

CAMP CABOOSE ENROLLMENT FORM 2023

To ensure that your child can start the 1st week of Camp, please have your packet & payment in by **Wednesday, May 31st.** **Any enrollments after this date will start the at first availability.**

NAME OF CHILD: _____

Date of Birth: _____ Grade in 22/23: _____ Gender: _____ Child's Pronouns: _____ Shirt Size: "S "M "L "XL

NAME OF CHILD: _____

Date of Birth: _____ Grade in 22/23: _____ Gender: _____ Child's Pronouns: _____ Shirt Size: "S "M "L "XL

NAME OF CHILD: _____

Date of Birth: _____ Grade in 22/23: _____ Gender: _____ Child's Pronouns: _____ Shirt Size: "S "M "L "XL

RESIDENCE: child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Split Residence ☐ Other: _____

LEGAL CUSTODY: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian: _____

NAME OF PARENT (mother/father/guardian): _____

Home Address: _____ City: _____ Zip: _____

Main Phone: _____ Work Phone: _____ Employer/School: _____

E-Mail Address: _____

NAME OF PARENT (mother/father/guardian): _____

Home Address: _____ City: _____ Zip: _____

Main Phone: _____ Work Phone: _____ Employer/School: _____

E-Mail Address: _____

PARTNER or OTHER INVOLVED PERSON: _____

Home Address: _____ City: _____ Zip: _____

Main Phone: _____ Work Phone: _____ Employer/School: _____

E-Mail Address: _____

Do you receive child care tuition assistance?

☐ City Day Care ☐ Wisconsin Shares/County Funding ☐ Other (please specify): _____

Name of case worker, if any: _____ Phone: _____

Scholarship funds may be available for families who qualify. Please contact Jen Roughen, our Billing Coordinator for more information.

EMERGENCY CONTACT CARD

CHILD(REN)

Name (last, first): _____ Date of Birth: _____

Name (last, first): _____ Date of Birth: _____

Name (last, first): _____ Date of Birth: _____

PARENTS / GUARDIANS

Name: _____ Address: _____

Phone—Cell: _____ Work: _____ Home: _____

Email: _____

Name: _____ Address: _____

Phone—Cell: _____ Work: _____ Home: _____

Email: _____

RESIDENCE: child(ren) lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Split Residence ☐ Other: _____

LEGAL CUSTODY: ☐ Mother ☐ Father ☐ Guardian (name): _____

NOTE: If parents have joint legal custody, either parent may pick up the child(ren) at any time. If an individual has sole legal custody, written permission is needed for anyone, including noncustodial parent, to pick up the child(ren).

PICK UP AUTHORIZATION--I give permission to the following people to pick up my child(ren) anytime, without additional specific authorization: _____

EMERGENCY CONTACT—The following people may be called in an emergency when parent(s) or guardian(s) cannot be reached and have permission to pick-up my child(ren) from Camp if necessary.

Name: _____ Relationship to Child(ren): _____

Phone—Cell: _____ Work: _____ Home: _____

Name: _____ Relationship to Child(ren): _____

Phone—Cell: _____ Work: _____ Home: _____

PHYSICIAN—Camp Caboose has my permission to call my child(ren)'s physician:

Name: _____ Phone: _____

EMERGENCY RELEASE—I give consent for emergency medical care or treatment to be used *only if I cannot be reached immediately*.

HOSPITAL OF CHOICE: _____

***SIGNATURE OF PARENT/GUARDIAN:** _____ **DATE:** _____

SHOOTING STARS ENROLLMENT

CAMPERS ENTERING 1ST AND 2ND GRADE

NAME OF CHILD: _____

NAME OF CHILD: _____

CONTRACTED ENROLLMENT SCHEDULE:

☐ FULL TIME (M-F) OR ☐ PART TIME (2-4 days/wk): M T W R F

CONTRACTED WEEKS OF CARE: *please check requested weeks*

1	<input type="checkbox"/> June 13-16	All Aboard!
2	<input type="checkbox"/> June 19-23	I Choose you, Camp!
3	<input type="checkbox"/> June 26-30	Lost Atlantis
4	<input type="checkbox"/> July 3,	Staycation day!
	<input type="checkbox"/> July 5-7	Mess Fest
5	<input type="checkbox"/> July 10-14	Monona, Mendota, Wingra
6	<input type="checkbox"/> July 17-21	Mega Mind
7	<input type="checkbox"/> July 23-27	Wild West
8	<input type="checkbox"/> July 31-August 4	One for the Books
9	<input type="checkbox"/> August 7-11	I Don't Wanna

TRAVEL WEEK: *please check requested days*

☐ Monday, August 14

☐ Tuesday, August 15

Urban Air Adventrue Park, & McKee Farms
Splashpad

Blue Mounds State Park & splash pad

☐ Wednesday, August 16

☐ Thursday, August 17

Riverside Park & Watertown Aquatic Center

Dolphin's Cove Water Park

***NO CAMP on Tuesday, July 4th**

Parent Signature: _____ Print Name: _____ Date: _____

COMETS ENROLLMENT

CAMPERS ENTERING 3RD, 4TH, 5TH, AND 6TH GRADE

NAME OF CHILD: _____

NAME OF CHILD: _____

CONTRACTED ENROLLMENT SCHEDULE:

☐ FULL TIME (M-F) OR ☐ PART TIME (2-4 days/wk): M T W R F

CONTRACTED WEEKS OF CARE: *please check requested weeks*

Next to the week's theme options, designate your child's 1st, 2nd, and 3rd choice. Themes are on a first come, first serve basis and have limited space. We'll try to get your Camper into their first choice of theme, but the most popular theme will divide into two Comet groups so one of the three themes may end up going away, so we can offer as many Camper's as possible their first choice.

1	<input type="checkbox"/> June 13-16	<input type="checkbox"/> All Aboard		
2	<input type="checkbox"/> June 19-23	<input type="checkbox"/> I Choose You, Camp!	<input type="checkbox"/> Ride Out	<input type="checkbox"/> Let's Chill
3	<input type="checkbox"/> June 26-30	<input type="checkbox"/> Lost Atlantis	<input type="checkbox"/> Greek Week	<input type="checkbox"/> Mad Town, Get Down!
4	<input type="checkbox"/> July 3	<input type="checkbox"/> Staycation Day!		
	<input type="checkbox"/> July 5-7	<input type="checkbox"/> Mess Fest	<input type="checkbox"/> Creator Camp	<input type="checkbox"/> Ball-istic!
5	<input type="checkbox"/> July 10-14	<input type="checkbox"/> Monona, Mendota, Wingra	<input type="checkbox"/> Fantastic Festivals	<input type="checkbox"/> Who We Are
6	<input type="checkbox"/> July 17-21	<input type="checkbox"/> Mega Mind	<input type="checkbox"/> My Inspiration	<input type="checkbox"/> Here We Grow!
7	<input type="checkbox"/> July 24-28	<input type="checkbox"/> Gold Rush <small>*Priority will be given to campers entering 5th and 6th grades</small>	<input type="checkbox"/> Sounds of Music	<input type="checkbox"/> Animal Obscura
8	<input type="checkbox"/> July 31-August 4	<input type="checkbox"/> One for the Books!	<input type="checkbox"/> Future Camp	<input type="checkbox"/> When I grow Up
9	<input type="checkbox"/> August 7-11	<input type="checkbox"/> I Don't Wanna		

TRAVEL

☐ Monday, August 14

☐ Tuesday, August 15

WEEK:

Urban Air Adventrue Park, & McKee Farms
Splashpad

Blue Mounds State Park & splash pad

please

check re-

☐ Wednesday, August 16

☐ Thursday, August 17

quested

Riverside Park & Watertown Aquatic Center

Dolphin's Cove Water Park, Sun Prairie

***NO CAMP on Tuesday, July 4th**

Parent Signature: _____ Print Name: _____ Date: _____

PARENT PERMISSIONS

The following agreements are non-negotiable components of Red Caboose's Camp Caboose. A parent/guardian signature stating you have read the agreement with these statements is a necessary pre-requisite to enrollment. If signatures are not provided, enrollment will be placed on hold until they are provided.

WITHDRAWAL & CHANGE OF SCHEDULE: I agree to give Red Caboose a four-week written notice before withdrawing my child from the program. If I do not give such notice, I agree to pay in full the tuition for the contracted weeks and schedule. I understand that I may not reduce the number of days per week of my child's set schedule and that I may not reduce the number of weeks that my child is enrolled for Camp Caboose. The scheduling policy is found on page 11 of the Camp Caboose brochure.

TUESDAY, JULY 4, 2023 I understand that Monday, July 5th is a holiday and Camp Caboose will not be in session. Due to Red Caboose policies, if a child is enrolled for this week, a charge will still be applied to the family's billing statement.

FIELD TRIPS: I understand that field trips (including swimming) by bus, van, or on foot, are an integral part of the program at Camp Caboose. I agree to let my child go on all field trips during their time enrolled at Camp Caboose. I understand that field trips scheduled may need to be adjusted throughout summer due to weather or extenuating circumstances.

EMERGENCY MEDICAL CARE: I give my consent for emergency medical care or treatment to be used *only if I cannot be reached immediately*. In case of emergency (accident or illness) and I cannot be reached, I give full permission to Camp Caboose to transport my child to the nearest available health care facility via ambulance. I will assume full responsibility, including financial responsibility, for services rendered.

CITY ACCREDITATION COMMUNICATION: I understand that Red Caboose is City of Madison accredited. Madison accreditation staff may be used for consultation in a confidential manner. I authorize this program to release information for the purpose of improving the quality of the program and supporting staff to best meet the needs of children in the program.

The following permission statements are only valid when a parent/guardian has marked his or her initials on the "yes" space next to the statement. Any statement without a mark will be assumed to be a "no."

PHOTOGRAPHS & VIDEO:

_____	_____	I agree and consent to having my child(ren) photographed or filmed while in the care of
yes	no	Red Caboose for classroom or program use.
_____	_____	I agree and consent to the use of any photographs or videos taken of my child(ren) by Red
yes	no	Caboose for educational advertising and publicity purposes (fliers, enrollment packets, and fundraising materials). I understand these may be posted on the website, Facebook, and other social media.

Note: No child will be identified by name.

MOVIES:

_____	_____	I give my child(ren) permission to watch PG-rated movies while at Camp Caboose with the
yes	no	understanding that I will be notified of the movie's title via email communication and Face-
book,		if possible, beforehand.

SWIMMING INFORMATION:

The information below will be used to make your child's swimming experiences as safe and enjoyable as possible throughout the summer. Please specify any differences if you are answering for multiple children.

☐ Yes ☐ No Has your child ever been swimming at a pool or beach?

☐ Yes ☐ No Has your child taken swim lessons?

☐ Yes ☐ No Is your child afraid of the water?

☐ Yes ☐ No Is your child afraid of putting his or her head under water?

☐ Yes ☐ No Is there anything else that we need to know regarding your child's experience while swimming?

PAYMENT AGREEMENT

PAYMENT OF FEES:

I agree to pay for the days/weeks my child is enrolled, whether or not my child is in attendance. **I agree to pay my Summer Camp fees IN ADVANCE:** ☐ Weekly ☐ Bi-Weekly ☐ Monthly

****Would you like an e-mail bill?** ☐ Yes ☐ No

If yes, please provide ALL e-mail addresses for billing and Camp Caboose updates here:

To enroll, please complete your enrollment forms and submit your deposit. The deposit is equal to your first week's tuition plus any applicable fees. Please refer to the policies regarding schedule changes on page 11 and the check-list on page 14 of our Camp Caboose brochure to ensure you have enrolled your child completely.

Your enrollment is considered complete when we receive your enrollment packet and your deposit for payment. As we receive enrollment packets we'll assign you a number and process your enrollment and send your confirmation. If any part of your enrollment paperwork is missing we will notify you by email.

The deposit can be paid online or a check can be dropped off at the childcare center on Williamson Street. **If you already have ACH set up for payments for after school care, the deposit for Camp Caboose will not automatically come out of ACH.**

If you would like your child to start the first week of Camp, please have your enrollment forms and payment in by Tuesday, May 31st. Any enrollments after this date will start after the first week of camp for earliest available enrollment. Checks/money orders should be written and sent, along with all Enrollment Paperwork, including health and vaccination to Red Caboose Child Care Center, 654 Williamson St. Madison WI 53703.

Online Deposits for camp can be paid by credit/debit card at www.redcaboosechildcare.org/camp-caboose-enrollment-deposit/

If paying a deposit online, you must deliver or mail enrollment paperwork to Red Caboose Child Care Center or email all enrollment forms including health and vaccination forms to both SAPEnroll@redcaboosedaycare.org and School.Age@redcaboosedaycare.org. Drop off at Red Caboose after school at Lapham or Marquette is an option for current school age families only. **(Staff at the after school program is not authorized to accept payment, enrollment paperwork only.)**

To Complete Your Enrollment:

- ⇒ Deposit: 1st week's tuition \$ _____
- ⇒ \$40 Registration Fee (new families only) \$ _____
- ⇒ \$25 Parent Fees (summer-only families) \$ _____
- ⇒ \$10 Field Trip Fee (one-time fee per child) \$ _____
- ⇒ I have chosen to sponsor another camper for the additional \$ _____
amount I have indicated to the right. *(This is a tax deductible donation)*

Total: \$ _____

ENROLLMENT AGREEMENT:

PARENT(S) SIGNATURE: All persons signing this child enrollment form agree that they are jointly and severally liable for any services provided by Red Caboose as set forth on this agreement.

Signature: _____ Date: _____

For Red Caboose Administration Only

Received by _____ on _____ SAPD _____ BC _____ Conf. _____

Check # _____ Amount _____ Priority Grouping: 6-9FT 6-9PT 3-5FT 3-5PT 1-2

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)	Address – Home (Street, City, State, Zip Code)		Birthdate (mm/dd/yyyy)
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PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name Walgreens Kids SPF50 Lotion AND Banana Boat Kids Lotion/ Sport SPF 50	Ingredient Strength SPF 50
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name OFF! Unscented	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

- ☐ No specific medical condition
- ☐ Asthma
- ☐ Cerebral Palsy / motor disorder
- ☐ Other condion(s) requiring special care -- Specify.
- ☐ Diabetes
- ☐ Epilepsy / seizure disorder

- ☐ Gastrointestinal or feeding concerns including special diet and supplements
- ☐ Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism

- ☐ Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
- ☐ Food allergies -- Specify food(s).

☐ Non-food allergies -- Specify.

2. Check any dietary restriction that your child may have.

- ☐ Vegetarian
- ☐ Vegan
- ☐ Other -- Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates:

DAY CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO DAY CARE CENTER. State law requires all children in day care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the day care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the day care center. See "Waivers" below. If you have any questions on immunizations or how to complete this form, please contact your child's day care provider or your local health department.

PERSONAL DATA

PLEASE PRINT

STEP 1	Child's Name(Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (4) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.

Yes year _____ (Vaccine is not required)
No or Unsure (Vaccine is required)

REQUIREMENTS

STEP 3 The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at day care entrance. Children who reach a new age/grade level while attending this day care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES						
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B		
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ₁	3 PCV ₂	2 Hep B	1 MMR ₃	
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ₁	3 PCV ₂	3 Hep B	1 MMR ₃	1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ₄	4 Polio			3 Hep B	2 MMR ₃	2 Varicella

- ¹If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).
- ²If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.
- ³MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).
- ⁴Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th or 5th) to be compliant (Note: a dose 4 days or less before the 4th birthday is also acceptable).

COMPLIANCE DATA AND WAIVERS

STEP 4 **IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the day care center), OR**
IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day care center).

☐ Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the day care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the day care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.

☐ For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)

Physician's Signature Required

☐ For religious reasons this child should not be immunized. (List in Step 2 any immunizations already received)

☐ For personal conviction reasons this child should not be immunized. (List in Step 2 any immunizations already received)

STEP 5 To the best of my knowledge this form is complete and accurate.

SIGNATURE - Parent, Guardian or Legal Custodian

Date Signed

CHILD AND ADULT CARE FOOD PROGRAM (CACFP) HOUSEHOLD LETTER (Non-Pricing Programs)

For Group Child Care & Outside of School Hours Centers
FFY 2023, Rev. 6/22

Dear Parent or Guardian:

_____ is enrolled in the CACFP, a USDA program which
(Name of Agency)

provides federal assistance dollars to eligible child care centers for serving more nutritious meals. The amount of money our agency receives from this program is based on the income levels of our families. **In order to continue providing a quality meal service without additional charge, we request every family of our enrolled children to complete new a Household Size-Income Statement form (HSIS) each year. Please complete and return the attached HSIS form to our office. This information will be kept strictly confidential in our files.** Only one completed HSIS is required for all children in your household. Once we have properly approved your HSIS as eligible, our agency will receive the higher ("Free" or "Reduced-price") meal reimbursement rates for your enrolled children, for 12 months from the Effective Month of Determination regardless of any change in your household size and/or income or termination from Benefits Programs.

- You are not required to complete this HSIS if no one in your household receives benefits from FoodShare WI (the Supplemental Nutrition Assistance Program (SNAP)), FDIPIR (Food Distribution Program on Indian Reservations), Wisconsin Works Programs and your household income is higher than the amount shown for your household size within the table below. In this case, however, we would appreciate you returning the HSIS to us with "N/A" written on it along with your signature and date.

Determining Eligibility based on Participation in Benefits Programs → Complete Part 1 and Part 3 of HSIS form

Our agency receives the Free meal reimbursement rate for children in households receiving benefits from FoodShare WI, FDIPIR, or WI Works Programs. **Wisconsin Works Programs** is Wisconsin's Temporary Assistance for Needy Families (TANF) program. **It provides temporary cash assistance through work placement and training programs and IS NOT the WI Child Care Subsidy Program.** WI Works Programs include Trial Employment Match Program (TEMP), Community Service Jobs (CSJ), Case Management, W-2 Transitions (W-2T), Custodial Parent of an Infant (CMC), Minor Parents Services, Noncustodial Parents, and Pregnant Women.

You must include the following information on the HSIS (a-c) for eligibility based on receiving benefits from FoodShare WI, FDIPIR, WI Works Programs:

- (a) The names of your enrolled children;
 - (b) Checked box for the benefit your household receives and its case number; &
 - (c) The signature of an adult member in the household & signature date
- DO NOT list case numbers for:
 - Medicaid, SSI, OR Wisconsin Child Care Subsidy program AND
 - DO NOT list 16-digit Quest Card number (starts with 5077) for FoodShare WI

Determining Eligibility by Household Size and Income → Complete Part 2 and Part 3 of HSIS form

Household-Size Income Scale (Effective July 1, 2022 to June 30, 2023)

Household Size	Annual Income Level (at or below)
1	\$ 25,142
2	\$ 33,874
3	\$ 42,606
4	\$ 51,338
5	\$ 60,070
6	\$ 68,802
7	\$ 77,534
8	\$ 86,266
For each additional Household Member, add:	+\$ 8,732

If your household earns a total income that is less than or equal to the income levels listed within this table, we will receive higher meal reimbursement rates ("Free" or "Reduced-price" meal rate) for your children. **For determining eligibility based on your household size and income, you must include the following information on the HSIS (a-e):**

- (a) Full names of all household members who share income and expenses, including children, parents, and non-related persons;
- (b) Income received by each household member identified by source of income and its pay frequency;
- (c) Total number of household members;
- (d) The signature of an adult member of the household and signature date; and
- (e) The last four digits of the social security number of the adult household member signing the HSIS or an indication he/she does not have a social security number.

- Disclosure of United States citizenship or immigration status is not required and is not a condition of eligibility for higher meal reimbursement rates.

Eligibilities of Foster, Runaway, Homeless, and Migrant Children, and Children

enrolled in Head Start: Our agency will receive the Free meal reimbursement rates for foster, runaway, homeless, and migrant children and children enrolled in Head Start who reside in your household, when you provide the respective documentation listed below. **The respective documentation is required for these**

children to be eligible for Free Meals: These children's eligibility for Free meals does not extend to other children in your household.

- **Foster children:** Your completed HSIS with the 'Foster Child' box checked next to your foster children's names. When including them on your HSIS completed for your non-foster children, any income reported for your foster children must only be for their personal use. Your foster children will then be eligible at the "Free" meal rate. Your non-foster children's eligibilities will be based on the benefits or income information provided on your household's completed HSIS form.
- **Children Enrolled In Head Start:** Written certification of your child's Head Start enrollment eligibility period from the Head Start administering agency.
- **Runaway, Homeless, and Migrant Children:** Written certification of the child's status from an official of the appropriate Runaway and Homeless Youth Program, Migrant Education Program, or school official.

Use of Information Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You are not required to provide this information, but if you do not, our agency cannot receive higher reimbursement rates for meals served to your children. You must include the last four digits of the social security number of the household member signing the form unless: the HSIS is only for your foster child(ren); you list a case number for receiving benefits from FoodShare WI, WI Works Cash Programs, or FDIPIR; or when the household member signing the HSIS checks "None" for not having a SS#.

Sharing Eligibility Information: Children's eligibility information may be shared in accordance with disclosure protection requirements without prior notification, with education, health, and nutrition programs to assess their eligibility for benefits. The law allows us to share your children's eligibility information with programs such as Medicaid or BadgerCare for ensuring their access to free or low cost health insurance, **unless you tell us not to.** This information may only be used for determining eligibility for their programs; if your children are eligible, they may contact you to offer their enrollment options. Filling out this HSIS does not automatically enroll your children in these programs. **If you do not want your information to be shared with these programs, notify us in writing. This notification will not change whether your children's meals are eligible for meal reimbursement.** Your eligibility information provided on the HSIS may also be shared with auditors for program reviews and law enforcement officials for the purpose of investigating violations of program rules.

Refer to the [USDA Non-Discrimination Statement and Complaint Filing Procedure \(https://dpi.wi.gov/nutrition#discrimination\)](https://dpi.wi.gov/nutrition#discrimination). This institution is an equal opportunity provider.

Signature of Agency Representative

**HOUSEHOLD SIZE—INCOME STATEMENT**

Child and Adult Care Food Program

An adult household member must complete this form (HSIS) and return it to the center. Complete one HSIS per household.

Refer to the accompanying *Household Letter* for instructions on completing this form.

First and Last Name(s) of Enrolled Child(ren):	Center
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PART 1: BENEFITS

Do any household members currently participate in FoodShare WI, WI Works Programs, or FDPIR?

If yes, check the program and write the corresponding case number below; then go to Part 3. If no, skip to Part 2.

<input type="checkbox"/> FoodShare Wisconsin (10-digit case number): DO NOT list a 16-digit Quest Card number: _____	<input type="checkbox"/> Wisconsin Works (W-2) Programs (10-digit case number): Wisconsin Shares Child Care Subsidy benefits is NOT a W-2 Program. It does not qualify a child as free in the CACFP.
<input type="checkbox"/> FDPIR (9-digit case number): _____	_____

PART 2: HOUSEHOLD SIZE AND INCOME

If you did not complete PART 1, complete a, b, and c below; then go to PART 3.

a) Household Members Information: List full names of all members in first column, including yourself and all children.	b) List all income on the same line as the person who receives it. <ul style="list-style-type: none">Record each income source only once.Check the box for how often each income source is received.
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Household Member Names <small>Household Member: anyone who is living with you and shares income and expenses, even if not related.</small>	(Optional) Age	Check if Foster Child	Check if No Income	Gross wages, Net income (self-employed), Tips, Commission, Cash bonuses, Military pay & allowances, Work comp, Unemployment	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Retirement, Social Security, SSI, Disability, VA benefits, Child Support, Alimony	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually	Private pensions, Trusts, Annuities, Investments, Interest, Net rental income, Savings withdrawals, Any other income	Weekly	Every 2 Weeks	Twice per Month	Monthly	Annually
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

c) Record total # of household members: _____**PART 3: SIGNATURE**

An adult household member must sign and date this form

If PART 2 is completed, the adult signing the form **must list the last four digits of their SS#** OR check "None" if they do not have a SS#.**ETHNICITY AND RACE DATA COLLECTION – Completion is optional**This center is required by Federal law to ask the following two questions concerning ethnicity and race. Your answers are strictly for statistical reporting and will have no effect on determination of eligibility for benefits. **Please answer both questions.**IS YOUR CHILD(REN) HISPANIC OR LATINO? ☐ Yes, Hispanic or Latino ☐ No, neither Hispanic nor Latino

SELECT ONE OR MORE OF THE FOLLOWING CATEGORIES THAT APPLY TO YOUR CHILD(REN):

☐ American Indian or Alaska Native ☐ Black or African American ☐ White ☐ Asian ☐ Native Hawaiian or Other Pacific Islander**I CERTIFY** that all information on this form is true. I understand that this information is given in connection with the receipt of Federal funds and that CACFP officials may verify the information. I am aware that if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws.

Signature of Adult Household Member	Signature Date Mo./Day/Yr.	Last 4 digits of SS# (or check "None" if you do not have a SS#) ****-**-____-____ <input type="checkbox"/> None
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FOR CENTER USE ONLY – Complete all 3 sections

Section 1: Basis of Determining Eligibility (A or B)		Section 2: Eligibility Determination	Section 3: Determining Official's Initials/Approval Date Effective Month of Determination
A. Household Size & Income Total Household Size _____ *Total Income \$ _____ / _____ (\$ Amount) (Time Period)	B. Benefits/Foster <input type="checkbox"/> FoodShare WI <input type="checkbox"/> W-2 Programs <input type="checkbox"/> FDPIR <input type="checkbox"/> Foster Child(ren)	<input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Non-Needy	Initials/Date: _____ **Effective Month of Determination: _____ <div style="text-align: right;">Month/Year</div>
*Convert to yearly income <u>only</u> when multiple pay frequencies are reported, using only these multipliers: <div style="display: flex; justify-content: space-between;"><div>Weekly x 52 ----- Every 2 weeks x 26</div><div>Twice a month x 24 ----- Monthly x 12</div></div>		**This form expires one year from the Effective Month of Determination.	



Direct Payment (Debit) Authorization Form – ACH

I, _____, certify that I am an Agent on the checking account listed below, and I hereby authorize _____ and its Agents, including Financial Institutions, to initiate Debit entries and if necessary Credit entries and adjustments for any Debit entries made in error to the account listed below. This agreement will remain in effect until Payor is notified of its cancellation in writing and Payor and its Agents have had a reasonable time to effect such cancellation.

Name on Account	<div></div>	Account Number	<div></div>
Financial Institution Name	<div></div>	Financial Institution Routing/Transit Number	<div></div>

Type of Account: ☐ Checking ☐ Savings

Account Owner Authorization

Legal Account Name	<div></div>	
Signature	<div></div>	
Date	<div></div>	
(Optional) ID Number Assigned	Client use only: <div></div>	Received by: <div></div>

Please staple a voided check, or a photocopy of a check, for the account to be debited below. (NO DEPOSIT SLIPS ACCEPTED)

A completed Direct Payment Authorization form must be kept on file for each participant in the Direct Payment program.

Red Caboose ACH Policy and Notes

For parents who sign up for our ACH payment system, please know that we only offer biweekly pulls.

Our payment policy states that all parents remain ahead of service in their payments. To accomplish this, our biweekly ACH debit will keep all participants paid two weeks ahead of service. In other words, each biweekly ACH debit from your bank account will be for the amount needed to bring your account to zero as of two weeks from the date of the debit.

Your biweekly debit may be for more/other than exactly two weeks' worth of tuition if you had a standing balance previous to signing up for ACH or if since the previous debit:

- you have incurred late pick up fees or late enrollment fees
- your child(ren) has
 - attended any Days of Play
 - come for any drop-in days
 - been removed from any wait lists
 - had any requested schedule changes

Your account will be debited for as much as is needed to bring your account to zero as of two weeks from the date of the debit if any of the reasons listed above apply to you.

Upon withdraw from Red Caboose, your final ACH debit will be the full amount of your outstanding balance.

Before the debit is drawn from your account, you will receive an email from the Billing Coordinator notifying you of the upcoming debit amount. Please read this letter carefully to avoid any banking errors or overdrafts and contact us with any questions or concerns. Any changes need to be submitted to and OK'd by the BC by 5:00pm on the Wednesday before a debit.

I acknowledge that I have read and understand and agree to all of the above:

X _____