



Latch Key

OPENING THE DOOR TO OPPORTUNITY

"PEARL GRIFFIN MEMORIAL"

2411 Coggin Avenue/P.O. Box 2121, Brownwood, Texas 76801

325-646-2138/325-646-7066 (fax)

www.latchkeyprogram.org latchkeyprogram@harrisbb.com

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Application for Admission and Contract

Child's Name: _____ Social Security #: _____

Sex: _____ Age: _____ Child's Birthday: _____

Home Address: _____ Cell Phone: _____

Mother's Name: _____ Employer: _____

Step Mother's Name: _____ Employer: _____

Business Phone: _____ Address: _____ Hours: _____

Father's Name: _____ Employer: _____

Step Father's Name: _____ Employer: _____

Business Phone: _____ Address: _____ Hours: _____

Person(s) with legal custody of child: _____ Relationship: _____

Address and Phone number if different from parents: _____

First Aid Permission & Emergency Information

Family Doctor: _____ Phone Number: _____

In case of emergency when neither parent can be reached please contact:

Name: _____ Relationship: _____ Phone: _____

List any special allergies, illnesses, etc. in which the Latch Key Personnel should be aware: _____

Current Immunization records on file at: (Circle)

Northwest; East; Woodland Heights; Coggin; Intermediate; Health Depart.

I give the Latch Key Administration, staff and/or volunteers permission to administer first aid to my child. In case of emergency, the administrator promptly contacts the parents. If neither the parent nor the emergency contact can be reached, I hereby give permission to the physician selected by the Latch Key Administrator to hospitalize and/or secure proper treatment for my child.

Latch Key follows the Brownwood Independent School District schedule. Monday-Friday 3:00-5:30. We will serve an afternoon snack through the CACFP program. Latch Key does not discriminate against race, color, national origin, sex, disability, religion or political belief.

Parent/Guardian Signature: _____ Date: _____

Individuals permitted to pick up child

Dear Parents:

In accordance with state law we must have on file the names, addresses and telephone numbers of the individuals permitted to pick up your child from our program. If someone arrives to pick up your child and we do not know them and their name is not in our file we CANNOT allow your child to leave with them.

Please list below any person's name, address and telephone number who might pick up your child so we can avoid any embarrassment, inconvenience or tragedy.

Thank you for your cooperation.

_____ maybe picked up at Latch Key by the following:

(Child's name)

Name

Phone Number

_____	_____
_____	_____
_____	_____
_____	_____

I understand that if the name does not appear on this list, my child will not be released.

Signature

Social Security Number (Parents)

Date

Please include your child's current immunization records and your most current check stub when you turn in your completed application. Applications cannot be processed without these CURRENT items. Thank you.

Pick-up Policy

Our Latch Key Program depends on the transportation facilities of the Brownwood Independent School District and the Head Start Program.

I hereby give my permission for my child _____ to be transported from Brownwood public schools or Head Start by their school buses to the Latch Key Program at First Christian Church.

Parent/Guardian Signature

Date

School Name

Grade



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren): _____

Names of all household members
(First, Middle Initial, Last)

CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT)
* IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.

CHECK IF NO INCOME

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

NAME: _____ CASE NUMBER: _____

Part 3. (Applies only to parents/guardians with children enrolled in a day care home) If any member of your household receives benefits listed on the enclosed *List of Eligible Federal/State Funded Programs (H1660)*, provide the name of the program and case number: NAME: _____ CASE NUMBER: _____
Check here if no case number

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

A. Name (List only household members with income) <i>(Example)</i> <i>Jane Smith</i>	B. Gross income and how often it was received			
	Note: Self-employed report income after expenses in box 1			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly	\$150/twice a month	\$100/monthly	\$200/bi-monthly
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___
	\$ ___/___	\$ ___/___	\$ ___/___	\$ ___/___

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

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

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

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Last four digits of Social Security Number: * * * - * * - _____ I do not have a Social Security Number



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:

- Hispanic or Latino
- Not Hispanic or Latino

Mark one or more racial identities:

- Asian
- White
- Black or African American
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander

Part 7. Sharing Information With Other Programs: OPTIONAL

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

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

Don't fill out this part. This is for official use only.

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

Total Income: _____ Per: Week, Every 2 Weeks, Twice A Month, Month, Year Household size: _____

Categorical Eligibility: ___ Date Withdrawn: _____ Eligibility: Free ___ Reduced ___ Denied ___ Tier I ___ Tier II ___

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

Follow-up Official's Signature: _____ Date: _____

Privacy Act Statement:

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

Non-discrimination Statement:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (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) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Parent's Acknowledgement

This is to acknowledge that Latch Key Program
(Name of Facility Staff)
has provided me with A Parent's Guide to Day Care and has discussed its contents with me.

(Signature-Parent)

(Date)

1. Child-care facilities must provide parents with a copy of "A Parent's Guide to Day Care" and review its contents with them.
2. Parents acknowledge receiving the Parent's Guide by signing and dating this form.
3. This acknowledgement is kept in the child's record as long as the child remains at the facility.

NOTE: Failure to provide parents with A Parent's Guide to Day Care, review its contents, and obtain a signed receipt, is a violation of standard 2300.A, Day Care Minimum Standards and Guidelines

