



CAMP

INNOVATION

“WHERE FUN MEETS THE FUTURE”



OUR ENHANCED CURRICULUM

Camp Innovation is revitalized with a contemporary curriculum that integrates STEM education with creative arts, health, and wellness, ensuring a balanced, forward-thinking learning experience designed for today's youth.



BRANDYWINEBOTS
Robotics & Coding



ART PROGRAM
3D Printing
Painting, Drawing, Crafts
Graphic Design
Create Your Own Brand



BELLEVUE FARMS
Farming
Nutrition
Gardening
Culinary Tips



MORE THAN FITNESS
Sports
Physical Activity
Mental Health



CHESS CHAMPS
Beginner - Experienced
Learn, Play, Compete
Partnered with Delaware Chess Association

REGISTER NOW >

Camp Innovation
June 10th - August 23rd

Info@bellevuecc.org

302-762-1391

A CHANGE IN PACE

Always step forward
for better services



"Camp Innovation" at Bellevue Community Center is a newly branded summer camp designed to blend **fun, entertainment**, and **STEM-based learning**. With an enhanced curriculum that includes art, robotics, coding, gardening, nutrition, fitness, and chess, alongside exciting field trips and the unique "Campers Olympics," this camp promises a comprehensive and engaging experience. To further enrich our community ties, we're introducing **family days** during the big 3rd Friday Farmer's markets, showcasing our campers' achievements. Despite a slight increase in costs, "Camp Innovation" remains committed to delivering exceptional value and unforgettable summer memories for our youth.

Special Features

FIELD TRIPS

Our camp features a carefully curated selection of new and exciting destinations, ensuring fun-filled, educational experiences that cater to a wide range of interests and learning opportunities.

CAMPER OLYMPICS

A series of fun, competitive events designed to foster teamwork, sportsmanship, and personal growth, celebrating camper achievements in an exciting, supportive environment.

FAMILY DAYS

Our 3rd Friday Farmer's Markets will be Family Days, where parents can come and see the progress of their camper and what they have been doing.

This will also be the opportunity to showcase a monthly Camper Olympics award ceremony.

PAY WEEKLY
\$299

PER WEEK

PAY IN FULL

GET
1 WEEK
FREE

FAMILY DISCOUNT

5% Off 2nd Child
10% Off 3rd Child
10% Off 4th Child

Registration Form For Individual Child

REGISTRATION FOR (check one): CHILDCARE _____ SCHOOL-AGE _____ & SCHOOL GRADE _____ (K-5)

SCHOOL AGE ONLY: Before Care _____ After Care _____ Both _____

TIMES YOUR CHILD IS SCHEDULED TO ATTEND:

Mon _____, Tues _____, Wed _____, Thur _____, Fri _____

SCHOOL NAME: _____ CHILD'S START DATE: _____

CHILD'S NAME: _____ DISCHARGE DATE (OFFICE): _____

TODAY'S DATE: _____ CHILD'S BIRTHDATE: _____ AGE: _____ GENDER: _____

STREET ADDRESS: _____ Apt# _____ CITY, STATE & ZIP: _____

HOME PHONE: _____ CHILD LIVES WITH: _____

4 DIGIT PIN CODE _____ LANGUAGE SPOKEN AT HOME: _____

PARENT/GUARDIAN: _____ HOME ADDR: _____ CITY/STATE/Z: _____ HOME PHONE: _____ CELL PHONE: _____ EMPLOYR NAME: _____ WORK PHONE: _____ EMPLOYR ADDR: _____ HRS OF EMPLYMT: _____ E-MAIL: _____ Check: <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Non-custodial Parent <input type="checkbox"/> Joint Custody <input type="checkbox"/> Legal Guardian Approved for Pick-up: <input type="checkbox"/> Yes <input type="checkbox"/> No Court Order Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No (Revised 8/2017)	PARENT/GUARDIAN: _____ HOME ADDR: _____ CITY/STATE/Z: _____ HOME PH: _____ CELL PHONE: _____ EMPLOYR NAME: _____ WORK PHONE: _____ EMPLOYR ADDR: _____ HRS OF EMPLYMT: _____ E-MAIL: _____ Check: <input type="checkbox"/> Custodial Parent <input type="checkbox"/> Non-custodial Parent <input type="checkbox"/> Joint Custody <input type="checkbox"/> Legal Guardian Approved for Pick-up: <input type="checkbox"/> Yes <input type="checkbox"/> No Court Order Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Other Household Members: (List Name, Age, and Relationship to Child)

Child's Physician or Clinic: _____ Phone _____

Other Emergency Contacts & Persons Authorized to Pick-Up Child (other than parents/guardians):

NAME _____ **RELATION TO CHILD:** _____

ADDRESS _____ **PHONE: (w)** _____ **(h)** _____

NAME _____ **RELATION TO CHILD:** _____

ADDRESS _____ **PHONE: (w)** _____ **(h)** _____

NAME _____ **RELATION TO CHILD:** _____

ADDRESS _____ **PHONE: (w)** _____ **(h)** _____

- **Only Authorized Persons are allowed Pick-Up. In an event an un-authorized person must pick-up, the Parent/Guardian must present in writing authorization for that individual to pick-up with ID.**

Emergency Medical Care. I _____ (the parent or legal guardian) of _____, who is my minor child, hereby authorize emergency medical treatment for my child in the event I cannot be contacted to give permission to treat. I understand I will be financially responsible for the cost of such treatment.

Health Insurance Identification Information: _____

Allergies/Food Allergies (require Doctor's note): _____

Medical conditions, Serious Accidents, Operations, Etc: _____



We are thrilled that you have chosen Bellevue Community Center (BCC) for camp this year! Children will build new relationships, learn new skills, and mature as they enjoy their summer.

GENERAL INFORMATION

BCC operates rain or shine, Monday through Friday. Camp will be open during severe heat and will adapt for safety. The camp day is from 7:30am-5:30pm. The camp cut-off time is 9:00am. Breakfast is served from 8:30am to 9:00am.

Kindergarten students must have completed one year of kindergarten at time of enrollment

5th Graders can be at the end of their school year or no older than 12 years of age

Our camp program is designed to provide a wide range of enriching educational and recreational activities in an affordable, nurturing, safe and supportive environment. This environment will be conducive to discovering the joy in learning and developing a positive self-image for every child. We believe in a more holistic approach to traditional day camp and offer professionalism and quality customer service.



GUIDELINES

- Field trip expenses are included in the weekly fee.
- There WILL NOT BE CARE AT BCC FOR YOUR CHILD during field trips. If you chose not to have your child attend a field trip, please do not send your child to camp that day.
- The weekly fee for each session is due by Friday at 4:30pm PRIOR to attending. If payment is not made the week PRIOR your camper may not return to the program.
- Camp is only for grades K to 5th grade. Kindergarten campers must have completed kindergarten before they can attend. Fifth graders can be at the end of their school year or no older than 12 years of age.
- Don't forget to bring a copy of your DRIVER'S LICENSE for registration.
- VALID HEALTH APPRAISAL must accompany the packet to complete registration. You cannot register without it. Future appointments will not be accepted.
- A medication form must be completed if your child must receive any medication, sunscreen or Vaseline application when attending camp.

SIGN _____ DATE _____



ENROLLMENT AND RECORDS:

Registrations will be processed only when a completed application packet is received with the application fee and weekly tuition. A registration packet must be completed (in compliance with state licensing regulations) in order for a child to participate in the program. The registration packet includes:

- *Application Form:* This form should be filled out completely, including emergency contacts, and person(s) designated to pick up your child. Your emergency contact information should be someone besides yourself. Parents are responsible for notifying BCC immediately in writing of any changes of names, addresses, and/or telephone numbers provided on this form for parents/guardians and emergency contact persons. A Registration Update Form (available in the Main Office) should be completed for any changes and submitted to the main office. All signatures are required.
- *Health Appraisal:* In accordance with the State of Delaware regulations, parents must submit a completed health appraisal at the time of registration. This needs to be updated annually. You cannot sign up your child without a health appraisal. Must be within 1 year.
- *Parent Agreement, Permission Forms & Parents Handbook:* Parents must sign forms confirming their receipt and understanding of policies and regulations. Please be aware that when you sign these agreements you are stating you agree with what you are signing.
- *Camper Contract - Zero Tolerance Agreement:* Must be signed to ensure you understand our policies for behaviors in the program.
- *Vacations:* Advance notice is required if a child will be out for family vacation. One week notice must be given for the weekly fee to be waived.

SIGN _____ DATE _____



DELINQUENT ACCOUNTS

If payments are not received within 24 hours, a delinquent notice will be sent home with your child. If payments are not received by Friday of the following week, you will receive a notification letter that your child will not be permitted to return to the program until fees are paid in full. Please contact our office immediately if there is an emergency which will keep you from paying your bill.

WITHDRAWAL

Two week written notice is required for withdrawal of a child(ren) from the program. If written notice is not received you will be obligated to pay the weekly fee for the two-week period regardless of whether the child attends during that time. In the event of a voluntary withdrawal from the program for any reason, a child may not re-enroll for a period of one month. The registration fee is non-refundable.

REFUNDS AND CREDITS

Refunds will only be issued if BCC is given a 2-week advance written notice. Refunds or credits will not be issued for participants who are suspended from participation in the program for any reason, who do not attend due to sickness, or are not present at the program for any other reason.

SIGN _____ DATE _____



PURCHASE OF CARE - POC

The parent/guardian of a child(ren) receiving subsidized childcare (POC) are responsible to maintain current authorization for purchase of care. When purchase of care coverage expires, you will be responsible for full payment for all childcare services received during the period for which purchase of care was not authorized. All POC clients with a co-pay are responsible to submit fees on a weekly basis in advance as stated above and follow all the policies in the FEES section.

The Parent/Guardian is responsible for all P.O.C. arrangements including renewals with the State Of DE. If your P.O.C. expires, your child will not be allowed into the program until it is reinstated.

All payments are to be given to Director of Administration or HR admin only. Receipt must be given to you. Payments are NOT to be given to children, or to program staff at any time. To ensure accurate recording of payments, please clearly indicate the child(ren)'s name(s) on the payment. BCC is not responsible for cash payments left in the drop box.

A penalty fee will be assessed for checks returned by the bank due to insufficient funds or any other reason. Cash, money order or certified check payment in the amount of the returned check plus the penalty fee (see fee schedule) must be made within three (3) days after receiving notice of the returned check. You can use Smartcare or PayPal to make your payments.

SIGN _____ DATE _____



CONFIDENTIALITY

All BCC records and all personal information on all children, family members and staff must remain confidential. Unauthorized removal of records or unauthorized divulgence of confidential children's, family members', staff or program information is strictly prohibited by Bellevue Community Center policy. Violation of this policy is considered serious and will result in discharge without warning. Information obtained in the course of Childcare may be used only to plan for a child's safe and appropriate participation. Observations made in the classroom and all information discussed at staff meetings/trainings are to be kept in strict confidence. At no time may any written or verbal information, videotapes, pictures, files, assessments or any other documentation be copied, released, or shared without prior written consent from the parent/guardian.

CHILD ABUSE AND NEGLECT

Delaware State law requires the center/staff to report suspected child abuse or neglect to the local authorities. Under the code of the State of Delaware Title IV, as childcare providers, if any staff member in good faith suspects child abuse or neglect, they are required by law to make a report to the *Office of Children's Services of the Department of Services for Children, Youth and Their Families*.

FOOD SERVICES PROVIDED

BCC participates in the Child and Adult Care Food Program and Summer Food Program (CACFP/SFSP). A breakfast, lunch, and afternoon snack are served daily to the participants of the childcare, school age, and summer camp programs. The goal of the childcare center meal service is to meet the child's nutritional needs while creating positive eating habits that will last a lifetime. Menus are designed to meet both the CACFP (Child and Adult Care Food Program) and SFSP (Summer Food Service Program) meal pattern requirements and Office of Childcare Licensing requirements. Menu planning takes differences in texture, color, tastes, and temperature into consideration. All food items on the menu for each meal are prepared in quantity to satisfy the minimum serving size for each child as required by CACFP and SFSP. Second helpings are made available. We ensure that all adults and children follow food safety practices by washing their hands and wearing gloves before food preparation and/or set-up before meal service and washing hands after clean-up. If your child has a food allergy, please let us know in writing and a doctor's note must be provided.

SIGN _____ DATE _____



CHILD AND ADULT CARE FOOD PROGRAM POLICY - CACFP

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, and disability. (Not all categories of consideration apply to all programs.) To file a discrimination complaint, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SE, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

SUMMER FOOD SERVICE PROGRAM - SFSP

The Summer Food Program is a federal program of the Food and Nutrition Services, United States Department of Agriculture. The program provides all children 18 years of age and under with the same free meal in accordance with a menu approved by the state agency regardless of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795- 3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

FIELD TRIP EXPECTATIONS

We schedule trips with the goal of a fun and educational experience in mind. Our trips expose campers to various learning opportunities and adventures.

- Campers must follow the Camper Contract and Zero Tolerance Agreement at all times to attend.
- It is not an option to stay back. If your camper cannot attend the trip, they cannot attend camp for that day. There will not be a staff member assigned to remain in the building.
- There is NO refund if your camper misses a trip for behavior or for being late for bus departure.
- Campers are to bring their own non-refrigerated lunches on trips.
- Trips are subject to change based on weather or scheduling.
- Some trips will have early departure times and extended return times after 4:00pm. Please know that you can stay informed of the status of trips by viewing your messages from Tadpoles.

SIGN _____ DATE _____

PARENT/GUARDIAN ABSOLUTES

- Morning Drop Off. Breakfast is provided from 8:30 am to 9:00am. If you want your camper to have breakfast he/she MUST be at BCC by 8:45am. If you drop them off after 9:00am they will not get to eat until lunch time at 12pm. You may drop your child off from 8am to 9:00am. Late entry is at 8:45am and campers WILL NOT BE PERMITTED TO ATTEND FOR THE DAY.
- Campers must be signed in and signed out daily. Anyone signing for a camper must be 18 years of age. You must walk your camper into the building. We reserve the right to ask for ID of anyone picking up a camper from BCC. PLEASE DO NOT PARK IN THE FIRE LANES for drop off or pick up.
- Promptly notify BCC of any changes regarding individuals who will be picking up your camper, in writing. This can be done through a email or phone call to the Director in a timely manner. These individuals will need photo ID.
- Read ALL Notices. Flyers or newsletters are posted or placed on the counter in the atrium. You can stay up to date on the latest news by installing Tadpoles on your phone (see attached instructions) and by having a current email on file to receive notices.
- Please Note that BCC staff strives to provide a quality program with varied activities. As such, campers may be in various parts of the building and we may alternate staff. To find out where your camper is look for an employee of BCC (identified with a staff ID) or look on the bulletin board/activity site that is located outside of the gym.
- Know the name of your campers group and camp teacher.
- On BCC property parents/guardians are expected to manage their children's behavior in the same manner as staff. Physical or verbal aggressiveness is not permitted when disciplining or interacting with children, or interacting with staff or other parents. When you are in our building and may be picking up siblings, your camper MUST be with you at all times.
- Campers MAY NOT wear sandals of any type/kind. Sneakers/closed in shoe is required.
- If girls wear dresses, they MUST have shorts underneath of the dress. No tube tops or halters are permitted.
- Campers MAY NOT have any type of electronics with them while at camp, this includes cell phones. If they do staff members will take them and keep them until the end of the day when they will be returned
- Campers MAY NOT bring toys from home. If they do staff members will take them and keep them until the end of the day when they will be returned.
- Swimming Days. Please make sure your camper has a towel and clothes to change into including underwear. For younger campers (kindergarten to third grade) please put their names on items on swimming days. We will not be responsible for lost or misplaced items.
- Gardening Days. Please make sure campers bring a change of clothes and closed in shoe. These should include items that you do not mind your camper getting dirty. ALL campers are expected to participate in the gardening activities. If there are medical concerns, please provide written proof from a doctor and inform the Director.
- No outside food. Campers MAY NOT bring in outside food for breakfast, lunch, or snack. BCC provides a well-balanced breakfast, lunch, and snack as required by the state. Except on field trip days. A packed lunch is required. If there are dietary restrictions or allergies, please provide a written doctor's note and notify the Director. Water bottles are provided and permitted. Please write the camper's name on the bottle with a permanent marker.



CAMP INNOVATION CAMPER CONTRACT

WE ARE AN ANTI-BULLYING PROGRAM. ZERO TOLERANCE BEHAVIOR

My Child, _____ will be informed and instructed to adhere to the Bellevue Community Center's Department of Education Anti-Bullying Zero Tolerance policy following this registration. The BCC's intentions include 100% safety of all children and staff at all times. I understand that my child is responsible for his/her actions and that will have consequences that break the Anti-Bullying-Zero Tolerance policy. We believe in positive re-direction first and rewarding positive behaviors frequently with intrinsic and extrinsic recognition.

- The BCC's policy is to use positive reinforcement as a means of encouraging appropriate behavior.
- Bullying can exist towards other children AND staff.
- If my child's behavior becomes consistently difficult to manage, a conference will be arranged between the parent, program staff, Department Director, and possibly the Executive Director.
- If my child's behavior remains defiant or disrespectful after warnings, he/she may be suspended and/or terminated from Camp.
- My child may be excluded from camp field trips due to poor behavior, which means the child stays home that day because there will not be anyone to watch the child at the BCC at that time. If I fail to follow this, emergency contacts will be contacted. A credited will not be issued to my account.
- If my child engages in grossly inappropriate behavior (physically abusive, presents a danger, leaves his/her group or the grounds, fights, or refuses to remain with the "camp") he/she will be sent home and possibly suspended.

The following list identifies examples of offenses and possible consequences:

Level 1 Offenses: cursing, unwanted touching of other children, horse play, instigation, defiance, disrespect, fighting.

- 1st offense - incident report to parent / guardian. Possible going home that day.
- 2nd offense - conference with parent, one-day suspension. Going home that day.
- 3rd offense - incident report, parent contact or meeting, two to three day suspension. Going home that day.
- Repeating offense - termination from program.

Level 2 Offenses: fighting, stealing, offensive touching, inappropriate sexual behavior, destruction of property, leaving group, extortion, reckless endangering, continued defiance and disrespect to others.

- 1st offense - incident report, parent contact or meeting, one-day suspension. Going home that day.
- 2nd offense - incident report, parent contact or meeting, three-day suspension. Going home that day.
- Repeating offenses - termination from the program.

Level 3 Offenses: possession or use of alcohol, drugs, or tobacco, sexual contact, assault, possession or use of weapons or explosives, arson, leaving property, stealing.

- 1st offense - contact authorities, termination from program.

SIGN _____ DATE _____



REQUIRED RELEASE SIGNATURES:

Child's Name: _____ Parent/Legal Guardian Name: _____

I hereby grant permission for BCC staff to use whatever steps necessary to obtain emergency medical for my child if necessary. I hereby, for services rendered, release the Bellevue Community Center, their respective employees, Partners, and Board of Directors, of any and all liabilities. Incidents will be reported of the day with parent.

Child's Name: _____ Parent/Legal Guardian Name: _____

I hereby give my permission for my child's photo and/or video to be used for Bellevue Community Center publicity. They will also have access to technology under the supervision of staff.

Child's Name: _____ Parent/Legal Guardian Name: _____

I hereby give my permission for my child to be transported via charter bus, district bus, or BCC bus for field trips, pickups and drop offs if applicable. Please list any special needs or problems which might require special attention during transportation and directions on how to handle them. The information will be carried with the operator of the vehicle. Also, for childcare, permission to leave via stroller or walks under staff supervision in surrounding neighborhoods.



REQUIRED RELEASE SIGNATURES:

Child's Name: _____ Parent/Legal Guardian Name: _____

I give permission to provide continuity of care, the Bellevue Community Center staff will communicate with the school staff to obtain a copy of IEP's, Individualized Transition Plan, behavior reports, progress reports, achievement testing scores and Teacher/Counselor observations and ratings. Copy of school health records to complete the school age program medical files required by the state of Delaware's Office of Child Care & Licensing regulations.

Child's Name: _____ Parent/Legal Guardian Name: _____

Children over the age of two may have an educational video, movie, or game incorporated into their curriculum. These may be viewed on television, computer, tablet, or gaming device. These will be age-appropriate and limited to one hour per day unless a special occasion or activity occurs. Children will be closely supervised while using the internet.

Child's Name: _____ Parent/Legal Guardian Name: _____

I certify that I have received information regarding the following topics: a typical day schedule, positive behavior and management techniques, routine and emergency care, health exclusions, and preventions of communicable diseases, food and nutrition, procedures for releasing children, reporting accidents, injuries in critical incidents, mandating reporting of child abuse and neglect, administration of medication procedures, safe sleep procedures for infants (not applicable), pets or animals present in the home regardless of the location within the Family Child Care Home (not applicable) and transportation, if provided.

Child's Name: _____ Parent/Legal Guardian Name: _____

Under the Delaware Code you are entitled to inspect the active record and complaint files of any licensed child care facility. To review a child care facility record contact: Anne Marie Bercy, Office of Child Care Licensing, 3411 Silverside Road, Concord Plaza, Hagley Building, Wilmington, Delaware 19810-4803.

You may also view substantiated complaints and compliance review histories for the past three years by visiting <http://www.apex01.kids.delaware.gov:777/occl/>

Child's Name: _____ Parent/Legal Guardian Name: _____

All BCC records and all personal information on all children, family members and staff must remain confidential. Unauthorized removal of records or unauthorized divulgence of confidential children's, family members', staff or program information is strictly prohibited by Bellevue Community Center policy. Violation of this policy is considered serious and will result in discharge without warning. Information obtained in the course of Childcare may be used only to plan for a child's safe and appropriate participation.



INCLUSION AND SUPPORT

BCC'S programs embrace an inclusion approach that provided opportunities for all children to actively participate in all aspects of the program. Children with special needs or disabilities and children who are developing typically will be together in classrooms to support and enhance all children's opportunities for learning. Programs will make necessary accommodations in order to implement a child's Individual Education Plan (IEP) or Individual Family Service Plan (IFSP) within the program's budgetary limitations. It is our goal that all of our teachers will have knowledge and training in inclusion best practices. The goal is to create an environment in which all children are valued and respected.

CIVIL RIGHTS

BCC'S programs are implemented with fairness. Children may not be discriminated against based on color, religion, creed, gender, personal beliefs, or socio-economic status.

SIGN _____ DATE _____

Delaware Prototype Meal Benefit Form – Summer Food Service Program (SFSP)

Complete one application per household. Please use a pen (not a pencil).

STEP 1 List ALL Household Members who are infants, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of Household Member: "Anyone who is living with you and shares income and expenses, even if not related."
 Children in **Foster care** and children who meet the definition of **Homeless, Migrant or Runaway** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's First Name	MI	Child's Last Name	Grade	Student? Yes No	Homeless, Migrant, Runaway
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> <input type="checkbox"/>

STEP 2 Do any Household Members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDIPIR?

If NO > Go to STEP 3. If YES > Write a case number here then go to STEP 4. (Do not complete STEP 3)

Case Number:

Write only one case number in this space.

STEP 3 Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

A. Child Income
 Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) 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 fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work			How often?			Public Assistance/ Child Support/Alimony	How often?			Pensions/Retirement/ All Other Income	How often?							
	Weekly	Bi-Weekly	2x-Month	Monthly	Weekly	Bi-Weekly		2x-Month	Monthly	Weekly		Bi-Weekly	2x-Month	Monthly					
	\$				<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"/>												

Total Household Members (Children and Adults)

Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member

Check if no SSN

Are you unsure what income to include here?
 Flip the page and review the charts titled "Sources of Income" for more information.
 The "Sources of Income for Children" chart will help you with the Child Income section.
 The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

STEP 4 Contact information and adult signature. Mail Completed Form To: INSERT YOUR SPONSOR MAILING ADDRESS HERE

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds and that school officials may verify (check) the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Street Address (if available) Apt # City State Zip Daytime Phone and Email (optional)

Printed adult signing the form Signature of adult Today's date

INSTRUCTIONS Sources of Income

Sources of Income for Children		Sources of Income for Adults		
Sources of Child Income	Examples(s)	Earnings from Work	Public Assistance /Alimony/ Child Support	Pensions / Retirement / All Other Income
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages	- Salary, wages, cash bonuses	- Unemployment benefits	- Social Security (including railroad retirement and black lung benefits)
- Social Security	- A child is blind or disabled and receives Social Security benefits	- Net income from self-employment (farm or business)	- Worker's compensation	- Private pensions or disability benefits
- Disability Payments	- A Parent is disabled, retired, or deceased, and their child receives Social Security benefits	- If you are in the U.S. Military:	- Supplemental Security Income (SSI)	- Regular income from trusts or estates
- Survivor's Benefits	- A friend or extended family member regularly gives a child spending money	- Basic pay and cash bonuses (do not include combat pay, FSSA, or privatized housing allowances)	- Cash assistance from State or local government	- Regular cash payments from outside household
- Income from person outside the household	- A friend or extended family member regularly gives a child spending money	- Allowances for base housing, food, and clothing	- Alimony payments	- Annuities
- Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust		- Child support payments	- Investment income
			- Veteran's benefits	- Earned interest
			- Strike benefits	- Rental income
				- Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities

We are required to ask for information about your children'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 your children's eligibility for free or reduced price meals.

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 submit all needed information, we cannot approve your child for free or reduced price meals. You must include the last four digits of the social security number of the primary wage earner or other 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 or other FDPIR 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 if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. 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 (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 (866) 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) E-mail: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out For Sponsors Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24 Monthly x 12

Total Income How often? Weekly Bi-Weekly 2x/month Monthly

Household Size Categorical Eligibility

Eligibility: Free Reduced Denied

Determining Official's Signature Date Confirming Official's Signature Date

Verifying Official's Signature Date

**STATE OF DELAWARE
DEPARTMENT OF SERVICES FOR CHILDREN,
YOUTH AND THEIR FAMILIES
OFFICE OF CHILD CARE LICENSING**

Family Child Care
Large Family Child Care Home
Day Care Center

NAME _____

BIRTHDATE _____

CHILD HEALTH APPRAISAL

SECTION A: TO BE COMPLETED BY PARENT BEFORE PHYSICAL EXAMINATION

CHECK IF CHILD HAS PROBLEMS WITH ANY OF THE FOLLOWING: GIVE ADDITIONAL COMMENTS BELOW

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Allergies
(food, medicine, bee sting etc.) | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Fainting | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Constipation/Diarrhea | <input type="checkbox"/> Hearing Difficulty | <input type="checkbox"/> Speech Difficulty | <input type="checkbox"/> Behavior Problem |
| | <input type="checkbox"/> Seizures | <input type="checkbox"/> Vision Difficulty | <input type="checkbox"/> Asthma |

Other _____

Comments: _____

ADDITIONAL INFORMATION ABOUT YOUR CHILD (include serious illness, accidents, operations, medications, etc. with dates):

Parent/Guardian's Signature _____ Date _____

SECTION B: TO BE COMPLETED BY EXAMINING PHYSICIAN/PEDIATRIC NURSE PRACTITIONER

CODE: X - Within Normal Limits O - See Remarks Below

_____ Scalp, Skin	_____ Heart	_____ Vision	_____ Ear, Nose	_____ Lungs
_____ Hearing	_____ Throat	_____ Abdomen	_____ Blood Pressure	_____ Eyes
_____ Genitalia	_____ Teeth	_____ Extremities	_____ Neck, Glands	_____ Nervous System
_____ Height	_____ Weight			

REMARKS AND RECOMMENDATIONS: _____

IS CHILD PROGRESSING NORMALLY FOR AGE GROUP? _____

DTP/Hib 1 / /	DTP/Hib 2 / /	DTP/Hib 3 / /	DTP/ Hib 4 / /	DTaP/Hib 4 / /
DTP/DTaP 1 / DT / /	DTP/DTaP 2 / DT / /	DTP/DTaP 3 / DT / /	DTP/DTaP 4 / DT / /	DTP/DTaP 5 / DT / /
Td 1 / /	Td 2 / /	Td 3 / /		
OPV/IPV 1 / /	OPV/IPV 2 / /	OPV/IPV 3 / /	OPV/IPV 4 / /	TB Screening 12 mo / /
MMR 1 / /	MMR 2 / /	HepB 1 / /	HepB 2 / /	HepB 3 / /
Hib 1 / /	Hib 2 / /	Hib 3 / /	Hib 4 / /	Hep B/Hib 1 / /
Hep B/Hib 2 / /	Hep B/Hib 3 / /	Varicella 1 / /	Varicella 2 / /	Influenza 1 / /
Influenza 2 / /	Pneumococcal Polysaccharide 1 / /	Pneumococcal Polysaccharide 2 / /	Pneumococcal Conjugate 1 / /	Pneumococcal Conjugate 2 / /
Pneumococcal Conjugate 3 / /	Pneumococcal Conjugate 4 / /	Hep A 1 / /	Hep A 2 / /	Lyme Vax 1 / /
Lyme Vax 2 / /	Lyme Vax 3 / /	Other: / /	Lead Screening 12 mo / /	

Examiner's Signature _____ M.D. P.N.P. Date: _____

Printed Name: _____ Telephone: _____



Please select your week(s) of attendance and indicate time (ex:8-5)

- | | | |
|-----------|-----------|-------------|
| 1. _____ | 6/10-6/14 | Time: _____ |
| 2. _____ | 6/17-6/21 | Time: _____ |
| 3. _____ | 6/24-6/28 | Time: _____ |
| 4. _____ | 7/1-7/5 | Time: _____ |
| 5. _____ | 7/8-7/12 | Time: _____ |
| 6. _____ | 7/15-7/19 | Time: _____ |
| 7. _____ | 7/22-7/26 | Time: _____ |
| 8. _____ | 7/29-8/2 | Time: _____ |
| 9. _____ | 8/5-8/9 | Time: _____ |
| 10. _____ | 8/19-8/23 | Time: _____ |