FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Cumberland Cape Atlantic YMCA
2026-2027 School Aged Child Care
Mullica Township Registration Packet

PLEASE ATTACH PHOTO

Child's Last Name: _____First Name: _____

Address:_____

City, State, Zip: _____

Birth Date: _____/_____/_____ Home Phone:_____

Cell Phone:_____ ☐ Male ☐ Female Grade Entering Sept. '26 _____

Select days per week: ☐ 5 days ☐ 4 days ☐ 3 days ☐ 2 days

Select program option: ☐ **AM only** ☐ **PM only** ☐ **AM & PM**

Parent Checklist

Parent/Guardian please **initial** next to each item that you are handing in today. No check marks please.

_____ Completed Registration Form;
Including selecting the program option and your number of days of care per week

_____ Photo Release (see page 3)

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

_____ Expulsion Policy

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

_____ Correct payment and/or deposit amount

_____ Automatic bank draft form is completed (if using automatic monthly payment option)

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: _____

Financial Assistance

Third party Rutgers Southern Regional Child Care Resource & Referral (609-365-5027). If denied by Rutgers, Financial Assistance 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

FOR YOUTH DEVELOPMENT®
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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:

☐ Asthma ☐ Allergies ☐ Special Dietary Needs
☐ Allergies to Insect Stings ☐ Seizures ☐ Spectrum Disorder
☐ Allergy to Poison Ivy ☐ ADD/ADHD ☐ Other

Please provide details for any of the above checked boxes:

Emergency Medical Information

Insurance Carrier: _____

Policy Number: _____

Group Number: _____

Signs or symptoms to watch for:

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

-
-

Parent/Guardian Signature: _____

FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Cumberland Cape Atlantic YMCA
Rules & Authorizations

Before and After Rules

In order for all participants to have the best possible experience, all participants and parents need to be aware of the rules and agree to follow them. If a participant or parent 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 child or parent 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 normal activities of the program (including Healthy U & Boks) _____ Initial Here

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

I have received and reviewed a copy of the YMCA Parent Handbook _____ 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/Behavior & Expulsion Policies and my child will participate in all daily activities _____ 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.

Parent Signature _____ **Date** _____

Licensing Statement

In keeping with New Jersey's child care licensing requirements, we are obligated to provide you, a copy of the informational statement from the Department of Children & Families can be found in the Parent Handbook.

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 DCP&P

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 Bureau of Licensing and DCPP

Parent Signature _____ Date _____

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 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 at least 18 years of age required by the 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 use 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** _____

Cumberland Cape Atlantic YMCA
2026-2027 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:_____

EXPULSION POLICY

NAME OF CENTER: Cumberland Cape Atlantic YMCA

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or 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 CAUSES 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.
- Parent exhibits verbal abuse to staff in front of enrolled children

PARENTAL ACTIONS FOR CHILD'S EXPULSION:

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

CHILD'S ACTIONS FOR EXPULSION:

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/ angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.
- Other (explain)

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's 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 and 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 seek alternate child care (approximately one to two weeks' notice depending on risk to other children's welfare or safety).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 PARENT/GUARDIAN:

- Made a complaint to the Office of Licensing regarding a center's alleged violations of the licensing requirements.
- Reported abuse or neglect occurring at the center.
- Questioned the center regarding policies and procedures.
- Without giving the parent sufficient time to make other child care arrangements.

PROACTIVE ACTIONS THAT CAN BE TAKEN IN ORDER TO PREVENT EXPULSION:

- Try to redirect child from negative behavior.
- Reassess classroom environment, appropriateness of activities, supervision.
- Always use positive methods and language while disciplining children.
- Praise appropriate behaviors.
- Consistently apply consequences for rules.
- Give the child verbal warnings.
- Give the child time to regain control.
- Document the child's disruptive behavior and maintain confidentiality.
- Give the parent/guardian written copies of the disruptive behavior that might lead to expulsion.
- Schedule a conference including the director, classroom staff, and parent/guardian to discuss how to promote positive behaviors.
- Give the parent literature of other resources regarding methods of improving behavior.
- Recommend an evaluation by professional consultation on premises.
- Recommend an evaluation by local school district study team.

Department of Children and Families
Office of Licensing

INFORMATION TO PARENTS

Under provisions of the ***Manual of Requirements for Child Care Centers (N.J.A.C. 3A:52)***, every licensed child care center in New Jersey must provide to parents of enrolled children written information on parent visitation rights, State licensing requirements, child abuse/neglect reporting requirements and other child care matters. The center must comply with this requirement by reproducing and distributing to parents and staff this written statement, prepared by the Office of Licensing, Child Care & Youth Residential Licensing, in the Department of Children and Families. In keeping with this requirement, the center must secure every parent and staff member's signature attesting to his/her receipt of the information.

Our center is required by the State Child Care Center Licensing law to be licensed by the Office of Licensing (OOL), Child Care & Youth Residential Licensing, in the Department of Children and Families (DCF). A copy of our current license must be posted in a prominent location at our center. Look for it when you're in the center.

To be licensed, our center must comply with the Manual of Requirements for Child Care Centers (the official licensing regulations). The regulations cover such areas as: physical environment/life-safety; staff qualifications, supervision, and staff/child ratios; program activities and equipment; health, food and nutrition; rest and sleep requirements; parent/community participation; administrative and record keeping requirements; and others.

Our center must have on the premises a copy of the Manual of Requirements for Child Care Centers and make it available to interested parents for review. If you would like to review our copy, just ask any staff member. Parents may view a copy of the Manual of Requirements on the DCF website at http://www.nj.gov/dcf/providers/licensing/laws/CCCmanual.pdf or obtain a copy by sending a check or money order for $5 made payable to the "Treasurer, State of New Jersey", and mailing it to: NJDCF, Office of Licensing, Publication Fees, PO Box 657, Trenton, NJ 08646-0657.

We encourage parents to discuss with us any questions or concerns about the policies and program of the center or the meaning, application or alleged violations of the Manual of Requirements for Child Care Centers. We will be happy to arrange a convenient opportunity for you to review and discuss these matters with us. If you suspect our center may be in violation of licensing requirements, you are entitled to report them to the Office of Licensing toll free at 1 (877) 667-9845. Of course, we would appreciate your bringing these concerns to our attention, too.

Our center must have a policy concerning the release of children to parents or people authorized by parents to be responsible for the child. Please discuss with us your plans for your child's departure from the center.

Our center must have a policy about administering medicine and health care procedures and the management of communicable diseases. Please talk to us about these policies so we can work together to keep our children healthy.

Our center must have a policy concerning the expulsion of children from enrollment at the center. Please review this policy so we can work together to keep your child in our center.

Parents are entitled to review the center's copy of the OOL's Inspection/Violation Reports on the center, which are available soon after every State licensing inspection of our center. If there is a licensing complaint

investigation, you are also entitled to review the OOL's Complaint Investigation Summary Report, as well as any letters of enforcement or other actions taken against the center during the current licensing period. Let us know if you wish to review them and we will make them available for your review or you can view them online at https://childcareexplorer.njccis.com/portal/.

Our center must cooperate with all DCF inspections/investigations. DCF staff may interview both staff members and children.

Our center must post its written statement of philosophy on child discipline in a prominent location and make a copy of it available to parents upon request. We encourage you to review it and to discuss with us any questions you may have about it.

Our center must post a listing or diagram of those rooms and areas approved by the OOL for the children's use. Please talk to us if you have any questions about the center's space.

Our center must offer parents of enrolled children ample opportunity to assist the center in complying with licensing requirements; and to participate in and observe the activities of the center. Parents wishing to participate in the activities or operations of the center should discuss their interest with the center director, who can advise them of what opportunities are available.

Parents of enrolled children may visit our center at any time without having to secure prior approval from the director or any staff member. Please feel free to do so when you can. We welcome visits from our parents.

Our center must inform parents in advance of every field trip, outing, or special event away from the center, and must obtain prior written consent from parents before taking a child on each such trip.

Our center is required to provide reasonable accommodations for children and/or parents with disabilities and to comply with the New Jersey Law Against Discrimination (LAD), P.L. 1945, c. 169 (N.J.S.A. 10:5-1 et seq.), and the Americans with Disabilities Act (ADA), P.L. 101-336 (42 U.S.C. 12101 et seq.). Anyone who believes the center is not in compliance with these laws may contact the Division on Civil Rights in the New Jersey Department of Law and Public Safety for information about filing an LAD claim at (609) 292-4605 (TTY users may dial 711 to reach the New Jersey Relay Operator and ask for (609) 292-7701), or may contact the United States Department of Justice for information about filing an ADA claim at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

Our center is required, at least annually, to review the Consumer Product Safety Commission (CPSC), unsafe children's products list, ensure that items on the list are not at the center, and make the list accessible to staff and parents and/or provide parents with the CPSC website at https://www.cpsc.gov/Recalls. Internet access may be available at your local library. For more information call the CPSC at (800) 638-2772.

Anyone who has reasonable cause to believe that an enrolled child has been or is being subjected to any form of hitting, corporal punishment, abusive language, ridicule, harsh, humiliating or frightening treatment, or any other kind of child abuse, neglect, or exploitation by any adult, whether working at the center or not, is required by State law to report the concern immediately to the *State Central Registry Hotline, toll free at (877) NJ ABUSE/(877) 652-2873*. Such reports may be made anonymously. Parents may secure information about child abuse and neglect by contacting: DCF, Office of Communications and Legislation at (609) 292-0422 or go to www.state.nj.us/dcf/.

Child and Adult Care Food Program
FAMILY DAY CARE
2027 ELIGIBILITY APPLICATION

PROVIDER'S NAME _____

NAME OF THE ENROLLED PARTICIPANT_____BIRTHDATE: _____/ _____/ _____

OPTION 1A: SNAP OR TANF BENEFICIARIES

If you are now receiving SNAP or TANF for this child, complete one of the following numbers:

SNAP CASE #_____ OR TANF CASE #_____

OPTION 1B: FOSTER CHILD

If this is a foster child, check the box and list any personal income the child receives and identify by specific category such as clothing, school fees, allowances, etc.:

FOSTER CHILD ☐ INCOME $ _____ HOW OFTEN IS IT RECEIVED? _____

OPTION 2: STATE OR FEDERAL PROGRAMS WHICH MEET THE USDA CACFP INCOME ELIGIBILTY CRITERIA

If this applies to you, complete and sign the statement below.

PROGRAM NAME: _____ CASE NUMBER: _____

OPTION 3: HOUSEHOLD ELIGIBILITY

If you did not complete OPTION 1A-B & 2, complete the following information: Household Members, Social Security Numbers and Income.

NAMES OF ALL HOUSEHOLD MEMBERS: *(Do Not Include Foster Children)*	MONTHLY INCOME (Before Deductions) COMPLETE ONE OR MORE				
	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.	$	$	$	$	$

Monthly

TOTAL NUMBER IN HOUSEHOLD *(INCLUDE ENROLLED PARTICIPANT):* _____ $_____

SIGNATURE AND SOCIAL SECURITY NUMBER: 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 (☒) - "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:

(Signature Of Adult Household Member) _____ *(Household Address)* _____

(Print Name Of Adult Household Member) _____

Last four (4) digits of Social Security Number: ** ** ** - ** ** - _____

☐ **I do not have a Social Security Number**

_____ _____ _____

(Date Signed) *(Home Telephone)* *(Work Telephone)*

Race/Ethnic Identity (optional):

TOTAL	ETHNICITY		RACE:				
	Hispanic or Latino	Not Hispanic or Latino	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
ENROLLED PARTICIPANTS							
GEOGRAPHIC AREA							

PRIVACY ACT STATEMENT: The Richard B. Russell National School Lunch Act requires that, unless the participants' 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 menus. 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.

FOR SPONSORING ORGANIZATION USE ONLY DO NOT WRITE BELOW THIS LINE

☐ Check if This Application is for the Provider's Own Child

DETERMINATION:

☐ **Eligible = (Tier 1)** ☐ **Ineligible = (Tier II)**

CLASSIFICATION OF HOME:

(Complete this section if the application is for the Provider)

☐ **TIER I:** ☐ *A (Income)** ☐ *B (School)* ☐ *C (Census)*

☐ **TIER II:** ☐ *L (Low Rates)* ☐ *M (Mixed Rates)*

**Categorically Eligible*

Name of Determining Official: _____ _____ _____/ _____/ _____

(Print name) (Signature) (Date)

2026-2027 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 _____, a Provider who is participating in the U.S. Department of Agriculture's Child and Adult Care Food Program (CACFP) 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 1 Household (Higher Rate) - The Provider home must either: 1) be located in an area of economic need as determined by school enrollment or census, or individual economic need through the CACFP process of application for free and reduced price meals. If the home is not located in an area determined eligible 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 I 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 attach a copy of your most recent tax return, or you may submit documentation for last month. 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 serve 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 SNAP, 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 last 4 digits of the 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, 2026 to June 30, 2027
(As announced by the United States Department of Agriculture) SCALE IS BASED ON GROSS INCOME BEFORE DEDUCTION

HOUSEHOLD	REDUCED SCALE		
	ANNUAL	MONTHLY	WEEKLY
1	$20,749 - $29,526	$1,730 - $2,461	$400 - $568
2	$28,133 - $40,034	$2,346 - $3,337	$542 - $770
3	$35,517 - $50,542	$2,961 - $4,212	$684 - $972
4	$42,901 - $61,050	$3,576 - $5,088	$826- $1,175
5	$50,285 - $71,558	$4,192 - $5,964	$968 - $1,377
6	$57,669 - $82,066	$4,807 - $6,839	$1,110 - $1,579
7	$65,053 - $92,574	$5,422 - $7,715	$1,252 - $1,781
8	$72,437- $103,082	$6,038 - $8,591	$1,394 - $1,983
Each Additional Family Member	+10,508	+876	+203

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Signature of Day Care Sponsor Representative — Phone Number

New Jersey Department of Agriculture Child and Adult Care Food Program — Phone Number 609-984-1250

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Name of Sponsoring Organization

New Jersey Department of Agriculture Child and Adult Care Food Program