



Street Address:			
Date:		Phone #:	

**Step 5** **OPTIONAL: Children's Racial and Ethnic Identities**

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community.

**Ethnicity (Check One):**

Hispanic or Latino  
 Not Hispanic or Latino

**Race (Check one or more):**

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

**DO NOT FILL OUT THIS SECTION. FOR CENTER USE ONLY**

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

Total Income (Children and Adults): \$ \_\_\_\_\_  Weekly  Every 2 Weeks  Twice a Month  Monthly  Yearly

Eligibility:  Free  Categorically  Reduced  Paid  
 Eligible

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

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

Date Withdrawn: \_\_\_\_\_