Teddy Bear Preschool

1550 Hillside Avenue (PO Box 727)

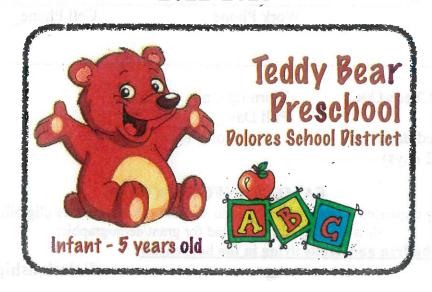
Dolores, CO 81323

970-882-7277

970-882-7922 Fax

970-739-4244 Valiena Cell

2022-2023



All new families must turn in the following documents together with no missing pieces to complete enrollment:

*Birth Certificate

*Immunization Record

*Current Physical

*Copy of Child's Medical Insurance Card

*Pink Powerschool Form

ASQ SE-2

All returning families must turn in ASQ SE-2 and Current Physical together with this packet to complete enrollment.

Date	of I	Enre	llm	ent

Name	7777-288-077	
Last	First	Middle
Date of Birth	Place of Birth	
Mailing Address		
Physical Address	6.74.7-77.6.7	
Home Phone	Work Phone	Cell Phone
E-Mail Address		St.
Attendance: (Check One)	Morning Only Full Day	
Circle requested days: (Minimum 2 days)	Mon. Tues. W	ed. Th.
	(2) data requested for grant/deults living in the household:	determining eligibility for funded emographics. Relationship to Child
niiw taliagoramatus alimigo		in sew tamines make in: no missing :
(If additional space is need	ded, please continue on the	e back of this page)
	Birth P	
Birth date	Address (if different than	
child)	aid's Medical insuranc) to van 1%
Employer name and phone	link Powerschool Form#	1+
Mother's Name	Birth Pla	
Birth dateAdd child)	est men in ASO SE-2	un sallimed gnimutar ((7
Employer name and phone	#slaveran of testaura si	14 Arlaman Danama

Please check which	insurance coverage yo	u nave on your chiu:
Medicaid	Child's Policy #:	bsmism revoa piparte
CHP	Child's Policy#:	or head while repeat
Indian Health	Child's Policy#:	
Private Insurance	Child's Policy#:	
None		/ Delega
ToritCl		
AGENCIES INVOL	VED WITH YOUR FA	MILY:
Public Health		Educate Parents (Jeses Galer
WIC		
Social Services		
Other		
Omer		
PyBete		
being entered in the statewide immunizate child's shot information	Colorado Immunization tion record tracking syst	Your child's shot information is Information (CIIS), a confidential, em. You can choose to exclude your time. Please ask your school nurse mation.
LANGUAGES SPO THAT APPLY):	OKEN BY THE FAMI	LY IN THE HOME (CHECK ALL
English		
Spanish		
Native America	ın	
Other-Please S ₁	pecify	
 :		

*Marital status of parent (s) in t			<u>k):</u>
single, never married	married	Tarbiette.	widower
separated/divorced	remarried		
*6			
*Custody			
Who has legal custody of the child		Dad	Other
(If Other, we are required to have	a copy of lega	l custody ord	ers)
*Education of Parents (pleases circ			
Mother: K 1 2 3 4 5 6 7 8 9			
Father: K 1 2 3 4 5 6 7 8 9	10 11 12 13	14 15 16 1	6+
*Which of the following resource	es are being u	sed by your:	family?
Help from extended family in ye			
Case worker from a social agend	ev		
Other community resources (ex:	ioh training r	renatal care	continuina
education, vocational Services,	recreational ce	raticae)	continuing
Other-please specify	recreational se	ivices)	
omer-prease specify	HROWATH TOP		
*Which of the following are curr	ent family sit	uations? (ch	eck all that apply)
Transportation	100		THAT APPLY):
Healthe/Medical problems			
Marriage/Relationship problems	3		
Unemployment			
Housing			SECTION STATES

single, never married married married	wwid's Pol	idower
separated/divorcedremarried		
*Custody		
Who has legal custody of the child?Mom	Dad _	Other
(If Other, we are required to have a copy of leg	gal custody orders)
*Education of Parents (pleases circle):		
Mother: K 1 2 3 4 5 6 7 8 9 10 11 12 1		
Father: K 1 2 3 4 5 6 7 8 9 10 11 12 1	13 14 15 16 16+	South Service
*Which of the following resources are being		
Help from extended family in your commun		
Case worker from a social agency		
Other community resources (ex: job training	-	
education, vocational Services, recreational	•	
Other-please specify		
*Which of the following are current family s	ituations? (chec	k all that apply)
Transportation		
Healthe/Medical problems		
Marriage/Relationship problems		
Unemployment		
Housing		

Please check which i		
Medicaid	Child's Policy #:	single never married
CHP	Child's Policy#:	e baarovih\batanne-
Indian Health	Child's Policy#:	
Private Insurance	Child's Policy#:	
None		
	ED WITH YOUR FAN	
Public Health		
Other		
[v/ima]		
IMMUNIZATION For the Control of the	REGISTRY NOTICE: colorado Immunization I on record tracking system on from the CIIS at any	Your child's shot information is information (CIIS), a confidential, m. You can choose to exclude your time. Please ask your school nurse nation.
IMMUNIZATION For being entered in the Constatewide immunization child's shot information or your health care probable.	REGISTRY NOTICE: colorado Immunization I on record tracking system on from the CIIS at any ovider for further inform	Your child's shot information is information (CIIS), a confidential, m. You can choose to exclude your time. Please ask your school nurse
IMMUNIZATION For the Control of the	REGISTRY NOTICE: colorado Immunization I on record tracking system on from the CIIS at any ovider for further inform	Your child's shot information is information (CIIS), a confidential, m. You can choose to exclude your time. Please ask your school nurse nation. Y IN THE HOME (CHECK ALL
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IMMUNIZATION For the Deing entered in the Constatewide immunization child's shot information or your health care probable. LANGUAGES SPORTHAT APPLY):	REGISTRY NOTICE: colorado Immunization I con record tracking system on from the CIIS at any covider for further inform	Your child's shot information is information (CIIS), a confidential, m. You can choose to exclude your time. Please ask your school nurse nation. Y IN THE HOME (CHECK ALL

EMERGENCY PROCEDURE DATA

Dear Parent/Guardian,	
This information is important for accurate and p	prompt action in the event your
	the column to th
TAL TO JOHNSEET HARR YOU'S BEE	PARKINIACI VRUINN TO MOTUN
*If at any time this information needs to be charcorrections in writing and turn in to the pres MANDATORY TO HAVE AN EMERGENCE ILLNESS/ACCIDENT.	chool office. IT IS
EMERGENCY NUMBERS:	
Contact Mother:	
Mother's Name	Phone#
Contact Father:	
Father's Name	Phone#
Contact Family Physician:	
Physician's Name	Phone#
Child's Dentist:	
Dentist's Name	Phone#
If needed, child will be taken to Southwest Memorial CONSENT TO TREAT: In the event of a medical emergive Teddy Bear Preschool permission to render emerge having him/her transported for care by a doctor if any of member of the staff responsible for the care and education health information, as well as state licensing for compliant	ergency involving this child, I hereby ency aid including, but not limited to, f the above cannot be contacted. Any on of my child may view my child's
Parent/Guardian Signature	Date

PICK UP PERMISSION FORM

Child's Fu	ıll Name	,/iii.1-1	
		o leave the Teddy Bear Preschool	
person(s)	named below. I understand th	at the staff will not allow a person	not listed below to
		isent. <u>IT IS THE RESPONSIF</u>	
PARENT	GUARDIAN TO NOTIFY	THE TEDDY BEAR PRESC	HOOL OF ANY
CHANGI	<u>ES.</u>	is information and to be about	di sero reste 101
	21 T7 wo His loose	with a not bear the to the aver-	ar ni ambha arans
SICA	PLEASE, LIST PAREN	T NAMES AND PHONE #'S I	FIRST
Name	Physical Address	Relationship to Child	Phone #
		12 A T T T T T T T T T T T T T T T T T T	1 1 31/13 21/2
			Centuct Moditor
	Hac or [4]	Muther a Name	1 - A 1 - d
			<u> </u>
Names of	person(s) who MAY NOT pick	up your child:	
	- CHOIL		
	Phones	Physic an's Name	
Please lis Parents:	t the Custodial		
_	required to give Teddy Bear Pre	school a copy of the LEGAL DOCU	MENTS pertaining
		e that both parents on the BIRTH CI	
		nt is registered in school UNLESS or	
the schoo	l with OFFICIAL CUSTODY C	COURT PAPERS.	CONSENT TO TR
d to.	ncy and including, but not limite	school pennission to render emerge	give reddy bear grig
Your sign	ature grants approval to the foll	owing statement: "I hold Teddy Bear	r Preschool
harmless	from any liability in releasing m	y child to the signed authorized pick	-up or myself".
	,,	entinos ion gresis ar ante en ilea el	E JEONEMAURIN FEIS 5/1
	10 11 51-61	endeno 2	Parent firettian
- Pa	arent/Guardian Signature		Date

HEALTH SCREENING QUESTIONNAIRE

Child's Full Name	Date of Birth
Gender: M_ F_	LC CONT. AF
Name of person providing this information: Rela	ationship to child:
1. Has there ever been a concern about the age at which	your child began (check all
that apply): Crawling_Walking_Talking_Bowel or	Bladder training
2. Are there any major health problems in the family?	no yes
3. Does your child have any chronic health condition?	no_yes_
Circle all that apply:	
Diabetes Asthma Allergies Seizure Disorder	Nervous Disorder
Ulcers Bronchitis Frequent Ear Infections	Frequent Strep Infections
Heart Condition If checked yes to any of the abov	
a) is he/she under treatment?	No_Yes_
b)can the school health services be helpful? If so please comment	No_Yes
4. Has your child had any problems with vision?	No Yes
Has your child had any problems with hearing? If so please comment:	No_Yes_
5. Is your child on any medication?	No Yes
If yes, and this medication is to be administered at school, to complete A release form (to be signed by the child's physical school).	
6. Does your child have any special needs/disabilities? If yes, please explain:	No_Yes_
starts)	R DIAGNOSED food
If yes, please explain:	

PARENT CONTRACT FOR TUITION PAYMENTS

I - NAK	, the par	ent/guardi	an of	MA July Jie	
Understand and agree to the f		Ū	**		
Tuition charges at Teddy Bea		l are as fol	lows:		
Half Day			day through T	hursday	
Full Day			day through T		
CPP Funded				ough Thursday	
*You will be charged tu	ition for	each day	that you h	ave schedu	led your child
to be in attendance eve					
CV VA	Colo	ng) situ	Supplet Mile		
*Tuition fees are due by monthly, or monthly. Please cir					ade weekly, bi-
*A two week notice is t	o be give	en prior 1	o the withd	rawal of the	child from
the program.		amed la			
tilo programm					
*A late fee of \$1.00 per	minute	will be c	harged for	each child v	vho remains at
the center past 4:00,					
Director or staff member					
picked up or parent has not con					
WILL BE NOTIFIED.	itacted the	Selicol by	<u>,</u>		8
WILL BE NOTIFIED.					
ATTENDANCE 897 OF	Mornine	Onlya	_(7:30-12:2	ng vari šari b	
ATTENDANCE	-	-	-	Marionae	
	Full Day	•	30-4:00)		
Circle requested days:	Monday	Tuesday	Wednesday	Thursday	
				me tiention is	
The purpose of this agreement is to Order to assure that we provide the stable. Therefore, this agreement properties guaranteed for your child. We foll in school, no holidays, weekends, so	service con provides a gu ow the curre	tracted for, it arantee that ant school cal	is essential that t you will financial endar and you wi	the financial status lly support the em Il only be charged	s of the center be rollment space I for days that we are
Parent/Guardian Signatur	e de la companya de l	DAS M		ET a gya Data	
J				Date	as mog sacr
				Date	
Director Signature	or all trade	AsE. lot			

"TOWARDS A BETTER UNDERSTANDING OF YOUR CHILD"

Child's Name	Date of Birth
	our child's teacher, I would like this year to be the he more I know about the children in my class the as greatly if you could answer the following
*Has anyone else cared for your child: Has y these experiences positive or negative?	your child gone to daycare/preschool before? Were
*What frustrates your child: How does your	child handle a new task or stressful situations?
*How do you comfort your child? Does you	r child have a special blanket or toy?
*What methods of discipline do you use?	
*How predictable are your child's sleeping a	nd eating habits?
changes	hool setting, describe any recent family events or . Please keep staff current on any future changes.
*Does your child have any fears?	
*Your child's personality?	

*Your child's speech/language? How does your child communicate with you?
*Your child's self-help/toileting skills?
*Your child's attention span? Is he/she easily distracted?
*Your child's emotional development? How does your child respond to emotions he/she is feeling?
*Your child's physical development? Is he/she able to move appropriately for his/her age?
*Does your child react to noise or certain textures of food or clothing?
*Is there anything else you would like to tell us about your child? (favorite activities, people, places, toys)
*Can you tell us what traditions/celebrations your family observes or participate in?
*What goals do you have for your child this year?
Ot is your obite ture any train.

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- 1. The center must obtain the parent/guardian's written authorization and instructions for applying sunscreen to their children's exposed skin prior to outside play. A doctor's permission is <u>not needed</u> to use sunscreen at the center.
- 2. When applied for an individual child, the sunscreen must be labeled with the child's first and last name.
- 3. If sunscreen is provided by the center, parents must be notified in advance, In writing, of the type of sun screen the center will use.
- Children over 3 years of age may apply sunscreen to themselves under the direct Supervision of a staff member.
 If you <u>DO</u> want your child to have sunscreen applied please sign and date below.

FIELD TRIP PERMISSION FORM

We believe that educational field trips are beneficial and important to the overall development of the child. All trips will be well planned, organized and supervised. Notices will be sent home one week in advance before attending any field trip.

Please sign the consent below gexcursions.	giving us per		take your child on these
I give my consent for	dvance of al	1 outings.	
Parent/Guardian Signature SCREENING/VIDEOT	APING/P	HOTOGI M	Date
Child's Name			
I give permission for staff to in (circle one)	nplement de	velopment	al screenings with my child.
Yes	No		
I give permission for my child he/she is involved in the Teddy commercial use of the photogra (Please circle one)	Bear Prescl	hool prograused (local	am. I understand that
to have sunscreen			
D //C 1' C'	n and del	to, sign	Deta hailqqs
Parent/Guardian Signature ************************************	*******	*****	Date *******
HEARING	& VISIO	N SCRE	ENINGS

I give permission for my child to participate in hearing and vision screenings.

Yes

No

Dolores School District RE-4A does not unlawfully discriminate against otherwise qualified students, employees, applicants for employment, or members of the public on the basis of disability, race, creed, color, sex, sexual orientation, gender identity, gender expression, marital status, national origin, religion, ancestry, or need for special education services. Discrimination against employees and applicants for employment based on age, genetic information and conditions related to pregnancy or childbirth, is also prohibited in accordance with state and/or federal law.

TEDDY BEAR PRESCHOOL

TODDLER	INFANT	FOR SCHOOL USE ONLY
PRESCHOOL		USE ONLY

	_American Indian or Alaska Native Native Hawaiian / Pacific Islander	WhiteAsianAmerica Black / African AmericanNative H	White	
	race.	Mark the one or more that describes the student's race.	Mark the	
	YesNo	ls this student Hispanic/Latino	ETHNICITY	
whether your child may be photographed or	or No	PHOTO/VIDEO PERMISSION: Please circle either Yes videotaped as part of a school event or program.	PHOTO/VII videotapec	
YesNo	thers while in transition?	Are you experiencing homelessness or living with others while in transition?	Are you e	
				EMAIL
1	Cell Phone	Work Phone	Home Phone	Name
		STEP-FATHER GUARDIAN	FATHER	(Please circle the appropriate choice)
				EMAIL
3-	Cell Phone	Work Phone	Home Phone	Name
		STEP-MOTHER GUARDIAN	MOTHER	(Please circle the appropriate choice)
Zip	City			Mailing Address
Zip	City			Physical Address
Age	Sex		essages	Primary phone number for automated messages
Date of Birth		Last Name	Middle Name _	First Name

					High south day galvil to exerce a transfer or the country of the	ON TO 250 THE WIND PROPERTY PROPERTY CHANGE AND THE STORE OF THE STORE			
FOR SCHOOL US FOREY INFANT INCOMPANY INDUCES I	7878 Nove 6		unearly its	El Cilone	s white in Lean Place? Yes, No.	ido verse confidence	MO.	r Maskin skaskin responsively	

Teddy Bear Preschool 1550 Hillside Avenue Dolores, CO 81323

August 28, 2020
Families,
The State licensing and the health department require us and the children to wash their hands multiple times a day; resulting in dry cracked hands. We can provide lotion (Lubriderm) or if you prefer you may bring something else for us to use. We need parental permission to apply lotion so please indicate below your preference.
Thank you
give permission for the Teddy Bear Staff to apply <u>Lubriderm</u> lotion to my (Parent legible signature) childs hands/face.
OR,
lgive Teddy Bear Staff permission for the Teddy Bear Staff to apply the lotion (Parent legible signature)
that I have provided, (legible name of lotion provided)



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give Teddy Bear Staff permission for the Teddy Bear Staff to analy the trace (Farent legible signature)

Teddy Bear Preschool 1550 Hillside Avenue P O Box 727 Dolores, CO 81323 (970)882-7277 Fax # (970) 882-7922

PHYSICAL FORM 22-23

Child's Name:		'	Date of Birth:	
Health Care Provider				
Date of Last Health Appraisal:		/	Age at well check:	
Physical Exam: normal unless note	əd:			
1				
Significant Health Concerns, include	ling need for modified die	et:		
Current medications:				
CHILDREN'S INFORMATION				
Height at exam:	Weight:	B/P:	Head Circumference (up to 12 months of age):	
Hgb:			Hearing:	
Risk Assessment:	Dental:		TB risk:	
Provider Statement This child is free from reportable co- child care program. Any concerns of	ommunicable disease. The or exceptions are identific	nis child is hea ed on this form	althy and may participate in all routine activities in a school	or
Next well visit recommended per	AAP guidelines*:			
Name:	9	D	Date of exam:	
Signature:			Date Signed:	
Print Name of Doctor's office:				

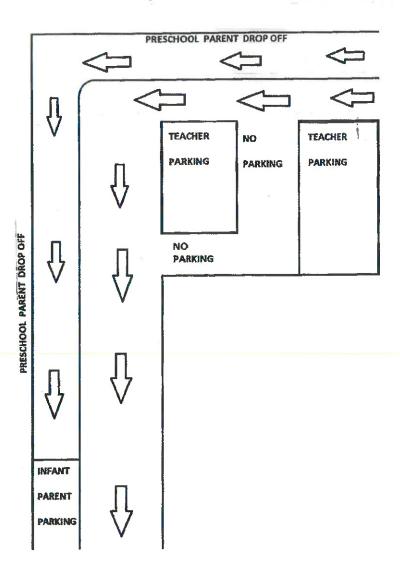
^{*}The American Academy of Pediatrics (AAP) recommends that children have health appraisal visits at 2, 4, 6, 9, 12, 15, 18, and 24 months of age, and yearly thereafter to age 6.

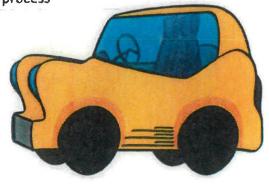
보기 경기 다른 그렇다 나라를 받는 것이다.

*Smithburg RAA 105 belanging seper tight is a citeb.

Families

In order to be able to let everyone drop and pick up their children in our small parking lot we have to have a system in place for the safety of everyone. In order for this system to work and we do not block the street we must move everyone quickly. We have 18 employees, therefore we have to be able to park and get into the building to work and accept your children. Our entrance and exit is one way. Please, when you enter follow the directions that the staff is giving you to park. Pull your vehicle all the way up to the East Playground fence as far to the exit as possible before parking, stop as far to the right as you can but still be able to open your right rear passenger door. We ask that you take your child out on the right side to keep them safe from the traffic of other vehicles. Please take your child out of your vehicle and stand near your vehicle out of traffic and a staff member will come to you and take your child in hand to the building. Thank you for your patience with this whole process





Families



Free and Reduced-Price School Meals Dolores School District 2022-2023 Household Application for

Do NOT share my information Do NOT with any programs with the checked:	The information provided on this application will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) meals this information may be shared with the school/district for purposes of waiving school/district program fees that your child(ren) might otherwise be required to pay. The school/district is not required to consent to the release of your information; this will not affect your student(s) eligibility for school meals. Your information WILL be shared unless you check one of the boxes below.	STEP 5 Release of Information	 Mailing Address or PO Box Apt. # or		"certify (promise) that all information on this application is true and that all income is reported. I understand that this information is given if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."	STEP 4 Contact information and adult signature. Mail signed and completed application to:	Total Household Members (Students' and Adults from Steps 1 and 3)					Names of All Other Household Members (First and Last)	any fields blank, you are certifying that there is no income to report.	In the spaces below list all other household members not listed in Step 1 (including yourself) even if they do not receive in TOTAL GROSS INCOME (BEFORE TAXES AND OTHER DEDUCTIONS) for each source in whole dollars only.	B. All Other Household Members (including yourself)	A. Student Income Please include the TOTAL income, if any, received by all students listed above	STEP 3 Report income for ALL household members (skip this step if you provided a case number in	Program on Indian Reservations (FDPIR). Provide case number and skip to Step 4.	Supplemental Nutrition Assistance Program (SNAP),	STEP 2 If any household members (including you) currently receive assistance from any of the following programs:					Student's First Name	complete one application per neaschold. I lease use a plack of olde per (flor a perion).
Do NOT share my information Media with the programs I have checked:	njunction with state educational progre or purposes of waiving school/district in not affect your student(s) eligibility for	SIGNATURE of Adult Household Member (Required)	or Lot #		true and that all income is reported. I nal benefits, and I may be prosecuted un	ılt signature. Mail signed	Last four digits of So SSN" of adult signing thi	000	9	•	0	Earnings from Work Weekly Bi-Wee	s no income to report.	mbers not listed in Step 1 (incless AND OTHER DEDUCT)	ng yourself)	. received by all students lie	ehold members (skip this	ide case number and skip to	NAP), Temporary Assistance for Needy Families	neluding you) currently re					MI St	rlease use a plack of blue p
Medicaid/SCHIP Advanced Placement (AP) Exam and/or (AP) Book Fees	ams and may be shared with Medicaid program fees that your child(ren) might a school meals. <i>Your information WII</i>	mber (Required)	City	С	inderstand that this information is given der applicable State and Federal laws.	and completed application	Last four digits of Social Security Number (SSN) or mark "no SSN" of adult signing this form only if Step 3B has been completed.	0000	000	000	0 0 0	onthly Annually	How Offen?	luding yourself) even if they delows) for each source in whol	€		step if you provided a cas	Step 4. SNAP	or Needy Families	ceive assistance from any	61.75.11.11.11				Student's Last Name	en (not a pencil).
l/or Opportunity Exam s and/or Book Fees	or State Children's Health Insurance Program (SCHIP) to therwise be required to pay. The school/district is no L. be shared unless you check one of the boxes below	Printed First and Last Name of Signer	State Zip Code	СО	n in connection with the receipt of Federal funds, and t	n to: Teddy Bear Preschool/ Dolores) or mark "no XXXX-XXX-	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	0 0 0 0 0	Public Assistance/ Child Support/Alimony Weekly St-Weekly 2x Month Monthly Annually		o not receive income. For each household I le dollars only. If they do not receive incon	00000	Student Income Weekly Bt-Weekly 2x Month Monthly Annually	STEP 2)	Case Number TANF		SNAP,		Toping and the second s			Birth Date M M D D Y Y Gra	
See back of application	The information provided on this application will be used in conjunction with state educational programs and may be shared with Medicaid or State Children's Health Insurance Program (SCHIP) offices. If your students are eligible to receive free or reduced-price meals this information may be shared with the school/district for purposes of waiving school/district program fees that your child(ren) might otherwise be required to pay. The school/district is not permitted to share your information with anyone else. You are not required to consent to the release of your information, this will not affect your student(s) eligibility for school meals. Your information WILL be shared unless you check one of the boxes below.	f Signer Today's Date	Email Address		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 school officials may verify (check) the information. I am aware that purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."	School Dist	Check box if no SSN	00000	00000	00000	00000	Pensions/Retirement/ All Other Income Weekly BA	How Often?	In the spaces below list all other 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 AND OTHER DEDUCTIONS) for each source in whole dollars only. If they do not receive income from any source, write '0'. If you enter '0' or leave		yles		Case Number FDPIR Case Number		TANF or FDPIR list the case number below.		information.	School Chestice School Frice for more	How to Apply for Free and	Grade Foster Head Child Start Runaway Homeless Migrant	

OPTIONAL Children's Racial and Ethnic Identities

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Asian Race (check one or more): American Indian or Alaskan Native

You may also qualify for the Supplemental Nutrition Assistance Program! See more information below.

NEED HELP BUYING GROCERIES?

- Receive one-on-one assistance with applying for food stamps
 - Referrals to food pantries and free meals
- Get information on child and senior nutrition programs

Food Resource Hotline

FODAY!

CALL US STATEME 855-855-4626

3NO LE ALCANZA EL DINERO PARA COMPRAR COMIDA?

- Reciba ayuda personalizada para solicitar las estampillas de comida
- Derivaciones a bancos de comida y comidas gratis
- Obtenga información sobre programas de nutrición para niños y ancianos



HUNGER FREE COLORADO

HungerFreeColorado.org

COLORADO

Color progr screer

☐ White

Native Hawaiian or Other Pacific Islander

Black or African American

Visit

or when you indicate that th your child is eligible for fre You must include the last for wage earner or other adult 1 you list a Supplemental Nur not have a social security m aw enforcement officials to application. You do not hav needed information, we can social security number is no Assistance for Needy Famil Indian Reservations (FDPII enforcement of the lunch ar information with education fund, or determine benefits The Richard B. Russell Nat

	Annual Income Conversion: Weekly x 52; Bi-Weekly x 26; 2 Times per Month x 24; Monthly x 12	sekly x 26; 2 Times pe	r Month x 24; Monthly x 12
100 M	Household Size:	Application Status: Approved - □Free	□Reduced
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DISTRICT USE ONLY. DO NOT WRITE BELOW THIS LINE

DHomeless/Migrant/Runaway/Head Start □Categorical Eligibility - □SNAP □FDPIR □TANF □Foster

Determining Official Signature:

Approval/Denial Date:

Notification Sent: