



*Carver Community Organization* 400  
S.E. 8<sup>th</sup> Street  
Evansville, Indiana 47713  
(812) 423-2612  
[carver@carverorg.org](mailto:carver@carverorg.org)

## **- Summer Camp Application -**

Before your child or children can begin the program, make sure the following forms are completed:

- Completed Summer Camp Program Application for Date: \_\_\_\_\_
- One-time, non-refundable activity fee of \$60.00 per child to reserve your child's spot
- Parent/Guardian's Pay Stubs (a month's worth of income)
- CCDF Voucher Provider Transfer Form (if on CCDF program)-**see Intake Specialist for this form.**
- Immunization Record and Birth Certificate
- CACFP Application & Enrollment Form (Case Number if any member of your household receives Food Stamps or State TANF assistance)

**Return all completed applications to the Intake Specialist:**

**Carver Community Organization**

**Monday through Friday from 6:00 am – 5:30 pm.**

**\*\*LATE FEES APPLY AFTER 5:30 pm**

Carver Community Organization, Inc.  
400 S. E. 8<sup>th</sup> Street  
Evansville, IN 47713  
Phone: (812) 423-2612 Fax: (812) 423-6941  
E-Mail: [carver@carverorg.org](mailto:carver@carverorg.org)

## Youth Program Summer Camp Application

\*A one-time activity fee of \$60.00 is due with application (\*\*Non-refundable)

\$80.00 a week per child

Dates of Operation: Monday-Friday 6:00am-5:30pm

Pick up ***promptly*** at 5:30 pm

Child's Name: \_\_\_\_\_ Nickname(?): \_\_\_\_\_

Gender \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_

Name of School Attended: \_\_\_\_\_

### Family Information

Mother/Guardian's Name: \_\_\_\_\_ Legal custody of child: ☐ YES ☐ NO

Address & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address & Zip code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_ Legal custody of child: ☐ YES ☐ NO

Address & Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address & Zip code: \_\_\_\_\_ Work Phone: \_\_\_\_\_

List names of other children who attend Carver Day Care and Preschool (if applicable)

\_\_\_\_\_

### Hours of Operation

6:00 am—5:30 pm

**\*\*LATE FEES APPLY AFTER 5:30 pm**

### \*Authorization for Pick-Up

We will not release your child to anyone without your authorization.

The following individuals have my authorization to pick up my child from childcare.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*\*If you wish to add or delete any of the individuals listed above, please complete another Authorization for Pick-Up Form.*

### \*Non-Authorized Pick-Up

The following individuals are specifically DENIED permission to pick up my child (if applicable):

*\*(If any individual listed is another parent of the child a court signed document is required.)*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

*\*To add or remove any of the individuals listed above, please contact Carver Community Organization at (812)423-2612*

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

\_\_\_\_\_  
Date

**\*\*LATE FEE NOTE - 3 LATE OCCURANCES COULD RESULT IN SUMMER CAMP TERMINATION!!\*\***

Parents will be charged \$10.00 for each ½ hour the child remains at the daycare. Late Fee Payment due at arrival and must be paid in full before your child can return to camp.

If attempts have been made to contact you as well as the listed responsible adults and your child has not been picked up by 6:30 pm, Child Protective Services (425-2124) will be notified.

Rev:3/22

### Emergency Contacts

Please list three (3) responsible adult persons who can be contacted in case parent(s)/guardian(s) cannot be reached in the case of an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_

Special Medical Health Need(s): \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

## **Emergency Medical Authorization**

\*Local Telephones Numbers Required

I agree, and by my signature, give consent, that in case of an accident or illness of a serious nature, my child will be given emergency medical care, and if necessary, transported by ambulance. I understand that I will be contacted immediately, or as soon as possible should I be away from the phone numbers given with this application.

Name of Parent/Guardian: \_\_\_\_\_

Phone # 1: \_\_\_\_\_ Emergency #: \_\_\_\_\_

My child is insured:    ☐ Yes        ☐ No

In case of emergency, which hospital would you prefer your children to be transported?

\_\_\_\_\_

Physician's Name: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

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

Dentist's Name: \_\_\_\_\_

Dentist's Phone Number: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

Rev:3/22

## **Behavior and Habits Form**

1. How does your child react to other children? \_\_\_\_\_  
\_\_\_\_\_
2. How does your child react to adults? \_\_\_\_\_  
\_\_\_\_\_
3. How does your child react to new situations? \_\_\_\_\_  
\_\_\_\_\_
4. Is he/she insecure? \_\_\_\_\_ If so, please explain: \_\_\_\_\_  
\_\_\_\_\_
5. Does he/she show independence ☐ or dependence ☐?
6. What is your child's attitude toward discipline? \_\_\_\_\_  
\_\_\_\_\_
7. How does your child show fear? \_\_\_\_\_
8. What are some of the things that make your child afraid? (i.e.: the dark, heights, dogs, cats, etc.)  
\_\_\_\_\_
9. Does he/she share things willingly Yes ☐ No ☐
10. Is he/she destructive? Yes ☐ No ☐ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
11. How does your child react to adults? \_\_\_\_\_
12. Is he/she friendly in most situations? Yes ☐ No ☐ Shy? Yes ☐ No ☐  
Aggressive? Yes ☐ No ☐ Withdrawn? Yes ☐ No ☐
13. How does your child reveal his/her feelings? \_\_\_\_\_  
\_\_\_\_\_
14. What makes your child upset? \_\_\_\_\_  
\_\_\_\_\_
15. Is there a pet in the household? Yes ☐ No ☐  
If yes, how does your child react with the pet? \_\_\_\_\_  
If no, how does your child react to animals and pets? \_\_\_\_\_

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

\_\_\_\_\_  
Date



## Eating Habits

1. Does your child have any type of eating disorders? Yes ☐ No ☐

If so, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Does your child have any food allergies or food sensitivities? Yes ☐ No ☐

If so, please fill out the following chart, along with official document from Physician

### Food Allergens and Sensitivities

If your child is allergic or sensitive to certain foods, please specify along with reactions:

_____	_____
_____	_____
_____	_____
_____	_____

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

\_\_\_\_\_  
Date

## Water Activities

1. Does your child know how to swim? Yes ☐ No ☐
2. Is your child able to swim more the 12.5 yards without assistance? Yes ☐ No ☐
3. Do you want your child to participate in swimming activities (including Swim Lessons)?  
Yes ☐ No ☐

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

\_\_\_\_\_  
Date

## Allergies/Sensitivities

1. Does your child have any allergies or sensitivities? Yes ☐ No ☐

If so, please fill out the following chart, along with official document from Physician

### Allergens and Sensitivities

If your child is allergic or sensitive to certain foods, please specify along with reactions:

_____	_____
_____	_____
_____	_____
_____	_____

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

\_\_\_\_\_  
Date

## **DISCIPLINE AND GUIDANCE POLICY**

Brief supervised separation from the group may be used, if necessary, which is referred to as "reflection period". Most children are old enough to understand consequence both negative and positive.

Children shall not be humiliated or subjected to abusive or profane language. Punishment shall not be associated with food.

## **CAUSES OF DISMISSAL**

1. Violent or threatening behavior (profane language, spitting, wild temper tantrums, etc...)
2. Child causing physical harm to themselves, other children, or staff (fighting, kicking, biting, etc...)
3. Child refusing to participate or cooperate in every segment of Summer Camp
4. Non-payment of required fees.

I understand the discipline guidance policy, with the understanding all camp proceedings are at the discretion of the Carver Community Organization Leadership Staff

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

\_\_\_\_\_  
Date

## **INTAKE AGREEMENT**

**LATE POLICY:** A Carver staff member will attempt to call all persons/numbers listed on application in cases where the child has not been picked up by the end of the day's program (5:30). **Parents will be charged \$10.00 for each ½ hour the child remains at the daycare. Late Fee Payment due at arrival and must be paid in full before your child can return to camp.**

**If attempts have been made to contact you as well as the listed responsible adults and your child has not been picked up by 6:30 pm, Child Protective Services (425-2124) will be notified.**

1. I understand that my child will only be released to the parent(s) named (pg. 2) or authorized (pg. 3)  
Yes ☐ No ☐
2. In case of serious injury or illness, I grant permission for emergency medical treatment  
Yes ☐ No ☐
3. I give the Carver Community organization and its designees to transport my child to and from field trips and other activities outside camp Facilities.  
Yes ☐ No ☐
4. I understand that payment for Summer Camp is due each Monday  
Yes ☐ No ☐
5. I understand I must supply the Summer Camp with my child's current Immunization Record prior to admission  
Yes ☐ No ☐
6. I understand that the Summer Camp staff will notify parent(s) of any issues pertaining to their child's performance  
Yes ☐ No ☐

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

\_\_\_\_\_  
Date



## **MEDIA RELEASE FORM**

Dear Parent(s):

The United Way of Southwestern Indiana and various other funding sources, local newspapers and other organizations occasionally request photographs of the activities provided by Carver Community Organization, Inc.

We need a release from you, the parent / guardian, before releasing any photographs of your child to one of these funding sources or news media.

Thank you.

**Please check one of the following statements.**

☐ Yes, I give my permission for \_\_\_\_\_'s picture to be  
Child(ren)'s name  
taken and released for publicity.

☐ No, I do not give my permission for \_\_\_\_\_'s picture to be  
Child(ren)'s name  
taken and released for publicity.

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

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

## Parent - Provider Transportation Agreement

Child Care Program located at **Carver Community Organization Summer Camp**

I, \_\_\_\_\_, give permission for Carver Community Organization, Inc. to  
(Name of parent)

transport my child(ren) \_\_\_\_\_  
(Name(s) of child(ren))

for the purpose of: (check all that apply):

- |       |  |
|-------|--|
| _____ | Field trips                                |
| _____ | Excursions to the park                     |
| _____ | Emergency purposes                         |
| _____ | Any reason deemed necessary by the program |

It is agreed that:

1. The caregiver will never leave my child(ren) unattended in any motor vehicle or other form of transportation.
2. Each child will board or leave a vehicle in a safe & supervised manner.
3. My child(ren) will be secured in safety seats or by safety belts as appropriate for the age of the child(ren) in accordance with the law.
4. Any motor vehicle used to transport my child(ren) will have current registration and inspection stickers and must be operated by a person who is at least 18 years of age and possesses a valid driver's license.
5. The CCOSAC Staff will notify me in advance of any instance where my child(ren) will be transported while in care.
6. The driver(s) is considered Carver's employee or volunteer and therefore has met ALL CCDF Provider Eligibility Standards.

\_\_\_\_\_  
(Parent or Guardian Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Program Director Signature)

\_\_\_\_\_  
(Date)

Rev: 3/22

## **FINANCIAL RESPONSIBILITY FORM**

All fees are due and payable at the time of service. Fees for the current week are due no later than Friday by 5:30 p.m. If full payment on your account isn't received by the following Monday by noon, your account will be suspended, and Carver will not be able to accept your child for care the next day. All accrued fees must be paid before service can resume. You will be contacted by a Carver Staff Member to request payment of your account. You will have 30 days to respond. If you do not respond within the 30-day timeframe after being contacted for payment, your account will be turned over to a collection agency. We will set up a payment plan for clients who contact us to pay their past due fees if contacted before your account is turned over to a collection agency. However, you will be turned over to a collection agency if you do not keep your agreed payment arrangement. By signing below, you acknowledge your understanding and agreement of the terms for payment for services received from Carver Community Organization, Inc., and the collection procedure required for services received. By signing below, you also acknowledge that you are the person responsible for payment(s) to be made to Carver Community Organization, Inc.

**I also understand that I am responsible for any attorney fees and court costs incurred in collecting and unpaid balances for services I received. I agree that this statement applies to all current and future claims.**

\_\_\_\_\_  
Printed Name of person Financially responsible for child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of person financially responsible

\_\_\_\_\_  
Date

### **ATTESTATION**

To the best of my knowledge, all the information provided herein is true and factual.

\_\_\_\_\_  
Signature of official completing form

\_\_\_\_\_  
Date

Relationship to Child: \_\_\_\_\_

# HISTORY OF IMMUNIZATIONS AND TEST (Indicate month / day / year)

	1	2	3	4	5
DTaP / DT					

	1	2	3	4
Hib				

	1	2	3	4	5
IPV (Polio)					

	1	2	3	4	5
* Influenza (Flu)					

	1	2
Measles Mumps Rubella (MMR)		

	1	2	3
Rotavirus (RGE)			

	1	2
Varicella (Varivax)		

or Chicken Pox Disease

Month / year

	1	2	3	4
Pneumococcal (PCV) (Prenar)				

	1	2
HEP A		

	1	2	3
HBV (HEP B)			

\* Recommended yearly.

Name of physician / nurse practitioner / physician assistant completing form (please print)

Telephone number

( )

Signature of physician / nurse practitioner / physician assistant

## ADDITIONAL NOTES AND INSTRUCTIONS



# Building for the Future with CACFP

This day care receives support from the Child and Adult Care Food Program to serve healthy meals to your children.

Meals served here must meet USDA's nutrition standards.

**Good nutrition today means a stronger tomorrow!**



**Meals--CACFP homes and centers follow meal requirements established by USDA.**

Breakfast	Lunch or Supper	Snacks (Two of the FIVE)
Fluid Milk Fruit or Vegetable Grains or Bread Meat/Meat Alternate	Fluid Milk Meat or meat alternate Grains or bread Vegetable Fruit	Milk Meat or meat alternate Grains or bread Fruit Vegetable

**Participating Facilities**--Many different homes and centers operate CACFP and share the common goal of bringing nutritious meals and snacks to participants. Participating facilities include:

- Child Care Centers: Licensed or approved public or private nonprofit child care Centers, Head Start programs, and some for-profit centers.
- Family Child Care Homes: Licensed or approved private homes.
- After School Care Programs: Centers in low-income areas provide free snacks to School-age children and youth.
- Emergency Shelters: Programs providing meals to homeless children.

**Eligibility**--State agencies reimburse facilities that offer non-residential day care to the following children:

- Children age 12 and under,
- Migrant children age 15 and younger, and
- Youths through 18 in after school care programs in needy areas.

**Contact Information**--If you have questions about CACFP, please contact one of the following:

## Sponsoring Organization/Center

Carver Community Organization  
400 S.E. 8<sup>th</sup> Street  
Evansville, IN 47713

## Indiana Department of Education

CACFP Staff  
School & Community Nutrition  
Indiana Government Center North, 9<sup>th</sup> floor  
100 N Senate Ave  
Indianapolis IN 46204  
800-537-1142 or 317-232-0850



## CACFP Meal Benefit Income Eligibility Form Instructions

The Child and Adult Care Food Program (CACFP) makes good food a regular part of day care! Please fill out the *CACFP Meal Benefit Income Eligibility* form. It helps us find out if your household qualifies for free or reduced-price meals. This lets us know how much money CACFP will give to support your day care center.

### Instructions

Here are instructions to help you fill out the form. Before you begin, turn the form over to learn why we ask for this information. It tells you how we use the information and what rights you have. It also tells you how to contact USDA if you believe you are treated unfairly.

Please make sure to fill in all of the requested information. Use a pen to mark your answers on one form. When you are finished, please return the form to us at:

Carver Community Organization - Daycare & Preschool  
400 S.E 8<sup>th</sup> Street  
Evansville, IN 47713

#### Step 1:

List everyone from your household attending the day care. Use one line for each person's name. Write one letter in each box. Stop if you run out of space. If there are more than five people, add their names on a second piece of paper.

Do you have any foster children? If you answer *Yes*, mark the *Foster Child* box next to the child's name. If you are only applying for foster children, finish Step 1 and go to Step 4. If you are applying for both foster and non-foster children, go to Step 2.

Are any children migrant, runaway, homeless, or enrolled in Head Start? If *Yes*, mark the correct boxes next to the child's name and go to Step 4.

#### Step 2:

For Childcare: You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), or Food Distribution Program on Indian Reservations (FDPIR).

For Adult Daycare: You qualify for free meals if you live in a household that receives Supplemental Nutrition Assistance Program (SNAP), Food Distribution Program on Indian Reservations (FDPIR), Supplemental Security Income (SSI), or Medicaid benefits.

Do any household members, including you, currently receive these benefits? If *Yes*, write the case number in the box and go to Step 4. You only need to provide one case number. If *No*, go to Step 3.

#### Step 3:

Report current income for all household members. Skip this step if you answered *Yes* in Step 2.

How do you report child income? Turn the form over and use the *Source of Income for Children* chart to see if your household has income to report. Write the amount in the boxes in part A of the form. Mark how often the amount is earned. Write 0 in the box if there is no income to report.

How do you report income of adult household members? Turn the form over and use the *Source of Income for Adults* chart to see if your household has income to report.

In part B, list the adults in your household, including you, even if each of you doesn't receive income. Include adults, such as grandparents, other relatives, and friends who live with you and share household income and expenses. Write the amount of income each of you receives, in the

boxes next to your names. Mark how often the amount is received. Write 0 in the box if there is no income to report.

Make sure you report the current amount of money you get before taxes. Don't include SNAP, FDPIR, WIC, student financial aid, or money you receive for a foster child as income.

Count the number of all children and adults in your household. Include all infants, children, students, and adults. Write the total number in the box under the list of adult household members.

Do you or another adult household member have a Social Security number? Write the last four digits in the boxes. If there is no Social Security number, mark the *Check if no SSN* box.

**Points to Remember:**

If:	Then:
<b>Your income isn't always the same</b>	<b>List the amount of money that you normally get. For example, don't include overtime pay, if you don't normally get it. If your income is normally higher or lower, you can report annual income instead.</b>
<b>Your household includes members who aren't citizens</b>	<b>Participants don't have to be U.S. citizens to qualify for meal benefits.</b>
<b>You are in the military</b>	<b>Don't include your Family Subsistence Supplemental Allowance (FSSA), combat pay, or the money you receive for privatized housing. If deployed, count any pay that is provided to your household as income.</b>

**Step 4:**

An adult household member must sign this form. The signer promises that all information is true and complete.

Print the name, address, and telephone or email of the adult signer. Sign and write today's date in the marked boxes.

**Optional:** We ask about the participants' ethnicity and race to make sure we do our best to serve our community. Providing this information is not required. You won't be denied benefits based on your race, color, national origin, sex, age, or disability

*This institution is an equal opportunity provider.*



**APPLY ONLINE:** Insert URL Here

**STEP 1** List ALL children or adults in day care (if more spaces are required for additional names, attach another sheet of paper)

**STEP 2**

List the following assistance programs any household member participates in - for child care: SNAP, TANF, or FDPIR, or for adult daycare: SNAP, FDPIR, SSI, or Medicaid

CASE NUMBER:

Write only one case number in this space.

Print Name of Adult Signing the Form		Signature of Adult		Today's Date	
Address		City	State	Zip	Phone/Email



Source of Income for Children	
<b>Sources of Child Income</b>	<b>Examples</b>
Earnings from work	<ul style="list-style-type: none"> <li>A child has a regular full or part-time job where they earn a salary or wages</li> </ul>
Social Security - Disability Payments - Survivors Benefits	<ul style="list-style-type: none"> <li>A child is blind or disabled and receives Social Security benefits</li> <li>A parent is disabled, retired, or deceased, and their child receives Social Security benefits</li> </ul>
Income from person outside of household	<ul style="list-style-type: none"> <li>A friend or extended family member regularly gives a child spending money</li> </ul>
Income from any other source	<ul style="list-style-type: none"> <li>A child receives regular income from a private pension fund, annuity, or trust</li> </ul>

Source of Income for Adults		
<b>Earnings from Work</b>	<b>Public Assistance/Alimony/Child Support</b>	<b>Pensions/Retirement/All other sources of income</b>
<ul style="list-style-type: none"> <li>Salary, wages, cash bonuses</li> <li>Net income from self-employment (farm or business)</li> </ul> <p><b>If you are in the U.S. Military:</b></p> <ul style="list-style-type: none"> <li>Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances)</li> <li>Allowances for off-base housing, food, and clothing</li> </ul>	<ul style="list-style-type: none"> <li>Unemployment benefits</li> <li>Workers compensation</li> <li>Supplemental Security Income (SSI)</li> <li>Cash assistance from State or local government</li> <li>Alimony payments</li> <li>Child support payments</li> <li>Veterans benefits</li> <li>Strike benefits</li> </ul>	<ul style="list-style-type: none"> <li>Social Security (including railroad retirement and black lung benefits)</li> <li>Private Pensions or disability benefits</li> <li>Income from trusts or estates</li> <li>Annuities</li> <li>Investment income</li> <li>Earned income</li> <li>Rental income</li> <li>Regular cash payments from outside household</li> </ul>

### OPTIONAL Participant's Ethnic and Racial Identities (Optional)

We are required to ask for information about the participant's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect eligibility for receiving meals during care.

**Ethnicity (check one):** ☐ Hispanic or Latino ☐ Not Hispanic or Latino

**Race (check one or more):** ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPRI) case number or other FDPRI identifier for your child 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 the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

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, 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](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](mailto:program.intake@usda.gov)

*\*Only use this address if you are filing a complaint of discrimination.*  
*This institution is an equal opportunity provider.*

### DO NOT FILL OUT Sponsor use only - The Determining Official's dated signature is required

**Annual Income Conversion:** Weekly x 52, Every 2 Weeks x 26, Monthly x 12 (required if earnings are in more than one frequency type)

Total Income	How often?				Household size	Categorical Eligibility <input type="checkbox"/>	Eligibility				Date	3rd Official's Signature	Date
	Weekly	Bi-Weekly	Monthly	Annually			Free	Reduced	Paid	Tier I			
Determining Official's Signature (required)													

Use this space for income calculations:

# CHILD ENROLLMENT FORM

IDOE/CACFP  
June 2019

Name of Institution: Carver Community Organization, Inc.

Sponsor ID Number: 1820158

Name of Facility: Carver Day Care & Preschool

Child's Name:

Birthdate:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Please enter the normal hours your child is in care on the specific days of care.							
Please check (✓) the meals your child normally receives while in care.	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____	Breakfast _____ AM snack _____ Lunch _____ PM snack _____ Supper _____ Night snack _____
If your school-age child will be in attendance outside of the regular hours indicated above (snow days, school breaks, etc.) Please check (✓) here _____							

**FOR INFANTS ONLY:** All facilities must offer infant formula and meals/snacks to infants in care during meal service times

Infant Formula

This facility will provide the following iron-fortified infant formula: \_\_\_\_\_

Check here to accept: ☐ Check here to decline: ☐ Provide name of parent-provided formula: \_\_\_\_\_

Infant Meals and Snacks

Check here to accept: ☐ Check here to decline: ☐

This information is required by CACFP federal regulations at §226.15 (e)(2) and (3) for each enrolled participant and must be updated annually.

Printed name of parent/guardian: \_\_\_\_\_

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

Signature of parent/guardian: \_\_\_\_\_

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

This institution is an equal opportunity provider.