Clear

State of Florida
Department of Children and Families

Use "Tab" key to move to next field.

CHILD CARE APPLICATION FOR ENROLLMENT

Student Information: Date of Birth: _____ (mm/dd/yyyy) Sex: _____ Date of Enrollment: _____ (mm/dd/yyyy)

Full Name: _____
Last First Middle Nickname

Child's Physical Address: _____

Primary Hours of Care: From: _____ To: _____

Days of the Week in Care: ☐ M ☐ T ☐ W ☐ Th ☐ F ☐ Sa ☐ Su

Press space bar once to check a box; press space bar once to uncheck a checked box.

Family Information: Child's Lives With: _____

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Phone: _____ (including area code) Cell: _____ Work Phone: _____ (including area code) Cell: _____

Custody: ☐ Mother ☐ Father ☐ Both ☐ Other (specify): _____

Medical Information: I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: _____ Address: _____

Phone Number: _____

Doctor: _____ Address: _____

Phone Number: _____

Dentist: _____ Address: _____

Phone Number: _____

Hospital Preference: _____

Please list allergies, special medical or dietary needs, or other areas of concern:

Emergency Care Plan Instructions (if applicable):

Emergency Contacts: Child will be released only to the custodial parent or legal guardian and the persons listed below. The following people will also be contacted and are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason, the custodial parent or legal guardian cannot be reached:

(including area code)

Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone
Name	Address	Work Phone	Home Phone

Helpful Information About Child:

Go Back To Page 1

- Sections 7.1 and 7.2 of the Child Care Facility Handbook require a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of enrollment.
- Section 7.3 of the Child Care Facility Handbook requires that parents receive a copy of the Child Care Facility Brochure entitled "Know Your Child Care Facility" (CF/PI 175-24) [also available on-line at https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=860], **or**
- Section 8.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parent(s) receive a copy of the family day care home brochure entitled "Selecting A Family Day Care Home Provider" (CF/PI 175-28) [also available on-line at https://eds.myflfamilies.com/DCFFormsInternet/Search/OpenDCFForm.aspx?FormId=841].
- Section 2.8 of the Child Care Facility Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility, **or**
- Section 2.3 of the Family Day Care Home/ Large Family Child Care Home Handbook requires that parents are notified in writing of the disciplinary and expulsion policies used by the family day care provider.

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian _____ Date _____

Please read all forms carefully.
Note: Pages are FRONT and BACK

Little Red School House

About Us

Little Red School House is a quality child care center who's purpose is to support young children's development in a safe and caring environment.

To support children, teachers use developmentally appropriate practices to guide children in all areas of learning. We use *Creative Curriculum* that aligns with Florida Early Learning and Developmental Standards, teachers support learning in Physical Development, Approaches to Learning, Social-Emotional Development, Language and Literacy, Mathematical Thinking, Scientific Inquiry, Social Studies, and Creative Expression Through The Arts.

Teachers use large group instruction (like circle time), small group instruction, and free play and choice to guide and teach these concepts. Teachers also conduct observations on the children, these are often informal observations, noting what each child can do and letting teachers know where children may need support.

Teachers utilize formal observation tools, such the ASQ to asses if children have met developmental milestones. These assessments may result in further observations from the Inclusion and Behavior Specialists with the Escambia County Early Learning Coalition. The specialists will decide at that time if there are no concerns, to continue to monitor, or to refer the family to a community organization for support.
Nurses from the Health Department come annually to check vision, hearing, and BMI on preschool aged children.

Little Red School House provides nutritious meals that are approved by the USDA Food Service. Breakfast, lunch, and snacks are provided. These meals are not only healthy, they are designed to be child friendly. We strive to provide meals that taste good and are things that children like to eat.

Little Red School House provides care for children starting at age two years old. Preschool classes are for ages two and three. At four years old, children participate in the Florida Voluntary PreKindergarten or VPK, where the focus is to teach children skills to prepare for Kindergarten. In addition, Little Red School House offers Before and After School Care and care during Holidays and Breaks, including Summer for elementary school aged children.

Our Teachers Are

- Friendly & caring
- Supportive
- Knowledgeable about the curriculum and child development
- Always learning/professional development
- Open communicators with children, each other, and families
- Trained in CPR/First Aid for adults and children

Little Red School House uses ProCare, a program/app that is used for signing children in and out, weekly fees, and communication. Upon enrollment, parents will receive an invite to join ProCare. The preferred payment method is through the ProCare app. Other acceptable payment types are cash, money order, our business CashApp, and personal checks.

Little Red School House celebrates some holidays during the course of the year. All preschool celebrations are done in the mornings and typically start at 9:00 am. Children in After School Care's celebrations typically start when the children arrive to the center on the buses around 2:30 pm. We usually ask families to supply a snack or drinks to share. Depending on the celebration, you may be asked to bring other low cost items. These celebrations are optional. If you are not able to bring in requested items, Little Red School House will make every effort to make sure there are extras so that no child is left out. Some celebrations only require your child to be at the center that day.

Our celebrations include: Valentine's Day, St. Patrick's Day, Mardi Gras, Easter, Halloween, Christmas, and End of the School Year/VPK Graduation.

Birthday Parties are allowed. You may bring cupcakes/cake, juice boxes, or other snacks. Preschool birthday parties are typically done in the morning during morning snack time. Please let the your child's teacher know when you would like to have the event so we can plan accordingly. Please do not bring presents or balloons for your child's birthday party at the center.

When children have minor bumps, bruises, and scrapes, staff will attend to these incidents appropriately with TLC, ice packs, rest/observation, and band aids. If a more serious incident occurs, first aid/CPR will be used, with immediate calls to families and 911 if necessary. All incidents will be documented by staff and will discuss the incident with parents/guardians and all parties will sign to verify that the incident was communicated to the family.

Medications: Little Red School House does not administer medications. The only exceptions are life saving medications like epi-pens or emergency inhalers and diaper rash creams. These medications require a signed medication form, which will be provided upon request.

Hours of Operation: 5:30am - 6:00 pm Monday through Friday

Closure days are:

- New Year's Day
- Martin Luther King Jr Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day After Thanksgiving
- Christmas Eve
- Christmas Day

Little Red School House

Child's Name: _____

Expectations for Families:

Please read and initial each point.

_____ Families must provide current Physical and Immunization/Shot Records for each child's file if the child has not entered Kindergarten, as required by the State of Florida.

_____ Families must keep contact information up to date. This includes phone numbers (cell and work), email addresses, and additional authorized pick ups/ emergency contacts.

Primary contact's email address is: _____@_____

_____ Families must provide a valid email addresses for primary caregivers. This allows families to access ProCare.

_____ Parents/Guardians must have access to ProCare. ProCare can be used with any smart device or laptop. Families will receive an invitation to the site/app through their valid email address.

_____ Additional authorized pick ups/emergency contacts can be changed at any time. Changes must be submitted in writing. This can be done by making changes on the Emergency Contact Card in person or through the messaging system within the ProCare app. Changes over the phone will not be accepted.

_____ Anyone picking up a child from the center must have ID. Little Red School House will not release children to unverified individuals.

_____ Each pick up has their own unique PIN for signing children in and out. Families agree to only use their own PIN.

_____ Families understand that they can view their profile in the ProCare app and provide my additional pick-ups their own PIN numbers. PIN numbers are not to be shared across multiple people.

_____ Children will arrive before 9:30 am.

_____ Children will be picked up before 6:00 pm.

Little Red School House

_____ In regards to late pick ups, families will be charged $5.00 per minute per child for every minute after 6:00 pm.

Child's Name: _____

_____ Fees for each week are applied to accounts on Mondays. Payments are due by Wednesday of each week

_____ If fees are not paid by Wednesday at the time of closing, a $20.00 late fee will be applied to the family's account.

_____ Families understand that when their enrolled child has any illness, the child must stay home. The child will not be permitted to return until the child is symptom free for 24 hours without medication.

_____ Families agree to supply documentation for absences, including but not limited to doctor's notes, court orders, and death notices.

_____ Families understand that they are allowed one week vacation in each calendar year, with no charge. All other weeks will be charged full price regardless of attendance.

_____ Families understand that if their accounts are delinquent by more two (2) weeks without a payment plan, can and will be dropped from care.

_____ Families will bring their child in wearing weather appropriate clothing.

_____ Closed toe shoes must be worn everyday.

_____ Families will supply a small blanket for naptime for Prek aged children. (These should be taken home weekly to be washed.)

_____ Families will supply a change of clothes for all PreK aged children.

_____ Families will supply their own diapers/pull-ups and wipes for their child (if applicable)

_____ Families understand that Little Red School House is NOT a nut free facility.

_____ Families understand that there may be children with religious immunization exemptions in care.

By signing, I verify that I have read each line before initialing them.

_____

Signature Printed Name Date

Little Red School House

Child's Name: _____

School Readiness (Voucher) Policies

Attendance

Your child is allowed three (3) absences a month. These three absences are excused. If your child is absent beyond the three days, we require documentation, i.e. Doctor's note, court papers, obituary notice, military papers for

- Hospitalization of child or parent
- Illness requiring home-stay
- Death in immediate family
- Court ordered visitation
- Unforeseen military deployment
- Other special circumstance

Absences without documentation are unexcused.

Fees

Your fees are due weekly. We are REQUIRED by the coalition to collect Parent Fees each week. If you fail to make payments, you are in violation of the School Readiness voucher agreement. If you fall behind, and you are not willing or able to make a payment plan and follow through on the plan, you may be dropped from care. In addition to the parent fee set by the Early Learning Coalition (ELC), we charge a differential. The differential is the difference of what the ELC pays and what the center charges for Private Pay families.

Please note: Unexcused absences will be charged our private daily rate for those days.

I have read the above statements regarding attendance and fees. I understand the above policies. By signing below, I agree to these policies.

_____ _____

Parent signature **Date**

Voluntary PreKindergarten (VPK) Policies

Children who attend VPK from 8:30 to 11:30 are expected to be in attendance during those hours every day. Your child will not be ready for Kindergarten unless they are in attendance. Children with excessive absences risk being dropped from the program. If children are dropped off early or picked up late, there will be a late charge of $10.00 per hour or any part of an hour.

Children who attend regular extended hours either before or after the VPK program hours (VPK Wrap Around Care) will be charged an additional fee.
Parents/Guardians agree to sign their child in and out each day the child attends, using actual times and their full signature. In addition, Parents/Guardians agree to sign the Parental Choice Certificate (Short Form) at the end of each month, verifying attendance for the Office of Early Learning.

_____ _____

Parent signature **Date**

Child's Name: _____

Little Red School House Expulsion Policy

Little Red School House is committed to each child's social and emotional development. We are committed to providing a safe, nurturing environment conducive for learning and growth for all our children. We strive to ensure all children are set up for success regardless of their needs or developmental level.

Behavior concerns tell us that children need more time, support, and practice to develop their social and emotional skills. When serious concerns arise, we will partner with parents and professionals who specialize in supporting children's social and emotional health.

Staff will ensure that the following will be done:

- Use positive methods and language while disciplining children
- Teach the child appropriate skills to address challenging behavior
- Redirection of the child from negative behavior
- Consistently apply consequences for breaking rules
- Complete a reassessment of the environment, activities, and supervision
- Complete observations, screening, assessments

The Director will notify the parent(s)/guardian of disruptive behavior in writing and in person that might lead to expulsion.

Behaviors that could lead to expulsion:

- Failure of child to adjust after a reasonable amount of time
- Uncontrollable tantrums/angry outbursts
- Bullying or hurting other children (pushing, kicking, punching, cursing, etc.)
- Threatening other children with violent words
- *Other – at the discretion of the Director

Every effort will be made to prevent the expulsion or dismissal of the child(ren) from the program. However, Little Red School House reserves the right to cancel the enrollment of a child for the following reasons, not limited to, but including:

- Failure to adhere to policies and procedures as outlined in the program's About Us page and Family Expectations page, including failure to keep shot records and physicals up to date.
- The child has needs which we cannot adequately meet with our current staffing patterns
- The child's behavior threatens the health and safety of him/herself, the other children or program staff
- The parent/guardian exhibits behavior which is detrimental to the health and well-being of the children and staff in a classroom or negatively with the normal functioning of the classroom and/or program. This includes but is not limited to: vulgarity, intimidation, harassment, or violation of child care licensing regulations.
- Non payment of fees

We will work with families to seek the best care for their child if all parties agree that our program can no longer meet the needs of an individual child.

Parent Signature _____Date_____

Child's Name: _____

Media Policies:

Staff of Little Red School House will NOT photograph or video children or their artwork at the the center for social media or promotional purposes.

Children or their artwork may be photographed on center owned devices (not personal) for observational purposes, for sharing with parents through the ProCare portal, or to be printed and displayed in classrooms only.

If there is any other need for photograph or video within your child's classroom, written permission from the parent/guardian will be obtained in advance.

Developmental Screenings:

Little Red School House utilizes the Ages and Stages Questionnaire (ASQ) for development screening. The domains screened are communication, gross motor, fine motor, problem solving, and social-emotional. Little Red School House will screen your child if there is a suspected delay or to simply monitor your child's development. Any time an ASQ is administered, families will receive the results of the screening. If the screening is required by the Early Learning Coalition, the results will be provided by them.

There are additional assessments required for the VPK program. These are administered three times during the school year.

Immunizations:

Little Red School House has the ability to look up student's immunization records via Florida Shots. With this, we are able to assist families in obtaining these records.

I have read and understand the Media Policy, the Developmental Screening statement, and Immunizations I understand that I may opt my child out of either at any time with the exception of those required by the Early Learning Coalition.

_____

Parent/Guardian Signature Date

_____

_____

_____

Early Learning Coalition of Escambia County
Health Screening Consent

Your child has the opportunity to participate in a **Free Vision, Hearing, Height & Weight** Health Screening provided by the Early Learning Coalition of Escambia County. The mission of the Coalition health services staff is to partner with you to get your child started on the road to success by promoting health and wellness. Health information is confidential and may be shared with your consent to the following:

Children's Medical Services	Escambia County Health Department	Families First Network
Department of Children & Families	FL Diagnostic &Learning Resources	Early Steps
Escambia County School District	Division of Early Learning	School Readiness/VPK Program Providers

Children who are 2,3,4 & 5 yrs. old will receive screenings. You will receive results notifying you of your child's screening and follow up that may be needed. The Coalition is willing to assist parents with a list of community resources, if the screening results indicate your child may need a referral for further evaluation. If you have any questions or concerns, contact our office at 850-741-8095.

I give the Early Learning Coalition of Escambia County consent to my child's health screen.

Parent/Guardian Name: _____

Child: _____M/F_____DOB: _____

Parent's email: _____ Daytime phone: _____

Parent signature: _____ Date: _____

Scan QR Code for Online Health Screening Consent Form

Coalition Only:

Vision: _____ Hearing: _____Height: _____ Weight: _____

Revised: 05/15/25

Little Red School House
CONSENT TO TREAT MINOR CHILDREN

I,_____, parent or legal guardian of _____ , born the ____ day of _____, 20___ do hereby consent to any medical care in case of an emergency involving my child. I understand that every effort will be made to contact the individual listed as the emergency contact person. In the event that this person cannot be reached, permission is hereby given to the medical provider selected by the parents/guardians or Director in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the Director examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the child's parents or guardian, and/or determination of the child's ability to continue in center activities.

This authorization is effective from the _____ day of _____, 20_____

_____
Signature of Parent or Legal Guardian

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment. This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family Address _____

Parent/Guardian Telephone: _____ Parent/Guardian Telephone: _____

Last Tetanus: _____

Allergies to drugs or foods: _____

Special Medications, Blood Type or Pertinent Information: _____

_____

Child's Physician: _____ Phone: _____

Preferred Hospital: _____

Permission for *Food-related Activities & Special Occasion* food consumption

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I _____ give/decline permission for my child_____
(Parent or Guardian) ***(circle one)*** ***(Child's Name)***

to participate in food related activities and special occasions wherein food is consumed.

Please provide the following information:

____My child DOES NOT have a food allergy or dietary restriction. He or she may participate in activities.

____My child DOES NOT have a food allergy or dietary restriction. He or she may not participate in activities.

____My child DOES have a food allergy or dietary restriction. He or she may participate in activities, but may not eat or handle the following items (please list below):

_____
_____
_____
_____
____

____My child DOES have a food allergy or dietary restriction. He or she may not participate in activities

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

_____ _____
(Parent or Guardian) **(Date)**

Parent's Role

A parent's role in quality child care is vital:

- Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- Know the facility's policies and procedures.
- Communicate directly with caregivers.
- Visit and observe the facility.
- Participate in special activities, meetings, and conferences.
- Talk to your child about their daily experiences in child care.
- Arrange alternate care for your child when they are sick.
- Familiarize yourself with the child care standards used to license the child care facility.

Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, you should consider the facility's quality indicators related to activities, caregivers, and environment.

Quality Activities

- Activities are children initiated and teacher faciliated.
- Activities include social exchanges with all children.

Quality Caregivers

- Caregivers are friendly and eager to care for children.
- Caregivers accept family cultural and ethnic differences.

Quality Environments

- Environments are clean, safe, inviting, confortable, and child-friendly.
- Environments provide easy access to age-appropriate toys.

www.myflfamilies.com/childcare

FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES

For additional information, please visit
www.myflfamilies.com/childcare
or contact your local licensing office.

This brochure was created by the Department of Children and Families in consultation with the Department of Health.

KNOW YOUR CHILD CARE FACILITY

Know Your Child Care Facility - General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- Valid license posted for parents to see.
- All staff appropriately screened.
- Maintain appropriate transportation practices (if transportation is provided).
- Provide parents with written disciplinary and expulsion practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios.

Health Related Requirements

Emergency procedures that include:

- Posting Florida Abuse Hotline number along with other emergency numbers.
- Staff trained in first aid and pediatric cardiopulmonary resuscitation (CPR) on the premises at all times.
- Fully stocked first aid kit.
- A working fire extinguisher and documented monthly fire drills with children and staff.
- Medication and hazardous materials are inaccessible and out of children's reach.

Ratios

Age of Child	Child: Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

Training Requirements

- 40-hour introductory child care training.
- 10-hour in-service training annually.
- 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- Director Credential for all facility directors.

Food and Nutrition

Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

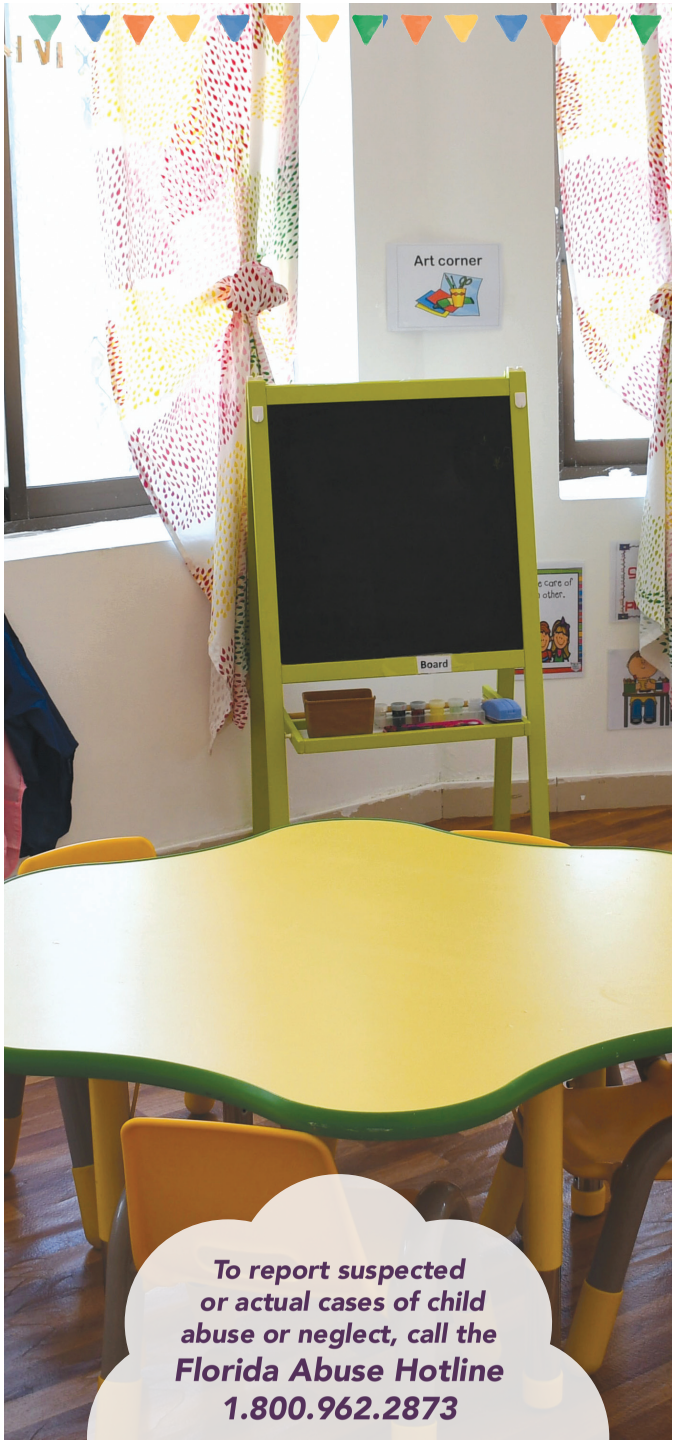
Record Keeping

Maintain accurate records that include:

- Children's health exam/immunization record.
- Medication records.
- Enrollment information.
- Personnel records.
- Daily attendance.
- Accidents and incidents.
- Parental permission for field trips and administration of medications.

Physical Environment

- Maintain sufficient usable indoor floor space for playing, working, and napping.
- Provide space that is clean and free of litter and other hazards.
- Provide sufficient outdoor play area.
- Maintain sufficient lighting and inside temperatures.
- Equipped with age and developmentally appropriate toys.
- Provide appropriate bathroom facilities and other furnishings.
- Provide isolation area for children who become ill.
- Practice proper hand washing, toileting, and diapering activities.



To report suspected or actual cases of child abuse or neglect, call the Florida Abuse Hotline 1.800.962.2873

Rilya Wilson Act

Pursuant to s. 39.604, Florida Statutes, a child from birth to the age of school entry, who is under court-ordered protective supervision or in out-of-home care and is enrolled in an early education or child care program must attend the program 5 days a week unless the court grants an exemption. A child enrolled in an early education or child care program who meets the requirements of this act may not be withdrawn from the program without prior written approval of the Department or community-based care lead agency. If a child covered by this act is absent, the program shall report any unexcused absence or seven excused absences to the Department or the community-based care lead agency by the end of the business day following the unexcused absence or seventh consecutive excused absence.

Educational stability and transition are key components of this act to minimize disruptions, secure attachments and maintain stable relationships with supportive caregivers of children from birth to school age. Successful partnerships are imperative to ensure that these attachments are not disrupted due to placement in out-of-home care or subsequent changes in out-of-home placement. A child must be allowed to remain in the child care or early education setting that he/she attended before entry into out-of-home care, unless the program is not in the best interest of the child. If a child from birth to school-age leaves a child care or early education program, a transition plan needs to be developed that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and associated psychological needs, and allows for a gradual transition from one setting to another.

This law provides priority for child care services for specified children who are at risk of abuse, neglect, or abandonment. *These children are also known as Protective Services children.*

Rilya Wilson Act Requirements:

- ✓ Protective services children **MUST** be enrolled to participate 5 days per week.
- ✓ Protective services children **MAY NOT** be withdrawn without prior written approval from the Department of Children and Families (DCF) or Community Based Care (CBC).
- ✓ If a Protective Services child has 7 consecutive excused or any unexcused absence, the child care provider **MUST** notify the appropriate community based care staff.
- ✓ The Department and child care providers **MUST** follow local protocols set up by the CBC to ensure continuity.
- ✓ If it is not in the best interest of the child to remain at the child care or early education program, the caregiver **MUST** work with the Case Manager, Guardian Ad Litem, child care and educational staff, and educational surrogate, if one has been appointed, to determine the best setting for the child.

Community-Based Care Lead Agencies Contact Information:
https://www.myflfamilies.com/service-programs/community-based-care/docs/leadagencycontacts.pdf

** If you have concerns regarding any child that you may care for, please contact the Florida Abuse Hotline at 1-800-96-ABUSE**

Discipline Policy

The best discipline is positive reinforcement, rewarding good behavior. Try to “catch” children being good.

Direct, positive action. *No* nagging, belittling, or berating of children, *ever*. No physical punishment is allowed. *No* spanking, shaking, pinching, or hitting is allow, *ever*.

No “humiliation” punishments are allowed. Food and drink may not be withheld as punishment

“Take a Break” When children are having a hard time coping, they will be encouraged to take a break by doing an activity or reading a book in a quiet spot.

This discipline policy is consistent with Section 402.305(12), F.S., including standards that prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or any other form of physical punishment is prohibited.

- -

I have read the Rilya Wilson Act flyer, Little Red School House’s Discipline Policy, and the Know Your Child Care Facility brochure.

Child’s Name: _____

_____

Parent’s Signature Date

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: _____ **Center Name & Address:** Little Red School House 3785 E Olive Rd Pensacola, FL 32514

Primary Hours of Care: From: _____ To: _____ **Days of the Week in Care:** (M) T W TH F (S) S **Meals Typically Served While in Care:** (BR) MS (LU) (AS) SU ES None

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (_____) _____

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?
If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: |___||___||___||___||___||___||___||___||___||___| ***or*** TANF Case Number: |___||___||___||___||___||___||___||___||___||___|

STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income – Total: $_____	**How often received? (check only one):** ☐ Weekly ☐ Bi-Weekly ☐ Twice a Month ☐ Monthly ☐ Annually

STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. **For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually).** For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work ($ Amount / How often?)	Public Assistance/Child Support/Alimony ($ Amount / How often?)	Pensions/Retirement/All Other Income ($ Amount / How often?)
	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually
	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually	$ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): _____ **Last four digits of Social Security Number (SSN) of adult household member:** |___||___||___||___| If no SSN, write "none."

STEP 5: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ **Daytime phone #:** (_____) _____ – _____
Street Address, City, State, Zip Code

Signature of adult household member: _____ **Printed name:** _____ **Date signed:** _____

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. **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

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: ☐ FAP/SNAP or TANF Household ☐ Foster Child **Total Household Size:** _____ **Total Household Income:** $_____

Eligibility Determination: ☐ Free ☐ Reduced-Price ☐ Non-needy **How Often Income is Received (Frequency):** ☐ Weekly ☐ Biweekly ☐ Twice a Month ☐ Monthly ☐ Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needy Status: ☐ Income too High ☐ Incomplete Application ☐ Other Reason: _____

Determining Official's Signature: _____ **Date:** _____ **Second Party Check Signature:** _____ **Date:** _____

INSTRUCTIONS for completing the Free and Reduced-Price Meal Application (use a pen and print all information other than signature)

Print the name of the child you are applying for at the top pf the form. Print the name and address of the child care center the child attends, if not already pre-printed. Print the primary hours of care for your child. Circle the days of the week your child primarily attends the child care center and the meals that you expect your child to receive while in care: breakfast (BR), morning snack (MS), lunch (LU), afternoon snack (AS), supper (SU), and/or evening snack (ES).

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS: STEP 1: List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Enter either the FAP/SNAP or TANF case number in the designated space. The case number will be on your letter of eligibility; it is not the number on your EBT card. **STEP 3:** Skip this step. **STEP 4:** Skip this step. **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation from the foster care agency or court that placed the child in the household, rather than completing this application. Should you choose to complete this application, and you are applying only for a foster child(ren), then only complete STEPS 1 and 5. If you are applying for foster and non-foster children, complete STEPS 1, 3, 4 and 5. If completing STEP 3, do not include payments to the household for the care of the foster child(ren). See the instructions listed below for the applicable steps.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS: STEP 1: List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Skip this step. **STEP 3:** Enter the total income received by all children listed in STEP 1, then check how often the income is received. **STEP 4:** List all adults age 19 and older that are supported with the household's income, even if they are not related to you and even if they receive no income. If there is not enough space to list all adults, use a second form and attach the forms together. For each adult, list the amount of income he/she regularly receives before taxes or anything else is taken out and circle how often the income is received (frequency) in the appropriate columns. If self-employed, list net income. See examples below for sources of income to report. For any adult with no income, write "none" or "0." Any income fields that are blank will also be counted as a zero (0). Enter the total number of household members (all children and adults), then list the last four digits of the social security number (SSN) of the adult completing/signing the application (or write NONE if he/she has no SSN). **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

<table>
<tr><th colspan="2">Sources of Income for Children</th><th colspan="3">Sources of Income for Adults</th></tr>
<tr><td>Earnings from work</td><td>A child has a regular full or part-time job where they earn a salary or wages</td><td rowspan="4">Earnings from Work
• 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, FSSA or privatized housing allowances)
• Allowances for off-base housing, food and clothing</td><td rowspan="4">Public Assistance/ Alimony/Child Support
• 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</td><td rowspan="4">Pensions/Retirement/All Other Income
• Social Security (including railroad retirement and black lung benefits)
• Private pensions or disability benefits
• Regular income from trusts or estates
• Annuities
• Investment income
• Earned interest
• Rental income
• Regular cash payments from outside household</td></tr>
<tr><td>Social Security
• Disability Payments
• Survivor's Benefits</td><td>• 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</td></tr>
<tr><td>Income from person outside the household</td><td>A friend or extended family member regularly gives a child spending money</td></tr>
<tr><td>Income from any other source</td><td>A child receives regular income from a private pension fund, annuity, or trust</td></tr>
</table>

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) case number or are applying for a foster child, you must include the last four digits of the Social Security Number (SSN) of the adult household member signing the application or indicate that the signer does not have a SSN. Providing the last four digits of a SSN is not mandatory, but if this information is not given or an indication is not made that the signer does not have a SSN, the application cannot be approved. The information provided on this form may be verified through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a welfare office to verify receipt of FAP/SNAP or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking any documentation produced by the household to prove the amount of income received. These verification efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. 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 investigate violations of program rules. **This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination Statement**