



**Georgia Division of Family and Children Services  
Out of School Services  
Youth Participation Eligibility Form**

**Page 1 of 3 - DFCS Out of School Services Program Eligibility Form**

**(DFCS funded Agency Name)**, and the Georgia Division of Family and Children Services (DFCS) are partnering to provide valuable out-of-school programs for youth in Georgia. The information provided on this form will help ensure that eligible youth are benefiting from the partnership. **Please complete this form in its entirety and return it to the identified staff person at the program site. We thank you for your cooperation.**

**Form to be completed by Parent/Custodian/Caregiver**

**Youth Information – This section must be completed in its entirety.**

Name of Youth Participant (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth (mm/dd/yy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is the youth named above in Foster Care within the state of Georgia  Yes  No

Note: If the youth is in Foster Care but not in the care of Georgia, please provide the state name \_\_\_\_\_

**Section 1**

- A. Is the youth applicant a U.S. citizen or qualified alien?  Yes  No
- B. Is the youth applicant a Georgia resident?  Yes  No
- C. Does the youth applicant fall into one (1) or more of the three categories below (Answer YES or NO and check all categories below that apply to the youth)?:  Yes  No
  - \_\_\_\_ Youth applicant is between the age of 5 and 17 years old; **OR**
  - \_\_\_\_ Youth applicant is 18 years old and currently enrolled in school (*high school, GED program or equivalent, or post-secondary institution*) and will be enrolled in AND attend school during the upcoming academic year (*Verification of school enrollment includes a letter from the school on official school letterhead*): **OR**
  - \_\_\_\_ Youth applicant is 18 - 19 years old and has a dependent child AND is the custodial parent

**If one (1) or more answers to the questions in Section 1 is NO, the youth IS NOT eligible to participate in the DFCS funded services. If the answer to ALL of the questions in Section 1 is YES, please complete the remainder of the form.**

**Section 2**

Does the youth currently receive benefits or services under any of the programs listed below (Please Note: you will have to provide official verification to the afterschool/summer program. See Appendix C for acceptable forms of verification):

|    |  | Yes | No |
|----|--|-----|----|
| A. | Temporary Assistance for Needy Families (TANF)   |     |    |
| B. | Supplemental Nutrition Assistance Program (SNAP) ( <i>also known as Food Stamps</i> )  |     |    |
| C. | Medicaid or Social Security Income (SSI)   |     |    |
| D. | Reduced or free lunch program at school – <i>Note: This eligibility is only for single youth eligibility. This is not applicable if the entire school population is awarded free lunch in universal eligibility.</i> |     |    |
| E. | Peachcare for Kids   |     |    |

**If the answer to at least one question in section 2 is YES, the youth is eligible to participate in the program and the parent/custodian/guardian may complete Section 5. Verification for receipt of services checked in Section 2 must be provided and a copy of the verification must be attached to this eligibility form. If the program does not receive verification of items checked in Section 2, the youth will not be able to participate in the program.**

**If the answer to ALL of the questions in Section 2 is NO, the parent/custodian/guardian MUST complete Section 3, Section 4 and Section 5 for eligibility determination. Verification for items listed in Section 3 and Section 4 must be provided and a copy of the verification must be attached to this eligibility form.**

**Section 3**

If you answered NO to ALL of the questions in Section 2, please review the chart below and enter your family unit size, gross household yearly income and gross household monthly income to determine eligibility.

***Family Income Eligibility for the DFCS Out of School Services Program Income Eligibility Guide***

| Number of Persons in Family Unit | Federal Poverty Level * | DFCS Out of School Services Program Annual Household Income Guidelines ** | DFCS Out of School Services Program Monthly Household Income Guidelines |
|----------------------------------|-------------------------|---|---|
| 1                                | \$15,650.00             | \$46,950.00   | \$3,912.50  |
| 2                                | \$22,150.00             | \$63,450.00   | \$5,287.50  |
| 3                                | \$26,650.00             | \$79,950.00   | \$6,62.50   |
| 4                                | \$32,150.00             | \$96,450.00   | \$8,037.50  |
| 5                                | \$37,650.00             | \$112,950.00  | \$10,787.50   |
| 6                                | \$43,150.00             | \$129,450.00  | \$12,162.50   |
| 7                                | \$48,650.00             | \$145,950.00  | \$13,537.50   |
| 8                                | \$54,150.00             | \$162,450.00  | \$14,912.50   |
| Each additional person, add      | \$5,500                 | Multiply total Federal Poverty Level by 300%                              | Divide DFCS Out of School Services Annual Household Income by 12.       |

\* Income based on the Office of the Secretary, U.S. Department of Health and Human Services (HHS) 2025 Poverty Guidelines for the 48 Contiguous States and the District of Columbia. (Source: FR Vol. 90 No. 11, Page 5917-5918, Document Number: 2025-01218) \* 300 % of the federal poverty level in effect January 17, 2025.

**Family Unit Size\*** \_\_\_\_\_  
**Gross Household Yearly Income \$** \_\_\_\_\_ **Gross Household Monthly Income \$** \_\_\_\_\_

\* See Appendix A for definition of family unit.

**Section 4**

Please complete Section 4 by listing your name, the name of the child (ren) who live with you, and the other parent of the child (ren) if s/he lives with you. List any gross monthly income for each.

| <b>Household Composition and Income</b>                            |              |                          |               |                               |                     |
|--|--------------|--------------------------|---------------|-------------------------------|---------------------|
| <i>Gross Monthly Income is income before taxes and deductions.</i> |              |                          |               |                               |                     |
| Name (First, Middle, and Last)                                     | Relationship | Date of Birth (MM/DD/YY) | Income Source | Amount (Gross Monthly Income) | How often received? |
|  | <i>SELF</i>  |                          |               |                               |                     |
|  |              |                          |               |                               |                     |
|  |              |                          |               |                               |                     |
|  |              |                          |               |                               |                     |
|  |              |                          |               |                               |                     |
|  |              |                          |               |                               |                     |
|  |              |                          |               |                               |                     |

**Section 5**

Please review and sign Section 5 as notification and signature of verification.

**Applicant Notification and Signature**

We are asking for your youth’s Social Security number because any person applying for or receiving federal benefits must give us his or her Social Security number. Federal law 409(a) (4) of the Social Security Act and federal regulations (45 CFR 264.10) allow us to collect this information.

By signing this application,

- I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I’ve provided in this application are true, and
- I promise to cooperate with any effort to verify the information provided.
- If selected to participate in the program, I promise to abide by all rules and guidelines.

**Parent/Guardian/Caregiver Information – This section must be completed in its entirety.**

Name of Parent/Guardian/Caregiver (Last, First, MI) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_

\_\_\_\_\_  
Parent/Caregiver/Guardian Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Caregiver/Guardian Signature

\_\_\_\_\_  
Date

**Official Use Only Section for DFCS Out of School Services/Summer Service Provider:**

**Total Income:** \$ \_\_\_\_\_ **Per:** Week  Every 2 Weeks  Twice monthly  Monthly **Household Size:** \_\_\_\_\_

**Annual Income Conversion:**

**Total Converted Annual Income:** \$ \_\_\_\_\_ **(Round to the nearest whole number)**

First, get the average of paystubs received by adding up paystubs, then dividing by the number of paystubs received. Next, multiply by the conversion depending on how often they are paid. Weekly x 4.3333, Every 2 Weeks x 2.1666, Twice Monthly x 2, Monthly x 1. Lastly, multiply by 12 to obtain the converted Annual Income.

By signing below, I certify the information presented within the form was reviewed, verified and confirmed\*\* and meets the DFCS out of School Services program eligibility rules and guidelines indicated within this form. I also certify that this form will be kept in the participant's file in a confidential and secure location.

\_\_\_\_\_  
Authorized Program Staff Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\*\* See Appendix B for income verification proof sources

**APPENDICES**

**\*Appendix A: Family Unit**

The Department of Human Services Temporary Assistance for Needy Families (TANF) definition of family includes the dependent child for whom assistance is requested and certain other individuals living in the home with the child who are required to be included in the family.

The following individuals are considered members of the Family Unit:

- A biological or adoptive parent of the dependent child for whom assistance is requested;
- An eligible minor sibling, (whole, half or adoptive) of the dependent child for whom assistance is requested;
- Other children living in the home who are within the specified degree of relationship to the grantee relative but who are not members of the Family Unit; and
- A non-parent relative who is the caretaker if there is no parent in the home or if the only parent in the home receives SSI.

**\*\*Appendix B: Income Proof Sources and Applicable Income Sources**

Income verification must be obtained, and a copy must be attached to the youth's income eligibility form.

**Examples of earned income verification are:**

- Pay stubs or receipts for the most recent four weeks of earnings;
- W-2 Forms;
- Employers issued, signed and dated documentation;
- Personal income ledger or tablet (e.g. self-employed)
- Quarterly income tax returns;
- Annual income tax returns when presented in January – March quarter;
- Letter/statement from employer;
- Documentation from other DFCS staff such as the eligibility CM; and/or
- Form 809 or itemized statement completed by the employer.

**Examples of unearned income verification are:**

- Copy of current check with check stubs (within last 4 weeks);
- Award letters or written, signed and dated statement of payer;
- Social Security Records;
- Worker's compensation records;
- Form 139 – Contribution statement;
- Unemployment insurance claim records;
- Georgia Gateway screen information; and/or
- STARS.

*See page 2 of Appendix B for applicable income sources.*

## Page 2 of 2 - DFCS Out of School Services Program Eligibility Form Appendix

### Applicable Income

Each of the following sources of income is budgeted in determining eligibility:

#### Earned

- Wages or salary – Gross income of the applicant is used to determine eligibility
- Net Income from Self-Employment
- Employee commission
- Jury Duty
- Rental Income – (regular and ongoing payments – if engaged in management of property for an average of 20 hours or more per week)
- Roomer Income – (regular and ongoing payments)

#### Unearned

- Military Allotments
- Cash gifts Charitable gift exceeding \$300 received from and organization receiving state or federal funds
- Inheritances
- Insurance Benefits due to Loss of Income – benefits paid from an insurance policy due to loss of income
- Social Security Benefits
- Unemployment Compensation
- Worker's Compensation
- Alimony – (regular and ongoing payments)
- Child Support – (regular and ongoing payments)
- Farm Allotment – payments received from government-sponsored programs, such as Agricultural Stabilization and Conservation Services
- Veteran's Benefits
- Capital Gains
- Interest/Annuity
- Capital Gains/Dividends
- Pension
- Trust Fund
- Disability Payment
- Boarder Income – (regular and ongoing payments)
- Rental Income – (regular and ongoing payments - if engaged in management of property for an average of 20 hours or less per week)
- Deferred compensation through retirement plan

#### **\*\*Appendix C: Acceptable Verification of Benefits or Services**

- **Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Medicaid, and PeachCare**: Official documentation showing the family/youth is currently receiving benefits at the time of application/enrollment into the Out of School Services Program (Integrated Eligibility System (IES) documentation, Official Letter from the Georgia Division of Family and Children Services outlining the receipt of benefits).
- **Supplemental Security Income (SSI)**: Award letter from the Social Security Administration
- **Free or Reduced Lunch**: Award letter identifying free or reduced lunch as established by individual family eligibility. Note: Programs may receive a listing of students receiving free or reduced lunch granted the listing is on official school letterhead with the disclaimer that all free or reduced lunch eligibility is determined by individual family application. Universal, school-wide, city-wide or district-wide free lunch does not qualify as an acceptable point of eligibility for the DFCS Afterschool Care Program.

**Georgia Division of Family and Children Services  
Prevention and Community Support (PCS)  
Out of School Services**



**NON-INCOME DECLARATION FORM**

I, Mr. /Mrs. /Ms. \_\_\_\_\_

Parent and/or guardian of \_\_\_\_\_

hereby declare that I do not have any income at this time.

**I have not received income from any of these sources:**

- Wages from employment (Ex: commissions, tips, bonuses, fees etc.)
- Income from a business I own
- Rental income from the place I live or other property I own
- Interest of dividend from assets
- Social Security payments (including SSA or SSI), annuities, insurance policies, retirement funds, pension, or death benefits
- Unemployment or disability payments
- Public Assistance payments (Ex: TANF)
- Child support, alimony or gifts received from persons not living in my household
- Any other source not named above

***I swear, under penalty of perjury, that to the best of my knowledge, all the information and statements I've provided in this application are true, and I promise to cooperate with any effort to verify the information provided.***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## **Parental Permission for Photo Release**

Page 1 of 2

**Page two of this document requests your permission for the Georgia Division of Family and Children Services (DFCS) Prevention and Community Support (PCS) to take and use photographs of your child and other Out of School Services staff. When we tell others the story about DFCS PCS Out of School Services, it would be helpful to share photographs of the statewide participants. Pictures can enhance people's understanding about who is involved in the program and what activities and services are being conducted. If you have more than one child, this form should be completed for each child participating in DFCS PCS Out of School Services.**

**If you agree for us to take and use these photographs, our use of them will include, but will not necessarily be limited to the following: publications about the program; recruitment activities to reach additional youth who might participate in the future; and/or reports about the program to supporters and others who are interested in the program's outcomes.**

**If you have any questions regarding the Photo Release Form, please contact DFCS PCS Out of School Services at [gadfccs.prevention@dhs.ga.gov](mailto:gadfccs.prevention@dhs.ga.gov).**

**Georgia Division of Family & Children Services  
Prevention and Community Support  
Out of School Services**

**Photo/Video  
Release Agreement**

**\_\_\_\_\_ County, Georgia**  
**School/Organization Name: \_\_\_\_\_**

1. I, the undersigned, consent and agree that still photographs, motion pictures, or television presentations in the form of either live or video tape may be made of myself, my child (ren) by the Georgia Division of Family and Children Services.
2. This release gives the Georgia Division of Family and Children Services the right to use the above-listed visual material in conjunction with the teaching, instruction, training, information, and education of employees of the Department or the general public.
3. Further, I hereby release the Georgia Division of Family and Children Services and forever discharge any claim of any nature against them as long as the material is used in compliance with the above-stated paragraph 2.
4. I grant this consent as (parent-guardian) a voluntary contribution in the interest of the said reasons listed in paragraph 2.
5. I understand this Photo/Video Release Agreement does not apply to children in foster care. I further understand if my child is in the foster care system within Georgia, they are not allowed to be photographed or included in motion pictures or television.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Address \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Telephone \_\_\_\_\_

**Photo Description: Participation in DFCS funded Out of School Services activities.**

Children Participating in Program:

|            |           |
|------------|-----------|
| Name _____ | Age _____ |
| _____      | _____     |
| _____      | _____     |

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Photographer or producer or witness: \_\_\_\_\_**

**GEORGIA DIVISION OF FAMILY & CHILDREN SERVICES**  
**Prevention and Community Support**  
**Out of School Services**

**Field Trip Declaration Form**

**Name of Organization:** \_\_\_\_\_

**Address of Organization:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Contact Phone Number for Organization:** \_\_\_\_\_

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**Declaration Statement**

By signing below, I understand the youth who participate in the **School/Organization Name** afterschool/summer program may participate in various fieldtrips throughout the contract period from October 1, 2025, ending September 30, 2026, funded by DFCS PCS Out of School Services. In consideration of the youth for the opportunity to participate **in field trips, School/Organization Name** hereby releases, indemnify, and hold harmless the Georgia Department of Human Services from any liability, claim or demand resulting from such participation. I understand this form must be kept on file at the afterschool/summer site always indicated above.

.....

\_\_\_\_\_  
**Printed Legal Name of Contractor Authorized Staff**

\_\_\_\_\_  
**Title**

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

\_\_\_\_\_  
**Signature of Contractor Authorized Staff**



Childcare Application (ALL students)  
 Immunizations (ALL students)  
 \$25 Registration Fee (School Year and Summer)

**Please fill out this form completely. Any field that does not apply, write N/A.**

*Thomasville Community Resource Center, Inc.*  
**Registration Form**

**SECTION I: CHILD'S PERSONAL INFORMATION**

|                           |                            |                             |
|---------------------------|----------------------------|-----------------------------|
| <b>A. Legal Last Name</b> | <b>B. Legal First Name</b> | <b>C. Legal Middle Name</b> |
|---------------------------|----------------------------|-----------------------------|

|  |               |
|--|---------------|
| <b>D. Date of Birth (MM/DD/YYYY)</b>                                 | <b>E. Age</b> |
| <b>F. Gender</b> Male                  Female                  Other |               |

|                                   |  |                 |  |                    |  |
|-----------------------------------|--|-----------------|--|--------------------|--|
| <b>G. Home Address</b>            |  |                 |  |                    |  |
| <b>H. P.O. Box/Apt #</b>          |  |                 |  |                    |  |
| <b>I. City</b>                    |  | <b>J. State</b> |  | <b>K. Zip Code</b> |  |
| <b>L. Parent or Guardian Name</b> |  |                 |  |                    |  |
| <b>M. Cell Phone Number</b>       |  |                 |  |                    |  |
| <b>N. Alternate Phone Number</b>  |  |                 |  |                    |  |
| <b>O. Email Address</b>           |  |                 |  |                    |  |

**SECTION II: CHILD'S SCHOOL INFORMATION**

|  |  |
|--|--|
| <b>A. Grade Level (upcoming school term)</b> |  |
|--|--|

|                            |  |
|----------------------------|--|
| <b>B. School Attending</b> |  |
|----------------------------|--|

|                                     |     |    |                                       |
|-------------------------------------|-----|----|---------------------------------------|
| C. Is the student an ESOL* student: | Yes | No | * <i>English as a second language</i> |
|-------------------------------------|-----|----|---------------------------------------|

**SECTION III: CHILD'S DEMOGRAPHIC INFORMATION**

|              |                     |                                  |
|--------------|---------------------|----------------------------------|
| A. Ethnicity | Black, Non-Hispanic | Hawaiian Native/Pacific Islander |
|              | White, Non-Hispanic | Alaska Native/American Indian    |
|              | Asian               | Hispanic/Latino                  |
|              | Other - Specify:    |                                  |

|  |  |    |
|--|--|----|
| B. Is the student a special needs student? | Yes  | No |
|  | If yes, please specify the child's special need(s):<br>_____ |    |

**SECTION IV: CHILD'S HOUSEHOLD INFORMATION**

|                            |                    |              |
|----------------------------|--------------------|--------------|
| A. Participant Lives With: | One parent         | Group Home   |
|                            | Both parents       | Grandparents |
|                            | Guardian/Caregiver | Other        |
|                            | Foster Home        |              |

|   |
|---|
| B. How many people are in your household? |
|---|

**SECTION V: PARENT/GUARDIAN DECLARATORY STATEMENT**

I (print name) \_\_\_\_\_ certify that all the information given in this form is correct and true to the best of my knowledge. I understand that providing false information may result in my child not being able to participate in Out of School Services.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date

|                               |                |
|-------------------------------|----------------|
| <b>BUSINESS OFFICE</b>        |                |
| \$25.00 Registration Pay Date | ____/____/____ |
| Staff Name                    | _____          |



501 Varnedoe Street  
Thomasville, Georgia 31792  
Phone: (229) 226-5846 Fax: (229) 226-4595

**Program Enrollment  
(Check all that Apply)**

- Early Learning**
- Afterschool**
- Off Site**
- Summer**

## CHILDCARE ENROLLMENT APPLICATION

**Application Received**

**Enrollment Date:**

**Withdrawal Date**

**Child's Information:**

|                                    |       |                                |               |
|------------------------------------|-------|--------------------------------|---------------|
| Child's First, Middle, & Last Name | Sex   | Age                            | Date of Birth |
| Home Address                       |       | Home Telephone                 |               |
| City                               | State | Zip                            |               |
| School Child Attends               | Grade | Allergies/Allergic to Anything |               |

**Child's Parents:**

|                              |                                   |                 |
|------------------------------|-----------------------------------|-----------------|
| Father's Name                | Address (if different from child) |                 |
| Father's Place of Employment | Address of Employment             | Business Number |
| Cell Phone Number            | Home Phone Number                 |                 |
| Father's Email Address       |                                   |                 |
| Mother's Name                | Address (if different from child) |                 |
| Mother's Place of Employment | Address of Employment             | Business Number |
| Cell Phone Number            | Home Phone Number                 |                 |
| Mother's Email Address       |                                   |                 |

Prior Afterschool/Summer Camp/ ~ Services Provided:

(Please check all that apply)

- Recreation/Enrichment
- Tutoring
- Homework Help
- Academic Enrichment
- Other: (Please \_\_\_\_\_  
Specify)

Why did you leave your last provider?

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**Household Information:**

Child's Living Arrangements:

|                                  |        |        |       |
|----------------------------------|--------|--------|-------|
| Both Parents<br>(Please Specify) | Mother | Father | Other |
| _____                            |        |        |       |

Child's Legal Guardian(s):

|                                  |        |        |       |
|----------------------------------|--------|--------|-------|
| Both Parents<br>(Please Specify) | Mother | Father | Other |
| _____                            |        |        |       |

**PLEASE COMPLETE ALL LINES THAT APPLY.**

**Contact Information: All information must include full address and phone numbers or application WILL NOT BE ACCEPTED.**

|               |                   |
|---------------|-------------------|
| Father's Name | Cell Phone Number |
|---------------|-------------------|

|                   |                   |
|-------------------|-------------------|
| Work Phone Number | Home Phone Number |
|-------------------|-------------------|

|               |                   |
|---------------|-------------------|
| Mother's Name | Cell Phone Number |
|---------------|-------------------|

|                   |                   |
|-------------------|-------------------|
| Work Phone Number | Home Phone Number |
|-------------------|-------------------|



## CHILD TO BE RELEASED TO OR IN THE EVENT OF AN EMERGENCY

Child may be **RELEASED** to person signing this agreement or to the following. This person can also be contacted in the **EVENT OF AN EMERGENCY** and the parent(s) cannot be reached. (These names are the only ones that will be allowed to pick up students): **PLEASE COMPLETE ALL AREAS INCLUDING ADDRESS**

| Full Name | Full Address<br>(City, St, Zip) | Phone Number | Relationship to<br>Child |
|-----------|---------------------------------|--------------|--------------------------|
| _____     | _____                           | _____        | _____                    |
| _____     | _____                           | _____        | _____                    |
| _____     | _____                           | _____        | _____                    |
| _____     | _____                           | _____        | _____                    |
| _____     | _____                           | _____        | _____                    |
| _____     | _____                           | _____        | _____                    |

Medical History:

|                   |   |
|-------------------|---|
| Child's Physician | Clinic Name (Child's Primary Health Source) |
| Physician Address | Physician Telephone Number                  |

My child has the following special need(s). Please describe any known allergies or other physical problems, mental health disorders, or developmental/intellectual disabilities:

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The following special accommodation(s) may be required to most effectively meet my child's needs while at the Resource Center:

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My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies or health concerns:

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*\*\* Evidence of age-appropriate immunizations or a signed affidavit against such immunizations is required to be on file in the Resource Center’s office in order to complete the enrollment process.*

Medical Facility the Center Uses: **Archbold Hospital,  
507 Gordon Avenue  
Thomasville, GA 31792**

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Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_



## PARENT AGREEMENT

1. The Thomasville Community Resource Center [TCRC] agrees to provide childcare for

\_\_\_\_\_ **Name of Child** \_\_\_\_\_ **Days of the week**  
from \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m. My child will participate in the following meal plan:

(check all boxes of meals and snacks that apply):

**Breakfast**                      **Morning Snack**                      **Lunch**                      **Afternoon Snack**

2. Before any medication is dispensed to my child, I will provide a written authorization which includes: date, name of child, name or medication, prescription number, if any dosage; date and time of day medication are to be given to child. Medicine must be in the original container with my child’s name marked on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s), person authorized by parent(s), or facility personnel.
4. I acknowledge it is my responsibility to keep my child’s records current to reflect significant changes as they occur, e.g. telephone numbers, work location, emergency contacts, child’s physician, child’s health status, and immunization records, etc.
5. The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which involve or affect my child.
6. The Thomasville Community Resource Center, agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
7. In event of an emergency involving my child and if the Center cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.
8. My child’s physician or clinic’s name:

|                   |   |
|-------------------|---|
| Child’s Physician | Clinic Name (Child’s Primary Health Source) |
| Physician Address | Physician Telephone Number                  |

9. I have received a copy and agree to abide by the childcare policies and procedures for Thomasville Community Resource Center.

|                                    |      |
|------------------------------------|------|
| Signature of Parent/Legal Guardian | Date |
| Signature Program Manager          | Date |



## **PUBLICATIONS, VIDEO, INTERNET CONSENT RELEASE FORM**

Students who attend the early learning, after school and summer program at the Thomasville Community Resource Center are occasionally asked to be part of school and/or district publicity, publications and/or public relations activities. TCRC takes advantage of the benefits of modern media and technology. Students' images may appear in pictures, brochures, newsletters, newspapers, annual reports, videos, television programs, commercials, web sites, and/or audiotapes. This release shall be binding upon and inure to the benefit of the partners, their successors, assigns and personal representatives. Please take the time to review the following Consent Release Form and select an appropriate option.

**PARENTS: PLEASE SIGN THIS FORM AND RETURN IT TO THE TCRC STAFF AS SOON AS POSSIBLE. YOUR CHILD MAY APPEAR IN ANY OF THE MARKETING/PROMOTIONAL PROJECTS LISTED BELOW FOR INDIVIDUAL SCHOOLS OR THE SCHOOL SYSTEM.**

My child **has** permission to be photographed for TCRC's publications, video and/or website by TCRC staff and the news media.

**I do not** want my child to be photographed for TCRC public relations activities.

**Be it known, that by granting TCRC permission, you jointly and generally forever release, discharge, acquit and forgive TCRC from any and all claims, actions, suits, agreements, liabilities, and proceedings of every nature and description both at law and in equity arising from the use of the undersigned's image in any medium.**

**\*\*\*\*\*TCRC has no control of media use of pictures/statements that are taken without permission\*\*\*\*\***

---

**Child's Name (Please Print)**

---

**Signature of Parent/Legal Guardian**

---

**Date**



**TRANSPORTATION AGREEMENT  
(For After School Only)**

This is to certify that I give Thomasville Community Resource Center permission to transport my child:

\_\_\_\_\_ from \_\_\_\_\_  
(Name of Child) (Name of School)

at \_\_\_\_\_ (a.m./p.m.) to Thomasville Community Resource Center at  
501 Varnedoe Street at \_\_\_\_\_ (a.m./p.m.) on the following days:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

\_\_\_\_\_ is approximately \_\_\_\_\_ miles from the Center.  
(Name of School)

In the event that my child is not to be transported as outlined above, I agree to notify the Thomasville Community Resource Center, **at least one (1) hour in advance.**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



## VEHICLE EMERGENCY MEDICAL INFORMATION

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

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

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Business Phone Number

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Business Phone Number

List child's special need(s). Please describe any known allergies or other physical problems, mental health disorders, or developmental disabilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use on a daily basis for a chronic condition(s):

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Child's Physician

\_\_\_\_\_  
Physician Telephone Number

Child(ren) will be taken to **Archbold Hospital (507 Gordon Avenue, Thomasville, Georgia)** unless, and if determined, that it is medically necessary to transport elsewhere.

**IN THE EVENT OF AN EMERGENCY INVOLVING MY CHILD, AND IF THE THOMASVILLE COMMUNITY RESOURCE CENTER CANNOT CONTACT ME, I HEREBY AUTHORIZE ANY NEEDED EMERGENCY MEDICAL CARE. I FURTHER AGREE TO BE FULLY RESPONSIBLE FOR ALL MEDICAL EXPENSES INCURRED DURING THE TREATMENT OF MY CHILD.**

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

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed by

\_\_\_\_\_  
Date



## BUS/VAN PICKUP POLICY

**Our pick-up is directly related to weekly paid attendance records. As you know, our policy is to collect fees on the Friday, prior to each week that your child attends our afterschool program. Based on the fees, we have received by Monday noon each week, we develop our pick-up schedule for that week. Our drivers are given a list of the students that are expected to be pick up each day from school, based on our list of paid registrants for that morning.**

The public school that your child attends is responsible for making sure your child is in line and waiting for the bus. If your child is **NOT** in line, our driver will ask the teacher on duty if they know where your child is, but we are only responsible for waiting if the teacher can assure us that your child is actually on his/her way to the bus line at that time. We cannot hold up other buses and students at the other schools while searching for your child.

**\*\*We are NOT responsible for picking up your child after school under the following conditions:**

1. **If you have not paid for the week by Monday at noon (if we do not have payment, we assume your child is not attending that week unless other arrangements have been made in advance).**
2. **If your child is kept after school and/or is not in line when our bus or van arrives at the school.**
3. **If your child is picked up at school by someone else (if your child is being picked up by someone else, we would greatly appreciate a phone call or message, so we know at least one (1) hour in advance, not to look for your child).**
4. **If your child has been suspended due to behavior.**

**It is our policy to return to the school to pick up a missed child ONLY IF WE forgot the child or it was our fault in some way the child was not picked up. We cannot return to the school if it was YOUR CHILD'S FAULT or YOUR FAULT that your child was not picked up. In those instances, it becomes the responsibility of the school and/or parent.**

**In the event that your child is transported to TCRC by one of the local school systems, the student will not become the responsibility of TCRC until they have arrived at TCRC and have been received by TCRC staff.**

Please feel free to contact Thomasville Community Resource Center at (229) 226-5846, if you have additional questions regarding the bus policy.

I have read and agree to abide by the bus policy described above.

\_\_\_\_\_  
Program Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian



## STUDENT BEHAVIOR GUIDELINES

It is important that students follow guidelines so that we can all enjoy our day in a way that is safe, fair, and fun for everyone. Students must express their thoughts and feelings **WITHOUT** using physical or verbal aggressive behaviors such as hitting, slapping, pushing, kicking, punching, fighting, bullying, name calling, cursing, etc. The **first time** a student uses a physically aggressive behavior such as hitting, shoving, pushing, kicking, slapping, or punching, the students' parents will be contacted immediately and **the student will be suspended from the program for 5 days**. If the student uses physically aggressive behavior a **second time, he/she will be expelled from the program for the remainder of the school year and/or the summer program**. **BULLYING IS ABSOLUTELY NOT TOLERATED IN OUR PROGRAM!** We are committed to creating a safe, respectful, and inclusive environment for all children. If a child engages in bullying behavior—whether physical, verbal, or emotional—they will face immediate consequences. Depending on the severity of the situation, this may include a meeting with staff, a behavior plan, or, if the behavior continues, dismissal from the program. Our goal is to foster kindness, respect, and positive interactions among all participants. Parents will be notified if any bullying incidents occur, and we encourage open communication to ensure every child feels safe and supported. The students that are enrolled in our program are expected to follow the staff's directions and participate in all activities sponsored by the program. **If your child refuses to comply with staff's directions or refuses to participate in the activities they will be suspended for 3 days, and if the behavior continues the student will be dismissed from the program.**

At all ages we will advise children of what behavior is considered acceptable. For minor infractions such as excessive loudness, running, disrespectful communication, whining, throwing, and not following directions, the following procedures will apply:

1. **Inappropriate behavior begins: Verbal Warning and Parent is notified**
2. **Behavior Continues: Written Warning and Parent receives a copy of the warning**
3. **Behavior Continues: Office Referral to the Program Manager, and 1-day suspension from the program**
4. **Behavior Continues: 3 to 5 day suspension from the program**
5. **Behavior Continues: Dismissal from the program**

**\*After 3 documented infractions, the Site Manager, Program Director, and parent will meet to determine whether or not the child should remain in the program.**

Students will never be subject to discipline that is severe, humiliating, or frightening. We will never allow discipline to be associated with food or rest. Spanking or other forms of corporal punishment is prohibited. Parental involvement will be requested if our discipline policy becomes ineffective with a student.

**Specific rules, procedures, and consequences will vary by site and age. Consequences may include time outs, missing special activities, written behavior contracts, suspension, and dismissal from the program.**

---

Student Signature (Please Print)

---

Date

---

Signature of Parent/Legal Guardian

---

Date



## **PHYSICAL or MENTAL ABUSE, SEXUAL ABUSE, and SEXUAL MOLESTATION PREVENTION POLICY**

Thomasville Community Resource Center does not permit actual or threatened acts of physical or mental abuse, sexual abuse, sexual molestation or sexual misconduct ("prohibited conduct") to occur in the workplace or at any activity sponsored by or related to it. In order to make this "zero-tolerance" policy clear to all employees, volunteers, and staff members, we have adopted mandatory procedures that employees, volunteers, family members, board members, individuals, and victims must follow when they reasonably suspect, learn of or witness prohibited conduct. Abuse or molestation means each, every, and all actual, threatened, or alleged acts of physical or mental abuse, sexual abuse, sexual molestation, or sexual misconduct performed by one person or by two or more persons acting together.

### **Reporting Procedure**

All staff members who learn of, have a reasonable suspicion of prohibited conduct must immediately report it to their supervisor. Supervisor is responsible for contacting Associate/Executive Director to investigate. If the victim is an adult, abuse or neglect will be reported by this designee to the local or state police and/or Adult Protective Services (APS) Agency. If a child is the victim of abuse or neglect the designee will report it to the local or state police and/or Child Abuse Agency. Appropriate family members of the victim must be notified immediately of suspected child abuse or neglect.

### **Investigation & Follow Up**

We take allegations of prohibited conduct seriously. Once the allegation is reported we will promptly, thoroughly, and impartially initiate an investigation to determine whether there is a reasonable basis to believe that the prohibited conduct has occurred and that it was committed by the target(s) of the investigation. The investigation may be undertaken by an internal team comprised of fellow employees or we may hire an independent third party. We will cooperate fully with any investigation conducted by law enforcement or regulatory agencies and we may refer the complaint and the result of our investigation to those agencies. We reserve the right to place the target(s) of the investigation on an involuntary leave of absence or reassigning that person to responsibilities that do not involve personal contact with individuals or students. To the fullest extent possible, but consistent with our legal obligation to report suspected prohibited conduct to appropriate authorities, we will endeavor to keep the identity(ies) of the target(s) and the alleged victim(s) confidential. If the investigation substantiates the allegation, our policy provides for disciplinary penalties, including but not limited to termination of the target's relationship with our organization.

### **Retaliation Prohibited**

We prohibit retaliation against anyone, including an employee, volunteer, board member, student, or individual who in good faith reports prohibited conduct. Retaliation against a participant in the investigation is also prohibited. Anyone who retaliates against someone who has made a good faith allegation of prohibited conduct or intentionally provides false information to that effect will be subject to discipline, up to and including termination. (Acknowledgment continued on next page)



**ACKNOWLEDGMENT OF RECEIPT OF PHYSICAL or MENTAL ABUSE,  
SEXUAL ABUSE, SEXUAL MOLESTATION, AND SEXUAL MISCONDUCT  
POLICY**

I, \_\_\_\_\_, acknowledge that I have received and read the physical or mental abuse, sexual abuse, sexual molestation, and sexual misconduct policy immediately preceding my signature below. I understand that I am bound to follow the policy and understand the consequences in the event that I fail to do so.

\_\_\_\_\_  
**Employee/Volunteer/Parent (Please Print)**

\_\_\_\_\_  
**Signature of Employee/Volunteer/Parent**

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

Date(s) of Annual Review(s): (employee/volunteer to write date in his/her own handwriting. Add additional sheets if necessary).

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_



**THOMASVILLE COMMUNITY RESOURCE CENTER**  
501 Varnedoe Street  
Thomasville, GA 31792  
Phone: (229) 226-5846 Fax: (229) 226-4595  
Email:

**RELEASE OF RECORDS  
(For After School Only)**

This is to authorize \_\_\_\_\_ to release my child’s grade records to the Thomasville Community Resource Center (TCRC) for their afterschool program for my child(ren) listed below.

Student’s Name: \_\_\_\_\_  
DOB: \_\_\_\_\_

Student’s Name: \_\_\_\_\_  
DOB: \_\_\_\_\_

Student’s Name: \_\_\_\_\_  
DOB: \_\_\_\_\_

I decline due to my child not attending the afterschool program.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date



## **PARENT HANDBOOK ACKNOWLEDGEMENT**

In order to provide the most effective communication to parents regarding activities and/or resources for your child, various types of information are presented in an annual student handbook. Our desire is to involve parents in the education of their children. We want parents to understand the daily activities and the expected behavior for their children while they are at the center, attending a program function, or are in route to a program related function.

Your signature below indicates that you have reviewed the student handbook and understand its contents. Please sign the form below and return it to your child's after school teacher. If you have any questions, please contact the Thomasville Community Resource Center at (229) 226-5846.

---

**Child's Name (Please Print)**

---

**Signature of Parent/Legal Guardian**

---

**Date**



**AMENDMENT TO PARENT/STUDENT HANDBOOK  
FEES FOR EARLY LEARNING / AFTER SCHOOL/ SUMMER PROGRAM**

- \*K-2 Early Learning Class Fees.....\$100.00 weekly
- \*K-3 Early Learning Class Fees.....\$100.00 weekly
- \*After School Program Fees.....\$65.00 weekly
- \*Summer Program Fees.....\$100.00 weekly
- \*Program Registration Fee (for school year and summer) .....\$25.00 per Family  
**(Non-Refundable)**

Weekly fees must be paid in the form of **CREDIT OR DEBIT CARD ONLY** online through the weekly invoice sent via email. **WE DO NOT ACCEPT CASH**. For your convenience, credit or debit card payments can be made in the office between **7:30 a.m. – 4:30 p.m.**

Parents making payments for more than one child will receive **ONE** invoice. The invoice sent will reflect the amount for that specific child. We ask that you please select the edit amount button next to the payment amount and pay the full amount (the amount of the invoice + the amount for any other child(ren) through that one invoice.

**There is no fee reduction for absences, vacations or holidays unless our facility is closed.**

If fees are not paid by Monday **a \$10 late fee will be applied**. A letter (by email) will be sent stating student will not be permitted to return until fees are paid in full. Students dropped off will not be accepted until fees have been paid in full. If payment is not made by Thursday, the child will be unenrolled. If spot is no longer available child will be placed on the wait list.

If a child does not attend for the week, **a fee of \$25** must be paid to hold their spot (**2x a year only**) if the child anticipates returning to TCRC. If the fee is not paid, child will lose their slot and a student from the waiting list will be enrolled.

**Weekly fees are not prorated.** If a child leaves TCRC indefinitely and wishes to return sporadically on school vacation days, the child may return under the following conditions:

- Availability of opening
- Daily Rate: \$20 daily
- For After school day(s): \$10 a day

**Late Fees:**

Should your child be left at the center after the end of the program day (**5:30 p.m. in the summer, 6:00 p.m. during the school year**), you will be expected to pay a late fee of **\$1.00 for every minute, for example, if you are 15 minutes late you will pay \$15.00**. Payment is due at the time of pick up or you will be charged to your account. Staff expects to go home when their shifts are finished; please help us to get everyone home on time. Should you have an emergency and need to be late, please notify the Center.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

# ***"Ready to Ride"***

## ***Thomas County Schools Bus Behavior Contract***

- **I Pledge to:** Be on time to the bus stop (*at least 5 minutes before the bus arrives*) and stand patiently and respectfully with the rest of my peers. Respect personal property at bus stop and on bus. I will respect bus property. **(Parents will pay for any damages to the bus)**
- I will wait for the bus to come to a complete stop before boarding or disembarking from the bus. If you need to cross the road wait for the driver to signal you to do so. All electronic devices are left up to the discretion of the driver, except when getting on and off the bus it should be in their backpacks.
- Students will load or unload ONLY at their designated stop unless they have a permission slip signed by the principle of their school.
- The school bus is an extension of the classroom. Students must have the same conduct on the bus as in the classroom.
- Help students who are bullied. DO NOT throw, spit, kick, or hit.
- Treat everyone with respect, including myself. DO NOT leave trash, food, etc. on the bus.
- Stop talking at railroad crossings. DO NOT put any objects outside the window.
- Talk with a quiet voice and say things that are only positive and helpful to those around me. Talk kindly to others. No fighting, pushing, or sexual harassment.
- Remain in my seat and keep my hands and feet to myself. STAY seated (seat to seat, back to back). DO NOT leave seat while bus is in motion. DO NOT put anything in the aisle. DO NOT push or shove others.
- Obey the bus driver at all times and treat him/her with respect. DO NOT distract the driver. Give the driver my name when asked.

(Please return this portion to the bus driver) **Riding the bus is a privilege NOT a right!**

Student's Full Name \_\_\_\_\_ School \_\_\_\_\_  
 Homeroom Teacher \_\_\_\_\_ Bus # \_\_\_\_\_

Home Address (No P.O. Boxes) \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Secondary Address \_\_\_\_\_ City \_\_\_\_\_

Parent or Guardian assigned to the bus stop \_\_\_\_\_  
 (For Pre-K through 3<sup>rd</sup> grade)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medical conditions and/or medications that the driver needs to be aware of for your child:

\_\_\_\_\_  
 \_\_\_\_\_

I am a student who understands what I have read. I agree to follow the bus rules set by Thomas County School System and the Ready to Ride expectations in order to make it a safe ride for myself and other students.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**CACFP/SFSP Meal Benefit Income Eligibility Statement\***  
**Center Name: Thomasville Community Resource Center (TCRC)**

| <b>PART I: Child(ren) or Adult enrolled to receive day care</b> |   |  |                          |                          |                          |                          |
|---|---|--|--------------------------|--------------------------|--------------------------|--------------------------|
| Name: (Last, First and Middle Initial)                          | SNAP, TANF, or FDIPIR case number, or Client ID number for children only. All the above, or SSI or Medicaid case number for Adults. <b>Note:</b> Do not use EBT numbers. Write case number and proceed to Part III. | Children in Head Start, foster care and children who meet the definition of migrant, runaway, or homeless are eligible for free meals. Check (✓) all that apply. (See definitions in FAQs) |                          |                          |                          |                          |
|   |   | Head Start   | Foster Child             | Migrant                  | Runaway                  | Homeless                 |
|   |   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|   |   | <input type="checkbox"/>   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)**  
**Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.**

**A. Child Income<sup>1</sup>** - Sometimes children in the household earn or receive income. Please indicate the TOTAL Child Income/How often? (i.e., weekly, monthly, etc.)  
 income received by child household members listed in PART I here. \$ \_\_\_\_\_/\_\_\_\_\_

**B. Other Household Members<sup>1</sup>**. List all household members even if they do not receive income. Also, list the adult participant if he/she did not meet eligibility in Part I. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only along the frequency i.e., twice a month, weekly, etc. If they do not receive income from any source, write '0'. If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.

| Name of Other Household Members (First and Last) | 1. Earnings from work before deductions / How often? | 2. Subsidies, child support, alimony / How often? | 3. Social Security, pensions, retirement / How often? | 4. All other income / How often? |
|--|--|---|---|----------------------------------|
| 1. _____   | \$ _____/_____                                       | \$ _____/_____                                    | \$ _____/_____  | \$ _____/_____                   |
| 2. _____   | \$ _____/_____                                       | \$ _____/_____                                    | \$ _____/_____  | \$ _____/_____                   |
| 3. _____   | \$ _____/_____                                       | \$ _____/_____                                    | \$ _____/_____  | \$ _____/_____                   |
| 4. _____   | \$ _____/_____                                       | \$ _____/_____                                    | \$ _____/_____  | \$ _____/_____                   |
| 5. _____   | \$ _____/_____                                       | \$ _____/_____                                    | \$ _____/_____  | \$ _____/_____                   |

**C. Total Household Members (Adults and Children) listed in Part I and Part II** \_\_\_\_\_

**Social Security Number.** If Part II B is completed and household members are listed (with or without income), the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). **Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.**

Last four Digits of Social Security Number XXX-XX \_\_\_\_\_  I do not have a Social Security Number

**PART III: Enrollment Information: *Children Only***

My child is normally in attendance at the facility between the hours of \_\_\_\_\_ [am/pm] to \_\_\_\_\_ [am/pm].  (✓) Check here if only before/after school care is provided.

Circle the days your child will normally attend the center: **Sunday** **Monday** **Tuesday** **Wednesday** **Thursday** **Friday** **Saturday**

Circle the meals your child will normally receive while in care: **Breakfast** **AM Snack** **Lunch** **PM Snack** **Supper** **Evening Snack**

**PART IV: Signature**

*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 get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposefully give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted. This signature also acknowledges that the child(ren) or adult listed on the form in Part I are enrolled for care. If not completed fully and signed, the participant will be placed in the Paid category.*

Signature: **X** \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

\*This application is a revision of USDA's newly released meal benefit prototype and meets all legal requirements and reflect design best practices identified by USDA through focus testing and other research.

**PART V: Participant's Ethnic and Racial Identities: *The use of racial and ethnic data is to ensure compliance with USDA nondiscrimination requirements only. Providing information in Part V is voluntary. Your response or lack of response will not impact the participant's eligibility for meals.***

Check (✓) one ethnic identity:  Hispanic/Latino  Not Hispanic/Latino

Check (✓) one or more racial identities:  American Indian or Alaskan Native  Asian  Black or African American  Hawaiian or other Pacific Islander  White  Multiracial

**Official Use Only Section for Provider: Annual Income Conversion: Weekly x 52, Every 2 weeks x 26, Twice a month x 24, Monthly x 12**

**Total income:** \_\_\_\_\_ **Per:**  Week  Every 2 weeks  Twice a month  Monthly  Year **Household Size:** \_\_\_\_\_

**Categorical Eligibility:** check (✓) if applicable  **Eligibility:** check (✓) one Free  Reduced  Paid

**Day Care Homes Only:** check (✓) one Tier I  Tier II

When more than one person is performing CACFP duties, there must be at least two signatures on this form: one signature from the Determining Official (the official who determined initial income classification) and one signature from the Confirming Official (the official who verified the form's accuracy).

**Determining Official's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Confirming Official's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Follow Up Official's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_