

CHILD AND ADULT CARE FOOD PROGRAM (CACFP)

FAMILY-SIZE & INCOME APPLICATION AND ENROLLMENT FORM FOR YEAR 2024-2025

Enrollment Section: (To be completed by Parent/Guardian)

If a child is receiving SNAP, TANF, FDPIR or is a Foster child, also complete the last two columns of this section and skip to Part 3

Participant's Last Name	Participant's First Name	Birth Date	Meals Normally Eaten (Circle all that apply)	Normal Times in Care	Foster	SNAP, TANF, or FDPIR # (List CASE #)
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	
			B AM L PM S LPM		<input type="checkbox"/>	

Normal Days In Care : Monday Tuesday Wednesday Thursday Friday Saturday Sunday

PART 1: PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

Mark one ethnic identity:	Mark one or more racial identities:		
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	

PART 2. INCOME APPLICATION, HOUSEHOLD MEMBERS, AND INCOME

A. NAME OF OTHER HOUSEHOLD MEMBERS Including Children not listed above	B. GROSS INCOME AND HOW OFTEN PAID				Zero Income
	Earnings From Work (Before Deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA Benefits	All Other Income or SNAP, TANF, FDPIR #	
1.	\$	\$	\$	\$	<input type="checkbox"/>
2.	\$	\$	\$	\$	<input type="checkbox"/>
3.	\$	\$	\$	\$	<input type="checkbox"/>
4.	\$	\$	\$	\$	<input type="checkbox"/>

PART 3. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER

I certify that all information on this form is true and that all income is reported. I understand that the center will get federal funds based on the information that I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, this participant receiving meals may lose the meal benefits and I may be prosecuted.

Signature of Adult Household Member	Home/Cell Phone Number	Date
Last four digits of social security number: **** - ** - _____ <input type="checkbox"/> I do not have a social security number		

FOR INSTITUTION USE ONLY: Annual Income Conversion: Weekly x 52 Every 2 Weeks x 26 Twice a Month x 24 Monthly x 12

Application Approved For:

<input type="checkbox"/> Free	<input type="checkbox"/> SNAP/TANF/FDPIR	Signature of Determining Official	Date
<input type="checkbox"/> Reduced	<input type="checkbox"/> Foster		
<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Income: Total Income : \$ _____		

How often Paid? (circle one): Weekly Every 2 weeks Twice a month Monthly Annually

Household Size _____

"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 are 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 for the participant or other (FDPIR) identifier 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 rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: program.intake@usda.gov This institution is an equal opportunity provider

Does your child have any individual special needs involving routine care, behavior and guidance, communication, or positioning? If yes, please describe:

Is your child allergic to any foods, medications, etc.? If yes, please describe:

Describe any special precautions for diet, medication, or activity, if applicable:

I give permission to the child care staff to consult with health and child development professionals regarding my child's needs.

Yes No

Transportation

- I do not give permission for my child to be transported.
- I give permission for this child to be transported:
 - to nearest medical facility, if a medical emergency occurs and I cannot be reached
 - on field trips
 - to and from school – Drop-off time: _____ Pickup time: _____
 - to and from home – Drop-off time: _____ Pickup time: _____
 - other, please specify: _____

Pick up permission

Persons having permission to pick up child:

Name	Phone

I understand this form is supplied by the Oklahoma Department of Human Services (OKDHS) as a service and that supplying the form in no way imposes any responsibility or obligation upon OKDHS.

The Parent's Guide to Selecting Quality Child Care, OKDHS publication number 87-91, and the *Child Care Facility Policies*, are available through your child's child care provider.

Signature of parent/guardian

Date

Date child entered facility: _____ Date child withdrawn: _____



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Child Information

Child's name		Sex	Date of birth
Name(s) of person(s) and the relationship with whom the child lives			
E-mail address		Area code	Home phone
Home street address	City	State	Zip
Mother/guardian's place of employment		Business, cellular, or page phone number	
Father/guardian's place of employment		Business, cellular, or page phone number	

Emergency contact

In case of emergency, if the parent or guardian cannot be reached, list person(s) to notify, in order of preference:

Name	Phone

Immunization record

Attach a copy of the immunization record or follow the Oklahoma State Department of Health exemption procedures. **Keep your child's immunizations current. Give updated immunization record copies to the child care facility.**

A child two months of age or older cannot be admitted to a child care facility unless the parent presents certification from a licensed physician or authorized representative of any state or local Department of Health that such child has received or will receive immunizations at the medically appropriate time.

Health record

Child's physician or clinic			Phone
Street address	City	State	Zip

K-8 Enrollment

We are now accepting enrollment at Cowboy Junction Christian School for the 2025-2026 school year.

Full time Tuition- \$325 per month	or	Hybrid Tuition- \$225
Lunch-\$25 monthly		Hybrid Lunch \$15
After school- \$25 monthly		Hybrid Afterschool \$15

We offer a Hybrid option which is Monday-Wednesday. Students will do assigned work at home on Thursdays and Fridays.

** Hybrid students- Parents are responsible to make sure all work is completed on Thursdays and Fridays and returned each Monday.

We contract with most tribes and DHS for childcare assistance. Please contact the tribe of your choice or DHS for all applications and information. The Tribes and DHS help cover costs associated with the Before and After school for students K-8. Email the school at cjschool@cowboyjunction.org for more information.

Please complete all forms attached to this application. All forms need to be completed and returned with \$30 this is the enrollment fee and will hold your spot. This is a non-refundable fee. We also require a recent picture, a copy of your child's birth certificate, and current immunization record.

We encourage you to return your enrollment forms as soon as possible to secure your child's placement.

If you have any questions, feel free to contact me at 918-255-6100 or email me at cjschool@cowboyjunction.org email is the preferred contact.

Sincerely,

Michelle Markham