



5000 Ridgedale Parkway

North Chesterfield, VA 23234

Tel: (804) 275-5683; Fax: (804) 275-6429

www.thenobleacademy.com

Hours of Operation

- ❖ We are open Monday – Friday from 6:30 a.m. to 6:00 p.m.
- ❖ We are closed on the following holidays throughout the year: New Years' Day, Martin Luther King, Jr. Day, Presidents' Day, Good Friday, Memorial Day, Juneteenth, Independence Day, Labor Day, Veteran's Day, Thanksgiving, the Friday after Thanksgiving, Christmas Eve, and Christmas Day.

Late/Sick child

- ❖ **ALL STUDENTS MUST BE AT OUR CENTER BY 10:00 A.M. WE CAN NOT ACCEPT CHILDREN AFTER THIS TIME UNLESS A WE ARE AWARE OF YOUR SITUATION. (Please call by 9:30 a.m.)**
- ❖ **We are not allowed to keep sick children at our center.**
 - If your child has a temperature of **99.6 (oral) or higher**; or under arm temperature (auxiliary) of 98.6 or higher. Child may return to academy when they have been without fever (afebrile) for 24 hours.
 - Diarrhea – two or more loose stools in one hour, regardless of amount. Child may return when diarrhea ceased for 24 hours.

Medications

- ❖ We currently do not give medication at our center. No medication is to be left in child's bag or belongings.

Outside food/Food Allergies

- ❖ All food from your home must be labeled with your child's name and date. **We don't allow peanuts or peanut products at our facility.**
- ❖ If your child has a food allergy you must fill out a form from us with doctor's signature stating your child's allergic reaction and the protocol we must take in case of an allergic reaction. We will also need written permission from you to post your child's allergic reaction in our center so teachers will be aware when serving food.

Registration/Enrollment

- ❖ A Registration/Enrollment Fee of **\$100.00 (non-refundable)** shall be paid at the time of initial application.
- ❖ The Academy reserves the right to deny, cancel or suspend a child's enrollment at any time and at the sole discretion of the Center when it deems this action to be in the best interest of the child or the center. In such an event, any unused Tuition will be refunded.

Discounts & Tuition (See Tuition Rates in Parent Handbook)

- ❖ 10% Sibling discount (discount applied to oldest Child's Tuition)
- ❖ 10% Teacher's discount (valid proof required)
- ❖ 10% Military discount (valid proof required)
- ❖ 15% Combination discount with Teacher or Military and Sibling (discount applied to oldest Child's Tuition)
- ❖ Tuition is due on Mondays and will be considered late if paid after Wednesday.
- ❖ Tuition is not prorated and is owed and due in full on a weekly basis.
- ❖ Tuition is not refunded for Vacations, Unused Days, Holidays, Inclement Weather Closings, and/or an "Act of God" that prevents a change in business hours of operation.
- ❖ Payment Methods Accepted:
 - Pay by Brightwheel (*Preferred method*)
 - Pay by Check
 - Pay by Money Order

Fees

- ❖ Payments are processed through **Brightwheel** through your checking or credit card account.
- ❖ \$25-Late payment Fee is assessed to all payments received after Wednesday. (*Must be paid prior to or up to submitting future Tuition Payment*).
- ❖ \$35-Returned Check Fee - Payable at time of Restitution (*After 1st occurrence, checks can no longer be used. You may use cash or Money Order*)
- ❖ Late pick up – Fee \$5 for every 5 minutes beginning at 6:05pm and after 6:15pm, \$2 per minute until picked up.
- ❖ \$8.00-After 1st Warning: if we do not get a phone call that your child does not need to be picked up from school. (*School Age Children*)

Student Withdrawal

- ❖ When withdrawing your child, you must give us a written two-week notice. If a two-week notice is not given, you will be liable for the next two weeks.

SIGNATURE

By signing this form, I _____ (Parent Name) agree to abide by the policies of The Noble Academy, Inc. and agree to pay any applicable fees as stated herein.

Signature of Parent or Guardian

Name (Printed)

Date

A copy of the Parent Handbook can be found on our website www.thenobleacademy.com

THIS REGISTRATION PACKET MUST BE COMPLETELY FILLED OUT IN ORDER FOR YOUR CHILD TO BE REGISTERED. WE WILL NEED BIRTH CERTIFICATE, S.S. CARD(VIEW), \$100 ANNUAL REGISTRATION FEE, AND IMMUNIZATION AND PHYSICAL RECORDS (PART 1-4)

**VIRGINIA DEPARTMENT OF EDUCATION CHILD
REGISTRATION MODEL FORM**

- o INDICATE "N/A" IF THE INFORMATION IS NOT APPLICABLE.
- o THE INFORMATION IN THIS FORM IS REQUIRED BY CHILD DAY CENTER STANDARDS 8VAC20-780-60.

Child	Nickname	Date of Birth	Sex
Address			Home Phone
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade or Class Level

PARENT(S)/GUARDIAN(S)

Parent	Place Employed	Work Phone
Home Address		Home Phone
Parent	Place Employed	Work Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Work Address		Work Phone

EMERGENCY INFORMATION

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician		Phone
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child		
Person(s) <u>NOT</u> Authorized To Pick Up Child*		

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- NOTE: Section 22.1-4.3 of the *Code of Virginia* states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center (i) shall not be denied the opportunity to participate in any of the student's school or day care activities in which such participation is supported or encouraged by the policies of the school or day care center solely on the basis of such noncustodial status and (ii) shall be included, upon the request of such noncustodial parent, as an emergency contact for the student's school or day care activities.

AGREEMENTS

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain emergency medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

SIGNATURES

<hr/> <i>Parent(s) or Guardian(s)</i>	<hr/> <i>Date</i>
<hr/> <i>Administrator of Center</i>	<hr/> <i>Date</i>

First Date of Attendance: _____ Last Date of Attendance: _____

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

OFFICE USE ONLY IDENTITY VERIFICATION

If proof of identity is required and a copy is not kept, please fill out the following.

Place of Birth	Birth Date	Birth Certificate Number	Date Issued
Other Form of Proof		Date Documentation Viewed	Person Viewing Documentation

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided):

Date

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section § 22.1-289.049 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction, or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means..



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Enrollment Agreement/Contract

This Enrollment Agreement, effective the _____ day of _____ 20____ is between The Noble Academy, Inc. ("School") a privately-owned child care center, located at 5000 Ridgedale Parkway and _____ (Parent)

1. The Noble Academy, Inc.'s non-refundable registration fee of \$100 shall be paid annually in August or at the time of initial application.
2. Weekly tuition, per our current fees schedule, is due on or before the 1st work day of each week. A **\$25.00** late fee shall be charged for any weekly tuition payments received after the third day of each week. If weekly tuition fees (including any applicable late fees) are not received at the center by 5 work days after the due date, the child will not be readmitted to the program. If payment is not made when due, interest shall accrue at **1.5%** per month (**18% per year**) and the parent is responsible for all costs and fees associated with the collection process including but not limited to billing costs, collection costs, attorney's fees, which are deemed reasonable as **33 1/3%** of the amount owed, and court costs as may be required to collect the amount owed.
3. A second child in the same family shall receive a **10% discount** on the lower of the two tuitions.
4. Weekly tuition fees are non-refundable regardless of holidays, illness, vacation, inclement weather days or "Acts of God". The academy will make reasonable efforts to in inclement weather; however, the academy may choose to close at the School's discretion. Parents should call the school voice mail regarding closings or watch WRIC Channel 8.
5. This academy is closed on the following days:
 - New Years' Day
 - Presidents' Day
 - Martin Luther King, Jr. Day
 - Good Friday
 - Memorial Day
 - Thanksgiving
 - The day after Thanksgiving
 - Christmas Eve
 - Christmas
 - Juneteenth
 - Independence Day
 - Labor Day
 - Veteran's Day

6. The academy will open at **6:30 a.m.** and close at **6:00 p.m.** A **fee of \$5.00** will be charged for any child for the first **15 minutes** and an additional **\$5.00 per child per 5 minutes** period thereafter. Fees for late pick-up are payable immediately; unless there had been an agreement between the executive director and the parent. Otherwise, if fee is not paid for late pick up the child will not be re-admitted into the program. Consistent lateness will be cause for the child's dismissal from the academy. A fee of \$30.00 will be charged for checks returned by the academy's bank.
7. At the time of enrollment, the child shall be scheduled for specific days and times. Additional days may be added for an additional fee; however, the academy's executive director must be contacted at least 2 hours in advance of any added day. Additional days are offered based on enrollment and may not always be available. The director must approve any other schedule changes in advance.
8. A non-refundable deposit of one week's tuition is required for applications received 30 to 60 days prior to the child's enrollment. If deposits are not paid, a place for the child cannot be guaranteed. Deposits are applied to weekly tuition fees. **The center requires a two-week written notice of withdrawal. If two weeks' notice of withdrawal is not provided, the standard tuition fee shall be charged for that period.**
9. The academy reserves the right to deny, cancel or suspend a child's enrollment at any time the center, in its sole discretion, deems such action to be in the best interest of the child or the center. In such event, any unused tuition will be refunded.
10. Children may not attend the center while ill, children who become ill at the academy must be picked up immediately (refer to health policy guidelines). If the child will be absent, the absence should be reported to the academy by 9 a.m.
11. If parents engage employees of the academy from time to time for outside child care services, (Outside Engagements), Parents agree that Outside Engagements are not related to The Noble Academy, Inc. or its owners. With respect to Outside Engagements, Parents release and discharge the Academy, its owners, their present or former officers, employees, shareholders, affiliates, heirs, successors and signs, in their individual or corporate capacities (the "Owners' Release"), from all claims demands, liabilities, actions or cause of action whatsoever, whether know or unknown, which parents have, may have or claim to have at any time in the future against the Owners' Release based in whole or in part on or arising out of or related to any Outside Engagements.

Non-Discrimination Policy

Consistent with the truth that God's grace and His love through Jesus Christ extend without partiality to all mankind, The Noble Academy, Inc admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate based on race, color, national and ethnic origin in administration of educational policies, admissions policies, and other school-administered programs. The Noble Academy, Inc., does not teach any doctrine or is affiliated with any church or religious organization.

I understand the terms of this agreement and agree to be bound by them; I have received and executed a copy of this agreement and a copy of the parents' handbook, which includes the health policy referenced in paragraph 10.

Signature of the Parent or Guardian

Date

Signature of the Executive Director

Date



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The Virginia Department of Social Services requires that childcare centers document any schools or childcare centers previously or currently attended.

Date: _____

Child's Name: _____

Previous Childcare Centers or Preschools attended:

1. _____
2. _____
3. _____

Current Elementary School attending (if applicable):

School: _____

Grade: _____

**Office Use Only
Identity Verification**

Place of Birth: _____

Birth Date: _____

Birth Certificate Number: _____

Date Issued: _____

Other Form of Proof: _____

Proof of child's identity may include a certified copy of the child's birth certificate, birth registration card, notification of birth passport, etc. Viewing a child's proof of identity is not necessary when the child attends a public school in Virginia and the Center assumes direct responsibility for the child directly from the school. While programs are not required to keep proof of the child's identity, documentation of viewing this information must be maintained for each child.



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Policy and Photo Release

My signature below grants The Noble Academy the right to film, photograph, record, tape, reproduce and distribute my child's image, voice, etc. and use such for the purposes of publicity, advertising promotions, or for any other reasonable purpose in relation to The Noble Academy.

My signature below also confirms my understanding of the agreement, school policies, my tuition obligation, my responsibility for the payment of fees, and confirms that I have received and read a copy of the parent handbook.

SIGNATURE

Signature of the Parent or Guardian

Name (Printed)

Date



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Allergic Food Reaction

If your child has an allergic reaction to a certain food, you must fill out an "Action Plan for Allergic Reactions" form with us. This form must be filled out by your child's physician. Children who require an Epinephrine parent's must fill out a "Food Allergy & Anaphylaxis Care Plan" form. This form must be filled out by your child's physician. Your signature below gives us permission to post in our classroom that your child has an allergic reaction to a certain food. By posting in our classroom, it alerts our teachers that your child cannot consume certain foods due to an allergy.

SIGNATURE

Signature of the Parent or Guardian

Name (Printed)

Date



CACFP (CHILD) LETTER TO HOUSEHOLD (PARENTS/GUARDIANS)
MEAL BENEFIT INCOME ELIGIBILITY FORM

Dear Parent or Guardian:

This center/home participates in the United States Department of Agriculture's (USDA) Child and Adult Care Food Program (CACFP) and receives Federal funds to provide healthy meals and snacks to enrolled children. The amount of reimbursement the center receives is based on the information provided on the attached CACFP Meal Benefit Income Eligibility Form (IEF). Part of the USDA requirement is to complete the IEF. If household income is equal to or less than the income listed in the chart below for household size, the center will receive a higher level of reimbursement. Please return the completed IEF back to the center as soon as possible.

If a member of the family (child or adult) receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) or Food Distribution Program on Indian Reservations (FDPIR) benefits or cares for a foster child(ren) that is the legal responsibility of the Virginia Department of Social Services or the court, children are categorically eligible for meal benefits regardless of household income.

If the household income is over the income guidelines listed below, the family is not required to complete this application. Instead, please write the child's name on the IEF and return it to the center. Please notify the center staff if someone in the household becomes unemployed and the loss of income causes the household income to be within the income eligibility standards.

The information provided on the IEF will be used to determine the child's eligibility for meal benefits. The information will be kept confidential and only available to staff directly connected with administering the CACFP.

Family Access to Medical Insurance Security Plan (FAMIS)

FAMIS is Virginia's health insurance program for children. It provides access to quality health services for children who do not have health insurance. **FAMIS Plus** is Virginia's name for children's Medicaid. **FAMIS Plus** also provides great benefits and covers children in families with low or no income, even if the children are covered by health insurance.

By signing the section on the application for **FAMIS** or **FAMIS Plus**, the family is stating they do not want information shared with the local Department of Social Services. If IEF information is disclosed, it may be used to identify the child(ren) for the health insurance program. More information on **FAMIS** is available at 1-866-873-2647 – Interpreters are available. Log onto www.famis.org to apply online.

A household with income less than or equal to the income chart for reduced-priced meals below is eligible for free or reduced-price meals:

Household Size	Yearly
1	27,861
2	37,814
3	47,767
4	57,720
5	67,673
6	77,626
7	87,579
8	97,532
Each additional person:	9,953

Please feel free to contact the center at () - with questions or concerns.

Nondiscrimination Statement: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found on-line at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

**Virginia Child and Adult Care Food Program (CACFP)
(Child) Annual Enrollment Form (AEF)**

CENTER/PROVIDER COMPLETE THIS SECTION

The Noble Academy, Inc.

Center/Provider Name

5000 Ridgedale Parkway

Street Address

N. Chesterfield

City

VA

State

23234

Zip Code

This institution participates in the Child and Adult Care Food Program (CACFP) and receives Federal reimbursement to provide nutritious meals for children. Federal CACFP regulations require all parents/guardians to complete and sign a separate Annual Enrollment Form for each child when enrolling their child(ren) with this provider, and every 12 months thereafter. The parent or guardian must complete and ensure accuracy of Sections 1 through 6 below.

This form is required for:

Child Care Centers, Family Day Care Homes

This form is NOT required for:

Outside School Hours Care Centers, Emergency Shelters

1	FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	2	DAYS OF WEEK IN ATTENDANCE	3	TIMES CHILD NORMALLY ATTENDS CARE DURING THE WEEK			4	MEALS RECEIVED
	Child's First Name		<input type="checkbox"/> Monday	TIME IN	TIME OUT	SPORADIC SCHEDULE (no set schedule of days)		<input type="checkbox"/> Breakfast	
	Child's Last Name		<input type="checkbox"/> Tuesday					<input type="checkbox"/> AM Snack	
	Date of Birth (mm/dd/yyyy)		<input type="checkbox"/> Wednesday					<input type="checkbox"/> Lunch	
	Age		<input type="checkbox"/> Thursday					<input type="checkbox"/> PM Snack	
			<input type="checkbox"/> Friday	NOTES:				<input type="checkbox"/> Supper	
			<input type="checkbox"/> Saturday					<input type="checkbox"/> EV Snack	
			<input type="checkbox"/> Sunday						

5 Parent/Guardian Signature and Date: *By signing this form, I certify that I am the parent/legal guardian of the child named in Section 1 of this Annual Enrollment Form and that the information contained on this form is true and correct.*

Printed Name:

Signature:

Street Address:

City, State, Zip Code:

Phone Number HOME / WORK / CELL (circle one):

Date:

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at: http://www.asi.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW
Washington, D.C. 20250-9410
(2) Fax: (202) 690-7442, or
(3) Email: program.intake@usda.gov

This institution is an equal opportunity provider.

Ethnic and Racial Identification: Parent/Guardian to complete. Please select ONE Ethnicity; Please select ONE OR MORE Races

ETHNIC IDENTIFICATION

- ☐ **Hispanic, Latino or Spanish Origin:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- ☐ **Not Hispanic, Latino or Spanish origin**
- ☐ **I decline to answer.**

RACIAL IDENTIFICATION

- ☐ **American Indian or Alaskan Native:** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains cultural identification through tribal affiliation or community attachment (includes Aleuts and Eskimos).
- ☐ **Black, African American, or Haitian:** A person having origins in any of the black racial groups of Africa.
- ☐ **Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- ☐ **White:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- ☐ **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- ☐ **I decline to answer.**

VIRGINIA CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (IEF) FOR CHILD CARE CENTERS and FAMILY DAY CARE HOMES

1. All Household Members		2. FOSTER CHILD		3. SNAP, TANF or FDIPIR CASE #	
NAMES OF ALL HOUSEHOLD MEMBERS (Adults and Children)		Skip to Part 6 if all are foster children.		Skip to Part 6 if you list a SNAP, TANF or FDIPIR case number.	
First, Middle, Initial, Last	Check if NO income	Ages of children in care		SNAP AND TANF MUST BE NINE (9) DIGITS	
1.	<input type="checkbox"/>		<input type="checkbox"/>		
2.	<input type="checkbox"/>		<input type="checkbox"/>		
3.	<input type="checkbox"/>		<input type="checkbox"/>		
4.	<input type="checkbox"/>		<input type="checkbox"/>		
5.	<input type="checkbox"/>		<input type="checkbox"/>		
6.	<input type="checkbox"/>		<input type="checkbox"/>		

4. Homeless, Migrant, or Runaway

☐ Homeless ☐ Migrant ☐ Runaway

If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call your School Homeless Liaison or Migrant Coordinator.

5. Total Household Gross Income (before deductions): You must tell us how much and how often.

NAMES (LIST ALL HOUSEHOLD MEMBERS WITH INCOME)	GROSS INCOME AND HOW OFTEN IT IS RECEIVED (Example: \$100/month, \$100/twice a month, \$100/every other week, \$100/week)							
	Earnings From Work		Welfare, Child Support, Alimony		Pensions, Retirement, Social Security		Worker's Comp, Unemployment, SSI, etc.	
	Amount	How often	Amount	How often	Amount	How often	Amount	How often?
i.	\$		\$		\$		\$	
ii.	\$		\$		\$		\$	
iii.	\$		\$		\$		\$	
iv.	\$		\$		\$		\$	
v.	\$		\$		\$		\$	

6. Signature and Social Security Number (Adult must sign)

An adult household member must sign the application. If Part 5 is completed or if zero income is listed, 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.

X X X - X X - Social Security Number

☐ I do not have a social security number.

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.

Date: _____ Printed Name of Adult Household Member: _____ Signature of Adult Household Member: _____

7. Contact Information (Optional)

Work Telephone Number (include Area Code): _____ Home Telephone Number (include Area Code): _____ Home Address (Number, Street, City, State, Zip Code): _____

8. Optional: Sharing Information with Virginia's Health Insurance Program for Children (FAMIS)

May we share your information on this application with the FAMIS, the complete health insurance program for every child in Virginia? If yes, do not sign below.

☐ No, do not want my information from this application shared with the FAMIS. Date: _____ Sign here: _____

CHILD CARE REPRESENTATIVE USE ONLY – ELIGIBILITY DETERMINATION – COMPLETE SECTIONS A and B BELOW

SECTION A Annual Income Conversion: Weekly X 52 Every 2 Weeks X 26 Twice a Month X 24 Once a Month X 12 Convert income only if different frequencies all pay are reported.

TOTAL INCOME Per \$ _____

☐ Week ☐ Every 2 Weeks ☐ Twice a Month ☐ Month ☐ Year

NUMBER IN HOUSEHOLD: _____

☐ FREE based on: ☐ REDUCED based on: ☐ DENIED reason:

☐ Foster child ☐ migrant ☐ SNAP, TANF, FDIPIR ☐ household income ☐ income too high ☐ incomplete application

☐ homeless ☐ runaway ☐ non-qualifying SNAP/TANF

SECTION B Signature of Determining Official: _____ Date: _____

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

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

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail to: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights 1400
Independent Avenue SW
Washington, D.C. 20250-9410;

(2) fax (202) 690-7442; or

(3) email: program.intake@usda.gov

This institution is an equal opportunity provider.

NOTES:

Information on this form must be kept confidential.

Child Care Representative Use Only**Effective Date of This Enrollment Form:***(mm/dd/yyyy)***Effective Withdrawal Date of This Enrollment Form:***(mm/dd/yyyy)***Printed Name of Center Representative****Signature of Center Representative**

The effective date may be retroactive to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.

This form is effective for 12 months from the date of parent signature.

This institution is an equal opportunity provider.