



CAMP IS CALLING



# CAMP NAVIGATOR

## SWIM LESSONS

ADD SWIM LESSONS TO YOUR CAMPER'S EXPERIENCE THIS SUMMER! Campers receive a discount for swim lessons! Only \$30 per child!

- **SESSION I : JUNE 24th - 27th**
  - Register: Now - June 10th
- **SESSION II : JULY 29th - August 1st**
  - Register: June 28th - July 15th

### LESSONS FOR BEGINNERS:

Child cannot swim unassisted by parents or flotation devices. Class focuses on foundational skills and water safety. .

## SPORTS CAMPS

ADD ONE OF OUR SPORTS CAMPS TO YOUR CAMPER'S EXPERIENCE THIS SUMMER! Campers receive a discount.

- **BASKETBALL CAMP**
  - June 17th - June 21st
- **VOLLEYBALL CAMP**
  - July 15th - July 19th

## CAMP CHECKLIST

- Bug Spray
- Sunscreen
- Swim Suit
- Towel
- Water Bottle

## CAMP DETAILS

**AGES: 5-12**

**6:30AM-6:00PM**

**MONDAY-FRIDAY**

### QUESTIONS?

**BRIANNA HOWARD**

FAMILY SERVICES DIRECTOR

(304) 485-5585 ext. 218

[Bhoward@parkersburgymca.org](mailto:Bhoward@parkersburgymca.org)



Dear Parent/Guardian/Custodian,

Welcome to the YMCA of Parkersburg! Thank you for trusting us to care for your child. We look forward to getting to know both you and your family during your time here.

In order to register your child for any programs at the YMCA of Parkersburg, you will need to do the following:

1. Complete, sign and return all forms in the enrollment packet.
2. Submit a current Child Health Assessment that has been completed and signed by a physician.
3. Submit a current copy of your child's immunization records.
4. Submit a copy of your child's birth certificate.
5. Complete and sign the Free and Reduced Meals Application. This form is required for all families, qualifying and non-qualifying, for the YMCA of Parkersburg to receive reimbursement for meals served and help maintain compliance with the Child and Adult Care Food Program (CACFP). Only one form is required per family.
6. Submit a copy of your insurance information with carrier and policy number. You may enter this information into the attached Medical Information form or attach a copy of your insurance card to your enrollment packet.
7. Read the Parent Handbook and sign the Agreement Page at the end after discussing with the Director any questions you may have regarding policies and procedures.
8. Pay a non-refundable \$25 registration fee.

Registration may not be completed until all the above requirements have been met. If you have any questions, please do not hesitate to contact me at your convenience.

Sincerely,

Brianna Howard – Family Services Director

[bhoward@parkersburgymca.org](mailto:bhoward@parkersburgymca.org)

Hannah Onesto – Family Services Coordinator

[Hannah.Onesto@parkersburgymca.org](mailto:Hannah.Onesto@parkersburgymca.org)



Enrollment/Daxko Date:

- Choices
- Member
- Non-Member

## YMCA of Parkersburg CAMP NAVIGATOR REGISTRATION FORM

### Child's Information Record

*We accept all children without regard to race, ethnicity, creed, religion, gender, national origin, sexual orientation, ability or parent's marital status.*

Child's Last Name, First Name: \_\_\_\_\_

Child's Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Circle One: Male Female Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### PLEASE CHECK THE DAYS YOU NEED CARE & LIST THE HOURS:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Days Attending					
Hours Attending					

### Parent/Guardian/Custodian Information

Please circle who is the custodian of this child:  Both Parents  Other: \_\_\_\_\_

**GUARDIAN #1:** \_\_\_\_\_ Last 4 SS#: xxx-xx-\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**GUARDIAN #2:** \_\_\_\_\_ Last 4 SS#: xxx-xx-\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_



Child's Name (last, first): \_\_\_\_\_

If child does not reside with the above, please explain the arrangements below:

\_\_\_\_\_  
\_\_\_\_\_

Who should be contacted first? \_\_\_\_\_

Who is responsible for payment of fees? \_\_\_\_\_

**Special Instructions:** Biological/custodial parents must be given access to their children unless there is a court order preventing contact. **A copy of the court order must be provided.**

Individuals with court orders against them preventing child pick-up:

_____ Name	_____ Relationship to Child
_____ Name	_____ Relationship to Child

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

_____ <b>Name of Contact #1</b>	_____ Relationship to Child	
_____ Date of Birth	_____ Primary Address	
_____ Primary Phone #	_____ Work Phone #	_____ Other Phone #
_____ Email Address		

_____ <b>Name of Contact #2</b>	_____ Relationship to Child	
_____ Date of Birth	_____ Primary Address	
_____ Primary Phone #	_____ Work Phone #	_____ Other Phone
_____ Email Address		



Child's Name (last, first): \_\_\_\_\_

**Authorized Pick-Ups:**

*The following persons have permission to pick up my child from the center. Anyone not listed cannot pick up the child without written permission.*

1. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_
2. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_
3. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_
4. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_
5. Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_  
Address: \_\_\_\_\_  
Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

*By signing below you certify that the information provided on this form is correct, current, and accurate to your best knowledge. You agree to review and update information whenever changes occur and at least every 12 months.*

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



# MEDICAL INFORMATION FORM

Child's Last Name, First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Physician \_\_\_\_\_ Physicians Phone # \_\_\_\_\_

Physician's Address \_\_\_\_\_

Has your child had any of the following illnesses or conditions?

	<b>Yes</b>	<b>No</b>	<b>When</b>		<b>Yes</b>	<b>No</b>	<b>When</b>
Poliomyelitis	( )	( )		Rheumatic Fever	( )	( )	
Tuberculosis	( )	( )		Meningitis	( )	( )	
Scarlet Fever	( )	( )		Mumps	( )	( )	
Pneumonia	( )	( )		Measles (type)	( )	( )	
Frequent Headaches	( )	( )		Heart Troubles	( )	( )	
Seizures	( )	( )		Hives	( )	( )	
Asthma/Hay Fever	( )	( )		Fainting	( )	( )	
Chronic Cough	( )	( )		Ear Infections	( )	( )	
Whooping Cough	( )	( )		Bronchitis	( )	( )	
Eczema	( )	( )		Chicken Pox	( )	( )	
Frequent Colds	( )	( )		Croup	( )	( )	
Influenza	( )	( )		Tonsillitis	( )	( )	

Other \_\_\_\_\_

Comments on checked items  
\_\_\_\_\_

Serious Injuries  
\_\_\_\_\_

Hospitalizations  
\_\_\_\_\_

Operations  
\_\_\_\_\_

Allergies  
\_\_\_\_\_

Unusually sensitive to: ( ) Poison Oak or Ivy ( ) Any Medications  
( ) Insect Stings ( ) Other: \_\_\_\_\_

Is your child currently taking any medications? \_\_\_\_\_

Are any activities to be restricted? ( ) Yes ( ) No

If yes, please specify: \_\_\_\_\_

Special Needs/Disabilities:  
\_\_\_\_\_

Any additional information that will help us better care for your child:  
\_\_\_\_\_

**IMPORTANT:** Please notify the Program Director if your child is exposed to any communicable disease during program attendance.



**PARENT/GUARDIAN AUTHORIZATION:** By signing below you certify that the given information is current, correct, and accurate to your best knowledge.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Authorization for Emergency Medical Treatment & Transportation**

*Please complete section 1 or 2 below. Do NOT complete both.*

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

**1. Permission to Transport & Secure Medical Treatment:**

In the even that I cannot be reached to make arrangements for emergency medical or dental care for my child, I hereby give the YMCA staff permission to transport my child, \_\_\_\_\_, to \_\_\_\_\_ (preferred hospital) for emergency medical care or to \_\_\_\_\_ (preferred dentist) for emergency dental care or to the nearest source available. I grant the YMCA staff permission to take whatever steps necessary to obtain emergency care, if warranted. I agree that the YMCA is released of liability in connection with medical treatment and unavoidable accidents.

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

**2. Refusal to Grant Permission:**

I DO NOT give the YMCA staff permission to transport my child, \_\_\_\_\_, to the nearest hospital or dental facility for emergency medical or dental care. **Instead,** I wish the following action to be taken:

\_\_\_\_\_  
\_\_\_\_\_

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

**AS THE PARENT/GUARDIAN OF THE CHILD NAMED ABOVE, I APPROVE THE CONDITIONS STATED IN THE SECTION ENTITLED "AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT & TRANSPORTATION".**

\_\_\_\_\_  
Signature of Guardian Date



## SUMMER CAMP SOCIAL RESUME

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

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

### Child's Basic Information:

Child's Full Name:

\_\_\_\_\_

First Name

Middle Name

Last Name

Date of Birth: \_\_\_\_\_ Nickname: \_\_\_\_\_

What foods does your child dislike? \_\_\_\_\_

\_\_\_\_\_

### Social & Emotional Development

Describe your child's temperament (Example: colic, likes to cuddle etc.): \_\_\_\_\_

\_\_\_\_\_

What signs does your child give of being \_\_\_\_\_? (Example: pulls at ears, rubs eyes, etc.):

Hungry: \_\_\_\_\_

Tired: \_\_\_\_\_

Overstimulated: \_\_\_\_\_

Sick: \_\_\_\_\_

What provides comfort to your child when they are upset? (Example: going on a walk, hugs, toy etc.):

\_\_\_\_\_

What activities does your child enjoy? \_\_\_\_\_

\_\_\_\_\_

What activities does your child dislike? \_\_\_\_\_

\_\_\_\_\_





**Other Information**

Please provide any other information relating to your child that would be helpful in understanding & caring for your child. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Name of guardian filling out this form:** \_\_\_\_\_

**Relationship to child:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Child's Basic Information**

Child's Full Name:

\_\_\_\_\_

First Name

Middle Name

Last Name

Date of Birth: \_\_\_\_\_ Nickname: \_\_\_\_\_



## 2024 FAMILY SERVICES FINANCIAL AGREEMENT

<b>YMCA Summer Camp</b>		
<i>\$25 registration fee per child</i>		
<b>RATES</b>	<b>MEMBERS</b>	<b>NON-MEMBERS</b>
Weekly Rate	\$135	\$160

Updated: 3/1/24

### FEES & REGISTRATION POLICIES

- A \$25 mission investment fee (per child) is due at the time of registration or when registering for a new program and must accompany the registration packet. The registration fee does not apply to weekly tuition. Families receiving subsidy are exempt from this policy.
- A valid credit card or banking information must be provided at the time of enrollment. This information will be securely stored on the account and used for tuition purposes, late fees, and overdraft fees only. Credit cards and banking information will not be shared with any other parties.
- All registration fees and deposits are non-refundable and non-transferable.
- A service fee of \$30 will be charged on all returned bank drafts.

### PRIVATE PAY TUITION

- Weekly tuition will be drafted each Friday for the current week of care using the credit card or bank account file.
- A fee of \$30 per week will be charged if tuition is not paid by Friday at 6:00PM due to returned bank drafts.
- Weekly tuition will not be waived for any reason. Extenuating circumstances may be discussed with the Director.
- Weekly tuition is due in full regardless of the number of days your child attends. This reserves your child's place in our program.
- Refunds or adjustments will not be given for missed days/weeks.
- Credits will only be given for closures if the center is closed for three (3) or more days in a one (1) week period. Closures include, but are not limited to, major holidays, communicable disease outbreaks, severe weather, power outages, water outages, etc.
- Your child's registration may be discontinued if your account becomes consistently past due.

### FINANCIAL ASSISTANCE

**If you are interested in applying for financial assistance, please bring the following items with you to the membership desk at the YMCA of Parkersburg:** Completed membership application, People Helping People scholarship application and proof of 30 days' worth of household income (social security statement, pay stub or tax return).



## SUBSIDIZED TUITION

- We accept WV CHOICES.
- Parents/Guardians are billed monthly, first week of the month for the prior month of childcare services.
- Tuition is due one (1) week from the date billed. Failure to pay may result in dismissal from the subsidy program.
- Parents/Guardians of subsidized children are responsible for the payment of tuition in the event that they become ineligible to receive childcare subsidy.
- Children receiving subsidy must attend 1 or more full days within 60 days. If a child attends less than 1 full day in a span of 60 days, the subsidy provider contract will be discontinued. Full days are defined as four (4) or more hours per day.

## LATE PICK-UPS

I \_\_\_\_\_ understand there will be \$1 late fee for every 1 minute past the closing time per child. This fee will be added manually to the account and then drafted the following Monday. I also understand that my child's registration may be discontinued for consistent late pick-ups.

**I HAVE READ & WILL AGREE TO THE ABOVE STATEMENTS & TERMS OF THE FINANCIAL AGREEMENT.**

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date



## PARENT & PARTICIPATION STATEMENT OF AGREEMENT

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

*Please reach each statement below and initial in the provided space. If you do not agree with a statement or chose not to initial, please schedule a meeting with the Family Services Director.*

\_\_\_\_\_ I agree to abide by the policies and procedures of the YMCA Child Development Programs and WV DHHR Licensing.

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

\_\_\_\_\_ I hereby grant permission to the YMCA to use images and audio/video recordings of my child as a program participant in promotional material.

\_\_\_\_\_ I hereby grant permission for the YMCA of Parkersburg childcare staff to apply sunscreen and lip balms to my child when necessary. (Please note that the parents/guardians must supply the sunscreen and lip balm)

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

\_\_\_\_\_ I hereby grant permission for my child to participate in water activities, on site, when weather permits.

\_\_\_\_\_ In the event of an emergency in which the parent cannot be contacted, Emergency medical Staff and the YMCA may take appropriate action in the best interest of the child.

\_\_\_\_\_ I understand that the YMCA is mandated by law to report any suspected cases of child abuse or neglect.

\_\_\_\_\_ I understand my child may be removed from the program for failure to pay program fees by designated deadlines.

\_\_\_\_\_ I understand that my child may be suspended or terminated from the program for inappropriate behavior of the child/parent and failure to observe licensing or program policies. A refund, credit, or reimbursement will NOT be given.

\_\_\_\_\_ I understand that due to the group format of summer camp, that the YMCA is unable to provide one-on-one care for a child.

\_\_\_\_\_ I understand that the YMCA is released of liability in connection with medical treatment and unavoidable accidents.

**AS THE PARENT/GUARDIAN OF THE CHILD NAMED ABOVE, I APPROVE THE CONDITIONS STATED IN THE SECTION ENTITLED "PARENT & PARTICIPATION STATEMENT OF AGREEMENT".**

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Date



## 2024 YMCA OF PARKERSBURG SUMMER CAMP WEEKLY RESERVATION SELECTION

**Please check appropriate box indicating which summer camp weeks you wish to reserve.** Reminder: You will be charged for the full weekly tuition for the weeks you selected, even if you do not attend.

WEEK	DATES	THEME	RATE		ATTENDING?
			Member	Non-Member	
1	June 5 <sup>th</sup> – 7 <sup>th</sup>	Summer Kick-Off	\$81	\$96	
2	June 10 <sup>th</sup> -14 <sup>th</sup>	Water Week	\$135	\$160	
3	June 17 <sup>th</sup> – 21 <sup>st</sup>	Get Up & Game	\$135	\$160	
4	June 24 <sup>th</sup> – 28 <sup>th</sup>	Walk Into Nature	\$135	\$160	
5	July 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 5 <sup>th</sup>	Star Spangled Summer	\$135	\$160	
6	July 8 <sup>th</sup> – 12 <sup>th</sup>	Spirit Wars	\$135	\$160	
7	July 15 <sup>th</sup> – 19 <sup>th</sup>	STEM Workshop	\$135	\$160	
8	July 22 <sup>nd</sup> – 26 <sup>th</sup>	Animal Adventures	\$135	\$160	
9	July 29 <sup>th</sup> – August 2 <sup>nd</sup>	Go For Gold	\$135	\$160	
10	August 5 <sup>th</sup> – 9 <sup>th</sup>	Survivor Week	\$135	\$160	
11	August 12 <sup>th</sup> – 16 <sup>th</sup>	Splish Splash	\$135	\$160	
12	August 19 <sup>th</sup> & 20 <sup>th</sup>	Carnival Week	\$54	\$64	



## YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

**Consent & License.** For my participation in activities to be conducted by the National Council of Young Men’s Christian Associations of the United States of America (“YMCA of the USA”) or any of its chartered member associations in the United States (collectively “the Y”), and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

- o video film or footage of me,
- o sound track recordings of me
- o photo reproductions of me
- o any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

**Ownership, Confidentiality, and Shared Use.** With respect to any of the above uses, I further agree:

- o All works shall belong to YMCA of the USA;
- o The Y has no duty of confidentiality regarding any licensed uses;
- o YMCA of the USA shall exclusively own all known or later existing rights to the uses throughout the world;
- o The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

**Release from Liability.** I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

I am the parent or legal guardian of (child’s name). I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: \_\_\_\_\_

Printed name: \_\_\_\_\_  Please check box if you decline consent



# Insect Repellent Permission Form

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

I request that insect repellent be applied to my child as needed. I understand that this form is valid beginning on \_\_\_\_\_, 20\_\_\_\_ unless I make any changes in writing.

I understand that it is my responsibility to provide and label insect repellent for my child. I also understand that insect repellent cannot be applied without this signed authorization and that insect repellent may not be shared between children under any circumstance.

I release the YMCA of Parkersburg personnel from any liability in relation to the administration of insect repellent.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Name of Insect Repellant:  
\_\_\_\_\_

Expiration Date:  
\_\_\_\_\_



# Sunscreen Permission Form

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

I request that sunscreen be applied to my child as needed. I understand that this form is valid beginning on \_\_\_\_\_, 20\_\_\_\_ unless I make any changes in writing.

I understand that it is my responsibility to provide and label sunscreen for my child. I also understand that sunscreen cannot be applied without this signed authorization and that sunscreen may not be shared between children under any circumstance.

I release the YMCA of Parkersburg personnel from any liability in relation to the administration of sunscreen.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Name of Sunscreen:  
\_\_\_\_\_

Expiration Date:  
\_\_\_\_\_



Program Year 2023-2024  
West Virginia Department of Education  
**FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION**  
**INSTRUCTIONS FOR APPLYING**

**If your household gets FOOD STAMPS OR TANF, follow these instructions:**

- Part 1:** List child(ren)'s name, date of birth, grade, and school, center, or camp.  
**Part 2:** Check the appropriate box and list the 10-digit Food Stamp or TANF case number.  
**Part 3:** Skip this part.  
**Part 4:** Skip this part.  
**Part 5:** Sign the form. A Social Security Number is not necessary.  
**Part 6:** Answer this question if you choose.  
**Part 7:** Answer this question if you choose.  
**Part 8:** (Found on back of application.) Call number listed to request WVCHIP or Medicaid information.

**If you are applying for a child who is HOMELESS, MIGRANT, or a RUNAWAY, follow these instructions: check the appropriate box and call your county contact at the phone number listed in Part 3 of the application. Fill out the rest of the application by following instructions for ALL OTHER HOUSEHOLDS.**

**If you are applying for a FOSTER CHILD, follow these instructions:**

***If all children in the household are foster children:***

- Part 1:** List all foster children, date of birth, grade and school, center, or camp.  
**Part 2:** Skip this part.  
**Part 3:** Skip this part.  
**Part 4:** Skip this part.  
**Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.  
**Part 6:** Answer this question if you choose.

***If some children in the household are foster children:***

- Part 1:** List all children in the household (including foster children), date of birth, mark box if foster child, grade, and school, center, or camp.  
**Part 2:** If the household does not have a case number, skip this part.  
**Part 3:** If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call the contact number listed.  
**Part 4:** Follow these instructions to report total household income from last month.

**Column 1–Name:** List all household members.

**Column 2–Last month's income:** List the types of income your household received last month. *Employment Income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. *Other Income:* List the total amount each person received last month from **all other sources.** Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, withdrawals from savings, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income.

**Last Column–Check if no income:** If the person does not have any income, check the box.

- Part 5:** An adult household member must sign the form and list the last 4 digits of his or her Social Security Number, or mark the box if he or she doesn't have one.  
**Part 6:** Answer this question if you choose.  
**Part 7:** Answer this question if you choose.  
**Part 8:** (Found on back of application.) Call number listed to request WVCHIP or Medicaid information.

**ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:**

- Part 1:** List each child's name, date of birth, grade and school, center, or camp.  
**Part 2:** Skip this part.  
**Part 3:** Check a box only if it applies.  
**Part 4:** Follow these instructions to report total household income from last month.

**Column 1–Name:** List the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends). **You must include yourself and all children.** Attach another sheet of paper with household members if required.

**Column 2–Last month's income:** List the types of income your household received last month. *Employment Income:* List the **gross income** each person earned last month. It is not the same as take home pay. **Gross income is the amount earned before taxes and deductions.** It should be listed on your pay stub, or your boss can tell you. *Other Income:* List the total amount each person received last month from **all other sources.** Include welfare, child support, alimony, pensions, retirement, Social Security, Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household, withdrawals from savings, and ANY OTHER INCOME. Report net income for self-owned business, farm, or rental income.

**Last Column–Check if no income:** If the person does not have any income, check the box.

- Part 5:** An adult household member must sign the form and list the last 4 digits of his or her Social Security Number, or mark the box if he or she doesn't have one.  
**Part 6:** Answer this question if you choose.  
**Part 7:** Answer this question if you choose.  
**Part 8:** (Found on back of application.) Call number listed to request WVCHIP or Medicaid information.

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

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

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

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

**2. SNAP/TANF NUMBER**

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

SNAP  TANF

**3. HOMELESS, MIGRANT, RUNAWAY**

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

Homeless  Migrant  Runaway

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

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

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

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

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

An adult household member must sign the application. If Part 4 is completed, the adult signing the form must also list the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page)

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

Today's Date

Last 4 Digits of Social Security Number

I do not have a Social Security Number

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State

ZIP Code \_\_\_\_\_

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

Mark one or more racial identities from this group:

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

And mark one ethnic identity from this group:

- Hispanic or Latino  Not Hispanic or Latino

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Non-discrimination Statement:**

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

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

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

1. mail:  
 U.S. Department of Agriculture  
 Office of the Assistant Secretary for Civil Rights  
 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410; or  
 fax:  
 (833) 256-1665 or (202) 690-7442; or
2. email:  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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

# GUIDELINES TO DETERMINE PARTICIPANT ELIGIBILITY FOR FREE AND REDUCED PRICE MEALS

Effective from July 1, 2023 to June 30, 2024  
ANNUAL FAMILY INCOME BEFORE DEDUCTIONS

HOUSEHOLD SIZE	ELIGIBLE FOR FREE MEALS OR FREE MILK				
	YEARLY	MONTHLY	TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
<b>ONE</b>	18,954	1,580	790	729	365
<b>TWO</b>	25,636	2,137	1,069	986	493
<b>THREE</b>	32,318	2,694	1,347	1,243	622
<b>FOUR</b>	39,000	3,250	1,625	1,500	750
<b>FIVE</b>	45,682	3,807	1,904	1,757	879
<b>SIX</b>	52,364	4,364	2,182	2,014	1,007
<b>SEVEN</b>	59,046	4,921	2,461	2,271	1,136
<b>EIGHT</b>	65,728	5,478	2,739	2,528	1,264

YEARLY	MONTHLY	MEALS		
		TWICE PER MONTH	EVERY TWO WEEKS	WEEKLY
26,973	2,248	1,124	1,038	519
36,482	3,041	1,521	1,404	702
45,991	3,833	1,917	1,769	885
55,500	4,625	2,313	2,135	1,068
65,009	5,418	2,709	2,501	1,251
74,518	6,210	3,105	2,867	1,434
84,027	7,003	3,502	3,232	1,616
93,536	7,795	3,898	3,598	1,799

FOR EACH ADDITIONAL FAMILY MEMBER,  
ADD

6,682	557	279	257	129
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9,509	793	397	366	183
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**CONVERSION FACTOR**

**Annual Income Conversion: Weekly X 52, Every 2 Weeks X 26, Twice A Month X 24, Monthly X 12**