

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)

GARDEN GROVE 1ST PRESCHOOL . This Child Care Center/School provides a program which extends from 7 : 00.
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to 6:00 a.m./p.m. , 5 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:

other:

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)	/ /	/ /			
(REQUIRED FOR CHILD CARE ONLY)					
HIB MENINGITIS (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: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

**CONSENT FOR EMERGENCY MEDICAL TREATMENT-
Child Care Centers Or Family Child Care Homes**

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

Garden Grove 1st Preschool

FACILITY NAME

TO OBTAIN 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

NAME

WHATEVER 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

()

**IDENTIFICATION AND EMERGENCY INFORMATION
CHILD CARE CENTERS****To Be Completed by Parent or Guardian**

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
FATHER'S NAME	LAST	MIDDLE	FIRST	BIRTHDATE	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
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 GUARDIAN)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT OR GUARDIAN

DATE

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR

DATE OF ADMISSION

DATE LEFT

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER 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*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	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'S EVALUATION OF CHILD'S HEALTH

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

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, 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

PARENT'S SIGNATURE	DATE
--------------------	------

**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 Child Care

Licensing Office Address: 750 The City Drive, Suite 250. Orange, Ca 92868

Licensing Office Telephone #: 714-703 2800

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.

LIC 995 (ENG/SP) (8/02)

(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.

Garden Grove 1st Preschool
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.

PERSONAL RIGHTS**Child Care Facilities**

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

(a) Child Care Facilities. Each child receiving services from a child care facility shall have rights which include, but are not limited to, the following:

- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
- (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her 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 his/her 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 his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In child care facilities, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s) or guardian(s) of the child.
- (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

ADDRESS

750 The City Drive # 250

CITY

Orange

ZIP CODE

92868

AREA CODE/TELEPHONE NUMBER

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)

GARDEN GROVE 1ST PRESCHOOL

(PRINT THE ADDRESS OF THE FACILITY)

8461 Garden Grove Blvd, Garden Grove, Ca 92844

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

Things to bring on the 1st day of school

Welcome to our school

Thank you for choosing
Garden Grove 1st Preschool & kindergarten

1. Crib size fitted sheet & a small blanket.

Put it in a small bag (No back packs needed)

2. Water bottle (Please write your child's name on it)

3. Extra clothes: Tops, bottoms, underwear, & socks. Put it in a big zip lock bag. Leave it in your child's cubby daily for emergency use (Replace it if needed)

4. If not toilet trained: Bring pull-ups and wipes enough for the week. Check your child's cubby daily if your child needs more.

Please write your child's name on all their belongings

Security code: 0089 (* Star)

Don't forget to sign in & out daily to avoid any extra charges.

Dress your child in weather appropriate clothing.

(No sandals, flip flops, or any type of open toe shoes allowed)

Admission Policy & Agreements

Garden Grove 1st Preschool & Kindergarten

8461 Garden Grove Blvd

Garden Grove, Ca 92844

714-537-8900, 636-6575

(Hereinafter referred to as the "school") is a child care facility.

This school is licensed by the State Department of Social Services, Community Care Licensing Division, pursuant to sections of the State Administrative Code 22Division 12.

Requirement

Parents should be provided with the following information/forms and have to submit prior to child's admission

1. Notification of Parent's right form (LIC 995)
2. Personal rights Form (LIC 613 A)
3. Identification and Emergency Information (LIC 100)
4. Consent for Emergency Medical Treatment (LIC 627)
5. Child's Preadmission Health History-Parent Report (LIC 02)
6. Physician's Report- Child Care Center (LIC 01)
7. Immunization Requirements

A. Basic Services

The school shall provide the following basic services

(Name of child being enrolled)

(Birth date)

Whose parent or guardian is

(Name of person enrolling child)

(Relationship)

1. Half -day school program between 8:30 a.m. and 12:30 p.m. noon for ____ days per week as prearranged, excluding days the school closed.
2. The child shall be furnished mid-afternoon for children who are at school after 3:00 P.M.
4. The child shall be given assistance with personal care as needed
5. The child shall be provided with an opportunity to nap between 1:00 P.M. and 3 P.M. on a cot or mat provided by the school
6. The child shall be placed in a group of peers based on age and /or special needed as determined by the staff
7. The child shall be involved in a program of a play and learning experiences which are appropriate for the ages of the children enrolled in the school. A balance of active and quiet play is provided for, with individual and group activities which are geared toward the emotional, social, physical, aesthetic, and individual growth of young children
8. The school shall be assume responsibility for the child after the child has passed the legally required morning health inspection and has been signed in by a parent, guardian, or designated representative of the child's parents or guardians. The school shall retain responsibility until the child is signed out by a parent, guardian, or designated representative of the child's

- parents or guardians.
9. The child shall be administered physician-prescribed medication only upon the written request of the child's parents or guardians. the school shall not administer a nonprescription medication unless it is accompanied by a physician's request to do so.
The school shall have no responsibility of any kind whatsoever for failure to provide requested prescription medication nor for adverse reactions which are caused by the administration of such prescription medication.
 10. The school shall give appropriate first aid to a hurt child. A parent or guardian shall be contacted if it is the judgment of the school staff that immediate medical attention is necessary. If it is further the judgment of the school staff that the injury is of an emergency nature, paramedics shall be called to the school and a parent or guardian shall be contacted.
 11. An ill child shall be isolated and given appropriate care until called for by parent or guardian or a designated representative
 12. The school shall notify the child's parent or guardians of a suspected exposure to a communicable disease
 13. The school shall child abuse, sexual or otherwise, neglect, or endangerment of which they may become aware, make every effort to safeguard personal belongings brought by the child, but shall not be responsible for lost or broken items
 14. The Director or any other staff members shall report to Children's Protective Services or the Police Department as required by the State Penal Code any suspension of a child abuse, sexual or otherwise, neglect, or endangerment of which they may become aware.
 15. School does not offer any optional services for children and parents.

B. PAYMENT PROVISIONS

1. Financial Arrangement

Tuition of \$ is on a monthly based and is paid in advance.
Tuition includes breakfast, snack and lunch.
Fees for a second or third child from the same family in school at the same time will be 10%. Tuition will be paid monthly, in advance for the following month. Tuition for the first week of the month are due upon signing this contract.

a. Refund Policy

1st week of absence : No Credit
2nd consecutive week : 20% of daily fee
3rd consecutive week : 50% of daily fee
4th week and more : Full credit

b. Registration Fees

An annual registration fee of \$ 100.00 is payable when you enroll a child for the first time ; \$100.00 is for each additional child in the family who is enrolled.

c. Holiday credit

No credit on tuition is given for scheduled school holidays.

d. Overtime Charges

There will be an overtime charges for children not picked up at their regular dismissal time. Consistent lateness after 6:00 P.M. will be cause to ask you to withdraw your child from the school

C. OBLIGATION OF PARENTS OR GUARDIANS

1. A parent, guardian shall furnish requested medical information not more than 10 days
2. A parent, guardian, or designated representative of the child's parents or guardian shall bring the child to the school building arrival, wait for a health inspection, and then sign in on the appropriate register
3. A parents , guardian, or designated representative of the child's parents or guardian shall sign the child out on the appropriate register before taking the child from the premise
4. The parents or guardians shall notify the school when someone other than those named on the emergency information card will be calling for the child after enrollment
5. The parents or guardian shall provide the child with two small sheets and a blanket or other covering to use during nap periods if the child stays at school after 1:00 P.M.
6. The parents or guardians shall see that the child is dressed appropriately when brought to school, following the guidelines in the parents' handbook
7. The parents or guardians shall notify the school of the child's possible exposure to a communicable disease
8. The parents or guardians shall notify the school when the child is absent
9. The parents or guardians shall give two week's notice of forfeit two weeks' tuition and fees, in case of withdrawal from the program
10. The parents or guardians shall abide by the parking rules of the school
11. The parents or guardians shall respect the religious nature of our program.
12. The parents or guardians shall refrain from reprimanding children of other families while on the school premises
13. The parents or guardians shall come to school for conferences when asked to do so by a member of the school's staff

D. TERMINATION OF THE POLICY

This policy shall be terminated if any one or more of the following occur:

1. The school year has come to an end
2. Death of the child
3. Serious illness of the child, preventing school attendance
4. The parents or guardians to honor the obligations listed in this policy or in any rules, regulations, or manuals promulgated or provided by the school
5. Failure of the parents or guardians to honor the obligations listed in this policy or in any rules, regulations, or manuals promulgated or provided by the school
6. The school in its sole and unfettered discretion determines that it is unable to meet the needs of the child
7. The school in its sole and unfettered discretion determines that is not in the best interest of the school or other children enrolled at the school to have the child in attendance
8. Failure of the child's parents or guardians to cooperate with the school which the school determines in its sole and unfettered discretion is serious enough to warrant termination

PROCEDURE

In exercising its discretion under 5, 6, 7, and 8 above, the school may require the child and/or the child's parents or guardians to attend conference(s) with school personnel regarding the matters that potentially warrant termination of the policy. The Child's parents or guardians may request a conference with school personnel regarding matters that potentially warrant termination, but the school shall have no obligation to grant such request. The school's director or staff shall have the sole right and responsibility to determine any disputed factual matters regarding termination of this policy.

E. MODIFICATION CLAUSE

School reserves the right to modify and/or amend this agreement upon 30 - calendar day written notice of any changes in the basic rate or services, provided, however, that any changes in the government-subsidized reimbursement rates shall be effective immediately and do not require notice to Parent. Changes in basic rate/services do not require parent consent, but all other changes require Parent consent.

F. OTHER

The parties to this policy are aware of the Community Care Licensing Department right to interview the child and the school staff, and to inspect and audit all records maintained by the school, without securing the prior consent of anyone. The parties are also aware of the licensing agency's right to observe the physical condition of the child, including conditions indicating abuse or neglect, and to have a licensed medical professional physically examine the child.

SIGNATURES TO POLICY

For services listed in this policy, and in accordance with the terms of this policy, I agree to pay Garden Grove 1st Preschool the monthly sum of \$_____.

Tuition _____ Total _____

every month, I further agree to pay the registration fee of \$ 100.00

I agree to cooperate with the general policies of the school, to perform the obligations of parents or guardians set forth in this policy, and to abide by the rules, regulations, and manuals promulgated and provided by the school. My signature below indicates that I have read the rules, regulations, and manuals promulgated and provided by the school. It further indicates that I have had this material explained to me and that all of my questions have been satisfactorily answered.

Parent or Guardian _____ Dated: _____

Parent or Guardian _____ Dated: _____

_____ Dated: _____

Director

MEAL BENEFIT FORM FOR CHILDREN
PROGRAM YEAR 2020-2021

Name of Child Care Center: Garden GROVE 1st Pre-school

Please read the instructions. If you need help completing this form, call: (714) 537-8900

Complete, sign, and return form to: Garden GROVE 1st Pre-School

1. CHILD INFORMATION

List names of all children enrolled for care.

Last Name	First Name	Middle Initial	Foster Child?*

*If all children listed are foster children, go to Section 4.

2. BENEFITS

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

Program	Case Number
CalFresh	
CalWORKs	
FDPIR	

3. ALL OTHER HOUSEHOLDS

Complete this section if you did not complete Section 2. List all household members including children enrolled for care. List total household gross income and how often it is received (e.g., weekly, every two weeks, twice a month, monthly, or annually).

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

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.

Names of all household members, including child(ren) listed above	Earnings from work before deductions	Child support, alimony	Payments from pensions, retirement, Social Security	Earnings from any other income
Example: Janet Smith	\$200/weekly	\$150/twice a month	\$100/monthly	\$0

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: _____ No SSN: _____

Signature of Parent or Guardian: _____

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.