



# KRESCENT CITY KIDS LEARNING ACADEMY

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## Welcome to Krescent City Kids Learning Academy

Dear KCK Parents

We are so happy that you have chosen Krescent City Kid Learning Academy for your child's educational and social needs. We know this will be a wonderful and rewarding experience not only for you but for your child as well. We strive to deliver the best and most trusted early childhood education to each of our families and we look forward to being involved in the continual growth of your child

Enclosed in the packet are some very important forms. Please take a few minutes to complete each form, making sure every blank is filled in, and writing N/A for any and all information that does not apply to you. This process may seem a little overwhelming however, it is mandatory that we have these forms in each child's file to comply with the Krescent City Kids Standards and Louisiana Department of Children & Family Services. Please have all requested information returned to the school no later than the week prior to the first day of attendance.

If you have any questions please do not hesitate to contact any member of our management team. Again, we welcome you to Krescent City Kids Learning Academy and we look forward to a great year!

Sincerely,



Keidra Phillips- Burrell  
Chief Operating Officer  
Krescent City Kids, LLC



# KRESCENT CITY KIDS LEARNING ACADEMY

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## Registration Checklist

\_\_\_\_\_  
**Name of Child**

- \_\_\_\_\_ Enrollment Application
- \_\_\_\_\_ Current Immunization Records
- \_\_\_\_\_ Dad's Driver's License
- \_\_\_\_\_ Mom's Driver's License
- \_\_\_\_\_ 2018-2019 Tuition Rate Sheet
- \_\_\_\_\_ KCK Financial Agreement
- \_\_\_\_\_ KCK Parent Financial Obligation Form Cash (if applicable)
- \_\_\_\_\_ KCK Parent Financial Obligation Form Agency (if applicable)
- \_\_\_\_\_ Pick up Authorization Form
- \_\_\_\_\_ Uniform Policy
- \_\_\_\_\_ Administration of Medicine Policy
- \_\_\_\_\_ Parental Authorization for Medication
- \_\_\_\_\_ Physician's Statement of Well Health
- \_\_\_\_\_ Authorization for Consent to Treatment of Minors
- \_\_\_\_\_ EpiPen Authorization for Exposure to Peanuts or Fish
- \_\_\_\_\_ Permission to Apply Sunscreen etc.
- \_\_\_\_\_ Child and Adult Care Food Program (CACFP) Application



# KRESCENT CITY KIDS LEARNING ACADEMY

## Application for Enrollment

Application Date: \_\_\_\_\_ Desired Date of Enrollment: \_\_\_\_\_

**Child's Name** \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ Child's Age: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

### Parent/Guardian Information 1

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Parent/Guardian Information 2

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Address: \_\_\_\_\_ City/State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Agreement:

We hereby certify that we have read the Krescent City Kids Learning Academy Handbook and therefore agree to abide by the policies and procedures outlined within the handbook. We also hereby authorize the Krescent City Kids Learning Academy to:

- Care for our child during the time he or she is in the center.
- Secure emergency medical care for our child in case one or both of us are unable to be reached in a timely and safe manner.

Parent/Guardian's #1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's #2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

.....  
**Office Use Only-**

Date Received: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_ Class: \_\_\_\_\_



# KRESCENT CITY KIDS LEARNING ACADEMY

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Dear KCK Parents

We will also need documentation for your child's personal file which includes:

1. A copy of your child's current certificate of immunization records.
2. Provide an updated copy of all parent/guardian Louisiana Drivers License's

**For Infant to Toddler Parents Only:**

To ensure that your child's is comfortable each day, we require that you provide the following supplies"

- Two Complete change of clothes. Label with your child's name place in a zipper-sealed bag and leave in your child's tote bag for emergencies
- Disposable Diapers or Pull-ups
- Disposable Diaper Wipes

Please bring these items to school at the beginning of each week. Due to the sensitivity of many young children's skin, we are unable to share the supplies. It is important to keep an adequate supply at the school to meet your child's daily needs. Teachers will send home any soiled clothes each day.

Thank You,

Management



**KRESCENT CITY KIDS**  
LEARNING ACADEMY

**Krescent City Kids Learning Academy 2018-2019 Tuition Rates: Effective 8/6/18**

All students pay:

- \$100 Annual Registration Fee
- \$100 Bi-Annual Supply Fee
- Weekly tuition

Student Age	Weekly Tuition Rate
Infants (6 weeks- 17 months)	\$195
Toddlers (18 months - 2 Years)	\$177
Pre-School (3 Years - 5 Years)	\$177

Miscellaneous fee some students pay:

- \$4.25 Processing/Convenience fee added to each payment made by Credit Card, Debit Card, or ACH.
- \*\*There is no additional processing fee for payments made with cash\*\*
- \$25 Late tuition fee will be charged by noon on Monday for delinquent accounts
- \$30 NSF fee charge for each return auto debit/ACH payment
- \$30 Late fee will be charged for any portion of the first 15- minute late period after 6pm. The fee will rise to \$1.00 per minute thereafter.

*\*Enrollment & Tuition Information is subject to change with 30 Days Notice*

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**



# KRESCENT CITY KIDS LEARNING ACADEMY

## Financial Agreement

The undersigned agree and understand that the services rendered for childcare are subject to the following conditions:

1. Tuition and fees are to be paid weekly, **IN ADVANCE**, on Friday prior to the week services are to be rendered
2. If all tuition and fees have not been paid by the **NOON** on Monday of the week in which services are being rendered, a late fee of \$20 will be charged to the account and will be immediately due and payable
3. There will be a \$35 NSF fee charged for each return auto debit/ACH payment
4. Late pick up fees are \$25 for any portion of the first 15- minute after 6pm. The fee will rise to \$1.00 per minute thereafter.
5. There is no reduction in weekly tuition costs for school holiday closing. In addition, so long as your child is enrolled, tuition and fees are due and payable regardless of weather conditions and regardless of your child’s absence.
6. Any family with an outstanding account balance over two weeks past due will be dis-enrolled and will **NOT** be allowed to return to Krescent City Kids School. After all past due tuition and fees have been paid in full, re-enrollment will be based upon space availability ad a review of payment history.
7. A two week written notice is mandatory when you withdraw your child from school.
8. In the event an account is turned over to a collection agency or attorney for collection, each parent or sponsor signing below agrees to pay a reasonable attorney’s fee plus all attendant cost of collection and court cost.
9. All accounts for children withdrawn from the school with an outstanding balance will be reported for collections and will be reported to credit reporting agencies.

I have read and understand the financial responsibility policy for Krescent City Kids Learning Academy. I agreed to abide by the rules and agreement set in the Financial Agreement

\_\_\_\_\_  
Child’s Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Father’s/Guardian Signature

\_\_\_\_\_  
Driver’s License Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother’s/Guardian Signature

\_\_\_\_\_  
Driver’s License Number

\_\_\_\_\_  
Date



# KRESCENT CITY KIDS LEARNING ACADEMY

## Financial Obligation Form (Cash Payor)

PLEASE PRINT

Parent's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: Mom \_\_\_\_\_ Dad \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

STUDENT'S NAME (Last, First)	CLASS	WEEKLY FEE
#1 _____	_____	_____
#2 _____	_____	_____
#2 _____	_____	_____

**Weekly Tuition:** \_\_\_\_\_

Parent Weekly Responsibility: \_\_\_\_\_

Non-Refundable Annual Registration Fee \$100.00

Bi-Annual Supply Fee Payments: 1st (\$100) Payment **Aug. 6<sup>th</sup>** and 2nd (\$100) Payment **Feb. 4<sup>th</sup>**

All Payment are to be made in Cash, Money Order or Cashier Check. No Personal Checks.

### AGREEMENT

I agree to the above charges and will make payments to the school office on or before the due dates stated. All payments must be paid by Cash, Money Order, Credit Card, Debit Card, ACH Debit.

\_\_\_\_\_  
Parent's/Guardian Signature

\_\_\_\_\_  
Date



# KRESCENT CITY KIDS LEARNING ACADEMY

## Financial Obligation Form (Agency Payor)

PLEASE PRINT

Parent's Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: Mom \_\_\_\_\_ Dad \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

STUDENT'S NAME (Last, First)	CLASS	WEEKLY FEE
#1 _____	_____	_____
#2 _____	_____	_____
#2 _____	_____	_____

Weekly Tuition: \_\_\_\_\_

Agency Weekly Subsidy Payment: \_\_\_\_\_

Parent Weekly Co-Pay Responsibility: \_\_\_\_\_

Non-Refundable Annual Registration Fee \$100.00

Bi-Annual Supply Fee Payments: 1st (\$100) Payment **Aug. 6<sup>th</sup>** and 2nd (\$100) Payment **Feb. 4<sup>th</sup>**

All Payment are to be made in Cash, Money Order or Cashier Check. No Personal Checks.

### AGREEMENT

I agree to the above charges and will make payments to the school office on or before the due dates stated. All payments must be paid by Cash, Money Order, Credit Card, Debit Card, ACH Debit.

\_\_\_\_\_  
Parent's/Guardian Signature

\_\_\_\_\_  
Date





# KRESCENT CITY KIDS LEARNING ACADEMY

## Authorization Form

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

### **Authorization For Pickup**

Krescent City Kids Learning Academy is extremely conscientious about releasing children to only authorized persons. Please indicate below those persons to whom we may release your child. Please include parents and guardians listed on the first page of the application on this list. If a teacher does not recognize you as a authorized person your I.D. will be checked. A child will never be released to anyone unless authorized in writing by parent or guardian.

It is important for you to notify us of any custody disputes, divorces, or tense emotional situations that might jeopardize the safety of your child and the safety of other in the school, and provide all court documents and custodial agreements.

Persons to whom my child may be released in order of whom I want reached first in the case of an emergency.

<u>Name</u>	<u>Relationship</u>	<u>Phone Numbers</u>
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____

I agree that all persons listed have my permission to pick up my child.  
Parents/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Authorization for Photographs and Recordings**

I agree that pictures of my child may be taken for use within and outside the Krescent City Kids Academy.

Parents/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am aware Krescent City Kids Academy utilizes recording and/or taping of my child such as digital recordings, videotaping, audio recordings, web cam while in the center for observation/security purposes.

Parents/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# KRESCENT CITY KIDS LEARNING ACADEMY

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## Uniform Policy

1. Krescent City Kids Learning Academy uniform consist of a polo shirt (Navy, White, Red) with KCK patch or jumper for girls, khaki, navy, or black pants, short, and/or shirts.
2. As a condition of enrollment in toddler program and above, children will attend Krescent City Kids Learning Academy in uniform attire Monday through Thursday.
3. The first time a child attends class not in uniform their parents will be called with a friendly reminder that children must be in uniform Monday through Thursday.
4. The second time a child attends class not in uniform he/she will be provided a uniform shirt (if in stock) and the parents will be billed accordingly. If a uniform shirt is not available, the parents will be called to bring an appropriate uniform.
5. Friday is Clothing Choice Day where children can wear their uniforms or a favorite outfit. (No costumes please)
6. Solid white, blue, etc tops and or denim blue jeans do not meet the Krescent City Kids Uniform Policy. (Children are encouraged to wear these items on Clothing Choice Day, which is every Friday)

Please sign below to confirm your understanding of the Krescent City Kids Learning Academy Uniform Policy.

Thanks You,

Krescent City Kids Learning Academy

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

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

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

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



# KRESCENT CITY KIDS LEARNING ACADEMY

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## Administration of Medication Policy Reminder

Dear Parents:

Parents must complete in full and sign the Parental Authorization for Medication form prior to the administration of any medication. This form is available at the front desk and accessible for your convenience on the Krescent City Kids website. State licensing regulations requires that parents provide signed authorization including administration and dosage procedures of each medication to be administered. Any potential adverse reaction to the medicine must be listed on the authorization so that the child can be properly monitored and parent notified accordingly. This authorization must specify the specific dates the medication is to be administered. A New authorization is required at the beginning of each calendar week.

Krescent City Kids will administer only those medications that are specifically labeled as a prescription with a doctor's name, child's name, and dosage procedures outlined on the bottle.

NO OVER THE COUNTER MEDICATIONS OF ANY KIND WILL BE ADMINSTRERED WITHOUT WRITTEN NOTICE FROM LICENSED MEDICAL PHYSICAN. THIS NOTICE SHOULD HAVE THE CHILD'S NAME, MEDIATION NAME, REASON FOR MEDICINE, DOSAGE TO BE ADMINSTERED AND THE START AND END DATE OF THR MEDICATION. TJIS NOTICE HAS TO BE SIGNED BY A LICENSED MEDICAL PHYSICIAN

All medication must be dropped and picked up at the front desk each day. These medications will be stored in a locked secure area inaccessible to the children. NO MEDICATION MAY BE PLACED IN THE CHILD'S BACK PACK OR TAKEN INTO THE CLASSROOM FOR ANY REASN

All medication will be administered by the designated staff member immediately following lunch each day. Medicine dosage will ONLY be given once a day at 12:00 pm and ONLY one medication per child will be given. Special circumstances requiring the administration of additional medications must be discussed with the director. It is the discretion of the director to make exceptions to this policy in order to meet the needs of the child.

All medication must be taken home daily to ensure proper parental control.

Thank you for adhering to this policy to ensure the health and safety of all children.

Krescent City Kids Learning Academy

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

\_\_\_\_\_  
Date



The Leader in Early Child Care Education

# Krescent City Kids

## PARENTAL AUTHORIZATION FOR MEDICATION

No medication shall be given by the school staff unless this form has been completed and signed by the parent or legal guardian. Medicine dosage will **only** be given once a day at 12:00 noon and **only** one medication per child will be given. Any and all exceptions to the rule must be approved by the school director prior to the day the medication is to be administered. Krescent City Kids does not permit the administering of over-the-counter medicine due to possible serious side effects attributed to certain drugs such as aspirin and its detrimental association with Reye's Syndrome.

<b>Child's Name</b>	
<b>Name of Medicine:</b>	<b>Prescription #</b>
<b>Dosage Amount:</b>	<b>Expiration Date:</b>
<b>Enter Date Medicine is to be Administered</b>	<b>Instructions (how to give or apply, such as give by mouth, apply to skin, inhale, drops in eyes, etc.)</b>
Monday	
Tuesday	<b>Time of last dosage given at home:</b>
Wednesday	
Thursday	
Friday	

I hereby request Primrose, through its designated authority, to administer medication according to the above instructions. I release the school and any school employee from any liability for administering this medication. I agree to take home the medication at the end of each day.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY**

DATE	TIME AM/PM	DOSAGE AMOUNT	STAFF SIGNATURE	ADVERSE REACTION

**This copy must be filed in the child's file at the end of each week.**

[www.krescentcitykids.com](http://www.krescentcitykids.com)

**A Place Where Your Child's Journey Will Begin**



# KRESCENT CITY KIDS LEARNING ACADEMY

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## Physician's Statement of Well Health

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

This child has been examined by me and is found in good health and able to attend care. This child is physically and mentally able to participate in all aspects of the child care program including outside play.

\_\_\_\_\_  
Parent's/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name (Please Print)

\_\_\_\_\_  
Physician's Office Address

\_\_\_\_\_  
Office Phone Number



# KRESCENT CITY KIDS LEARNING ACADEMY

## Authorization for Consent to Treatment of Minors

I, the undersigned parent/legal guardian hereby authorize the hospital of choice as agent for the undersigned to consent to medical treatment of my child as indicated below when I cannot be contacted. Such consent includes, without limitation, x-rays, injections, anesthetic, medical or surgical diagnosis and treatment, and hospital care which is deemed advisable, and rendered under the general supervision of any licensed physician or surgeon, whether such diagnosis or treatment is rendered at the office of said physician/surgeon or at any hospital facility.

This authorization shall remain in effect until enrollment in Krescent City Kids Learning Academy is terminated.

_____	_____	_____
Father's Last Name	Father's First Name	MI

_____	_____	_____
Mother's Last Name	Mother's First Name	MI

_____	_____	_____
Street Address	City/State	Zip Code

_____	_____	_____
Home Phone	Work Phone	Cell Phone

_____	_____	_____
Street Address	City/State	Zip Code

_____	_____
Child's Name	Date of Birth

Allergies \_\_\_\_\_  
\_\_\_\_\_

Physician's Office Address	Office Phone
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_____	_____	_____
Father's/Guardian Signature	Driver's License Number	Date

_____	_____	_____
Mother's/Guardian Signature	Driver's License Number	Date

329 S. Dorgenois St, New Orleans, LA 70119



# KRESCENT CITY KIDS LEARNING ACADEMY

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## EMERGENCY MEDICAL AUTHORIZATION

I hereby authorize Krescent City Kids Learning Academy and its representatives to administer an EpiPen treatment to \_\_\_\_\_ in the event of exposure to peanuts or fish.

\_\_\_\_\_  
Parent's/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name (Please Print)

\_\_\_\_\_  
Physician's Office Address

\_\_\_\_\_  
Office Phone Number



# KRESCENT CITY KIDS LEARNING ACADEMY

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## Permission to Apply Sunscreen, Mosquito Spray or Neosporin

I, \_\_\_\_\_, give Krescent City Kids Permission to apply  
(Parent or Guardian)

sunscreen (supplied by parents), mosquito spray (supplied by parents) and/or Neosporin  
(supplied by school) to my child, \_\_\_\_\_ for protection  
(Child's Name)

each day they attend school.

It is understood that:

1. We are to provide sunscreen and mosquito spray labeled with our child's name.
2. Only the sunscreen and mosquito spray provided by us will be applied to my child
3. We, the parents, are able to apply the sunscreen and/or mosquito spray in the morning before school and it will be reapplied by staff after the rest period in the afternoon.

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Parents Signature

Date



Dropped Date: \_\_\_\_\_ Re-Entered Date: \_\_\_\_\_ Transferred Date: \_\_\_\_\_

**CHILD AND ADULT CARE FOOD PROGRAM (CACFP)**

**MEAL BENEFIT INCOME ELIGIBILITY FORM**

FREE AND REDUCED PRICE MEAL (FRPM) APPLICATION FORM (October 1, 2018 – September 30, 2019)

INSTITUTION NAME: \_\_\_\_\_ FACILITY NAME: \_\_\_\_\_

**PART 1. CHILD OR ADULT ENROLLED TO RECEIVE DAY CARE (USE A SEPARATE APPLICATION FOR EACH PARTICIPANT)**

<b>Print Name of Participant:</b>	(First, Middle Initial, Last)		<b>Age</b>	<b>DOB (mm/dd/yy)</b>
<b>Foster Child?</b>	Yes _____	No: _____	If participant is in Foster Care, Eligibility is <b>FREE</b> .	
Enter CID # for <u>Child or Adult Care, if applicable</u> :			Enter Foster Child's <b>Personal Income Earned</b> in Part 2, Section 4 (If applicable)	
Enter FITAP or FDPIR # for <u>Child or Adult Care, if applicable</u> :				
Enter SSI/Medicaid # for <u>Adult Day Care Only</u>				

**PART 2. Total Household Gross Income**

If you listed a CID/FITAP/FDPIR/SSI/Medicaid case # above, Eligibility is FREE (Skip PART 2.)

A. Name (List <b>everyone</b> in household, including child listed above)	B. Gross income and how often it was received Examples: \$100 / monthly \$100 / twice a month \$100 / every two weeks \$100 / weekly				C. Check if <b>NO</b> income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement	4. All Other Income	
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

**PART 3: USDA Supplemental Annual Enrollment Information: (This section must be completed annually by an adult household member for all children enrolled at Child Care Centers participating in the USDA Child and Adult Care Food Program.)**

Expected Days of participation: \_\_\_\_\_ Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday

Expected Hours of participation: From \_\_\_\_\_ To \_\_\_\_\_ or **Before School: From \_\_\_\_\_ To \_\_\_\_\_** **Afterschool: From \_\_\_\_\_ To \_\_\_\_\_**

Expected Meal participation: \_\_\_\_\_ Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Snack

**PART 4. Adult Signature, Social Security Number, and Contact Information**

An adult household member must sign this form. If **Part 3** is completed, the adult signing the form must also list his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on page 2.)

*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 I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number: XXX -XX - \_\_\_\_\_  I do not have a Social Security Number

**Part 5. Participant's ethnic and racial identities (optional)**

Mark one ethnic identity:  Hispanic or Latino  Not Hispanic or Latino Mark one or more racial identities:  Asian  White  Black or African American  American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander

**For Official Use Only: Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12**

Total Income: \_\_\_\_\_ Per:  Month,  Twice a month,  Every two weeks,  Week,  Year Household size: \_\_\_\_\_

Eligibility Determination: \_\_\_\_\_ Free  CID(Food Stamp)/FITAP/FDPIR/SSI/Medicaid Eligible \_\_\_\_\_ Reduced \_\_\_\_\_ Above/ Paid

Extended Categorical Eligibility Validation Attached \_\_\_\_\_ YES \_\_\_\_\_ NO

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

The Sponsor/Institution Determining Official will utilize this **CACFP 108** (Standards of Eligibility) to confirm participant's eligibility status as Free, Reduced, or Above.

## Effective July 1, 2018 to June 30, 2019

<b>Free Price Meal Eligibility:</b>						
	Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
Households with incomes <b>less than or equal to</b> these levels are eligible for <b>free</b> price meals.	1	\$15,782	\$1,316	\$658	\$607	\$304
	2	\$21,398	\$1,784	\$892	\$823	\$412
	3	\$27,014	\$2,252	\$1,126	\$1,039	\$520
	4	\$32,630	\$2,720	\$1,360	\$1,255	\$628
	5	\$38,246	\$3,188	\$1,594	\$1,471	\$736
	6	\$43,862	\$3,656	\$1,828	\$1,687	\$844
	7	\$49,478	\$4,124	\$2,062	\$1,903	\$952
	8	\$55,094	\$4,592	\$2,296	\$2,119	\$1,060
	Each additional family member add	+ \$5,616	+ \$468	+ \$234	+ \$216	+ \$108
<b>Reduced Price Meal Eligibility:</b>						
	Household Size	Yearly	Monthly	Twice Per Month	Every Two Weeks	Weekly
Households with incomes <b>less than or equal to</b> these levels are eligible for <b>reduced</b> price meals.	1	\$22,459	\$1,872	\$936	\$864	\$432
	2	\$30,451	\$2,538	\$1,269	\$1,172	\$586
	3	\$38,443	\$3,204	\$1,602	\$1,479	\$740
	4	\$46,435	\$3,870	\$1,935	\$1,786	\$893
	5	\$54,427	\$4,536	\$2,268	\$2,094	\$1,047
	6	\$62,419	\$5,202	\$2,601	\$2,401	\$1,201
	7	\$70,411	\$5,868	\$2,934	\$2,709	\$1,355
	8	\$78,403	\$6,534	\$3,267	\$3,016	\$1,508
	Each additional family member add	+ \$7,992	+ \$666	+ \$333	+ \$308	+ \$154

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

The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve your child for free or reduced price 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 is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (CID), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Nondiscrimination Statement:** This explains what to do if you believe you have been treated unfairly. In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) Fax: (202) 690-7442; or
- (3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

## INSTRUCTIONS FOR THE FREE/REDUCED PRICE MEAL (FRPM) APPLICATION FORM

### If your household receives SNAP, FITAP, FDPIR, or SSI/Medicaid, follow these instructions:

- Part 1: Child Care Center:** List participant's complete legal name, age and date of birth (DOB). Indicate CID, FITAP or FDPIR case number, if applicable.  
**Adult Day Care (ADC):** List participant's complete name and DOB. Indicate a CID, FITAP, FDPIR, or SSI/Medicaid case number, if applicable.
- Part 2:** Skip this part.
- Part 3:** An adult household member must indicate normal days/hours of care and meal types for the enrolled child.
- Part 4:** An Adult must Sign, enter the last 4 digits of their Social Security Number or mark the box if there is no SSN, date, and complete the contact information.
- Part 5:** Answering this question is optional.

### If you are applying on behalf of a FOSTER CHILD, follow these instructions:

- Part 1:** Enter the child's name, age, and DOB.  
Check "Yes"
- Part 2: NOTE:** A Foster Child is the legal responsibility of a welfare agency or court. Eligibility is categorically Free. If the Foster Child receives "**personal earned income**" enter that amount in Part 2, section 4. Income received by the placing agency should not be included as income.
- Part 3:** An adult household member must indicate normal days/hours of care and meal types for the enrolled child. (**Days, hours, and meal types may vary based on actual participation**)
- Part 4:** Sign the form. A Social Security Number is not necessary.
- Part 5:** Answering this question is optional.

### ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

- Part 1: Child Care Center:** List participant's complete legal name, age, and DOB. Indicate CID, FITAP or FDPIR case number, if applicable.  
**Adult Day Care (ADC):** List participant's complete name, age, and DOB. Indicate a CID, FITAP, FDPIR, or SSI/Medicaid case number, if applicable.
- Part 2:** Follow these instructions to report total household income from last month.  
**Column A–Name:** List first and last name of **each** person living in the household, related or not, such as, grandparents, other relatives, or friends, including yourself, the applicant and all other children.  
**Column B–Gross income last month and how often it was received.** Next to each person's name, list each type of income received last month, and how often it was received.  
**In box 1,** list **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** Next to the amount each person received, write how often; for example: weekly, every other week, twice a month, or monthly.  
**In box 2,** list amount each person received last month from welfare, child support, or alimony.  
**In box 3,** list Social Security, pensions, and retirement.  
**In box 4,** list **ALL OTHER INCOME SOURCES:** Personal earned income by a Foster Child, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, and regular contributions from people not in your household. Report net income of self-owned business, farm, or rental income. Next to the amount each person received, write how often. Participants of the Military Housing Privatization Initiative should not include housing allowance.  
**Column C–Check if no income:** If the person does not have any income, check the box.
- Part 3:** An adult household member must indicate normal days/hours of care and meal types for the enrolled child.  
**ADC:** SSI/Medicaid recipients skip this part.
- Part 4:** An Adult household member must sign, enter the last 4 digits of their Social Security Number, date, and complete the contact information or mark the box if there is no SSN. Adult Day Care participants, who are unable to sign, may indicate their "**MARK**" as signature with a witness.
- Part 5:** Answer this question if you choose to.