



ENROLLMENT FORM LIST

Today Date: _____

| | | | |
|------------------------------|---------------------------------|--------------------------------|---------------------------------------|
| PRE SCHOOL (August -June) | BEFORE SCHOOL (August -June) | AFTER SCHOOL (August- June) | SUMMER ENRICHMENT (June-August) |
|------------------------------|---------------------------------|--------------------------------|---------------------------------------|

Child Name: _____

Parent Name: _____

| FORMS | COMMENTS |
|--|----------|
| 1. DILC ENROLLMENT APPLICATION | |
| 2. REGISTRATION FEE \$50.00 (per program i.e. Before/After care, Summer Enrichment & Preschool) | |
| 3. Care4Kids Application (if applicable) https://portal.ct.gov/oec/care4kids?language=en_US | |
| 4. Care4Kids Parent Provider (if applicable) and Child and Adult Care Food Program (CACFP) mandatory | |
| 5. Current Pay Stubs (current for one month), Tax Return, Proof of Resident (electric, phone bill or etc.) | |
| 6. Student Health Assessment <ul style="list-style-type: none"> • Parent/Caregiver Form • Birth Certificate | |
| 7. Doctor Office <ul style="list-style-type: none"> • Immunization Record • Physical Form • Medication Medication Form with Action Plan (If applicable) • 8. Potassium Iodide Authorization Form | |
| 9. Permission/Release Form | |
| 10. Things to Know about Before/After School | |
| 11. Things to know about Summer Enrichment | |
| 12. Home Language Survey (Pre-School) | |
| 13. Developmental History (Pre School) | |
| 14. Things to know about (Pre-School) | |
| 15. IEP / Additional Instructions | |

The Center: A Drop-In Community Learning and Resource Center, Inc.

Enrollment Application

Application fees: \$50 (non-refundable)

(1) Program Selection

- | | |
|---|---|
| <input type="checkbox"/> Before Care Program (7:00AM-9:00AM) | <input type="checkbox"/> Summer Enrichment 8:00AM-4:00PM (school-age) |
| <input type="checkbox"/> After School Program school-age) 2:30-5:30PM | <input type="checkbox"/> Early Childhood Education Program (2.9-5yers)(8:30AM-3:30PM) |

(2) Child Information

Child's Name: _____ Date of Birth: _____ Age: _____ Gender: Male Female

Address: _____ Apt.# _____

City/State: _____ Zip: _____ Home Phone: () _____

Child's School Name: _____ Child's grade (current): _____

Please select a "Race" and answer yes or no under Hispanic/Latino and if you answer yes; please provide your child's Ethnicity/Country of Origin.

| "Race Categories" | Hispanic or Latino | Ethnicity/Country of Origin |
|--|---|-----------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> NO <input type="checkbox"/> YES- | _____ |
| <input type="checkbox"/> Black /African American | <input type="checkbox"/> NO <input type="checkbox"/> YES- | _____ |
| <input type="checkbox"/> Asian | <input type="checkbox"/> NO <input type="checkbox"/> YES- | _____ |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> NO <input type="checkbox"/> YES- | _____ |
| <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander | <input type="checkbox"/> NO <input type="checkbox"/> YES- | _____ |
| <input type="checkbox"/> Asian & White | <input type="checkbox"/> NO <input type="checkbox"/> YES- | _____ |
| <input type="checkbox"/> Black/African American & White | <input type="checkbox"/> NO <input type="checkbox"/> YES- | _____ |
| <input type="checkbox"/> American Indian/Alaskan Native & White | <input type="checkbox"/> NO <input type="checkbox"/> YES- | _____ |
| <input type="checkbox"/> American Indian/Alaskan Native & Black African American | <input type="checkbox"/> NO <input type="checkbox"/> YES- | _____ |
| <input type="checkbox"/> Other Multi Racial: _____ | <input type="checkbox"/> NO <input type="checkbox"/> YES- | _____ |

(3) Child's Medical History

Does your child have any of the following medical conditions or concerns? Please check all boxes that apply.
(This information is used to ensure your child's well-being and will not affect your child's acceptance)

- Asthma**
- Glasses**
- Hearing aid needed**
- Frequent Bloody Nose**
- Epi-Pen use**
- ADD or ADHD (Hyperactivity)**
Medication _____

- Allergic reactions to:**

- Other serious medical conditions**
Please explain: _____

- Learning Disabilities**
Type _____
- Special education at school**
Does your child have an I.E.P.? Yes No
(If you answered yes, please provide a copy of the plan to the Center.)
- 504 Plan**

| | |
|-------------------------|------------------------------|
| Physician Name _____ | Physician Phone Number _____ |
| Physician Address _____ | City/State/Zip _____ |
| Dentist Name _____ | Dentist Phone Number _____ |
| Dentist Address _____ | City/State/Zip _____ |

(4) Guardian Information

Is this child a ward of the state? YES NO Social Worker's Name: _____ Phone Number: _____

Guardian Name: _____ Relationship to child: _____

Address (if different than child's): _____ City/State _____ Zip Code _____

Employer Name: _____

Home Phone: _____ Work Phone: _____ Work Extension: _____

Cell/Pager: _____ Email: _____

Guardian Name: _____ Relationship to child: _____

Address (if different than child's): _____ City/State _____ Zip Code _____

Employer Name: _____

Home Phone: _____ Work Phone: _____ Work Extension: _____

Cell/Pager: _____ Email: _____

(5) Emergency Contact Information

(Two contacts other than the legal guardians are required.)

(1) Primary emergency contact and pick-up name (cannot be guardian): _____

Relationship to child: _____ Home Address: _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

(2) Secondary emergency contact and pick-up name (cannot be guardian): _____

Relationship to child: _____ Home Address: _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

(6) Financial Statement

Financial Assistance Received (Check all that apply):

- TANF SNAP General Assistance Social Security Disability Social Security Income
- Veterans Compensation Care 4 Kids Alimony

Please write your income and family size below and submit one month of current payroll checks stubs with your application.

| Family Size | Weekly Income | Bi-Weekly Income | Annual Income |
|-------------|---------------|------------------|---------------|
| | | | |

(7) General Release

Child First Name: _____ Child Last Name: _____

Hereby release *The Center: A Drop-In Community Learning & Resource Center program*, and any organization with which it might contract for services, from any and all liability for any injury that might befall my child during *The Center: A Drop-In Community Learning & Resource Center* programs and activities. I understand that this program is educational and recreational, and I hereby certify my child is in good health and may participate in all aspects of program activities except as stated in writing and included on this form.

I give permission for my child to participate in:

- The childcare provider has my permission to transport my child, if necessary, when my child is in care.
- Field trips either walking, in the van or bus.
- Computer classes and I will review the Parent Handbook policies and procedures and discuss the policies and the acceptable use of the computer and internet with my child/children.

I authorize the New London Public School District to give any and all medical and/or educational records concerning my child to *The Center: A Drop-In Community Learning & Resource Center*. I understand that this information will be used to meet state health requirements and to evaluate the academic and fitness needs and performance of my child. I further give consent to *The Center: A Drop-In Community Learning Center* to assess the impact of programming on my child's academic progress and social development through research and use of evidence-based practices.

I authorize *The Center: A Drop-In Community Learning & Resource Center* the right to use photographs and other records of my child's likeness, voice, and sounds during his/her participation, and to reuse or license the right to reuse such photographs and recordings of his/her name, likeness and biography, in all media and in all forms, including, but not limited to, his/her participation in programs and activities, without compensation to me or any limitation whatsoever.

Behavior Management- We promote a positive system of behavior management based on praise, humor, modeling, redirection, and choice. If a child does not respond to these strategies, the staff member will issue a verbal warning. If the behavior continues, issue a second warning and indicate the consequences if the behavior continues. After the second warning staff may:

- Initiate a time-out for a period of time that is age-appropriate (number of minutes not to exceed the age of the child)
- Limit participation in activities
- Revoke privileges
- Contact the parent

The following behaviors will not be tolerated: fighting, stealing, vandalism, intimidation, extortion, and defiance. Consequences for such behavior may include:

- Suspension from the program
- Reparation of damages
- Dismissal from the program
- Log any intervention in the participant's file.
- Following any disciplinary intervention, ask the child to identify the behavior that warranted the intervention as well as appropriate behaviors to use next time.

Methods of Discipline:

- Children will be encouraged to think of solutions or alternatives for their own misbehavior. This enables the child to accept responsibility for their own actions.
- Children will be redirected from aimless, inappropriate behavior to a more constructive, successful experience by using appropriate choices.
- Children will be removed from a provoking situation. This technique gives children the opportunity to gain control of themselves. If the child becomes out of control and/or poses a danger to him/herself or other children, he will be sent to the Head Teacher or the Executive Director. The objective is to preserve the child's self-esteem, not to exploit or demean the child. The child decides how long he/she needs before returning to the group.

I authorize *The Center: A Drop-In Community Learning & Resource Center*, to have any and all necessary medical care provided to my child in case of an emergency. I understand that I will be contacted as soon as possible, should such an emergency arise.

Guardian's Signature _____ Date: _____

Annual Review of Application

Date that the application was reviewed: _____. Guardian's Signature _____

Date that the application was reviewed: _____. Guardian's Signature _____

If you need to update any information on this application, please request a change of information form.

Do not write below * OFFICE USE ONLY * Do not write below.

Supplemental Information Checklist

| | Date Received | Staff Initials | Comments |
|--|---------------|----------------|----------|
| <input type="checkbox"/> \$50 Application Fee | | | |
| <input type="checkbox"/> Nutrition Form | | | |
| <input type="checkbox"/> Care 4 Kids Application/Parent Provider | | | |
| <input type="checkbox"/> Current Paychecks/Tax Return | | | |
| <input type="checkbox"/> Student Health Records/Shot Records | | | |
| <input type="checkbox"/> Birth Certificate | | | |
| <input type="checkbox"/> Potassium Iodide Authorization Form | | | |
| <input type="checkbox"/> Release Forms | | | |

Child and Adult Care Food Program (CACFP)

Income Eligibility Application for CACFP Child Care Centers and Head Start

Instructions: Refer to *Instructions for Income Eligibility Application for CACFP Child Care Centers and Head Start*.

Part 1 — Child's information

Child's name: _____ Age: _____ Birth date (month, day, year): _____

Child's normal child care schedule (Check all days that apply):

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Child's normal hours of care (include time and circle AM or PM):

_____ AM/PM to _____ AM/PM and _____ AM/PM to _____ AM/PM

Normal meal services provided to child (Check all meals/snacks that apply):

Breakfast AM Snack Lunch PM Snack Supper

Part 2A — Participants categorically eligible as free for CACFP benefits

Households receiving Supplemental Nutrition Assistance Program (SNAP) (formerly known as Food Stamps) or Temporary Family Assistance (TFA) benefits, and households with foster children. *Complete this part and part 3. Do not complete part 2B.*

SNAP case number: _____ TFA case number: _____ Check if foster child:

Part 2B — All other households *If you did not complete part 2A, complete this part and part 3.*

- **Names of all household members:** List **everyone** in the household, including the child listed in part 1 above.
- **Gross income and how often it was received:** List each person's **gross income and how often it was received:** Indicate if income was received monthly, two times a month, every two weeks, or weekly by placing the **amount of income** in the appropriate frequency box. **You must place the income in the appropriate frequency box.**

| Names | Earnings from work (before deductions) – job 1 | | | | Public assistance/ alimony/child support | | | | Pensions/retirement/social security/all other income | | | |
|-------|---|------------------------------|--------------|---------|---|------------------------------|--------------|---------|---|------------------------------|--------------|---------|
| | Weekly | Biweekly Every 2 weeks | 2 X Month | Monthly | Weekly | Biweekly Every 2 weeks | 2 X Month | Monthly | Weekly | Biweekly Every 2 weeks | 2 X Month | Monthly |
| 1. | | | | | | | | | | | | |
| 2. | | | | | | | | | | | | |
| 3. | | | | | | | | | | | | |
| 4. | | | | | | | | | | | | |
| 5. | | | | | | | | | | | | |
| 6. | | | | | | | | | | | | |
| 7. | | | | | | | | | | | | |
| 8. | | | | | | | | | | | | |

Part 3 — Contact information, signature, and social security number

An adult household member must sign and date this form before it can be approved.

I certify (promise) that all information on this form is true, and that all income is reported. I understand that the center will receive federal funds based on the information I provide. I understand that CACFP officials may verify (check) the information. I understand if I purposely give false information, my children may lose meal benefits, and I may be prosecuted under applicable state and federal laws.

Printed name of adult: _____ Signature: _____

Income Eligibility Application for CACFP Child Care Centers and Head Start

Date: _____ Last four digits of Social Security Number (SSN): XXX-XX-_____ I do not have a SSN

Home telephone: _____ Work telephone: _____

Home address: _____ City: _____ State: _____ Zip Code: _____

Part 4 — Racial and ethnic identity (optional) *You are not required to complete this part.*

Ethnicity (Check one):

- Hispanic/Latino
 Not Hispanic/Latino

Race (Check one or more):

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

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.

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, audiotope, 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/ad-3027.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
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

For more information on the CACFP, visit the Connecticut State Department of Education's (CSDE) CACFP website or contact the CACFP staff at the CSDE, Bureau of Child Nutrition Programs, 450 Columbus Boulevard, Suite 504, Hartford, CT 06103-1841. This document is available at https://portal.ct.gov/-/media/sde/nutrition/cacfp/forms/incelig//income_eligibility_application_cacfp_centers.pdf.

For sponsor use only – Do not write below this line

Annual income conversion: Weekly X 52 • Every 2 weeks X 26 • Twice a month X 24 • Monthly X 12

Total family income: \$ _____ Family size: _____ OR SNAP/SSI/Medicaid household

- Eligible Free Eligible Reduced Over Income

Signature of sponsor eligibility official: _____ Date: _____



Permission Release Form

Acknowledgement of:

First Aid / CPR • Behavior Management • Field Trips • Photos and Videos

Name of Child: _____

Date: _____

First Aid and CPR Permission

I acknowledge that I have read the Accident and Emergency policy in the parent handbook and I give the Drop staff permission to administer First Aid and/or CPR to my child.

Signature of Parent/Guardian

Discipline Policy and Behavioral Guidance

I acknowledge that I have read the Discipline Policy and Behavioral Guidance in the parent handbook and I give the Drop staff permission to use appropriate measures as stated in the handbook.

Signature of Parent/Guardian

I acknowledge that I have read the Field Trip Policy in the parent handbook and I will follow the stated procedures.

Signature of Parent/Guardian

Photo Release

I give consent to the use of photographs/videos taken during our programs for publicity, promotional and/or educational purposes (including publications, presentation or broadcast via newspaper, internet or other media sources). I do this with full knowledge and consent and waive all claims for compensation for use.

____ Yes, I give consent for The Drop-In Learning Center/Camp to photograph my child for program purposes and/or events.

____ No, I do not authorize to The Drop-In Learning Center/Camp to photograph for my child for any event.

Signature of Parent/Guardian

POTASSIUM IODIDE (KI) FACT SHEET AND PERMISSION FORM

The State of Connecticut is making Potassium Iodide tablets (KI) available to child care facilities and youth camps within the 10-mile emergency –planning zone around Millstone Power Station in Waterford, CT. KI is a form of iodine. It helps to protect the thyroid gland when there is a chance that you might be exposed to a harmful amount of radioactive iodine. In the rare event of a nuclear emergency, your child care provider will be directed when to administer KI through the Emergency Alert System (EAS). Children in child care and youth camps are of the age most likely to suffer the effects of radioactive iodine. Your childcare program or youth camp must obtain your written consent in order to administer KI pills to your child/children. Please remember that the administration of KI to your child under these emergency conditions is voluntary.

Contraindications:

- *Your child should not take Potassium Iodide if he/she is allergic to iodine.
- *Your child should not take Potassium Iodide if he/she has chronic hives.
- *Although a single tablet of KI should be tolerated by most people, some (particularly adults), with a number of rare diseases and conditions should discuss this issue with their physicians. These conditions include:
 - *Hypocomplementemic vasculitis, possibly as a component of lupus or chronic hives,
 - *Autoimmune thyroid disease, such as Graves disease.

Potential side Effects:

Please consult with your pediatrician if your child experiences any of these side effects:

- *Minor upset stomach
- *Rash

Name of Child: _____ Date of Birth: _____

Street _____

City: _____ State: _____ Zip: _____

Please indicate your **authorization** or **refusal** by marking the appropriate line below:

_____ **YES**, I want my above named child to be administered KI by my provider when: The Governor declares a nuclear emergency, **AND** individuals in specified area, that includes this child care facility/youth camp, are advised by the Emergency Alert System (AES) to take the Potassium Iodide (KI) tablets **AND** I understand that the ingestion of Potassium Iodide (KI) under these circumstances is **voluntary**.

_____ **NO**, I do **NOT** want my above named child to be given Potassium Iodide (KI) by my provider in the event of a nuclear emergency. I have been advised in writing by the facility about the contraindications and the potential side effects of taking Potassium Iodide. I understand that it is my responsibility to notify my provider in writing if I desire to change my authorization as indicated above.

(Parent/Guardian Signature)

(Date)

Pages 10 thru 16

Retain for your Records

**Pages 1-9 Complete and return to The Drop Office*

Things to Know About The Drop Before -School, After-School and Early Release Days (pricing subject to change based on income)

- Program hours for Before School are 7:00 am - 9:00 am
- Program hours for After School, School-age are 2:45 pm – 5:30 pm
- Pre School hours are 8:30am - 3:30pm
- Please do not pick up your child before 4:30 pm.
 - 2:45 – 3:50 PM ~ Arrival to the Center
 - 3:30 – 4:00 PM. ~ Snack, Homework and Reading
 - 4:00- 5:00 PM Enrichment Activities (i.e. NESS, Special Guest, etc.)
- Pricing and Payments:
 - The charge is \$12 a day, \$17 a day for Half days. (see chart below for detail pricing)
 - Invoicing is done monthly. You have the option to pay weekly. If you choose this option, you must pay by Friday for the upcoming week.
- An annual enrollment form **MUST** be completed before you can be enrolled into the program.
- You **MUST** call your child’s school and have completed all paperwork prior to the first day of attending our program.
- The Drop follows the New London Public School Calendar (copies are available).
- If your child needs medication (i.e. Inhaler, EpiPen) we need a new un-open prescription with an Action Plan from the doctor and an Authorization to Administered Medication Form (available from The Drop).
- As children get off the bus they will:
 - Be checked in by Drop Staff as they get off the bus as well as entering the building.
 - The children pick up a basket to place their belongings in (Backpack, Coat, etc.).
 - Wash their hands and have a snack.
 - Get their homework out and/or choose a book to read (20-minute reading minimum).
- Call 860-984-8471, so staff can walk your child out the door.
- Staff are **REQUIRED** to sign the children in and out daily.

Pricing (subject to change based on income)

Before School, After School and Early Release Days/Preschool

| | Daily Cost | Weekly Cost |
|--|------------|-------------------|
| Before or After School | \$12 a day | \$60 a week |
| Both before and after school | \$24 a day | \$120 a week |
| Pre School Children – Weekly and Daily Cost | | |
| | Daily Cost | Weekly Cost |
| Before or After School | \$17 a day | \$87 a week |
| Both before and after school | \$34 a day | \$174 a week |
| Half Days – Weekly and Daily Cost | | |
| | Daily Cost | Weekly Cost |
| School Age | \$17 a day | Usually Wednesday |
| Pre School | \$25 a day | Usually Wednesday |
| Vacation days | | |
| | Daily Cost | Weekly Cost |
| School Age 8am – 3pm | \$23 a day | \$114 a week |
| School Age 8am – 5pm | \$36 a day | \$178 a week |
| Pre School 8am – 3pm | \$34 a day | \$172 a week |
| Pre School 8am – 5pm | \$51 a day | \$253 a week |

Child and Adult Care Food Program (CACFP)

The Drop-In Learning Center (The Center: A Drop In Community Learning and Resource Center, Inc.)

July 1, 2025, through June 30, 2026

Dear Parent or Guardian:

The Drop-In Learning Center is planning to seek assistance for nutritious meals served under the Child and Adult Care Food Program (CACFP). The CACFP is funded by the U.S. Department of Agriculture (USDA) and administered by the Connecticut State Department of Education.

Our program may receive reimbursement for meals served to children meeting the eligibility criteria for free or reduced-price meals. We must document the eligibility of these children by obtaining family size and income data. Households with incomes at or below the level in "Gross Income Guidelines for Reduced-price Meals" (see page 2) are eligible for free meals. Please complete, sign, date, and return the attached application. **The information you provide will be treated confidentially and will be used only for eligibility determination.**

Participants categorically eligible as free for CACFP benefits: Households receiving Supplemental Nutrition Assistance Program (SNAP) (formerly known as Food Stamps) or Temporary Family Assistance (TFA) benefits, and households with foster children are eligible for free CACFP meals.

- **SNAP or TFA:** If you currently receive SNAP or TFA benefits for your child, you only need to list your child's name, SNAP or TFA case number, and **sign and date** the application.
- **Foster children:** If your household includes a foster child, you only need to list your child's name, check the foster child box, and **sign and date** the application. In accordance with the Healthy, Hunger-Free Kids Act of 2010, foster children who are the responsibility of the state or are formally placed by a state child welfare agency or court are categorically eligible for free CACFP benefits. *This provision does not apply to informal arrangements or placements that may exist outside of state or court-based systems.* Eligibility for formally placed foster children is no longer determined based on their personal use income and a family size of one. The child care institution must obtain documentation from an appropriate state or local agency documenting the child's foster status. Households with both foster and non-foster children may choose to include all

The Drop-In Learning Center

children on the same application. However, the presence of a foster child in the household does not convey eligibility for free meals to all children in the household.

All other households: If your household income is at or below the level shown in the chart on page 3, “Gross Income Guidelines for Reduced-price Meals,” you must provide the following information for your application to be processed.

- **Household members:** List the names of everyone who lives in your household. Include parents, grandparents, **all** children, other relatives, and unrelated people who live in your household.
- **Social Security number:** List the last four digits of the social security number of the adult household member who signs the application. If the adult does not have a social security number, check () the box next to the statement, “I do not have a SSN.”
- **Current income:** List the amount of income each person earned **last** month (*before* deductions for taxes, social security, etc.), and where it is from, such as wages, retirement, or welfare. If any household member’s income last month was higher or lower than usual, list that person’s usual average monthly income.

Signature and date: An adult household member must **sign and date** the application.

Reporting changes: In accordance with the Child Nutrition and WIC Reauthorization Act of 2004, households are no longer required to report changes in circumstances, e.g., increase in income, decrease in household size, or when the household is no longer certified eligible for SNAP or TFA benefits. Once properly approved for free or reduced-price benefits, a household will remain eligible for those benefits for a period not to exceed 12 months.

Reapplication: If you are not eligible now but have a decrease in household income, an increase in household size, or become unemployed, fill out an application at that time. Participants having family members who become unemployed are eligible for free or reduced-price meals during the period of unemployment, provided that the loss of income causes the family income during the period of unemployment to be within the eligibility standards for those meals.

Retain for your record

2 of 4

**Gross Income Guidelines for Reduced-Price Meals
Effective from July 1, 2024, through June 30, 2025**

| Number in family | Annual (yearly) | Monthly | Twice per month | Every two weeks (biweekly) | Weekly |
|--------------------------------------|------------------------|----------------|------------------------|-----------------------------------|---------------|
| 1 | 27,861 | 2,322 | 1,161 | 1,072 | 536 |
| 2 | 37,814 | 3,152 | 1,576 | 1,455 | 728 |
| 3 | 47,767 | 3,981 | 1,991 | 1,838 | 919 |
| 4 | 57,720 | 4,810 | 2,405 | 2,220 | 1,110 |
| 5 | 67,673 | 5,640 | 2,820 | 2,603 | 1,302 |
| 6 | 77,626 | 6,469 | 3,235 | 2,986 | 1,493 |
| 7 | 87,579 | 7,299 | 3,650 | 3,369 | 1,685 |
| 8 | 97,532 | 8,128 | 4,064 | 3,752 | 1,876 |
| Each additional family member | 9,953 | 830 | 415 | 383 | 192 |

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/ad-3027.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)

The Drop-In Learning Center

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
2. fax: (833) 256-1665 or (202) 690-7442; or
3. email: program.intake@usda.gov

This institution is an equal opportunity provider.

Retain for your record 4 of 4



The Drop-In Learning Center

August 1, 2025 - June 30, 2026

| August 2025 | | | | |
|---------------------|----|----|----|----|
| M | T | W | TH | F |
| | | | | 1 |
| 4 | 5 | 6 | 7 | 8 |
| 11 | 12 | 13 | 14 | 15 |
| 18 | 19 | 20 | 21 | 22 |
| 25 | 26 | 27 | 28 | 29 |
| TOTAL DAYS 5 | | | | |

25th First Day of School

| September 2025 | | | | |
|----------------------|----|----|----|----|
| M | T | W | TH | F |
| 1 | 2 | 3 | 4 | 5 |
| 8 | 9 | 10 | 11 | 12 |
| 15 | 16 | 17 | 18 | 19 |
| 22 | 23 | 24 | 25 | 26 |
| 29 | 30 | | | |
| TOTAL DAYS 21 | | | | |

Sept. 2 First Day of Program

| October 2025 | | | | |
|----------------------|----|----|----|----|
| M | T | W | TH | F |
| | | 1 | 2 | 3 |
| 6 | 7 | 8 | 9 | 10 |
| 13 | 14 | 15 | 16 | 17 |
| 20 | 21 | 22 | 23 | 24 |
| 27 | 28 | 29 | 30 | 31 |
| TOTAL DAYS 22 | | | | |

13th Indigenous People Day

| November 2025 | | | | |
|----------------------|----|----|----|----|
| M | T | W | TH | F |
| 3 | 4 | 5 | 6 | 7 |
| 10 | 11 | 12 | 13 | 14 |
| 17 | 18 | 19 | 20 | 21 |
| 24 | 25 | 26 | 27 | 28 |
| | | | | |
| TOTAL DAYS 15 | | | | |

Nov 4- Election Day
Nov. 11 - Veterans Day
Nov. 26-28- Thanksgiving

| December 2025 | | | | |
|----------------------|----|----|----|----|
| M | T | W | TH | F |
| 1 | 2 | 3 | 4 | 5 |
| 8 | 9 | 10 | 11 | 12 |
| 15 | 16 | 17 | 18 | 19 |
| 22 | 23 | 24 | 25 | 26 |
| 29 | 30 | 31 | | |
| TOTAL DAYS 15 | | | | |

Winter Break
Dec 22 - Dec. 31
25th Christmas Day

| January 2026 | | | | |
|----------------------|----|----|----|----|
| M | T | W | TH | F |
| | | | 1 | 2 |
| 5 | 6 | 7 | 8 | 9 |
| 12 | 13 | 14 | 15 | 16 |
| 19 | 20 | 21 | 22 | 23 |
| 26 | 27 | 28 | 29 | 30 |
| TOTAL DAYS 17 | | | | |

Jan. 1-5 - New Years Day
Jan. 19 - M.L.King, Jr. Day

| February 2026 | | | | |
|----------------------|----|----|----|----|
| M | T | W | TH | F |
| 2 | 3 | 4 | 5 | 6 |
| 9 | 10 | 11 | 12 | 13 |
| 16 | 17 | 18 | 19 | 20 |
| 23 | 24 | 25 | 26 | 27 |
| | | | | |
| TOTAL DAYS 18 | | | | |

Feb. 16-17 President's Day

| March 2026 | | | | |
|----------------------|----|----|----|----|
| M | T | W | TH | F |
| 2 | 3 | 4 | 5 | 6 |
| 9 | 10 | 11 | 12 | 13 |
| 16 | 17 | 18 | 19 | 20 |
| 23 | 24 | 25 | 26 | 27 |
| 30 | 31 | | | |
| TOTAL DAYS 21 | | | | |

6th Staff PD Day
18th - 20th Half Days

| April 2026 | | | | |
|----------------------|----|----|----|----|
| M | T | W | TH | F |
| | | 1 | 2 | 3 |
| 6 | 7 | 8 | 9 | 10 |
| 13 | 14 | 15 | 16 | 17 |
| 20 | 21 | 22 | 23 | 24 |
| 27 | 28 | 29 | 30 | |
| TOTAL DAYS 16 | | | | |

April 3rd Good Friday
April 13 - 24 Spring Break

| May 2026 | | | | |
|----------------------|----|----|----|----|
| M | T | W | TH | F |
| | | | | 1 |
| 4 | 5 | 6 | 7 | 8 |
| 11 | 12 | 13 | 14 | 15 |
| 18 | 19 | 20 | 21 | 22 |
| 25 | 26 | 27 | 28 | 29 |
| TOTAL DAYS 20 | | | | |

May 25- Memorial Day

| June 2026 | | | | |
|----------------------|----|----|----|----|
| M | T | W | TH | F |
| 1 | 2 | 3 | 4 | 5 |
| 8 | 9 | 10 | 11 | 12 |
| 15 | 16 | 17 | 18 | 19 |
| 22 | 23 | 24 | 25 | 26 |
| 29 | 30 | | | |
| TOTAL DAYS 10 | | | | |

June 12- Last day of School

| 2025 | |
|---------------|-------------------------------|
| August 25th | First Day of Program |
| Sept. 1 | - Labor Day |
| Oct. 13th | Indigenous People Day |
| Nov 4 | - Election Day |
| Nov. 11 | - Veterans Day |
| Nov. 26-28 | Thanksgiving |
| Dec. 22-31 | Winter Break |
| 2026 | |
| Jan. 1-5 | New Years' |
| Jan. 19 | - M.L.King, Jr. Day |
| Feb. 16-17- | President's Day Break |
| March 6 | - No School (Staff PD) |
| April 3- | Good Friday |
| April 13 - 24 | Spring Break |
| May 25- | Memorial Day |
| | First/Last Day of Programming |
| | Holidays and/or Center Closed |
| | Early Release Days |
| | Services available - Sign up |
| | Half days |

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