



Learn, Grow, Thrive

2025-26 Registration

Location: *Oak Park Early Learning (South Lansing)* *Parkwood Preschool (East Lansing)*

Name of Child (Last, First, Middle)				Gender F M		Date of Birth	
Address (Number and Street, Building/Apartment Number)				City		State	
Parent/Legal Guardian's Name				Cell # (required)		Parent/Legal Guardian's Name	
Parent/Legal Guardian's Date of Birth				Parent/Legal Guardian's Gender M F NB		Parent/Legal Guardian's Date of Birth	
Home Address (if not child's address)				City		State	
Email Address (required)				Anticipated drop-off and pick-up times			

Enrollment Options & Rates

Ages	Select	Schedule	Weekly Tuition	Fees
OAK PARK ONLY: Infant & Toddler (6 weeks to 35 months)		Full-time (4-5 days)	\$299	A non-refundable \$100/year registration fee is due at the time of registering for the Child Care Program.
		Part-time (3 days)	\$224	
		Part-time (2 days)	\$179	
Preschool (36 to 60 months)		Full-time (4-5 days)	\$262	Your child is not enrolled or guaranteed a spot until this form and fee are returned.
		Part-time (3 days)	\$197	
		Part-time (2 days)	\$158	
OAK PARK ONLY: School-age Program (summers, holiday break, spring break; post-kindergarten to age 11)		Full-time (4-5 days)	\$236	A non-refundable \$50/week registration fee is due at the time of registering for the School-age Program.

Payment Authorization

In filling out this form, you are providing permission to the YMCA of Metropolitan Lansing to charge your tuition payment weekly, one week in advance of care.

Circle credit card type:		Visa	MasterCard	American Express	Discover
Card Number:			Exp. Date:	CVV:	
Cardholder Name:					
Authorized Signature:					
Circle for Checking or Savings		Bank Account Number:		Routing Number:	



Medical Consent	
Consent to Emergency First Aid and Transportation	
Parent /Guardian Initials	I hereby give permission that my child may be given emergency treatment by a YMCA of Metropolitan Lansing staff member. I also give permission for my child to be transported by car, ambulance, or other emergency vehicle to an emergency center for treatment.
Consent to Medical Care and Treatment	
Parent /Guardian Initials	If I cannot be contacted immediately, medical or surgical treatment may be administered to my child in the case of an accident or emergency, as prescribed by a treating physician.
Release of Liability	
Parent /Guardian Initials	In the event of an emergency, accident, or injury I agree to hold YMCA of Metropolitan Lansing and its employees harmless. I understand that expenses or costs related to treating my child for an illness or injury that occurred on YMCA property or during a YMCA-sponsored event are not covered by a YMCA of Metropolitan Lansing's insurance policy and are solely my responsibility.
Educational Permission	
Program Measurement Permission	
Parent /Guardian Initials	YMCA of Metropolitan Lansing is required to work with the MiLEAP to measure the effect of the statewide Great Start Readiness Program (GSRP). Information is sometimes collected about GSRP staff, enrolled children, and their families. Program staff or a representative from MiLEAP might: • Ask parents questions about their child and family. • Observe children in the classroom. • Measure what children know about letters, words, and numbers, etc. • Ask teachers how children are learning and growing. Information from you and about your child will not be shared with others in any way that you or your child could be identified. It is protected by law.
Release of Educational Information	
Parent /Guardian Initials	YMCA of Metropolitan Lansing has permission to interview, photograph and/or film my child for use in district publications, websites, videos, newspapers, television, or promotional materials.
Parent/Guardian Participation	
Parent /Guardian Initials	Because parent/guardian participation is a very important part of a child's success in school, we request that you participate in school-related activities as much as possible. Some grant funded preschool programs require home visits, conferences, parent advisory panels and attendance tracking.

Once we have received everything, we will review your information and let you know if your child received a spot in our program. Completing this packet does not guarantee enrollment into any program or preschool; spots are limited and filled based on eligibility criteria.



2025-26 Agreement

Please initial each item and sign/date form

- _____ I have read the Family Handbook and I agree to abide by all the terms stated in the handbook while my child receives care. The handbook included all the following information (*R 400.8146 (1-2)*):
- Criteria for admission and withdrawal
 - Schedule of operation, denoting hours, days, and holidays during which the center is open, and services are provided.
 - Fee policy
 - Discipline policy
 - Food service program
 - Program philosophy
 - Typical daily routine
 - Parent notification plan for accidents, injuries, incidents, and illnesses.
 - Medication policy
 - Exclusion policy for child illnesses
 - Notice that the center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigation reports, and related corrective action plans for the last five years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at www.michigan.gov/michildcare.
- _____ I understand that tuition is due weekly, one week in advance of care.
- _____ I understand that I will be assessed a late payment fee if tuition payments fall behind, and a late pick-up fee for any day my child is not picked up on time.
- _____ I will pay for my child's enrolled slot even if they are not present due to illness, time off, or vacation.
- _____ I understand that I must give two weeks written notice to withdraw my child from the program, and that fees will be due through the end of the two-week period whether or not my child attends.
- _____ I understand the YMCA of Metropolitan Lansing's centers gives priority to full-time enrollment and if necessary I may be asked to rearrange my schedule to meet current vacancies.
- _____ I understand the YMCA of Metropolitan Lansing's centers are mandated to report to the Department of Health & Human Services any suspected case of child abuse or neglect.

Permissions

- _____ I give permission to the YMCA of Metropolitan Lansing's center program staff to apply (twice daily prior to outdoor time) **sunscreen or bug repellent** that I have provided and labeled for my child.
- _____ I give permission to the YMCA of Metropolitan Lansing's center program staff to apply (as needed) **lotion** that I have provided and labeled for my child.
- _____ I give permission to the YMCA of Metropolitan Lansing's center program staff to apply **hand sanitizer** as needed.
- _____ I give permission for my child (aged three years and older) to participate in **swimming activities**. I understand that I will be notified in advance to provide appropriate swimwear. I understand that the YMCA will assess each child's swimming ability prior to participation. I understand that non-swimmers and children under three years old will be engaged in supervised non-swimming activities away from the immediate swimming activity area during swim-time.

Parent Signature _____ Date _____

Director Signature _____ Date _____



2025-26 Photo/Media Consent and Release

Taking photographs of children at school is a common method of documenting their activities and development. Classroom staff at the YMCA of Metropolitan Lansing's centers are trained to be discerning when photographing children, giving thought to its necessity and purpose in such documentation.

Classroom staff are prohibited from using their personal cell phones and other electronic devices for photographing or recording children's activities. Any photos of children must be taken using only YMCA-issued devices, which are accessible only to center personnel.

Photographs and video of children are intended for educational and communication purposes only. Photographs of an individual child may be shared with that child's family only. Photographs may be displayed in the classroom, especially to indicate allergies to new staff. Group photographs are sometimes used on the YMCA of Metropolitan Lansing's centers' *private* social media page(s) to convey activities and development, but they are not made public.

On rare occasions, the YMCA of the USA seeks photographs from its association members of people and programs, including children. The YMCA of Metropolitan Lansing's centers will release to the YMCA of the USA only photographs of children whose family has given explicit consent on this form.

Please initial only those items to which you consent:

- _____ I understand that photographs will be taken of my child by staff at the YMCA of Metropolitan Lansing's centers to document his/her activities and development.
- _____ I give permission to the YMCA of Metropolitan Lansing's centers to use my child's photograph within the classroom.
- _____ I give permission to the YMCA of Metropolitan Lansing's centers to use my child's photograph on the center's private social media page(s).
- _____ I give permission to the YMCA of Metropolitan Lansing's centers to release my child's photograph to the YMCA of the USA for their exhibition in promotions, advertising, education, and legitimate business uses. Such use includes reproductions in any form and media, adaptations and/or revisions, throughout the world and forever. I understand and agree there may be no compensation for this, and I will not make any claim for payment of any kind. My child may or may not be identified in such reproductions; however, my child's name will not be used to endorse any particular commercial products or commercial services.

Parent Signature _____ Date _____

Director Signature _____ Date _____



Family Structure and Child Development

The purpose of this questionnaire is to give the teaching staff a better understanding of your child and family. All information is confidential.

GENERAL INFORMATION

Child's legal name _____ Nickname _____ DOB _____

Race/ethnicity _____ Nationality _____ Religion _____

Person providing this information: _____ Relationship to child _____

Is child your: ☐ biological child ☐ adopted child ☐ foster child ☐ other: _____

FAMILY STRUCTURE & LIVING SITUATION

Father's Name _____ Occupation _____ Highest education: _____

Mother's Name _____ Occupation _____ Highest education: _____

Guardian's Name _____ Occupation _____ Highest education: _____

With whom does child live *at least half* the time? (Check all that apply)

- ☐ both parents in the same home ☐ mother's home ☐ father's home
☐ other's home (specify) _____

List all people living in household (indicate which household if child lives in multiple homes):

Name	Age	Relationship to child	Which home? (Leave blank if N/A)

Any pets? (Indicate type, name, household) _____

Language(s) spoken at home _____ Primary language at home _____

List all locations (city, state, and/or country) that your child has lived:

1. Birthplace _____ Moved at age _____
2. _____ Moved at age _____
3. _____ Moved at age _____

Are parents of child currently:

- ☐ unmarried, living together ☐ divorced
☐ married ☐ never married, not living together
☐ separated

If separated, divorced, or never married and not living together, who has *legal* custody?

- ☐ mother ☐ father ☐ both
☐ other (specify): _____

If separated or divorced, how do you feel your child has adjusted to separation/divorce?

Is anyone else authorized to share/receive information about the child? ☐ Yes ☐ No If so, please indicate name & relationship (i.e., step-parent, grandparent, etc.) _____

SOCIAL-EMOTIONAL DEVELOPMENT



Has your child had previous experience with a fulltime babysitter/nanny, child care home/center, or other care outside your home?
☐ Yes ☐ No If so, when, with whom, and how often?

Have there been any significant changes in the home over the last few years? (i.e., new marriages, deaths, births, address changes, family separation/divorce, parent dating, money problems, etc.)

What do you feel are your child's...

Strengths _____ Weaknesses _____

Reaction to strangers: _____ Able to play alone? _____

How much time each day does your child typically spend on the following electronic media?

Watching TV: _____ Playing video/computer/phone games: _____ Other _____

Does anyone read aloud to your child at home? ☐ Yes ☐ No If so, how often? _____

At what age did your child begin playing with other children? _____

What are your child's favorite activities? _____

Is your child affectionate? _____

Does your child celebrate holidays or special occasions? _____

Are there occasions in which you would rather your child not participate? _____

What are the things your child seems to fear? _____

Has your child had any frightening experiences? If so, describe briefly:

What is the method of behavior management/discipline at home?

HEALTH AND DEVELOPMENT

Any known complications at birth? _____

Serious illnesses and/or hospitalizations: _____

Special physical conditions, disabilities: _____

Is your child currently taking any medication? ☐ Yes ☐ No If yes, please list medication and uses:

Has your child ever been identified as having a disability? ☐ Yes ☐ No If so, by whom, what age, & what disability?

Has your child ever received psychological counseling? ☐ Yes ☐ No If yes, by whom (professional/ agency) and when:

During your child's first few years of life, were any of the following significantly present?

☐ Difficult to comfort

☐ Was not easily calmed by being held or stroked

☐ Colicky

☐ Difficult nursing

☐ Poor eye contact

☐ Did not respond to their name

Oak Park YMCA Early Learning Center
900 Long Boulevard | Lansing, MI 48911
www.lansingymca.org/opchildcare | (517) 827-9696

Parkwood YMCA Preschool
2306 Haslett Road | East Lansing, MI 48823
www.lansingymca.org/pwpreschool | (517) 827-9680



- ☐ Excessive irritability
☐ Diminished sleep

- ☐ Fascination with certain objects
☐ Constantly head banging

If you checked any of the above, please describe

PARENTING

Which adult would your child prefer to talk with about a problem? _____

Who is the family member with whom your child feels closest? _____

Who is primarily responsible for discipline at home? _____

What is the most effective way to deal with your child's behavior problems at home?

How does your child respond to discipline at home?

List any responsibilities your child has at home: _____

Does your child do these regularly? ☐ Yes ☐ No

Does your child need frequent reminders? ☐ Yes ☐ No

SLEEPING HABITS

Indicate your child's... Bed time? _____ Wake time? _____ Do they sleep well? _____

Does your child sleep in a... ☐ Crib? ☐ Bed? ☐ Other? _____

Does your child sleep *in a room* alone? ☐ Yes ☐ No If not, with whom do they share?

Does your child sleep *in a bed* alone? ☐ Yes ☐ No If not, with whom and how often?

Does your child become tired or nap during the day (include when and how long)?

Describe any special characteristics or needs (stuffed animal, story, mood on waking, etc.)

How does your child fall asleep? (Check all that apply)

- ☐ Rocking chair
☐ Laying with someone
☐ On their own
☐ Other _____

EATING HABITS & NUTRITION

Is your child usually hungry at mealtime? ☐ Yes ☐ No Between meals? ☐ Yes ☐ No

Is your child able to eat with a...

- Spoon? ☐ Yes ☐ No
Fork? ☐ Yes ☐ No



Hands? ☐ Yes ☐ No

At home, what time does your child eat breakfast? _____ Lunch? _____ Dinner? _____

Favorite foods: _____

Foods refused: _____

Eating problems or difficulties: _____

List foods your child may not eat: _____

TOILETING HABITS

Has toilet learning been attempted? ☐ Yes ☐ No

How does your child indicate toileting needs (include special words):

Please describe any particular toileting procedure(s) to be used for your child at the center:

What is used at home?

Pottychair? ☐ Yes ☐ No

Special child seat? ☐ Yes ☐ No

Regular seat? ☐ Yes ☐ No

Is your child ever reluctant to use the toilet? ☐ Yes ☐ No

If yes, what are the circumstances?

Does your child have accidents? ☐ Yes ☐ No If yes, what are the circumstances?

Are bowel movements regular? ☐ Yes ☐ No How many per day? _____

Is there a problem with diarrhea? ☐ Yes ☐ No If yes, what are the circumstances?

Is there a problem with constipation? ☐ Yes ☐ No

If yes, what are the circumstances?

ADDITIONAL INFORMATION

Please provide us with any additional information that will help us care for your child.



Food Program Enrollment

The Lansing YMCA child care centers offer healthy meals to all enrolled participants as part of our participation in the U.S. Department of Agriculture's (USDA) **Child and Adult Care Food Program (CACFP)**. The CACFP provides reimbursements for healthy meals and snacks served to participants enrolled in care. Please help us comply with the requirements of the CACFP by completing the attached Household Income Eligibility Statement (HIES). In addition, by filling out this form, we will be able to determine eligibility for free or reduced-price meals.

1. **Do I need to fill out a HIES for each participant enrolled in care?** You may complete and submit one CACFP Household Income Eligibility Statement for all participants enrolled in day care in your household only if those in day care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. Return the completed form to the Program Director.
2. **Which adult and childcare institutions can receive free meal reimbursement without providing household income information?** Adults receiving Medicaid, Supplemental Security Income (SSI), Food Assistance Program (FAP) Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) are eligible for free meals. Children in households receiving FAP, FIP, or FDPIR can get free meals. Foster children and children enrolled in Head Start Programs are also eligible for free meals.
3. **Who can get reduced price meals?** You may get low-cost meals if your household's income is within the reduced-price limits on the federal income eligibility guidelines, effective July 1, 2024, until June 30, 2025, shown below:

Family Size	Yearly Income	Monthly Income	Weekly Income
1	\$27,861	\$2,322	\$536
2	\$37,814	\$3,152	\$728
3	\$47,767	\$3,981	\$919
4	\$57,720	\$4,810	\$1,110
For each additional family member add:	\$9,953	\$830	\$192

Refer to the Instructions for Participants/Parents/Guardians Household Income Eligibility Statement on how to complete the HIES. Find the category that most closely defines your household and follow the directions for completing each part of the HIES. If your household income is greater than the levels shown on the above CACFP income guidelines, it is not necessary for you to complete the HIES form.

Families with Children: Your family may be eligible to receive health insurance, called MICHild, through the State of Michigan. MICHild is a health insurance program for uninsured children of Michigan's working families. To determine if your family is eligible, call 1-888-988-6300 for an application or access an online application at the MI Child website (www.michigan.gov/michild). You can also access the MICHild brochure that briefly explains the insurance program.

Your family may be eligible to receive Women, Infants & Children (WIC), a health and nutrition program, that has demonstrated a positive effect on pregnancy outcomes, child growth and development. To determine eligibility, call 1-800-26-BIRTH or access online information at Women, Infants, & Children (WIC) website (<http://www.michigan.gov/wic>) to learn about WIC and locate a local WIC agency.

4. **May I fill out a form if someone in my household is not a U.S. citizen?** Yes. Participants and family members do not have to be U.S. citizens to qualify for meal benefits offered at the center.
5. **Who should I include as members of my household?** You must include all people in your household (such as grandparents, other relatives, or friends who live with you). You must include yourself and all children who live with you. You also may include foster children who live with you.
6. **How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member and the frequency the income is received. If recent income does not accurately reflect your circumstances, you may provide a projection of your income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the federal income eligibility guidelines listed above, the family day care home will receive a higher level of reimbursement. Once properly approved for the higher reimbursement rate, whether through income or by providing a current FAP, FIP, FDPIR case number, or listing the name of other categorically eligible programs, you will remain eligible for those benefits for 12 months. You should, however, notify us if you or someone in your household becomes unemployed and the loss of income unemployment causes your household income to be within the eligibility standards.
7. **What if my income is not always the same?** List the amount that you normally receive. For example, if you normally receive \$1,000 every two weeks, but you missed some work in the last two weeks and only received \$900, put down that you receive \$1,000 per every two weeks. If you normally receive overtime, include it, but not if you only receive it sometimes.
8. **What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the HIES but are not required to include payments received for the foster child as income.
9. **We are in the military. Do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, regarding deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP), is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income. In the operation of child feeding programs, the U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived



from any public assistance program or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

Food Program Enrollment Form

Instructions:

- List full name of participant enrolled in care.
- Circle the typical days each participant is in care.
- List times each participant is in care.
- Circle the meals and snacks each participant typically receives while in care.
- Select the ethnicity of each participant using the codes indicated.*
- Select one or more racial designations of each participant using the codes indicated.*
- Sign and date the form and return to the Program Director.

Child's First & Last Name	Typical Days in Care (circle all that apply)	Times in Care	Meals/Snacks Received (circle all that apply)	Ethnicity* H = Hispanic or Latino N = Not Hispanic or Latino	Race* A/I = American Indian or Alaskan Native A = Asian B = Black or African American H/PI = Native Hawaiian or Pacific Islander W = White
	Mon Tues Wed Thu Fri	7:30 a.m. – 5:30 p.m.	Breakfast Lunch PM Snack		
	Mon Tues Wed Thu Fri	7:30 a.m. – 5:30 p.m.	Breakfast Lunch PM Snack		
	Mon Tues Wed Thu Fri	7:30 a.m. – 5:30 p.m.	Breakfast Lunch PM Snack		
	Mon Tues Wed Thu Fri	7:30 a.m. – 5:30 p.m.	Breakfast Lunch PM Snack		

* This information is voluntary. This will assist us in assuring the Child and Adult Care Food Program is administered in a nondiscriminatory manner.

Parent/Guardian Signature _____ Date Signed _____

USDA Nondiscrimination Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: USDA Program Discrimination Complaint Form, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or
- fax: (833) 256-1665 or (202) 690-7442; or
- email: program.intake@usda.gov.

This institution is an equal opportunity provider.

USDA Civil Rights Complaint Link:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

Part 1 – Households Receiving Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR)

If any member of your household receives FAP, FIP, or FDP/IR, provide the name and case number for the person who receives the benefits.

Part 2 – Household Information

[illegible]

Part 3 – All Households: Signature and Last Four (4) Digits of Adult Social Security Number (Adult household member MUST sign and date)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will receive federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Signature: _____ Print Name: _____ Date: _____

Last four digits of Social Security Number: XXX-XX-____

____ I do not have a Social Security Number

For Institution Use Only:

For Institution Use Only		APPROVED CATEGORY
Total Household Members:	Total Income: \$ <div> _____ Annually <div>_____ Bi-W/weekly</div> _____ Monthly <div>_____ Weekly</div> _____ 2x Month </div>	Categorical Eligibility (A/Free): Foster FIP FAP FDPJR
Institution Official Signature: _____	Approval Date: _____	Other Household Children: A (Free) B (Reduced) C (Paid)

This form is valid for 12 months from the date of institution signature. Approval date and institution signature are required.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other FDPIR identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for administration and enforcement of the Program.



Household Income Eligibility Statement - Instructions for Parents/Participants/Guardians

If you are applying for foster child(ren) only, follow these instructions:

- **Part 1:** Do not complete.
- **Part 2:** List name, age, and birth date of foster child(ren); check the box for foster child.
- **Part 3:** Sign and date the form. The last four digits of a social security number are not necessary.

If your household receives Food Assistance Program (FAP), Family Independence Program (FIP), or Food Distribution Program on Indian Reservations (FDPIR) benefits, follow these instructions:

- **Part 1:** List the name and case number for any household member (including adults) receiving FAP, FIP, or FDPIR.
- **Part 2:** List the name, age, and birth date for all children enrolled in day care.
- **Part 3:** Sign and date the form. A Social Security Number is not necessary.

Note: Benefits received under WIC, Medicaid, or Department of Health and Human Services (DHHS) Child Care Assistance Program (where DHHS pays a portion of your child care expense) does not automatically qualify for Category A (free) meals.

All other households, including households where some of the children are foster children, follow these instructions (not required if household is over the income limits and don't have any foster children):

- **Part 1:** Do not complete.
- **Part 2:** List the names and ages of everyone (related or not related) living in your household, including you, other adults and children (If you need more space, use a separate sheet of paper).
 - Place a ✓ in the column for all children enrolled in child care List household members' ages and dates of birth.
 - Place a ✓ in the next column if children in the household are foster children.
 - If no case number is indicated in Part 1, list (by person) the amount and source of income received last month. List monthly earnings **before** deductions, monthly welfare, child support or alimony or any other income including retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits, Worker's Compensation, unemployment, strike benefits, regular contributions of people who do not live in your household or any other income.
 - Place a ✓ in the box for those listed who do not have income.
 - If you are in the Military Housing Privatization Initiative or receive Combat Pay, do not include the housing allowance as income.
 - Foster child payments received by the family from the placement agency are not considered income and do not have to be reported. The presence of a foster child in a family does not make all children in the household automatically eligible for free meals.
 - If you are a farmer or self-employed, monthly income is gross farm or business income received in the month prior to application minus farm or business expenses. Gross wages from other jobs or income from other sources must also be listed as income. A loss from self-employment must be listed as zero income and cannot reduce other income.
- **Part 3:** Sign and date the form and list the last four digits of your Social Security Number or check the box indicating "I do not have a Social Security Number."

Help With Income To determine annualized income:

- If paid every week, multiply the total gross income by 52.
- If paid every two weeks, multiply the total gross income by 26.
- If paid once a month, use the total gross monthly income.
- If paid twice a month, multiply the total gross income by 24.
- If paid once a year, use the total gross yearly income.

Return the completed application to the Program Director.