



YMCA PrimeTime

After School Care

When School is out, The Y is in!

Handbook Registration Packet





State Licensed/Quality Rated
PRIMETIME
After School Enrichment Program

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Valdosta-Lowndes County Family YMCA

WHEN SCHOOL'S OUT... THEY'S IN!

Starts: August 7, 2019 - May 21, 2020

Times: School Dismissal - 6:30pm

OUR AFTER SCHOOL PROGRAM INCLUDES:

- * HOMEWORK ASSISTANCE * INDOOR/OUTDOOR GAMES * ARTS & CRAFTS
- * HEALTHY SNACK * ENRICHMENT ACTIVITIES

FEES

*Registration: \$10.00 per child
Weekly Bank/Credit Card Draft:
\$40.00 first child
Additional Children: \$30.00

* Registration fee and program pre-payment due at sign-up

SCHOOLS WE SERVE

Valdosta City Schools (Held in School Cafeteria):
Sallas Mahone, SL Mason, and WG Nunn

Lowndes County Schools (Held in School Cafeteria):
Clyattville, Dewar, Hahira, Moulton Branch, Lake Park, Pine Grove, and Westside

Transportation to the YMCA: (Min. 5 Children Enrolled)
Hahira Elementary, Hahira Middle and Valdosta Middle



CREDIBILITY • INTEGRITY • ACHIEVEMENT



Financial Assistance Available
For Deserving Children



*We participate in the Kids Café program, which is sponsored by Second Harvest of South Georgia, Inc. Snack, Lunch & Dinner is provided free of charge to children through our partnership with Second Harvest, our Center Sponsor. Funding from the Child and Adult Care Food Program (CACFP) reimburses the Center Sponsor for these meals.



Georgia Department of Early Care and Learning

Licensed by
Bright from the Start

For school-aged children 4-12

CARING FOR OUR FUTURE

CALL FOR DETAILS! (229) 244-4646

www.valdostaymca.org



Parent Reminder:

I understand that I must notify my child's school with the date that they will begin attending PrimeTime.

YMCA copy

Today's Date: _____

Date to Begin PT: _____

Child's Name: _____

Grade: _____ **School:** _____

Parent Name: _____

I understand that I must notify my child's school with the date that they will begin attending PrimeTime.

Parent's Signature: _____



YMCA PrimeTime Parent Handbook 2019/2020

Parent Acknowledgement Form

As the parent or legal guardian of _____,
I understand, agree to and/or acknowledge the following:

1. The YMCA agrees to provide child care for _____,
Monday through Friday (or on a weekly basis, at the discretion of the
parent(s)/guardian) from 2:30 PM to 6:30 PM during the school months of
August through May.
2. I understand that program fees are payable through bank or credit card draft
only. Weekly drafts are done every Monday for the entire school year unless
there is a full week break. **Initials:** _____
3. I understand that my child must be picked up no later than 6:30 PM. I also
understand that I will be charged \$5 late fee for the first fifteen minutes and
plus an additional \$20 after that. I also understand that if I am habitually
late, my child will no longer be allowed to participate in the program.
4. I understand that only medications that deal with life threatening instances
will be dispensed. I will provide a written authorization form provided by the
YMCA which includes name of child, date, name of medication, prescription
number (if any), dosage, dates and time of day medication is to be given.
Medicine will be in the original container and child's name will be marked on
the bottle. Over the Counter medications cannot be dispensed.
5. I understand that my child will not be allowed to enter or leave the facility
without being escorted by me or the person I designate. ID's must be
checked when your child is being picked up from program.
6. I acknowledge that it is my responsibility to keep my child's records current
to reflect changes as they occur, e.g. telephone numbers, work location,
emergency contact, child's physician, child's health status, immunization
records, etc. If I do not keep all information up to date this could lead to
withdraw of my child from the program.
7. The YMCA agrees to keep me informed of my child's progress and any
incidents, including illness, injuries, adverse reactions to medications, etc.
which involve my child.

8. I understand that if my child's behavior becomes a danger to other children and cannot be corrected or if my child is habitually unruly or disobedient, he/she will no longer be allowed to attend the program.
9. I have read this agreement and the parent handbook and agree to abide by the policies set forth in them.
10. I understand that my child will be provided with a snack each day.
11. I understand that my child(ren) may be photographed while at PrimeTime & the photographs may appear in Y Publications.
12. I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program. (The YMCA will take immediate staff and volunteer disciplinary action if a violation occurs.)
13. I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. (Please do not put staff in a position where they must make this judgment call.)
14. I understand that the YMCA is mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.
15. I understand that per state regulations, my child's file is available for review by the Department of Family and Children Services and their representatives. In addition, Law Enforcement personnel may request the information listed in your file. A copy of official request for information will be kept in the child's record you may request a copy from the YMCA.
16. I understand that the YMCA may terminate my child's enrollment for any of the following reasons:
 - Emergency names and phone numbers are incorrect
 - Parent is late picking up child after Program Center closes
 - Non/late/NSF payment of fees
 - Failure to adhere to the sign-in/sign-out policies
 - Child leaving the Program Center without authorized written permission
 - Behavior that is continually disruptive or dangerous to others and/or self
 - Behavior that is destructive to property and/or refusal to replace said property
 - Any single incident that is deemed by the Program Center Director to be dangerous, harmful or disruptive
 - Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or persons associated to the child (family member, family friend etc.)
17. The YMCA and the staff employed by the YMCA will not become involved in any custodial disputes between parent/guardian. If YMCA documents are

requested, the court must request them. The staff's responsibility is to provide a safe environment for children.

18. Registration fees are Non-Refundable.

Parent's Name: _____

Parent's Signature:

Thank you for taking your time to read the YMCA PrimeTime handbook, for entrusting your child with us and for allowing us this opportunity to make a positive difference in the life of your child.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



2019 - 2020 YMCA PRIMETIME/HOLIDAY CAMP REGISTRATION FORM

Please complete **ALL** spaces.

I am registering for:

☐ PrimeTime

☐ Holiday Camp

☐ Both

TRANSPORT

☐ Yes ☐ No

☐ HES ☐ HMS ☐ VMS

CHILD'S NAME: _____ Age: _____ Birthdate: _____ Sex: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ SCHOOL: _____ Grade: _____ Teacher: _____

Child resides with: ☐ Both Parents ☐ Mother ☐ Father ☐ Other _____

MOTHER/GUARDIAN #1: _____ Employer: _____ Work#: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Email address: _____

FATHER/GUARDIAN #2: _____ Employer: _____ Work#: _____

Address: _____ City: _____ State: _____ Zip: _____

Work Address: _____ City: _____ State: _____ Zip: _____

Cell Phone #: _____ Email address: _____

PHYSICIAN'S NAME: _____ PHONE#: _____

EMERGENCY CONTACTS OTHER THAN PARENT(S) AND PEOPLE OTHER THAN PARENTS THAT ARE ALLOWED TO PICK UP THIS CHILD:

Name: _____

Address: _____

City, State: _____

Phone #'s: _____

Relation: _____

Emergency Contact: YES NO

Name: _____

Address: _____

City, State: _____

Phone #'s: _____

Relation: _____

Emergency Contact: YES NO

Name: _____

Address: _____

City, State: _____

Phone #'s: _____

Relation: _____

Emergency Contact: YES NO

Name: _____

Address: _____

City, State: _____

Phone #'s: _____

Relation: _____

Emergency Contact: YES NO

PARENT AUTHORIZATION: This information is correct to the best of my knowledge and the youth herein described has permission to attend the PrimeTime Program. In the event I cannot be reached in an emergency, I hereby give permission to secure proper care for my child. **Parent Signature:** _____

*REGISTRATION REQUIRES: REGISTRATION FORM, REGISTRATION FEE, FIRST WEEK FEE, INCOME ELIGIBILITY FORM AND IMMUNIZATION RECORD

Reg. Fee (\$10 per child): _____ IE Form w/School Name: _____ Immunization Form: _____ Date: _____ Staff: _____

Transportation Form for eligible transport at: HES _____ HMS _____ VMS _____ Handbook Received: _____

Copies made/ Processed by: _____ Date: _____

EMERGENCY MEDICAL AUTHORIZATION

Should _____ , _____ suffer an injury or illness while in the care of the
(Child's Name) (Birth Date)

Valdosta YMCA, and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child. Child's primary source of health care is:

(Physician/Clinic name)

(Phone number)

Known medical/special conditions (i.e. diabetic, asthmatic, allergies, prescriptions, ADHD): _____

Plan of action for any medical/special conditions listed above: _____

TRANSPORTATION AGREEMENT

This is to verify that I, _____ , give the Valdosta-Lowndes County Family YMCA
(Parent/Guardian Name)

permission to transport _____ from the YMCA or PrimeTime Program for any
(Child's Name)

emergency situation or to any field trips planned for the YMCA's Holiday Camp Program.

Parent or Legal Guardian's Signature _____ Date _____

VALDOSTA-LOWNDES COUNTY FAMILY YMCA PRIMETIME WEEKLY AUTOMATIC PAYMENT AGREEMENT

1. The Valdosta YMCA weekly debit is a continuous payment plan, and fees will be drafted every Monday. I understand that this plan will remain in effect until I wish to terminate my child(ren)'s enrollment in the YMCA PrimeTime Program or at the end of the school year.
2. I authorize the Valdosta YMCA to draft my account for any late pick-up charges which I may incur while participating in the PrimeTime Program.
3. It is to my complete understanding that if I wish to terminate or change my child care payment in any way, I must give the Valdosta YMCA a **14 DAY WRITTEN NOTICE** prior to my next debit date. If proper notice is not received, I will be held responsible for tuition regardless of whether or not my child attends the Valdosta YMCA PrimeTime Program.
4. Should any debit not be honored by my bank for any reason, I understand that I am still responsible for the payment, plus a \$25.00 service charge applied by the YMCA. This is in addition to any service fee my bank may require.

Print Name _____ Authorizing Signature _____

Childs Name _____ Date _____

PARENTAL AGREEMENT/ACKNOWLEDGEMENT FORM

- As the parent or legal guardian of the above named child, I understand, agree to and/or acknowledge the following:

Please **Initial** the following:

- ___ 1. The YMCA agrees to provide child care for _____, Monday through Friday (or on a weekly basis, at the discretion of the parent(s)/guardian) from 2:30 PM to 6:30 PM during the school months of August through May.
- ___ 2. I understand that program fees are payable through bank or credit card draft only. Weekly drafts are done every Monday that PrimeTime operates for the entire school year. **Initials:** _____
- ___ 3. I understand that my child must be picked up no later than 6:30 PM. I also understand that I will be charged \$5 late fee for the first fifteen minutes and an additional \$20 after that. I also understand that if I am habitually late, my child will no longer be allowed to participate in the program.
- ___ 4. I understand that only medications that deal with life threatening instances will be dispensed. (i.e. epi-pen, asthma inhaler, etc.) I will provide a written authorization form provided by the YMCA which includes name of child, date, name of medication, prescription number, dosage, dates and time of day medication is to be given. Medicine will be in the original container and child's name will be marked on the bottle. Over the Counter medications cannot be dispensed.
- ___ 5. I understand that my child will not be allowed to enter or leave the facility without being escorted by me or the person I designate. ID's must be checked when your child is being picked up from program.
- ___ 6. I acknowledge that it is my responsibility to keep my child's records current to reflect changes as they occur, e.g. telephone numbers, work location, emergency contact, child's physician, child's health status, immunization records, etc.
- ___ 7. The YMCA agrees to keep me informed of my child's progress and any incidents, including illness, injuries, adverse reactions to medications, etc. which involve my child.
- ___ 8. I understand that if my child's behavior becomes a danger to other children and cannot be corrected or if my child is habitually unruly or disobedient, he/she will no longer be allowed to attend the program.
- ___ 9. I have received a copy of this agreement and the parent handbook and agree to abide by the policies set forth in them.
- ___ 10. I understand that my child will be provided with a healthy, USDA approved snack each day.
- ___ 11. I understand that my child(ren) may be photographed while at PrimeTime & the photographs may appear in Y Publications.
- ___ 12. YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program. (The YMCA will take immediate staff and volunteer disciplinary action if a violation occurs.)
- ___ 13. Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. (Please do not put staff in a position where they have to make this judgment call.)
- ___ 14. The YMCA is mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.
- ___ 15. Per state regulations, my child's file is available for review by the Department of Family and Children Services and their representatives. In addition Law Enforcement personnel may request the information listed in your file. A copy of official request for information will be kept in the child's record you may request a copy from the YMCA.
- ___ 16. The YMCA may terminate my child's enrollment for any of the following reasons: _____
 - ___ Emergency names and phone numbers are incorrect
 - ___ Parent is late picking up child after Program Center closes
 - ___ Non/late/NSF payment of fees
 - ___ Failure to adhere to the sign-in/sign-out policies
 - ___ Child leaving the Program Center without authorized written permission
 - ___ Behavior that is continually disruptive or dangerous to others and/or self
 - ___ Behavior that is destructive to property and/or refusal to replace said property
 - ___ Any single incident that is deemed by the Program Center Director to be dangerous, harmful or disruptive
 - ___ Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or persons associated to the child (family member, family friend etc.)
- ___ 17. The YMCA and the staff employed by the YMCA will not become involved in any custodial disputes between parent/guardian. If YMCA documents are requested, the court must request them. The staff's responsibility is to provide a safe environment for children.
- ___ 18. Registration fees are Non-Refundable.
- ___ 19. Electronic devices and personal toys are not permitted during Primetime hours.

Signature

Parent/Guardian Signature

Date



CHARACTER DEVELOPMENT CONTRACT

- _____ **Appropriate Conversation** - Children will not be allowed to discuss inappropriate topics or contribute to demeaning conversations about other campers or staff.
- _____ **Appropriate Language** - Children must refrain from using obscene language or gestures for any reason.
- _____ **Respect** - When asked to do or not to do something, a camper needs to follow directions the first time given. This is for the safety of all campers. Please speak to staff & other campers with respect.
- _____ **Play** - Campers are asked not to engage in any horseplay with each other or with a counselor. No one will be allowed to hit, kick, push or display any type of aggressive behavior. We will use appropriate words to settle our differences. We keep our hands and feet to ourselves.
- _____ **Responsibility** - All campers need to remain with their group and within eyesight of their counselor. This applies while we are here on the YMCA grounds, at park district properties, and on off-site field trips. We want campers to be safe at all times.
- _____ **Caring** - It is important to use and care for equipment, toys and games properly so that other campers can enjoy them. We will care for the property of the YMCA, of other campers and of the YMCA staff.

Consequences of Contract Violations:

If an incident occurs where a camper conducts himself/herself in a manner that jeopardizes their safety, the safety of others, or is not in accordance with the mission of the YMCA and camp, the following steps will be taken:

1. **First Violation** - A staff member will address and document the issue directly with the child. The child may be removed from an activity for the day such as swimming or free play. Parents will be contacted before or at the end of the program depending on the time of the incident.
Parents must sign the counseling report at the time of pick up.
2. **Second Violation** - A staff member will address and document the issue directly with the child. The parent or guardian will receive a phone call and be asked to pick up their child within the hour. The child will not be allowed to attend camp the next registered day.
Parents must sign the counseling report at the time of pick up.
3. **Third Violation** - A staff member will address and document the issue directly with the child. Parents will be contacted immediately to pick up their child from the program. The child will be suspended from the program for a week.
Parents must sign the counseling report at the time of pick up.
4. **Fourth Violation** - Child will be dismissed from camp for the remainder of the program. Any child causing severe harm to another child or staff member will be dismissed from the program immediately.

The following guidelines have been read and discussed.

Parent/Guardian Signature

Date



VALDOSTA-LOWNDES COUNTY FAMILY YMCA RELEASE & WAIVER of LIABILITY & INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating, will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation. Kids under the age of 16 must be accompanied by an adult 18 years or older at all times at the YMCA.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his/her personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost that may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of **Georgia** and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

Child's Name (Please Print)

Signature of Parent or Guardian

Print Name

Date



Please complete ALL spaces.

PRIMETIME

Transportation Agreement

☐ HES ☐ HMS ☐ VMS

This is to certify that I give the Valdosta-Lowndes County Family YMCA permission to transport my child to the YMCA located at 2424 Gornto Rdoad on the following days:

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

The YMCA staff is authorized to receive my child.

In the event my child is not able to be transported as outlined above, I agree to notify the YMCA by calling (229)244-4646. Please notify the YMCA by 2:00pm.

Example: Child is a car rider, checked out early, at home sick, etc.

Child's Name: _____ Grade/Teacher: _____

School: _____

Time School ends: _____ Parent/Guardian Phone#: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Vehicle Emergency Medical Information

Child's Name _____ Date of Birth _____

Address _____

Father/Guardian's Name _____

Home Phone _____ Work Phone _____

Mother/Guardian's Name _____

Home Phone _____ Work Phone _____

Emergency contact to notify if parents/guardians cannot be reached:

Name _____ Phone _____

Child's Doctor _____ Phone _____

Medical facility the center uses _____

Address _____

Child's Allergies _____

Current perscribed medication _____

Child's special needs and conditions _____

In the event of an emergency involving my child, and if _____
Name of Facility

Cannot get in touch with me, I hereby authorize any needed emergency medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.

Child's Name _____

Signature (Parent/Guardian) _____

Witness By _____ Date _____



INCOME ELIGIBILITY FORM FOR THE Summer Feeding Service Program and Child Adult Care Feeding Program



Please complete the following form using the instructions below. Sign the form and return it to:
Second Harvest of South Georgia, Inc.

INSTRUCTIONS

Households that receive SNAP, TANF, FDPIR, SSI or Medicaid: Complete the following:

Part I: For family day care home and child care center, list participant's name and a **SNAP**, TANF, or FDPIR case number. For adult day care, list participant's name and a **SNAP**, TANF, FDPIR, SSI or Medicaid case number. **Note: foster children (children placed in the household by the court system) can be included in this section. A separate form is no longer needed for foster children. Note: Children in Foster care, enrolled in Head Start and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals. Please refer to the Q&A section for a definition of each free categorical eligibility.**

Part II: Skip this part.

Part III: Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

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

Part V: Answer this question if you choose to.

All other Households, including WIC households, complete the following:

Part I: For family day care home, child care center or adult day care, list participant's name.

Part II: To report total household income from last month, complete the following:

A- Child Income: Please indicate the TOTAL income received by **Child** household members listed in PART I. Please list any child income and how often it is received in this section.

B – Adult Income: List the first and last name of each **Adult** person living in your household as an economic unit. You must indicate yourself and all other adult members living with you. In the case of an adult participant, the adult participant, and if residing with the adult participant, the spouse and dependent(s) of the adult participant should be listed here as well. Attach another sheet if necessary.

List Gross Income. Next to each person's name, list each type of income received last month, and how often it was received.

B-Column 1: List the gross income each person earned from work. This is not the same as take-home pay. Gross income is the amount earned before taxes and other deductions. The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

B-Column 2: List the amount each person got last month from welfare, child support, alimony.

B-Column 3: List Social Security, pensions, and retirement.

B-Column 4: List all other income sources including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits IVA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income from self-owned businesses, farming, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Social Security Number: If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or mark the "I don't have a Social Security Number" box.

If no income: If the person does not receive income from any source, write "0". If "0" is entered or any income field are blank, the person is certifying that there is no income to report.

C – Total Household Members. Please list the total number of all household members (children and adults) in this section.

Part III: Child care centers only. Provide the normal days and hours your child is in attendance in the center and indicate the meals he/she normally receives while in care.

Part IV: An adult household member must complete this section completely and then sign the form. Please refer back to Part II to ensure the last four digits of his/her social security number have been recorded or the box has been marked if he/she does not have one.

Part V: Answer this question if you choose to.

CACFP/SFSP Meal Benefit Income Eligibility Statmenet

Center Name: YMCA Primetime @

PART I: Child(ren) or Adult enrolled to receive day care

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

PART II: Report income for ALL Household Members (Skip this step if participant is categorically eligible as documented in Part I.)

Are you unsure what income to include here? Flip the page and review the charts titled "Sources of Income" for more information.

A. Child Income¹ - Sometimes children in the household earn or receive income. Please indicate the TOTAL income received by child household members listed in PART I here. **Child Income/How often?** \$ _____ / _____

B. Other Household Members¹ List all household members (including yourself) not listed in Part I even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter "0" or leave any field blank you are certifying (promising) there is no income to report.

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

C. Total Household Members (Adults and Children) listed in Part I and Part II _____

Social Security Number. If income is listed or completed in Part II, the adult completing the form must also list the last four digits of his or her Social Security Number or check the "I don't have a Social Security Number" box below. (See Privacy Act Statement on next page). **Failure to complete this section, if income is listed, will result in the denial of free or reduced eligibility.**

Last four Digits of Social Security Number XXX-XX _____ ☐ I do not have a Social Security Number

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

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

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

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

PART IV: Signature

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

Signature: X _____ Print Name: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

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

PART V: Participant's Ethnic and Racial Identities (optional)

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

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

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

Total income: _____ Per: ☐ Week ☐ Every 2 weeks ☐ Twice a month ☐ Month ☐ Year Household Size: _____

Categorical Eligibility: check (✓) if applicable ☐ Eligibility: check (✓) one Free ☐ Reduced ☐ Paid-Denied ☐

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

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

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow Up Official's Signature: _____ Date: _____

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 your child for free or reduced price meals. You must include 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 SNAP, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your child 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 your child 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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, 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 mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: program.intake@usda.gov. This institution is an equal opportunity provider.



SHARING INFORMATION WITH MEDICAID/SCHIP

Dear Parent/Guardian:

If your children qualify for free or reduced price meals, they may also be able to get free or low cost health insurance through Medicaid or the State Children's Health Insurance Program (SCHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and SCHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and SCHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or SCHIP, fill out the form below and send it with your Income Eligibility Form to **your Center within 5 days** (Sending in this form will not change whether your children get free or reduced price meals.).

☐ **No! I DO NOT** want information from my CACFP Meal Benefit Income Eligibility Form shared with Medicaid or the State Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____

Today's Date: _____

Print Your Name: _____

Address: _____

For more information, you may call Winona Green at **229-244-2678 ext. 1202.**

Bright from the Start
Georgia Department of Early Care and Learning
Child and Adult Care Food Program

Income Eligibility Guidelines
(Effective from July 1, 2019 to June 30, 2020)

Household size	Free Meals					Reduced Price Meals				
	Annually	Monthly	Twice A Month	Every Two Weeks	Weekly	Annually	Monthly	Twice A Month	Every Two Weeks	Weekly
1	16,237	1,354	677	625	313	23,107	1,926	963	889	445
2	21,983	1,832	916	846	423	31,284	2,607	1,304	1,204	602
3	27,729	2,311	1,156	1,067	534	39,461	3,289	1,645	1,518	759
4	33,475	2,790	1,395	1,288	644	47,638	3,970	1,985	1,833	917
5	39,221	3,269	1,635	1,509	755	55,815	4,652	2,326	2,147	1,074
6	44,967	3,748	1,874	1,730	865	63,992	5,333	2,667	2,462	1,231
7	50,713	4,227	2,114	1,951	976	72,169	6,015	3,008	2,776	1,388
8	56,459	4,705	2,353	2,172	1,086	80,346	6,696	3,348	3,091	1,546
For each additional family member add	+5,746	+ 479	+ 240	+ 221	+ 111	+ 8,177	+682	+ 341	+315	+ 158