



Child and Youth Services

Youth Program Registration & Sponsor Consent

Middle and High School Teens: It's so easy to enjoy CYS activities now! Just fill out this form (don't forget the back side), get your parent to sign it and then return it (scan, fax, email or deliver) to your local Youth Program (YP) or Parent Central Services. CYS staff will verify your registration telephonically with your parent or guardian within 5 working days of receipt of form. Here's a look at some opportunities CYS offers: dances, trips, classes, volunteer opportunities, homework assistance, up-to-date technology and internet access, place to meet friends, summer camps and more!

DATA REQUIRED BY THE PRIVACY ACT OF 1974

AUTHORITY: Title 10, United States Code, Section 3012, DoDI 6060.02, DoDI 6060.4, AR 608-10, and AR 215-1.

PRINCIPAL PURPOSE(S): To provide child and family program eligibility, background information and sponsor consent for access to emergency medical care.

ROUTINE USES: Information is furnished to the attending physician when it is necessary for an individual to be taken to a medical facility by someone other than the parent.

DISCLOSURE of requested information is voluntary, however, if information is not provided, individual(s) may not be allowed to participate in the CYS Program.

DECLARATION OF NONDISCRIMINATION

Services will be made available to all youth in attendance, without regard to race, religion, national origin, ancestry, or sex, within the limits of AR 608-10.

Please complete the below information. Parent will be contacted within five (5) days by a CYS staff member to verify information.

YOUTH: Last Name _____ First Name _____ Gender _____
 Grade _____ School _____ DOB _____ Age _____

SPONSOR: Last Name _____ First Name _____ Rank _____
 Status _____ Specify if Other _____ Branch _____
 Unit/Employer _____ Unit/Employer Address _____ Zip Code _____
 Installation _____ Work Phone _____ Cell Phone _____
 Home Phone _____ Mailing Address _____ Zip Code _____
 On Post? _____ Sponsor Primary Email Address _____ Alternate _____

SPOUSE: Last Name _____ First Name _____ Rank _____
 Status _____ Specify if Other _____ Branch _____
 Unit/Employer _____ Unit/Employer Address _____ Zip Code _____
 Work Phone _____ Cell Phone _____ Home Phone _____
 Spouse Primary Email Address _____ Alternate _____

EMERGENCY/RELEASE CONTACTS (Local adults, not parents, authorized to respond in an emergency or locate parent):

1. Last Name _____ First Name _____ Work Phone _____
 Cell Phone _____ Home Phone _____ Is this person authorized to pick-up youth? _____
2. Last Name _____ First Name _____ Work Phone _____
 Cell Phone _____ Home Phone _____ Is this person authorized to pick-up youth? _____

SPONSOR CONSENT I, _____, parent/guardian of _____, give consent for an authorized CYS representative to obtain medical/dental care for my youth in an emergency situation where his/her condition represents a serious or imminent threat to his/her life, health, or wellbeing. I understand that a conscientious effort will be made to notify me prior to such action and the expense, if any, will be paid by me. Treatment at an Army medical facility may be provided without additional consent under the provision of AR 40-3.

1. Does your youth have any special needs (asthma, allergies, ADHD, physical disabilities, dietary restrictions, rescue medications, etc.)? **YES NO** (If yes, CYS will send you a Health Screening Tool to be completed and returned within 5 days.)
2. Can the use of photographs and/or video of your youth to include text, analog and digital media and artwork created by your youth be released to Media and/or used in CYS marketing materials? **YES NO**
3. Can your youth be transported in a government or commercial vehicle? **YES NO**
4. Does your youth have permission to access CYS network, the internet or social networking sites? **YES NO**
5. Have you received a copy of and signed the CYS Acceptable Use Policy and Parental Acknowledgement? **YES NO**
Date signed CYS Acceptable Use Policy was returned to Youth Services or Parent Central Services _____

I have reviewed the information on this form and to the best of my knowledge, the information is accurate.

Parent/Guardian Signature _____ **Date** _____

STAFF TELEPHONIC VERIFICATION Name of verifying staff _____ Date _____

Name of verifying parent _____ Time _____ Special needs? **YES NO**

If yes to Special Needs, date Health Screening sent to parent _____ Date returned _____ Remarks _____

Date pass issued in CYMS _____ Staff Signature _____

Name and initials of verifying staff Year 2 _____ Year 3 _____ Year 4 _____

ANNUAL RE-REGISTRATION

If yes, explain:

Year 2 Date _____ Health Changes **YES NO** _____ Parent Signature _____

Year 3 Date _____ Health Changes **YES NO** _____ Parent Signature _____

Year 4 Date _____ Health Changes **YES NO** _____ Parent Signature _____

We look forward to seeing you in our programs and encourage parents to drop by anytime to see the great things happening in our Youth Programs. If you would like more information, please call one of the numbers listed below:

Youth Program Information:

Chay Youth Center

Building L-6824, 538 Rockefeller Blvd., Cameron, NC 28326

910.908.5012 / 910.908.5013

Additional Information:

Parent Central Services Information:

1-4157 Knox Street, Fort Liberty, NC 28307

910.396.8110 / 910.396.5128

1. Youth may attend the regular Youth Programs (no field trips or special events until registration is finalized) as a guest member immediately upon receipt of complete form.
2. CYS staff will validate registration form. If validation is not completed within 5 working days, immediately contact the Program Manager or Outreach Services Director. Youth guest membership will be cancelled if the parent is not available to verify information.
3. Once registration is validated (and, if required, Health Screening Tool is completed and returned), annual pass will be issued to youth.
4. Some special events and field trips may cost a nominal fee, but participation in these events is not mandatory. In the case of field trips, written parental permission must be granted before a youth is allowed to participate.
5. To enroll in a team or individual sports program, a sports physical is required in addition to this registration. Sports fees may also apply.

Chay Youth Center

Parent Orientation Packet

Youth Name: _____

(MS) 921007-01 _____ (Teen) 921007-02 _____ Grade: _____

• MST Policies

- Medication must be in original container
- Medication, med card & MAPS must be current
- Youth will not be allowed to attend the center with expired medication, MAPS or pass
- Fees are applied to the program before 12pm
- Youth will be sent home for inappropriate dress
- Youth are responsible for personal belongings
- No loitering-**youth can't stand outside and wait. Parents must be in parking lot**
- In the event of a communicable disease outbreak proof of the vaccine must be presented to allow facility access
- Homeschooled / Private schooled youth must provide a copy of vaccination records upon enrollment

• Hours of operation:

- Summer Camp: Open 6:30am to 12:00pm (Mon-Fri)
- Open Recreation: Open 12:00pm to 7:00pm (Mon-Fri)
- The youth center is not mission essential- If Ft Liberty is open only for **Mission Essential Personnel** the center will be **closed**
- MST is **CLOSED** on all federal holidays

• Procedures for drop off/pick up

- Youth are allowed to sign in/out of the facility
- Is your youth allowed to sign out of CYC?
Yes _____ No _____

****If no is checked, an adult must come in to pick-up youth.**

• Transportation

- The buses have rules and youth need to follow these rules
- Youth can be suspended from riding the bus

• Field Trips

- Permission slips must be signed by parent or legal guardian (off post trips)
- All field trips to off post facilities must be paid for two days prior to trip

• Meals

- Lunch is served Mon-Fri 11:00-12:30pm
- Snack is offered Mon-Fri 3:30-4:30pm
- Late PM Snack is offered at 6:00pm

• Parent- Caregiver Communication

- Two-way communication (contact changes emergency designee, court orders, behavioral concerns)
- Open door policy

• Child abuse, Safety information

- We are mandated Child Abuse reporters
- Accident/Incident Reports are written when youth are injured, has severe behavioral issues

• School and Youth Technology Lab

- All youth must have a signed internet permission slip

By annotating and signing this agreement, I give consent to the following in reference to the care of my child:

1. Use of **photographs** of my youth engaged in CYS activities for release to the installation newspaper, civilian media, or to copy right and/or reuse in other military or civilian publications or on the installation website.

Yes _____ No _____

2. Transportation in a CYS government vehicle.

Yes _____ No _____

3. I acknowledge that the facility is under video surveillance.

Yes _____

4. My youth is allowed to watch rated PG-13 movies.

Yes _____ No _____

5. My youth is allowed to play rated Teen games

Yes _____ No _____

6. My youth has permission to participate in personal grooming activities (manicures/pedicures/hair styling etc...)

Yes _____ No _____

Parent Signature: _____

Date: _____

Program Director: _____

Date: _____

----- To Be Completed By CYC Personnel -----

• Is household information correct in CYMS?

Yes _____ No _____ New Registration _____

• Do we have all medication on site?

Yes _____ No _____ N/A _____

CHILD AND YOUTH SERVICES (CYS)
TRANSPORTATION STATEMENT OF UNDERSTANDING AND CODE OF
CONDUCT

I understand that safety of youth on a vehicle is the #1 priority. In order to provide a safe experience, I understand that my child will be required to follow this code of conduct and that CYS are not responsible for youth missing the vehicle.

The following behaviors will result in suspension of bus privileges and possible expulsion from the transportation program:

- **Physical, verbal, or emotional abuse to another passenger or driver (includes bullying, threatening or fighting).**
- **Inappropriate displays of affection.**
- **Not following the instructions of the driver of the vehicle or any other CYS employee.**
- **Getting out of the seat while the vehicle is in motion, standing, or sitting in the aisle.**
- **Violent acts directed at anyone or anything.**
- **Bringing weapons.**
- **Throwing objects in or out of the vehicle.**
- **Placing hands, arms, or any other object outside the vehicle while the vehicle is operating.**
- **Vandalism of the vehicle (writing on surfaces, tearing upholstery, or intentionally denting or damaging the interior or exterior of the vehicle).**
- **Loud talking or music that could distract the driver.**
- **Inappropriate language.**
- **Having alcohol/drugs/paraphernalia.**

Consequences will be determined based on type and severity of incidents.

Youth's Name (Please Print)

Parent's Name (Please Print)

Parent Signature

Date



Child & Youth Services Division

Chay Middle School & Teen Program
BLDG. L-6824 Rockefeller BLVD



Dear Parents,

The safety and well-being of the youth and staff are priority at Chay Youth Center. Our goal is for all of our youth to be in a safe environment so please remember the following....

1. Visitor Sign/out: All visitors must stop at the front desk and sign in and out of the facility.
2. All visitors must wear a visitor's badge.
3. Emergency designees must show ID when picking up your youth.

Closed Circuit Television: Please remember that there are cameras surrounding the center to monitor inside and outside activity.

Emergency Training: We conduct a variety of emergency preparedness trainings such as "shelter" for severe weather; "evacuation" for fire emergencies; "lockdown" which is an imminent danger towards youth exists within the facility and, "lockout," which there is a dangerous situation away from the facility, but which could impact the facility. During lockout, routine within youth center is maintained; however, doors are secured with no one entering or leaving the facility and no outside activities are permitted.

We consider the matter of safety to be everyone's business. We ask that you keep your eyes open and to report any unsafe conditions or matters to the facility director and always call 9-1-1, if an emergency exists. Together, we can continue to create a broad and superior security network for the safety of our youth and staff.

Respectfully,

Denise Honeycutt
Facility Director

Parents/Guardian Signature



Child & Youth Services Division
Chay Middle School & Teen Program
 BLDG. L-6824
 Rockefeller Blvd.

Youth Dress Policy

1. Clothing with words, pictures, slogans or other decorations that are obscene, vulgar, sexually explicit, sexually suggestive, violent, or lewd is not permitted.
2. Clothing with messages promoting alcohol, tobacco, and/or drugs is not permitted.
3. Clothing with messages that are confrontational, insulting or “putting down” others is not permitted.
4. Shorts, skirts, and dresses cannot be shorter than two inches above the knee cap. Slits/Slashes/Holes in skirts, dresses, and pants should not be above the middle of the thigh.
5. Tank tops are permitted but must be two fingers in width and cover bra straps.
6. Muscle shirts are only permitted with a tank top underneath.
7. Tops showing bare midriffs are not permitted unless shirt is underneath.
8. Sheer shirts must have a tank top or camisole underneath.
9. Light colored and see-through swimwear is not permitted.
10. No sagging pants permitted, even if you are wearing gym shorts underneath.
11. Open-toed shoes can be worn in the building, but are not recommended.
12. Open-toed shoes and Crocs are not allowed in the gym, outside, or on field trips.
13. Do-rags and bandanas are strictly prohibited.

The dress policy will be enforced daily whether youth are in the facility or on a CYS sponsored field trip. Youth in violation of the dress policy will be asked to change or will be sent home.

The dress policy has been approved by the CYS Youth Administrator.

Merriel Stebbins
 Child & Youth Services,
 Youth Administrator

I, _____, have read and understand that my child, _____, must adhere to the dress policy for Chay YAC. I understand that by violating this policy my child will be asked to change clothes or be sent home.

Youth Signature/Date

Parent Signature/ Date



Child, Youth and School Services Division
Chay Middle School & Teen Program
BLDG. L-6824 Rockefeller Blvd.



Youth Conduct Policy

The expectation of Chay Youth Center is for all youth to conduct themselves in an appropriate manner. Any inappropriate behavior, while at Chay, will result in consequences. The consequences may vary depending on severity of the action and/or discipline history. This memorandum does not include all inappropriate behaviors, but is intended to serve as a reference. This policy applies to all youth who are enrolled in the Middle School and Teen Program (MST). This conduct policy does not preclude Chay from taking action in addition to the administrative actions listed in this policy. The Military Police may be called to respond to incidents that may constitute criminal misconduct. Offenses will be categorized by "levels" (1-4), which is a standard developed by CYS and is used for assisting in defining appropriate conduct standards

Level One Consequence: Youth will have meeting with Director or Assistant Director

- Disrespect: refers to actions that include discourteous speech or actions toward staff and/or youth.
- Defiance: intentional refusal or unwillingness to follow the guidelines set by Chay Management Staff.
- Disruptive Behavior: intentional actions that cause a disruption in the activity or area i.e horse playing, loud outburst, running etc ...
- Bullying: negative comments or gestures about or towards another youth.
- Inappropriate Touching: kissing, sitting in laps, etc...

Level Two Consequence: Youth will be sent home for the day.

- Possession or distribution of obscene literature: having or sharing offensive materials (paper or electronic materials)
- Obscene Language & Gestures: the use of profane or vulgar words, gestures and clothing.
- Minor Altercation: physical contact such as kicking, punching or slapping.
- Dress Policy: youth being in violation of dress policy.

- Offensive Touching: touching an individual's body in a sexual way i.e. grabbing private parts. *Note: This offense could be more severe depending on the incident.*
- Intoxication: if youth appears to be intoxicated by actions or appearance. *Note: Parent will be notified as well as authorities.*

Level Three Consequence: Youth will be suspended from the center for five days.

- Severe Physical Altercation: aggressive physical contact such as spitting or youth fighting one another.
- Bullying II: threatening or consistent harassing of another youth.
- Theft: taking any items out of the possession of its rightful owner.
- Pornography

Level Four Consequence: May result in expulsion from the Middle School & Teen Program and suspension of pass.

- Drug and/or alcohol possession.
- Weapon possession.
- Bomb Threat

Chay Youth Center Director

Denise Honeycutt

Youth Name

Youth Signature

Parent Signature

Date



Child and Youth Services (CYS)
Patron Acceptable Use Policy (AUP)

1. Child Youth Services (CYS) provides filtered internet access via a Commercial Enterprise Network (CEN). Registered Children and Youth are allowed to utilize the CEN after completion of the following requirements:

- a. Signed Parent/Guardian Acceptable Use Policy Letter
- b. Appropriate level Technology Awareness Training

2. I understand that access to the CYS CEN is a privilege and may be revoked at any time due to inappropriate conduct. I understand my use of the CEN is subject to monitoring and I must comply with all provisions of this policy and rules governing use of the CEN.

3. Acceptable Use Policy (AUP) and privileges for Internet use are as follows:

a) I will respect CYS property and will not maliciously cause harm or vandalize any equipment issued to me or the CEN by:

1. Deliberately disrupting network use by others. I will not send "chain letters or 'broadcast" message to individuals or list of individuals.
2. Attempt to gain unauthorized access to other computer/network systems.
3. Attempt to harm or destroy data of another user, the internet or any other network. This includes creating or knowingly transmitting computer viruses or hacking other computers/networks.
4. Attempt to disable any IT security system or auditing system.

b) Passwords issued to me must be kept confidential and not shared with anyone.

c) I will not introduce executable codes (such as, but not limited to, -exe, -com, vbs, or bat files) nor download programs, Applications (Apps) or music onto any CYS-owned device without authorization.

d) I understand that CYS has a zero tolerance policy on cyberbullying. Cyberbullying is considered harassment and will result in the strongest possible consequences. Cyberbullying is the use of any device to convey a message in any form (text, image, audio, or video) that intimidates, harasses, or is otherwise intended to harm, insult, or humiliate another in a deliberate, repeated, or hostile and unwanted manner. Staff, children, and youth will not use the CYS CEN to cyber-bully anyone. Cyberbullying may include but is not limited to:

- 1) Spreading information or pictures to embarrass others.



Child and Youth Services (CYS) Patron Acceptable Use Policy (AUP)

- 2) Heated unequal arguments that includes rude, insulting, or vulgar remarks.
- 3) Isolating an individual from his or her peer group.
- 4) Using someone else's screen name and pretending to be that person.
- 5) Forwarding information or pictures meant to be private.

e) I will be polite in all electronic communication. I will be courteous and use respectful language and/or images while communicating with others. I will not swear, use vulgarities, or use harsh, abusive, sexual or disrespectful language or images.

4. I will follow policy relating to prohibited use of the CYS CEN. Examples of prohibited uses of the CYS CEN include:

- a. Creating, accessing, downloading, viewing, storing, copying, sending or knowingly receiving material that is illegal or offensive to others, such as hate speech, or any material that ridicules others based on race, creed, religion, color, sex, disability, national origin or sexual orientation.
- b. Accessing or transmitting any defamatory, inappropriate, abusive, obscene, profane, sexually oriented, threatening, racially offensive, and illegal material.

5. Use of CYS-provided devices:

1. I understand that any device that I sign out is MY responsibility until returned and should be returned in the same condition as time of check out.
2. I will protect devices from food or beverage spills or from any other damages.
3. I will not share files or add software/apps unless approved by staff.
4. If I come across an inappropriate website, I will notify staff immediately.

6. Violations to any of these policies will result in, but not be limited to: verbal and written warnings, notification of parents, or loss of privileges.

The following actions will be followed after a Child or Youth is found to be in violation of this AUP:

- a. First Infraction: An initial infraction will result in a verbal warning, consisting of conversation with the youth, reminding him/her of the CYS AUP and the privilege in using devices/internet access. Parent(s) of youth will receive a notice advising of the infraction and the conversation that was conducted with the child.
- b. Second Infraction: Internet access will be revoked and the youth will be unable to use or bring their own device for a period of seven (7) days.
- c. Continued Infractions: Ongoing violations of the aforementioned policies will result in an extended loss of privileges for a minimum of ninety (90) days; after that time, CYS management will determine whether privileges will be restored.



Child and Youth Services (CYS)
Patron Acceptable Use Policy (AUP)

7. Consent to the Following Conditions:

- a. During certain instances CYC Personnel may need to inspect and review data stored on an information system used by CYC patrons.
- b. Communication traffic and data stored on an information systems is not private, and can be subject to routine monitoring, interception and may be disclosed or used for CYC purposes.
- c. This information system includes security measures (e.g. access controls) to protect CYC interest and CYC patrons.
- d. The user consents to interception/capture and seizure of ALL communications and data to support information gathering for investigating accidents, incidents and misconduct.

8. Use of the CEN does not provide any expectation of privacy.

- a. The CEN is not required to implement security controls for the express purpose of protecting Personally Identifiable Information (PII).
- b. CEN users are responsible for all information they transmit via the CEN to include but not limited to the use of internet sites, email traffic, submission of electronic documents and any other electronic communication inputs.
- c. CEN users are responsible for protecting their private information and should not transmit any PII without knowing who will view/use the information and how the information will be used.
- d. CYC is not responsible for any PII released by patrons while using the CEN.



Child and Youth Services (CYS)
Patron Acceptable Use Policy (AUP)

Youth Name:

_____ @usarmycys.com
First Name Middle Initial Last Name

Parent/Guardian:

As the Parent and/or Guardian of (youth name) _____, I have read the Acceptable Use Policy. I understand enrolling my child in the CYS program will allow them to have access to the Internet. I understand that CYS has taken all reasonable precautions to ensure safe access to the Internet. A firewall is used to limit access to questionable material. I also recognize, however, that it is impossible for CYS to restrict access to all controversial materials, and I will not hold CYS responsible for materials acquired on the network. I understand that this permission form does not eliminate the requirement of technology awareness training. Parents and/or Guardians are responsible for the actions of their children and youth.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ **Date:** _____



NC STATE
EXTENSION

4-H Enrollment Form

Name of 4-H Group/Unit: _____ Year: _____

Member Name: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Phone: (____) _____ Email: _____ County: _____

Gender*: Male Female Date of Birth: _____ Grade: _____ School Attending: _____

If re-enrolling in 4-H, how many years have you been in 4-H: _____

Do you live*: Farm City over 50,000 people
(Choose only one) Town under 10,000 people or rural non-farm Suburbs of city over 50,000 people
 City 10,000-50,000 people Military installation: _____

Do you have parent/guardian(s) active in the military? Yes ___ No ___

If yes, circle all that apply: Army Air Force Navy Marines Coast Guard National Guard(Air & Army) Reserves

Ethnic group*: A. Choose One: Hispanic or Latino Non-Hispanic or Latino

B. Choose all that apply:

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

Parent or Guardian: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Phone: _____ (____) _____ (____) _____
Area Code Daytime/Cell phone Area Code Home phone Email (if applicable)

Additional Parent or Guardian: _____
First Middle Last

Address: _____
Street Address City State Zip Code

Phone: _____ (____) _____ (____) _____
Area Code Daytime/Cell phone Area Code Home phone Email (if applicable)

1. A parent or guardian should sign below whichever statements you wish to apply to the youth's involvement in 4-H programs.

_____ I agree to allow 4-H to take photographs/audio/video of my child for use in 4-H and other N.C. Cooperative Extension educational, promotional, and/or marketing materials. Neither individual addresses nor telephone numbers will be published within these materials.
_____ I do not wish for 4-H to take photographs/audio/video of my child for use in 4-H or N.C. Cooperative Extension educational, promotional or marketing purposes.

2. The enrolling youth is bound by the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities. The youth should initial here if he/she has received and reviewed the NC 4-H Code of Conduct and Disciplinary Procedure for 4-H events and activities: _____

**This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal civil rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.*

For office use only
4-H Membership # _____
Date entered: _____

NC STATE UNIVERSITY

Revised 10/21/13

Distributed in furtherance of the acts of Congress of May 8 and June 30, 1914. North Carolina State University and North Carolina A&T State University commit themselves to positive action to secure equal opportunity regardless of race, color, creed, national origin, religion, sex, age, or disability. In addition, the two Universities welcome all persons without regard to sexual orientation. North Carolina State University, North Carolina A&T State University, U.S. Department of Agriculture, and local governments cooperating.

North Carolina Department of Health and Human Services
 Division of Child and Family Well-Being, Community Nutrition Services Section
 Child and Adult Care Food Program
Infant and Child Enrollment Form



INSTITUTION NAME: **Ft. Liberty, CYS** FACILITY NAME: **Chay, Youth Activities Center** AGREEMENT#: **7343**

Dear Parent/Guardian,

This center/program receives funding from the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs proof of enrollment for all infants and children. Please complete the table below for each infant and/or child in your family enrolled at this center/program. Be sure to sign and date in the space below.

The information below must be completed by the parent or guardian.

Infant/Child's First Name	Infant/Child's Last Name	Date of Birth	Normal/Typical Hours of Care	Normal/Typical Days of Care (Circle all that apply)	Meals Normally Eaten (Circle all that apply)
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM
			_____ to _____	M T W Th F Sat Sun	B AM L PM S LPM

Normal/Typical Hours of Care: Write in each infant/child's usual arrival and departure time Indicate a.m. or p.m.

Normal Days of Care: Circle the days of the week each infant/child is usually in attendance at the facility.

(M-Monday; T-Tuesday; W-Wednesday; Th- Thursday; F-Friday; Sat-Saturday; Sun-Sunday) (INDIVIDUALLY)

Meals Normally Eaten – Circle the meals each infant/child usually eats at the facility.

(B-Breakfast; AM-AM Snack; L-Lunch; PM-PM Snack; S-Supper; LPM-Late PM/Evening Snack) (INDIVIDUALLY)

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone Number: () _____ Work Telephone Number: () _____

For Facility/Provider Use Only:	
Signature of Facility Representative/Provider: _____	Date: _____
Date each infant/child withdrew: _____	

For State Use Only: Complete: _____ Incomplete _____ Reason: _____ Verified by: _____ Date: _____
--

This institution is an equal opportunity provider.



INFANT AND CHILD INCOME ELIGIBILITY APPLICATION

INSTITUTION NAME: Ft. Liberty, CYS FACILITY NAME: Chay, Youth Center AGREEMENT#: 7343

1. PARTICIPANT'S NAME & DATE OF BIRTH:

First Name Last Name Date of Birth First Name Last Name Date of Birth

2. SNAP, TANF or FDIPIR case number:

SNAP # _____ TANF#: _____ FDIPIR # _____

If you have provided the case number; DO NOT complete #3 and #4. Skip to complete #5 and #6.

3. Is this application for a:

Foster Infant/Child? Yes No Homeless Infant/Child? Yes No Infant/Child from a migrant family? Yes No

4. HOUSEHOLD MEMBERS MONTHLY INCOME:

Names of All Other Household Members	Monthly Wages / Salaries	Monthly Social Security	Monthly Public Assistance / Child Support	Monthly Retirement Pensions	Other Monthly Income
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

5. ETHNIC IDENTITY: (Check one). Hispanic or Latino Not Hispanic or Latino

RACE (Check one or more): White Black or African American American Indian or Alaskan Native Asian Native Hawaiian or Other Pacific Islander

6. SIGNATURE AND LAST FOUR DIGITS OF SOCIAL SECURITY NUMBER: I certify that all of the above information is true and correct; that the application is being made in connection with the receipt of federal funds, that Program officials may verify the information on the application; and that deliberate misrepresentation of any of the information on the application may subject me to prosecution under applicable State and Federal criminal statutes.

Signature of Adult Household Member (Required) _____ Date _____ Check if no SSN
 Last Four Digits of Social Security Number (Required **only** if qualifying by income)

Printed Name _____ Home Telephone # _____ Work Telephone # _____

Address _____ City _____ Zip Code _____

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 infant/child for free or reduced-price meals. You must include the last four digits of the social security number or check the "no SSN" box of the adult household member who signs the application if qualifying by income. The last four digits of the social security number is not required when you apply on behalf of a foster infant/child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for your infant/child or other FDIPIR identifier or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine if your infant/child is eligible for free or reduced-price meals and for administration and enforcement of the Program.

To be completed by Institution/Sponsor

TOTAL HOUSEHOLD SIZE _____ TOTAL HOUSEHOLD MONTHLY INCOME \$ _____

Approved: Free Reduced-Price Denied

Reason for denial: Income too high Incomplete application Other: _____

Withdrew on (Date): _____

For state use only:

Verified by: _____ Date: _____

Verified classification:

Free Reduced-Price Denied

Reason for classification change: _____

Signature of Eligibility Official (Individual at the Institution Level) – Required _____ Date – Required _____

NC CACFP-Infant and Child Income Eligibility Application (06/2023) =) This institution is an equal opportunity provider.