

*Smarter Kids*  
*Child Care Learning Center*

*2764 CUMBERLAND BLVD.,  
SMYRNA, GA 30080  
770 419 4929*



[smarterkids@bellsouth.net](mailto:smarterkids@bellsouth.net)

# SMARTER KIDS CHILD CARE LEARNING CENTER

*Smarter Kids Child Care Learning Center is a full service child care center that serves children ages six weeks to twelve years of age. Smarter Kids operates twelve months a year, Monday – Friday, from 6:30 AM – 7:00 PM.*

*We provide care for infants beginning at age six weeks. We provide pre-school care for children ages twelve months thru ages three years, a Pre-K program for your four-year olds, an After-School Program for school age children up to age twelve. In addition, we offer a Summer Program that includes learning activities, a reading program and fun field trips.*

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Smarter Kids Child Care Learning Center is an equal opportunity provider of child care services and will not deny child care services to anyone based on race, color, sex, national origin, handicap, age, religious creed, or political beliefs.

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## CHILDCARE AGREEMENT

This agreement is entered into on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

*between*

**Parent/Guardian #1** (*hereinafter referred to as "Parent/ Guardian"*)

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

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

*and*

SMARTER KIDS CHILD CARE LEARNING CENTER  
2764 Cumberland Blvd., Smyrna GA 30080  
770- 419- 4929

*for the care of*

Child's Name: \_\_\_\_\_ DOB:\* \_\_\_\_\_

*\* If your child is less than 12 months old, an "Infant Feeding Plan" must be completed along with this enrollment form.*

## 1.) Hours of Service

Our hours of operation are 6:30 AM until 7:00 PM, Monday thru Friday, twelve months per year. Under this agreement, childcare will be provided for your child during the above listed hours:

The child will not be allowed to enter or leave the center without being escorted by the parent/guardian or person authorized by the parent/guardian. *The child must be signed in and out by the individual leaving or picking up the child. (All authorized individuals picking up or delivering a child must be at least 18 years old.)*

*While we might enter the premises prior to 6:30 AM in order to prepare the premises for business, clients will not be allowed to enter until 6:30 AM.*

*In the evenings, the doors will be locked at 7:00 PM. It is important that you have picked up your child/children and have exited the building by 7:00 PM.*

*If the Parent/Guardian is unable to pick up the child by 7:00 PM, they are responsible for making arrangements for child pick-up by 7:00 PM and notifying Smarter Kids as soon as possible of the alternative pick-up arrangements.*

*Repeated late pickups (after 7:00 PM) may result in termination of this agreement by Smarter Kids.*

*In addition, a fee of \$1.00 will be charged for each -minute after 7:00 PM that the child remains in care (inside the building.) Payment of the late fee is due at pick-up.*

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Parent's Initials

## 2.) Attendance, Fees and Late Fees

**All fees for childcare are due on Monday of the week that service is rendered. A \$25.00 late fee will be charged if the account is not paid in full by Friday of the week service is rendered. The \$25.00 late fee is not optional and must be paid in order to continue your child care services.**

**Child care fees are payable regardless of whether the child actually attend each day. Due to our low rates, the fee for attendance for one day is the same as for a full week. To ensure that your child's space in the classroom is maintained**

during weeks when the child does not attend at all, you must pay a rate equivalent to a half week's tuition for each week the child is not in attendance. "Late fees" also apply to half-week payments

**Smarter Kids** may change the agreed upon rates by supplying the Parent/Guardian with **30 days written notice**.

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Parent's Initials

### 3.) Payments

Payments may be made by check, money order, cash, debit or credit cards. If a payment for childcare is late, not paid by the close of business on Friday, a late fee in the amount of **\$25.00** will be assessed. **We will not accept post-dated checks**

Repeated late payments can result in termination of this agreement by **Smarter Kids**. A **returned check fee of 35.00** will be assessed and is the responsibility of the parent. If the bank returns **2 checks**, **Smarter Kids** reserves the right to demand that all future payments be made in the form of cash or money order.

Either party may terminate this contract with **2 weeks'** notice. **Smarter Kids** may terminate the agreement immediately in the event that the child's behavior endangers themselves or other children.

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Parent's Initials

### 4.) Up-dated Parent/Guardian Information/Emergency Notification

**It is imperative that you provide updated contact information to the center whenever there is a change. The Center must be able to reach the parent/guardian or other designated persons in the event of an emergency.** Contact information should include home and work telephone numbers, cell phone and e-mail information as well as any changes in the child's physician or physician contact information.

Emergency plans have been developed that include fire, serious injury, physical plant issues and evacuation procedures and are posted for parent viewing at the "Parent Information Table" locate in the main lobby on the 1<sup>st</sup> floor.

We conduct an annual re-enrollment each year to gather new information, however, please keep the Center up dated in the interim.

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Parent's Initials

## 5.) Posted Notices

Please regularly review the Parent's Information Board located in the main lobby on the 1<sup>st</sup> floor. Information of general interest will be posed here in addition to required posting including, our license, copy of rules, review of evaluation reports, communicable disease charts, statement of parental access, names of persons in charge, current weekly menu, emergency plans for severe weather, fire emergencies, child abuse reporting requirements, exposure to a notifiable communicable diseases and statement for visitors.

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*Parent's Initials*

## 6.) Holidays

**Smarter Kids** will be closed, and no services will be provided during the following holidays:

**New Year's Day and the day after**

**Memorial Day**

**Independence Day**

**Labor Day**

**Thanksgiving and the day after**

**Christmas and the day after**

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*Parent's Initials*

## 7.) Supplies

The parent/Guardian will be responsible for providing the following supplies to **Smarter Kids** for use in the care of the child:

- Specialty items such as special lotions, diapers, pull-ups
- Ready to pour Formulas
- Medications

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*Parent's Initials*

## 8.) Meals and Snacks

The following meals and snacks will be provided as a part of our weekly rates.

Meal	Time Served
Breakfast	6:45– 8:00 AM
Lunch	11:30 AM– 1:00 PM
Afternoon Snack	3:00 -4:00 PM

*All food in the school must be purchased for and prepared by the school except in cases of documented food allergies accompanied by a physician’s specific instructions. For this reason, NO FOOD MAY BE BROUGHT INTO THE CENTER!*

*Please do not allow your child to bring food into the center. We will post weekly menus and children’s nutritional needs will be fully met during the day. Our menus meet all USDA guidelines.*

*If your child has any type of allergy, make sure the administrators in the business office are aware of this and that all details are listed on the child’s enrollment paperwork.*

#### 9.) *Infants*

Bottles must be bought to the center already prepared. If your child is younger than twelve months, we must have a feeding plan form completed to ensure that the child’s needs are being met according to your expectations. This form must be up-dated whenever your child’s feeding plans change.

In addition, your child’s bottle must be labeled with the first and last name as well as the date.

Assistance is provided to infants and toddlers with their meals. When the child shows that they are ready to feed themselves, they will be allowed to do so with whatever assistance is needed.

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*Parent’s Initials*

#### 10.) **Diapering Procedures/Potty Training**

Infants and toddlers are checked and/are changed every ninety minutes. A copy of our diaper changing procedures is posted in each classroom and on the “parent Information Board”.

We ask that you check the information given to you each day to know when your child needs additional diapers.

If the child has had success in potty training at home, *Smarter Kids* will attempt to provide assistance in the potty-training process during daycare. Children are taken to the potty every two hours unless there is an indication that he/she needs to go before or after the scheduled bathroom session.

The Parent/Guardian agrees to keep the child in diapers or “pull-ups” until the child has demonstrated the ability to remain “accident-free” for a period of at least *2 weeks* at home and in the Center.

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*Parent's Initials*

## 11.) Child's Illness

If the child is exhibiting any of the following symptoms, the child will not be accepted for care that day and alternate care arrangements should be made.

- A fever of more than 101 degrees
- Vomiting
- Diarrhea
- Flu
- Head Lice
- Pink eye
- All cases of a notifiable communicable disease (i.e. chickenpox, measles) will be reported to the local Health Department as required by the rules of the Department of Human Resources.
- Parents will be notified by memo or e-mail if their child is exposed to a notifiable communicable disease within twenty-four hours of our becoming aware of the illness.

**A child exhibiting any of the above symptoms must be free of symptoms for 24 hours before returning to daycare. If a child becomes ill at daycare, the parent will be called to pick them up as soon as possible. *Smarter Kids* staff will not administer any medication without parental request and a written permission form.**

***Smarter Kids* staff will administer prescription and non-prescription medicines to children, only as directed by a child's physician, provided a written consent form signed by a parent "*Medication Permission Form*" and the medication is provided to the daycare in the original container.**

Non-prescription medicine will be administered as directed by parents based on the "*Medication Permission Form*" that must be completed prior to the administration of medications.

Should a child experience an adverse reaction to the medication dispensed, the parents will be contacted immediately via phone and 911 will be called if necessary.

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*Parent's Initials*

## 12.) Emergency Medical Treatment

In the event that emergency medical treatment is required for your child, the center will call "911". We will then contact the parent/guardian to inform them of the

situation, the action taken and follow-up to keep the parent/guardian informed of updates to the situation.

**Children will be transported to Wellstar Cobb Hospital, located at 3950 Austell Road, Austell GA 30106, or a medical facility determined by emergency personnel.**

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*Parent's Initials*

### **13.) Immunizations**

All children must have up-to-date, age appropriate immunizations. A copy of their immunization records must be provided to *Smarter Kids* on their **first day of attendance** or a signed notarized affidavit against such immunizations within 20 days of the child's enrollment. As immunizations are up-dated a copy should be provided to the Center for your child's records.

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*Parent's Initials*

### **14.) Guidance Policy**

The technique of "timeout" will be used in the event the child misbehaves. *Smarter Kids* staff will use the opportunity to explain why the child's action was inappropriate and to give the child time to reflect on their actions.

"Time-outs" consist of a chair in the corner of the room where the child is escorted by the teacher. The teacher briefly discusses the reason for "time-out" and leaves the child alone for a time commensurate with the child's age. However, never to exceed five minutes regardless of the child's age.

**If a child becomes abusive or poses a danger to the other children, *Smarter Kids* reserves the right to require immediate pickup, suspension and or expulsion.**

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*Parent's Initials*

### **15.) Child Release Policy**

Under no circumstances will the child be released to anyone other than the individuals named on the "*Child Pick-up Authorization*" form. Proper identification will be required the first time a new individual picks up the child. If an emergency situation requires that someone not on the "*Child Pick-up Authorization*" section of the enrollment form, pick-up your child; the parent must call the center and give the



name and a description of the individual to pick up the child. The person picking up the child must also provide a picture identification to the center director.

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*Parent's Initials*

## **16.) Center Transportation**

The Center provides transportation drop-off and pick-up to several local elementary schools. We do not pick-up or deliver children to homes or other drop-off locations. In addition, we occasionally take the children on field trips. In order for your child to participate in Center transportation a “**Transportation Agreement**” form must be completed by the parent/guardian prior to transportation taking place. In addition, a “**Field Trip Permission**” form must be completed prior to a child participating in a field trip.

All transportation is provided by the Center vans. The vans are driven by a licensed driver and we are insured.

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*Parent's Initials*

## **17.) Parent/Center Staff Conferences**

Parents/guardians are welcome to visit the center at anytime during our hours of operations. When entering the center, parents/guardians should check-in at the business office before entering the child’s classroom.

While we welcome the opportunity to discuss any issue concerning your child; we are unable to schedule conferences with center staff during our busiest times of 6:30AM to 8:00 AM and 5:00 PM to 7:00 PM. Conferences should be scheduled during the hours of 8:00 AM and 5:00 PM.

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*Parent's Initials*

## **18.) Child Abuse, Neglect or Deprivation**

Suspected incidents of child abuse, neglect or deprivation shall be reported to the local County Department of Family and Children Services in accordance with state law.

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*Parent's Initials*

## 19.) Child Safety

**ZERO TOLERANCE POLICY** – **Smarter Kids** has a zero tolerance policy (your child will be un-enrolled) for the following behaviors:

- Hitting a teacher
- throwing furniture

The following is a list of behaviors that will result in suspension for a minimum of 3 days. This list is not all inclusive and we reserve the right to suspend any child for other behaviors that endanger themselves or others.

- Spitting on others
- Hitting
- Fighting
- Bullying

## 20.) FOOD FROM OUTSIDE

As a licensed Child Care Center, we are subject to many rules by our licensing agency. One of the rules to which we must adhere is to provide well balanced, nutritious and appetizing meals and snacks for the children in our care.

- We are not allowed to serve soft drinks or other sugary drinks; only 100% fruit juice, milk or water.
- We must adhere to USDA guidelines for feeding young children.

As a part of your weekly tuition, we provide breakfast until 8:00 AM. Lunch is served from 11:30 AM – 12:45 PM. An afternoon snack is served between 3:00 and 3:45 PM

Effective August 1, 2014, unless your child has special dietary needs, we will no longer allow food to be brought in from the outside. If your child is not in attendance by 8:00 AM, you must provide breakfast **prior to bringing the child to the Center. Children will only be allowed to eat in the classrooms during appointed meal times.**

21.) **SIGNING YOUR CHILD/CHILDREN IN AND OUT** – Please sign your child in and out daily.

***Do not allow your child/children to write or scribble on the sign-in/out sheet.***

22.) **NO BEADS IN THE HAIR** - beads and plastic bows fall out and get picked up by the children

- Children put the beads up their nose
- Children put the beads in their ears
- Children swallow and possibly choke on the beads

**We are not responsible for nor will we look for lost beads and bows!!**

- 23.) **CHANGE OF CLOTHING** – regardless of the age of your child, please bring a change of clothing for your child. If your child is sent home in his/her change of clothing; please bring in another change of clothing.
- 24.) **NAME ON COATS, HATS, GLOVES & SCARVES** – many of the children have clothing that looks similar. Please use a “permanent marker” to put your child’s name on their coats, hats and gloves
- 25.) **CUBBIES** – when bringing your child in the morning, please put their coats, hats, gloves and scarves in their cubbies. The teachers may not see what your child had on when they enter the classroom. This could result in clothing being put in the wrong cubby, especially if the name is not in the garment.
- 26.) **NO SANDALS** – that sandals are not safe footwear for the children. Sandals allow for the child’s foot to slip around and could cause falls and other serious injuries. It also allows woodchips on the playground to cause cuts and splinters on a child’s foot. Shoes that cover the child’s foot and provide stability for their feet and ankles are recommended.
- 27.) **NO JEWELRY** - other children pull on the jewelry, it might come off
- The children find it, and put it in their mouths
  - It might get lost if your child or another child pulls it off or out (**we are not responsible for NOR will we spend time looking for lost or missing jewelry**)
  - Necklaces can get caught and strangle your child
- 28.) **NO ARTIFICIAL NAILS** – they can break, become jagged and pose a scratching hazard
- 29.) **FINGER NAILS** – please keep children’s nails clipped. They can scratch themselves or other children during play time

30.) **NO TOYS** - do not allow your child to bring toys from home (**we are not responsible for lost toys**)

- Many children have the same toys and they get them mixed-up
- Children try to fight over the toys
- Children give their toys to other children
- **WE WILL NOT LOOK FOR LOST OR MISSING TOYS**

31.) **DO NOT GIVE YOUR CHILD/CHILDREN MONEY** – we do not sell anything

- Food, milk, juice and water are provided as a part of your weekly tuition payments.
- **We are not responsible for missing money**

32.) **INFANT & 1 YEAR OLD CLASSROOM** – please bring a minimum of five (5) diapers per day for the one-year olds. Please check your child's cubby to ensure that supplies are replenished when needed

33.) **CARE, CUSTODY AND CONTROL** – of your child. When you drop your child off, we accept the care, custody and control of your child. When you pick your child up, (when you remove the child from the classroom,) the care, custody and control of the child/children **returns** to you.

- Please hold your child's hand
- Do not let them run around in the building without you
- Do not let them enter other classrooms without you
- Do not let them play in or near the elevator
- Do not let them mash the elevator buttons.
- Do not allow them to exit the building unattended.

Some tips for safe transition of care, custody and control of children:

- Conduct all business before removing your child from the classroom (making payment, seeing a manager, reviewing incident reports)
- Sign your child out before you remove them from the classroom
- Teacher conferences should be conducted with the child remaining in the classroom
- Please leave the building once your child is removed from the classroom

**34.) Business Office**

The office has many hazards that could harm a child, (scissors, staplers, sharp edged instruments, cleaning supplies, razors, electrical cords etc.), but are necessary for the running of an office.

- We ask that you do not bring your child/children into the office, or let them come into the office unattended.
- Conversations with managers or office staff should be done prior to removing your child/children from his/her classroom so that they are not unattended in the office or the hallway near the front door.

Thank you in advance for your cooperation and compliance with our policies and rules!

**Authorized Signature(s)**

By signing this agreement, all parties agree to abide by the policies and procedures specified within. I also acknowledge that I have received a copy of these policies and procedures.

**Parent/Guardian #1**

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship

**Parent/Guardian #2 (if applicable)**

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship

***Smarter Kids Child Care Learning Center***

\_\_\_\_\_  
Signature Printed Name Date

# SMARTER KIDS CCLC

Entrance Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_

Home Address (Street) \_\_\_\_\_

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

Home Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Father's Home Address (if different from child's) Street \_\_\_\_\_

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

Father's Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Mother's Home Address (if different from child's) Street \_\_\_\_\_

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

Mother's Place of Employment \_\_\_\_\_ Work Phone # \_\_\_\_\_

Employer's Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Child's Living Arrangements: (check one)  Both Parents  Mother  Father  Other

Child's Legal Guardian(s): (check one)  Both Parents  Mother  Father  Other

The child may be released to the person(s) signing this agreement or to the following:

\*Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street-City-State-Zip)  
Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Relationship to Parent(s) or Guardian \_\_\_\_\_  
Other identifying information (if any) \_\_\_\_\_

\*Name \_\_\_\_\_ Address \_\_\_\_\_  
(Street-City-State-Zip)  
Telephone Number \_\_\_\_\_ Relationship to child \_\_\_\_\_  
Relationship to Parent(s) or Guardian \_\_\_\_\_  
Other identifying information (if any) \_\_\_\_\_

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Name \_\_\_\_\_ Phone #(s) \_\_\_\_\_

Name of Public or Private School child attends, if any: \_\_\_\_\_

Child's doctor or clinic name \_\_\_\_\_

Doctor/clinic phone # \_\_\_\_\_

My child has the following special needs \_\_\_\_\_

\_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: \_\_\_\_\_

\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

Should (child's name) \_\_\_\_\_ Date of birth \_\_\_\_\_

suffer an injury or illness while in the care of (Facility name) \_\_\_\_\_

and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

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

Signature

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

Facility Administrator/Person-In-Charge \_\_\_\_\_

Signature

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

**Parental Agreements with Child Care Facility**

The \_\_\_\_\_ agrees to provide day care for  
(Name of Facility)  
\_\_\_\_\_ on \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.  
(Name of Child) (Days of Week)  
from \_\_\_\_\_ to \_\_\_\_\_  
(Month) (Month)

My child will participate in the following meal plan (circle applicable meals and snacks):

- Breakfast
- Morning Snack
- Lunch
- Afternoon Snack
- Evening Snack
- Dinner
- Bedtime Snack

Before any medication is dispensed to my child, I will provide a written authorization, which includes: date; name of child; name of medication; prescription number; if any; dosages; date and time of day medication is to be given. Medicine will be in the original container with my child's name marked on it.

My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent (s), or facility personnel.

I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, e.g., telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records, etc.

The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, etc., which include my child.

The \_\_\_\_\_ agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.

I authorize the child care facility to obtain emergency medical care for my child when I am not available.

I have received a copy and agree to abide by the policies and procedures for

\_\_\_\_\_  
(Name of Facility)

I understand that the center will advise me of my child's progress and issues relating to my child's care as well as any individual practices concerning my child's special needs. I also understand that my participation is encouraged in facility activities.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Facility Administrator/Person-In-Charge)





# B

Name of Child Care Center: **Smarter Kids CCLC**

July 1, 2022 – June 30, 2023

## CACFP Meal Benefit Income Eligibility Statement\*

### PART I: Child(ren) or Adult enrolled to receive day care

Name: (Last, First and Middle Initial)	Date of Birth (Optional) MM/DD/YY	SNAP, TANF, or FDIPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. <b>Note: Do not use EBT numbers. Write case number and proceed to Part III.</b>	Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. <b>(See definitions in FAQs)</b>				
			Head Start	Foster Child	Migrant	Runaway	Homeless
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information

**A. Child Income** - Sometimes children in the household earn or receive income. Please indicate the TOTAL income received by child household members listed in PART I here.

All children income/How often?  
\$ \_\_\_\_\_ / \_\_\_\_\_

**B. Other Household Members.** List all household members even if they do not receive income. Also, list the adult participant if he/she did not meet eligibility in Part I. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.

Name of Other Household Members (First and Last)	1. Earnings from work before deductions / How often	2. Welfare, child support, alimony / How Often	3. Social Security, pensions, retirement / How Often	4. All other income / How Often
(Example) Jane Smith	\$ 200/week	\$ 150/twice a month	\$ 100/month	\$ _____ / _____
1. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
2. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
3. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
4. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
5. _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

### C. Total Household Members (Adults and Children) listed in Part I and Part II \_\_\_\_\_

**D. Social Security Number.** If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.

Last four Digits of Social Security Number XXX-XX \_\_\_\_\_  I do not have a Social Security Number

### PART III: Enrollment Information: Children Only

My child is normally in attendance at the facility between the hours of \_\_\_\_\_ [am/pm] to \_\_\_\_\_ [am/pm].  (✓) Check here if only before/after school care is provided.

Circle the days your child will normally attend the center: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Circle the meals your child will normally receive while in care: Breakfast AM Snack Lunch PM Snack Supper Evening Snack

### PART IV: Signature

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. If not completed fully and signed, the participant will be placed in the Paid category.

Signature: X \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### PART V: Participant's Ethnic and Racial Identities (optional)

Check (✓) one ethnic identity:  Hispanic/Latino  Not Hispanic/Latino

Check (✓) one or more racial identities:  Asian  White  Black or African American  Indian or Alaska Native  Hawaiian or other Pacific Islander

**Official Use Only Section for QCC Staff:** Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12

(A) Total income: \_\_\_\_\_ per  Week  Every 2 weeks  Twice a month  Year

(B) Household Size: \_\_\_\_\_ (C) Categorical Eligibility:  (Check if applicable) (D) Eligibility:  Free  Reduced  Paid

(E) Day Care Homes Only: Check one  Tier I  Tier II (F) Time Period: \_\_\_\_\_

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Confirming Official's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Follow Up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_