



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Cumberland Cape Atlantic YMCA 2018-2019 Holiday Care Registration Packet

PLEASE
ATTACH
PHOTO

Child's Last Name: _____ Child's First Name: _____

Address _____ City, State, Zip _____

Birth Date: ____/____/____ Home Phone _____

Cell Phone _____ Male Female Grade Entering Sept. '18 _____

Holiday Care Dates:		Pricing: Ages 3-5 - \$30/Day; Ages 6-15 - \$25/Day	
Vineland Public Schools	Mullica Township School	Buena Public Schools	Public Charter Schools
<input type="checkbox"/> October 8 <input type="checkbox"/> November 6* <input type="checkbox"/> November 7* <input type="checkbox"/> November 8* <input type="checkbox"/> November 9* <input type="checkbox"/> November 23 <input type="checkbox"/> December 24* <input type="checkbox"/> December 26* <input type="checkbox"/> December 27* <input type="checkbox"/> December 28* <input type="checkbox"/> December 31* <input type="checkbox"/> January 21 <input type="checkbox"/> February 15 <input type="checkbox"/> February 18 <input type="checkbox"/> April 22* <input type="checkbox"/> April 23* <input type="checkbox"/> April 24* <input type="checkbox"/> April 25* <input type="checkbox"/> April 26*	<input type="checkbox"/> October 5 <input type="checkbox"/> October 8 <input type="checkbox"/> November 8 <input type="checkbox"/> November 9 <input type="checkbox"/> November 12 <input type="checkbox"/> November 23 <input type="checkbox"/> December 24* <input type="checkbox"/> December 26* <input type="checkbox"/> December 27* <input type="checkbox"/> December 28* <input type="checkbox"/> December 31* <input type="checkbox"/> January 21 <input type="checkbox"/> February 18 <input type="checkbox"/> April 22* <input type="checkbox"/> April 23* <input type="checkbox"/> April 24* <input type="checkbox"/> April 25* <input type="checkbox"/> April 26*	<input type="checkbox"/> October 8 <input type="checkbox"/> November 8 <input type="checkbox"/> November 9 <input type="checkbox"/> November 12 <input type="checkbox"/> November 23 <input type="checkbox"/> December 24* <input type="checkbox"/> December 26* <input type="checkbox"/> December 27* <input type="checkbox"/> December 28* <input type="checkbox"/> December 31* <input type="checkbox"/> January 21 <input type="checkbox"/> February 18 <input type="checkbox"/> April 18 <input type="checkbox"/> April 22 <input type="checkbox"/> May 3	<input type="checkbox"/> October 8 <input type="checkbox"/> November 23 <input type="checkbox"/> December 24* <input type="checkbox"/> December 26* <input type="checkbox"/> December 27* <input type="checkbox"/> December 28* <input type="checkbox"/> December 31* <input type="checkbox"/> January 2 <input type="checkbox"/> January 21 <input type="checkbox"/> February 18 <input type="checkbox"/> April 22* <input type="checkbox"/> April 23* <input type="checkbox"/> April 24* <input type="checkbox"/> April 25* <input type="checkbox"/> April 26*
Deerfield Twp School	Quinton Twp School	Commercial Twp School	SPECIALS:
<input type="checkbox"/> October 5 <input type="checkbox"/> October 8 <input type="checkbox"/> November 7* <input type="checkbox"/> November 8* <input type="checkbox"/> November 9* <input type="checkbox"/> November 23 <input type="checkbox"/> December 24* <input type="checkbox"/> December 26* <input type="checkbox"/> December 27* <input type="checkbox"/> December 28* <input type="checkbox"/> December 31* <input type="checkbox"/> January 21 <input type="checkbox"/> February 15 <input type="checkbox"/> February 18 <input type="checkbox"/> April 15* <input type="checkbox"/> April 16* <input type="checkbox"/> April 17* <input type="checkbox"/> April 18* <input type="checkbox"/> April 22*	<input type="checkbox"/> October 8 <input type="checkbox"/> November 8 <input type="checkbox"/> November 9 <input type="checkbox"/> November 12 <input type="checkbox"/> November 23 <input type="checkbox"/> December 24* <input type="checkbox"/> December 26* <input type="checkbox"/> December 27* <input type="checkbox"/> December 28* <input type="checkbox"/> December 31* <input type="checkbox"/> January 21 <input type="checkbox"/> February 15 <input type="checkbox"/> February 18 <input type="checkbox"/> April 22 <input type="checkbox"/> April 23	<input type="checkbox"/> October 5 <input type="checkbox"/> October 8 <input type="checkbox"/> November 8 <input type="checkbox"/> November 9 <input type="checkbox"/> November 12 <input type="checkbox"/> November 23 <input type="checkbox"/> December 24* <input type="checkbox"/> December 26* <input type="checkbox"/> December 27* <input type="checkbox"/> December 28* <input type="checkbox"/> December 31* <input type="checkbox"/> January 18 <input type="checkbox"/> January 21 <input type="checkbox"/> February 15 <input type="checkbox"/> February 18 <input type="checkbox"/> April 22* <input type="checkbox"/> April 23* <input type="checkbox"/> April 24* <input type="checkbox"/> April 25* <input type="checkbox"/> April 26*	<p>*For dates marked with an asterisk: Pay in full by the following dates and you will receive \$15 off for the entire week, not per day.</p> <ul style="list-style-type: none"> November Dates – October 26 December Dates – December 14 April Dates – March 22 <p>Please note: You must be signing up for all of the days each week to receive the discount.</p>

Important Information:

- Location: YMCA of Vineland Only
- Hours: 7:30am-5:30pm. **PLEASE NOTE:** On December 24 and December 31, Holiday Care will end at 2:30 pm.
- Meals: Breakfast, Lunch and snack are included
- Swimming: Ages 6-15 swim daily, Ages 3-5 designated days to swim are only during holiday camps (please pack suit and towel everyday)
- Swimming may be on a scheduled basis during the longer weeks due to enrollment.
- Rest time: Ages 3-5 will rest daily (please pack a fitted sheet and blanket)
- Payment Policy: No refunds are given for Holiday Care. All payments must be made at the time of registration. Third Party parents will be billed for the remainder of the days they do not attend.
- **LATE FEE:** If you sign up after 3pm the day before care starts you will be charged a \$10 late fee. **This is due to staffing and ratios being met.



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Cumberland Cape Atlantic YMCA Emergency Contact & Health

Child's Name _____

Parent/Guardian Information

Parent 1 or Legal Guardian Information	Parent 2 or Legal Guardian Information
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Employer: _____	Employer: _____
Email: _____	Email: _____

Joint Custody Information

Has there been a divorce or separation? Yes No

If Yes, who has custody? _____

The joint/non-custodial parent can be contacted in the event of an emergency Yes No

Emergency Contacts (Other than Parent/Guardian) and Authorized Pick Ups

Emergency Contact #1	Emergency Contact #2
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Address: _____	Address: _____

Medical and Behavior Questions to help us provide the best care possible

Has your child been diagnosed or treated for the following:

- | | | |
|---|------------------------------------|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Allergies | <input type="checkbox"/> Special Dietary Needs |
| <input type="checkbox"/> Allergies to Insect Stings | <input type="checkbox"/> Seizures | <input type="checkbox"/> Spectrum Disorder |
| <input type="checkbox"/> Allergy to Poison Ivy | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Other |

Please provide details for any of the above checked boxes:

Signs or symptoms to watch for:

Please list current medications, prescribed or over the counter that your child is currently taking:

-
-

Parent/Guardian Signature: _____

Emergency Medical Information

Insurance Carrier: _____

Policy Number: _____

Group Number: _____



Cumberland Cape Atlantic YMCA Rules & Authorizations

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Holiday Care Rules

In order for all participants to have the best possible experience, all participants need to be aware of the rules and agree to follow them. If a participant consistently or excessively breaks the rules and chooses not to take part in the program, they negatively impact other participants by jeopardizing their physical or emotional safety. When this happens, all other participants fail to receive the best possible experience.

Rules:

- 1) Treat myself, and others, with Caring, Honesty, Respect, and Responsibility
- 2) Follow direction and instructions from staff
- 3) Keep hands, feet and all other body parts to myself
- 4) Respect all facilities, equipment, and property
- 5) Have FUN!

Consequences:

- 1) Redirection
- 2) Verbal warning or thinking time
- 3) Visit with director and/or call home. Child may speak to parents at that time
- 4) In the event that a second phone call is necessary, the child will be sent home
- 5) In the event of consistent/excessive failure to follow the rules, the child will be sent home and a suspension may be issued
- 6) If a camper endangers the physical, mental or emotional health of themselves or others, the child may be immediately suspended or expelled

Parent Signature: _____

Child Signature: _____

Authorizations

My child is in good health and can participate in the activities of the program (ex: gym, outside, swimming) _____ Initial Here

I agree to follow the Payment Policies; if not I will be subject to fees _____ Initial Here

I understand that my child must be physically signed in and out of the program by an authorized **adult** daily _____ Initial Here

I understand that the YMCA is not responsible for lost, stolen or damaged personal articles _____ Initial Here

My child and I have reviewed the Discipline and Behavior Policy _____ Initial Here

I give permission for the Cumberland Cape Atlantic YMCA to:

Seek medical treatment for my child, in my absence, in the event of an emergency _____ Initial Here

Use any photo, voice recordings or videos taken of my child for any and all promotional purposes _____ Initial Here

Allow my child to go on short walks under Y Staff supervision _____ Initial Here

I hereby agree, and accept, responsibility in above initialed items. _____ Initial Here

Parent Signature _____

Date _____

Licensing Statement

In keeping with New Jersey's child care licensing requirements, we are obligated to provide you, as the parent/caregiver of a child enrolled in our program, with the attached informational statement.

The statement highlights, among other things:

- Your right to observe our center at any time without having to secure permission
- The center's obligation to be licensed and to comply with licensing standards and
- The obligation of all citizens to report suspected child abuse of all forms (physical, sexual, emotional, and neglect) to the State's Division of Child Protection and Permanency.

Name of child: _____

Name of Parent (s)/Guardian (s): _____

I have read and received a copy of the Information to Parents statement prepared by the Department of Children and Families Office of Licensing.

Parent Signature _____

Date _____



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Cumberland Cape Atlantic YMCA YMCA Policies

Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return the original to the Cumberland Cape Atlantic YMCA (CCA YMCA). A copy will be filed with your child's records.

- **I understand that CCA YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the CCA YMCA program.** If a violation is discovered, the Y will take immediate disciplinary action toward staff and/or volunteers.
- **I understand that staff and volunteers are not allowed to initiate contact with members and program participants outside the CCA YMCA, unless necessary in certain limited cases for the smooth operation of a CCA YMCA program. If deemed necessary, contact should be made with the program participant's parent or guardian. Contact includes, but is not limited to, sharing of phone numbers, email addresses, personal websites and/or web logs.** If a violation is discovered, the Y will take immediate disciplinary action toward staff and/or volunteers.
- **I understand that I am not to leave my child* at the CCA YMCA or program site unless a CCA YMCA staff or volunteer is there to receive and supervise my child. I understand that my child must be escorted to and from the program area by me or another person on my authorized list. Children may not just be dropped off at the door.** *Note: The CCA YMCA's policy is that children under the age of 12 may not be alone in our facilities/program sites.
- **I understand children should not receive excessive gifts (e.g. toys, video games, jewelry) from CCA YMCA staff or volunteers, and I should report this to a supervisor if they do.**
- **I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child, including relatives, must be listed with CCA YMCA and must be of the age required by this CCA YMCA. Any other alternate pick-up arrangements must be made in writing by a parent/guardian. Phone notification of an alternate pick-up arrangement is only accepted in an emergency.**
- **I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.** Please do not put staff in a position where they have to make this judgment call.
- **I understand that I can help ensure my child's safety by taking an active interest in his or her CCA YMCA experience. I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.**
- **I understand that the CCA YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.**
- **I have received a copy of the CCA YMCA Youth Program Handbook and/or Program Policies and Procedures and will keep it for future reference.**

Parent Signature _____

Date _____

Parent Notification of Communications Policy

Families entrust their children to the Cumberland Cape Atlantic YMCA's care for child care, camp, and other youth programs. Our promise to those we serve is to provide a safe environment in which all participants are treated in a caring, honest, respectful and responsible way.

CCA YMCA staff, volunteers, program participants and parents must work together to ensure adherence to this policy.

CCA Staff and Volunteers:

- Will block any personal websites or blogs and mark them as private, denying access to any CCA YMCA program participants
- Will not disclose personal email, telephone, cell phone or website information to any program participants
- Will not attempt to contact any participant via phone, text message email, website or blogs for non-program related business
- Will not use any photos taken for CCA YMCA programs or marketing purposes for personal use
- Will not use cell phones for personal calls during business hours
- Will not use cell phone cameras to take photos of program participants for any reason
- Will notify his/her supervisor immediately if a youth attempts to communicate with an employee via e-mail, instant message, cell phone or social network site

CCA YMCA Program Participants and Their Parents Agree:

- Not to contact any staff via staff's personal telephone/cell phone, text message, email, websites or blogs
- Not to use cell phones during program hours (except for emergency situations)
- They will not sure photos, logos or images of the CCA YMCA or its program participants
- Personal photos may only be taken with consent and may not be displayed in any derogatory fashion
- Will not take cell phone photos of staff or program participants while engaged in CCA YMCA programs

Of course, the CCA YMCA does not mean to interfere with anyone's private life, but publicly observable communications, actions or words are not private, and personal expression can have legal consequences, including defamation, copyright infringement and trademark infringement.

Parent Signature _____

Date _____



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Cumberland Cape Atlantic YMCA Checklist

Membership Fees

\$25/Youth Program Member \$50/Family Program Member Current Program Member Current Full Facility Member

All participants must be YMCA members. Membership fees are non-transferable and non-refundable

Financial Assistance

Third party assistance is available through Rutgers (856-462-6800). If denied by Rutgers Southern Regional Childcare Resource Center is available through the Y - applications are available at the Member Service Desk and on our website, www.ccaymca.org.

Funds are limited – APPLY EARLY

Parent Checklist

Parent/Guardian please initial next to each item that you are handing in today.

_____ Completed Registration Form

_____ Photo Release

_____ Signed Medical Information – including insurance carrier, policy and group number

_____ Expulsion Policy

_____ Child & Adult Food Program Eligibility Requirements

_____ Any notes or information to be filed on your child (optional)

_____ Correct payment (must be paid in full during registration)

Parent Signature

Parent is to sign off that all paperwork is filled out completely.

Parent Signature: _____ Date: _____

Staff Signature

Staff member receiving the paperwork is to sign off that all papers are filled out completely and correct money is remitted.

Staff Signature: _____ Date: _____



**Cumberland Cape Atlantic YMCA
2017-2018 SCHOOL REGISTRATION
Additional Emergency Contacts
For _____**

(Childs name)

Emergency Contact #5

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____

Emergency Contact #6

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____

Emergency Contact #7

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____

Emergency Contact #8

Name: _____
Relationship: _____
Cell Phone: _____
Work Phone: _____
Address: _____

Please use this sheet only to add additional contacts and pick-up people for your child. We will not accept it written on a separate piece of paper.



Parent/Guardian Signature: _____ Date: _____

10:122-6.8 Expulsion Policy

May be used to inform parents of the center's policy on the expulsion of children from enrollment

EXPULSION POLICY

Name of Center: Cumberland Cape Atlantic YMCA of Vineland

Name of Child: _____

Signature of Parent: _____

Unfortunately there are reasons we have to expel a child from our program either on a short term or a permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center.

IMMEDIATE CAUSE FOR EXPULSION

- The child is at risk of causing serious injury to other children or himself/herself.
- Parent threatens physical or intimidating actions toward staff members.
- Parents exhibits verbal abuse to staff in front of enrolled children.

PARENTAL ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payment.
- Failure to complete required forms.
- Habitual tardiness when picking up your child.
- Physical or verbal abuse to staff.
- Correcting, reprimanding, or yelling at a child

CHILD'S ACTIONS FOR EXPULSION

- Failure of a child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical (fighting) or verbal abuse to staff or their children.
- Excessive biting.
- Dangerous activity, threats, theft, vandalism/mistreatment of property, possession of weapons, or illegal substances

SCHEDULE OF EXPULSION

- If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child and or/parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the center.
- The parent/guardian will be informed regarding the length of the expulsion period.
- The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the center.
- The parent/guardian will be given a specific expulsion date that allows the parent sufficient time to time to seek alternative child care
- Failure of the child/parent to satisfy the terms of the plan may result in permanent expulsion from the center

A CHILD WILL NOT BE EXPELLED

- If a child's parent/guardian:
 - Made a complaint to the Office of Licensing regarding a center's alleged violation of the licensing requirements
 - Reported neglect or abuse occurring at the center
 - Questioned the center regarding policies and procedures
 - Without giving the parent/guardian an adequate amount of time to make other child care arrangements

PROACTIVE ACTIONS THAT WILL BE TAKEN IN ORDER TO PREVENT EXPULSION

- Staff will try to redirect child from negative behavior
- Staff will reassess classroom environment appropriateness of activities and supervision
- Staff will always use positive methods and language while disciplining children
- Staff will praise behaviors
- Staff will consistently apply consequences for rules
- Child will be given verbal warnings
- A brief time out may be given so child can regain control
- Child may lose certain privileges
- Child's disruptive behavior will be documented and maintained in confidentiality
- Parent/guardian will be not notified verbally
- Parent/guardian will be given copies of the disruptive behaviors that might lead to expulsion
- Director, parent/guardian and classroom staff will have a conference to discuss how to promote positive behaviors
- Parent/guardian will be given literature or other resources regarding methods of improving behavior
- Recommendation of evaluation by professional consultation on premises
- Recommendation of evaluation by local school district child study team

**2019 CHILD AND ADULT CARE FOOD PROGRAM
ELIGIBILITY APPLICATION**

NAME(S) & AGE(S) OF ENROLLED PARTICIPANT _____
(Name) (Age) (Name) (Age)

OPTIONAL: RACIAL/ETHNIC IDENTITY OF PARTICIPANT

Check one ETHNIC identity:
 Hispanic or Latino Not Hispanic or Latino

Mark one or more RACIAL identity (ies):
 American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Enrollment Information

Check (✓) each day the above participant is enrolled for care, the hours of care each day, and the meal type(s) served:

DAYS OF CARE: MON TUES WED THURS FRI SAT SUN

HOURS OF CARE: 6:30-5:30 6:30-5:30 6:30-5:30 6:30-5:30 6:30-5:30 - -

Swing / Rotating Shifts: (If Applicable) _____

MEAL TYPES SERVED: BREAKFAST A.M. SUPPLEMENT LUNCH P.M. SUPPLEMENT DINNER

CHILD DAY CARE FOOD PROGRAM PARTICIPANTS ONLY

OPTION 1A: BENEFICIARIES of Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR)

If you are now receiving SNAP, TANF or FDPIR for this child, complete one of the following numbers:
 SNAP CASE # _____ OR TANF CASE # _____ OR FDPIR CASE # _____

OPTION 1B: FOSTER CHILD

If you are applying for a foster child, check the box and list any personal income which has been identified by specific category such as clothing, school fees, allowances, etc.:
 FOSTER CHILD INCOME \$ _____

ADULT DAY CARE FOOD PROGRAM PARTICIPANTS ONLY

OPTION 2: BENEFICIARIES of SNAP, FDPIR, SSI or Medicaid

If you are now receiving SNAP, SSI, FDPIR or Medicaid complete one of the following numbers:
 SNAP # _____ OR FDPIR CASE # _____ OR SSI CASE # _____ OR MEDICAID CASE # _____

OPTION 3: HOUSEHOLD ELIGIBILITY - COMPLETE IF YOU DID NOT COMPLETE OPTION 1A, OPTION 1B, OR OPTION 2

Complete the following information: Household Members, Social Security Numbers and Income.

NAMES OF ALL OTHER HOUSEHOLD MEMBERS: (Related and Unrelated)	MONTHLY INCOME (Complete One Or More - By/For/Debit/Debit)				
	MONTHLY (Gross Earnings) WAGES / SALARY	MONTHLY SOCIAL SECURITY PENSIONS RETIREMENT	MONTHLY UNEMPLOYMENT WORKMEN'S COMPENSATION	MONTHLY WELFARE CHILD SUPPORT ALIMONY	MONTHLY ANY OTHER INCOME
1. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
6. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
7. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
8. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
9. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
10. _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

TOTAL NUMBER IN HOUSEHOLD (INCLUDE ENROLLED PARTICIPANT): _____

TOTAL GROSS HOUSEHOLD INCOME: \$ _____

ADULT HOUSEHOLD MEMBER SIGNATURE and LAST FOUR DIGITS of SOCIAL SECURITY NUMBER: (See Privacy Act Statement below)

An Adult Household Member must sign and date this form, and list the last four (4) digits of his or her Social Security Number. If you do not have a social security number, mark the box (X) - "I do not have a Social Security Number".

PENALTIES FOR MISREPRESENTATION: I certify that all of the above information is true and correct and that the Food Stamp, TANF, SSI, or Medicaid Number of the enrolled participant is correct, or that all income is reported. I understand that this information is being given for the receipt of Federal funds issued to the day care center based on the information I provide. I understand that CACFP officials may verify this information, and that deliberate misrepresentation may result in the participant losing meal benefits, and I may be prosecuted under the applicable State and Federal laws. *An Adult Household Member must complete the following:*

Signature: _____ Address: _____
 Print name: _____ City: _____ State: _____ Zip Code: _____
 Date: _____ Phone Number: _____

Last four (4) digits of Social Security Number: * _ * _ * _ * _ I do not have a Social Security Number

PRIVACY ACT STATEMENT: The National School Lunch Act requires that, unless the participant's Case Number is provided, you must include the Social Security Number of the adult household member signing the application or indicate that the household member does not have a Social Security Number. Provision of a Social Security Number is not mandatory, but if a Social Security Number is not given or an indication is not made that the signer does not have such a number, the participant cannot be determined eligible for free or reduced priced meals. The Social Security Numbers may be used to identify you for verifying the correctness of information stated on the application. These verifications may include audits, investigations and may include contacting employers to determine income, contacting a Food Stamp or TANF office to determine current certification for receipt of Food Stamps or TANF benefits, contacting the State Employment Security office to determine the amount of benefits received and checking the documentation produced by household members to verify the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported. These acts must be told to all household members whose Social Security Numbers are reported on this form.

TO BE COMPLETED BY DAY CARE AGENCY ONLY - DO NOT WRITE BELOW THIS LINE

Determination: Free _____ Reduced _____ Paid _____
 Signature of Determining Official: _____ Date: _____

TOTAL MONTHLY INCOME \$ _____
 Conversion factors to figure monthly income: Weekly x 4.33
 Twice a month x 2
 Every 2 weeks x 2.15



**2018-2019 CHILD AND ADULT CARE FOOD PROGRAM – FAMILY DAY CARE
LETTER TO PARENT/GUARDIAN/PROVIDER**

Dear Parent/Guardian/Providers,

Your child is enrolled at the home of CAHymca, a Provider who is participating in the U.S. Department of Agriculture's Family Day Care Food Program (FDCFP) through an agreement with our agency. Through this agreement, your Provider is able to claim reimbursement for the meals served to your child while in care. The reimbursement for meals served to children in family day care homes is based on a two-tiered structure. In order to qualify for the higher, Tier I rate or the lower Tier II rate, for meals served to children enrolled in the day care program, the Provider must meet the following criteria:

Tier I Household: (Higher Rate) – The Provider home must either: 1) be located in an area of economic need as determined by school enrollment or census data or 2) establish individual economic need through the FDCFP process of application for free and reduced price meals. If the home is not located in an area determined eligible for Tier 1 rates, and the Provider chooses not to complete this form, the home is only eligible for the lower Tier II rates. If the Provider would like to claim meals served to provider's own or foster child and/or believes the home qualifies for Tier 1 rates, although the Provider home is not located in an area determined economically eligible, the Provider is required to complete this form.

Providers Only: You must report all household income, not just your day care business income. We are required by law to verify the information stated on your application. You may submit a copy of your most recent tax return, or you may submit documentation for just meals. This includes payment statements from salaried work and statements pertaining to other forms of income. For your own income from your child care business, you must submit documentation of your gross income for last month, along with receipts of your business expenses, so that we can verify your net business income.

If you have already been classified as a Tier I home because your home is located in an area determined to be economically eligible, you do not have to complete this form unless you would like to also claim meals served to your own child.

Tier II Household: (Lower Rate) – The Provider will be reimbursed at the lower Tier II rate for meals served to your child if:

- 1) You do not live in an area established as one of economic need.
- 2) You choose not to complete this form.
- 3) Do not qualify for free or reduced price meals.

Please complete, sign and return the enclosed form as soon as possible.

This information is necessary to determine the rates of reimbursement the Provider will receive for the meals served to your child. This form will be placed in our files and treated as confidential information.

The "Eligibility Income Scale" for reduced-price meals is included in this letter for your information. If your income is less than or equal to these reduced-price standards, the participant is eligible for free or reduced-price meals from the Child and Adult Food Program which means increased reimbursement for the Provider and increased nutritional benefits for your child.

The income that you report must be the total gross income received by all members of your household. If during the year, there are decreases in your family size or increase in your income, which exceed \$50 per month or \$600 per year, you must report these changes to the center so that appropriate eligibility adjustments can be made. Also, if you become unemployed, the participant may be eligible for the free or reduced-price meal category during the period of unemployment.

INSTRUCTIONS FOR COMPLETING THE FORM

Option 1A: If you receive SNAP, TANF for the child, indicate your SNAP, TANF, case number and sign and date the form.

Option 1B: If you are applying for a foster child who is the legal responsibility of the welfare agency or court, you may check the box, fill in the blanks, submit supporting documentation, and sign and date the form. **A FOSTER CHILD'S PERSONAL USE INCOME** is defined as follows:

1. Funds received from a welfare agency, which can be identified for personal use of the child. Where funds provided by the welfare agency are specified by agency, i.e., funds for shelter and care; special needs funds; and funds for personal needs such as clothing, school fees, allowances, etc., only those funds that can be identified as personal use funds shall be considered as income.
2. Money received in hand from any source. This includes, but is not limited to, funds received from trust accounts, monies provided by the child's family for personal use and earnings from employment other than occasional or part-time (e.g., paper routes, baby-sitting).

Option 2: If you or your child participates in, or is subsidized under, a Federal or State supported child care or other benefit program with an income eligibility limit that does not exceed the eligibility standard for free or reduced price meals, your child is "categorically eligible". This means your Provider is automatically eligible to receive the Tier I higher rates for the meals served to your child. Indicate the name of the program and your case number, and sign and date the form. Federal categorically eligible programs qualifying a child enrolled in a Tier II day care home are:

- National School Lunch Program and School Breakfast Program
- Special Supplemental Nutrition Program for Woman Infants and Children (WIC).
- Federally Funded Head Start Participants
- Subsidized Day Care (i.e. Work First New Jersey)

Option 3: If you do not receive Food Stamps, TANF or do not participate in an eligible Federal or State program benefits for the participant, you must provide:

- Names of all household members
- MONTHLY household income for each household member
- Total number in household.
- Total Gross Income of all Household Members.
- Signature and social security number of the Adult Household Member signing the application or indicate that the adult does not possess a social security number.
- Print name of Adult Household Member signing the application.
- Date and Telephone Numbers of the Adult Household Member signing the application.

**ELIGIBILITY INCOME SCALE
Effective from July 1, 2018 to June 30, 2019
(As announced by the United States Department of Agriculture)
SCALE IS BASED ON GROSS INCOME BEFORE DEDUCTIONS**

HOUSEHOLD SIZE	REDUCED		
	ANNUAL	MONTHLY	WEEKLY
1	\$15,783 - \$22,459	\$1,317 - \$1,872	\$ 305 - \$ 432
2	\$21,399 - \$30,451	\$1,785 - \$2,583	\$ 413 - \$ 586
3	\$27,015 - \$38,443	\$2,253 - \$3,204	\$ 521 - \$ 740
4	\$32,631 - \$46,435	\$2,721 - \$3,870	\$ 629 - \$ 893
5	\$38,247 - \$54,427	\$3,189 - \$4,536	\$ 737 - \$1,047
6	\$43,863 - \$62,419	\$3,657 - \$5,202	\$ 845 - \$1,201
7	\$49,479 - \$70,411	\$4,125 - \$5,868	\$ 953 - \$1,355
8	\$55,095 - \$78,403	\$4,593 - \$6,534	\$1,061 - \$1,508
Each Additional Family Member	+7,992	+666	+154

The Child and Adult Care Food Program is available to all eligible participants regardless of 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. 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, and at any USDA office. To request a copy of the complaint form, call (866) 632-9992. If you have questions about any of USDA's nutrition assistance programs, check the information on the FNS web site, <http://www.fns.usda.gov/cnd/>. USDA is an equal opportunity provider and employer.

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.


Signature of Day Care Sponsor Representative