neighborhood house
Quality, affordable day care and support services for children and adults based on their ability to pay
Established 1894

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

CHILD INFORMATION	Enrollment Date:	
Child's Name:	Gender:	Date of Birth:
Ethnicity: ____ Non-Hispanic ____ Hispanic Race: ____ White ____ Black/African American ___ Asian ___ American Indian/Alaskan Native ___Pacific Islander		
Child's Name:	Gender:	Date of Birth:
Ethnicity: ____ Non-Hispanic ____ Hispanic Race: ____ White ____ Black/African American ___ Asian ___ American Indian/Alaskan Native ___Pacific Islander		
Child's Name:	Gender:	Date of Birth:
Ethnicity: ____ Non-Hispanic ____ Hispanic Race: ____ White ____ Black/African American ___ Asian ___ American Indian/Alaskan Native ___Pacific Islander		
Child's Home Address:		
Typical Days & Hours of Attendance:		
Language(s) Spoken in the Home:		
School Child will attend other than Neighborhood House (if any)		

PARENT / GUARDIAN INFORMATION	U.S./Naturalized Citizen Yes No	Authorized to Pick Up Yes No
Name: Relationship to Child:	Home Phone: Cell Phone:	
Address:		
Employer:	Work Phone:	
Email address:	Would you like to receive notifications through: Email Text message	

PARENT / GUARDIAN INFORMATION	U.S./Naturalized Citizen Yes No	Authorized to Pick Up Yes No
Name: Relationship to Child:	Home Phone: Cell Phone:	
Address:		
Employer:	Work Phone:	
Email address:	Would you like to receive notifications through: Email Text message	

EMERGENCY CONTACTS & PERSONS AUTHORIZED TO PICK UP CHILD (other than Parent/Guardian)		
Name:	Relationship to Child	Cell Phone: Work Phone:
Name:	Relationship to Child	Cell Phone: Work Phone:
Name:	Relationship to Child	Cell Phone: Work Phone:

OUT OF STATE CONTACT FOR EMERGENCIES		
Name:	Relationship to Child	Phone:

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HOUSEHOLD / FINANCIAL INFORMATION

Parent / Guardian Responsible for Payment to Neighborhood House	Social Security #

Marital Status: Married Single

Please list all sources of Gross Monthly Income for the Household: (income before taxes and deductions)

Earned Income from employment for Head of Household $______________________

Earned Income from employment for all other household members $______________________

Monthly Income from child support or alimony $______________________

All other Income (social security, rehab, DFS, retirement, pensions, 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 as through DWS, NACCRRA, or your employer? Yes No

Are you receiving any of the following state assistance: Food stamps Housing Medical Financial

For statistical purposes, please circle one of the following regarding your housing: Rent Own Temporary

Total Number of Household Members Total Children Total Adults

Please list other dependents living in the home who will NOT be entering Neighborhood House

Name	Date of Birth	Relationship to Child

Have you ever had children attend Neighborhood House in the past?
If yes, name of child Year(s) of Attendance
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/Guardian Signature ____ Date ________________

Parent Initials __________

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Child Health & Nutrition Information (Please complete one for each child)

Child's Name:	Date of Birth:

Does your child have any known allergies or sensitivities to food, medications, or other? Yes No
If yes, please explain:

Does your child have any special dietary needs that are based on cultural, religious, ethical, medical needs, or personal preference?

Has your child been diagnosed with any of the following: Please check any that apply	Do you have any concerns about your child: Please check any that apply
☐ Asthma	☐ Speech and Language
☐ Diabetes	☐ Emotional or Behavioral
☐ Seizures/Epilepsy	☐ Ability to Learn
☐ Heart Problems	☐ Physical Impairment
☐ Hearing Impairment/Chronic Earaches/Tubes	☐ Eating Difficulties
☐ Visual Impairments/Glasses	☐ Other: Please explain
☐ Developmental Delays	
☐ Physical Impairment	
☐ Behavioral or Emotional Problems	
☐ Other	

List any additional health information, special instructions, or requested accommodations we should be aware of:

Does your child take any medications regularly?
Does this medication need to be administered during hours your child will be in our care?

Is your child completely toilet trained?

Is your child currently receiving any special education services, early intervention or on an Individualized Education Plan (IEP) or Individualized Family Service Plan (IFSP)?
If yes, where?

Child's primary doctor or health clinic:
Phone Number: Date of last physical:
Preferred Hospital or Emergency Care location:

Child's dentist or dental clinic:
Phone Number: Date of last visit:

Medical/Dental Insurance Provider ☐ Medicaid ☐ CHIP ☐ Private with whom?
Medical Insurance ID# Dental Health ID#

Please provide copies of medical instructions from your doctor for any special dietary or medical accommodations.

Parent/Guardian Signature ______________________________ Date ____________

Please review this form annually and note any changes, then sign below

Parent/Guardian Signature ______________________________ Date ____________

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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** ____________________

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:____

Email address: ____

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, children, and students up to and including grade 12 (if more spaces are required for additional names, attach another sheet of paper)

Definition of **Household Member**: "Anyone who is living with you and shares income and expenses, even if not related."
Children in **State Foster care** and children who meet the definition of **Homeless**, **Migrant**, **Runaway or participate in Headstart programs** are eligible for free meals. Read **How to Apply for Free and Reduced Price School Meals** for more information.

Child's Last Name, First Name	Date of Birth	Arrival Time	Leave Time	M	T	W	T	F	S	S	Head Start	Foster Child	Homeless, Migrant, Runaway
											☐	☐	☐
											☐	☐	☐
											☐	☐	☐
											☐	☐	☐
											☐	☐	☐

Normal Days and Hours in Care (include ALL hours the child might be in care)

Check all that apply

STEP 2 — Do any Household Members (including you) currently participate in one or more of the following eligible assistance programs:

If NO > Go to STEP 3

A. This box indicates which program applicant is enrolled in.

B. Do any Household Members currently participate in one of the following eligible assistance programs? (circle only one)

C. Enter case number of the selected assistance program in this space.

STEP 3 — Report Income for ALL Household Members (Skip this step if you answered 'Yes' to STEP 2)

Are you unsure what income to include here?

Flip the page and review the charts titled "Sources of Income" for more information.

The "Sources of Income for Children" chart will help you with the Child Income section.

The "Sources of Income for Adults" chart will help you with the All Adult Household Members section.

A. Child Income

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

Child(ren) income	How often? Weekly	Bi-Weekly	2x Month	Monthly
$	○	○	○	○

B. All Adult Household Members (including yourself)

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report **total gross income** (before taxes) for each source in **whole dollars** (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

Name of Adult Household Members (First and Last)	Earnings from Work	How often? Weekly	Bi-Weekly	2x Month	Monthly	Public Assistance/ Child Support/Alimony	How often? Weekly	Bi-Weekly	2x Month	Monthly	Pensions/Retirement/ All Other Income	How often? Weekly	Bi-Weekly	2x Month	Monthly
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○
	$	○	○	○	○	$	○	○	○	○	$	○	○	○	○

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 X

Check if no SSN ☐

STEP 4 — Contact information and adult signature

"I certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that program officials may verify (check) 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."

Street Address (if available) | Apt # | City | State | Zip | Daytime Phone and Email (optional)

Printed name of adult signing the form | Signature of adult | Today's date

INSTRUCTIONS Sources of Income

Sources of Income 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 Security - Disability Payments - Survivor'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

Sources of Income for Adults		
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) 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 clothing	- Unemployment benefits - Worker's compensation - Supplemental Security Income (SSI) - Cash assistance from State or local government - Alimony payments - Child support payments -- Veteran's benefits - Strike benefits	- Social Security (including railroad retirement and black lung benefits) - Private pensions or disability 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 and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for free or reduced price meals.

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW Washington, D.C.
20250-9410

fax: (202) 690-7442; or

email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Do not fill out For Official Use Only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income

How often? ◯ Weekly ◯ Bi-Weekly ◯ 2x Month ◯ Monthly

Household size

Categorical Eligibility ☐

Eligibility: ◯ Free ◯ Reduced ◯ Paid/Denied

Error Prone (Schools Only) ☐

Determining Official's Signature   Date

Confirming Official's Signature   Date

Verifying Official's Signature   Date