

## Child's Information Checklist

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Start Date: \_\_\_\_\_

\_\_\_\_\_ Childcare Application for Enrollment signed

\_\_\_\_\_ Emergency Card

\_\_\_\_\_ Influenza Virus Pamphlet signed ( August - September Only )

\_\_\_\_\_ Certificate of Immunization Form

\_\_\_\_\_ Physical Evaluation Form

\_\_\_\_\_ Copy of Birth Certificate

\_\_\_\_\_ Expulsion and Discipline

\_\_\_\_\_ Parent Handbook Acknowledgement

\_\_\_\_\_ Permission to Photograph / Video

\_\_\_\_\_ Permission Food related Activities

\_\_\_\_\_ General Wellness Guidelines signed

\_\_\_\_\_ Safe Sleep Policy

\_\_\_\_\_ Know Your Child Care Facility

\_\_\_\_\_ Food Program Documents signed

\_\_\_\_\_ Copy of Driver License

\_\_\_\_\_ Copy of Health Insurance Card

\_\_\_\_\_ School Readiness Voucher Date:

\_\_\_\_\_ VPK Certificate received Date:



**Einstein Learning School**  
35203 SR 54, Zephyrhills FL 33541  
Tel: (813) 395-5117

State of Florida  
Department of Children and Families



## **CHILD CARE APPLICATION FOR ENROLLMENT**

### **Student Information:**

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

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

### **Family Information:**

Child's Lives With: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Phone: \_\_\_\_\_ 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:

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:**

- 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

# EINSTEIN LEARNING SCHOOL

35203 SR 54 ZEPHYRHILLS FLORIDA 33541

## EMERGENCY CONTACT PARENTAL CONSENT FORM

CHILD'S NAME		BIRTH DATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
E-MAIL ADDRESS		MOBILE TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTIONS)	
MEDICAL OR DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
<b>PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>		

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN

DATE

ORIGINAL



# **Policies & Procedures**

## **Expulsion and Discipline**

### **Expulsion Policy**

Unfortunately, these are sometimes reasons we have to expel a child from our program either on a short term / permanent basis. We want to know that we will do everything possible to work with the family of the child to prevent this policy being enforced. The following are reasons we may have to expel or suspend a child from the center.

### **Immediate Cause for Expulsion**

- The child is at risk of causing serious injury to other children or him/herself.
- Parents threaten physical or intimidating action towards staff members.
- Parents exhibit verbal abuse to staff in front of enrolled children.

### **Parental Actions for Child's Expulsion**

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.

### **Child's Actions for Expulsion**

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/ angry outburst / excessive biting.
- Ongoing physical or verbal abuse to staff or other children.
- Bullying another student or Staff (teasing, taunting, intimidating, stalking, social media bullying, sexual, religious or racial/ethnic harassment, Public or private humiliation)
- Destruction of property of the school or another student's property

Prior to expulsion, a parent will be called indicating what the problem is, and every effort will be made by both the school and the parent to correct the problem. If, after one or two weeks, depending on the risk to other children's welfare or safety, behavior does not improve, the parent will be asked to remove him/her. The parent will be given two days to find another school to provide care for this child.

### **Discipline**

At Einstein Learning School we use a method of "Redirection" to guide your child toward appropriate behavior. If a child is engaged in behavior not conducive to a safe and happy learning environment, the teacher will "redirect" the child toward appropriate behavior. (The use of physical punishment or harsh language is prohibited.)

---

Print Parent Name

---

Parent Signature

---

Date

## Parent Handbook Acknowledgement

- 1, \_\_\_\_\_ The weekly tuition for the \_\_\_\_\_ program you have selected is currently \$\_\_\_\_\_ and may increase or decrease from time to time. You will be notified in advance of any increase/decrease.
2. \_\_\_\_\_ Tuition is due on the Friday before each new week\* \$15 late charge will be added each day thereafter. If payment has not been received by drop off Monday , your child may not return back until all fees are fully paid
3. \_\_\_\_\_ We are open from 6:30 a.m. to 6:00 p.m. Monday through Friday. Drop Off NO LATER THAN 10:00 a.m. We are closed on the following holidays: Labor Day, Thanksgiving day and after, Christmas Eve and Christmas Day, New Year's Eve and New Year's Day, MLK Day, Presidents Day and Independence Day. Also any Nature Emergency closings. We do not prorate tuition for these closings.
4. \_\_\_\_\_ Only If my child is Before & After School student can attend Einstein on non-school days (holidays).
5. \_\_\_\_\_ Because our program requires us to engage staff based upon the number of children enrolled, we cannot give tuition refunds for days your child is absent.
6. \_\_\_\_\_ Should it become necessary to withdraw your child from our program, you are required to give us 2week written notice. 2 week notice does NOT apply toward Summer Camp. Duration of the amount of weeks signed up for will be required for payment.

I acknowledge that I have read the parent handbook. I am finally aware of the discipline policy and procedures. I have read and understand the fee arrangements and conditions detailed in the parent handbook. I agree to these conditions and will abide by them. This acknowledgement must be placed in our files.  
Please sign this form and return.

---

Child's Name

---

Parent Signature

---

Date

# Einstein Learning School

## PERMISSION TO PHOTOGRAPH OR VIDEO

Dear Parents / Guardian

At Einstein Learning School we will be taking pictures or class videos from time to time. (These pictures will not be produced without parent permission to our website or facebook page).

We need your permission to photograph or video your child. Please check below either granting permission or declining permission to photograph or video your child.

Thank You

Einstein Learning School

\_\_\_\_\_ I Give Permission to have my child \_\_\_\_\_

Photographed by a still camera or video camera.

\_\_\_\_\_ I Do Not Give Permission to have my child \_\_\_\_\_

Photographed by a still camera or video camera.

\_\_\_\_\_  
Parent / guardian signature

\_\_\_\_\_  
Date

**Permission for Food related activities &  
Special Occasion food consumption**

Pursuant to 65C-22.0005(1)©2., F.C., Licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities includes such things as: classroom cooking projects, gardening, school-wide celebration, and birthdays.

I \_\_\_\_\_ **give/declined** permission for my child \_\_\_\_\_  
(parent /Guardian) (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 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):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ 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 / Guardian Signature)

---

(Date)

**Einstein Learning School**  
General wellness Guidelines

To ensure the health of our children and workers here at Einstein Learning School, we ask that sick children to not attend the preschool if the following exist within the last 24 hours :

1. Fever (101.0 or over) your child must be fever free for 24 hours.
2. Runny nose, yellow or greenish in color. This usually means infection.
3. Your child must be diarrhea free and or vomit free for 24 hours.
4. Any symptoms of childhood diseases such as Scarlet Fever, German Measles, Mumps, Chicken Pox, or whooping Cough.
5. Sore throat with high fever.
6. Severe coughing or wheezing.
7. Any unexplained rash.
8. Any skin infection such as boils, ringworm, or impetigo.
9. Pink eye, Parents will be called to pick up child.
10. Any communicable disease.
11. Lice, including presence of eggs or nits. Parents will be called to pick up child. You will need to bring in a box top from the product used with the receipt to return to school. Child must be free of all nits that might attach themselves to the hair follicle. There is a product available over the counter called "clear" it works with the Nit Kit.

Children will need a note from the doctor to return to school if they become ill with any of the above illnesses. If we all work together we can maintain a healthy school.

Thank You

---

**Einstein Learning School Wellness Policy**

Please sign

Name of child \_\_\_\_\_

I have read these guidelines and will abide by them.

Parent Print Name \_\_\_\_\_ Date \_\_\_\_\_

Parents Signature \_\_\_\_\_

**General guidelines for children with the listed illnesses, based on the Florida Department of Health and CDC:**

**Hand, Foot, and Mouth Disease (HFMD):**

Exclude children until they are fever-free for 24 hours without medication, have no excessive drooling due to mouth sores, and feel well enough to participate in activities. Must be out for 3 days (contagious) and 7 days out with blisters. 【9】 【10】 .

**Fever:**

Children should stay home until they are fever-free for 24 hours without fever-reducing medication 【9】 .

**Vomiting:**

Exclude until 24 hours after the last episode of vomiting 【9】 【10】 .

**Diarrhea:**

Children can return 24 hours until stool is solid 【9】 【10】 .

**Strep Throat:**

Children can return 24 hours after starting antibiotics and being fever-free for 24 hours without medication 【9】 【10】 .

**Head Lice:**

Typically, children can return after appropriate treatment and when live lice are no longer present. The child can return to school with proof of treatment. 【9】 【10】 .

**Persistent Cough:**

Exclusion may depend on the severity of the cough and whether it disrupts participation or signals a contagious illness like pertussis. 24 hours out and must consult your pediatrician if unsure 【9】 【10】 .

**Flu (Influenza):**

Children should stay home for 5 days and are fever-free for 24 hours without medication. 【9】 【10】 .

**COVID-19:**

Follow CDC guidance, which typically includes staying home for at least 5 days after symptoms begin and until symptoms improve. Masking may be recommended for an additional 5 days when returning to school 【9】 【10】 .

*These guidelines aim to minimize the spread of illnesses while ensuring children recover properly.*

Child's Name: \_\_\_\_\_

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

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

## Health & Safety Policies

### **Safe Sleep Policy**

#### **For Infants/ Toddlers in Childcare Programs**

Einstein learning school will follow safe sleep recommendations for infants to reduce the risk of Sudden Infant Death Syndrome (SIDS), Sudden Unexpected Infant Death (SUID), and the spread of contagious diseases:



1. Infants will always be put to sleep on their backs.
2. Infants will be placed on a firm mattress, with a fitted crib sheet.
3. No toys, soft objects, stuffed animals, pillows, bumper pads are in the crib.
4. Sleeping infants will be actively observed by sight and sound.
5. An infant who arrives asleep in a car will be moved to a crib.
6. Infants will not share cribs, and cribs will be 3 feet apart.
7. Pacifiers will not be attached by a string to the infant's clothing and will not be reinserted if they fall out after the infant is asleep.
8. When able to roll back and forth from the back to front, the infant will be put to sleep on their back and allowed to assume a preferred sleep position.
9. Sleeping areas will be ventilated and at a temperature that is comfortable.
10. Toddlers' heads will remain uncovered for sleep with their shoes on.
11. In the rare case of a medical condition requiring a sleep position other than on the back, the parent must provide a signed waiver from the physician.

---

Parent Signature

---

Date

- 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 their child when they are sick.
- Familiarize yourself with the child care standards used to license the child care facility.

MyFLFamilies.com/ChildCare

This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).  
License Number: CHCPA 00918  
License issued on 7/16/2003  
License Expires on 07/16/2004

For more information regarding the compliance history of this child care provider, please visit:  
[MyFLFamilies.com/childcare](http://MyFLFamilies.com/childcare)



OFFICE OF CHILD CARE REGULATION  
AND BACKGROUND SCREENING  
MYFAMILIES.COM

To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CFRPI 175-24, 03/2014  
This brochure was created by the  
Florida Department of Children and Families,  
Office of Child Care Regulation and Background Screening  
pursuant to s. 402.3125(5), F.S.,

**MyFLFamilies.com/ChildCare**

Print Name \_\_\_\_\_

Signature

Date \_\_\_\_\_



## General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, FS, 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 vehicles (if transportation is provided).
- ☐ Provide parents with written disciplinary practices used by the facility.
- ☐ Provide access to the facility during normal hours of operation.
- ☐ Maintain minimum staff-to-child 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

### Health Related Requirements

- ☐ Emergency procedures that include:
  - Posting Florida Abuse Hotline number along with other emergency numbers.
  - Staff trained in first aid and Infant/Child 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.

### 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 examination/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.
- ☐ Maintain sufficient lighting and inside temperatures.
- ☐ Equip 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.

## 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, the following indicators should be considered:

### Quality Activities

- ☐ Are children initiated and teacher facilitated.
- ☐ Include social interchanges with all children.
- ☐ Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- ☐ Include exercise and coordination development.
- ☐ Include free play and organized activities.
- ☐ Include opportunities for all children to read, be creative, explore, and problem-solve.

### Quality Caregivers

- ☐ Are friendly and eager to care for children.
- ☐ Accept family cultural and ethnic differences.
- ☐ Are warm, understanding, encouraging, and responsive to each child's individual needs.
- ☐ Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- ☐ Help children manage their behavior in a positive, constructive, and non-threatening manner.
- ☐ Allow children to play alone or in small groups.
- ☐ Are attentive to and interact with the children.
- ☐ Provide stimulating, interesting, and educational activities.
- ☐ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- ☐ Communicate with parents.

### Quality Environments

- ☐ Are clean, safe, inviting, comfortable, child-friendly.
- ☐ Provide easy access to age-appropriate toys.
- ☐ Display children's activities and creations.
- ☐ Provide a safe and secure environment that fosters the growing independence of all children.



Child's Name: \_\_\_\_\_ Center Name & Address: Einsteins Learning School  
Primary Hours of Care: From: 6:30 a.m. To: 6:00 p.m. Days of the Week In Care: MTWTF S S Meals Typically Served While In Care: BRMS LUAS SU ES None  
Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (813) 595-5117

**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.

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White  
Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

**FOR CONTRACTOR USE ONLY:**  
Categorical Eligibility: ☐ FAP/SNAP or TANF Household ☐ Foster Child ☐ Non-needy ☐ Free ☐ Reduced-Price  
Total Household Size: \_\_\_\_\_ Total Household Income: \$ \_\_\_\_\_  
How Often Income Is Received (Frequency): ☐ Weekly ☐ Biweekly ☐ Twice a Month ☐ Monthly ☐ Annually

Eligibility Determination: ☐ Free ☐ Reduced-Price  
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: \_\_\_\_\_  
Revised 6/2019 Page 1 of 2 U-009-08