Established 1894

1050 W 500 South • Salt Lake City, UT 84104 (801)363-4589 · Fax: (801)363-4591 www.nhutah.org

CHILD INFORMATION			Enroll	ment Date:				
Child's Name:			·	Gender:	Date of Birth:			
Ethnicity: Non-Hispanic His	spanic			-				
Race: White Black/African	American Asian _		American Inc					
Child's Name:				Gender:	Date of Birth:			
Ethnicity: Non-Hispanic His								
Race: White Black/African	American Asian _	A	American Ind					
Child's Name:				Gender:	Date of Birth:			
Ethnicity: Non-Hispanic His Race: White Black/African		F	American Ind	dian/Alaskan N	NativePacific Islander			
Child's Home Address:								
Typical Days & Hours of Attendance) :							
Language(s) Spoken in the Home:								
School Child will attend other than N	leighborhood House (if	any	')					
PARENT / GUARDIAN INFORMAT	ION	U.		zed Citizen No	Authorized to Pick Up Yes No			
Name:			Home Pho	one:				
Relationship to Child:			Cell Phone	e:				
Address:								
Employer:			Work Pho	ne:				
Email address:					notifications through: Text message			
PARENT / GUARDIAN INFORMAT	ION	U.			Authorized to Pick Up Yes No			
Name:			Home Ph	one:				
Relationship to Child:			Cell Phor	ne:				
Address:								
Employer:			Work Phone:					
Email address:			-	ı like to receive mail	e notifications through: Text message			
EMERGENCY CONTACTS & PERS	SONS AUTHORIZED T	ΌР	ICK UP CI	HILD (other th	an Parent/Guardian)			
Name:	Relationship to Child			Cell Phone: Work Phone	2:			
Name:	Relationship to Child			Cell Phone: Work Phone):			
Name:	Relationship to Child			Cell Phone: Work Phone	: :			
OUT OF STATE CONTACT FOR E	MERGENCIES		<u>'</u>					
Name:	Relationship to Child			Phone:				



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Date _____

HOUSEHOLD / FINANCIAL INFORMATION								
Parent / Guardian Responsible for Payment to N	Social Security #	ŧ						
Marital Status: Married Single								
Please list all sources of Gross Monthly Incom	e for the Hous	sehold: (ind	come before taxes and	d deductions)				
Earned Income from employment for Head of I	Household		\$					
Earned Income from employment for all other I	household me	embers	\$					
Monthly Income from child support or alimony			\$					
All other Income (social security, rehab, DFS, reti	rement, pensio	ns, etc)	\$					
TOTAL MONTHLY INCOME:			\$					
YOU WILL BE REQUIRED TO SUBMIT PROOF OF ALL INCOME (Please provide your most recent tax return statement for income verification. If this is unavailable, please speak with administration for possible alternative options. Provide statement for all other sources of income.)								
Do you qualify for childcare assistance, such a	s through DW	/S, NACCI	RRA, or your employ	yer? Yes No				
Are you receiving any of the following state as	sistance: Fo	od stamps	Housing Med	lical Financial				
For statistical purposes, please circle one of the	For statistical purposes, please circle one of the following regarding your housing: Rent Own Temporary							
Total Number of Household Members	Total Chil	dren	Total Adults	3				
Please list other dependents living in the home	who will NO	Γ be enteri	ng Neighborhood H	ouse				
Name	Date of B	rth	Relationshi	p to Child				
Have you ever had children attend Neighborhood House in the past? If yes, name of child Do you have an outstanding balance owed to Neighborhood House? Yes No Unsure This form will need to be reviewed with updated information provided annually.								
	-		•					

Parent Initials _____ Page 2 of 4

Parent/Guardian Signature _____



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www.nhutah.org

Child Health & Nutrition Information (Please complete of	one for each child)
Child's Name:	Date of Birth:
Does your child have any known allergies or sensitivities to If yes, please explain:	o food, medications, or other? Yes No
Does your child have any special dietary needs that are ba personal preference?	ised on cultural, religious, ethical, medical needs, or
Has your child been diagnosed with any of the following: Please check any that apply Asthma Diabetes Seizures/Epilepsy Heart Problems Hearing Impairment/Chronic Earaches/Tubes Visual Impairments/Glasses Developmental Delays Physical Impairment Behavioral or Emotional Problems Other	Do you have any concerns about your child: Please check any that apply Speech and Language Emotional or Behavioral Ability to Learn Physical Impairment Eating Difficulties Other: Please explain
List any additional health information, special instructions, and the special instructions in the special instruction	
Is your child completely toilet trained?	s you. Orma will be in our out of
Is your child currently receiving any special education service Education Plan (IEP) or Individualized Family Service Plan If yes, where?	
Child's primary doctor or health clinic: Phone Number: Preferred Hospital or Emergency Care location:	Date of last physical:
Child's dentist or dental clinic: Phone Number:	Date of last visit:
	HIP Private with whom?
	ental Health ID#
Please provide copies of medical instructions from your doct	or for any special dietary or medical accommodations.
Parent/Guardian Signature Please review this form annually	Dateand note any changes, then sign below
Parent/Guardian Signature	Date

Parent Initials _____



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Consent Form		
Child Name:		
I authorize Neighborhood House staff to administer First Aid/CPR to my child as needed and to obtain and provide emergency medical care and transportation should it become necessary. I understand that I or my insurance, if applicable, will be billed for such emergency medical treatment.	Yes	No
I give permission for Neighborhood House staff to administer medication to my child. I understand I need to complete a medication release form for all medications.	Yes	No
I give permission for Neighborhood House staff to assist as needed in applying lotions, sunscreen, insect repellant, diaper cream, lip balm, toothpaste, or other preventatives.	Yes	No
I give permission for my child to be transported by Neighborhood House.	Yes	No
I give permission for my child's photos/video to be used for publicity purposes.	Yes	No
I understand that Neighborhood House may utilize the assistance of consultants, evaluators, and/or early childhood experts to observe in our classrooms and help to support better classroom practices and development of children. I also understand that Neighborhood House serves as a learning site for college students entering the field of early childhood education and that college students may be observing or assisting in the classroom. I give permission for my child to be present during these observations and for the observer to discuss their observations with Neighborhood House staff.	Yes	No
I understand Neighborhood House staff will conduct regular developmental and learning assessments regarding my child to help guide classroom curriculum and teaching strategies.	Yes	No
I give permission for Neighborhood House to discuss information regarding my child and share my child's educational records as needed with the following school, and/or with the following relevant provider, agency, counseling service, or other service of my choice:	Yes	No
I have read and understand the Neighborhood House Parent Handbook	Yes	No

I have answered the questions on this application truthfully. I understand that it is my responsibility to notify the administrator or administrative assistant of Neighborhood House of any updates in the information I have provided on this application.

, ,	•		
Parent/Guardian Signature _		Date	

Parent Initials _____ Page 4 of 4

Food Allergies/Intolerances:

For milk allergies, medical documentation describing the dietary restrictions due to the food allergy and/or intolerance is needed from the participant's physician. There are other restrictions that may also require documentation from a doctor—you will be notified if this is necessary.

CHECK ALL THAT APPLY:

Does your child have any known allergies or sensitivities to food? Yes No
Is your child a vegetarian? Yes No
Food Allergy(s): Dairy Soy Eggs Wheat Peanuts Pork Beef Fish/Shellfish
Other, please list:
Food intolerance: Gluten (Celiac disease or non-celiac gluten sensitivity, includes wheat, barley, oats, rye) Lactose Other, please specify
Types of contact that will cause a reaction: Airborne Trace-cross-contact
Actual ingestion of food Other
Please explain reaction:
Other special dietary needs or restrictions (ex. Diabetes, IBS, religious beliefs, etc.) please explain:
Please provide either parent phone number or email, whichever is the best way to contact you
Phone number:
Forest addresses

Utah CACFP Enrollment Form/ Free and Reduced-Price Income Application

Complete one application per household. In order to count as enrollment record, Steps 1 & 4 must be completed.

Enrollment Date:

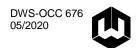
STEP 1 List ALL	Household Members who are infants, ch	nildren,	and s	student	s up to	and in	cluding gı	ade 12 (if m	ore spa	aces are re	quirec	l for ac	dition	al nan	nes, at	tach a	nothe	r shee	t of pa	aper)	
Definition of Household	Child's Last Name, First Name					Date	of Birth	Normal	Days a	nd Hours i	n Car	e (inclu	de ALL	hours	the chi	d migh	t be in	care)	Head Start	Foster Child	Homeless Migrant, Runaway
Member: "Anyone who is living with you and shares income and expenses, even								Arrival	Time	Leave Tin	ne	МТ	W	7 T	F	S	S				
if not related." Children in State Foster care and children who meet																		apply			
the definition of Homeless, Migrant, Runaway or participate in Headstart																		all that			
programs are eligible for free meals. Read How to																		Check			
Apply for Free and Reduced Price School Meals for more information.																					
STEP 2 Do any H	ousehold Members (including you) curr	ently p	articii	oate in	one or	more o	f the follo	wina eliaibl	e assist	tance prog	rams:							If NO) > Go	to ST	EP 3
A. This box indicates which pro	ogram applicant is enrolled in. B. Do an	ny Househ	hold Me	embers c	urrently pa			following eligib				ase num	ber of th	e selec	ted assi	stance p	orogram				
	assist	ance pro	grams?	(circle o	nly one)																
STEP 3 Report In	come for ALL Household Members (SI	kip this	step	if you	answer	ed 'Ye	s' to STEI	P 2)													
	A. Child Income										Child(re	n) income	. W		How ofte		onthly				
Are you unsure what	Sometimes children in the household earn or Household Members listed in STEP 1 here.	receive	incom	e. Pleas	e include	the TO	TAL income	received by a	II	\$	Orma(rc))							
income to include here?	B. All Adult Household Members (included List all Household Members not listed in STE				oven if t	hov do r	not ropojuo i	noomo Foro	oh Hous	ohold Momb	or linto	d if the	do roo	oivo in	oomo r	oport te	tal are	ooo ino	omo (h	oforo	
Flip the page and review the charts titled "Sources of Income" for more	taxes) for each source in whole dollars (no of the report.					e income		source, write '0)'. If you	enter '0' or le	ave ar				certifyi	ng (proi	mising)		ere is r		ne
information.	Name of Adult Household Members (First and Last)	Ear	rnings fro	om Work	Weekly		2x Month Mont		c Assistanc Support/Al			kly 2x Mo	nth Monthl	у		ions/Retire		Weekly		kly 2x Mor	nth Monthly
The "Sources of Income for Children" chart will help you with the Child		\$			0	0	0 (\$		0	С	0	0		\$			0	0	0	0
Income section. The "Sources of Income		\$			0	0	0 (\$		0	С		0		\$			0	0	0	0
for Adults" chart will help you with the All Adult		\$			0	0	0 (\$		0	С		0		\$			0	0	0	0
Household Members section.		\$			0	0	0 (\$		0	С		0		\$			0	0	0	0
		\$			0	0	0 (\$		0	С		0		\$			0	0	0	0
Total Household Members (Children and Adults) Last Four Digits of Social Security Number (SSN) of Primary Wage Earner or Other Adult Household Member X X X X Check if no SSN																					
STEP 4 Contact in	nformation and adult signature																				
"I certify (promise) that all informati	ion on this application is true and that all income is repo	rted. I un	derstan	d that this	informatio	n is giver	n in connectio	n with the receip	t of Federa	al funds, and th	at prog	am offici	als may v	erify (ch	neck) the	informat	ion. I an	n aware	that if I p	ourposely	,
give false information, my children	may lose meal benefits, and I may be prosecuted under	r applicabl	le State	and Fede	eral laws."						7 [
0			0						٦.		ا ا										
Street Address (if available)	Apt#		City				S	tate	Zip] [[] [Daytime	Phone	and Er	nail (op	tional)					

Sources of Inc	come for Children
Sources of Child Income	Example(s)
- Earnings from work	- A child has a regular full or part-time job where they earn a salary or wages
Social SecurityDisability PaymentsSurvivor's Benefits	 - A child is blind or disabled and receives Social Security benefits - A Parent is disabled, retired, or deceased, and their child receives Social Security benefits
-Income from person outside the household	- A friend or extended family member regularly gives a child spending money
-Income from any other source	- A child receives regular income from a private pension fund, annuity, or trust

Earnings from Work	Public Assistance / Alimony / Child Support	Pensions / Retirement / All Other Income
- Salary, wages, cash bonuses - Net income from self- employment (farm or business)	Unemployment benefits Worker's compensation Supplemental Security Income (SSI) Cash assistance from State or local government	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability benefits - Regular income from
If you are in the U.S. Military: - Basic pay and cash bonuses (do NOT include combat pay, FSSA or privatized housing allowances) - Allowances for off-base housing, food and dothing	 Alimony payments Child support payments Veteran's benefits Strike benefits 	- Regular income from trusts or estates - Annuities - Investment income - Earned interest - Rental income - Regular cash payments from outside household

OPTIONAL Children's Racial and Ethnic Identities								
We are required to ask for information about your children's race ar Responding to this section is optional and does not affect your child	,		•	lps to make sure w	e are fully servi	ing our comm	unity.	
Ethnicity (check one):	or Latino	Black or Afri	can American	☐ Native Hawa	iian or Other Pa	acific Islander	V	Vhite
The Richard B. Russell National School Lunch Act requires the information on this have to give the information, but if you do not, we cannot approve your child for free of You must include the last four digits of the social security number of the adult household application. The last four digits of the social security number is not required when yo foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Ten Needy Families (TANF-FEP) Program or Food Distribution Program on (FDPIR) case number or other FDPIR identifier for your child or when you indicate the member signing the application does not have a social security number. We will undetermine if your child is eligible for free or reduced price meals, and for administrative lunch and breakfast programs. We MAY share your eligibility information with nutrition programs to help them evaluate, fund, or determine benefits for their program reviews, and law enforcement officials to help them look into violations of program rule: In accordance with Federal civil rights law and U.S. Department of Agriculture regulations and policies, the USDA, its Agencies, offices, and employees, and institution administering USDA programs are prohibited from discriminating based on race, color,	or reduced price meals. If member who signs the purply on behalf of a mporary Assistance for Indian Reservations the adult household use your information to ion and enforcement of education, health, and as, auditors for program is sec.	large prin applied fo through t available To file a (AD-3027 write a le	t, audiotape, Americ or benefits. Individua he Federal Relay S in languages other the program complaint of found online at: ht tter addressed to Ut copy of the complain U.S. Department Office of the Assis	of discrimination, comple ttp://www.ascr.usda.gov/ SDA and provide in the nt form, call (866) 632-98 of Agriculture stant Secretary for Civil nce Avenue, SW Washin), should contact the f hearing or have sp 339. Additionally, p te the USDA Prograt complaint_filing_cust letter all of the infor 1992. Submit your con Rights	e Agency (State of peech disabilities in program information in Discrimination that in any armation requested	r local) w may conta on may Complain USDA of I in the fo	t Form, ffice, or form. To
disability, age, or reprisal or retaliation for prior civil rights activity in any program or a funded by USDA. Do not fill out For Official Use Only	activity conducted or		This institution is an equal opportunity provider.					

Annual Income Conversion: Weekly	x 52, Every 2 Weeks x 26	, Twice a Month x 24, Monthly x 12		Eligibility:	
Total Income	Weekly Bi-Weekly 2x Month Monthly	Household size		Free Reduced Paid/Denied	
	0 0 0 0	Categorical Eligibili	ity 🗌	0 0 0	Error Prone (Schools Only)
Determining Official's Signature	Date	Confirming Official's Signature	Date	Verifying Official's Sig	nature Date



State of Utah Department of Workforce Services Office of Childcare

ELIGIBILITY FORM

Is child eligible?	
is crilia eligible?	☐ Yes ☐ No
If child is eligible,	☐ Economically disadvantaged + risk factor
under which	☐ English Learner
ontona.	Both
ne form*	mber 1 st , 2020)?
ch?	
as a second langua	age)?
apply to your child?	(Do not mark which of
me nce in the home ol) in the home ic illness or mental h	nealth issues of a parent
	<u> </u>
d accurate to the be	st of my knowledge.
Da	te:
i Et	If child is eligible, under which criteria: on or before Septeme form* ach? as a second languate apply to your child? apply to your child? apply). unger apply). unger apply in the home ol) in the home aic illness or mental here ic illness or mental here are child: English apply app



State of Utah Department of Workforce Services Office of Child Care

SCHOOL READINESS ELIGIBILITY RESOURCE DOCUMENT

School Year 2020-2021

Economically Disadvantaged

Locate your household size in the chart below, move across the row and find the amount your income (before deductions) is equal to or less than.

If your income is **over** the amounts listed below, your child is not eligible for free or reduced priced lunch.

Household Size	185% Federal Poverty				
	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	23,606	1,968	984	908	454
2	31,894	2,658	1,329	1,227	613
3	40,182	3,349	1,675	1,546	773
4	48,470	4,040	2,020	1,865	933
5	56,758	4,730	2,365	2,183	1,092
6	65,046	5,421	2,711	2,502	1,251
7	73,334	6,111	3,056	2,821	1,411
8	81,622	6,802	3,401	3,140	1,570
For each additional family member, add:	8,288	691	346	319	160

(Modified from "Children Nutrition Programs: Income Eligibility Guidelines," Federal Register Notice Vol. 85, No. 55, Friday, March 20, 2020).

English Learner Definition

According to ESSA, an EL is an individual who

- 1) is aged 3 through 21;
- 2) is enrolled or preparing to enroll in an elementary school or secondary school;
- meets one of the following criteria
 - a) was not born in the United States, or whose native language is a language other than English;
 - b) is a Native American or Alaska Native, or a native resident of the outlying areas; and comes from an environment where a language other than English has had a significant impact on the individual's level of English language proficiency (ELP); or
 - c) is migratory, whose native language is a language other than English, and who comes from an environment where a language other than English is dominant—and
- 4) has difficulties in speaking, reading, writing, or understanding the English language, that may be sufficient to deny the individual
 - a) the ability to meet the challenging state academic standards:
 - b) the ability to successfully achieve in classrooms where the language of instruction is English; or
 - c) the opportunity to participate fully in society.