Center: SPRING BOK ACADEMY

Enrollment

Child First Name	Child Last Name	Date of Birth	Hour In	Hour Out	Days In Care	Meals Attending
					MON ☑ TUE ☑ WED ☑ THR ☑	breakfast ☐ am snack ☐ lunch ☐ pm snack ☐
Please Circle (optional): White ☑ Black ☑ Asian ☑ Native Amer Indian ☑ Alaska Native ☑ Hawaiian or Pacific Islander ☑ Hispanic ☑ Other ☑			AM ☑ PM ☑	AM ☐ PM ☑	FRI ☑ SAT ☑ SUN ☑	supper ☐ ev snack ☐

Parent First Name: **Parent Last Name:**

Date of Enrollment: **Date Dropped:**

Address _____

City, State, Zip _____

Home Phone **Work**

Email

THIS SECTION MUST BE COMPLETED IF YOUR CHILD IS UNDER 12 MONTHS OLD: THIS CENTER SUPPLIES THE IRON FORTIFIED INFANT FORMULA:_____

Under the policies of the USDA CACFP, the childcare center is required to supply the iron-fortified infant formula of the center's choice. Please select your preferences below:

☑ **The center will supply formula**	☑ **I Will bring the Breastmilk**	**I will bring the Iron fortified infant formula listed here:**_____**(if this formula is low-iron or non iron fortified a medical statement is necessary.)**
Date of change:	**New instructions: example:** *change formula to Iron fortified Similac*	

Center must update this information as the situation changes, such as a change in the infant's formula. Update in the space provided above.

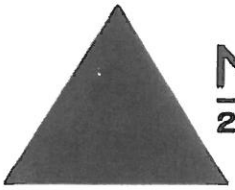
When your child is developmentally ready, the center is required to supply solid foods such as iron-fortified infant cereal, fruits, vegetables, meat/meat alternates as they become developmentally ready to accept according to the Infant Meal Pattern. Please select your food preference:

☑ **The center will supply solid foods**	☑ **I will bring solid foods my child is developmentally ready to accept**

Dear Parent, Because your day care provider cares about good nutrition, they have chosen the benefits of the Chld and Adult Care Food Program. This program is sponsored by Nutriservice, Inc. 972-203-9490. Under the regulations of the CACFP, your provider may not charge you separate fees for rmeals, nor may you be asked to provide food for your child for those meals claimed under the program. In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.To file a complaint of discrimination, write: USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW, Washington D.C. 20250-9410 or call (866) 632-9992 (toll free), (202) 260-1026, or (202) 401-0216 (TDD). USDA is an equal opportunity provider and employer.

Date of Signature

Signature X



Nutriservice, Inc.

20 Years Serving Texas Children

SPRING BOK ACADEMY

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐
	☐	☐

Part 2. Benefits: If any member of your household receives SNAP, TANF, or FDPIR, provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME:_____ CASE NUMBER: _____

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

Check here if no case number ☐

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

A. Name (List **only** household members with income)	**B. Gross income and how often it was received**			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
(Example) Jane Smith	$200/weekly	$150/twice a month	$100/monthly	$200/bi-monthly
	$_____/ Weekly	$_____/ twice a Month	$_____/ Monthly	$_____/ bi-Monthly
	$_____/ Weekly	$_____/ twice a Month	$_____/ Monthly	$_____/ bi-Monthly
	$_____/ Weekly	$_____/ twice a Month	$_____/ Monthly	$_____/ bi-Monthly
	$_____/ Weekly	$_____/ twice a Month	$_____/ Monthly	$_____/ bi-Monthly
	$_____/ Weekly	$_____/ twice a Month	$_____/ Monthly	$_____/ bi-Monthly

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

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

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

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

CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)	
Mark one ethnic identity:	Mark one or more racial identities:
☐ Hispanic or Latino ☐ Not Hispanic or Latino	☐ Asian ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

Part 7. Sharing Information With Other Programs: OPTIONAL

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

☐ **I do elect to allow my household information to be disclosed.**

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

[redacted]

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

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly. "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."