



1400 HIGHLAND AVE
BLUEFIELD, WV 24701
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INFO@WADECENTER.COM

Wade Center Student Application
Summer 2019

Child's Name: _____

Child's Nickname: _____

Gender: _____ Age: _____ Grade: _____

Household Marital Status:

_____ Single _____ Divorced _____ Separated _____ Widower _____ Married

Household Size:

1 2 3 4 5 6 7 8

Household Income:

_____ Earned Income _____ Unearned Income

Gross Yearly Income:

- € \$0 - \$16,460
- € \$16,461 - \$20,780
- € \$20,781 - 25,100
- € \$25,101 - \$29,420
- € \$29,421 - \$33,740
- € \$33,741 - \$38,060
- € \$38,061 - \$42,380
- € Other (Yearly gross income claimed on taxes): _____

NAME: _____
DOB: _____ GENDER: MALE FEMALE
RACE: ___ ASIAN ___ BLACK OR AFRIACAN AMERICAN
____ AMERICAN INDIAN/ALASKA NATIVE ___ WHITE
____ NATIVE HAWIANN/OTHER PACIFIC ISLANDER
ETHNIC BACKGROUND: _____ HISPANIC _____ NON-HISPANIC
PHYICAL ADDRESS: _____

MAILING ADDRESS: _____

CHILD'S DOCTOR: _____ DOCTOR'S PHONE: _____

INSURANCE COMPANY: _____ POLICY NUMBER: _____

PREFERRED HOSPITAL/CLINIC FOR EMERGENCY CARE: _____

MOTHER/GUARDIAN NAME: _____ PHONE: _____

ADDRESS: _____

EMPLOYER/SCHOOL NAME: _____ PHONE: _____

EMPLOYER/SCHOOL ADDRESS: _____ WORK/SCHOOL PHONE: _____

FATHER/GUARDIAN NAME: _____ PHONE: _____

ADDRESS: _____

EMPLOYER/SCHOOL NAME: _____ PHONE: _____

EMPLOYER/SCHOOL ADDRESS: _____ WORK/SCHOOL PHONE: _____

EMERGENCY CONTACT: Names and telephone numbers of individuals to contact in case
parents/guardians cannot be reached in an emergency:

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

List of people with permission to pick child up (anyone NOT listed CANNOT pick up without written permission from parent/guardian):

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

NAME: _____ PHONE: _____

ADDRESS: _____

SPECIAL INSTRUCTIONS: Biological/custodial parents must be given access to their children unless there is a court order preventing contact. Individuals with court orders against them preventing child pick-up:

NAME: _____ RELATIONSHIP TO CHILD: _____

NAME: _____ RELATIONSHIP TO CHILD: _____

Other Restrictions on child pick-up: _____

LIST ANY ALLERGIES, ILLNESSES, REGULAR MEDICATION, SPECIAL NEEDS AND/OR CONCERNS: _____

Attendance Agreement

Our program success relies on your child being present to take full advantage of all aspects we offer. During the Summer Program children will be provided breakfast and lunch, recreation activities, worship and Vacation Bible School lessons, educational activities, community service projects, STEM activities, and field trips. To received the most from the program children will need to be present every day. This provides the best opportunity for children to receive the most out of the program. By signing below, you agree to send your child every day the Summer Program is operational during the summer unless they have a doctor's excuse, or prior arrangements have been made for the absence. If you have a vacation scheduled please notify the

office of the dates so we can plan for the absence. If your child is not going to be present for the day, please call the office and notify us about the absence.

Parent Signature: _____

Date: _____

Behavior Agreement

I have read the Behavior Agreement in the Wade Center 2019 Summer Handbook and will abide by the rules therein:

Parent Signature: _____

Child: _____

Date: _____

Liability Release

I, the undersigned, have legal custody of _____, a minor, and have given consent for him/her to attend events being organized by the Wade Center. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Wade Center, its employees, agents, volunteer workers, and Board of Directors from any and all liability for any injury, loss or damage to person or property that may occur during the course of my child's involvement. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician.

Parent Signature: _____

Date: _____

Photo Release

The Wade Center does photograph all children in the program. The Wade Center may want to use your child's photo on our website and in our publicity. While your child's picture may appear, his/her name will not. Please indicate below if you are willing to allow your child's

photo to be used for these purposes. By signing below, you agree to allow your child to be photographed and the photographs to be used in promotional material.

Parent Signature: _____

Date: _____

Mission Team/Community Activity Photo Release

Mission teams, community programs, and local media may want to use your child's photo on their website and in their publicity. While your child's picture may appear, his/her name will not. Please indicate below if you are willing to allow your child's photo to be used for these purposes. By signing below, you agree to allow your child to be photographed and the photographs to be used in promotional material.

Parent Signature: _____

Date: _____

Handbook Agreement

I have read the Wade Center 2019 Summer Handbook and agree to abide by all the rules, regulations, and policies stated therein.

Parent Signature: _____

Date: _____

For Child Care

Notification Request Form

Pesticide Levels 3 and 4

Level 3 EPA Caution (crack & crevice treatments)
Level 4 EPA Warning or Danger (broadcast spraying and fogging)

Do you as a parent or legal guardian wish to be informed at least 24 hours in advance of the application of Level 3 or 4 pesticides in your child's child care center/facility?

Please mark the appropriate box and return to the director:

- Yes
- No

A notice will be available 24 hours in advance of pesticide application. The notice will be placed at the register where you sign your child into the center each day.

Child's Name _____

Parent or Guardian's Name _____

Address _____

City State Zip _____

Phone _____

Free and Reduced-Price Household Application for 2018-2019 – West Virginia Dept. of Education
 USE BLACK OR DARK BLUE **INK**, PRINT NEATLY, COMPLETE ONE APPLICATION PER HOUSEHOLD

1. Names of ALL Children in School, Center, or Camp

Last Name	First Name	MI	Date of Birth MM/DD/YY	Mark if Foster	Grade	School, Center, or Camp
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		

2. SNAP/TANF NUMBER

If any member of your household receives SNAP or TANF, indicate which program and provide the 10-digit case # (If any, SKIP TO PART 5)

SNAP TANF

3. HOMELESS, MIGRANT, RUNAWAY

If the child you are applying for is homeless, migrant, or runaway, check the appropriate box and call your county contact at _____ Homeless Migrant Runaway

4. HOUSEHOLD MEMBERS AND GROSS INCOME FROM LAST MONTH

List each person in the household. For each person who receives income, write the amount received and fill in how often it is received.

Name (Last, First) List everyone in the Household. Attach a separate sheet if needed.	Monthly Earnings from Work (Before Deductions)	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Other Monthly Income	Check if no Income
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>

Total Number of Persons in Household _____ Total Monthly Income Before Deductions \$ _____

5. Signature and Social Security Number (Adult must sign.)

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school system may get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose meal benefits, and I may be prosecuted.

Signature _____ Today's Date Last 4 Digits of Social Security Number * * * * I do not have a Social Security Number

Printed Name _____ Home Phone Number _____ Work Phone Number _____
 Mailing Address _____ City _____ State ZIP Code _____

6. Children's Race and Ethnicity - (You do not have to complete this part to receive free and reduced price milks.)

Mark one or more racial identities from this group:

- ____ Asian _____ American Indian or Alaska Native _____ White
 ____ Black or African American _____ Native Hawaiian or Other Pacific Islander

And mark one ethnic identity from this group:

- ____ Hispanic or Latino _____ Not Hispanic or Latino

7. Other Benefits - (You do not have to complete this part to receive free and reduced price milks.)

____ Yes, school officials may use the information provided on this application to determine my child(ren)'s eligibility for free textbooks, workbooks, and other school supplies.

Do not fill out this part. This is for sponsor's use only. Annual Income Conversion: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12

Categorically Eligibility: -OR- Income Eligibility: _____ Free Milks
 _____ Reduced Milks
 _____ Denied: Reason: _____

Signature/Stamp of Approving Official _____ Date Approved _____ Date Withdrawn _____

Verification: Confirming Official's Signature _____ Date _____

Follow-up Official's Signature _____ Date _____

8: Free and Low-Cost Health Care

If your children get free or reduced price school milks, they may also be able to get free or low-cost insurance through Medicaid or the West Virginia Children's Health Insurance Program (WVCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

If you would like information about WVCHIP or Medicaid, please call toll-free anytime at 1-877-982-2447 or visit www.chip.wv.gov You may also apply online at www.wvinroads.org.

Your children may qualify for free or reduced price milks if your household income does not exceed the limits on this chart.

FEDERAL INCOME CHART					
For School Year July 1, 2018 – June 30, 2019					
Household size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$22,459	\$1,872	936	864	432
2	30,451	2,538	1,269	1,172	586
3	38,443	3,204	1,602	1,479	740
4	46,435	3,870	1,935	1,786	893
5	54,427	4,536	2,268	2,094	1,047
6	62,419	5,202	2,601	2,401	1,201
7	70,411	5,868	2,934	2,709	1,355
8	78,403	6,534	3,267	3,016	1,508
Each additional person:	7,992	666	333	308	154

Privacy Act Statement: This explains how we will use the information you give us.

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price milks. 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 if your child is eligible for free or reduced price milks, and for administration and enforcement of the lunch and breakfast programs. 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.

Non-discrimination Statement:

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, 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.

This institution is an equal opportunity provider.