

**Swimming**  
**Discover Nature**  
**Field Trips Weekly**  
**Enjoy the Sunshine**  
**Make New Friends**  
**Learn new skills**  
**HAVE FUN!!!**



Registration is on a first come, first serve basis. Payment must be made in full at the time of registration. Paperwork will be available via email or on our website & all paperwork must be completed and returned prior to securing your space.

**REFUNDS ONLY GRANTED  
BEFORE MAY 1.**

**IC3**  
**579 Warren Rd**  
**Ithaca, NY 14850**  
**Tel: 607-257-0200**  
**Fax: 607-257-6452**  
**Website: [www.icthree.org](http://www.icthree.org)**  
**Email: [info@icthree.org](mailto:info@icthree.org)**



## **IC3 Summer Camp 2019**



**July 1st – August 30th  
Weekly Day Camp**

**10% Discount,  
if registered for all 9 weeks**

**Indoor games & special guests**

**Freedom to play & use imagination**

**Outdoor activities & swimming**

**Self awareness & fun activities**

# About IC3 Summer Camp

\*IC3 Summer Camp offers children entering grades K-5 in the fall of 2019 a lively learning environment in which to play, create, and explore.

\*The camp is located at the Vineyard Church, 23 Cinema Drive, Ithaca. It is within walking distance of 2 playgrounds, a basketball court, and a soccer field allowing children to explore their natural environment and take advantage of the beautiful Ithaca summer days.

\*Campers also have use of an indoor gross motor play space and 4 classrooms.

\*Each week is a different theme! Campers will take nature walks, play water games, prepare healthy snacks, make arts & crafts, host guests from the community, swim weekly at the Borg Warner pool & at local state parks, and go on a variety of field trips related to the weekly theme!

\*The program will run weekdays, 7:30 AM- 5:45 PM, from July 1-August 30. We will be closed July 4th & 5th.

\*You may register your child by the week or for the entire summer.

\*Daily snacks and beverages are provided and campers bring their own lunch that must be peanut and nut free.



## **Week 1    Clown'n Around    \$155**

**July 1-3** Get in touch with your silly side and become a clown with Crossroads the Clown! Take a romp in the bounce house and engage in fun activities such as face painting, popcorn and ice cream making!

## **Week 2    Young Einstein's    \$255**

**July 8-12** Calling all scientists! It's a week of experimentation and play with a visit from the Ithaca Physics Bus, fun STEM activities and a trip to the Museum of Science and Technology in Syracuse! Enjoy a show at the Hangar Theatre.

## **Week 3    Staycation: 14850    \$255**

**July 15-19** Embrace your inner – Ithacan and enjoy a week of art, music, nature and fun! We'll take trips to the Cayuga Nature Center, the Johnson Museum of Art, and experience the festivity of Grassroots with our very own performance\*!

\*made possible by GRITS (Grassroots in the Schools)

## **Week 4    I See Green    \$255**

**July 22-26** Learn about sustainability and conservation on visits to the Ithaca Children's Garden and the Farm Sanctuary in Watkins Glen. Make crafts from recycled materials and take in a show at the Hangar Theatre!

## **Week 5    Animal Planet    \$255**

**July 29– August 2** Explore the world of reptiles on a trek “Around the World” with renowned guide Dan the Snake Man. Take a trip to the Rosamond Gifford Zoo and enjoy a show at the Hangar Theatre!



**Call 607-257-0200  
or Email  
[info@icthree.org](mailto:info@icthree.org)  
to Register Today!**

## **Week 6    Mad Science    \$255**

**August 5-9** Learn about science while having fun with hands-on experiments like making slime and ooblek. Take trips to the Ithaca Sciencenter and the Discovery Center in Binghamton.

## **Week 7    Nature Unleashed    \$255**

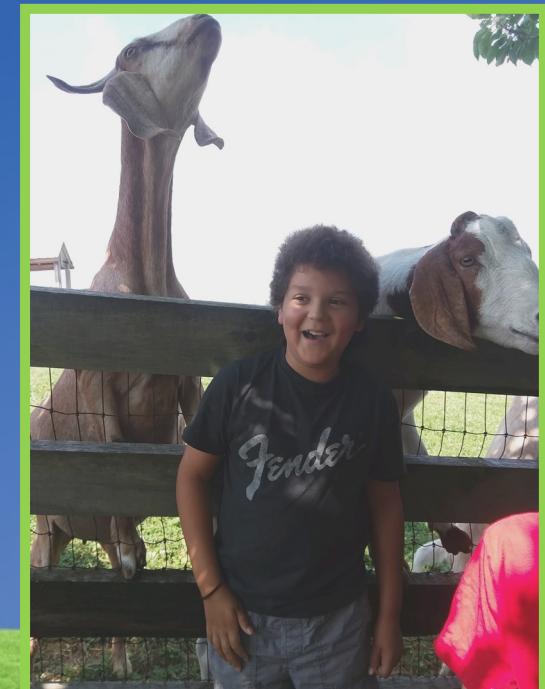
**August 12-16** Attention Mateys: Your Science Vessel awaits you! Explore the open waters of Cayuga Lake on the Floating Classroom! Take a trip to the Tanglewood Nature Center in Elmira and enjoy making nature inspired crafts.

## **Week 8    Water World    \$255**

**August 19-23** It's time to cool off in the late August heat with fun water games and a trip to the Seneca Lake Sprayground!

## **Week 9 Summer's Last Hoorah! \$255**

**August 26-30** Make your own Tie Dye Tee and get ready for Team Building Challenges! Wrap up the summer with a trip to Wonderworks in Syracuse!





Attached is paperwork that will need to be returned to secure your child's space. The deadline if you want to make any changes to your camp enrollment is Wednesday, May 1st. We cannot guarantee refunds for camp if changes are made after May 1st.

If you have any questions regarding IC3 Summer Camp please call 257-0200. Completed paperwork may be e-mailed to Lesli at [office@icthree.org](mailto:office@icthree.org), dropped off at 579 Warren Road, or faxed to 257-6452.

### **Summer Camp Paperwork Checklist**

**Family Information & Permissions Form**

NOTE: 2 emergency contacts are required by DSS. At least 1 of your emergency contacts should be available to pick up your child if necessary.

**Emergency Treatment Consent Form**

**About the Child Form**

**Bus and Sunscreen Permission Form**

**CACFP Income Eligibility Application**

Here is a list of items that must be brought EVERYDAY:

- **Water Bottle:** We work hard when we play so it is important to have a water bottle at all times to keep hydrated.
- **Bathing Suit:** We will engage in water play most days whether at the park, pool, or in the sprinklers. If your child cannot swim and you would like to provide a floatation device, you may bring in a U.S. Coast Guard Approved life jacket to use at the parks and pool. If it does not say U.S. Coast Guard Approved, we cannot use it.
- **Change of Clothes:** Sometimes things can get a little messy so a change of clothes is always nice to have available.
- **Lunch:** Please pack a lunch each day. Summer camp is NUT-FREE so please be sure to pack a nut-free lunch (Items with ingredients that say "may contain nuts" ARE permitted). We will provide morning and afternoon snack.
- **Sunscreen:** Parents apply sunscreen in the morning and we will reapply in the afternoon.

\*\*Please label your children's things with their first and last name so it is easier to identify any lost items.

NOTE: If anyone is not allowed to pick up your child for any reason (i.e. custody disputes, etc.) please alert the Executive Director before your child's first day and provide us with a photograph of the person.



## IC3 SUMMER CAMP 2019

We provide a summer camp for 50 children going into Kindergarten through fifth grade. The program operates Monday - Friday 7:30 am -5:45 pm. The site for our camp is the Vineyard Church located in the Bishop's Small Mall at 23 Cinema Drive. IC3 Camp is located within a short walking distance from 2 playgrounds, a soccer field, and basketball court. There are both indoor and outdoor spaces which will provide room for children to play, explore and create.

The program staff consists of the Program Leader and 5 counselors. The Leader and Counselors will design an environment and schedule as well as plan experiences for the children in a range of developmental areas. Our program is designed to help children grow emotionally, socially, cognitively, and physically. Our goal is to offer children opportunities to express themselves creatively, discover and develop friendships, make decisions, and carry out responsibilities.

Emotional: Staff will help the children with their developing sense of competence by providing many stimulating learning opportunities. Children of this age are also working on their sense of right and wrong and moral development. Staff will work with the children by providing children opportunities to assess their mistakes and learn by them, involving the children in establishing rules, and by setting clear, fair limits in a positive manner. The program will also provide experiences which reflect the differences of all children in the group and build on each child's strengths to help children develop a positive self-image.

Social: Children will have opportunities to spend time with others their own age as well as children of other ages, with the whole group, small groups, and spend time alone thereby developing both self-reliance and social responsibility. Older children can model behavior, skills and learning processes for the younger children. Younger children provide the older children with an opportunity to share what they have learned and to develop a sense of caring. Counselors nurture a feeling of respect for one's self and for others. They work with the children on conflict resolution and peaceful negotiations as well as provide support for positive and productive peer interactions.

Cognitive: Activities are designed to foster self-confidence and learning in a variety of areas. Projects and activities such as table games, blocks, stories and book reading, arts and crafts, science and nature projects, puzzles, dramatic play, field trips, etc. are offered on a daily basis. Arts and Crafts activities are a balance of process and product oriented outcomes.

Physical: Children will visit Taughannock Park three times a week on Tuesdays, Wednesdays, and Thursdays. They will have an opportunity to swim at Taughannock Park. Staff will work with children on skill building and playing games with an emphasis on developing large and small motor skills, having fun, and building self-confidence and friendships rather than competition.

Parents are informed of the daily and weekly schedule and all events, activities, and projects. Parents are welcome to visit anytime and /or participate in the program. Snacks will be provided twice daily in adequate quantity and children will bring their own lunch. IC3 Camp is nut-free so please pack a nut-free lunch for your child daily.

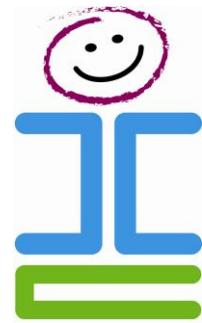
**IC3 Summer Camp & After School ◦ Vineyard Church 23 Cinema Dr. Ithaca ◦ (607)257-4670 ◦ [icthree.org](http://icthree.org)**





# FAMILY INFORMATION & PERMISSION FORM IC3 SUMMER CAMP 2019

Today's Date: \_\_\_\_\_



Child's First Name \_\_\_\_\_

Child's Last Name \_\_\_\_\_

Birth date \_\_\_\_\_

Gender \_\_\_\_\_

**Home Address**

Weeks Enrolled:

- Week 1: July 1- July 3
- Week 2: July 8- July 12
- Week 3: July 15- July 19
- Week 4: July 22- July 26

Child lives with: [ ] both parents  
[ ] other:

- Week 5: July 29-August 2
- Week 6: August 5- August 9
- Week 7: August 12- August 16
- Week 8: August 19- August 23
- Week 9: August 26- August 30

Parent 1's Name \_\_\_\_\_

Parent 1's Birth Date \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Job Title \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Company \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Parent 1's Home Address (if different from child's) \_\_\_\_\_

Parent 2's Name \_\_\_\_\_

Parent 2's Birth Date \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Job Title \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Company \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Parent 2's Home Address (if different from child's) \_\_\_\_\_

## **EMERGENCY CONTACTS**

List 2 persons other than parents (1 must be in the local area). Please discuss with them their responsibilities as emergency contacts. The emergency contacts you choose must be available and authorized by you to pick up your child in the event neither parent can be reached (for example, if your child becomes ill or the program must close early).

(1) Contact #1 Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Mobile Phone \_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_

(2) Contact #2 Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Mobile Phone \_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_

**OVER**

## **MEDICAL INFORMATION**

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Pediatrician/Family Doctor

Phone Number

Is your child allergic to anything? [ ] NO [ ] YES: Please list \_\_\_\_\_

NOTE: Food allergies must be listed on physician's medical form.

Are there any health problems of which we should be aware? If YES, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **MULTI PERMISSION FORM**

**DATE:**

**Please authorize the following by checking YES or NO and signing EACH of the requests below.**

My child may be included in photographs or video taken for the purpose of promoting IC3's programs or special events (such as **brochures, flyers, local news coverage or newspaper articles**).

YES      NO

My child may be included in photographs or video taken for the purpose of promoting IC3's programs via the **internet** (such as IC3 or classroom websites. *Name of child will NOT be used*).

YES      NO

My child may be included in photographs or video taken for the purpose of promoting IC3's programs via **Facebook** (*Name of child will NOT be used and tagging of children or parents will NOT occur*).

YES      NO

I understand that any photographs I receive electronically through classroom e-mails or private classroom photo sharing websites such as Shutterfly that may include photos of other children in the classroom are for the purpose of enhancing parent teacher communication and are for private viewing only. I agree that I will not post any photos received from IC3 that include photos of other children on any social media platforms, websites, or any other public media.

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*Parent Signature*

**IC3 Summer Camp 2019**  
**Emergency Treatment Consent**  
**Form**

23 Cinema Drice, Ithaca, NY 14850



Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

I, the undersigned, being the parent or legal guardian of the above-named child, know that I may not be available to authorize medical, dental, surgical care and/or hospitalization for my child while s/he is attending Ithaca Community Childcare Center, and I wish to appoint someone to act in my absence and to give such authorization. This authorization is intended to give Ithaca Community Childcare Center staff the right to give consent for emergency diagnostic medical, dental, surgical procedures and hospitalization, and which the physician, dentist, or hospital personnel in said persons' judgment may deem advisable.

I have put the important medical facts pertaining to my child, if any, on this document. These medical facts are intended to assist medical personnel in deciding what treatment is to be given. It is in no way intended to restrict the giving of authorization or consent by the person(s) named herein.

Name, address, and phone numbers of those persons I am so authorizing:

- (1) Ithaca Community Childcare Center (IC3) Personnel  
579 Warren Road, Ithaca, NY 14850 (607) 257-0200

**Optional:**

(2) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

(3) \_\_\_\_\_  
Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

**This authorization takes effect beginning at 12am,  
midnight on: Effective July 1, 2019 – August 30, 2019**

It is intended that this document be presented to the physician, dentist, appropriate hospital, and medical personnel at such time that the medical, dental, surgical care or hospitalization shall be authorized.

It is unintended that this authorization relieve the physician, dentist, person rendering care, the hospital or institution in which care is given of any liability resulting from the failure of me, the parent or guardian of the above-named child, from signing a consent or authorization to render care.

It is the intent that the person(s) appointed herein shall be able to act in my stead in making decisions.

Signed:

\_\_\_\_\_

(Parent or guardian)

\_\_\_\_\_

(Parent or guardian)

**OVER→**

## **PERMISSIONS**

I authorize IC3 staff to apply over the counter topical ointment to my child as needed. I will supply my child's topical ointment.

\_\_\_\_\_  
Parent Signature

I authorize IC3 staff to apply sunscreen to my child as needed. I will supply my child's sunscreen.

\_\_\_\_\_  
Parent Signature

**Effective July 1, 2019– August 30, 2019**

## **SPECIAL MEDICAL INFORMATION**

### **ALLERGIES**

\_\_\_\_\_

### **MEDICATIONS**

\_\_\_\_\_

My child has received all immunizations for his/her age in accordance with the American Academy of Pediatrics guidelines.

YES       NO, please explain \_\_\_\_\_

**SURGERIES, MEDICAL HISTORY, OR OTHER PERTINENT FACTS THAT SHOULD BE KNOWN** (Please include the date(s) of any surgeries or serious illnesses):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My child's doctor(s) and dentist(s) are listed below so that they may be consulted if it is deemed necessary:

Please check one:

- [ ] Northeast Pediatrics- 10 Graham Rd, Ithaca 607-257-2188
- [ ] Buttermilk Falls Pediatrics- Arrowwood Dr. 607-257-5500
- [ ] Buttermilk Falls Pediatrics- 1301 Trumansburg Rd. 607-272-6880
- [ ] Cayuga Family Medicine- 302 W. Seneca St. 607-697-0360
- [ ] Other: \_\_\_\_\_

# **ABOUT THE CHILD FORM IC3 SUMMER CAMP 2019**



The following general information about your child will help the program staff provide a warm, enriching and safe environment for your child. Please fill out this form with as much detail as possible.

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

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Child will usually be picked up at (time): \_\_\_\_\_

List those living at home with the child (please explain any unique situation due to separation, death, divorce, etc.): \_\_\_\_\_

Any pets at home? \_\_\_\_\_

Native language: \_\_\_\_\_ Second language: \_\_\_\_\_

What kinds of opportunities does your child have to spend time with other children outside of school?

How would you characterize the child's style of interaction with other children? With adults?

Which kinds of activities seem to be most interesting for your child?

Are there activities which you think your child could benefit from experiencing and which s/he might need encouragement from us to approach?

How does your child "unwind"? Does s/he recognize and meet his/her own needs for quiet or privacy?

We will offer opportunities for children to swim 3 times a week at Taughannock & Treman State Parks as well as the BorgWarner pool. Please describe your child's swimming ability.

If your child cannot swim is it okay for him/her to play in shallow water below chin height?  Yes  No

What do you hope your child will gain from IC3's Summer Camp program?

Does your child take any medications? If so, what and when?

(Please refer to the medication policy-Prescription medications cannot be given without a Written Medication Consent Form Signed by a physician)

Please share any information that will help us meet the needs of your child. Please include special needs or concerns that we should be aware of (Medical, Safety, Mobility, Social, Communication, etc).

Based on these needs, would your child need an accommodation?

Is your child receiving any type of intervention or services at this time?  Yes  No  
If yes, please describe the type of intervention services your child currently receives:

# PERMISSION FORM

## IC3 SUMMER CAMP 2019



### **About Field Trips:**

I give permission for my child to attend field trips with Ithaca Community Childcare Center's Summer Day Camp between July 1 and August 30, 2019. These field trips may include the

Following:

1. Riding the school bus
2. Walks in the immediate neighborhood of the camp
3. Swimming at local pools and parks

Child's Name: \_\_\_\_\_

We will go to Taughannock & Treman State Parks as well as to the BorgWarner swimming pool 3 days a week. Is it okay for your child to swim there?  Yes  No

If your child cannot swim, is it okay for him/her to play in shallow water below chin height?  Yes  No

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### **About Sunscreen:**

As recommended by the American Cancer Society, sunscreen should be applied to children prior to sun exposure due to the risk of sunburn (which could eventually cause skin cancer). Because the children in our summer program spend a great deal of time outdoors, we ask that your child bring his/her own bottle of sunscreen to keep at the program and to be used only by your child. *Please label your child's sunscreen visibly with a permanent marker.*

Please apply sunscreen (preferably the "all-day" 6-8 hour type) before your child arrives in the morning. We will then apply as needed in the afternoon.

When choosing a sunscreen for your child, please consider the following recommendations: an SPF of 20 or higher, waterproof, and "all-day" (6-8 hours).

**IMPORTANT:** If you do not provide sunscreen for your child (or forget it at home), another child's lotion **WILL NOT** be applied to your child (e.g. sunscreen will not be shared).

### **SUNSCREEN AGREEMENT**

- \_\_\_\_ **I have provided sunscreen** for my child and give my permission for the staff at IC3's Summer Program to apply sunscreen to my child.
- \_\_\_\_ **I have NOT supplied sunscreen** for my child and I am aware that no sunscreen will be applied to my child unless I provide it.

Child's Name: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



See INSTRUCTIONS on reverse.

**CHILD CARE CENTER NAME:** \_\_\_\_\_

Print the name of the child(ren) enrolled in this child care center:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**DIRECTIONS:**

**Complete SECTION A if anyone in your household:**

1. Receives Food Stamps
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. If any of the children enrolled in this child care center are foster children

<b>SECTION A</b>	
Food Stamp Case Number	_____
TANF Number	_____
FDPIR Number	_____
Names of Foster Children	_____
<b>An adult household member must sign the application before it can be approved.</b> After reading the following statement and the statement on the back, sign below.	
I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.	
Signature: _____	
Date: _____	

<b>FOR SPONSOR USE ONLY</b>					
Sponsor Agreement Number	_____				
Total Household Members	_____	(including foster children, if applicable)			
Total Income \$	_____				
Free	_____	Reduced	_____	Paid	_____
Date Determined _____ / _____ / _____					
Signature of Center Staff _____					

**Complete SECTION B if no one in your household** receives Food Stamps, TANF, FDPIR or if none of the children enrolled in the child care center is a foster child.

<b>SECTION B</b>	
List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received <b>last month</b> in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.	
Name of Household Members	Monthly Gross Income
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

<b>An adult household member must sign the application before it can be approved.</b> After reading the following statement and the statement on the back, sign below.		
I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.		
Signature: _____		
Print Name: _____		
SS#	XXX-XX-_____	Date: _____

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this form. 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 form. The Social Security Number is not required when you apply on behalf of a foster child or you list a Food Stamps, Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

## **INSTRUCTIONS FOR COMPLETING DOH-3688**

### **Definition of Income**

*Income* means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

### **Definition of Household**

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

### **Instructions for Parents or Guardians:**

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

**Section A:** If anyone in your household receives Food Stamps, Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the Food Stamp, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

**Foster children:** If your household includes a foster child who is in child care, write in the names of the foster children.

**Section B:** Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

### **Instructions for Centers and Sponsors:**

**The For Sponsor Use Only section is to be completed, signed and dated by center or sponsor staff.** The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

#### **The Sponsor Agreement Number.**

**Total Household Members** – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

**Total Income** – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as **paid**.

**Free, Reduced or Paid** – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced or Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, or Food Stamp, TANF or FDPIR numbers) are categorized in the paid category.

**The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member.** For example, a form signed on May 12, 2011 is valid until May 31, 2012.