

## VERNDALE AREA CHRISTIAN ACADEMY AND CHILD CARE

## Enrollment Application

402 NE Clark Drive, Verndale, MN. 56481 | (218) 445-5568

Date of Enrollment: \_\_\_\_\_

Childs Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M/F

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

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

Enrolling Parent/Guardian's Name: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Second Parent/Guardian's Name: \_\_\_\_\_

Address (if different): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Child Live with: Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Grandparents \_\_\_\_\_ Other \_\_\_\_\_

## Authorization to Pick-Up Child

**\*Proper Notification and Identification is required before the child will be released to anyone.**

Name	Relationship to child	Phone Number
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Please list anyone who is **NOT ALLOWED** to pick-up your child from VACA Child Care Center. (A copy of the court order is required if a parent is not allowed to pick up the child)

Names: \_\_\_\_\_

\_\_\_\_\_

**Authorized Emergency Contacts – Required**

We will contact if we are unable to reach either parent/guardians and will be authorize to pick-up the child. Please ensure the Authorized Emergency Contacts match those on your Emergency Card.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

**Medical Information**

Child's Physician/Clinic: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Child's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Does your child have any **Allergies**? Yes \_\_\_\_\_ No \_\_\_\_\_ Please describe if Yes: \_\_\_\_\_

Are there any **medical** concerns or needs concerning your child that we should be aware of?

Yes \_\_\_\_\_ No \_\_\_\_\_ Please describe if Yes: \_\_\_\_\_

**Release Agreement**

**\*\*Please read, initial and sign below:**

- \_\_\_\_\_ 1. I have received a copy of the fee schedule and have determined the number of days and fee associated for my child's schedule. I understand that if my child does not attend that he/she is scheduled, it is my responsibility to pay for that day.
- \_\_\_\_\_ 2. I agree to pay in advance, by Friday for the next week's tuition.
- \_\_\_\_\_ 3. I am aware that I will be charged a late fee for payments received after 9am Monday of current week.
- \_\_\_\_\_ 4. I have received a copy of the Parent Handbook. I know it is my responsibility to read it.
- \_\_\_\_\_ 5. I authorize Verndale Area Christian Academy Child Care staff to initiate emergency medical and dental care (i.e. CPR/First Aid) and to call Emergency Personnel (911), if need arises.
- \_\_\_\_\_ 6. I authorize Verndale Area Christian Academy Child Care staff to contact Poison Control, if need arises, and follow any guidelines they recommend for my child.
- \_\_\_\_\_ 7. I authorize VACA Child Care staff to apply sunscreen (which I will provide) to my child as needed.
- \_\_\_\_\_ 8. I authorize VACA Child Care staff to apply insect repellent (which I will provide) to my child as needed.
- \_\_\_\_\_ 9. I authorize VACA Child Care staff to apply diaper rash cream (which I will provide) to my child as needed.
- \_\_\_\_\_ 10. I hereby give permission for my enrolled child in VACA Child Care to have photos taken and printed in newspapers, newsletters, school website, social media, and Facebook for purposes of publicizing the program, reports on program progress, and sharing special events with the public. I understand that this could include videotaping.

\_\_\_\_\_ 11. I hereby give permission for the exchange of any information between VACA Child Care and School district staff whenever such exchange would enable either party to better meet the needs of my child.

\_\_\_\_\_ 12. I authorize VACA Child Care staff to take my child on walks as weather permits. Also, upon notification and my signature of permission, the center is authorized to take my child on planned field trips on foot or parent transportation. I also understand that no refunds will be given unless the field trip is canceled by VACA Child Care.

Verndale Area Christian Academy and Child Care will not be responsible for anything that may happen because of false information given as part of the enrollment process.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### TYPICAL SCHEDULING

Please mark what your typical schedule would be each week. If you have a flex schedule where the day off changes just mark that in the last box and be sure to fill out the schedules for us to do billing.

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	FLEX DAYS
In:	In:	In:	In:	In:	In:
Out:	Out:	Out:	Out:	Out:	Out:

## WADING POOL CONSENT FORM

By signing this form, I am acknowledging that I have read the document titled: "Fact Sheet: Risks of Wading Pools at Child Care", I have been given the opportunity to talk with my childcare provider about the use of the wading pools, and I understand the risks associated with the use of a wading pool by my child(ren) while they receive childcare services. By signing this form, I acknowledge that the provider's pool may not be inspected or monitored by the Department of Health, the Department of Human Services, or the County Social Service Agency.

\_\_\_\_\_ **I DO** consent to my childcare provider's use of the wading pool with my child(ren).

\_\_\_\_\_ **I DO NOT** consent to my childcare provider's use of the wading pool with my child(ren).

**Signature of Parent:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Child(ren):** \_\_\_\_\_

Also, all children will be supervised by staff if there is water in the pool, water table, or play tub.

**VERNDALE AREA CHRISTIAN ACADEMY AND CHILD CARE**

(For 0 months- 16 months)

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

**FAMILY AND SOCIAL BACKGROUND:**

Members of household and their relationship to your child:

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Marital status of Parents: \_\_\_\_\_

Other (explain): \_\_\_\_\_

Custody/visiting arrangements: \_\_\_\_\_

If child is adopted, at what age: \_\_\_\_\_ Does child know they are adopted? \_\_\_\_\_

Has your child ever attended a childcare center? Y/N If so, where? \_\_\_\_\_

How long? \_\_\_\_\_ Was it successful placement? \_\_\_\_\_

If not, why? \_\_\_\_\_

**DEVELOPMENTAL BACKGROUND OF CHILD**

Describe your infant/child's day:

1. Eating, including any dietary restrictions: \_\_\_\_\_
2. Sleeping, including naps and how long: \_\_\_\_\_
3. Toileting: \_\_\_\_\_
4. Communication: \_\_\_\_\_

What are your child's favorite indoor play activities? \_\_\_\_\_

What are your child's favorite outdoor play activities? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

What special things do your family do when your child is sad or needs to be comforted? \_\_\_\_\_

**FAMILY INFORMATION**

What method of behavior guidance is used in your Family? \_\_\_\_\_

Is any language other than English spoken in your Family? \_\_\_\_\_

Does your child know any sign language? \_\_\_\_\_ If yes, what signs? \_\_\_\_\_

What are your family traditions and customs? \_\_\_\_\_

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**VERNDALE AREA CHRISTIAN ACADEMY AND CHILD CARE**

(for 16 months- 5 years)

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

**FAMILY AND SOCIAL BACKGROUND:**

Members of household and their relationship to your child:

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Marital status of Parents: \_\_\_\_\_

Other (explain): \_\_\_\_\_

Custody/visiting arrangements: \_\_\_\_\_

If child is adopted, at what age: \_\_\_\_\_ Does child know they are adopted? \_\_\_\_\_

Has your child ever attended a child care center? Y/N If so, where? \_\_\_\_\_

How long? \_\_\_\_\_ Was it successful placement? \_\_\_\_\_

If not, why? \_\_\_\_\_

**DEVELOPMENTAL BACKGROUND OF CHILD**

Does child dress self? \_\_\_\_\_ Undress self? \_\_\_\_\_ Feed Self? \_\_\_\_\_ Right/Left Handed? \_\_\_\_\_

Will child take naps? \_\_\_\_\_ How long? \_\_\_\_\_

Are there any dietary restrictions? \_\_\_\_\_

What are your child's favorite indoor play activities? \_\_\_\_\_

What are your child's favorite outdoor play activities? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

What special things do your family do when your child is sad or needs to be comforted? \_\_\_\_\_

**FAMILY INFORMATION**

What method of behavior guidance is used in your Family? \_\_\_\_\_

Is any language other than English spoken in your Family? \_\_\_\_\_

Does your child know any sign language? \_\_\_\_\_ If yes, what signs? \_\_\_\_\_

What are your family traditions and customs? \_\_\_\_\_

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**THANK YOU**

**VERNDALE AREA CHRISTIAN ACADEMY AND CHILD CARE**

(for School-age)

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

**FAMILY AND SOCIAL BACKGROUND:**

Members of Household and their relationship to your child:

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Marital status of Parents: \_\_\_\_\_

Other (explain): \_\_\_\_\_

Custody/visiting arrangements: \_\_\_\_\_

If child is adopted, at what age: \_\_\_\_\_ Does child know they are adopted? \_\_\_\_\_

Has your child ever attended a child care center? Y/N If so, where? \_\_\_\_\_

How long? \_\_\_\_\_ Was it successful placement? \_\_\_\_\_

If not, why? \_\_\_\_\_

**DEVELOPMENTAL BACKGROUND OF CHILD**

Does your child have allergies- If yes, what? \_\_\_\_\_

Are there any dietary restrictions? \_\_\_\_\_

What are your child's favorite indoor play activities? \_\_\_\_\_

What are your child's favorite outdoor play activities? \_\_\_\_\_

Does your child have any special fears? \_\_\_\_\_

How would you describe your child's personality? \_\_\_\_\_

What special things do your family do when your child is sad or needs to be comforted? \_\_\_\_\_

**FAMILY INFORMATION**

What method of behavior guidance is used in your Family? \_\_\_\_\_

Is any language other than English spoken in your Family? \_\_\_\_\_

Does your child know any sign language? \_\_\_\_\_ If yes, what signs? \_\_\_\_\_

What are your family traditions and customs? \_\_\_\_\_

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**Immunization Form**

Enter the dates for each vaccine your child has received to date. Specify the month, day, and year of each dose such as 01/01/2010.

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Immunizations required for child care, early childhood programs, and school.

Vaccine	Birth to 6 months		12 - 24 months		At Kindergarten	At 7th grade	At 12th grade
Hepatitis B							
Diphtheria, Tetanus, Pertussis (DTaP, DT, Td)							
Haemophilus influenzae type b (Hib)							
Pneumococcal (PCV)							
Polio							
Measles, Mumps, Rubella (MMR)							
Chickenpox (varicella)							
Hepatitis A							
Tetanus, Diphtheria, Pertussis (Tdap)							
Meningococcal (MCV4)							

Minnesota law requires children enrolled in child care, early childhood education, or school to be immunized against certain diseases, unless the child is medically or non-medically exempt.

**Instructions for parent or guardian:**

- Fill out the dates in chronological order even if your child received a vaccine outside of the age/grade category that the box is in. Depending on the age of your child, they may not have received all vaccines; some boxes will be blank.
  - If you have a copy of your child's immunization history, you can attach a copy of it instead of completing the front of this form.
  - Your doctor or clinic can provide a copy of your child's immunization history. If you are missing or need information about your child's immunization history, talk to your doctor or call the Minnesota Immunization Information Connection (MIIC) at 651-201-3980 or 800-657-3970.
- Sign or get the signatures needed for the back of this form.
  - Document medical and/or non-medical exemptions in section 1.
  - Verify history of chickenpox (varicella) disease in section 2.
  - Provide consent to share immunization information (optional) in section 3.

**Instructions:** Complete section 1 to document a medical or non-medical exemption, section 2 to verify history of varicella disease, and section 3 to consent to share immunization information.

**1. Document a medical and/or non-medical exemption (A and/or B).**

Place an X in the box to indicate a medical or non-medical exemption. If there are exemptions to more than one vaccine, mark each vaccine with an X.

Vaccine	Medical Exemption	Non-Medical Exemption
Diphtheria, Tetanus, and Pertussis		
Polio		
Measles, Mumps, Rubella		
<i>Haemophilus influenzae</i> type b		
Chickenpox (varicella)		
Pneumococcal		
Hepatitis A		
Hepatitis B		
Meningococcal		

**A. Medical exemption:** By my signature below, I confirm that this child should not receive the vaccines marked with an X in the table for medical reasons (contraindications) or because there is laboratory confirmation that they are already immune.

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

(of health care practitioner\*)

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

**2. History of chickenpox (varicella) disease.** This child had chickenpox in the month and year \_\_\_\_\_

My signature below means that I confirm that this child does not need chickenpox vaccine because:

☐ I am a health care practitioner and this child was previously diagnosed with chickenpox or the parent provided a description that indicates this child had chickenpox in the past.

☐ I am the parent or guardian and this child had chickenpox on or before September 1, 2010.

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

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

(of health care practitioner\*, representative of a public clinic, or parent/guardian). Parent can sign if chickenpox occurred before September 2010.

\*Health care practitioner is defined as a licensed physician, nurse practitioner, or physician assistant.

Minnesota Department of Health - Immunization Program (2019)

Name \_\_\_\_\_

If there are exemptions to more than one vaccine, mark each vaccine with an X.

**B. Non-medical exemption:** A child is not required to have an immunization that is against their parent or guardian's beliefs. However, choosing not to vaccinate may put the health or life of your child or others they come in contact with at risk. Unvaccinated children who are exposed to a vaccine-preventable disease may be required to stay home from child care, school, and other activities in order to protect them and others.

By my signature, I confirm that this child will not receive the vaccines marked with an X in the table because of my beliefs. I am aware that my child may be required to stay home from child care, school, and other activities if exposed.

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

(of parent or guardian in presence of notary)

**Non-medical exemptions must also be signed and stamped by a notary:**

This document was acknowledged before me

on \_\_\_\_\_ (date)

Notary Stamp

by \_\_\_\_\_  
(name of parent or guardian)

Notary Signature: \_\_\_\_\_

STATE OF MINNESOTA, COUNTY OF \_\_\_\_\_

**3. Consent to share immunization information:** This school is asking for permission to share your child's immunization record with Minnesota's immunization information system. Giving your permission will:

- Provide easier access for you and your school to check immunization records, such as at school entry each year.
- Support your school in helping to protect students by knowing who may be vulnerable to disease based on their immunization record. This can be important during a disease outbreak.

Under Minnesota law, all the information you provide is private and can only be released to those authorized to receive it. Signing this section of the form is optional. If you choose not to sign, it will not affect the health or educational services your child receives.

I agree to allow my child's school to share my child's immunization documentation with Minnesota's immunization information system:

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

(of parent/guardian)



Return within 30 days of Enrollment!

**HEALTH CARE SUMMARY****MUST BE COMPLETED BY HEALTH CARE SOURCE**

Date of Enrollment: \_\_\_\_\_

NAME OF CHILD \_\_\_\_\_

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

ADDRESS \_\_\_\_\_

Telephone \_\_\_\_\_

PARENT(S) OR GUARDIAN \_\_\_\_\_

Date of last physical examination \_\_\_\_\_ How long have you been seeing this child? \_\_\_\_\_

How frequently do you see this child when he/she is not ill? \_\_\_\_\_

Does this child have any allergies (including allergies to medications)? \_\_\_\_\_

Is a modified diet necessary? \_\_\_\_\_

Is any condition present that might result in an emergency? \_\_\_\_\_

What is the status of the child's. . .

Vision \_\_\_\_\_

Hearing \_\_\_\_\_

Speech \_\_\_\_\_

Please list below the important health problems

<u>Important Health Problems</u>	<u>Followed By You</u>	<u>Followed By Other Med Source (Name)</u>	<u>Requires Special Attention at Center</u>
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Other information helpful to the child care program \_\_\_\_\_

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Phone \_\_\_\_\_

**Signature of Health Source** \_\_\_\_\_

Address \_\_\_\_\_

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

## WADING POOLS

Wading pools have been identified as potential sources of disease transmission and as safety hazards.

- Recommendations from the *Caring for Our Children National Health and Safety Performance Standards: Guidelines for Out-of-Home Child Care Programs* (Third Edition, Standard 6.3.5.3: Portable Wading Pools) states that portable wading pools should not be permitted in childcare settings.
- Minnesota childcare licensing rules, for both childcare centers and family childcare homes, require that outdoor play areas be free of water hazards and potential sources of fecal contamination that could lead to transmission of enteric pathogens such as *Cryptosporidium* or *Escherichia coli* (*E. coli*) O157:H7.
- **Minnesota Department of Human Services Division of Licensing DHS Rule 3 for Child Care Centers does not allow wading pools for any age group.**

According to reports from the Minnesota Department of Health (MDH), each year several outbreaks of *E. coli* O157:H7 infections are identified in Minnesota in both childcare homes and centers. These outbreaks often cause disruption of parents' schedules and loss of income for the childcare provider because infected children need to be excluded from childcare until they are no longer carrying the bacteria, which can take as long as one to two months. Several other disease-causing agents, including *Giardia*, *Cryptosporidium*, and *Shigella*, are also efficiently transmitted in wading pools. All of these agents can cause severe illness in children and are common in Minnesota.

Unlike swimming pools that are treated to prevent disease transmission, wading pools are typically filled with tap water and may or may not be emptied and disinfected on a daily basis. Thus, many enteric pathogens (germs from the stool) can be easily spread by contaminated wading pool water that children may accidentally swallow while playing in the pool. Spread of these infections can occur even under the care of the most diligent and thoughtful childcare providers, since these infections can be spread even when the child only has mild symptoms. For these reasons, wading pools are not appropriate for childcare settings with infants and toddlers who are still in diapers.

In addition, children who are ill with vomiting or diarrhea should not play in any wading pool, pool, or spa. A child known to be infected with enteric pathogens such as *Cryptosporidium* or *E. coli* O157:H7 should not use any pools (see disease-specific fact sheets in Section 6). For some diseases, children should be kept out of pools for a specified time period even after the diarrhea has stopped.

In addition, the U.S. Consumer Product Safety Commission warns that young children can drown in small amounts of water, as little as two inches deep. Submersion incidents involving children usually happen in familiar surroundings and can happen quickly (even in the time it takes to answer the phone). In a comprehensive study of drowning and submersion incidents involving children under five years old, 77% of the victims had been missing from sight for five minutes or less. The Commission notes that toddlers, in particular, often do something unexpected because their capabilities change daily. Child drowning is a silent death, since there is no splashing to alert anyone that the child is in trouble.

Alternatives to wading pools include sprinklers, hoses, or small individual water buckets. All provide water play opportunities that are not potential hazards for drowning or disease transmission.

## DISCHARGE POLICY

### **MUTUAL DECISION BETWEEN PARENT AND CENTER:**

A Mutual decision may be reached between the parent and the center whereby both parties agree that placement of the child is inappropriate, and the child would better profit from another placement. Written notice of two weeks must be given or parents will be responsible for payment of fees for those two weeks. If the parent has paid fees in excess of those two week, a refund will be given.

### **PARENT INITIATED VOLUNTARY DISCHARGE:**

Circumstances may arise when parents voluntarily choose to withdraw their child from the center. A two week written notice must be given to the director stating the child's last date of attendance at the center. Parents are responsible for payment of fees for those two weeks. If the parent has paid fees in excess of those two weeks, a refund will be given.

### **CENTER INITIATED-INVOLUNTARY DISCHARGE (TERMINATION):**

Every possible action will be taken in an attempt to resolve an issue and create a correction plan prior to a center-initiated discharge. Though considered a last resort, Verndale Area Christian Academy reserves the right to terminate any enrollment. Under the guidance of the board, the director may discharge a child for the following reasons:

- A. Failure to pay fees. If payment of fees is delinquent for two weeks or more, a child may be discharged.
- B. Failure to observe or cooperate with the policies of the center. The policies of Verndale Area Christian Academy have been established to provide quality care for the children. Any parent or child who fails to follow the policies may put the children in jeopardy. Center policies will be available upon request to review.
- C. Inappropriate or abusive verbal/physical behavior toward staff or children at the center. Immediate discharge may be arranged by the director for inappropriate physical or verbal behavior on the part of parent or a child. This includes open and consistent defiance or disrespect for God and His word.
- D. Need for special services. If Verndale Area Christian Academy cannot meet the needs of a child, parents will be assisted in contacting other agencies within the community that can best serve their child.

# SUPPLIES

**INFANTS:**

- Prepared bottles of breast milk or formula (Labeled with child's name)
- Bottle for water
- Pacifiers (If child uses one)
- Disposable Diapers
- Diaper Ointment (If Using)
- Extra Formula, if used (for Emergency use only)
- Cereal or baby good (Labeled with Child's Name)
- Three sets of seasonally and size appropriate clothing

**TODDLERS (16months to 3 years):**

- Disposable Diapers or training pants
- Diaper Wipes & ointment (When Used)
- Two sets of seasonally and size appropriate clothing
- Light blanket and/or other comfort object for nap-time
- Small backpack to carry items back and forth each day
- Sweatshirt or sweater

**PRESCHOOLERS (3-5 year old):**

- One set of seasonally and size appropriate clothing
- Sweatshirt or Sweater
- Light blanket and/or other comfort object for nap-time
- Small backpack to carry items back and forth each day

**ALL CHILDREN:**

- 3 boxes of Kleenex
  - 3 Containers of Clorox Wipes
- (These will help keep germs down)

**THINGS NOT TO BRING:**

Please do not send guns or candy to the Center with your child.

As a rule, it is recommended that children do not bring toys from home unless it is for use as a comforting agent, such as a teddy bear at naptime.

Preschoolers may bring one item from home for "Show & Tell" day. We prefer that you help your child select an appropriate item (avoid anything promoting violence) and try to label it in some manner with your child's name.

Thank you for your support in keeping your children happy and safe.

## Annual Family CACFP Enrollment Form

Center Name: Verndale Area Christian Academy		First Day in Care:																																																																																															
STEP 1 List all children in the household		First Name		Last Name		Date of Birth		Enrolled in center?		Foster child?		Hours in Care		Normal Days in Care							Normal Meals Received				Race**		Ethnicity*																																																																						
												Arrive		Leave		M		Tu		W		Th		F		Sa		Su		B		AM		L		PM		D		EV																																																									
STEP 2 Infants		Ethnicity* Optional to complete		H: Hispanic or Latino -OR- N: Not Hispanic or Latino		Race** Optional to complete		I: American Indian or Alaskan Native, A: Asian, B: Black or African American, P: Native Hawaiian or other Pacific Islander, W: White		Optional to complete		Parent will provide more than 1 food item per meal/snack and decline the CACFP																																																																																					
STEP 3		Infant's Name:		Center will provide formula		Parent will provide breastmilk		The type of iron-fortified infant formula this center offers: SIMILAC ADVANCE		Do any household members currently participate in:		SNAP?		MFIP?		FDPIR?		If YES, Case Number:																																																																															
STEP 4 Complete if you do not have a case number		Adults - Full Name List all adult household members even if they don't receive income.		Gross Pay		Farm or Self-Employment		Public Assistance, Child Support, Alimony		All Other Incomes																																																																																							
		How Often		W: Weekly, B: Bi-Weekly (every other week), 2: Twice a month, M: Monthly, Y: Yearly		How Much?		How Often?		How Much?		How Often?		How Much?		How Often?		How Much?		How Often?																																																																													
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STEP 5		I certify (promise) that all information on this form is true and that all income is reported. I understand this information is given in connection with receipt of federal funds and that officials may check the information. I understand that if I purposely give false information, I may be prosecuted under applicable federal and state laws.		Last 4-digits of Social Security Number SSN (if STEP 4 is completed):		No SSN																																																																																											
		Print Name		Date		Phone																																																																																											
		Signature		City, State, Zip Code																																																																																													
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Free (A) - Foster														Free (A) - Case Number														Free (A) - Income														Reduced (B) - Income														Paid (C) - Income														How Often														HH Size													
/ 4/21 Effective Dates														TO														Signature														Date														2nd Approval																																									



CACFP: ANNUAL Child Enrollment & Household Income Statement

FARMER OR SELF-EMPLOYED

Income is your NET income (after deducting business expenses) from farm or self-employment during the year, which is generally shown on Schedule C or F from the federal tax return. A loss from farm or self-employment must be listed as zero income and does not reduce other household income for the purpose of completing this form.

SEASONAL WORKER

Income is your expected AVERAGE GROSS INCOME before deductions (NOT take-home pay) from seasonal work during the year. List your AVERAGE GROSS INCOME from seasonal work per month or other frequency.

PRIVACY ACT STATEMENT / HOW INFORMATION IS USED

The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give this information but if you do not, we cannot approve your child for free or reduced-price school meals. You must include the last four digits of the Social Security number of the adult household member who signs the application. The last four digits of the Social Security number are not required when you apply on behalf of a foster child, or you provide a Minnesota Family Investment Program (MFIP), Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservation (FDPIR) assistance number, or you indicate that the adult household member signing the application does not have a Social Security number.

Only authorized officials will have access to the information you provide on this form. We will use your information to determine if your child qualifies for free or reduced-price meals, and for administration and enforcement of the program. We may share your information with other education, health, and nutrition programs to help them evaluate, fund or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules. We require written consent from you before sharing information for other purposes.

While listing your children's race and ethnicity is voluntary, CACFP uses the percentages of participants in each racial and ethnic category to make sure CACFP is operated in a nondiscriminatory manner and in compliance with federal and civil rights laws. The information is not required and will not affect approval of benefits.

NONDISCRIMINATION STATEMENT

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

ABBREVIATIONS

B = Breakfast      AM = AM Snack      L = Lunch      PM = PM Snack      D = Dinner      EV= Evening Snack

SNAP = Supplemental Nutrition Assistance Program

MFIP = Minnesota Family Investment Program

FDPIR = Food Distribution Program on Indian Reservations

8/24/21

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