

Welcome to the KPS Summer Day Camp!

Enclosed in this packet you will find **MANDATORY** forms that need to be filled out prior to your child attending our program, as well as, the calendar of events for the summer.

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**Even if it appears that you do not qualify, the state requires one on file for every child to ensure we aren't discriminating

PAGE 13.....Key Fob Rental Form **NEEDS FILLED OUT & RETURNED**

We look forward to working with you and your child this summer. Please contact us if you have any questions about our program. Our calendar starts June 4th. ALL of your paperwork must be completed in order to start our program.

Blessings,

Kiddie Prep School Staff



Dear Parents and Guardians,

We have many goals we are working to achieve; one is increasing our family engagement practices, we want parents to know that we are here for you and to know that you are your child's first teacher. We want to work with you, and your child to make sure you both feel and know this is a safe, Christian learning environment. With the introduction of our new family-engagement app, Bloomz, we feel that this will help in executing our goal. Bloomz is a fun, free and safe app that allows parents/guardians and teachers to stay connected. It also allows parents to feel connected with their child while they are away. Kiddie Prep is very excited about this new use of technology and we hope that you will find this helpful and exciting. Thank you for choosing Kiddie Prep as your child's primary care for the summer and we hope you and your child will have a great experience with us.

Getting Started on Bloomz

Creating a Parent Account - Invitation Code

****Your classroom teacher will send you an email that will give you your class access code ****

When your teacher or your school admin invites you to join your class on Bloomz, you will receive an invitation code in email. Follow these steps to create your account:

1. Navigate to www.bloomz.net
2. Click **Join Bloomz**
3. You will see the Class Invite from your teacher
4. Enter the name of the Child who attends that class
5. Click **Add Another** (To enter the second child's name if he/ she is attending the same class)
6. Click **Join Class**
7. In **My Profile** screen Upload your profile picture , select gender
8. You can Choose to invite your spouse at this point by clicking Invite Spouse, If not you can do it once you sign up, from your account settings.
9. Click **Done**

Note: Your account is created and you will see the class you joined in your left navigation tray. From now on you will receive the updates your teacher posts to this class.

*****YOUR CHILD WILL NOT BE PERMITTED TO ATTEND ANY FIELD TRIPS UNTIL THIS FORM IS RETURNED TO A KIDDIE PREP SCHOOL-AGE TEACHER*****

KIDDIE PREP SCHOOL FIELD TRIP MEDICAL EMERGENCY/PERMANENT PERMISSION FORM

Student's Name: _____

Street Address _____ City _____ Zip Code _____

Mother's Name _____ Email Address _____

Home # _____ Work # _____ Cell # _____

Father's Name _____ Email Address _____

Home # _____ Work # _____ Cell # _____

Person the student currently resides with: _____ Relationship to Child _____

Name of a responsible person who can be called to come for your child in case of illness or other emergency if parents cannot be reached:

Name _____ Relationship to Child _____

Home # _____ Work # _____ Cell # _____

Permanent Permission Form

Occasionally, children are photographed or videotaped for use in communications and marketing materials. We ask that you sign below if your child has your permission to be photographed while attending Kiddie Prep School.

Parent Signature: _____ Date: _____

Emergency Medical Permit

In the event my child has a serious injury or illness while attending a Kiddie Prep School field trip, and Kiddie Prep School personnel cannot contact me, I grant my permission for emergency medical treatment to have my child properly cared for, exempting all blame on Kiddie Prep School.

My child's doctor is Dr. _____

Physician's Phone Number _____ Address _____

My child's dentist is Dr. _____

Dentist's Phone Number _____ Address _____

In case the physician cannot be reached, Kiddie Prep School Personnel may take my child to _____ Hospital.

Parent Signature: _____ Date: _____

*****RETURN THIS FORM TO THE KIDDIE PREP SCHOOL-AGE TEACHERS*****

Dear School-Age Parent:

Welcome! The 2018 KPS school-age program is underway. This year will be a mix of greeting old friends and gaining new ones. We will have a chance to enjoy familiar field trips along with experiencing new ones. The kids will have the opportunity to participate in and develop club activities, field games, devotions, and crafts, roller skating, company tours, and service projects are just some of the activities we have planned this year. We ask you to encourage your child to participate in all aspects of the program. Our goal is to have a fun and exciting summer helping your child grow socially, emotionally, physically, and spiritually. The children's participation is important as they explore areas of interest and develop new skills while growing closer to God.

On swim days, we request that your child ARRIVE already dressed in their swimsuit (*under their clothes*) and have already APPLIED SUNSCREEN. We encourage them to wear gym shoes or sandals with heel straps and solid soles (*no flip-flops*).

On splash pad days, swimsuits and towels are optional. If children are wet upon returning to school, they may change into dry clothes.

They should bring the following items *DAILY*; a book they enjoy reading, a water bottle, and a large tote bag or backpack to store their belongings in while at Kiddie Prep.

Kiddie Prep School is not responsible for lost or stolen items. Because your child will be responsible for all personal belongings, their name should be clearly labeled on EVERYTHING they bring to Kiddie Prep.

Kiddie Prep School DOES NOT allow electronic devices and/or toys brought from home. These items may be allowed on special days or occasions and will be announced by teachers.

Please be sure your child arrives at Kiddie Prep School at least 15 minutes before the scheduled departure time listed on the calendar. There will not be any childcare available for students who arrive late and miss the field trip departure time.

Parents will be contacted at work for serious discipline issues. Continued discipline problems may result in your child's non-participation in field trip activities or dis-enrollment from the program.

PLEASE REVIEW THE FOLLOWING RULES ***WITH*** YOUR CHILD AND RETURN THE SIGNED BOTTOM HALF TO A SCHOOL-AGE TEACHER. The signatures represent **acceptance and understanding** of the rules and consequences.

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Summer School-age Rules for Kiddie Prep School

1. I ***will*** obey my teachers and be polite to my friends. I will not "back-talk", fight, swear or call others names.
2. I ***will*** be respectful of others and their possessions.
3. I ***will*** be responsible for any game or activity that I get out. I will put it away in the proper place. If I break something, I will replace it.
4. I ***will*** be responsible for my belongings that I bring from home (limited to books, towels, backpacks, water bottles, and clothing)
5. I ***will not*** leave the building without the teacher's permission. I will inform the teacher when I need to use the restroom.
6. I ***will*** use my manners and stay seated during meals and snacks until I am excused.
7. I ***will*** use my manners and stay seated on the bus.
8. I ***will*** be courteous and respectful to others while visiting different facilities and while participating in field trips.
9. I ***will not*** bring cell phones, pocket PCs, MP3 players, iPods, iPads/tablets, DSI, portable DVD players, any other electronic devices of this matter, and any items that show Pokemon, Yu-Gi-Oh, Skylanders, and Harry Potter.

I have read and understand these rules. I have discussed them with my parent(s).

Child's Signature _____

Date _____

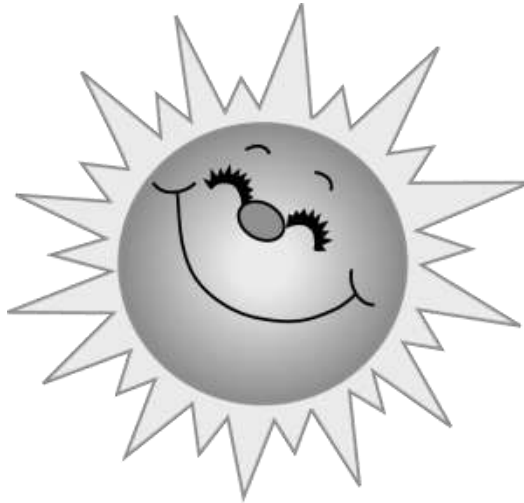
Parent's Signature _____

*****RETURN THIS FORM TO THE KIDDIE PREP SCHOOL-AGE TEACHERS*****

Sunscreen Permission Slip

I give permission for KPS staff members to assist my child with his/her application of sunscreen to exposed skin, in the afternoons. If your child burns easily, please apply sunscreen before your child arrives in the morning.

The school will provide Equate/Fruit of the Earth sunscreen SPF 50 or above for ALL children unless they have an allergy to our sunscreen. If your child has an allergy to the sunscreen, you will be required to provide sunscreen for your child as well as a doctor's note stating that they have an allergy to our sunscreen.



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Sunscreen Screen Permission Slip

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Name of Student: _____

Parent/Guardian Signature: _____

Field Trip Permission Slip

Child's Name: _____

By signing this document, I understand that my child's presence on the day of the field trip gives the school authorization to transport and allows my child to participate in the scheduled field trip. In the case of inclement weather or any other event requiring a change to the field trip the school will notify parents/guardians via text message prior to the field trip.

Parent's Signature _____

Date _____

2018

CALENDAR YEAR

JUNE

CALENDAR MONTH

MONDAY

FIRST DAY OF WEEK

KEY			
	Wear sock on this field trip	Wear closed toed shoes on this field trip.	Wear swimsuit under clothes & bring a towel.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
28	29	30	31	01	02	03
					X	X
04 Welcome To Summer at KPS	05  Buckner Splash Pad 12-8:30	06  Bounce Mania 12-8:30	07  Georgetown Bowl 12-8:30	08  Northside Pool 12-8:30	09 X	10 X
11  Parkview Park 12-8:30	12  Leo-Cedarville Splash Pad 12-8:30	13  Belf's Skating Rink 12-8:30	14  Hanson Rock Quarry 12-8:30	15  Garrett Pool 12-8:30	16 X	17 X
18  Cedarville Park 12-8:30	19  Kreiger Splash Pad 12-8:30	20  Pokagon State Park 8:15-8:30	21  Moose Lake Christian Village 12-8:30	22  Garrett Pool 12-8:30	23 X	24 X
25  Skatin' Station 12-8:30	26  Shoaff Splash Pad 12-8:30	27  Hunkertown Family Park 12-8:30	28  KPS Field Day w/ Kona Ice 12-8:30	29  Northside Pool 12-8:30	30 X	01

2018

CALENDAR YEAR

JULY

CALENDAR MONTH

MONDAY

FIRST DAY OF WEEK

KEY



Wear sock on this field trip



Wear closed toed shoes on this field trip.



Wear swimsuit under clothes & bring a towel.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
25	26	27	28	29	X	X
02 Cedarville Park 12-3:30	03 Buckner Splash Pad 12-3:30	04 KPS CLOSED INDEPENDENCE DAY	05 Fire Department @ KPS 12-3:30	06 Bell's Skating Rink 12-3:30	07 X	08 X
09 Sparky Hawk & Eaptor Presentation 2-3:00 @ KPS	10 Leo-Cedarville Splash Pad 12-3:30	11 Fager's Crossing 12-3:30	12 Moose Lake Swimming 12-3:30	13 Garrett Pool 12-3:30	14 X	15 X
16 Lakeside Park 12-3:30	17 Kneager Park Splash Pad 12-3:30	18 Old Historic Fort 12-3:30	19 Putt-Putt Golf & Games 12-3:30	20 Northside Pool 12-3:30	21 X	22 X
23 Lawton Park 12-3:30	24 Shoaff Park Splash Pad 12-3:30	25 Community Harvest Food Bank 12-3:30	26 Georgetown Bowl 12-3:30	27 Garrett Pool 12-3:30	28 X	29 X
30 Schnitzer Park 12-3:30	31 Buckner Splash Pad 12-3:30	01	02	03	04	05

2018

CALENDAR YEAR

AUGUST

CALENDAR MONTH

MONDAY

FIRST DAY OF WEEK

KEY



Wear sock on this field trip



Wear closed toed shoes on this field trip.



Wear swimsuit under clothes & bring a towel.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
30	31	01 Orchard Hills 12-3:30	02 FW Children's Zoo 8:15-3:30	03 Garrett Pool 12-3:30	04 X	05 X
06 Parkview Park 12-3:30	07 Kneager Park Splash Pad 12-3:30	08 Bounce Mania 12-3:30	09 AC Public Library 12-3:30	10 Northside Pool 12-3:30	11 X	12 X
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	01	02

CHILD ENROLLMENT FORM

IDOE/CACFP
July 2017

Name of Institution: Kiddie Prep School
Name of Facility: Kiddie Prep School

Sponsor ID Number: 1020008

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. TIMES EXAMPLE 8-4:00						X	X
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: _____

CACFP APPLICATION FOR FREE AND REDUCED PRICE MEALS (CHILD CARE)

SPONSOR NAME: KIDDIE PREP SCHOOL		PHONE NUMBER: 260-485-7951	
CENTER: KIDDIE PREP SCHOOL		FDC PROVIDER:	

PART 1. ALL HOUSEHOLD MEMBERS		BIRTH DATES OF CHILDREN	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 4 TO SIGN THIS FORM.	CHECK IF NO INCOME
NAMES OF ALL HOUSEHOLD (FIRST, MIDDLE INITIAL, LAST)				

PART 2. BENEFITS: IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVED [FOOD STAMPS] OR [STATE TANF CASH ASSISTANCE], 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. IF ANY CHILD YOU ARE APPLYING FOR IS HOMELESS, MIGRANT, OR A RUNAWAY CHECK THE APPROPRIATE BOX AND CALL [INSERT CENTER CONTACT AND PHONE NUMBER] HOMELESS ☐ MIGRANT ☐ RUNAWAY ☐

PART 4. TOTAL HOUSEHOLD GROSS INCOME—YOU MUST TELL US HOW MUCH AND HOW OFTEN CHECK IF NO INCOME ☐

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	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____

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 BACK OF THIS 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: XXX-XX-____ ☐ I DO NOT HAVE A SOCIAL SECURITY NUMBER

____ Initial here if you consent to allow [Provider's Name] to collect your form and provide it to the Sponsor. [Provider's Name] will not review your form.

PART 6: Other Benefits: THE LAS ALLOWS US TO TELL MEDICAID AND HOOSIER HEALTHWISE THAT YOUR CHILDREN ARE ELIGIBLE FOR FREE OR REDUCED PRICE MEALS. WE MAY SHARE YOUR APPLICATION INFORMATION WITH MEDICAID OR HOOSIER HEALTHWISE UNLESS YOU DO NOT WANT US TO. IF YOU DO NOT WANT US TO SHARE THIS INFORMATION, PLEASE SIGN HERE:

_____ FOR INFORMATION ABOUT HOOSIER HEALTHWISE HEALTH INSURANCE
CALL 1-800-889-9949

SIGNATURE OF PARENT OR GUARDIAN

CACFP APPLICATION FOR FREE AND REDUCED PRICE MEALS (CHILD CARE)

A CHILD ENROLLED IN THE DAY CARE FACILITY MAY QUALIFY FOR FREE OR REDUCED PRICE MEALS IF THE HOUSEHOLD INCOME FALLS AT OR BELOW THE LIMITS ON THIS CHART:

JULY 1, 2017 TO JUNE 30, 2018			
HOUSEHOLD SIZE	MONTHLY INCOME	HOUSEHOLD SIZE	MONTHLY INCOME
1	1,860	5	4,437
2	2,504	6	5,082
3	3,149	7	5,726
4	3,793	8	6,371

FOR EACH ADDITIONAL FAMILY MEMBER, ADD \$645

PART 7. PARTICIPANT'S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

MARK ONE ETHNIC IDENTITY:

☐ HISPANIC OR LATINO

☐ NOT HISPANIC OR LATINO

MARK ONE OR MORE RACIAL IDENTITIES:

☐ ASIAN

☐ WHITE

☐ BLACK OR AFRICAN AMERICAN

☐ AMERICAN INDIAN OR ALASKA NATIVE

☐ NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER

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 (FOPIR) CASE NUMBER FOR THE PARTICIPANT OR OTHER (FOPIR) 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.

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, 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 (800) 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.

CHILD CARE REPRESENTATIVE USE ONLY

ANNUAL INCOME CONVERSION: WEEKLY X 52 – EVERY 2 WEEKS X 26 – TWICE A MONTH X 24 – MONTHLY X 12

SECTION A MARK ONE OF THE BOXES BELOW TO SHOW HOW YOU ARE GOING TO DETERMINE ELIGIBILITY.

☐ **FOOD STAMP OR TANF HOUSEHOLD**—THE FOOD STAMP OR TANF NUMBER MEETS THE CRITERIA FOR AN ACCEPTABLE CASE NUMBER. COMPLETE SECTION B & C **OR**

☐ **FOSTER CHILD**—COMPARE THE FOSTER CHILD'S PERSONAL INCOME TO THE GUIDELINES. COMPLETE SECTION B & C **OR**

☐ **HOUSEHOLD INCOME**—COMPLETE THE INFORMATION BELOW AND COMPLETE SECTION B & C
TOTAL HOUSEHOLD SIZE: _____
TOTAL HOUSEHOLD INCOME
\$ _____ / _____
EXAMPLE: \$100/WEEK

COMPARE TOTAL HOUSEHOLD INCOME TO CURRENT USDA INCOME ELIGIBILITY GUIDELINES. WHEN THE HOUSEHOLD INCOMES ARE LISTED FOR DIFFERENT PAY PERIODS, YOU MUST CONVERT ALL INCOME TO MONTHLY OR ANNUAL INCOME. USE THE CONVERSION LISTED ABOVE.

SECTION B

BASED ON THE INFORMATION PROVIDED, THIS APPLICATION WILL BE:

- ☐ APPROVED FREE ☐ APPROVED TIER I
☐ APPROVED REDUCED ☐ APPROVED TIER II
☐ PAID

USE THIS SPACE FOR INCOME CALCULATION.

SECTION C

SIGNATURE OF SPONSOR REPRESENTATIVE

DATE OF APPROVAL

THIS FORM EXPIRES ONE YEAR FROM THE DATE IT WAS APPROVED

Key Fob Rental Agreement

Recently Kiddie Prep School updated the security system. Our doors are now locked down all the time. This requires those who pick up or drop off to have a key fob that unlocks the door. We require a \$10 deposit, when the key fob is returned you receive your \$10 deposit back.

I _____, have been issued the following key fobs:

Date Issued	Fob #	Person Using	Paid	Date Returned

Child(ren)'s Name _____

I understand that these fobs are for the entry of Kiddie Prep School to drop off and pick up my children only. I agree not to share, loan, and duplicate any of these fobs. In the event that I lose my fob, I understand that I am to notify Kiddie Prep School immediately to have that fob inactivated and receive a new fob with a replacement fee. I understand that I will be charged \$10 per fob that will be reimbursed when the fob is returned upon disenrollment of Kiddie Prep School.

Parent Signature

Date

Staff Issuing Fobs

Date