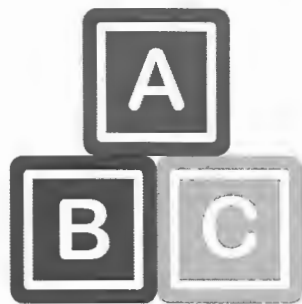




# **School-Age Enrollment Packet**



**Ph: 916-617-7248**

**[www.kiddyclubdaycare.com](http://www.kiddyclubdaycare.com)  
[kiddyclubdaycare@gmail.com](mailto:kiddyclubdaycare@gmail.com)**

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**Kiddy Club Student File Checklist**

Has Your Child Been In Childcare Before? Y or N If Yes: Home, Center, Public, Name: \_\_\_\_\_

Students \_\_\_\_\_ D.O.B \_\_\_\_\_

Days Enrolled: \_\_\_\_\_ FT/PT \_\_\_\_\_

Parent Email (Please Print) \_\_\_\_\_

Contract Start Date Enrolled: \_\_\_\_\_

Date of Withdrawal: \_\_\_\_\_

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

\_\_\_ Emergency Identification (LIC 700)

\_\_\_ Pre-admission Health History Form (LIC 702)

\_\_\_ Immunization Record (Blue Card)

\_\_\_ Physicians Report/ TB Test (LIC 701)

\_\_\_ Medical Consent Form (LIC 627)

\_\_\_ Medication Consent Form (LIC 9221) With Medical Plan If Needed. See Attachment.

\_\_\_ Special Need/Special Case Information

\_\_\_ Parent's Rights (LIC 995)

\_\_\_ Personal Rights (LIC 613)

\_\_\_ Acknowledgment of Licensing Reports (LIC 9224)

\_\_\_ Photograph/ Video Authorization

\_\_\_ Parent Admission/Financial Agreement, Handbook & Acknowledgment Contract

\_\_\_ Infant Feeding Plan Agreement (Infants Only Under Age 2)

\_\_\_ Food Program Application

\_\_\_ Private Pay Child Action \_\_\_\_\_ County Payment \_\_\_\_\_

\_\_\_ Child Action Co-Pay Rate: \$ \_\_\_\_\_ Supply Fee \$ \_\_\_\_\_

\_\_\_ FT/PT Care \_\_\_\_\_ Schedule Rate Fee Agreement \$ \_\_\_\_\_

\_\_\_ Registration Fee: \_\_\_\_\_ 1st Months Payment Receipt # \_\_\_\_\_ Cash, Debit, Money Order

UPDATED: \_\_\_\_\_ Notes: \_\_\_\_\_

Director Signature: \_\_\_\_\_ / We the parents/guardian of \_\_\_\_\_  
have completed the following and agree to cooperate with the policies, procedures and purposes at Kiddy Club  
Preschool & Daycare center. Please See Signed Parent Agreement

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## IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

**To Be Completed by Parent or Authorized Representative**

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
PARENT / AUTHORIZED REPRESENTATIVE NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
PERSON RESPONSIBLE FOR CHILD	LAST	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

**ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY**

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

**PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY**

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL       OTHER    EXPLAIN: \_\_\_\_\_

**NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY**  
(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE PICKED UP

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
---	------

**TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY  
CHILD CARE HOMES LICENSEE**

DATE OF ADMISSION	LAST DATE OF ENROLLMENT
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# IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ( )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ( )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ( )					
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ( )	BUSINESS TELEPHONE ( )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ( )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL     OTHER    EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
---	------

### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
-------------------	-----------

## CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL / MEDICAL EXAMINATION

### DEVELOPMENTAL HISTORY *(\*For infants and preschool-age children only)*

WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
----------------------------	-----------------------------------	---

### PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST		
	LUNCH		
	DINNER		
WHAT ARE USUAL EATING HOURS?	BREAKFAST		
	LUNCH		
	DINNER		
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

**PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH**

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:

**PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY**

---

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS, SISTERS AND OTHER CHILDREN?

---

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

---

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

---

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

---

REASON FOR REQUESTING DAY CARE PLACEMENT

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PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE	DATE
--	------

**PHYSICIAN'S REPORT—CHILD CARE CENTERS  
(CHILD'S PRE-ADMISSION HEALTH EVALUATION)**

**PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)**

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_\_ : \_\_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)  
a.m./p.m. to \_\_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

**PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)**

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Dental: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

**IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)**

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY (HAEMOPHILUS B))	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

**SCREENING OF TB RISK FACTORS (listing on reverse side)**

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).  
\_\_\_\_ Communicable TB disease not present.

I have  have not  reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_ Date of Physical Exam: \_\_\_\_\_

Address: \_\_\_\_\_ Date This Form Completed: \_\_\_\_\_

Telephone: \_\_\_\_\_ Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Children's Residential Facilities

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Kiddy Club LLC

FACILITY NAME

TO PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

THIS CARE MAY BE GIVEN UNDER WHATEVER

NAME

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED

ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

( )

WORK PHONE

( )



## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing Division Child Care Licensing Program

Licensing Office Address: 744 P Street Sacramento, CA 95814

Licensing Office Telephone #: (916) 651-6040

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

**For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)**

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Kiddy Club LLC  
\_\_\_\_\_  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.**

**For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)**

**Special Need/Special Case Information Form**

**Has your child or family every been involved with any of the following:**

**CPS/Special Case Court Case**

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**Any Special Needs(Iep, Disability, Special Diagnoses(ADHD, Behaviors Issues)**

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**Foster Parent/Grandparents Custody**

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**Custody Cases(Restraining Orders, People Who Are Not Allowed On Campus & Why)**

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**Receiving Counseling, Therapy, Social Worker, Behavioral Specialist**

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**Any Other Information Needed More About The Student/Parent (Incarceration, Anger Management, Behavioral, Abuse, etc?)**

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All the information above is true and current. This form is confidential for director's Only!

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

**PERSONAL RIGHTS**  
**Child Care Centers**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
  - (1) To be accorded dignity in their personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet their needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have their authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of their choice. Attendance at religious services, either in or outside the facility, shall be voluntary. In Child Care Centers, decisions concerning attendance at religious services shall be made by the child's authorized representative.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME Community Care Licensing Division Child Care Licensing Program		
ADDRESS 744 P Street		
CITY Sacramento	ZIP CODE 95814	AREA CODE/TELEPHONE NUMBER (916) 651-6040

-----  
DETACH HERE  
-----

**TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:** **PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)	(PRINT THE ADDRESS OF THE FACILITY)
(PRINT THE NAME OF THE CHILD)	
(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	
(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)	(DATE)

### ACKNOWLEDGEMENT OF RECEIPT OF LICENSING REPORTS

I, as the parent/legal guardian of \_\_\_\_\_, currently attending or newly enrolled at  
KIDDY CLUB LLC child care center/family child care home acknowledge I have received the following  
information as required by Health and Safety Code sections 1596.8595 and 1596.8895.

- Copy of any licensing report that documents a Type A deficiency cited at this facility; Type A deficiencies are those that, if not corrected, represent an immediate risk to the health, safety or personal rights of children in care. This includes facility visits and substantiated complaint investigations.

Date(s) of licensing report(s) provided: \_\_\_\_\_

- Copy of licensing documents pertaining to a conference conducted by a local licensing agency management representative and the licensee of this child care center/family child care home in which issues of noncompliance are discussed.

Date of document provided: \_\_\_\_\_

- Copy of the Accusation Summary indicating the Department's intent to revoke the license of this child care center/family child care home, until that accusation is either dismissed or resolved through the administrative hearing process or stipulated agreement.

Date of document provided: \_\_\_\_\_

- As a parent/legal guardian of a newly enrolled child in this child care center/family child care home, I have been provided the documents identified above received by the licensee during the 12-month period prior to my child's enrollment.

My signature below verifies I have received the documents identified above.

PARENT/LEGAL GUARDIAN SIGNATURE:	DATE DOCUMENTS RECEIVED:
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# Kiddy Club LLC Photo Policies

## 1. General Photo & Video Release (Social Media, Website, Advertising)

### PHOTO/VIDEO RELEASE AGREEMENT

I hereby grant Kiddy Club LLC permission to photograph and/or record my child(ren) during program activities and events. I understand that these photos and videos may be used in print and digital materials, including but not limited to Kiddy Club LLC's social media pages, website, promotional materials, and advertisements.

I waive any rights to inspect or approve the final images or materials. I release Kiddy Club LLC, its staff, and affiliates from any claims, demands, or liabilities in connection with the use of these images for lawful purposes.

Check The Appropriate Item Below:

**I Decline General Photo & Video Release (Social Media, Website, Advertising)**

**I Grant General Photo & Video Release (Social Media, Website, Advertising)**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

## 2. Internal Photo & Video Release (Documentation, Parent Updates, Incidents)

### INTERNAL PHOTO/VIDEO CONSENT

I understand that Kiddy Club LLC will photograph or record my child(ren) for internal purposes only, including but not limited to daily documentation, progress updates, health checks, behavior reports, incident documentation, and developmental records.

I acknowledge that these images or videos may be shared privately with me through Kiddy Club LLC's official phone, email, or other secure communication methods. I also understand that these photos or videos may be shared with licensing agencies, Child Protective Services (CPS), or other proper authorities as required by law or for the safety and well-being of my child or others.

I understand that these images will not be used publicly or shared outside of staff, parents/guardians, and proper authorities.

I agree to keep any images shared with me confidential and not to misuse or share them in any way that violates privacy.

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



**Now Enrolling!**

**KIDDY CLUB DAYCARE**

**INFANTS**

**PRESCHOOL**

**DAY CARE**

INFANT CENTER    SNACKS  
 TODDLER PROGRAM    LARGE PLAY AREA  
 PRESCHOOL PROGRAM    YEAR ROUND  
 SCHOOL-AGE    TRANSPORTATION

Free Tour Today!  
Hours 6:30am to 6:00pm  
**916-617-7248**  
[www.kiddyclubdaycare.com](http://www.kiddyclubdaycare.com)

# Kiddy Club Rates

**ENROLLMENT / REGISTRATION FEES (non-refundable):**

Initial Enrollment and Administrative Fees **\$150.00**

Per Child Annual Re-Registration and Administrative Fees **\$100.00 Per Child**

## MONTHLY KIDDY CLUB RATES PAID IN ADVANCE FT 21 Hours Or More PT Less Than 20 Hours

Monthly tuition rates for Infants 0-23 Months

**\$350 Per Week FT**

**\$300 Per Week PT**

Monthly tuition rates for 2-Kindergarten age children are as followed:

**\$250 Per Week FT**

**\$200 Per Week PT**

Monthly tuition rates for School-Age 1<sup>st</sup> Grade & Up are as followed:

**\$245 Per Weet FT**

**\$145 Per Week PT**

We are pleased to accept **CHILD ACTION/COUNTY** children.

**We Don't Offer Monthly Rates or Discounts. Prices Subject To Change Anytime!**

**Updated 12-12-2024**

## **Kiddy Club Infant, Preschool & School-Age Policy/Admission/Financial Agreement**

### **Breakfast, Lunch & Dinner Options. We provide all snacks for Preschool age and up.**

We will have microwaves to heat all meals if needed.

- (Working On A Food Program Now)
- Breakfast & Two Snack are provided For Preschool & School-Age Students. 100% juice, Milk or Water is provided with all snacks.
- **Lunch: All students must bring all meals.** Milk for lunch is provided. Paid Lunch Is \$5 Per Day
- **Infants:** Please bring all prepared meal daily. Breakfast, Lunch, Snacks, Formula, Etc. Please **label** all items.

### **Modification of Conditions:**

The child's parent(s) or authorized representative will be given a thirty-calendar day written notice if the terms of this policy change.

### **Kiddy Club Daycare Termination Conditions:**

Parents/Guardians are required to give a two-week written notice to withdraw a child/children from Kiddy Club. At the time of notice all tuition is due in full and accounts must be paid current.

If you(parents) or your child is a threat, disrespectful or a danger to themself or others, no notice will be given and services will be terminated immediately. Services may be terminated if any or all of the conditions described in this agreement, as well as the Parent Handbook, are not met by either party to this agreement. No Notice Will Be Provided!

### **Parent Conduct Policy:**

No parent or adult is permitted to use profanity or any other type of threatening, disrespectful, hostile, intimidating or inappropriate language at Kiddy Club LLC at any time, whether in the presence of a child or not, or aimed in the direction of any Kiddy Club LLC staff member. This is considered offensive and unsafe and will not be tolerated. If a parent or adult feels frustrated or angry, it is expected and required that the parent will verbally express the frustration or anger using non-offensive language and have a calm demeanor while doing so. At no time shall inappropriate language, intimidating or threatening behavior be directed toward any member of the staff on or off Kiddy Club LLC property via written communication, verbally over the phone, text, email or in person.

Threats of any kind towards employees, children or other parents will not be tolerated. All threats will be reported to the appropriate authorities and will fully be prosecuted. Disrespectful and unacceptable language in person, via phone/text, in writing or via email will not be allowed towards any member of the Kiddy Club LLC staff at any time. While apologies for such behavior are appreciated, Kiddy Club LLC will not assume the risk of a second chance due to the safety of every child, employee, and other parents. Parents are responsible for, and must be in control of, their behavior always or you will be terminated without notice. Parents who violate the Parent Code of Conduct will be notified, their child(ren) will be dis-enrolled and the parent will not be permitted on center property thereafter.

### **Rights of the Licensing Agency:**

I understand that the licensing agency has the right to inspect this childcare facility, upon presentation of proper identification, at any time with or without advance notice. Parents have the right to know the outcome of all investigative complaints, and facility inspections. Licensing personnel may speak to children and staff without permission.

### **Parent's Rights (Lic. form #995):**

The parent / guardian of the above named child are required to sign and date the Parent's Rights Form. The parent signature receipt of this form will be placed in the child's file.



### **PAST DUE ACCOUNTS**

The school reserves the right to require student withdrawal when any portion of a tuition account remains unpaid 3 days after the payment due date. No student will be re-admitted until the past due balance is paid in full.

### **OVERTIME CHARGES:**

No provisions are available for early student drop off. Kiddy Club opens at 6:30am Kiddy 1 & 7:00am Kiddy #2. Parents who do not arrive to pick up their child by their contract time will be charged a late fee of **\$1.00 per minute or each portion thereof that they are late**. These charges must be paid directly to the teacher on duty when the child/children are signed out.

### **VACATION POLICY**

Kiddy Club Vacation Policy: **We do not offer any days that are NON-PAID by the parents**. You are able to take vacation, sick, time off but you will still be charged the full-rate for care to keep your spot secured at daycare.

### **DROP OFF DEADLINE:**

All students should be dropped off to Kiddy Club LLC no later than 11am. No Exceptions.

### **STAFF TRAINING**

Kiddy Club will take a one day to one week school training that parents are required to pay for. Your monthly payment will stay remain the same. We will provide the parents 30 to 60 days for our training week schedule. It will be in the summer most likely before we start our new school session or in the winter break session.

### **REFUNDS/ABSENCES**

No refunds will be given for student's absences, school holidays, vacations or In-service days. All enrollment fees are non- refundable.

### **WITHDRAWAL NOTICE:**

A two-week written notice is required when withdrawing a child from Kiddy Club. If the notice is less than two weeks, the parents / guardians will be charged for tuition up to two weeks. Payments are required in full at the time of the withdrawal notice.

### **PAYER:**

The account payer is the parent / guardian whose signature appears at the bottom of this form. In the case of divorced couples, Kiddy Club will contract with only one parent for the responsibility of tuition payments.

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**What To Bring To Kiddy Club Daily/Month& Please Label Everything!**

**We are not responsible for missing items that required at daycare. Please keep up with the items you need to bring to daycare for your child/children.**

**Infants**

- Extra Change Of Clothing in a ZIP LOCK bag Labeled. No Small Baby Bag Are Allowed!
- Bulk Diapers
- Diaper Wipes
- Diaper Ointment (if needed)
- Pacifier (if applies) With No String Connector
- 10 Pack Of Bibs
- 5 Sets of Extra Clothes, Including Socks
- Premixed Bottles Or Brest Milk. We have a refrigerator/freezer to store all items
- Prepared Baby Food Or Breakfast, Lunch & Dinner In A Lunch Bag With Name On It

**Early Preschool Non-Potty Trained(Label Everything)**

- 5 Changes of Clothes(Tops & Bottoms)in a zip lock bag and labeled
- Bulk Pull-Ups (Non-Potty Trained Child)
- Weekly Wipes (Non-Potty Trained Child)
- Home Lunch In A Lunch Or Zip Lock Back With Name On It

**Preschool**

- 3 Extra Change Of Clothing in a Zip Lock Bag
- Pull-Ups (Non-Potty Trained Child)
- Face Wipes
- Home Breakfast, Lunch & Dinner In A Lunch Bag With Name On It

**School-age Option**

- Home Lunch In A Lunch Bag With Name On It
- Homework & Backpack From School
- Favorite Book
- Great Attitude
- 

**Please LABEL all items** you bring to our center with you child's name. We are not responsible for lost items that cant be identified.

Welcome to Kiddy Club. We appreciate your support and are happy you're apart of our Kiddy Club family.

**\*\*\*\*\*ALL INFORMATION IN THIS AGREEMENT SUBJECT TO CHANGE AT ANYTIME WITH A 30 DAY OR MORE WRITTEN ADVANCE NOTICE\*\*\*\*\***

Kiddy Club Location: \_\_\_\_\_

**Infant, Preschool & School-Age  
Fees Policy/Admission, Rules/Financial Agreement**

**ACCOUNT INFORMATION AND RESPONSIBILITY:**

Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Relationship to student: Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

1. My child's first day of child care will be \_\_\_\_\_
2. My child will attend \_\_\_\_ Full days \_\_\_\_ Half-Days (Please check one)
3. My child will be in care on M, T, W, TH, F (please circle the days of care)
4. M-F care during the hours of \_\_\_\_\_ to \_\_\_\_\_
5. Sa-Su care during the hours of \_\_\_\_\_ to \_\_\_\_\_
6. Payments Are Made By The Following:  
Cash, Cash App, Venmo, Zelle, Or Direct Deposit In Our Bank Account.
7. Daycare Rate Will Be \$ \_\_\_\_\_ Due Weekly In Advance Every Monday.
8. How Will You Make Your Payment: \_\_\_\_\_
9. Child Action Co Payment Fee Due Monthly: \$ \_\_\_\_\_

**Care more than 10hrs a day is considered an additional day of PAID care!**

**BASIC SERVICES** (Includes ages, days of operation, hours of operation and meal provisions)

- Infant, Preschool and School-Age
- Days & Hours of operation:

Stockton Location: M-F 6:30am-6:00pm

29<sup>th</sup> Ave Location: M-F 7:00am- 5:30pm Day

**Care more than 10hrs a day is considered an additional PAID day of care.**

**PARENTS / GUARDIAN AFFIRMATION**

I / (we) the parent/guardian of the above named child have read, acknowledge, understand and agree to be bound by the terms specified in this Admission/Financial agreement, Parent Handbook and all policies and procedures outlined in this enrollment packet.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Relationship to child)

\_\_\_\_\_  
(Today's Date)

\_\_\_\_\_  
(Director's Signature)

\_\_\_\_\_  
(Center Location)

\_\_\_\_\_  
(Today's Date)

Dear Parents/Guardians,

We prioritize creating a healthy, nurturing environment that promotes your child's development. That is why we are participating in the Child and Adult Care Food Program (CACFP), supported by the USDA and managed by the California Department of Social Services.

The CACFP reimburses the center for the partial cost of meals provided to children and allows the center to provide nutritious meals without increasing the center's fees to you. To help us maintain eligibility for this program, please complete the Income Eligibility Form included with this information letter. This form is how the CACFP assesses your household's eligibility for free or reduced priced meals and determines the level of CACFP benefit we receive as your childcare provider. This allows our program to receive the proper reimbursement.

Please take a moment to fill out sign, date and return the attached forms to us. **Rest assured, all information provided will be treated confidentially and used solely for determining eligibility.**

Your cooperation in completing and returning this application assists us with maintaining affordable childcare fees and ensuring students receive nutritious meals. We highly value your participation in this process.

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Institution Name: Building Better Communities Foundation

Agreement Number: \_\_\_\_\_

Facility/Provider Name: \_\_\_\_\_

## Child and Adult Care Food Program (CACFP) Participant Enrollment Form

Dear Parent/Guardian,

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). The enrolled participant will receive nutritious meals and snacks at no cost to you. CACFP needs verification of enrollment for each participant in this facility. Please fill out the parent/guardian section of this form, sign it and return it to the above facility/provider. Provide information for one participant per section. **(In order for the institution to receive reimbursement for meals served/claimed, this form must be completed for each enrolled participant annually.)**

Parent/Guardian Please Complete:

Participant's (Child) Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Sex:  Male  Female Date participant enrolled in the facility: \_\_\_\_\_  
Food Allergies:  Yes  No If "yes" specify: \_\_\_\_\_

**(If the participant cannot be served the CACFP Meal Pattern, a statement from the participant's Health Care Provider must be provided.)**

Check Days of Normal Care at facility:  Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  
Check meals normally eaten at facility:  Breakfast  AM Snack  Lunch  PM Snack  Supper  Evening Snack  
Please list the normal times of arrival and departure (check AM or PM) **Arrive:** \_\_\_\_\_ am pm **Depart:** \_\_\_\_\_ am pm  
**School Times: Depart:** \_\_\_\_\_ am pm **Return:** \_\_\_\_\_ am pm

**If participant is an infant (0-11 months), please complete this box below. Check all applicable choice(s):**

This institution/ facility offers \_\_\_\_\_ formula for infants through CACFP. It is our choice  
(To be completed by facility/provider)

whether or not to use this formula based on your infant's needs. Baby foods provided by the institution/facility must be in compliance with the infant meal pattern as required by 7CFR 226.20.

- I will use the formula offered by this facility. I give permission for the formula to be mixed and/or bottles to be prepared for my infant by this facility's staff.
- I will not use the formula offered by this facility.  
If not, which formula will you send for your infant? \_\_\_\_\_  
If the formula you provide is a special formula, a medical statement must be submitted.
- I will provide breastmilk for my infant.
- My infant is four (4) months old and older and is developmentally ready for baby foods. I want the institution/facility to provide the following baby food(s) for my infant, which is/are allowed under 7CFR 226.20 (b)(2)(3)(4).

*Note to parents who are getting formula through the WIC Program: Your baby is eligible to get formula from this child care institution/facility as well as from the WIC Program. It is your decision which formula you want your baby to use when she/he is at child care. If you find you are getting more formula than your baby needs, you may wish to talk with your WIC nutritionist or your child care provider.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Work Telephone Number: \_\_\_\_\_ Check Work Shift:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  Other (Specify) \_\_\_\_\_

**For Facility/Provider Use Only:**

Signature of Facility Representative/Provider: \_\_\_\_\_ Date: \_\_\_\_\_

Date the Participant Withdrew: \_\_\_\_\_

**Non-Discrimination Statement:** This explains what to do if you believe you have been treated unfairly. 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, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**MEAL BENEFIT FORM FOR CHILDREN**  
**PROGRAM YEAR \_\_\_\_\_**

Name of Child Care Center: \_\_\_\_\_

Please read the instructions. If you need help completing this form call: (888) 665-4991 \_\_\_\_\_

Complete, sign, and return form to: Building Better Communities Foundation \_\_\_\_\_

**1. CHILD INFORMATION**

(List names of all children enrolled for care)

Check the box if the child is a foster child (the legal responsibility of a welfare agency or court).

Last	First	M.I.	If all children are foster children, go to #4 and sign this form.
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

**2. BENEFITS**

If you are receiving CalFresh, CalWORKs, or Food Distribution Program on Indian Reservations (FDPIR) benefits for your child, list the case number and **do not** complete #3. Go to #4.

CalFresh Case #:
CalWorks Case #:
FDPIR Case #:

**3. ALL HOUSEHOLD MEMBERS**

Complete this section if you **did not** complete #2. List all household members including children enrolled for care. List all income. Go to #4.

Check here if this household receives no income. Go to #4.

NAMES	GROSS INCOME and how often it was received (e.g. weekly, every 2 weeks, twice a month, monthly, or annually)*			
	EARNINGS FROM WORK BEFORE DEDUCTIONS	CHILD SUPPORT ALIMONY	PAYMENTS FROM PENSIONS, RETIREMENT, SOCIAL SECURITY	EARNINGS FROM ANY OTHER INCOME
NAMES OF ALL HOUSEHOLD MEMBERS (INCLUDE THE CHILDREN LISTED ABOVE)	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$

\*Applicants without income are requested to write a **zero** in the applicable field or mark **no income**. Any income field left blank is a positive indication of no income and certifies that there is no income to report. Applications with blank income fields will be processed as complete.

**4. LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER (SSN) AND SIGNATURE**

**(PENALTIES FOR MISREPRESENTATION:** I Certify that all of the above information is true and correct and that the CalFresh, CalWORKS, FDPIR, or other eligible program case number is current, correct, or that all income is reported. I understand that this information is being given for the receipt of federal funds; that agency officials may verify the information on the Meal Benefit Form (MBF) and that the deliberate misrepresentation of the information may subject me to prosecution under applicable state and federal laws.)

Printed Name:	
Last Four Digits of SSN:	<input type="checkbox"/> Check here if no SSN
Signature of Adult:	Date:

**PRIVACY ACT STATEMENT**

The Richard B. Russel National School Lunch Act (NSLA) 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 SSN of the adult household member who signs the application. The last four digits of the SSN are not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP, or CalFresh), Temporary Assistance for Needy Families (TANF, or CalWORKS) Program, or 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 SSN. We will use your information to determine if the participant is eligible for free or reduced-price meals, and for the administration and enforcement of the program.

The last four digits of the SSN may be used to identify the household member in verifying the correctness of the information stated on the form. This may include program reviews, audits and investigations, and may include contacting employers to determine income, contacting a CalFresh, CalWORKs, or FDPIR office to determine current certification for CalFresh, CalWORKs, or FDPIR benefits, contacting the state employment security office to determine the amount of benefits received, and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported. The last four digits of the SSN may also be disclosed to programs as authorized under the NSLA and the Child Nutrition Act, the Comptroller General of the United States, and law enforcement officials for the purpose of investigating violations of certain federal, state, and local education, and health and nutrition programs.

**5. RACIAL/ETHNIC IDENTITY**

You are not required to answer these questions.

If you choose to do so, please mark one or more of the following racial identities:		
<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White	
Please mark one of the following ethnic identities:		
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino	

**U.S. DEPARTMENT OF AGRICULTURE NONDISCRIMINATION 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](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
- (3) E-mail: [program.intake@usda.gov](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.

FOR AGENCY USE ONLY	
<b>CATEGORICAL ELIGIBILITY</b>	
CalFresh/CalWORKs/ FDPIR household categorically eligible free ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Foster child automatically eligible free ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>INCOME ELIGIBILITY</b> Annual Conversion: Weekly Times (x) 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12	
Total income:	Household size:
Eligibility classification: <input type="checkbox"/> Free	<input type="checkbox"/> Reduced Price <input type="checkbox"/> Base
Determining official (print name):	
Determining Official Signature :	Certification Date:

**HOW TO COMPLETE THE MEAL BENEFIT FORM**

Using the instructions below, please complete, sign, and return the Meal Benefit Form to: Building Better Communities Foundation If you need help, call: (888) 665-4991

- 1. CHILD INFORMATION:**
  - a) Print your child's name. Print your child's name.
  - b) Check box to right of name if a foster child.
  - c) Include the name of the child care center.
- 2. BENEFITS:** Complete this section and sign the form in #4.
  - a) List your current CalFresh, CalWORKs, or FDPIR case number(s) for your child(ren).
  - b) Sign the form in #4. An adult household member must sign. You do not have to list a SSN.
- 3. ALL OTHER HOUSEHOLDS:** Complete this section and sign the form in #4.  
 Write the names of everyone in your household even if they do not have an income. Include yourself, your spouse, the child you are applying for, and all other household members. **If your household includes any foster children formally placed by a state child welfare agency or a court, you may choose to include the child(ren) in this list.**
  - a) Write the amount of income each person received last month before taxes or anything else was taken out and where it came from, such as earnings, pensions, and other income (see examples below for types of income to report). **If you have chosen to include any foster children in your care, only the personal use income is to be listed. Foster payments you receive from the placing agency for the care of the child do not need to be reported.** Each income amount should be entered in the appropriate column on the form. If any amount last month was more or less than usual, write that person's usual monthly income.
  - b) If anyone is self-employed, write the amount of income that person earns from self-employment. Please call the number listed at the top of the form if you need help.
  - c) Sign the form and include the last four digits of your SSN in #4. If you do not have a SSN, check the box "Check here if no SSN."
- 4. LAST FOUR DIGITS OF SSN AND SIGNATURE:**
  - a) The form must have a **signature** of an adult household member.
  - b) The adult household member who signs the statement must include the last four digits of their **SSN**. *If they do not have a SSN, check the box "Check here if no SSN".* The last four digits of your SSN is not needed if you listed a CalFresh, CalWORKs or FDPIR case number.
- 5. RACIAL/ETHNIC IDENTITY:** You are **not required** to answer this question to get meal benefits, but completion of this information will help ensure that everyone is treated fairly.

INCOME TO REPORT		
<b>Earnings from Work:</b> <ul style="list-style-type: none"> <li>• Wages/salaries/tips</li> <li>• Strike benefits</li> <li>• Unemployment compensation</li> <li>• Worker's compensation</li> <li>• Net income from self-employment</li> </ul> <b>Child Support/Alimony</b> <ul style="list-style-type: none"> <li>• Public assistance payments</li> <li>• Alimony/child support payments</li> </ul>	<b>Pensions/Retirement/Social Security</b> <ul style="list-style-type: none"> <li>• Pensions</li> <li>• Supplemental security income</li> <li>• Retirement income</li> <li>• Veteran's payments</li> <li>• Social Security</li> </ul>	<b>Other Monthly Income</b> <ul style="list-style-type: none"> <li>• Disability benefits</li> <li>• Cash withdrawn from savings</li> <li>• Interest dividends</li> <li>• Income from estates/trusts/investments</li> <li>• Regular contributions from persons not living in the household</li> <li>• Net royalties/annuities/net rental income</li> <li>• Military allowance for off-base housing</li> <li>• Any other income</li> </ul>

## DESCRIPTION OF RACIAL AND ETHNIC CATEGORIES

The federal government has established the following five racial categories and one ethnic category:

### RACE:

**American Indian or Alaska Native** — A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Asian** — A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, The Philippine Islands, Thailand, and Vietnam.

**Black or African American** — A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."

**Native Hawaiian or Other Pacific Islander** — A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White** — A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

### ETHNICITY:

**Hispanic or Latino** — A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic or Latino."

**Not Hispanic or Latino**

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