

Youth Educational Services, Inc.

Child and Adult Care Food Program

Center/Site Information	
Center's Legal Name	
Doing Business Name of Center	
Federal Employer Identification # Please submit EIN Letter with App.	

Section A – Center/Site Address and Contact	
Street Address	
Address:	
City, State, Zip:	County:

(Item #A-2)	Mailing Address
Address:	
City, State, Zip:	County:

Center/Site Program Contact		
Name (First, Middle, Last):		DOB:
Center Phone:		Position:
Mobile/Cell Phone		Centers Email:
Fax		Centers Website:

Section B – Licensing and Operating Months Information	
	Licensing Information Refer to Bright from the Start Policies 33 and 35 for more information.
Licensing Type:	<input type="checkbox"/> Bright From the Start <input type="checkbox"/> Other
Alternate Licensure: Applicable to child care centers only	<input type="checkbox"/> Exempt from licensure/approval per CACFP regulations (At Risk, Outside School Hours, and see note below)
	<input type="checkbox"/> (Centers that operate only the At Risk Program, Outside School Hours, or Emergency/Homeless shelters are not required to meet the CACFP child care standards, but must be in compliance with State or local health and safety requirements.)
License Number: (if assigned)	CCLC-
Enrollment Number:	_____ Average Daily Attendance _____
License Capacity: (If licensed by Bright from the Start)	_____

Check all months center is open
and serving meals.

Operating Months

Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sep
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Organization Type

For Profit Corp/LLC/Partner Last Annual Registration Date with GA SOS

Non-Profit Last Annual Registration Date with GA SOS

Does this center claim infant meals? Yes No

Program Types Child Care Center
 (Check type of program operated) At-Risk ASP
 Adult Care Center

(Item C-7) Ownership Code	<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC -Limited Liability Company
	<input type="checkbox"/> Sole Owner	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Government	

(Item C-8) Facility Type	<input type="checkbox"/> Private	<input type="checkbox"/> Government	<input type="checkbox"/> Other _____
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At Risk After School Meals Program
Complete this section only if the center qualifies for the At Risk After School Meals Program.

Public School used to qualify:			
Qualifying School's Traditional Operating Hours		Begin:	End:
Dates School is session:		Begin:	Percent of free and reduced participants for qualifying school: <small>Note: please review the Qualifying School Data Report on the website.</small>
		End:	
ASCS Hours of Operation:		Begin:	
		End:	
(Item #D-2)	Check the type of activity offered in the after school program:	EDUCATIONAL	ENRICHMENT
(Item #D-3)	Is the After School Program located in a Public School Building?	Yes	No
	Average Daily Attendance	_____	
	If yes, is the program operated by the school system?	Yes	No
	Is the After School Program an Expanded Learning Time Program?	Yes	No

List the names and work hours for the staff that supervise the After School Program:

Name: _____ **Work hours:** _____

Briefly describe the agenda of the activities offered (If you need more lines, please attach an additional page):

Note: At Risk After School Care Meal and/or Snacks cannot be claimed during the summer break.

Hours of Operation and Meals Served										
		Hours of Operation								
Center opens at:		Closes at:		<input type="checkbox"/> Shift Care # of Shifts _____			<input type="checkbox"/> Center is open 24 hours per day			
Meals Served	Check day(s) of the week that meals will be served									
	Begin time	End time	M-F Only	Mon	Tue	Wed	Thu	Fri	Sat	Sun
	Breakfast									
	AM Snack									
	Lunch									
	PM Snack									
	Supper									
	Night Snack									
At Risk Meals Served										
Meal Served	Begin time	End time								
Breakfast										
AM Snack										
Lunch										
PM Snack										
Supper										
Night Snack										
(Item #E-3)		<u>Food Service</u>								
Indicate type of <input type="checkbox"/> Self-Prep <input type="checkbox"/> Central kitchen <input type="checkbox"/> Food Service Management Co* <input type="checkbox"/> School Food										

Certifications	
CHILD CARE CENTER CERTIFICATION	
Each statement below must be true to qualify. All child care centers other than Emergency/Homeless Shelters must certify to each statement below. If a statement is left unchecked, the organization is indicating that it does not qualify for the program, and the application will be denied.	
<input type="checkbox"/>	I understand that child care centers must be providing DAY CARE, Pre-K, or Head/Early Start services to enrolled children, and I certify that the program for which this application is made qualifies.
<input type="checkbox"/>	I understand that centers whose primary purpose is for substance abuse treatment or rehabilitation, and whose participant eligibility is based upon a substance abuse diagnosis are not eligible for the CACFP, and I certify that my program does not fall under this category.
<input type="checkbox"/>	All participants enrolled at the centers are served the same meals without separate charge regardless of race, color, income, national origin, sex, sexual orientation, disability, age, religion, ancestry, union membership, or other legally protected class.
<input type="checkbox"/>	

I certify that information contained in this application for the Child and Adult Care Food Program is true and correct, that the Institution is responsible for all CACFP activities of this facility, and that all reimbursements received from Bright from the Start are reported under the Federal Employer Identification Number listed on this application.

** Signature of Principal of Organization making the Application	Date
Printed Name of Principal	

NOTE**The Principal of the organization is the Center Director, Owner, Executive Director, Superintendent, CEO, or other person who has been delegated as Principal to assume legal responsibility for the organization. In many cases the director of the day care center will not be the principal unless the director also fulfills one of the roles listed earlier. This person must also sign the Agreement for Participation with Bright from the Start or the Agreement with the Administrative Sponsor.