B.E.C.E.C., Inc.
Bambi Early Childhood Educational Center

- Bambi: 1981 Homecrest Ave, Brooklyn, NY 11229 Tel: (718) 645-7010, Fax: (718) 627-5192
- Bambi II: 2121 Bragg Street, Brooklyn, NY 11229 Tel: (718) 648-3332, Fax: (718) 332-6633
- Bambi III: 2114 Brown Street, Brooklyn, NY 11229 Tel: (718) 368-1817, Fax: (718) 368-0508
- Bambi IV: 405 81 Street, Brooklyn, NY 11209 Tel: (718) 332-8656, Fax: (646) 355-3434

DAY CARE CENTER ADMISSION APPLICATION FORM

CHILD'S INFORMATION

1. NAME _____ 2. DOB____/____/____ 3.SS#_____
Last Name First Name Mo Day Year

4. ADDRESS_____ ____ _____ _____ 5. HOME PHONE #_____
Street Apt# City ZIP Code

6. EMAIL : _____ 7. FAMILY DOCTOR: _____ 8. DOCTORS PHONE #_____

PARENTS INFORMATION

9. MOTHER'S NAME_____10. PLACE OF WORK_____

11. BUSINESS PHONE (_____) _____ Cell Phone (_____)_____

12. FATHER'S NAME _____13. PLACE OF WORK_____

14. BUSINESS PHONE (_____)_____ Cell Phone (_____)_____

15. Does your child need bus transportation service: (Please check): O Pick-up O **Drop**-off O **No**

16. Name of person/people you authorize to pick- up child from the day care center/bus stop:

_____ _____
Last Name First Name Relationship

_____ _____
Last Name First Name Relationship

17. HOW DID YOU HEAR ABOUT US: θFriends, θ Newspaper, θ Radio/TV, θ Internet, θ Other

18. RELATIVES OR FRIENDS PHONE # TO CONTACT IN CASE OF AN EMERGENCY:

_____ _____ _____
Name Relationship Phone #

_____ _____ _____
Name Relationship Phone #

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I do hereby give authority to the BECEC Inc., d/b/a/ BAMBI DAY CARE CENTER staff to obtain necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Signature_____Relationship_____Date _____/_____/____

DAY CARE REGISTRATION CONTRACT

I, _____, residing at _____
(Parent's first & last name) (Address)

agree to register my son/ daughter _____ with BECEC Inc., d/b/a/ BAMBI DAY CARE CENTER.
(Child's last & first name)

I undertake to pay $ _____ per month as a tuition fee. The tuition is due the first of each month (late payment charge of $50 will be added for payments made after 5th of each month.)
I understand that this amount covers expenses for attendance of my son/daughter of the day care center at BECEC Inc., d/b/a/ BAMBI DAY CARE CENTER, use of all programs, educational instructions, supervision, educational materials, toys, participation in all day care center activities, daily meals (breakfast, lunch, supper). This amount does not include any trips or activities outside of day care center, physicians' fees, hospital fees, or medicine other than provided by standard day care center emergency procedures. Non Refundable registration fee of $100 required upon registration.
I also understand that there will be no deductions made for any absence in case of illness, vacations or other reasons. Full tuition payments are due regardless of government or religious holidays noted in the Day care center Annual Calendar.

I understand that for the safety, welfare and proper maintenance of all students, the BECEC Inc., d/b/a BAMBI DAY CARE CENTER reserves the right, in its sole discretion, to suspend or expel students whose conduct or influence is damaging and/or potential dangerous to the safety of students, staff or day care center property. The BECEC Inc., d/b/a BAMBI DAY CARE CENTER reserves the right to determine the severity of the disciplinary issues and threats to the safety of its students, in its sole and absolute discretion. Some egregious examples of misconduct include but are not limited to: physical violence toward students and day care center staff, damage or defacing of day care center property, theft, and inappropriate behavior. On the part of the parent, childcare fees are 10 days or more delinquent, an obvious misrepresentation regarding the medical or mental history of a student, will result in action to be taken against the student that may include dismissal from the day care center. The previously stated examples of misconduct are just examples and BECEC Inc., d/b/a BAMBI DAY CARE CENTER may deem other conduct or misrepresentation as damaging or dangerous, in its sole and absolute discretion. All of the abovementioned disruptions to the safety standards of the BECEC Inc., d/b/a BAMBI DAY CARE CENTER., may lead to the student's dismissal from the day care center. The BECEC Inc., d/b/a BAMBI DAY CARE CENTER administrative staff reserves the right to make judgments upon disciplinary action, in its sole and absolute discretion, to be taken against a student (including suspensions or dismissals). In the event of day care center suspensions or dismissals, no refunds or adjustments will be made to the day care center tuition fees. In cases of damage done to the day care center property, the day care center director reserves the right to assess the level of damage caused to the day care center property. All costs for repairs will be charged to student account. The day care center shall have further right to charge and receive collection of attorney's fees on any unpaid balances plus interest, expenses and court costs, if any, in the event that the day care center initiates proceedings for the collection on any unpaid balances due.

BECEC Inc., d/b/a BAMBI DAY CARE CENTER assumes no responsibility for the acts done by students when in violation of day care center rules, local, State or Federal laws. BECEC Inc., d/b/a BAMBI DAY CARE CENTER is not responsible for losses of personal property or acts done by students or other persons while off day care centers premises and the undersigned parents, agree to indemnify and hold harmless BECEC Inc., d/b/a BAMBI DAY CARE CENTER its officers, directors, partners, employees and agents, from and against all claims, actions, damages, liabilities, losses, costs and expenses, including attorney fees, that arise out of or in connection with acts done by students in violation of day care center, local, State or Federal laws.

To maintain the safety standards, I hereby give permission to the BECEC Inc., d/b/a BAMBI DAY CARE CENTER to use any audio, photographs, film or video, of my child in any public release, publicity, and advertisements of brochure, television program, promotional video or day care center web sites. I hereby confirm that the above named child is in good physical condition and has been examined by a physician within the past 6 (six) months and is in relatively good health and able to participate in a full to BECEC Inc., d/b/a/ BAMBI DAY CARE CENTER educational and sports programs.

In cases of extreme emergency, I give permission to the physician or hospital selected by the BECEC Inc., d/b/a BAMBI DAY CARE CENTER officials to hospitalize, secure proper treatment for, order injections, anesthesia, X-rays or surgery to my child. I understand that the cost of medical services will be entirely my responsibility. I understand that the BECEC Inc., d/b/a BAMBI DAY CARE CENTER will make every effort to contact me or another designated emergency contact person before or immediately after such emergency treatment is rendered.

I understand that BECEC Inc., d/b/a/ BAMBI DAY CARE CENTER will make every effort to contact my emergency contact or myself before or immediately after such emergency treatment is rendered.
Parent/guardian further agrees to waive the right to press legal charges against BECEC Inc., d/b/a/ BAMBI DAY CARE CENTER, its officers, directors, and employees, in those instances where any of the above have not clearly demonstrated negligence leading to injury of the above named child.

I understand that I have to pick-up my child at or before 6 PM from day care center premises in case he/she does not use bus services.

I understand if I am late to pick-up my child before the above stated time there will be additional charge of $30 for every 30 minutes the child spends in the waiting room (NO EXCEPTIONS). If child is out of day care center sick for more than 3 days parents are obligated to submit a doctor's notice upon the child's return.

Parents must notify day care center's office in writing for all changes of address, telephone numbers, and emergency contacts not later than 7 business days after changes occur.

I have read and understood the Agreement of the Enrollment terms, which have been presented in the Agreement. I agree to all terms contained in the Agreement. In agreeing to the terms presented in the Agreement, I acknowledge that I am also acting on the behalf of the other parent/legal guardian (if that person is not present at the signing of the Agreement) with the authority to enroll my child in to the BECEC Inc., d/b/a/ BAMBI DAY CARE CENTER and agree to execute this agreement on his or her behalf. I recognize that the BECEC Inc., d/b/a/ BAMBI DAY CARE CENTER relies upon the representation herein made in accepting my child to the BECEC Inc., d/b/a/ BAMBI DAY CARE CENTER

Parent's Signature _____ Date_____

EMERGENCY MEDICAL RELEASE AGREEMENT

As the parent or legal guardian of:

_____
(CHILD'S LAST AND FIRST NAME)

I,_____ give my permission for my child to receive whatever emergency medical care that may be needed to BECEC Inc., d/b/a/ BAMBI DAY CARE CENTER personnel for the treatment of any injury that may be incurred while in the activity of swimming on premises or elsewhere.
I understand that BECEC Inc., d/b/a/ BAMBI DAY CARE CENTER will make effort to contact myself or my emergency contact before or immediately after such emergency treatment is rendered.

_____
Signature

_____
Date

MEDICAL INSURANCE INFORMATION

NAME OF PRIMARY INSURER_____

NAME OF CHILD'S MEDICAL INSURANCE COMPANY_____

CONTRACT #_____ GROUP#_____ ID #_____

(Please include a copy of your medical insurance card)

LIMITED WAIVER OF LIABILITY

BECEC Inc., d/b/a/ BAMBI DAY CARE CENTER provides serious education, recreation and sport programs including swimming. Our staff is trained to provide the maximum of protection for your child while in our care. Even with all of these safeguards injuries can occur.
As a parent or legal guardian of the above named student, I fully understand the risks involved in my child's participation in the all day care center activities. To the best of my knowledge my child has no medical conditions, which would conflict with his/her participating in the to BECEC Inc., d/b/a/ BAMBI DAY CARE CENTER education, sport and recreation programs. I further agree to waive the right to press legal charges against to BECEC Inc., d/b/a/ BAMBI DAY CARE CENTER, its officers and staff, in those instances where any of the above have not clearly demonstrated negligence leading to injury of the above named student.

_____
Signature

_____
Date

TRANSPORTATION REQUEST FORM

The undersigned parent(s) or legal guardian(s) of_____
hereby authorize BECEC Inc, d/b/a BAMBI DAY CARE CENTER ("Organizers"), to facilitate the procurement of bus transportation for my son/daughter for the 201___/ 201___ school year. In their role as facilitators, I/we hereby authorize Organizers to enter into a Pupil Transportation Services Agreement with Academy Transportation Inc. on my/our behalf. I/we shall remit payment for Student's bus transportation in accordance with the payment schedule specified by Organizers. I/we acknowledge that failure to remit payment on a timely basis may result in termination of bus transportation for Student(s). I/we acknowledge that we will not remain responsible to the payment for bus transportation if it is not used.
I/we hereby indemnify and hold Organizers harmless from all costs and expenses incurred by them arising from the failure of the undersigned to pay for the bus transportation for the Student(s). I/we hereby release Organizers and shall hold them harmless for the acts or omissions of Academy Transportation Inc. in the performance of the bus transportation services for Student(s).

PARENT/GUARDIAN INFORMATION:

Parent's Name:_____

Address: _____

City_____ State_____ Zip Code_____

Home phone #_____ Work Phone #_____ Cell Phone #_____

STUDENT INFORMATION:

Child's Name_____

SCHOOL BUS TRANSPORTATION LIABILITY WAIVER

As parent/guardian of the above named child/children, I hereby release the BECEC Inc, d/b/a BAMBI DAY CARE CENTER, its agents, employees and trustees from all liability arising out of his/her transportation on the school bus to or from the BECEC Inc, d/b/a BAMBI DAY CARE CENTER and throughout all the extra curriculum activities including daily trips.
As parent and/or legal guardian, I remain legally responsible for any personal actions taken by the above named student. I agree on behalf of myself, my child named herein, or our heirs, successors and assigns, to hold harmless and defend BECEC Inc, d/b/a BAMBI DAY CARE CENTER, its officers, directors and agents, and the chaperones, or representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses and all consequential damage arising from or in connection therewith, and I agree to compensate the day care center, its officers, directors and agents, chaperones, or representatives associated with the event for reasonable attorney's fees and expenses arising therewith.

I understand that it is my full responsibility as parent/guardian to:

- Place him/her on the bus in the morning, and to meet him/her in the evening at the bus stop.
- Be on time for the evening pickup.
- Instruct my child/children as to his/her pickup and drop off point.
- Review with my child/children the School Bus Rules provided by the day care center.

Parent(s) Signature: _____ Date:_____

STUDENT RELEASE FORM

BECEC INC, D/B/A BAMBI DAY CARE CENTER., recommends all participants obtain a physical examination from their physician prior to participating in any or all programs provided by BECEC INC, D/B/A BAMBI DAY CARE CENTER., or its affiliates.

1. The educational programs at BECEC INC, D/B/A BAMBI DAY CARE CENTER., requires the participant to perform a great deal of physical exertion, including sprints, hand-eye coordination activities, and agility drills. This form of exercise directly affects heart rate, body temperature and respiration, and requires the participant to be in good physical condition. It is up to the participant, or parent/guardian, to ensure that he/she is physically capable and in good mental condition, so as to permit safe participation in the program. BECEC INC, D/B/A BAMBI DAY CARE CENTER., shall have no responsibility, nor liability to confirm the medical condition of a participant. The undersigned recognizes the possible dangers connected with physical activity and competition and it is expressly agreed that participation in the program shall be undertaken at the participant's own risk. In consideration of the undersigned's participation in the program, the undersigned hereby certifies and represents that he/she is in good medical condition and is physically capable of safely participating in the program, and utilizing all exercise equipment, athletic equipment, and training required in the program.

2. The undersigned hereby releases BECEC INC, D/B/A BAMBI DAY CARE CENTER., it's directors, employees, agents, representatives, coaches, and volunteers, as well as the owners of any facilities in which the program is conducted, on behalf of himself/herself and any one claiming by, through or under the undersigned, from any and all claims of damage, injury, or death, of any kind, arising out of the undersigned's participation in the program. In addition, the undersigned acknowledges and agrees to indemnify and hold BECEC INC, D/B/A BAMBI DAY CARE CENTER., harmless from any claims of damage, injury or death arising out of the participation of the undersigned in the program, including injuries caused in whole or in part by the undersigned, or another participant.

Moreover, by this release, the undersigned also intends to fully, completely and forever release, discharge, and absolve BECEC INC, D/B/A BAMBI DAY CARE CENTER., all of its directors, employees, agents, representatives, coaches, and volunteers, from any active or passive negligence whatsoever on the part of BECEC INC, D/B/A BAMBI DAY CARE CENTER., its directors, employees, agents, representatives, coaches, and volunteers. The undersigned further agrees and promises not to sue or exercise any legal rights to seek damages or relief of any nature from BECEC INC, D/B/A BAMBI DAY CARE CENTER., its directors, employees, agents, representatives, coaches, and volunteers. The undersigned certifies that he/she has read this release and all of the statements contained herein, and further represents that he/she understood its contents and has voluntarily executed this release. The undersigned understands that he/she is giving up valuable rights and is signing this release voluntarily. The undersigned further agrees that no oral representations, statements, or inducements of any kind apart from this written release have been made with regard to the subject matter of this release.

4. The undersigned hereby warrants that he/she is over the age of eighteen, is competent to contract in his/her name, and that the undersigned has the authority to grant this consent and release.

Signature: _____

Relationship if participant is minor: _____

CHILD & ADOLESCENT HEALTH EXAMINATION FORM

NYC DEPARTMENT OF HEALTH & MENTAL HYGIENE — DEPARTMENT OF EDUCATION

Please Print Clearly Press Hard

STUDENT ID NUMBER OSIS

TO BE COMPLETED BY PARENT OR GUARDIAN

Child's Last Name | First Name | Middle Name

Sex ☐ Female ☐ Male

Date of Birth *(Month/Day/Year)* __ __ / __ __ / 2009

Child's Address

Hispanic/Latino? ☐ Yes ☐ No

Race *(Check ALL that apply)* ☐ American Indian ☐ Asian ☐ Black ☐ White ☐ Native Hawaiian/Pacific Islander ☐ Other _____

City/Borough | State | Zip Code

School/Center/Camp Name: **BAMBI DAY CARE CENTER**

District Number __ __ __

Phone Numbers

Home _____

Cell _____

Work _____

Health insurance (including Medicaid)? ☐ Yes ☐ No

☐ **Parent/Guardian** ☐ **Foster Parent** Last Name | First Name

TO BE COMPLETED BY HEALTH CARE PROVIDER

If "yes" to any item, please explain (attach addendum, if needed)

Birth history *(age 0-6 yrs)*

☐ Uncomplicated ☐ Premature: _____ weeks gestation

☐ Complicated by _____

Allergies ☐ None ☐ Epi pen prescribed

☐ Drugs *(list)* _____

☐ Foods *(list)* _____

☐ Other *(list)* _____

Does the child/adolescent have a past or present medical history of the following?

☐ Asthma *(check severity and attach MAF/Asthma Action Plan):* ☐ Intermittent ☐ Mild Persistent ☐ Moderate Persistent ☐ Severe Persistent

If persistent, check all current medication(s): ☐ Inhaled corticosteriod ☐ Other controller ☐ Quick relief med ☐ Oral steroid ☐ None

☐ Attention Deficit Hyperactivity Disorder
☐ Chronic or recurrent otitis media
☐ Congenital or acquired heart disorder
☐ Developmental/learning problem
☐ Diabetes *(attach MAF)*
☐ Orthopedic injury/disability
☐ Seizure disorder
☐ Speech, hearing, or visual impairment
☐ Tuberculosis *(latent infection or disease)*
☐ **Other** *(specify)* _____

Explain all checked items above or on addendum

Medications *(attach MAF if in-school medication needed)*

☐ None ☐ Yes *(list below)*

Dietary Restrictions

☐ None ☐ Yes *(list below)*

PHYSICAL EXAMINATION

Height _____ **cm** (___ ___ %ile)

Weight _____ **kg** (___ ___ %ile)

BMI _____ **kg/m²** (___ ___ %ile)

Head Circumference *(age ≤2 yrs)* _____ **cm** (___ ___ %ile)

Blood Pressure *(age ≥3 yrs)* _____ / _____

General Appearance:

	Nl	Abnl		Nl	Abnl		Nl	Abnl		Nl	Abnl		Nl	Abnl
HEENT	☐	☐	Lymph nodes	☐	☐	Abdomen	☐	☐	Skin	☐	☐	Psychosocial Development	☐	☐
Dental	☐	☐	Lungs	☐	☐	Genitourinary	☐	☐	Neurological	☐	☐	Language	☐	☐
Neck	☐	☐	Cardiovascular	☐	☐	Extremities	☐	☐	Back/spine	☐	☐	Behavioral	☐	☐

Describe abnormalities:

DEVELOPMENTAL *(age 0-6 yrs)*

☐ Within normal limits

If delay suspected, specify below

☐ Cognitive *(e.g., play skills)* _____

☐ Communication/Language _____

☐ Social/Emotional _____

☐ Adaptive/Self-Help _____

☐ Motor _____

SCREENING TESTS

	Date Done	Results
Blood Lead Level (BLL) *(required at age 1 yr and 2 yrs and for those at risk)*	__ __ / __ __ / __ __	_____ µg/dL
	__ __ / __ __ / __ __	_____ µg/dL
Lead Risk Assessment *(annually, age 6 mo-6 yrs)*	__ __ / __ __ / __ __	☐ At risk *(do BLL)* ☐ Not at risk
Hearing ☐ Pure tone audiometry ☐ OAE	__ __ / __ __ / __ __	☐ Normal ☐ Abnormal
— Head Start Only —		
Hemoglobin or Hematocrit *(age 9–12 mo)*	__ __ / __ __ / __ __	_____ g/dL _____ %

	Date Done	Results
Tuberculosis *Only required for students entering intermediate/middle/junior or high school who have not previously attended any NYC public or private school*		
PPD/Mantoux *placed*	__ __ / __ __ / __ __	Induration _____mm
PPD/Mantoux *read*	__ __ / __ __ / __ __	☐ Neg ☐ Pos
Interferon Test	__ __ / __ __ / __ __	☐ Neg ☐ Pos
Chest x-ray *(if PPD or Interferon positive)*	__ __ / __ __ / __ __	☐ Nl ☐ Abnl ☐ Not Indicated
Vision *(required for new school entrants and children age 4–7 yrs)*	__ __ / __ __ / __ __ ☐ with glasses	Acuity *Right* ___ / ___ *Left* ___ / ___ Strabismus ☐ No ☐ Yes

IMMUNIZATIONS – DATES

CIR Number of Child

Hep B	__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __
Rotavirus	__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __	
DTP/DTaP/DT	__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __
	__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __
Hib	__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __
PCV	__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __
Polio	__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __

Influenza	__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __	
MMR	__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __
Varicella	__ __ / __ __ / __ __	__ __ / __ __ / __ __		
Td	__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __
Tdap __ __ / __ __ / __ __	Hep A	__ __ / __ __ / __ __	__ __ / __ __ / __ __	
Meningococcal	__ __ / __ __ / __ __	__ __ / __ __ / __ __		
HPV	__ __ / __ __ / __ __	__ __ / __ __ / __ __	__ __ / __ __ / __ __	
Other, *Specify:* _____	__ __ / __ __ / __ __ ;	_____	__ __ / __ __ / __ __	

RECOMMENDATIONS

☐ Full physical activity ☐ Full diet

☐ Restrictions *(specify)* _____

Follow-up Needed ☐ No ☐ Yes, for _____ Appt. date: __ __ / __ __ / __ __

Referral(s): ☐ None ☐ Early Intervention ☐ Special Education ☐ Dental ☐ Vision

☐ Other _____

ASSESSMENT

☐ **Well Child** (V20.2) ☐ **Diagnoses/Problems** *(list)* **ICD-9 Code**

_____ __ __ __ __ __

_____ __ __ __ __ __

_____ __ __ __ __ __

Health Care Provider Signature | Date __ __ / __ __ / __ __

Health Care Provider Name and Degree *(print)* | Provider License No. and State

Facility Name | National Provider Identifier (NPI)

Address | City | State | Zip

Telephone (__ __ __) __ __ __ – __ __ __ __ | Fax (__ __ __) __ __ __ – __ __ __ __

DOHMH ONLY **PROVIDER I.D.**

TYPE OF EXAM: ☐ NAE Current ☐ NAE Prior Year(s)

Comments

Date Reviewed: __ __ / __ __ / __ __

I.D. NUMBER

REVIEWER:

Copies: **White** School/Child Care/Early Intervention/Camp, **Canary** Health Care Provider, **Pink** Parent/Guardian

CACFP
Child and Adult Care Food Program
New York State Department of Health

INCOME ELIGIBILITY FORM
for Child Care Centers

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME: BECEC Inc.,

Print the name of the child(ren) enrolled in this child care center:

1. _____ 2. _____ 3. _____

DIRECTIONS:

Complete SECTION A if anyone in your household:

1. Receives Food Stamps
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. If any of the children enrolled in this child care center are foster children

Complete SECTION B if no one in your household receives Food Stamps, TANF, FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION A

Food Stamp Case Number _____

TANF Number _____

FDPIR Number _____

Names of Foster Children _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature: _____

Date: _____

FOR SPONSOR USE ONLY

Sponsor Agreement Number _____

Total Household Members _____
(including foster children, if applicable)

Total Income $_____

Free _____ Reduced _____ Paid _____

Date Determined _____ / _____ / _____

Signature of Center Staff_____

SECTION B

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

Name of Household Members	Monthly Gross Income
1. _____	$ _____
2. _____	$ _____
3. _____	$ _____
4. _____	$ _____
5. _____	$ _____
6. _____	$ _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature: _____

Print Name: _____

SS# XXX-XX-__ __ __ __ Date: _____

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this form. 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 form. The Social Security Number is not required when you apply on behalf of a foster child or you list a Food Stamps, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

INSTRUCTIONS FOR COMPLETING DOH-3688

Definition of Income

Income means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

Definition of Household

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

Instructions for Parents or Guardians:

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

Section A: If anyone in your household receives Food Stamps, Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the Food Stamp, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

Foster children: If your household includes a foster child who is in child care, write in the names of the foster children.

Section B: Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

Instructions for Centers and Sponsors:

The *For Sponsor Use Only* section is to be completed, signed and dated by center or sponsor staff. The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The Sponsor Agreement Number.

Total Household Members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

Total Income – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid.*

Free, Reduced or Paid – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced** or **Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, or Food Stamp, TANF or FDPIR numbers) are categorized in the paid category.

The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member. For example, a form signed on May 12, 2011 is valid until May 31, 2012.