

First United Methodist Preschool
Enrollment Packet
2026 – 2027



101 SE 3rd Avenue
Ft. Lauderdale, Florida 33301

(954) 463 – 3758

First Kids Academy Hours
7:30 a.m. – 5:30 p.m.
Monday - Friday

Our mission is to provide exceptional care to children while fostering each child's intellectual, social, physical and moral development in an academic-rich environment.



FIRST UNITED METHODIST PRESCHOOL

TUITION RATES 2026/2027

Monday through Friday - 7:30 AM to 5:30 PM

ANNUAL REGISTRATION \$250.00 (NEW) \$200.00 (RENEWAL)

Infants:	Weekly:	\$ 334.00
Garden Travelers	Monthly:	\$1340.00
Sunshine Travelers		
Ones:	Weekly:	\$ 313.00
Commuters	Monthly:	\$1246.00
Discovery		
Twos:	Weekly:	\$ 289.00
Adventurers	Monthly:	\$1158.00
Threes/Fours/Five:	Weekly:	\$ 284.00
Navigators	Monthly:	\$1137.00
Explorers 3+		
Fours: (with VPK certificate)	Weekly:	\$ 222.00
VPK (Wrap Around)	Monthly:	\$ 886.00
After School Program:	Monthly:	\$350.00
(Five – Twelve years)		
Camp/Full Day	Weekly:	\$200.00

PAYMENT SCHEDULE

Monthly – Due the first of each month (a late fee of \$20.00 will be charged if tuition is not received by the 5th of the month)

Weekly – Due on Monday of each week (a late fee of \$20.00 will be charged if tuition is not received by Tuesday of each week)

The above policy is strictly enforced and if tuition is not paid within the time allowed, your child will not be permitted to attend the preschool until the outstanding tuition balance is paid.

- There will be a \$25.00 service charge for all checks returned by your bank.
- A two week notice is required if you should decide to withdraw your child.
- One week vacation credit per year.
- There is a 10% discount off the lowest tuition rate for siblings.
- *Full-time and Part time attendance pays the same rate.*



Start date: _____

Password _____

First United Methodist Preschool Student Registration 2026-2027

Child's Name _____ Date of Birth _____

Allergies _____

Mother's Name _____

Mother's Address _____

Mother's Telephone: Cell _____ Work _____

Other _____

Mother's Email _____

Father's Name _____

Father's Address _____

Father's Telephone: Cell _____ Work _____

Other _____

Father's Email _____

Persons permitted to pick up child:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Emergency Contact:

Name _____ Phone Number _____

Name _____ Phone Number _____

Password _____

The Password is used for the protection of your child. Circumstances may occur when you will need someone that is not listed on the registration form to take your child from this facility. When these circumstances arise, you will need to call and inform us of your instruction. You will be asked for your password.

Influenza Virus Brochure

Influenza Virus, The Flu, A guide to parents: During the 2009 legislative session, a new law was passed that requires child care facilities to provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flue) every year during August and September.

My signature below verifies that I have reviewed the brochure on Influenza Virus.

Parent/Guardian Signature: _____ Date: _____

Know Your Child Care Facility Brochure

My signature below verifies that I have reviewed the brochure on "Know Your Child Care Facility".

Parent/Guardian Signature: _____ Date: _____

Swim Central

SWIM Central is the coordinating agency for water-safety instruction and awareness in Broward County.

My signature below verifies that I reviewed more information on the Swim Central program online at <http://www.broward.org/PARKS/PROGRAMSCLASSES/Pages/swimcentral.aspx>

Parent/Guardian Signature: _____ Date: _____

Consent Form

I hereby give my consent to have my child participate in all activities at FUMC preschool. I also realize that FUMC will not be responsible for any minor injuries that might occur during the normal school day. (ex. Scratched knee, bruises and bites)

Parent/Guardian Signature: _____ Date: _____

Nutrition Plan Agreement (Please see attachment)

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide Lunch and Snack from home to meet my child's nutritional and dietary needs as recommended by the choosemyplate.gov.

Parent/Guardian Signature: _____ Date _____

Video / Photo Release

I give permission to FUMC preschool to photograph / video my child for the purpose of promoting the preschool or demonstrating the preschool's accomplishments and activities. The photos may be published on brochures, preschool website, preschool Facebook and preschool lobby.

Yes, I give permission _____ No, I do not give permission _____

Parent/Guardian Signature: _____ Date _____

Authorization for Emergency Medical Treatment

In case of any emergency, FUMC preschool will attempt to reach the parents/guardians or the emergency number given on file. If for any reason none of these parties are available, I authorize FUMC preschool to use and transport to the closest medical facility and grant permission to perform any emergency procedure at the discretion of that medical facility.

Emergency Name: _____ Phone#: _____

Parent/Guardian Signature: _____ Date: _____

Medical Information

Child's Physician: _____ Phone#: _____

Insurance Information

Health Insurance Company: _____

Policy Number: _____ Subscriber's name: _____

Health Policy

It is the goal of FUMC preschool to keep each child as healthy as possible. If a child is sick, the parents will be notified to come and pick up their child and to keep their child out of school during any illness.

A child is considered to be sick if any of the following conditions occur:

- Fever of 100 degree or higher
- Vomiting or diarrhea more than two times.
- Cold / Flu symptoms
- Contagious disease (pink eye, scabies, scarlet fever, etc.)

Please note that if medication is prescribed, you must fill out a #5 Medication form. **Any over the counter medication will not be given unless container is brought in seal and unopened.**

I have read and understand the Health Policy. I will not knowingly bring my child to school if he/she is contagious.

Parent/Guardian Signature: _____ Date: _____

Physical and Sexual Abuse Policy

As teachers and administrative professionals, it is our responsibility, by law, to report any suspicion of physical or sexual abuse to the Department of Children and Families (DCF)

I have read and understand the policy of FUMC preschool on physical and sexual abuse.

Parent/Guardian Signature: _____ Date: _____

Field Trip Policy

Field trips will occasionally be scheduled for our 3's – 4's classroom. In order for a child to participate, the school permission slip must be signed by a parent/guardian before a child will be permitted to leave the school. If you choose not to send your child on a field trip, you will need to provide alternative child care until the class returns. The teachers need to accompany the class; therefore, there will not be a teacher available to stay with your child.

I have read and understand the field trip policy.

Parent/Guardian Signature: _____ Date: _____

Tuition Agreement

FUMC preschool will require all parents/guardians to obligate themselves to their entire tuition on a Weekly, Bi-Weekly, or Monthly basis. Should you decide to keep your child home for any reason, you will be required to pay your tuition in full for the period of absence as part of your contractual arrangement with us. In order to accommodate our parents, you may take a one (1) week vacation credit during the school year and tuition will be waived for that 1 week only.

- Weekly payments are due on **Monday** of each week. _____
- Bi-Weekly payments are due every other **Monday** _____
- Monthly payments are due on the first 1st of each month and are considered late after the 5th of the month. _____
- Late payments will be charged a **\$20.00 late fee.** _____
- Returned checks will be charged a **\$20.00 return check fee.** _____
- Late pick-up will be charged **\$1.00 per minute after 5:30 p.m.**
- **ELC School Readiness** voucher holders will be charged the difference in tuition rate. _____

Please note that if tuition is past-due, your child will not be permitted to FUMC preschool until tuition payment is current.

ALL Fees are nonrefundable

Parent/Guardian Signature: _____ Date: _____

Physical Activity Statement

Each class is given the opportunity for outdoor physical activities twice per day (weather permitting) for 30 minutes. This will include an organized group activity and free play.

Parent/Guardian Signature: _____ Date: _____

Food Activity Permission

FUMC Preschool use food items on various occasions as a learning activity for the children. We are a nut free preschool and no nuts will be used or consumed during these activities.

Parent/Guardian Signature: _____ Date: _____

Safe Sleep Policy for Infants

FUMC Preschool follows the recommendation of the American Academy of Pediatrics in reducing the risk of SIDS (sudden infant death syndrome) and SUIDS in Early Education and Child Care. All infants will sleep alone in the crib, on their backs and cribs will be clear of any clutter (no blankets, toys and mobile).

Parent/Guardian Signature: _____ Date: _____

Child Care personnel (Childcare Licensing) Consent

I consent for child care personnel to have access to my child's records for licensing purpose only.

Parent/Guardian Signature: _____ Date: _____

Discipline

First United Methodist Preschool (First Kids Academy) reserves the right to remove from our program any child who continually displays inappropriate behavior. Behaviors which pose harm to the student or other students and staff are deemed inappropriate.

Parent/Guardian Signature: _____ Date: _____

Acknowledgement

Each parent/guardian will be given a copy of these policies and procedures. After reading, the parent registering the child into the preschool must acknowledge reading these policies by signing the form below.

Parent/Guardian Signature: _____ Date: _____

Parking Lot

The Church's Parking Lot is a metered lot which is monitored. Upon your child's enrollment, you will receive a parking pass. It is necessary to display this pass in your car on the dashboard when you are parked in the lot. Failure to properly display the parking pass may result in a parking ticket.

If you choose to utilize the drive-through for dropping off and picking up your child, please be considerate of others and *limit your stay to five minutes or less.*

PLEASE DRIVE SLOWLY AND USE CAUTION WHEN DRIVING THROUGH



Resilient Environment Department
Consumer Protection Division
Child Care Licensing and Enforcement Section
1 North University Drive • Plantation, Florida 33324 • 954-357-4800

Today's Date: _____

Dear Parent or Legal Guardian:

Please read the following information, then print and sign your name below.

DISCIPLINE POLICY AND HOURS OF OPERATION

- Child(ren) shall not be subjected to discipline which is severe, humiliating, or frightening.
- Discipline shall not be associated with food, rest, or toileting.
- Spanking or any other form of physical punishment is prohibited.

Additional information:

HOURS OF OPERATION

_____ 7:30 a.m. _____ a.m./p.m. to _____ 5:30 p.m. _____ a.m./p.m.

Printed name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date

What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which affects the nose, throat, and lungs. According to the US Centers for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.

How can I tell if my child has cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



THE FLU

A Guide for Parents



For additional information, please visit www.myflfamilies.com/childcare or contact your local licensing office.

This brochure was created by the Department of Children and Families in consultation with the Department of Health.

What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

Call or take your child to a doctor right away if your child:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



How can I protect my child from the flu?

The flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive flu vaccine every fall or winter (children receiving vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.



What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when a person sneezes or coughs. An infected person is propelled through the air and infects someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions.

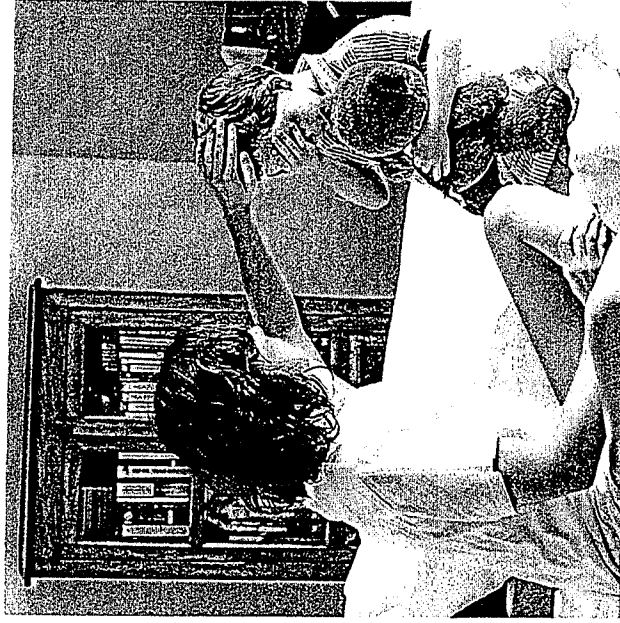
To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group settings until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.



During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

For additional helpful information about the dangers of the flu and how to protect your child,

visit: www.cdc.gov/flu/ or www.immunizeflorida.org/

Parent's Role

Parent's role in quality child care is vital:

- Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- Know the facility's policies and procedures.
- Communicate directly with caregivers.
- Visit and observe the facility.
- Participate in special activities, meetings, and conferences.
- Talk to your child about their daily experiences in child care.
- Arrange alternate care for your child when they are sick.
- Familiarize yourself with the child care standards used to license the child care facility.

Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, parents should consider the facility's quality indicators related to activities, caregivers, and environment.

Quality Activities

Activities are children initiated and teacher facilitated. Activities include social exchanges with all children.

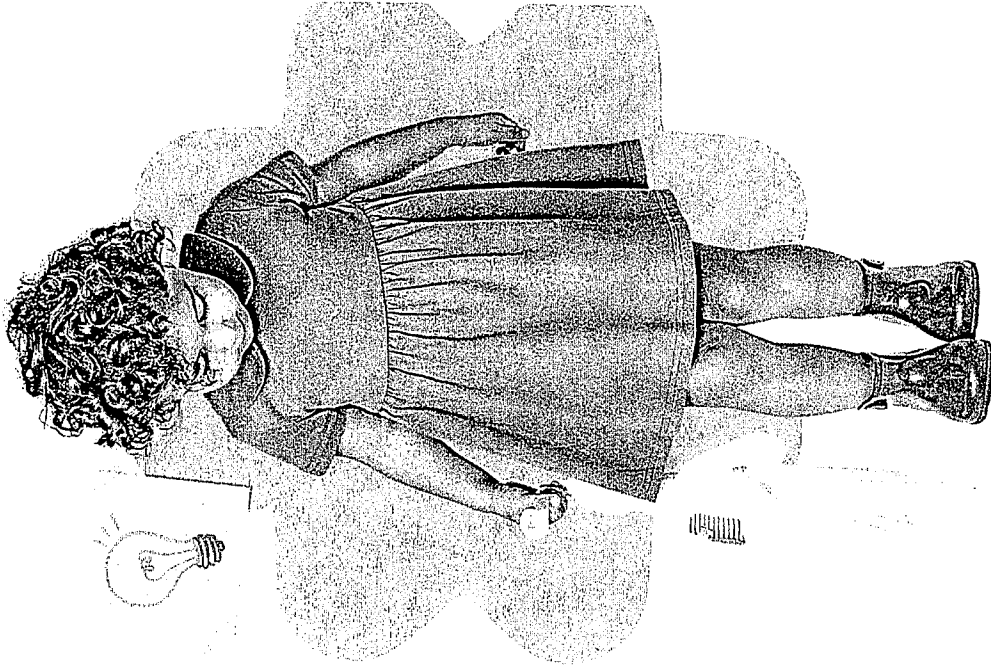
Quality Caregivers

Caregivers are friendly and eager to care for children. Caregivers accept family cultural and ethnic differences.

Quality Environments

Environments are clean, safe, inviting, comfortable, and child-friendly. Environments provide easy access to age-appropriate toys.

www.myfamilies.com/childcare



KNOW YOUR CHILD CARE FACILITY

For additional information, please visit
www.myfamilies.com/childcare
or contact your local licensing office.

This brochure was created by the
Department of Children and Families in
consultation with the Department of Health.

Know Your Child Care Facility - General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- Valid license posted for parents to see.
- All staff appropriately screened.
- Maintain appropriate transportation practices (if transportation is provided).
- Provide parents with written disciplinary and expulsion practices used by the facility.
- Provide access to the facility during normal hours of operation.
- Maintain minimum staff-to-child ratios.

Health Related Requirements

Emergency procedures that include:

- Posting Florida Abuse Hotline number along with other emergency numbers.
- Staff trained in first aid and pediatric cardiopulmonary resuscitation (CPR) on the premises at all times.
- Fully stocked first aid kit.
- A working fire extinguisher and documented monthly fire drills with children and staff.
- Medication and hazardous materials are inaccessible and out of children's reach.



Age of Child	Child: Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

Training Requirements

- 40-hour introductory child care training.
- 10-hour in-service training annually.
- 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- Director Credential for all facility directors.

Food and Nutrition

Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

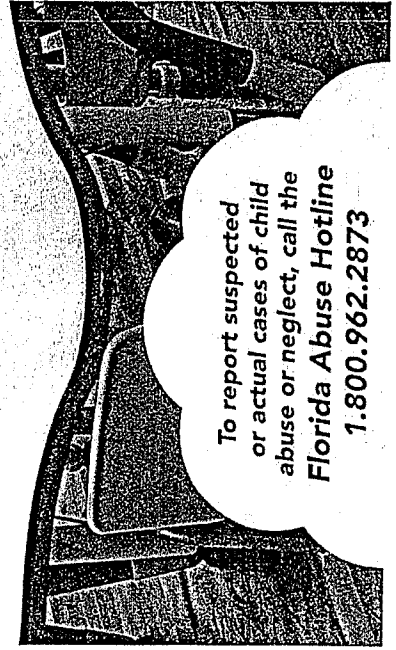
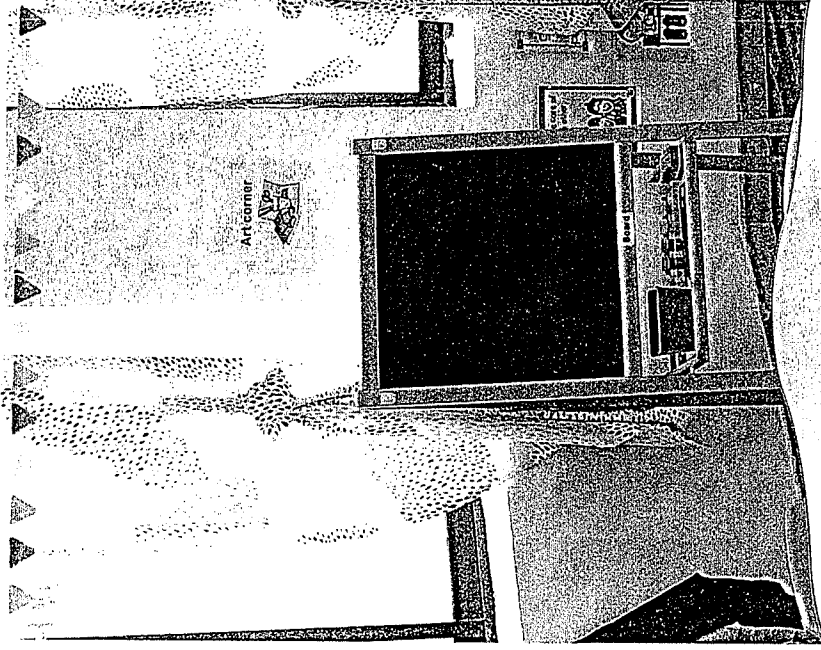
Record Keeping

Maintain accurate records that include:

- Children's health exam/immunization record.
- Medication records.
- Enrollment information.
- Personnel records.
- Daily attendance.
- Accidents and incidents.
- Parental permission for field trips and administration of medications.

Physical Environment

- Maintain sufficient usable indoor floor space for playing, working, and napping.
- Provide space that is clean and free of litter and other hazards.
- Provide sufficient outdoor play area.
- Maintain sufficient lighting and inside temperatures.
- Equipped with age and developmentally appropriate toys.
- Provide appropriate bathroom facilities and other furnishings.
- Provide isolation area for children who become ill.
- Practice proper hand washing, toileting, and diapering activities.



To report suspected or actual cases of child abuse or neglect, call the Florida Abuse Hotline
1.800.962.2873

CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION - COMBO

Child's Name: _____ Center Name & Address: _____

Primary Hours of Care: From: _____ To: _____ Days of the Week in Care: M T W TH F S S Meals Typically Served While in Care: BR MS LU AS SU ES None

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: () _____

STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits?

If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 5.

FAP/SNAP Case Number: _____ or TANF Case Number: _____

STEP 3: Children's Income Information (See reverse side for what types of income to report) (Skip this step if you listed a case # in STEP 2)

Children's Income – sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Children's income – Total: \$ _____ How often received? (check only one): Weekly Bi-Weekly Twice a Month Monthly Annually

STEP 4: Household income and adult household member information (See reverse side for what types of income to report) (Skip this step if you listed a case # in STEP 2)

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	Weekly Bimonthly Monthly / Twice a Month Annually / Weekly Bimonthly Monthly / Twice a Month Annually	Weekly Bimonthly Monthly / Twice a Month Annually / Weekly Bimonthly Monthly / Twice a Month Annually	Weekly Bimonthly Monthly / Twice a Month Annually / Weekly Bimonthly Monthly / Twice a Month Annually

STEP 5: Contact information and adult signature

Total Household Members (Add STEP 1 & 4): _____ Last four digits of Social Security Number (SSN) of adult household member: _____ If no SSN, write "none."

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): _____ Street Address, City, State, Zip Code _____ Daytime phone #: () _____

Signature of adult household member: _____ Printed name: _____ Date signed: _____

OPTIONAL: Child's ethnic and racial identities We are required to ask for information about your child's ethnicity and race. This information is important and helps make sure that we are fully serving the community. Responding to this section is optional and does not affect your child's eligibility for free or reduced-price meals. Ethnicity (check one): American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Not Hispanic or Latino Native Hawaiian or Other Pacific Islander White

FOR CONTRACTOR USE ONLY: Race (check one or more): American Indian or Alaskan Native Asian Black or African American Hispanic or Latino Not Hispanic or Latino Native Hawaiian or Other Pacific Islander White

Category Eligibility: FAP/SNAP or TANF Household Foster Child Total Household Size: _____ Total Household Income: \$ _____

Eligibility Determination: Free Reduced-Price Non-needly How Often Income is Received (Frequency): Weekly Biweekly Twice a Month Monthly Annually

Reason for Non-needly Status: Income too High Incomplete Application Other Reason: _____

Determining Official's Signature: _____ Date: _____ Second Party Check Signature: _____ Date: _____

INSTRUCTIONS for completing the Free and Reduced-Price Meal Application (use a pen and print all information other than signature)

Print the name of the child you are applying for at the top of the form. Print the name and address of the child care center the child attends, if not already pre-printed. Print the primary hours of care for your child. Circle the days of the week your child primarily attends the child care center and the meals that you expect your child to receive while in care: breakfast (BR), morning snack (MS), lunch (LU), afternoon snack (AS), supper (SU), and/or evening snack (ES).

IF ANY MEMBER OF YOUR HOUSEHOLD RECEIVES FOOD ASSISTANCE PROGRAM (FAP/SNAP) OR TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS, FOLLOW THESE INSTRUCTIONS: STEP 1: List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Enter either the FAP/SNAP or TANF case number in the designated space. The case number will be on your letter of eligibility; it is not the number on your EBT card. **STEP 3:** Skip this step. **STEP 4:** Skip this step. **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

IF YOU ARE APPLYING FOR A FOSTER CHILD, FOLLOW THESE INSTRUCTIONS: With appropriate documentation, foster children are automatically eligible for free meals regardless of the income of the household where they reside. You have the option to provide the child care center with official documentation from the foster care agency or court that placed the child in the household, rather than completing this application. Should you choose to complete this application, and you are applying only for a foster child(ren), then only complete STEPS 1 and 5. If you are applying for foster and non-foster children, complete STEPS 1, 3, 4 and 5. If completing STEP 3, do not include payments to the household for the care of the foster child(ren). See the instructions listed below for the applicable steps.

ALL OTHER HOUSEHOLDS, FOLLOW THESE INSTRUCTIONS: STEP 1: List all children age 18 and under that are supported with the household's income, even if they are not related to you. Be sure to include the child listed at the top of the form. If there is not enough space to list all children, use a second form and attach the forms together. List the date of birth of each child. In the next three columns, circle Yes or No to answer each question for each child listed. **STEP 2:** Skip this step. **STEP 3:** Enter the total income received by all children listed in STEP 1, then check how often the income is received. **STEP 4:** List all adults age 19 and older that are supported with the household's income, even if they are not related to you and even if they receive no income. If there is not enough space to list all adults, use a second form and attach the forms together. For each adult, list the amount of income he/she regularly receives before taxes or anything else is taken out and circle how often the income is received (frequency) in the appropriate columns. If self-employed, list net income. See examples below for sources of income to report. For any adult with no income, write "none" or "0." Any income fields that are blank will also be counted as a zero (0). Enter the total number of household members (all children and adults), then list the last four digits of the social security number (SSN) of the adult completing/signing the application (or write NONE if he/she has no SSN). **STEP 5:** Enter your address and phone # (if available). An adult household member must sign the form. Print the name of the person who signed the form, then enter the date signed.

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

The Richard B. Russell National School Lunch Act requires that, unless you list a current Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) case number or are applying for a foster child, you must include the last four digits of the Social Security Number (SSN) of the adult household member signing the application or indicate that the signer does not have a SSN. Providing the last four digits of a SSN is not mandatory, but if this information is not given or an indication is not made that the signer does not have a SSN, the application cannot be approved. The information provided on this form may be verified through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a welfare office to verify receipt of FAP/SNAP or TANF benefits, contacting the state employment security office to determine the amount of benefits received, and checking any documentation produced by the household to prove the amount of income received. These verification efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. 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 investigate violations of program rules. This institution is an equal opportunity provider. Please refer to the accompanying Parent Letter to read the full Nondiscrimination Statement