



# Beyond the Bell Childcare

## 2025-2026 School Year

Big Bear Valley Recreation and Park District is pleased to offer a fun, quality childcare program for

Big Bear Kids in grades TK – 5th.

*AM Care - \$35 per week – paid monthly*

*PM Care – \$62 per week – paid monthly*

*Thursday Care - \$25 per week – paid monthly*

This packet contains all the forms that are necessary for your child's enrollment. Our program is licensed by the State of California as a childcare facility. As such, we need each of the attached forms completed in full (\*with the exception of the tuition assistance forms) before we can register your child. Once you have completed this packet, please return it to the Big Bear Valley Recreation and Park District's office at 41220 Park Ave., Big Bear Lake.

A Parent Handbook has been developed to acquaint you with our program. Please read it from cover to cover so that you and your child are familiar with our program.

You will receive 30 day pre-notification notice if any changes are made in regards to tuition rates and policies.

***We are happy that you have decided to let our qualified child care staff take care of your kids!  
We will take excellent care of them.***

Parent's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Child's Name: \_\_\_\_\_ 2025/2026 Grade \_\_\_\_\_

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

### WHICH SCHOOL DOES YOUR CHILD ATTEND?

\_\_\_\_\_ Baldwin Lane Elementary

\_\_\_\_\_ North Shore Elementary

### WHEN WILL YOUR CHILD BE JOINING US?

\_\_\_\_\_ After School

After school until 6:00 pm

\_\_\_\_\_ Before School

Drop off 7:00 am

\_\_\_\_\_ Thursday's only

If we have available space. Full time participants will receive priority.

***\*Anyone wishing to be considered for Child Care Payment Assistance, there is an application at the back of the packet.***

*Beyond the Bell – a cooperative effort between Big Bear Valley Recreation and Park District,  
Soroptimist International of Big Bear Valley, Inc., and Bear Valley Unified School District.*

Date packet received:

## IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

Child's Name	Last	Middle	First	Sex	Telephone ( )
Address	Number	Street	City	State	Zip
Father's Name	Last	Middle	First	Business Telephone ( )	
Home Address	Number	Street	City	State	Zip
Mother's Name	Last	Middle	First	Business Telephone ( )	
Home Address	Number	Street	City	State	Zip
Person responsible for child	Last Name	Middle	First	Home Telephone ( )	Business Telephone ( )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

Physician	Address	Medical Plan and Number	Telephone ( )
Dentist	Address	Medical Plan and Number	Telephone ( )

If physician cannot be reached, what action should be taken?

☐ Call Emergency Hospital ☐ Other Explain:

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(Child will not be allowed to leave with any other person without written authorization from parent or authorized representative)

Name	Relationship

Time Child will be called for:

Signature of parent or authorized representative Date

TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATION/FAMILY CHILD CARE HOME LICENSEE

Date of Admission: Date left:

## CHILD'S PREADMISSION HEALTH HISTORY - PARENT/AUTHORIZED REPRESENTATIVE REPORT

CHILD'S NAME	SEX	BIRTHDATE
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
PARENT / AUTHORIZED REPRESENTATIVE NAME		DOES PARENT / AUTHORIZED REPRESENTATIVE LIVE IN HOME WITH CHILD?
IS / HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?		DATE OF LAST PHYSICAL/ MEDICAL EXAMINATION

### DEVELOPMENTAL HISTORY *(\*For infants and preschool-age children only)*

WALKED AT* _____ MONTHS	BEGAN TALKING AT* _____ MONTHS	TOILET TRAINING STARTED AT* _____ MONTHS
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### PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping Cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF

**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*	
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*	
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST		
	LUNCH		
	DINNER		
WHAT ARE USUAL EATING HOURS?	BREAKFAST		
	LUNCH		
	DINNER		
ANY FOOD DISLIKES?		ANY EATING PROBLEMS?	
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

## PARENT / AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
DOES CHILD USE ANY SPECIAL DEVICE(S): <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT KIND:

## PARENT/ AUTHORIZED REPRESENTATIVE EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENT / AUTHORIZED REPRESENTATIVE, BROTHERS,  
SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT/AUTHORIZED REPRESENTATIVE SIGNATURE

DATE

**CONSENT FOR EMERGENCY MEDICAL TREATMENT-  
Child Care Centers Or Family Child Care Homes**

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AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD  
NAMED ABOVE.

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CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

HOME PHONE

( )

WORK PHONE

( )

## PERSONAL RIGHTS

### Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Community Care Licensing/Palmdale Child Care

ADDRESS

39115 Trade Center Dr., Ste.201

CITY

Palmdale, CA

ZIP CODE

93551

AREA CODE/TELEPHONE NUMBER

661-202-3315

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

Beyond The Bell

(PRINT THE ADDRESS OF THE FACILITY)

44500 Baldwin Lane, Sugarloaf, CA 92386

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing/Palmdale Child Care

Licensing Office Address: 39115 Trade Center Dr., Ste.201 Palmdale, CA 93551

Licensing Office Telephone #: 661-202-3318

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE:** CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Beyond The Bell  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE:** This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)



## Big Bear Valley Recreation and Park District Beyond the Bell - ENROLLMENT AGREEMENT



Childs Name: \_\_\_\_\_

Grade: \_\_\_\_\_

As the parent/guardian of a Beyond the Bell participant, I agree to each of the following statements and have initialed beside them to show I agree;

- \_\_\_\_\_ I have read and understand the Beyond the Bell Parent Handbook. I will follow the handbook guidelines.
- \_\_\_\_\_ I agree to sign my child in and out, with my full signature each day.
- \_\_\_\_\_ I will pick up my child by 6:00 pm each day. Three late pick up's will constitute a reason for removal from the program.
- \_\_\_\_\_ I will not send my child to the facility if they are ill and I will pick my child up within 20 minutes when notified that they have become ill at the site.
- \_\_\_\_\_ I agree to be truthful and complete about my child's needs/ability when completing this enrollment packet.
- \_\_\_\_\_ I agree to provide all requested information, when necessary, in a timely manner. This includes, but is not limited to: contact phone numbers and court documents. I agree to update these items within three days of any change.
- \_\_\_\_\_ I will cooperate with staff in discipline issues, including attendance of parent conference if necessary.
- \_\_\_\_\_ I understand that any violent behavior or a violation of Bear Valley Unified School rules which would require expulsion from school or continued negative behaviors will constitute reason for dismissal.

I understand that the Big Bear Valley Recreation and Park District and the Beyond the Bell staff are striving to provide the safest, highest quality program possible for my child. Because of this, I agree to abide by the policies set forth above. I understand that while all reasonable attempts will be made to insure my child's safety, regular childcare activities involve an element of risk. Therefore, I hereby waive, release and discharge any and all claims for damages for personal injury or property damage which I may have or my child may have as a result of participation in Beyond the Bell activities. This release is intended to discharge in advance Big Bear Valley Recreation and Park District, Bear Valley Unified School District, Soroptimist International of Big Bear Valley, Inc., along with their officers, agents and employees from any and all liability arising out of or connected with my child's participation in Beyond the Bell.

\_\_\_\_\_  
Parent/Guardian Printed Name

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

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

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

\_\_\_\_\_  
Date Signed



# Big Bear Valley Recreation and Park District Beyond the Bell - **GUARDIAN STATEMENT**



I, \_\_\_\_\_ am the:

\_\_\_\_\_  
Parent or Guardian Printed Name

- \_\_\_\_\_  
Biological or Adoptive Parent
- \_\_\_\_\_  
Legal Guardian
- \_\_\_\_\_  
Foster Parent

of this child, \_\_\_\_\_  
Child's Printed Name

I have legal custody over this child and agree to give Beyond the Bell all of the information necessary to assure that my child receives the best care possible. This information may include any special needs, disabilities, medications and any behavioral or family information.

I understand that in cases where there may be court intervention in our family situation (such as a restraining order), a copy of legal documents will be given to Beyond the Bell or staff will not be able to assist in enforcing the court action.

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

\_\_\_\_\_  
Date

I give my permission for a Beyond the Bell Administrator to view my child's cumulative file at their school if necessary. Necessary situations might include but are not limited to; emergency medical situations, severe behavior problems or information about learning disabilities. I understand that all information viewed will be kept confidential and that every effort will be made to contact me prior to viewing my child's file.

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

\_\_\_\_\_  
Date



## Photo/Media Release

### SAN BERNARDINO COUNTY PHOTO/VIDEO/AUDIO CONSENT AND RELEASE

By signing this consent and release form, I grant to San Bernardino County (County) and its representatives the right to use my name, likeness, image, voice, appearance, and/or personal narrative embodied in any recordings taken by or made on behalf of the County or otherwise provided by me. I agree that the County owns and may use, without my prior inspection or approval, such material without restriction, including any blurring, distortion, alteration, or optical illusion, whether intentional or otherwise. Such uses included, but are not limited to, social media postings, announcements, news releases, websites, and promotional or informational materials in any medium. I acknowledge that I will not receive any compensation for the use of such images, recordings, likenesses, or narratives.

I represent that I am at least 18 years of age and that I have read this consent and release form fully and understand its contents. If I am a parent or guardian of minor children, by listing them below I agree to them being covered by this consent and release form. I also release, discharge and agree to hold harmless the County and its agents or representatives from all claims, demands, and liabilities, including bodily injury claims, arising out of or in connection with the use of any name, likeness, recording, or personal narrative covered by this form, and this release shall be binding upon me and my heirs, legal representatives, and assigns.

This consent and release is entered into under the laws of the State of California and shall be governed and interpreted by those laws.

Name of event (meeting, seminar, etc.): \_\_\_\_\_

Date of event: \_\_\_\_\_ or event date range covered: \_\_\_\_\_  
(Example: 6/30/22) (Example: 6/30/22 – 7/15/22)

Name (Printed): \_\_\_\_\_

Your street  
address: \_\_\_\_\_  
(Including City, State, and ZIP)

Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Names of minor children (under 18 years old) covered by this release:



# Big Bear Valley Recreation and Park District Beyond the Bell **AGREEMENT, WAIVER AND RELEASE**



Participating Child: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

In consideration for being permitted by the Big Bear Valley Recreation and Park District/County of San Bernardino to participate in BEYOND THE BELL, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, as a result of participation in said activity. This release is intended to discharge in advance the Big Bear Valley Recreation and Park District/County of San Bernardino (its officers, employees and agents) from any and all liability arising out of or connected in any way with my participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to indemnify and to hold the above persons or entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of my death or any injury or property damage that I may sustain while participating in said activity.

I hereby consent that my son/daughter, whose name appears above, participates in the above activity, and I hereby execute the above Agreement, Waiver and Release on his/her behalf. I state that said minor is physically able to participate in BEYOND THE BELL. I hereby agree to indemnify and hold the persons and entities mentioned above free and harmless from any loss, liability, damage, cost, or expense which they may incur as a result of the death or any injury or property damage that said minor may sustain while participating in said activity.

**I HAVE CAREFULLY READ THIS AGREEMENT, WAIVER AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE BIG BEAR VALLEY RECREATION AND PARK DISTRICT/COUNTY OF SAN BERNARDINO AND I SIGN IT OF MY OWN FREE WILL.**

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_



**RELEASE AND HOLD HARMLESS  
AGREEMENT  
FOR THE COUNTY OF SAN BERNARDINO**  
(Acknowledgement of Limited Insurance Coverage)



CHILDS NAME \_\_\_\_\_

I, \_\_\_\_\_  
(Parent/Guardian Last Name) (Parent/Guardian First Name) (Middle Name)

fully understand that the County of San Bernardino is a self-insured public entity pursuant to Government Code section 990.4. I understand that the County's program of self insurance does not provide medical payments in the event that I or any member of my family is injured while a passenger in a County owned vehicle. I also understand that the County's program of self-insurance does not include any coverage of uninsured or underinsured motorist. In the event that I or the person enrolled in Beyond the Bell Child care, requiring this Release and Hold Harmless agreement is injured as a result of the act or omission of any party, other than the County, its officers or employees, my ability to recover special or general damages (as defined by the Civil Code) will be limited in that I or the person enrolled in this event will not be entitled to recover those damages from the County of San Bernardino.

Notwithstanding the above acknowledgment, I understand that my participation in the Beyond the Bell Child care event requiring this Release or Hold Harmless Agreement including transportation to and from said event exposes my child to the risk of personal injury, death or property damage. I hereby acknowledge that the person enrolled in the event requiring the agreement of this Release and Hold Harmless Agreement is voluntarily participating in this event and expressly agree to assume any such risks.

I, am the parent and/or Legal Guardian of the child listed above, who I have enrolled in this event. I fully understand that participation in the "event or field trip" exposes participants to the risk or personal injury, death or property damage. I hereby acknowledge that my child whom I voluntarily enrolled in the event is voluntarily participating in this Event with my express permission. As parent and/or Legal Guardian, I expressly agree to assume any such risks.

In consideration for being permitted to participate in the program, I hereby release and forever discharge the County of San Bernardino, it's officers, employees, agents and volunteers for any injury, death or damage to or loss of personal property arising out of or in connection with my child's participation in the event from whatever cause, including the active or passive negligence of the County of San Bernardino, its officers, employees, agents and volunteers or any other participants in the Event.

In further consideration for being allowed to participate in the Event, I hereby agree, for myself, my heirs, administrators, executors and assigns, that I will indemnify and hold harmless the County of San Bernardino, its officers, employees, agents and volunteers from any and all claims; including claims for Workers' Compensation benefits, damages, demands, actions or suits arising out of or in connection with my participation in the Program brought by any third party.

**I HAVE CAREFULLY READ THIS RELEASE AND HOLD HARMLESS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT IT IS A FULL RELEASE OF ALL LIABILITY AND I AGREE TO THIS RELEASE AND HOLD HARMLESS AGREEMENT OF MY OWN FREE WILL.**

\_\_\_\_\_  
Dated

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

**Household Income Data Collection Bear Valley Unified School District 2025-26** (Rev.7/15)

Household Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**PART I: Fill in the following information for children living in your household**

Name of Child(ren) attending a California K-12 Public School			School Attending	Birth Date	Grade Level
Last	Middle	First			
1.					
2.					
3.					
4.					
5.					
6.					

**PART II: Fill in the following for Household Size and Household Income**

Based on your household size, check the appropriate box if your total annual household income is within the range displayed for Category 1 or Category 2. **Do not check an income in both categories.**

For help in determining your household size and total annual household income, please see instructions on the back of this form.

Household Size	Category 1 – Total Annual Household Income is Within This Range:	Category 2 – Total Annual Household Income is Within This Range:
2	0-26572	26573-37814
3	0-33566	33567-47767
4	0-40560	40561-57720
5	0-47554	47555-67673
6	0-54548	54549-77626
7	0-61542	61543-87579
8	0-68536	68537-97532

If household size is greater than 8, list household size and total annual income below:

Household Size: \_\_\_\_\_ Total Annual Income: \$ \_\_\_\_\_

If your total annual household income exceeds the ranges above, check here: ☐

If the child(ren) listed above is a foster child, check here: ☐

If the child(ren) listed above is an English Language Learner, check here ☐

**PART III: Signature**

*I certify (promise) that the information provided on this form is true and that I included all income. I understand that the school may receive state and federal funds based on the information I provide and that the information could be subject to review.*

<b>Signature of adult household member completing this form</b>	<b>Date</b>	<b>Printed name of adult household member completing this form</b>
<p><i>The information submitted on this form is a confidential educational record and is therefore protected by all relevant federal and state privacy laws that pertain to educational records including, without limitation, the Family Educational Rights and Privacy Act of 1974 (FERPA), as amended (20 U.S.C. § 1232g; 34 CFR Part 99); Title 2, Division 4, Part 27, Chapter 6.5 of the California Education Code, beginning at Section 49060 et seq.; the California Information Practices Act (California Civil Code Section 1798 et seq.) and Article 1, Section 1 of the California Constitution.</i></p>		

### **Who should I include in "Household Size"?**

You must include yourself and all people living in your household, related or not (for example, children, grandparents, other relatives, or friends) who share income and expenses. If you live with other people who are economically independent (for example, who do not share income with your children, and who pay a pro-rated share of expenses), do *not* include them.

### **What is included in "Annual Household Income"?** Annual Household Income includes the following:

- **Gross earnings from work:** Use your gross income, not your take-home pay. Gross income is the amount earned before taxes and other deductions. This information can be found on your pay stub or if you are unsure, your supervisor can provide this information. Net income should only be reported for self-owned business, farm, or rental income.
- **Welfare, Child Support, Alimony:** Include the amount each person living in your household receives from these sources, including any amount received from CalWORKs.
- **Pensions, Retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), and disability benefits:** Include the amount each person living in your household receives from these sources.
- **All Other Income:** Include worker's compensation, unemployment or strike benefits, regular contributions from people who do not live in your household, and any other income received. Do not include income from CalFresh, WIC, federal education benefits and foster payments received by your household.
- **Military Housing Allowances and Combat Pay:** Include off-base housing allowances. *Do not* include Military Privatized Housing Initiative or combat pay.
- **Overtime Pay:** Include overtime pay *ONLY* if you receive it on a regular basis.

### **How do I report annual household income for pay received on a monthly, twice a month, every two weeks, or weekly basis?**

- Determine each source of household income based on above definitions. Households that receive income at different time intervals must annualize their income as follows:
  - o If paid monthly, multiply total pay by 12
  - o If paid twice per month, multiply total pay by 24
  - o If paid bi-weekly (every two weeks), multiply total pay by 26
  - o If paid weekly, multiply total pay by 52
- Add annualized pay together to determine the total annual household income and check the box on the other side of this form if it is within either of the ranges displayed for your household size.
- If your household size exceeds the size on the chart, list household size and total annual household income in the space provided.

If your income changes, include the wages/salary that you regularly receive. For example, if you normally make \$1,000 each month, but you missed some work last month and made \$900, put down that you made \$1,000 per month. Only include overtime pay if you receive it on a regular basis. If you have lost your job or had your hours or wages reduced, enter zero or your current reduced income.

**For additional information on Household Size and Household Income, please see the Eligibility Manual for School Meals on the U.S. Department of Agriculture Guidance and Resource Web page at <http://www.fns.usda.gov/cnd/guidance/default.htm>.**