



## *Grace Community Schools*

Dear Parent/Guardian:

Children need healthy meals to learn. **Grace Community School** offers healthy meals every school day.

We are on the National School Lunch program which helps us afford to give all children nutritious meals at no cost to you. Please fill out the application for free or reduced price meals, use the Free and Reduced Price School Meals Application, which is enclosed. We cannot approve an application that is not complete, so be sure to fill out all required information. **Please turn in the complete application to your school office.** Here are answers to questions you may have about applying:

- 1. Who can get free or reduced price meals?** Children in households getting Food Stamps or TANF and most foster children can get free meals regardless of your income. Also, if your household income is within the limits on the Federal Income Chart, your child can get free or reduced price meals.
- 2. Will the information I give be checked?** Yes, we may ask you to send written proof of the information you give.
- 3. What if I stop getting Food Stamps or TANF?** If your child qualifies because you listed a Food Stamp or TANF case number, you must tell the school when you no longer get Food Stamps or TANF.
- 4. What if my household size or income changes?** If your child qualifies for free or reduced price meals based on your income, you must tell us if your household size goes down or if your income goes up by more than \$50 per month (\$600 per year). **Talk to the office manager.** You do not have to fill out another application.
- 5. If I don't qualify now, may I apply again later?** Yes. You may apply at any time during the school year if your household size goes up, income goes down, or if you start getting Food Stamps or TANF. If you lose your job, your child may be able to get free or reduced price meals during the time you are unemployed.
- 6. What if I disagree with the school's decision about my application?** You should talk to school officials. You also may ask for a hearing by calling or writing to: **Rachel Adams 871 Miramar St. Cape Coral, Fl 33904 239-549-7411**

If you have any other questions or need help, call 239-948-7878

Si necesita ayuda, por favor llame al teléfono 239-948-7878

Si vous voudriez d'aide, contactez nous au numero 239-948-7878

– Ms. Rachel Adams

**Your children may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

<b>FEDERAL INCOME CHART</b>			
For School Year <u>2009-10</u>			
Household size	Yearly	Monthly	Weekly
1	20,036	1,670	386
2	26,955	2,247	519
3	33,874	2,823	652
4	40,793	3,400	785
5	47,712	3,976	918
6	54,631	4,553	1,051
7	61,550	5,130	1,184
8	68,469	5,706	1,317
Each additional person	6,919	577	134

\* SNAP: Supplemental Nutrition Assistance Program (formerly the Food Stamp Program)

**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 social security number of the adult household member who signs the application. 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: This explains what to do if you believe you have been treated unfairly.**

“In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

## FREE AND REDUCED PRICE SCHOOL MEALS FAMILY APPLICATION

### Part 1. Children in School (Use a separate application for each foster child)

Names of all children in school (First, Middle Initial, Last)	School Name	Grade	SNAP* or TANF case # (if any). <b>Skip to Part 5 if you list a SNAP* or TANF case #</b>

**Part 2. If the child you are applying for is homeless, migrant, or a runaway check the appropriate box and call [your school, homeless liaison, migrant coordinator at phone #]** Homeless  Migrant  Runaway

### Part 3. Foster Child

If this application is for a child who is the legal responsibility of a welfare agency or court, check this box  and then list the amount of the child's personal use monthly income: \$\_\_\_\_\_. Skip to Part 5.

### Part 4. Total Household Gross Income—You must tell us how much and how often

1. Name (List everyone in household) <i>(Example)</i> <i>Jane Smith</i>	2. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				3. Check if NO income
	Earnings from work before deductions	Welfare, child support, alimony	Pensions, retirement, Social Security	All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$_____/_____	<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"/>

### Part 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 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 will 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 children may lose meal benefits, and I may be prosecuted.*

Sign here: X \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  I do not have a Social Security Number

### Part 6. Children's ethnic and racial identities (optional)

Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Black or African American
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### Don't fill out this part. This is for school use only.

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

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_ Date Withdrawn: \_\_\_\_\_ Eligibility: Free \_\_\_\_ Reduced \_\_\_\_ Denied \_\_\_\_ Reason: \_\_\_\_\_

Temporary: Free \_\_\_\_ Reduced \_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.**

**My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:**

**Name:** \_\_\_\_\_

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

**Date Received:** \_\_\_\_\_

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

***Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.***



## **What should I do if my child gets sick?**

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

### **CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:**

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



## **How can I protect my child from the flu?**

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

## **What can I do to prevent the spread of germs?**

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



## **When should my child stay home from child care?**

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

**For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>**

## What is the influenza (flu) virus?

Influenza (“the flu”) is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



## How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.



For additional information, please visit [www.myflorida.com/childcare](http://www.myflorida.com/childcare) or contact your local licensing office below:

CF/PI 175-70, June 2009

*This brochure was created by the Department of Children and Families in consultation with the Department of Health.*



**“The Flu”  
A Guide  
for Parents**

**INFLUENZA VIRUS**



## Parental Agreement

Welcome to Grace Community School!! Please familiarize yourself with our policies and the procedures outlined in our *Parent Handbook* and this *Parental Agreement*.

- Grace Community School hours of operation are **6:30 AM to 6:00 PM**, Monday through Friday, excluding the holidays announced annually, and any closings due to inclement weather.
- Tuition payments are to be submitted promptly each Monday for the current week. I agree to pay the amount due in advance, on a weekly basis, for the time that my child is enrolled. Late fees of \$25.00 per account will apply on Wednesdays if payment has not been received. Failure to submit payments for two weeks will result in termination of services. Families will pay any costs incurred in collection of past due amounts.
- Checks returned by the bank for any reason must be replaced with cash, and a returned check fee of \$25.00 will automatically be charged to your account.
- A **one-week written notice** is required for all withdrawals. If proper notice is not given, regular tuition will be due for this one-week time period.
- For children picked up after 6:00 PM, late fees will be added in the amount of \$1.00 per minute per child. No exceptions will be made.
- Accurate information must be submitted at the time of enrollment. To ensure the well-being of all children in our care, any changes must be updated immediately, e.g. child's health status, emergency contacts, physical statement, infant feeding plan, telephone numbers, etc.
- Each child's immunization records and FL DOH forms must be presented within 30 days of enrollment. If the date passes for your child's immunization records to be updated, you will have 14 days to update your child's health records or your child may be excluded from attending Grace Community School.
- Parents or authorized persons must always escort each child into and out of the classroom and are to check in and check out by computer.
- I give Grace Community School permission to photograph and use photographs of my children in the development of videos, published materials or news releases with the understanding that our privacy will be respected and honored. I also give teachers and students permission to photograph or video my child for the purpose of classroom assignments. Photographs may also be used for parent information on the Internet through [www.gracecommunityschools.com](http://www.gracecommunityschools.com).
- Grace Community School does not dispense any medication to any child. Parents are asked to make other arrangements for medication administration.
- I have given my consent to have my child treated by a physician for medical or surgical care should an emergency arise. I understand that every effort will be made to contact me or a relative before such action is taken.
- I have received a copy of the NSI brochure "Know Your Child Care Facility" and have signed the school's Discipline Policy.

*The terms specified in this agreement are subject to change from time to time, in accordance with the regularly published terms and policies of Grace Community School as outlined in the current Parent Handbook. Parents will be notified in writing of any changes. Your signature on this form is an acknowledgement that you have read and agree to comply by Grace Community School policies, procedures, and terms, including the obligation to confer with the school first if I have any questions or problems and the disciplinary procedures as outlined in the Parent Handbook.*

**CHILD'S NAME** \_\_\_\_\_ **CURRENT CLASSROOM** \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DIRECTOR SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_