number.** The household’s primary wage earner or another adult household member must enter the last four digits of their social security number in the space provided. If no adult household members have a social security number, leave this space blank and mark the box to the right labeled “Check if no SSN”.

**Step 4** **All forms must be signed and dated by an adult member of the household.** By signing the form that household member is promising that all information has been truthfully and completely reported.

**Income Eligibility Guidelines  
Effective Dates July 1, 2025- June 30, 2026**

FEDERAL INCOME CHART			
Household size	Yearly	Monthly	Weekly
1	28,953	2,413	557
2	39,128	3,261	753
3	49,303	4,109	949
4	59,478	4,957	1,144
5	69,653	5,805	1,340
6	79,828	6,653	1,536
7	90,003	7,501	1,731
8	100,178	8,349	1,927
Each additional person:	10,175	848	196

Sources of Income for Children	
Sources of Child Income	Example
Earnings from work	A child with regular full or part-time job and earn salary or wages
Social Security ➤ Disability Payments  ➤ Survivor’s Benefits	A child is blind or disabled and receives Social Security benefits A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside the household	A friend or extended family member regularly gives a child spending money
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust

Sources of Income for Adults		
Earnings from Work	Public Assistance / Alimony / Child Support	Pensions/Retirement / All Other Income
Salary, wages, cash bonuses Net income from self-employment (farm or business) If you are in the U.S. Military: ➤ Basic pay and cash bonuses (do NOT include combat pay, DEIP, FSSA or privatized housing allowances) ➤ Allowances for off-base housing, food and clothing	Unemployment benefits Worker’s compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veteran’s benefits Strike benefits	Social Security (including railroad retirement & black lung benefits) Private pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

**Questions/Concerns- Idaho Department of Education Child Nutrition Programs 208-332-6820**

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 the participant 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 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 the participant 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 the participant is eligible for free or reduced price meals, and for administration and enforcement of the program. 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.

**This institution is an equal opportunity provider.**