



## Admission Information

Use this form to collect all required information about a child enrolling in day care.

**Directions:** The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

General Information			
Operation's Name: 1777816		Director's Name: Tina Green	
Child's Full Name:	Child's Date of Birth:	Child Lives With: <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address:	Date of Admission:	Date of Withdrawal:	
Name of Parent or Guardian 1:	Address of Parent or Guardian 1 if different from the child's:		
Name of Parent or Guardian 2:	Address of Parent or Guardian 2 if different from the child's:		
List phone numbers below where parents or guardian may be reached while child is in care.			
Parent 1 Area Code and Phone No.:	Parent 2 Area Code and Phone No.:	Guardian's Area Code and Phone No.:	Custody Documents on File: <input type="radio"/> Yes <input type="radio"/> No
<b>In case of an emergency, when the parent or guardian cannot be reached, call:</b>			
Name of Emergency Contact:		Relationship:	Area Code and Phone No.:
Address:			
I authorize the child care operation <b>to release</b> my child to leave the child care operation <b>only</b> with the following persons. Please list name and phone number for each. Children will only be released to a parent or guardian or to a person designated by the parent or guardian after verification of ID.			
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	
Name:		Area Code and Phone No.:	

Consent Information	
<b>1. Transportation:</b>	
I give consent for my child to be transported and supervised by the operation's employees. Check all that apply. <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips <input type="checkbox"/> to and from home <input type="checkbox"/> to and from school	
<b>2. Field Trips:</b>	
<input type="radio"/> I give consent for my child to participate in field trips. <input type="radio"/> I do not give consent for my child to participate in field trips.	
Comments:	
<div></div>	

### 3. Water Activities:

I give consent for my child to participate in the following water activities. Check all that apply.

☐ water table play ☐ sprinkler play ☐ splashing or wading pools ☐ swimming pools ☐ aquatic playgrounds

Is your child able to swim without assistance?

☐ Yes ☐ No

If no, your child is required to wear a life jacket while in or near a swimming pool.

Does your child have any physical, health, behavioral or other condition that would put them at risk while swimming?

☐ Yes ☐ No

If yes, your child is required to wear a life jacket while in or near a swimming pool.

Do you want your child to wear a life jacket while in or near a swimming pool?

☐ Yes ☐ No

\*A competent swimmer can enter and exit a pool safely on their own, tread water or float on their back for one minute, and swim 25 yards with no assistance.

### 4. Receipt of Written Operational Policies:

I acknowledge receipt of the facility's operational policies, including those for the following. Check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Discipline and guidance   | <input type="checkbox"/> Procedures for release of children  |
| <input type="checkbox"/> Suspension and expulsion  | <input type="checkbox"/> Illness and exclusion criteria  |
| <input type="checkbox"/> Emergency plans   | <input type="checkbox"/> Procedures for dispensing medications   |
| <input type="checkbox"/> Procedures for conducting health checks   | <input type="checkbox"/> Immunization requirements for children  |
| <input type="checkbox"/> Safe sleep  | <input type="checkbox"/> Meals and food service practices  |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director  | <input type="checkbox"/> Procedures to visit the center without securing prior approval  |
| <input type="checkbox"/> Promotion of indoor and outdoor physical activity including criteria for extreme weather conditions | <input type="checkbox"/> Procedures for supporting inclusive services  |
| <input type="checkbox"/> Procedures for parents to participate in operation activities                                       | <input type="checkbox"/> Procedures for parents to contact Child Care Regulation (CCR), DFPS, Child Abuse Hotline, and CCR website |

### 5. Meals:

I understand that the following meals will be served to my child while in care. Check all that apply:

☐ None ☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack

### 6. Days and Times in Care:

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

### 7. Receipt of Parent's Rights:

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

**8. Child's Special Care Needs, check all that apply**

- |  |  |
|--|--|
| <input type="checkbox"/> Environmental allergies                             | <input type="checkbox"/> Limitations or restrictions on child's activities   |
| <input type="checkbox"/> Food intolerances                                   | <input type="checkbox"/> Reasonable accommodations or modifications          |
| <input type="checkbox"/> Existing illness                                    | <input type="checkbox"/> Adaptive equipment, include instructions below      |
| <input type="checkbox"/> Previous serious illness                            | <input type="checkbox"/> Symptoms or indications of complications            |
| <input type="checkbox"/> Injuries and hospitalizations in the past 12 months | <input type="checkbox"/> Medications prescribed for continuous long-term use |
| <input type="checkbox"/> Other: _____  |  |

Explain any needs selected above:

Does your child have diagnosed food allergies? ☐ Yes ☐ No Food Allergy Emergency Plan Submitted Date: \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit [www.ada.gov/resources/child-care-centers/](http://www.ada.gov/resources/child-care-centers/). If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

**9. School Age Children**

My child attends the following school:

School Area Code and Phone No.:

My child has permission to:

Check all that apply.

- ☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of their sibling younger than 18 years old

Authorized pick up or drop off locations other than the child's address:

- ☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

**Authorization For Emergency Medical Attention**

In the event I cannot be reached to arrange for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Area Code and Phone No.
Name of Emergency Care Facility	Address	Area Code and Phone No.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

### Requirements for Exclusion from Compliance

- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

### Vision Exam Results

Right Eye 20/      Left Eye 20/      ☐ Pass      ☐ Fail

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

### Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail
Right				<input type="radio"/> Pass <input type="radio"/> Fail
Left				<input type="radio"/> Pass <input type="radio"/> Fail

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

### Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission. Select **only one** option.

- ☐ Health Care Professional's Statement: I have examined the above named child within the past year and find they are able to take part in the day care program.
- ☐ A signed and dated copy of a health care professional's statement is attached.
- ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
- ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name of Health Care Professional, if selected \_\_\_\_\_

Address of Health Care Professional, if selected \_\_\_\_\_

Signature — Health Care Professional \_\_\_\_\_

Date Signed \_\_\_\_\_

Signature — Parent or Legal Guardian \_\_\_\_\_

Date Signed \_\_\_\_\_

Vaccine Information		
The following vaccines require multiple doses over time. Provide the date your child received each dose.		
Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given six to 18 months after the first dose.	

### Varicella for Chickenpox

Varicella, the vaccine for chickenpox, is not required if your child has had chickenpox disease. If your child has had chickenpox, complete the statement: My child had varicella disease, chickenpox, on or about [date] and does not need varicella vaccine.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

### Additional Information About Immunizations

For additional information about immunizations, visit the Texas Department of State Health Services website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

### TB Test if required

☐ Positive ☐ Negative Date: \_\_\_\_\_

### Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

### Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at <https://hhs.texas.gov/policies-practices-privacy#security>

### Signatures

\_\_\_\_\_  
Child's Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Center Designee

\_\_\_\_\_  
Date Signed

### Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed



## Parent's Rights

This form provides the required information per Chapter 42 of the Human Resource Code (HRC) Section 42.04271.

**Directions:** Parents will review these rights upon enrolling their child.

### Rights of Parent or Guardian

**A parent or guardian of a child at a child care facility has the right to:**

- (1) enter and examine the child care facility during the facility's hours of operation without advanced notice;
- (2) review the child care facility's publicly accessible records;
- (3) receive inspection reports for the child care facility and information about how to access the facility's online compliance history;
- (4) obtain a copy of the child care facility's policies and procedures;
- (5) review, at the request of the parent or guardian, the facility's:
  - (A) staff training records; and
  - (B) any in-house staff training curriculum used by the facility;
- (6) review the child care facility's written records concerning the parent's or guardian's child;
- (7) inspect any video recordings of an alleged incident of abuse or neglect involving the parent's or guardian's child, provided that:
  - (A) video recordings of the alleged incident are available;
  - (B) the parent or guardian of the child does not retain any part of the video recording depicting a child that is not their own; and
  - (C) the parent or guardian of any other child captured in the video recording receives written notice from the facility before allowing a parent to inspect a recording;
- (8) have the child care facility comply with a court order preventing another parent or guardian from visiting or removing the parent's or guardian's child;
- (9) be provided the contact information for the child care facility's local Child Care Regulation office;
- (10) file a complaint against the child care facility by contacting the local Child Care Regulation office; and
- (11) be free from any retaliatory action by the child care facility for exercising any of the parent's or guardian's rights.

I acknowledge I have received a written copy of my rights as a parent or guardian of a child enrolled at this facility.

\_\_\_\_\_  
**Signature of Parent or Guardian**

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

### Resources

Facility Information and Online Compliance History: <http://txchildcaresearch.org>

Child Care Regulation Contact Information: <https://www.hhs.texas.gov/services/safety/child-care/contact-child-care-regulation>



## Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards Sections 744.501(7), 746.501(a)(7), and 747.501(5).

**Directions:** Parents will review this policy upon enrolling their child. Employees, household members and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

### Discipline and Guidance Policy

#### Discipline must be:

- 1) individualized and consistent for each child;
- 2) appropriate to the child's level of understanding; and
- 3) directed toward teaching the child acceptable behavior and self-control.

**A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control and self-direction, which include at least the following:**

- 1) using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) reminding a child of behavior expectations daily by using clear, positive statements;
- 3) redirecting behavior using positive statements; and
- 4) using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

**There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:**

- 1) corporal punishment or threats of corporal punishment;
- 2) punishment associated with food, naps or toilet training;
- 3) grabbing or pulling a child;
- 4) putting anything in or on a child's mouth;
- 5) humiliating, ridiculing, rejecting or yelling at a child;
- 6) subjecting a child to harsh, abusive or profane language;
- 7) placing a child in a locked or dark room, bathroom or closet;
- 8) placing a child in a restrictive device for time out;
- 9) withholding active play or keeping a child inside as a consequence for behavior, unless the child is exhibiting behavior during active play that requires a brief supervised separation or time out that is consistent with 746.2803(4)(D); and
- 10) requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

### Additional Discipline and Guidance Measures

*(Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)*

**A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise or proficiency:**

- ensure that the measures are considered commonly accepted teaching or training techniques;
- describe the training and disciplinary measures in writing to parents and employees and include the following information:
  - (A) the disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  - (B) what behaviors would warrant the use of these measures; and
  - (C) the maximum amount of time the measures would be imposed;
- inform parents that they have the right to ask for additional information; and
- ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code Section 261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

### Signature

This policy is effective on the following date: \_\_\_\_\_

Signed by: \_\_\_\_\_

Role: ☐ Parent ☐ Caregiver or Employee ☐ Household Member (CH. 747 only)

### Minimum Standards Related to Discipline



## Permission To Take Photos

I, \_\_\_\_\_ give Little Schoolhouse permission  
to take and use still photographs or videos of my child,  
\_\_\_\_\_ in the following ways:

Photo Authorization	Grant w/initials	Decline w/initials
School Photo Book and Displays		
Craft Projects		
Share with classmates & their parents & Brightwheel in group settings		
Promotional Material for perspective parents		
Online: LittleSchoolhouse-tx.com		
Online: Little Schoolhouse's Facebook page		
Advertisements: magazines, newspaper, Valpak etc.		

(Photos may be taken by the provider, an assistant, a staff member, Director, or a professional photographer, but will never be sold for commercial use.)

\_\_\_\_\_ I understand that it is my responsibility to update this form if I wish to retract permission  
(Initials) in any category listed above.

\_\_\_\_\_ I understand that this permission is granted for the entire period of my child's enrollment  
(initial) I update this form.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
Date



## Private Pay Tuition Agreement

(This does not apply to Child Care Assistance Families)

The provisions listed below constitute the agreement between Little Schoolhouse and parents regarding tuition. Your signature below indicates that you have read and fully agree and understand the policies set forth herein.

1. The registration fee of \$60.00 for the first child and half off the second child is non refundable.

2. The \$200.00 Supply fee per child is due annually on September 1<sup>st</sup>. You will pay a prorated supply fee of \$17.00 per month depending on what month you enroll.

Prorated supply fee due now: \$17.00 X \_\_\_\_\_ months = \$ \_\_\_\_\_. Your weekly tuition is \$ \_\_\_\_\_ for the \_\_\_\_\_ program.

Tuition is due in advance of \_\_\_\_\_ your child's participation in our program. Auto billing is required. Private pay families can choose to be billed monthly on the first or weekly on Monday of each week. Both are billed in advance of the services being rendered. You are paying for your child's spot and not whether or not they are in attendance. There will NOT be any deductions for your child's absence for any reason. Not sick days, holidays nor inclement weather days. There will be a \$35.00 late fee if your tuition is not paid on the due date. There is also a \$35.00 NSF fee if your payment returns for any reason. If your account falls more than 7 days past due your child's spot will be given to another child on our waitlist. We cannot hold any spots for children that are not current on their tuition.

3. There will be a \$1.00 per minute per child late for children left at the school after 6:00pm. After your child has been late more than 3 times the late fee will then become \$5.00 per minute per child. After the 5<sup>th</sup> time you are late picking up your child you will no longer be able to remain enrolled into our school.

4. We require a two week notice to un-enroll your children. If you do not give a weeks written notice the weekly tuition will be due for the two weeks.

5. After one full year of enrollment your child will be given 1 week of vacation time. This means that you can request a week of vacation time where your child does not attend school and you do not have to pay the tuition. It must be Monday through Friday of the same week with advance notice.

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

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

Little Schoolhouse  
Making A Difference Daily, One Child At A Time!  
2607 Ovilla Road, Red Oak, Texas 75154  
(972) 617-8500



### Child Care Assistance Families

**(This does not apply to Private Pay Families)**

The provisions listed below constitute the agreement between Little Schoolhouse and parents regarding tuition. Your signature below indicates that you have read and fully agree and understand the policies set forth herein.

1. CCA Determines your monthly copay. Your Copay is \$ \_\_\_\_\_ monthly. Your copay is due by auto pay on the first of every month. Any unpaid copays will be reported on the 5th of each month to CCA.
2. On the 2<sup>nd</sup> of each month there will be a late fee of \$35.00 added to your account. Any late fees or late pick up fees or NSF fees will be paid before your copay and will result in a report to CCA if your entire balance is not paid in full by the 5<sup>th</sup> of each month.
3. If payment is returned for any reason, there will be a \$35.00 NSF fee.
4. There will be a \$1.00 per minute per child late fee for any child left at the school after 6:00pm. After your child has been late more than 3 times your late fee will then become \$5.00 per minute per child. After the 5<sup>th</sup> time you are late picking up your child you will no longer be able to remain enrolled into our school.
5. We require a two week notice if you are planning to withdraw your child from our school.
6. If your child will be absent you will need to call the school and let us know. Remember that you are limited to how many days CCA will allow your child to be absent and still keep their CCA

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

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

Little Schoolhouse  
Making A Difference Daily, One Child At A Time!  
2607 West Ovilla Road, Red Oak, Texas 75154  
(972) 617-8500

## PARENT ORIENTATION CHECKLIST (SHEET PROTECTOR 3)

Childcare Center Name: \_\_\_\_\_

Date of Orientation: \_\_\_\_\_

Parent(s) First and Last Name: \_\_\_\_\_

Child's First and Last Name: \_\_\_\_\_

\_\_\_\_\_ A tour of the facility.

\_\_\_\_\_ An introduction to the teaching staff.

\_\_\_\_\_ A parent visit with the classroom teacher.

\_\_\_\_\_ An overview of the parent handbook.

\_\_\_\_\_ The policy for arrival and late arrival.

\_\_\_\_\_ An opportunity for an extended visit in the classroom by both parent and child for a period of time to allow both to be comfortable.

\_\_\_\_\_ An explanation of Texas Rising Star quality certification.

\_\_\_\_\_ A statement encouraging parents to inform the facility of any elements related to their CCS enrollment that the program may be able to help with.

\_\_\_\_\_ An overview of family support resources and activities in the community.

\_\_\_\_\_ Information on child development and developmental milestones.

\_\_\_\_\_ A statement informing parents of the significance of consistent arrival time, including the points that children should arrive before the educational portion of the program begins, to limit disruption, and that consistent routines prepare children for the transition to kindergarten.

\_\_\_\_\_ A statement to parents regarding limiting technology use on-site (e.g., encouraging them to refrain from cell phone use).

\_\_\_\_\_ In order to facilitate better communication between the parents and the teacher and the parents and the child, it is best if parents are not distracted by use of electronic devices while at the center/home.

\_\_\_\_\_ A statement to parents reflecting the role and influence of families.

Childcare Center Representative Signature: \_\_\_\_\_

Representative Title: \_\_\_\_\_

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

Parent(s) Signature: \_\_\_\_\_

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

## CACFP STUDENT ENROLLMENT FORM

Center Name  
Little Schoolhouse

This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals / snacks for your children. Federal CACFP regulations require all parents/guardians to complete a CACFP Enrollment Form when enrolling their child(ren) and review/update enrollment data annually thereafter.

## CHILD INFORMATION

Center Enroll Date:  /  /

Child's First Name:

Child's Last Name:

Child's Birth Date:  /  /

Normal Days in Care  
\* Center's Days of Operation: M-F  
M ☐ T ☐ W ☐ TH ☐ F ☐ SA ☐ SU

Normal Hours in Care  
\* Center's Hours of Operation: 6:30 AM - 6:30 PM  
 ☐ AM ☐ PM to  ☐ AM ☐ PM

Meals/Snacks Child Receives  
\* Meals / Snacks Served at Center: BRK, LUN, PMS  
BRK ☐ AMS ☐ LUN ☐ PMS ☐ SUP ☐ EVS

## Ethnic Identity (Check one)

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

## Racial Identity (Check all that apply)

- ☐ White  
☐ Black / African American  
☐ Am. Indian / Alaskan Native  
☐ Asian  
☐ Native Hawaiian / Other Pacific Islander

## Gender

- ☐ Male  
☐ Female

SITE / SPONSOR USE ONLY

Withdrawal Date:  /  / Re-Enroll Date:  /  / 

Center Enroll Date:  /  /

Child's First Name:

Child's Last Name:

Child's Birth Date:  /  /

Normal Days in Care  
\* Center's Days of Operation: M-F  
M ☐ T ☐ W ☐ TH ☐ F ☐ SA ☐ SU

Normal Hours in Care  
\* Center's Hours of Operation: 6:30 AM - 6:30 PM  
 ☐ AM ☐ PM to  ☐ AM ☐ PM

Meals/Snacks Child Receives  
\* Meals / Snacks Served at Center: BRK, LUN, PMS  
BRK ☐ AMS ☐ LUN ☐ PMS ☐ SUP ☐ EVS

## Ethnic Identity (Check one)

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

## Racial Identity (Check all that apply)

- ☐ White  
☐ Black / African American  
☐ Am. Indian / Alaskan Native  
☐ Asian  
☐ Native Hawaiian / Other Pacific Islander

## Gender

- ☐ Male  
☐ Female

SITE / SPONSOR USE ONLY

Withdrawal Date:  /  / Re-Enroll Date:  /  / 

Center Enroll Date:  /  /

Child's First Name:

Child's Last Name:

Child's Birth Date:  /  /

Normal Days in Care  
\* Center's Days of Operation: M-F  
M ☐ T ☐ W ☐ TH ☐ F ☐ SA ☐ SU

Normal Hours in Care  
\* Center's Hours of Operation: 6:30 AM - 6:30 PM  
 ☐ AM ☐ PM to  ☐ AM ☐ PM

Meals/Snacks Child Receives  
\* Meals / Snacks Served at Center: BRK, LUN, PMS  
BRK ☐ AMS ☐ LUN ☐ PMS ☐ SUP ☐ EVS

## Ethnic Identity (Check one)

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

## Racial Identity (Check all that apply)

- ☐ White  
☐ Black / African American  
☐ Am. Indian / Alaskan Native  
☐ Asian  
☐ Native Hawaiian / Other Pacific Islander

## Gender

- ☐ Male  
☐ Female

SITE / SPONSOR USE ONLY

Withdrawal Date:  /  / Re-Enroll Date:  /  / 

## PARENT / GUARDIAN INFORMATION

I certify the information on this form is true and correct to the best of my knowledge and that I have received access to WIC and CACFP literature within the last 12 months.

Signature

Date

Parent First Name

Parent Last Name

Cell Phone

SITE / SPONSOR USE ONLY

This institution is an equal opportunity provider.



Center Name  
Little Schoolhouse

## CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

### Part 1. All Household Members

Names of all household members (First, Middle Initial, Last)	CHECK IF ENROLLED CHILD	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<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 2. Benefits:** If any member of your household receives SNAP, TANF, or FDPIR, provide the name and eligibility number for the person who receives benefits. If no one receives these benefits, skip to part 4.

NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_  
\*SNAP or TANF number must be the 8 or 9 digit EDG# assigned by HHSC.

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed List of Eligible Federal/State Funded Programs (H1660), provide the name of the program and eligibility number:

NAME: \_\_\_\_\_ ELIGIBILITY NUMBER: \_\_\_\_\_ Check here if no eligibility number ☐

### Part 4. Total Household Gross Income—You must tell us how much and how often.

A. Name (List only household members with income)	B. Gross income and how often it was received Note: Self-employed report income after expenses in box 1																			
	1. Earnings from work before deductions					2. Welfare, child support, alimony					3. Pensions, retirement, Social Security, SSI, VA benefits					4. All Other Income				
	Weekly	Every 2 Weeks	2x Month	Monthly	Annually	Weekly	Every 2 Weeks	2x Month	Monthly	Annually	Weekly	Every 2 Weeks	2x Month	Monthly	Annually	Weekly	Every 2 Weeks	2x Month	Monthly	Annually
Example: Jane Smith	\$ 200	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ 150	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	\$ 100	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$ 100	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<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"/>
	\$ _____	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the next page.)

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 purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Last four digits of Social Security Number: \* \* \* - \* \* - \_\_\_\_\_ ☐ I do not have a Social Security Number



## CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

### Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- ☐ Hispanic or Latino  
☐ Not Hispanic or Latino

Mark one or more racial identities:

- ☐ Asian ☐ American Indian or Alaska Native  
☐ White ☐ Native Hawaiian or Other Pacific Islander  
☐ Black or African American

### Part 7. Sharing Information With Other Programs: OPTIONAL

The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP). Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.

- ☐ I do elect to allow my household information to be disclosed.  
☐ I do not elect to allow my household information to be disclosed.

### Don't fill out this part. This is for official use only.

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, ☐ Month, ☐ Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied \_\_\_\_\_ Tier I \_\_\_\_\_ Tier II \_\_\_\_\_

Reason: \_\_\_\_\_

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

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

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Privacy Act Statement:

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

### Non-discrimination Statement:

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(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: (833) 256-1665 or (202) 690-7442; (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

**INSTRUCTIONS FOR  
CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM  
(CHILD CARE)**

**Follow these instructions, if your household gets SNAP, TANF or FDPIR:**

**Part 1:** List all enrolled children and household members.

**Part 2:** List the eligibility number for any household members (including adults) receiving SNAP or TANF or FDPIR benefits. The SNAP or TANF number must be the 8 or 9 digit EDG# assigned by HHSC (see illustration).

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

The illustration shows a form from the Texas Health and Human Services Commission. It includes a 'Case Number' field with a large 'X' over it, a 'Date' field, and a 'Notice of Case Action' section. Below this, it lists 'Medicaid Programs' and 'Food Stamp Program'. A callout box explains that 'EDG = Eligibility Determination Group #' is an '8-9 digit number'. An arrow points from this callout to an oval labeled 'Eligibility Group Number:'. At the bottom, there are fields for 'Contact Name: Generic Worker 1sa001', 'Contact Phone: 214', and a table with headers 'Period', 'Action', 'Benefit', and 'Who's Included'.

**If you are applying on behalf of a FOSTER CHILD, follow these instructions:**

If **all** children you are applying for are foster children, or if you are only applying for benefits for the foster child:

**Part 1:** List all foster children. Check the box indicating that the child is a foster child.

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Skip this part.

**Part 5:** Sign the form. A Social Security Number is **not** necessary.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

If some of the children in the household are foster children.

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

**Part 2:** If the household does not have an eligibility number, skip this part.

**Part 3: Applies only to parents/guardians of children in Tier II Day Care Homes.** Sponsors must provide the *List of Eligible Federal/State Funded Programs* (H1660), with this form to households with children enrolled in Tier II Day Care Homes. Parents/Guardians can enter the program name and number as applicable.

**Part 4:** Follow these instructions to report total household income from this month or last month.

**Column A – Name:** List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly. See next.



**Box 1:** List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and **other deductions**. **You should be able to find it on your stub or your boss can tell you.**

**Box 2:** List the amount each person got from the month from welfare, child support, alimony.

**Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, TANF, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

**Part 2:** Skip this part.

**Part 3:** Skip this part.

**Part 4:** Follow these instructions to report total household income from this month or last month.

**Column A – Name:** List only the first and last name of each person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

**Column B – Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

**Box 1:** List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

**Box 2:** List the amount each person got from the month from welfare, child support, alimony.

**Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, report income after expenses in Box 1. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

**Part 6:** Answer this question if you choose.

**Part 7:** Answer this question if you choose.

**Privacy Act Statement:** This explains how we will use the information you give us.

**Non-discrimination Statement:** This explains what to do if you believe you have been treated unfairly.

This letter is intended for the parents or guardians of children enrolled at:

Little Schoolhouse

Dear Parent/Guardian:

This child care center offers healthy meals to all enrolled children as part of our participation in the U.S. Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP). The CACFP provides reimbursements for healthy meals and snacks served to children enrolled in child care. Please help us comply with the requirements of the CACFP by completing the attached Meal Benefit Income Eligibility Form. In addition, by filling out this form, we will be able to determine if your child(ren) qualifies for free or reduced price meals.

**1. Do I need to fill out a Meal Benefit Form for each of my children in day care?** You may complete and submit one CACFP Meal Benefit Income Eligibility Form for all children enrolled in child care in your household **only** if the children in child care are enrolled in the same center. We cannot approve a form that is not complete, so be sure to read the instructions carefully and fill out all required information. **Return the completed form to the child care center's director.**

**2. Who can get free meals without providing income information?** Children in households getting Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR) can get free meals. Foster children (reference question #8 for more information on foster children) and children enrolled in a Head Start Program (HSP), Early Head Start Program (EHSP), or Even Start Program (ESP) and have not entered kindergarten) are also eligible for free meals. Households with children enrolled in a HSP, EHSP or ESP can provide a certification letter from the program of the child's enrollment and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

**3. Who can get reduced price meals?** Your children can get low cost meals if your household income is within the reduced price limits on the Income Chart, sent with this application. Children in households participating in WIC may be eligible for reduced price meals.

**4. May I fill out a form if someone in my household is not a U.S. citizen?** Yes. You or your children do not have to be U.S. citizens to qualify for meal benefits offered at the child care center.

**5. Who should I include as members of my household?** You must include everyone in your household (such as grandparents, other relatives, or friends who live with you) who shares income and expenses. You must include yourself and all children who live with you. You also may include foster children who live with you.

**6. How do I report income information and changes in employment status?** The income you report must be the total gross income listed by source for each household member received last month. If last month's income does not accurately reflect your circumstances, you may provide a projection of your monthly income. If no significant change has occurred, you may use last month's income as a basis to make this projection. If your household's income is equal to or less than the amounts indicated for your household's size on the attached Income Chart, the center will receive a higher level of reimbursement. Once properly approved for free or reduced price benefits, whether through income or by providing a current SNAP, TANF, FDPIR case number, you will remain eligible for those benefits for 12 months. You should notify us, however, if you or someone in your household becomes unemployed and the loss of income causes your household income to be within the eligibility standards.

**7. What if my income is not always the same?** List the amount that you normally get. For example, if you normally get \$1000 each month, but you missed some work last month and only got \$900, put down that you get \$1000 per month. If you normally get overtime, include it, but not if you only get it sometimes.

**8. What if I have foster children?** Foster children that are under the legal responsibility of a foster care agency or court are eligible for free meals. Any foster child in the household is eligible for free meals regardless of income. Households may include foster children on the Meal Benefit Form, but are not required to include payments received for the foster child as income. Households wishing to apply for such benefits for foster children can provide the Texas Department of Family and Protective Services Form 2085FC, *Placement Authorization Foster Care/Residential Care*, to their child's caregiver and do not need to complete the CACFP Meal Benefit Income Eligibility Form.

**9. We are in the military, do we include our housing and supplemental allowances as income?** If your housing is part of the Military Housing Privatization Initiative and you receive the Family Subsistence Supplemental Allowance, do not include these allowances as income. Also, in regard to deployed service members, only that portion of a deployed service member's income made available by them or on their behalf to the household will be counted as income to the household. Combat Pay, including Deployment Extension Incentive Pay (DEIP) is also excluded and will not be counted as income to the household. All other allowances must be included in your gross income.

**10. (Pricing program only) Will the information I give be verified?** Maybe. We may ask you to send written proof to verify the information you submitted on the form. **What if I disagree with the decision about the information I complete on this form?** You can talk to Amy Pringle, either in person or by telephone at (832) 282-1351. You may ask for a hearing by calling or writing to Max Taylor, Advance Child Care, Inc., 523 West First Ave, Corsicana, Texas 75110, (903)872-5231.

In the operation of child feeding programs, no person will be discriminated against because of race, color, national origin, sex, age or disability.

If you have other questions or need help, call Amy Pringle at (832) 282-1351.

Sincerely,  
Tina Green

Texas Department of Agriculture  
Form 1625A  
March, 2025

**Income Eligibility Guidelines  
for Determining Free or Reduced-Price Benefits  
July 1, 2025 – June 30, 2026**

Children from households whose incomes are at or below the levels shown below, or who receive Temporary Assistance for Needy Families (TANF) or Supplemental Nutrition Assistance Program (SNAP) benefits, are eligible for free or reduced-price meals.

Adult Day Care participants whose household incomes are at or below the levels shown below, or who receive Medicaid, Supplemental Security Income (SSI), or SNAP benefits, are eligible for free or reduced-price meals.

**Ingresos máximos para determinar la elegibilidad  
para beneficios gratuitos o a precio reducido  
1 de julio de 2025 - 30 de junio de 2026**

Los niños de hogares con ingresos iguales o menores a los niveles que se muestran a continuación, o que reciben Asistencia Temporal para Familias Necesitadas (TANF), ayuda del Programa Suplementario de Asistencia Nutricional (SNAP), o del Programa de Distribución de Alimentos en Reservas Indígenas (FDPIR) califican para recibir comidas gratuitas o a precio reducido.

Las personas que participan en programas de Cuidado Diario para Adultos cuyos ingresos familiares son iguales o por debajo de los niveles que se muestran a continuación, o que reciben Medicaid, Seguridad de Ingreso Suplementario (SSI), TANF, o beneficios de SNAP o FDPIR califican para recibir comidas gratuitas o a precio reducido.

FAMILY SIZE	ANNUAL	MONTHLY	TWICE MONTHLY	BI-WEEKLY	WEEKLY
1	\$28,593	\$2,413	\$1,207	\$1,114	\$557
2	\$39,128	\$3,261	\$1,631	\$1,505	\$753
3	\$49,303	\$4,109	\$2,055	\$1,897	\$949
4	\$59,478	\$4,957	\$2,479	\$2,288	\$1,144
5	\$69,653	\$5,805	\$2,903	\$2,679	\$1,340
6	\$79,828	\$6,653	\$3,327	\$3,071	\$1,536
7	\$90,003	\$7,501	\$3,751	\$3,462	\$1,731
8	\$100,178	\$8,349	\$4,175	\$3,853	\$1,927
For each additional family member add:	\$10,175	+\$848	+\$424	+\$392	+\$196