

INFINITE POTENTIAL LEARNING ACADEMY (IPLA)
REGISTRATION CHECKLIST
KINDERGARTEN - GRADE 5
2024 - 2025

Student Name _____ Previous School _____

KINDERGARTEN - Grade 5

- _____ BIRTH CERTIFICATE/PROOF OF DATE OF BIRTH (Certified Birth Certificate)

- _____ FLORIDA CERTIFICATE OF IMMUNIZATION (including specific dates - month, day, and year given) *

- _____ PHYSICAL EXAMINATION SIGNED BY A LICENSED EXAMINER (within 12 months before enrollment)

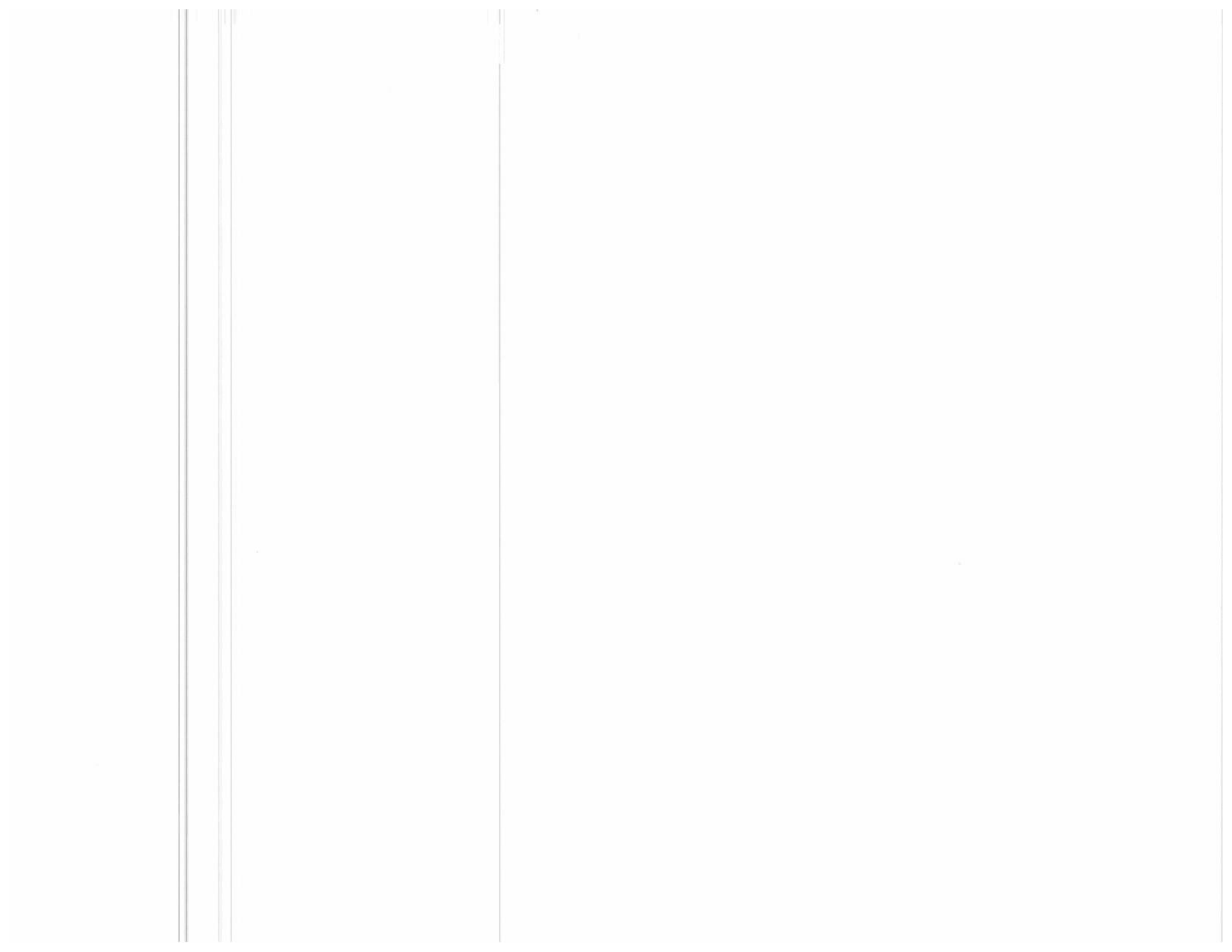
- _____ APPLICATION (**all fields completed**):
 - _____ Emergency contacts including addresses and phone numbers
 - _____ Notarized Medical Release Form
 - _____ Parent Commitment _____ Field Trip Form _____ Acknowledgment of receipt of Student Handbook

- _____ HOME LANGUAGE SURVEY

*IMMUNIZATION REQUIREMENTS FOR GRADES K - 5

- DTP: 3 - 5 doses
- Polio: 3 - 5 doses
- MMR: 2 doses (the first dose must be on or after the first birthday)
- Hepatitis B: 3 doses
- Varicella: 2 doses of vaccine or history of disease (chicken pox)

Signature of Principal or Designee



Home Address _____

Home Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

Home/Cell _____

Home/Cell _____

Email address _____

Email address _____

Employer _____

Employer _____

Phone _____

Phone _____

People to notify in case of an emergency (when parents can't be reached):

Name: _____ Phone: (H) _____ (C) _____

Address: _____ Relationship _____

Name: _____ Phone: (H) _____ (C) _____

Address: _____ Relationship _____

List names of persons with permission to remove child from school (in addition to parents):

In case of Medical Emergency and/or Medical Transport

Does this student have medical insurance? Yes _____ No _____

Does IPLA have your permission to authorize Emergency Medical Transport in case(s) of extreme emergency?

Yes _____ No _____ (Parent will always be contacted first)

Do other children in the family attend IPLA or IPLC Yes _____ No _____

If so, please list names and grade levels. This information will be used to determine enrollment priority as outlined in the Infinite Potential Learning Academy Policy Manual.

EDUCATIONAL BACKGROUND

School applicant is attending or last attended/VPK Program: _____

Name _____ Phone _____

Street _____ City _____ State _____ Zip _____

Attendance dates: _____ Grades: _____

Has the applicant ever been retained? Yes _____ No _____ Comments _____

Has the applicant ever skipped a grade? Yes _____ No _____ Comments _____

Has the student ever been tested for a learning difficulty? Yes ___ No ___ (If yes, please discuss the results and include a copy of the report.)

Has the student ever been enrolled in a special program or special education program (A.D.D., etc.)? Yes ___ No ___ If yes, please explain.

Has the student ever been referred for or received psychological or personal counseling? Yes ___ No ___ If yes, please describe.

Has the student had a discipline problem? Yes ___ No ___ If yes, please explain. _____

Has the student had an attendance or tardiness problem? Yes ___ No ___ If so, please explain.

Has the student ever been suspended, expelled, or withdrawn from any school for any reason?

Yes ___ No ___ If so, please give the name of the school, year, contact person, and nature of the problem.

What special needs does the student have which the school should be aware of? _____

Is there a language other than English spoken in the home? Yes ___ No ___ If yes, please list.

HEALTH BACKGROUND

Does the student have a physical health concern of which the school should be aware? (This may include special diet, prescriptions, surgeries or limitations of normal activities.)

If the student has allergies, please list those things to which he/she is allergic. _____

Does the student wear glasses? Yes ___ No ___ If yes, when are they needed?

Does the student take medication regularly? Yes ___ No ___ If yes, please list _____

SUMMARY

We first learned of IPLA through: (Please check only one)

- | | |
|--|---|
| <input type="checkbox"/> Student(s) currently enrolled | <input type="checkbox"/> Sign on school |
| <input type="checkbox"/> Parent of IPLC student | <input type="checkbox"/> Flier |
| <input type="checkbox"/> Other - please explain _____ | |

The two factors most influencing us to apply to IPLA: (Please check only two)

- | | | |
|---|---|-------------------------------------|
| <input type="checkbox"/> Location | <input type="checkbox"/> Teaching Philosophy | <input type="checkbox"/> Discipline |
| <input type="checkbox"/> Academic reputation | <input type="checkbox"/> Advantages of a small school | |
| <input type="checkbox"/> Other - please explain _____ | | |

PARENTAL COMMITMENT TO INFINITE POTENTIAL LEARNING ACADEMY

1. In signing this application I/we acknowledge commitment to the following:
 - a) To accept teacher and administrative authority.
 - b) To support the philosophy of education as taught at IPLA.
 - c) To support IPLA policies as stated in this application, the student handbook and discipline policy.
 - d) To make tuition payments on schedule for the current school year.
2. If I/we choose to withdraw or are requested to withdraw the applicant from the school we are responsible to pay the tuition and any balance of fees.
3. I/we understand that all records (ex. medical) will be retained by the school until accounts are paid in full.
4. The applicant may participate in scheduled field trips.
5. I/we give permission to consult the child's physician/health resource listed in case of emergency if the parent cannot be reached.
6. Primary hours of care provided by IPLA for my child are: From 8 a.m. until 3 p.m.
7. After school hours are: From 3 p.m. until 5:30 p.m.
8. All information provided to the school is complete and accurate.

Father or Legal Guardian

Date

Mother or Legal Guardian

Date

Note: If the student lives with both parents, both parents must sign.

Signature Required



Infinite Potential Learning Academy

1900 12th Street South

St. Petersburg, FL 33702

Ph 727-954-4934 Fax 727-954-5395

Email info@ipla.org

MEDICAL RELEASE FORM

TO WHOM IT MAY CONCERN:

I hereby give my consent to any hospital and/or licensed doctor to administer necessary emergency treatment to my child, _____ Birth Date _____ School Grade _____ in event of an emergency, provided such treatment is imperative, and I cannot be contacted. I also give my consent for said child to be transported by ambulance if the situation warrants.

Name of family physician _____ Telephone _____

Hospital preference _____

State any specific allergies, disabilities, or restrictions _____

Does the student receive medication? ___yes ___no

Type and reason for medication _____

Name of medical insurance company _____

Policy number _____ Expiration date _____

Name of Family dentist _____ Address _____

Phone _____ No dentist, see doctor _____

Father/Legal Guardian Name _____ Work Phone _____

Address _____ Home/Cell Phone _____

Mother/Legal Guardian Name _____ Work Phone _____

Address _____ Home/Cell Phone _____

Emergency Person's Name _____ Cell Phone _____

(other than parent or legal guardian)

(Signature of Parent/Legal Guardian)

STATE OF FLORIDA - COUNTY OF _____

The foregoing instrument was acknowledged before me by means of _____ physical presence or _____ online notarization,
this _____ day of _____, (year)

by _____
(print name of signer)


NOTARY PUBLIC _____ SEAL OF OFFICE:
NOTARY PUBLIC, STATE OF FLORIDA

(Name of Notary Public: Print, Stamp, or Type as Commissioned)

____ Personally known to me, or
____ Produced identification: _____
(Type of Identification Produced)

____ DID take an oath, or ____ DID NOT take an oath.

Signature Required



INFINITE POTENTIAL
LEARNING ACADEMY

Authorized to Pick-Up List

All children are to be signed in and out and may be picked up by those persons on the **Authorized to Pick-Up List**.

Ex. Susan Boyle 727-123-4567

1. _____

2. _____

3. _____

4. _____

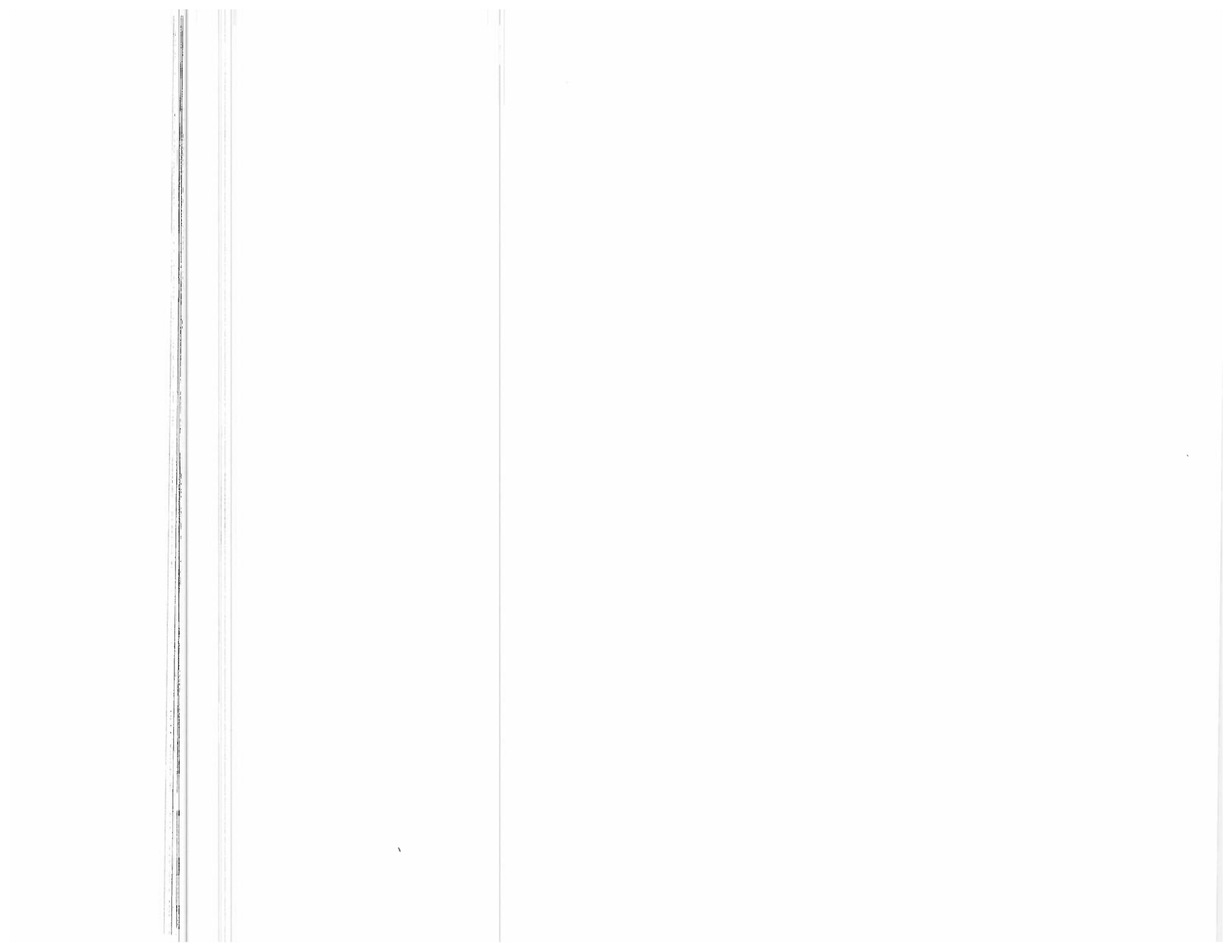
5. _____

6. _____

7. _____

8. _____

9. _____



IPLA Parent Handbook Acknowledgement

Please complete the form and return to your child's teacher.

Student Name (please print) _____

Age/Grade Level _____

Parent/Guardian Name _____

Signature _____

Date _____ Contact Number _____

I acknowledge that I have received and read the Parent Handbook. I understand that I am required to follow the policies in the Parent Handbook. If I have any questions regarding the Parent Handbook, I will directly contact the Director.

Reunification / Disaster Plan



Dear Parents,

We have developed an emergency plan that will be implemented in case of an emergency. Plans for emergency care are reviewed annually. The specific type of emergency will guide where and what special care will be provided.

SHELTER AT THE CHILD CARE FACILITY: This plan would be put into place in case of a weather emergency or unsafe outside condition or threats. In this plan, the children will be cared for indoors at the facility, and all the doors may be locked to restrict entry. Parents will be notified if they need to pick up their child before their regular time.

EVACUATION TO ANOTHER SITE: In the event of a disaster including, but not limited to, a hurricane, tornado, water main break, an electrical problem, a gas leak, or other natural disaster problems located in the area or on the property that warrants evacuation to another site, we will do the following: Each teacher will be paged, the alarm will sound, and the evacuation procedure will be implemented immediately. Students will be counted and safety straps will be used to connect each child. Individual class attendance sheets will be taken as well as the sign in sign out sheets and the School Student Contact Book. Students will be transported to **The Enoch Davis Recreation Center located at 1111 18th Ave South, Saint Petersburg, FL 33705.**

METHOD TO CONTACT PARENTS: Once all students have been safely transported to Enoch Davis Recreation Center, all parents will be notified using our ALL CALL FEATURE which will tell them where they can pick up their child(ren). A sign will be placed on the door of the facility to let parents know where we will be during this evacuation.

REUNITING WITH PARENTS: Parents will be called and reunited with their children as soon as possible after the emergency. Upon enrollment you completed a list of emergency contacts and persons who may pick up. It is very important to keep that list up-to-date in case an emergency occurs. The purpose for sharing this information is to reassure you that we are prepared to handle all types of emergencies in a way that will ensure the safety of all children.

Child Name: _____

Parent Signature: _____ Print: _____

Date: _____

Food Experience Participation Form

I give permission for my child _____ to participate in food related activities.

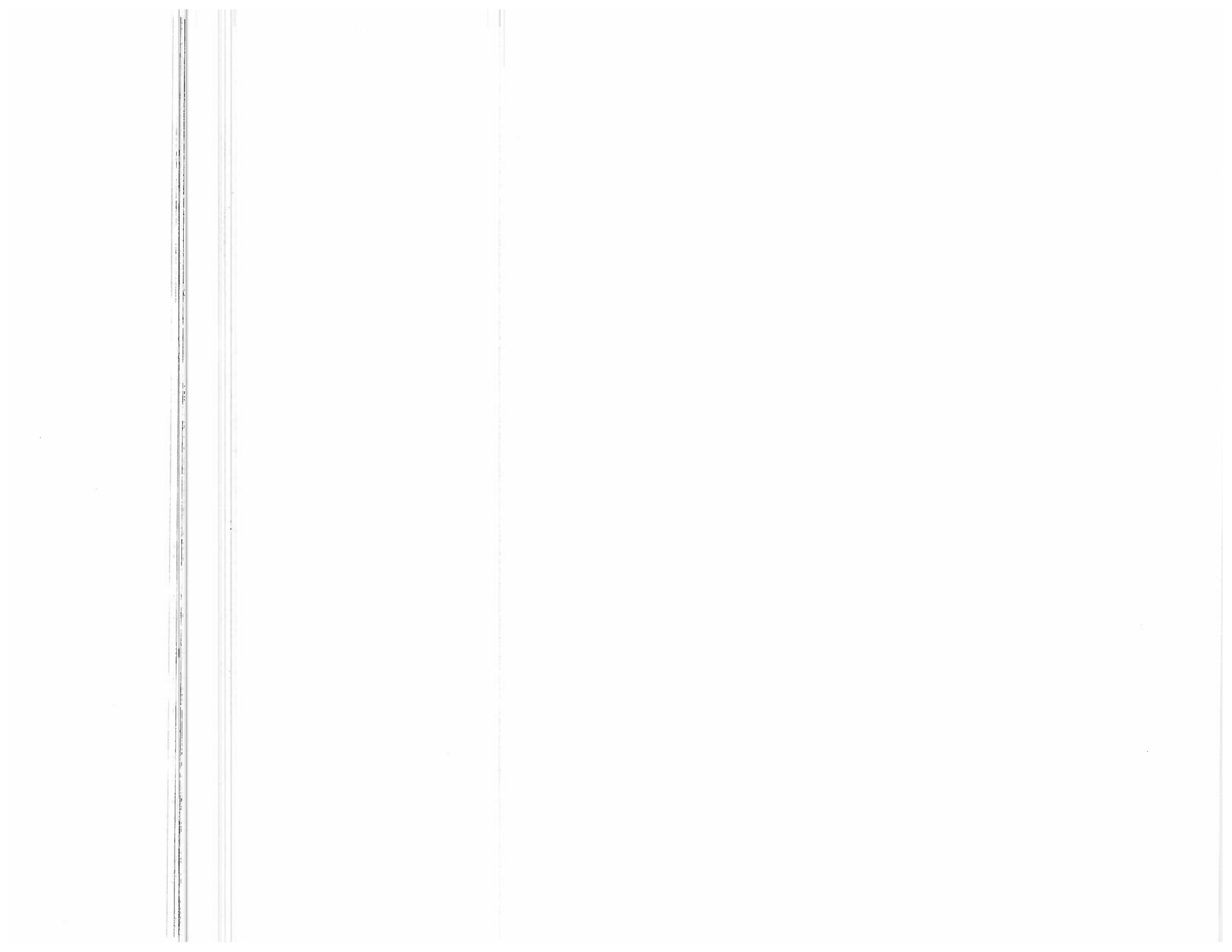
Please check one of the following:

_____ My child DOES NOT have a food allergy or dietary restriction.

_____ My child DOES have a food allergy or dietary restriction. He or she may participate, but may not eat or handle the following items (please list below)

_____ My child DOES have a food allergy or dietary restriction. He or she may not participate in activities.

Parent Signature _____



Expulsion Policy

INFINITE POTENTIAL
LEARNING ACADEMY

IPLA believes in positive redirection. The Academy teachers and staff will use respectful, positive guidance techniques, determined by your child's age and development level, to encourage and promote each student's positive

self-direction, self-control, self-esteem, social development, and emotional expression. When confronted with challenging behaviors, the teachers and staff will focus on redirecting said behavior and offering acceptable choices to help students safely emotionally regulate.

The positive practice teachers and staff will use include:

- Demonstrating appropriate behavior through my daily actions and words
- Establishing daily routines such as meals, nap times, etc.
- Setting fair and consistent limits, using clear and simple instructions that are appropriate to your child's age and developmental level.
- Redirecting challenging behavior, offering acceptable choices.
- Providing reasonable consequences, being consistent.

Teachers will encourage children to empathize with one another's feelings and see the results of their actions. We discourage inappropriate behavior. We will make every effort to work with parents of children having difficulties in child care.

Physical punishment will not be used in any form at IPLA. Your child will not be subject to discipline that is severe, humiliating, or frightening. Neither will the Academy associate discipline with food, rest, or toileting.

Children displaying chronic disruptive behavior which is upsetting to the physical or emotional wellbeing of another may require the actions: Parents of the child will be called in for a conference. I will discuss the issues and identify some possible solutions. A plan of action will be developed and agreed upon by the parent and myself. If the plan of action is not working, the parents will be called in for another meeting. We will discuss what is not working and develop another action plan. If no progress has been made towards solving the problematic behavior, the child may be suspended from care. This suspension may range in length from the rest of the day to indefinitely.

IPLA reserves the right to cancel the enrollment of your child for the following:

- Nonpayment or excessive late payments of fees
- Physical and/or verbal abuse of staff or children by parent or child

_____ have receive, read and understand the
Print Parent/Guardian Name

Expulsion Policy, in its entirety.

Parent/Guardian Signature _____ Date _____

(Discipline Policy)

Know Your Child's Learning Center

The Florida Statutes 402.305(12) requires that parents are notified in writing of the disciplinary practices used by Child Care Facilities (Infinite Potential Learning Academy) prior to enrolling their child. F.S. prohibit children from being subjected to discipline which is severe, humiliating, frightening, or associated with food, rest, or toileting. Spanking or other forms of physical punishment is prohibited. Infinite Potential Learning Academy must ensure that disciplinary practices are both constructive and appropriate for each child's age. Our objective is to help the child maintain control of his/her emotions, not to prevent the child from expressing his/her feelings or moods.

The following are guidelines in which IPLA establishes and maintains a safe orderly learning environment:

1. An effort will be made to recognize and reinforce positive behavior and ignore negative behavior whenever possible.
2. Challenging behaviors will be corrected by the teacher in a calm and professional manner.
3. Do not argue with a child, allow him/her to express his/her feelings, then state in a positive manner what is expected of him/her.
4. Extreme behavior such as kicking, biting, scratching, spitting, throwing objects and temper tantrums can usually be controlled by providing alternative choices or being separated from the group to allow a calm down period (within the teacher's sight) before returning to the group activities.
5. In some cases it may be necessary to discontinue a privilege from certain activities.
6. If misbehavior persists, the parent may be called for a conference to create an intervention plan. It is important that we establish realistic limits pertaining to the behavior of a child, considering his/her development stage and needs.
7. The parent may be required to withdraw their child from the center.

I, _____ (print parent or guardian's name) have received, read, and understood the *Code of Student Conduct* and *Know Your Child's Children's Center*. I also support the methods of discipline outlined above.

_____ Parent/Guardian

Signature Date

INFINITE POTENTIAL
LEARNING ACADEMY

Infinite Potential Learning Academy
Field Trip / Activities Permission Form

I (We) hereby grant permission for _____ to participate
Student Name

In all off-campus activities for the school year of 2024-2025

Parent/Guardian Phone (Home) Phone (Work) Phone (Cell) Signature of

Alt. Contact (Home) Phone (Work) Phone (Cell) Signature of



INFINITE POTENTIAL
LEARNING ACADEMY

Movie Permission Form

Occasionally in the classroom, and especially on rainy days, our students will have the opportunity to view a variety of movies. While teacher discretion is always used when choosing a movie for the children to view, several quality movies are rated PG-13 for minor violent content or language. Please return this form, which gives consent for your child to view these movies.

I, the parent/guardian hereby give permission for the child(ren) listed below, to view movies rated G, PG and PG-13 during their enrollment at Infinite Potential Learning Academy.

I understand that this Movie Permission Form will remain in effect during my child(ren) enrollment at Infinite Potential Learning Academy.

Student Name _____

Parent/Guardian Name-PRINTED

X

Parent/Guardian Signature

Date



Photograph/Press Release for a Minor

In consideration of benefits derived by me of the use by IPLA of the likeness or photograph of my child(ren), _____

the receipt of which is hereby acknowledged, I hereby grant or do not grant (check one) IPLA the absolute right and permission to use in perpetuity my child's likeness and photograph (s) in whole or part, or distorted in character or form, in conjunction with my child's name, together with or without written copy, for any lawful purpose whatsoever, in any media whatsoever now known or hereafter developed. I hereby waive any right that I may have to inspect and approve the finished product or such written copy that may be used in connection therewith, or the use to which it may be applied.

I hereby release, discharge, and agree to hold harmless IPLA and all other persons using my child's likeness and photograph(s) in accordance with the terms thereof, including but not limited to any liability for what might be deemed to be misrepresentation or defamation of me, my child, our respective characters or persons due to distortion, alteration, optical illusion or faulty reproduction which may occur in the development or use of my child's likeness and/or photograph(s) or any written material which is part of or connected with the likeness and/or photographs(s).

I am 18 years of age or older. I am the parent or legal guardian of my child and have the right to contract in my child's name. This release shall be binding upon me, my child and our respective heirs, legal representatives, and assigns. I further release IPLA from any responsibility for injury incurred during a filming/photography session. I have read the forgoing and fully understand the contents thereof.

I understand that the Photo/Press Release Permission will remain in effect during my child(ren) enrollment at Infinite Potential Learning Academy (IPLA).

X _____
Parent Signature

Parent Name (Printed)

Student Name (please print)

Student Social Security Number

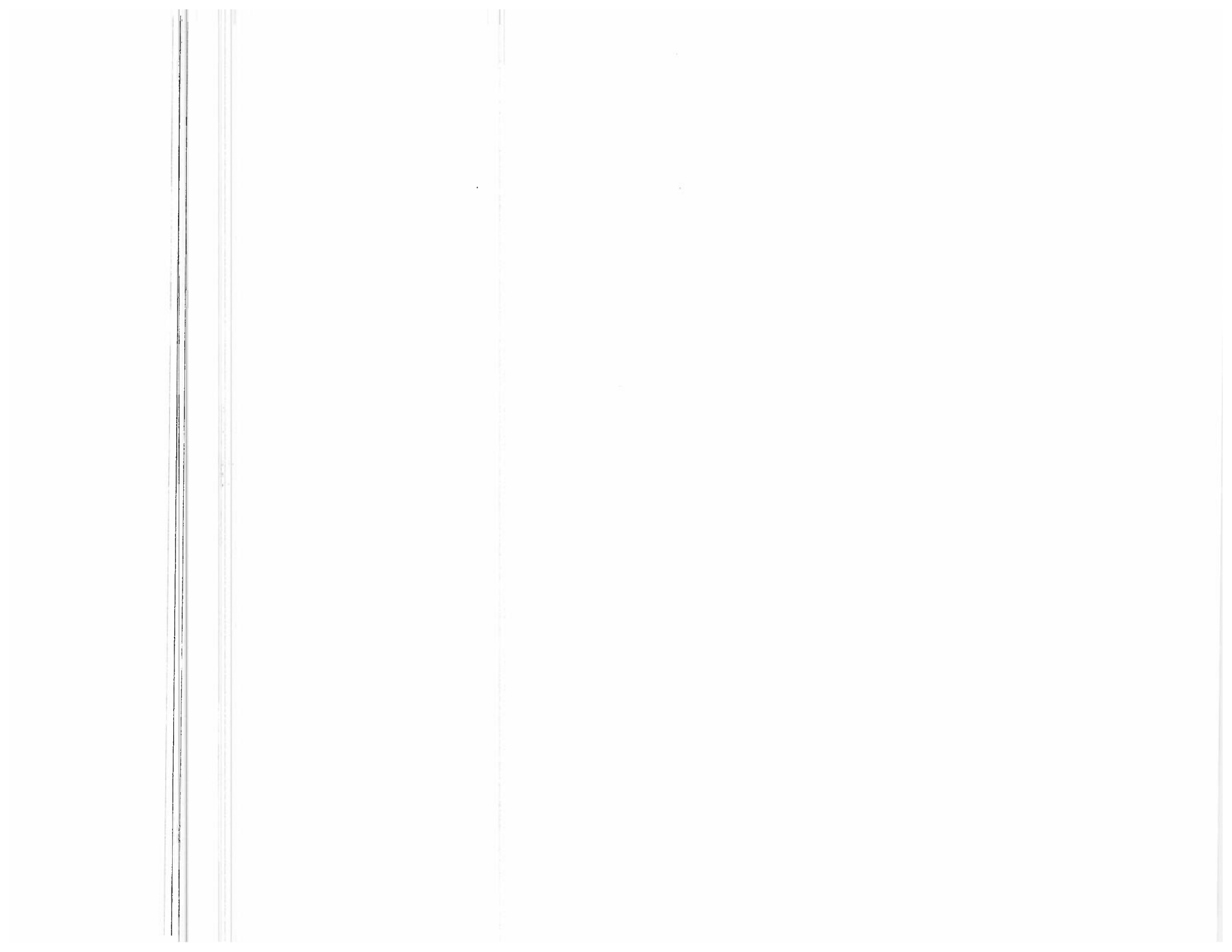
(_____) _____
Telephone

Street Address

City, State

Zip Code

Date



**INFINITE POTENTIAL LEARNING ACADEMY (IPLA)
NETWORK/INTERNET ACCEPTABLE USE AGREEMENT**

Infinite Potential Learning Academy (IPLA) uses computers to support learning and to enhance instruction. Computer networks in the schools allow students and staff to interact with many computers. The Internet, a network of networks, allows people to interact with hundreds of thousands of networks and computers. Internet access is now available to designated students at IPLA. This resource offers vast, diverse, and unique resources to students that will allow them to communicate with people from around the world, visit electronic libraries, perform research on a variety of subjects, and participate in special projects with students from all points on the globe. The goal in providing this service is to promote educational excellence in schools by facilitating resource sharing, innovation, and communication. This technology will benefit all students as they prepare for work in a global marketplace.

The student is expected to follow all guidelines stated below, as well as those given orally by the staff, and to demonstrate ethical behavior that is of the highest order in using the network facilities at the school.

1. Acceptable Use

The purpose of the Internet is to facilitate communications in support of research and education by providing access to unique resources and the opportunity for collaborative work. The use of the student's account must be in support of and consistent with the educational objectives of IPLA. Use of other organizations' networks or computing resources must comply with the rules appropriate for that network. Transmission of any material in violation of any U.S. or state regulation is prohibited. This includes, but is not limited to: copyrighted material, threatening or obscene material, or material protected by trade secrets. Use for commercial activities is generally not acceptable. Use for product advertisement is also prohibited. It is prohibited to download or install unauthorized applications or alter the basic configuration of the computer. It is also prohibited to execute any unauthorized applications from a third-party device (hard drives, USB drives, etc.).

2. Privileges

The use of the Internet is a privilege, not a right, and inappropriate use will result in a cancellation of those privileges. The network system administrator is the supervisor of distributive and user support systems. In addition, the principal will appoint a staff member to act as the school's network system administrator. Students may not allow others to use their account name or their password. Violation of this rule could jeopardize access to the Internet and students who violate this rule will immediately lose all network and computer access. The school's network system administrators will deem what is inappropriate use and their decision is final. Also, the school's network system administrators may close or restrict an account at any time as required. The administration and staff of the district or the school may also request the districtwide network system administrator or the school's network system administrator to deny, revoke, or suspend specific user access.

3. Network Etiquette

Students are expected to abide by the generally accepted rules of network etiquette. These include, but are not limited to the following:

- a. Do not reveal personal address, phone numbers, or other personal information of yourself or classmates.
- b. Be polite. Do not get abusive in messages to others.
- c. Use appropriate language. Do not swear, use vulgarities, or any other inappropriate language.
- d. Do not engage in activities that are prohibited under state or federal law.
- e. Do not assume that electronic mail is private. People who operate the system do have access to all mail. Messages relating to or in support of illegal activities may be reported to the authorities.
- f. Do not use the network in such a way that would disrupt the use of the network by other users.
- g. All communications and information accessible via the network should be assumed to be private property.

4. Services

- a. IPLA will not be responsible for any charges related to fee for service access to on-line resources services incurred by account holders without prior written approval being received from the district.
- b. IPLA makes no warranties of any kind, either expressed or implied, for the service it is providing. IPLA will not be responsible for any damages suffered. This includes loss of data resulting from delays, non-deliveries, mis-deliveries or service interruptions caused by its own negligence or errors or omissions including any and all viruses. Use of any information obtained via the Internet is at the student's own risk. IPLA specifically denies any responsibility for the accuracy or quality of information obtained through its services.

5. Security

Security on any computer system is a high priority, especially when the system involves many users. If the student can identify a security problem, the student must notify the school's network system administrator or the IPLA network system administrator and should not demonstrate the problem to other users. Attempts to logon to the Internet as a network system administrator will result in cancellation of user privileges. Any user identified as a security risk or having a history of problems with other computer systems may be denied access to the Internet.

6. Vandalism

Vandalism will result in cancellation of Internet privileges. Vandalism is defined as any malicious attempt to harm or destroy data of another user, Internet, or any of the above listed agencies or other networks that are connected to IPLA. This includes but is not limited to the uploading or creation of computer viruses.

STUDENT

I understand and will abide by the Network and Internet Use Agreement. I further understand that any violation of the regulations stated is unethical and may constitute a criminal offense. Should I commit any violation, my access privileges may be revoked, and school disciplinary and appropriate legal action may be taken.

Student Name _____ School _____
(please print)

Student Signature _____ Date _____

PARENT OR GUARDIAN

As the parent or guardian of this student, I have read the Network and Internet Use Agreement. I understand that my child's access is designed for educational purposes. I recognize it is impossible for IPLA to restrict access to all controversial or offensive materials and I will not hold them responsible for materials acquired on the network. Further, I accept full responsibility for the supervision, if any, when my child's use is not in a school setting. I have read and understand the information in this agreement and hereby give my permission for my child to use the Internet pursuant to the terms of this agreement.

Parent or Guardian's Name (please print) _____

Parent or Guardian's Signature _____ Date _____

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: _____ Center Name & Address: _____

Primary Hours of Care: From: _____ To: _____ Days of the Week in Care: M T W TH F S S Meals Typically Served While in Care: BR MS LU AS SU ES None

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (_____) _____

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?

If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: | | | | | | | | | | | | | | | | | | | | or TANF Case Number: | | | | | | | | | | | | | | | | | | | |

STEP 3: Children's Income Information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income – Total: \$ _____ How often received? (check only one): Weekly Bi-Weekly Twice a Month Monthly Annually

STEP 4: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)

Adult Household Members and Income – list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually
	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually	\$ _____ / Weekly Biweekly Monthly Twice a Month Annually

Total Household Members (Add STEP 1 & 4): _____ Last four digits of Social Security Number (SSN) of adult household member: | | | | If no SSN, write "none."

STEP 5: Contact information and adult signature

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ Daytime phone #: (_____) _____ - _____

Street Address, City, State, Zip Code

Signature of adult household member: _____ Printed name: _____ Date signed: _____

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community.

Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

FOR CONTRACTOR USE ONLY:

Categorical Eligibility: FAP/SNAP or TANF Household Foster Child Total Household Size: _____ Total Household Income: \$ _____

Eligibility Determination: Free Reduced-Price Non-needy How Often Income is Received (Frequency): Weekly Biweekly Twice a Month Monthly Annually

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 24, Monthly x 12

Reason for Non-needy Status: Income too High Incomplete Application Other Reason: _____

Determining Official's Signature: _____ Date: _____ Second Party Check Signature: _____ Date: _____

INSTRUCTIONS for completing the Free and Reduced-Price Meal Application (use a pen and print all information other than signature)

Print the name of the child you are applying for at the top of the form. Print the name and address of the child care center the child attends, if not already pre-printed. Print the primary hours of care for your child. Circle the days of the week your child primarily attends the child care center and the meals that you expect your child to receive while in care: breakfast (BR), morning snack (MS), lunch (LU), afternoon snack (AS), supper (SU), and/or evening snack (ES).

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS: **STEP 1:** List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Enter either the FAP/SNAP or TANF case number in the designated space. The case number will be on your letter of eligibility; it is not the number on your EBT card. **STEP 3:** Skip this step. **STEP 4:** Skip this step. **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation from the foster care agency or court that placed the child in the household, rather than completing this application. Should you choose to complete this application, and you are applying only for a foster child(ren), then only complete STEPS 1 and 5. If you are applying for foster and non-foster children, complete STEPS 1, 3, 4 and 5. If completing STEP 3, do not include payments to the household for the care of the foster child(ren). See the instructions listed below for the applicable steps.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS: **STEP 1:** List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Skip this step. **STEP 3:** Enter the total income received by all children listed in STEP 1, then check how often the income is received. **STEP 4:** List all adults age 19 and older that are supported with the household's income, even if they are not related to you and even if they receive no income. If there is not enough space to list all adults, use a second form and attach the forms together. For each adult, list the amount of income he/she regularly receives before taxes or anything else is taken out and circle how often the income is received (frequency) in the appropriate columns. If self-employed, list net income. See examples below for sources of income to report. For any adult with no income, write "none" or "0." Any income fields that are blank will also be counted as a zero (0). Enter the total number of household members (all children and adults), then list the last four digits of the social security number (SSN) of the adult completing/signing the application (or write NONE if he/she has no SSN). **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

Sources of Income for Children		Sources of Income for Adults		
Earnings from work	A child has a regular full or part-time job where they earn a salary or wages	Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All Other Income
Social Security • Disability Payments • Survivor's Benefits	• A child is blind or disabled and receives Social Security benefits • A parent is disabled, retired, or deceased, and their child receives Social Security benefits	• Salary, wages, cash bonuses • Net income from self-employment (farm or business)	• Unemployment benefits • Worker's compensation • Supplemental Security Income (SSI) • Cash assistance from State or local government • Alimony payments • Child support payments • Veteran's benefits • Strike benefits	• Social Security (including railroad retirement and black lung benefits) • Private pensions or disability benefits • Regular income from trusts or estates • Annuities • Investment income • Earned interest • Rental income • Regular cash payments from outside household
Income from person outside the household	A friend or extended family member regularly gives a child spending money	If you are in the U.S. Military: • Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) • Allowances for off-base housing, food and clothing		
Income from any other source	A child receives regular income from a private pension fund, annuity, or trust			

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) case number or are applying for a foster child, you must include the last four digits of the Social Security Number (SSN) of the adult household member signing the application or indicate that the signer does not have a SSN. Providing the last four digits of a SSN is not mandatory, but if this information is not given or an indication is not made that the signer does not have a SSN, the application cannot be approved. The information provided on this form may be verified through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a welfare office to verify receipt of FAP/SNAP or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking any documentation produced by the household to prove the amount of income received. These verification efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. 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 investigate violations of program rules. **This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination Statement**