



# FUNSHINE CAMP

## Cross Lanes YMCA



# 2024

Dear Parent/Guardian/Custodian,

Welcome to the Cross Lanes YMCA Child Development Center! Thank you for choosing us to care for your child. We look forward to getting to know you and your family this Summer.

To register your child for Funshine Camp at Cross Lanes Child Development Center, you will need to do the following:

1. Complete, sign and return all forms in the enrollment packet. These forms must be completed in their entirety. No line may be left blank, per WV Childcare Licensing regulations.
2. Submit a current Child Health Assessment that has been completed and signed by a physician.
3. Submit a current copy of your child's immunization records.
4. Submit a copy of your child's birth certificate.
5. Complete and sign the Free and Reduced Meals Application. This form is required for all families, qualifying and non-qualifying, for the YMCA to receive reimbursement for meals served and help maintain compliance with the Child and Adult Care Food Program (CACFP). If you do not wish to apply, please write your child's name on the form, sign the signature line, and write N/A across the form.
6. Pay a \$45 non-refundable registration fee.
7. Pay a \$25 deposit for each week you wish to enroll your child, \$5 for each week for families using the YMCA Scholarship program. These deposits are non-refundable and non-transferable.
8. If you will be receiving services from Connect, you must submit a current Connect Certificate, at time of registration, with Cross Lanes YMCA Child Development Center listed as the provider. The \$25 deposits are not required for families receiving Connect services.

**Registration will not be completed until all the above requirements have been met.**

If you have any questions, please contact the Youth Development Director at your convenience.

Sincerely,

**Karleigh M. Hale**

Executive Director of Youth Development  
khale@ymcaofkv.org

CC:

**Ashley Garnes**

Youth Development Director  
agarnes@ymcaofkv.org

**Amanda Jones**

School Age Coordinator  
ajones@ymcaofkv.org

Cross Lanes YMCA Child Development Center  
5113 Rocky Fork Rd \* Cross Lanes, WV 25313  
(P) 304-776-3323 \* (F) 304-776-0800



# CROSS LANES YMCA CHILD DEVELOPMENT CENTER FUNSHINE CAMP ENROLLMENT PACKET

CHECK DAYS ATTENDING	
Days:	Time:
<input type="checkbox"/> Monday	_____ to _____
<input type="checkbox"/> Tuesday	_____ to _____
<input type="checkbox"/> Wednesday	_____ to _____
<input type="checkbox"/> Thursday	_____ to _____
<input type="checkbox"/> Friday	_____ to _____

**PARTICIPANTS INFORMATION**

Participant Name \_\_\_\_\_  
(First) (Middle) (Last)

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Gender  Male  Female  \_\_\_\_\_ Birthday \_\_\_\_\_ Age at event \_\_\_\_\_ Race (optional) \_\_\_\_\_

Has your child completed Pre-K?  Yes  No If Yes...School Attended \_\_\_\_\_

**PLEASE CHECK APPROPRIATE BOX INDICATING WHICH CAMP(S) YOU WISH TO ENROLL.**

Reminder: Please check the weeks your child will attend. A \$25 deposit is due for each week you check and will be credited to your weekly tuition.

WEEK	DATES	3 DAY \$125	5 DAY \$180	THEMES	DESCRIPTIONS
1	June 3-7			Beach Blast	Campers welcome summer with seashell activities, sand castles, sand art, water games, and beach balls.
2	June 10-14			Dinosaur Discovery	Campers discover dinosaurs through a fossil dig, dinosaur tracks, and creating their own clay dinosaur.
3	June 17-21			Wonderful West Virginia	Campers celebrate the state's birthday with a WVU/Marshall competition, playing pin the state on the map, creating clay state shapes, and making pepperoni rolls.
4	June 24-28			3D Art	Campers plan and create their own 3D art using disposable items and items from nature, while working with other campers to create a Pinata and cave with papier mâché.
5	July 1-5			4th of July Fun	Campers make a patriotic dessert, create American flags, fill a pinata, and plan a parade to celebrate our country's birthday.
6	July 8-12			Lego Camp	Campers build a Lego creature, stamp with Legos, use Legos in water, and do a variety of Lego challenges.
7	July 15-19			Mario Camp	Campers create their cart and choose their character to compete in challenges.
8	July 22-26			Where's Bear	Campers work together on finger print dusting, foot print comparisons, alibi lists, and following clues to find out who took bear and why.
9	July 29-August 2			Camp Challenge	Campers will face daily challenges to accomplish as a team and individually including ball skills, thinking outside of the box, and an obstacle course.
10	August 5-9			Get Ready, Set, School!	Campers move up to the school age camp to become familiar with the space and counselors before the school year begins.

\*Themes and activities subject to change\*

**EMERGENCY MEDICAL TREATMENT AND TRANSPORTATION AUTHORIZATION**

I give the YMCA Staff permission to transport my child \_\_\_\_\_ to (hospital of choice) \_\_\_\_\_ for Emergency Medical Care, or to (dentist of choice) \_\_\_\_\_ for Emergency Dental Care or to the nearest source available. I grant YMCA Staff permission to take whatever steps necessary to obtain Emergency Medical Care, if warranted. I agree that the YMCA is released of liability in connection with medical treatment and unavoidable accidents.

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

**MEDICAL INFORMATION**

Child's Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**PARENT / LEGAL GUARDIAN INFORMATION**

Child's Name \_\_\_\_\_

Must use full legal name and provide ID for verification

Parent/Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
(First) (Middle) (Last)

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Second Parent / Guardian \_\_\_\_\_ Relationship \_\_\_\_\_  
(First) (Middle) (Last)

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

These should be local persons who may be notified in case of emergency or illness when the parent/guardian is unavailable:

Emergency Contact (1) \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

Emergency Contact (2) \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Primary Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other \_\_\_\_\_

**PICK-UP AUTHORIZATION LIST**

Only individuals listed on the Pick-up Authorization List below will be permitted to release your child from the YMCA. Photo identification will be required and matched to the registration form to ensure authorization. If an individual does not appear on the Pick-up Authorization List below, the child will not be released until approval is obtained from a parent/guardian. **Biological/custodial parents must be given access to their children unless there is a court order preventing contact. A copy of the court order must be provided.**

1.	4.
2.	5.
3.	6.

**INSURANCE INFORMATION:** Is the participant covered by family/medical hospital insurance?  Yes  No

If so, indicate carrier or plan name \_\_\_\_\_ Group \_\_\_\_\_

Insurance Carrier Address \_\_\_\_\_ Phone \_\_\_\_\_

**ALLERGIES:** List all known. Describe reaction and management of reaction.

Medication Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

**GENERAL MEDICAL INFORMATION:** Has/does the participant:

- |  |  |  |  |
|--|--|--|--|
| 1. Had any recent injury, illness or infectious disease? | <input type="checkbox"/> Yes <input type="checkbox"/> No | 6. Have a chronic / recurring illness / condition? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. Ever been hospitalized?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | 7. Ever been knocked unconscious?                  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Wear Contacts   | <input type="checkbox"/> Yes <input type="checkbox"/> No | 8. Ever had surgery?                               | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. Have frequent headaches?                              | <input type="checkbox"/> Yes <input type="checkbox"/> No | 9. Ever had a head injury?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. Have nose bleeds?                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No | 10. Other  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

If "yes" please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PERMISSIONS AND POLICIES

Child's Name \_\_\_\_\_

### MEDICATION ADMINISTRATION

Medications may be administered during summer camp by designated, trained personnel. If your child needs medication administered during his/her stay at camp, a meeting must be scheduled with Ginny Johnson, Pre-K/Funshine Camp Coordinator, PRIOR TO bringing medications to the YMCA facility to ensure proper documentation is completed. This includes topical and over the counter medications. All medications, excluding life saving medications, must remain locked in the administrative office.

Current Medications: \_\_\_\_\_

Are the above medications needed during camp hours?  Yes  No Comments \_\_\_\_\_

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

### SUNSCREEN/BUG SPRAY/LIP BALM APPLICATION (Select one)

For purposes of remaining compliant with West Virginia Department of Health and Human Resources Child Care Center Licensing Regulations Title 78 Series 1, written permission is required to apply sunscreen. Sunscreen or other sun protection is required for all children. Cross Lanes YMCA Child Development Center **DOES NOT** provide sunscreen. Please send sunscreen with your child daily and label the container with your child's name.

I do give permission to the YMCA staff to apply sunscreen/bug spray/lip balm to my child(ren)

I do not give permission to the YMCA staff to apply sunscreen/bug spray/lip balm to my child(ren). My child(ren) will apply his/her own sunscreen/bug spray/lip balm.

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

### PROGRAM AGREEMENT *Please initial each and sign below that you have read, understand and agree to the following statements.*

\_\_\_\_\_ I hereby grant permission for my child to leave the YMCA premises as scheduled, under the proper supervision of YMCA staff members, in an authorized YMCA vehicle for daily activities and field trips.

\_\_\_\_\_ I hereby grant permission for my child to use all play equipment and participate in all activities associated with the summercamp program.

\_\_\_\_\_ I understand that I must provide sunscreen for my child each and everyday to ensure proper sun safety for my child.

\_\_\_\_\_ I understand that my child must bring a swimsuit, towel, and change of clothes to camp each day.

\_\_\_\_\_ I understand that outside food and drink, with the exception of water, is not permitted at the YMCA. Children with special dietary needs will need written authorization from a certified physician. Special Dietary Needs forms are available at the front desk.

\_\_\_\_\_ I understand that personal belongings including but not limited to toys, electronics, and money are not permitted at the YMCA without prior authorization from YMCA staff. The YMCA is not responsible for the loss or damage of unauthorized personal belongings.

\_\_\_\_\_ I understand that the YMCA and its staff are not responsible for anything that may happen as a result of false or incomplete information given by a parent or legal guardian at time of enrollment or thereafter.

\_\_\_\_\_ I agree to sign my child in and out each day to ensure proper safety for my child, staff, and other youth.

\_\_\_\_\_ I understand that my child may not be dropped off after 10:00am without prior notification. Contact the front desk if a later drop is needed for extenuating circumstances.

\_\_\_\_\_ I understand that my child may not be dropped off or picked up from field trips without prior notification. Arrangements must be made with Ginny Johnson, Pre-K/Funshine Camp Coordinator.

\_\_\_\_\_ I understand that field trips and activities are subject to change.

\_\_\_\_\_ I understand that the YMCA has zero tolerance for abuse of any kind and will not tolerate the mistreatment or abuse of youth in our programs, including inappropriate physical contact by program participants.

\_\_\_\_\_ I understand that the YMCA is For All, By All and does not discriminate against anyone regardless of ability, age, cultural background, ethnicity, faith, gender, gender identity, ideology, income, national origin, race or sexual orientation.

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

### PERMISSION TO PHOTOGRAPH/VIDEO FOR PROMOTIONAL PURPOSES

The YMCA or media outlets will, on occasion, take photographs and/or video with audio of the children participating in our programs. These images are used to publicize and promote the YMCA activities or events. Pictures may appear on/in local newspapers, program brochures, television, websites, etc. No additional notice may be given of picture-taking sessions. Below is a parental permission form granting approval to take photographs or video of your child(ren). No photos or videos will be taken of children whose parents do not grant permission.

Select one  I do or  I do not give permission for my child(ren) to be photographed and/or video recorded with audio while at Cross Lanes YMCA Child Development Center or Cross Lanes YMCA Child Development Center sponsored field trips for purposes of promoting the YMCA and its activities.

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

### VIDEO SURVEILLANCE POLICY

To ensure the safety and security of all those in our facilities, as well as the security of our sites, the Charleston Family YMCA and the Cross Lanes YMCA Child Development Center, are equipped with a 24-hour video surveillance system. Security cameras have been installed in our classrooms, hallways, outdoor play area, indoor play areas, gyms, pool, and parking lot. We may conduct video and audio surveillance of any portion of our premises at any time, the only exception being private areas of restrooms, showers, and dressing rooms. Our video/security cameras have been positioned in appropriate places around our facilities and are used in order to help promote the safety and security of people and property. Because we respect the privacy of all those in our facilities, our 24-hour video surveillance system/ security cameras are for internal purposes only. ONLY the Senior Management Team and Facilities Director are allowed to view our security cameras/ video footage either at the office at the site OR live video footage may be viewed remotely by the Facilities Director or Senior Management at a different location when not on campus. Video surveillance may only be supplied to authorities via subpoena in compliance with a potential investigation.

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

## SPECIAL NEEDS VERIFICATION FORM

**Please indicate below if your child has been diagnosed with any of the following:**

- |   |   |
|---|---|
| <input type="checkbox"/> Attention Deficit Disorder               | <input type="checkbox"/> Autism Spectrum Disorder       |
| <input type="checkbox"/> Developmental Disability                 | <input type="checkbox"/> Oppositional Defiance Disorder |
| <input type="checkbox"/> Cerebral Palsy                           | <input type="checkbox"/> Asthma                         |
| <input type="checkbox"/> Rhett Syndrome                           | <input type="checkbox"/> Asperger's Syndrome            |
| <input type="checkbox"/> Severe Allergy                           | <input type="checkbox"/> Obsessive Compulsive Disorder  |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder | <input type="checkbox"/> Fragile X Syndrome             |
| <input type="checkbox"/> Pervasive Developmental Disorder         | <input type="checkbox"/> Tourette's Syndrome            |
| <input type="checkbox"/> Bipolar Disorder                         | <input type="checkbox"/> Sensory Processing Disorder    |
| <input type="checkbox"/> Down Syndrome                            | <input type="checkbox"/> Other: _____                   |

**Does your child have any of the following: If yes, please submit a copy.**

- IEP                                       Behavioral Plan                                       Section 504 Student Amendment Plan

If your child has been diagnosed with any of the above disabilities and an IEP/BMP/504 is **NOT** in place, a Special Needs form will be required before you can register.

**Any of the above items must be discussed with the Youth Development Director prior to your child's first day in a YMCA program.**

**Please note:** Failure to disclose any medical conditions prior to your child's first day in a YMCA program may result in the child being unable to attend the program.

*In accordance with the requirements of Title III of the Americans with Disabilities Act of 1990, the YMCA of Kanawha Valley will not discriminate against any individual on the basis of disability. The YMCA of Kanawha Valley will make reasonable modifications in policies, practices, or procedures when such modifications are necessary to afford its services and facilities to individuals with disabilities, unless the modification would fundamentally alter the nature of its services or change the environment of the program for all participants. This form will not be considered valid unless signed by the parent or legal guardian.*

**Signature of Parent/Legal Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of YMCA Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **Behavioral Guidelines for Out of School Time Participants**

*The following behavioral guidelines for our Out of School Time program will explain the expectations developed while participants are in our care. It outlines rules, rewards, and consequences for appropriate and inappropriate behaviors.*

### **EXPECTATIONS**

- Be respectful to adults and peers
- Be respectful to YMCA property and materials
- Listen carefully when others are speaking or giving directions
- Use inside voices during indoor activities
- Follow classroom rules
- Request permission before leaving the group
- Keep unapproved personal items at home
- Respect everyone's personal space. Keep hands, feet, and objects to yourself. Do not touch others.

Actions should reflect the YMCA Four Core Values:

- Participants take **RESPONSIBILITY** for their actions,
- Participants **RESPECT** themselves, each other, equipment and environment.
- **HONESTY** will be the basis for all relationships and interactions.
- Participants will be **CARING** in their relationships with others.

### **POTENTIAL REWARDS**

- Verbal and nonverbal praise
- Free selection of favorite classroom activity
- Small prizes
- Group incentives

### **POTENTIAL CONSEQUENCES**

1. Warning
2. Parent Communication (i.e. phone call home, discussion at pickup, etc.)
3. Sent to office
4. Written documentation
5. Suspension
6. Dismissal from program

### **BULLYING, HARASSMENT, AND ABUSE**

Bullying is an ongoing and deliberate misuse of power through repeated verbal, physical, or social behavior that intends to cause physical, social, or psychological harm. Both children and adults have a right to a safe environment regardless of ability, age, cultural background, ethnicity, faith, gender, gender identity, ideology, income, national origin, race or sexual orientation. The YMCA takes these actions seriously and will not tolerate instances of bullying or harassment.

Additionally, the YMCA is committed to providing all youth with a safe environment. Our organization has zero tolerance for abuse of any kind and will not tolerate the mistreatment or abuse of youth in our programs. The YMCA will follow our extensive Child Protection Policy; therefore, at no time will any program participant touch, ask to be touched, willfully expose themselves, or otherwise participate in any sexually explicit misconduct.

**Failure to comply will be grounds for immediate dismissal from our programming.**

## Behavioral Guidelines for Out of School Time Participants (Continued)

### TRANSPORTATION AND OFF-SITE ACTIVITIES

Field trips are meant to be a fun experience; however, they are a privilege, and they require many safety practices. Program participants will be expected to follow all YMCA rules and policies whether they are on or off-site and during transportation to and from activities.

Examples of Transportation Rules:

- Seatbelt must be worn at all times--do not leave your seat
- Keep aisle clear
- Keep hands, feet, and objects to yourself
- Speak quietly with your seat neighbor
- Do not distract the driver
- Do not eat or drink on bus unless permission is given

Examples of Field Trip Rules:

- Always stay with your designated group and counselor
- Respect for your counselors and peers
- Respect the field trip staff and location--do not damage or litter on property.
- Keep hands, feet, and objects to yourself
- Follow directions
- Speak quietly

Please go over this plan with your son or daughter, sign the sheet, and return the form.

If you have any questions or concerns, please feel free to contact our School Age Coordinator, Amanda Jones, at (304) 776-3323.

Thank you.

I have read the Behavioral Guidelines for Out of School Time Participants and discussed it with my child, \_\_\_\_\_.  
(Print Child's Name)

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



**YMCA of Kanawha Valley**  
**Youth Development Financial Agreement**

**REGISTRATION**

- A valid credit card or banking information must be provided at the time of enrollment. This information will be securely stored on the account and used for tuition purposes only. Credit cards and banking information will not be shared with any other parties.
- A \$45 registration fee, per child, is due at time of registration or when registering for a new program. The registration fee does not apply to weekly tuition.
- Summer Day Camp and Funshine Camp – A \$25 deposit on every week of camp selected is due at the time of registration, \$5 per week for families on the YMCA Scholarship program. Families receiving subsidy are exempt from this policy. Your child’s registration will be discontinued from future weeks if your child does not attend for two (2) or more consecutive weeks, without notification.
- All registration fees and deposits are non-refundable and non-transferable.
- A service fee of \$30 will be charged on all returned checks and returned bank drafts.

**PRIVATE PAY TUITION**

- Weekly tuition will not be waived for any reason. Extenuating circumstances may be discussed with the Director.
- Weekly tuition is due in full regardless of the number of days your child attends. This reserves you child’s place in our program.
- Refunds or adjustments will not be given for missed days.
- Credits will only be given for closures if the center is closed for three (3) or more days in a one (1) week period. Closures include, but are not limited to, major holidays, communicable disease outbreaks, severe weather, power outages, water outages, etc.
- Early Learning Programs (Nursery-Preschool)
  - Weekly tuition is due in full each Tuesday for the following week of care.
  - A fee of \$10 per week will be charged if tuition is not paid by Tuesday at 6:00 p.m.
  - Families registered in an Early Learning Program receive two (2) weeks’ vacation per calendar year. Please see Billing Coordinator to request vacation time.
- Out of School Time and Pre-K Extended Care Programs
  - Weekly tuition is due in full each Tuesday for the following week of care.
  - A fee of \$10 per week will be charged if tuition is not paid by Tuesday at 6:00 p.m.
- Your child’s registration may be discontinued if your account becomes past due.

**SUBSIDIZED TUITION (Connect, Link, etc.)**

- Parent/Guardians receiving subsidy are billed the second week of the month for the prior month of childcare services.
- Tuition is due by the 17th of each month. A fee of \$10 per week will be charged if tuition is not paid by the 17th day of the month.
- Failure to pay by the last day of the month will result in dismissal from the subsidy program.
- If a child attends child care outside of the contracted subsidized hours, parent/guardians will be billed for the difference at the private pay tuition rate.
- Parent/Guardians of subsidized children are responsible for the payment of tuition in the event they become ineligible to receive child care subsidy.
- Children receiving subsidy must attend 13 or more full days per month. If child attends less than the necessary number of full days, there is a risk of the child’s registration being discontinued. Full days are defined as four (4) or more hours per day.
- Your child’s registration will be discontinued if your child does not attend for two (2) or more consecutive weeks, without notification.

**WITHDRAWALS**

- Two (2) prior weeks’ notice, or two (2) weeks tuition is payable upon a child’s withdrawal from the program.
- The two (2) weeks’ prior notice is to be in written form and must be received by the Director or Billing Coordinator.
- Parents are responsible for removal of all personal items within ten (10) days of withdrawal. After ten (10) days, items will be donated to a local charity.

**PAST DUE BALANCES**

- Past due balances will be automatically deducted on 25th of each month, using the credit card or banking information on the account.

**LATE PICK-UPS**

- A fee of \$1 per minute past closure will be applied to your weekly tuition and will be due by the next billing period.
- Your child’s registration may be discontinued for consistent late pickups.

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By signing this agreement, I acknowledge I have read and agree to the financial above policy.

Child’s Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian’s Name \_\_\_\_\_ Parent/Guardian’s Signature \_\_\_\_\_

**Free and Reduced-Price Household Application for 2023-2024 – West Virginia Dept. of Education**  
 USE BLACK OR DARK BLUE INK, PRINT NEATLY, COMPLETE ONE APPLICATION PER HOUSEHOLD

**1. Names of ALL Children in School, Center, or Camp**

Last Name	First Name	MI	Date of Birth MM/DD/YY	Mark if Foster	Grade	School, Center, or Camp
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		
			/ /	<input type="checkbox"/>		

**2. SNAP/TANF NUMBER**

If any member of your household receives SNAP or TANF, indicate which program and provide the 10-digit case # (If any, SKIP TO PART 5)

SNAP  TANF

**3. HOMELESS, MIGRANT, RUNAWAY**

If the child you are applying for is homeless, migrant, or runaway, check the appropriate box and call your county contact at \_\_\_\_\_ Homeless  Migrant  Runaway

**4. HOUSEHOLD MEMBERS AND GROSS INCOME FROM LAST MONTH**

List each person in the household. For each person who receives income, write the amount received and fill in how often it is received.

Name (Last, First) List everyone in the Household. Attach a separate sheet if needed.	Monthly Earnings from Work (Before Deductions)	Monthly Welfare, Child Support, Alimony	Monthly Payments from Pensions, Retirement, Social Security	Other Monthly Income	Check if no Income
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>
	\$	\$	\$	\$	<input type="checkbox"/>

Total Number of Persons in Household \_\_\_\_\_ Total Monthly Income Before Deductions \$ \_\_\_\_\_

**5. Signature and Social Security Number (Adult must sign.)**

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last 4 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 back of this page)

I certify (promise) that all information on this application is true and that all income is reported. I understand that the school system may get federal funds based on the information I give. I understand that school officials may verify (check) the information. I understand that if I purposely give false information, my child(ren) may lose meal benefits, and I may be prosecuted.

Today's Date       Last 4 Digits of Social Security Number      I do not have a Social Security Number

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State   ZIP Code \_\_\_\_\_

**6. Children's Race and Ethnicity - (You do not have to complete this part to receive free and reduced price meals.)**

Mark one or more racial identities from this group:

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

And mark one ethnic identity from this group:

\_\_\_\_ Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino

**7. Other Benefits - (You do not have to complete this part to receive free and reduced price meals.)**

\_\_\_\_ Yes, school officials may use the information provided on this application to determine my child(ren)'s eligibility for free textbooks, workbooks, and other school supplies.

**Do not fill out this part. This is for sponsor's use only.** Annual Income Conversion: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12

Categorically Eligible:  -OR- Income Eligible:  \_\_\_\_\_ Free Meals  
 \_\_\_\_\_ Reduced Meals  
 \_\_\_\_\_ Denied: Reason: \_\_\_\_\_

Signature/Stamp of Approving Official \_\_\_\_\_ Date Approved \_\_\_\_\_ Date Withdrawn \_\_\_\_\_

Verification: Confirming Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

Follow-up Official's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Free and Reduced-Price Household Application for 2023-2024 – West Virginia Dept. of Education**

USE BLACK OR DARK BLUE INK. PRINT NEATLY. COMPLETE ONE APPLICATION PER HOUSEHOLD

**8: Free and Low-Cost Health Care**

If your children get free or reduced price school meals, they may also be able to get free or low-cost insurance through Medicaid or the West Virginia Children’s Health Insurance Program (WVCHIP). Children with health insurance are more likely to get regular health care and are less likely to miss school because of sickness.

If you would like information about WVCHIP or Medicaid, please call toll-free anytime at 1-877-982-2447 or visit [www.chip.wv.gov](http://www.chip.wv.gov) You may also apply online at [www.wvinroads.org](http://www.wvinroads.org).

**Your children may qualify for free or reduced price meals if your household income does not exceed the limits on this chart.**

<b>FEDERAL INCOME CHART</b>					
<b>For School Year July 1, 2023 – June 30, 2024</b>					
<b>Household size</b>	<b>Yearly</b>	<b>Monthly</b>	<b>Twice Per Month</b>	<b>Every Two Weeks</b>	<b>Weekly</b>
1	\$26,973	\$2,248	1,124	1,038	519
2	36,482	3,041	1,521	1,404	702
3	45,991	3,833	1,917	1,769	885
4	55,500	4,625	2,313	2,135	1,068
5	65,009	5,418	2,709	2,501	1,251
6	74,518	6,210	3,105	2,867	1,434
7	84,027	7,003	3,502	3,232	1,616
8	93,536	7,795	3,898	3,598	1,799
Each additional person:	9,509	793	397	366	183

**Privacy Act Statement:** This explains how we will use the information you give us.

**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 your child 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 last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your child is eligible for free or reduced price meals, and for administration and enforcement of the lunch and breakfast programs. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

**Non-discrimination Statement:**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or  
fax:  
(833) 256-1665 or (202) 690-7442; or
2. email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

**This institution is an equal opportunity provider.**