



Enrollment Application

Please read this carefully and completely. Changes have been made.

Every section of this enrollment packet must be completed, pre-payment must be made to the YWCA, and confirmation from the Program Coordinator must be received before your child may attend the program.

Early Learning Center Philosophy:

The Early Learning Center is dedicated to empowering parents and students to reach academic success, teaching diversity and acceptance through interactive education, and providing a safe, nurturing environment for children to grow and excel academically, socially, physically, emotionally, and creatively.

YWCA Early Learning Center Provides:

- ❖ A safe and structured environment
- ❖ Extended Care with in-depth curriculum
- ❖ Trained Staff
- ❖ Positive Role Models
- ❖ Promotes active participation and encouragement
- ❖ Hands-on individual and group projects
- ❖ Educate healthy lifestyle habits
- ❖ Daily nutritional kid-friendly meals and snacks
- ❖ Physical, mental and emotional activities customized for healthy development

Weekly Rates

Full Time Weekly Rates:

Toddler (12 months and walking):	\$180.00
Transition Non-Potty Trained (2.5 yrs. to 5 yrs):	\$180.00
Transition Potty Trained (2.5 yrs. to 5 yrs):	\$170.00
Preschool (3 yrs to 5 yrs):	\$150.00

***Half time and drop-in enrollment rates are not available.

Further questions or information please contact

Youth Services Program Director

Kelsi Bassler

Office # (785) 233-1750 ext. 219

Work Cell # (785)-266-5535

Email: youthservices@ywcaneks.org

Early Learning Center Director

Felecia Cunningham

Office # (785) 233-1750 ext. 266

Work Cell # (785)-250-6954

Email: elcdirector@ywcaneks.org

Please initial next to each section to verify you have read and understand the information.

Registration

- Registration: an annual, non-refundable \$20 enrollment fee for one child, \$30 for two or more children per school year, **due before enrollment is complete.**
- The first weeks of tuition are due at the time of enrollment. Your child(ren)'s place is not guaranteed until both the registration fee and tuition have been paid.

Payment Discounts & Billing Procedures

- **Early Learning Center is a PRE-PAY program.**
- We will bill every Friday and run auto payments every Tuesday. If payment is not received by Thursday, your child will not be able to attend until payment is received and caught up. All late pickup and late payment fees will be added to the following billing cycle.
- Checks and credit card payments will be accepted at the YWCA office. Please use the north doors to make payments.
- Checks should be made out to the YWCA Early Learning Center with the notation of the child(ren)'s first and last name who is covered by payment in the memo section of the check.
- **Automatic payment enrollment is encouraged! Automatic payments can be set up on a weekly, bi-weekly, or monthly basis.**
- Vision/DCF payments can be made by calling the "800" number on the back of the card or by using your EBT Edge app. The provider ID number for ELC is: B795363
- **Any tuition that has been paid in advance is non-refundable unless a two weeks' notice to the program has been given and a Status Change Form has been filled out and turned in to the Youth Services Program Director – Kelsi Bassler # (785) 233-1750 ext. 218, work cell # (785) 266-5535, email: youthservices@ywcaneks.org**
- **School Day Out (SDO)** – Flyers will be sent out to and parents will be contacted via email of upcoming SDO dates.
- Credits/ reimbursements/ refunds will not be issued
 - *For suspension or expulsion from the program
 - *Due to a cancellation service when USD 501 closes or cancels
 - *For shortened weeks due to inclement weather, holidays, illness, injury, etc.

Available Assistance Programs

- **Any fees not covered by DCF or KVC is the responsibility of the parent/guardian.**
- KVC Families are responsible for filing out all attendance records for their students and ensuring all tuition fees are prepaid. Designated attendance forms must be completed and submitted to KVC by the 5th of the following month. We encourage you to submit a copy to the Early Learning Center Director. We will keep this on file as receipt of your child's attendance. Prepay payment receipts made by the parent should be kept and turned into KVC if you wish to receive reimbursement. **Note: There will be no reimbursement made by the YWCA to the parents once KVC payment is received.**
- **DCF payments are due at least 3 days before each billing cycle.**

Pick-up & late Fees

- All **children must be picked up by 5:30pm** to avoid penalty fees. If your child(ren) are not picked up by the designated time, you will be assessed the late charge of **\$1.00 per child per minute late**.
- Failure to pay this fee or recurrence of late pick-up will be treated in the same manner as negligent accounts and may warrant suspension or program termination.
- The names you provide on this application are the **ONLY** adults that will be allowed to pick-up your child from the Early Learning Center unless prior arrangements are made and confirmed in writing.
- Anyone picking up your child(ren) must be at least 18 years of age with a valid identification.
- Persons appearing impaired by drugs or alcohol will not be permitted to pick up your child/(ren).

Cancellation & Status Change

- **TWO WEEK WRITTEN NOTICE** must be provided in order to cancel services. Notices must be submitted to the Program Director prior to program cancellation approval. Verbal notice will not be accepted.
- Any change or alteration of program attendance hours require written notice.
- **Failure to provide proper notice will result in continued fees until notification is received by the Program Director.**

Dietary Restrictions

- Please disclose any food allergies in the Health History form and notify the Program Director

Program Rules of Conduct

- Students, parents and staff are to address each other respectfully and cordially at all times. All students must conduct themselves in a manner which does not endanger their safety or the safety of others. Students will follow instructions given by ELC staff. Students must keep their hands, feet, etc. to themselves. Label all belongings. Students will have a designated area for their belongings. Personal items, tablets, phones, DS and DSI, trading cards, and toys are **NOT** permitted. ***The YWCA and staff are not responsible for stolen, damaged or lost items.***
- YWCA Northeast Kansas is committed to utilizing restorative practice to address behavioral concerns. Discipline is intended to help children learn self-control. As providers, it is our duty to help children understand boundaries and redirect inappropriate behavior in a safe, healthy manner.
- ELC Staff are **never** permitted to use corporal punishment.
- Caregivers must escort their child(ren) into the building and sign their child in via the secure Procure app.
- Caregivers are expected to sign their child(ren) out by entering the building and signing their child out via the Procure app.

Suspension

- While the staff at Early Learning Center are committed to progressive discipline and restorative practice, some behaviors will not be tolerated and may result in immediate and/or permanent suspension from the program. Examples of these behaviors include:
 - Carrying or possessing firearm or deadly weapon
 - Profanity or obscene gestures
 - Theft
 - Harassing or bullying
 - Fighting
 - Destruction of property
 - Threats of Violence
 - Inappropriate touching, indecent exposure

Parents/Guardians are financially responsible for their child's actions, if those actions result in property damage.

Guidelines

- Corporal punishment is not used.
- Staff will initially verbally warn a participant of inappropriate behavior.
- "Calm down corner," or removal of the child from a situation for a short period of time, will be given if behavior continues.
- Repeated behavior problems will be discussed with parents and the Program Director.
- Students will be suspended from the program if consultation with the parents does not resolve the problem. The Youth Services Program Director must approve all suspensions.

Parent/Guardian Signature: _____ Date: _____

Financial Agreement:

Terms and conditions for Early Learning Center 2023 - 2024

Child's Name: _____ Date of Birth: _____

Early Learning Center hours are 7:00 AM – 5:30 PM, Monday – Friday. Children must be dropped off before 10:00 AM. Please indicate anticipated days and time child(ren) will attend:

Monday	Tuesday	Wednesday	Thursday	Friday
AM Arrival: _____	AM Arrival: _____	AM Arrival: _____	AM Arrival: _____	AM Arrival: _____
PM Pick up: _____	PM Pick up: _____	PM Pick up: _____	PM Pick up: _____	PM Pick up: _____

Registration: \$20 one-time, non-refundable fee per child, \$30 for two or more children

Enrollment fee and first two weeks' tuition due at the time of enrollment. Children will not be enrolled and cannot attend Early Learning Center before these are paid.

Full Time Weekly Rates:

<u>Toddler (12 months and walking):</u>	<u>\$180.00</u>
<u>Transition Non-Potty Trained (2.5 yrs to 5 yrs):</u>	<u>\$180.00</u>
<u>Transition Potty Trained (2.5 yrs to 5 yrs):</u>	<u>\$170.00</u>
<u>Preschool (3 yrs to 5 yrs):</u>	<u>\$150.00</u>

Late Payment Charge: All payments should be made by 3:00pm Wednesday prior to the upcoming week. Any accounts not up to date by that time may incur a **\$10 late fee**.

Late Pick Up Charge: \$1 per minute per child past 5:30 p.m.

Discounts

Multiple Child Discount: For families with multiple children enrolled in Early Learning Center, each additional child after the 1st child will receive a \$10 discount per week.

YWCA Employee Discount: Children with a parent/guardian who is a YWCA employee will receive a 25% discount on tuition. Enrollment and additional fees must be paid in full.

Notice: All children's files and records are kept completely confidential and will not be shared with anyone except parent or guardian.

Tuition Agreement: I understand the YWCA Early Learning Center is a pre-pay program and that each week must be paid in advance to my child(ren)'s attendance. I understand if I fail to pay my tuition and my account balance, this may result in my child(ren)'s suspension from care. Negligent accounts may result in immediate suspension or program termination and be referred to our business collections department. **INITIAL**

ACH Authorization: I am interested in electronic recurring payments. By checking yes, I understand I will receive an email to the email address provided with instructions to set up recurring payments. The link within this email is only valid for **four** days after receipt. By checking no, I understand I will be responsible for paying tuition on time or risk late fees or termination of services with YWCA Early Learning Center. **Yes _____ No _____**

If I no longer need Early Learning Center services, I understand that I must submit a two-week notice and billing will stop two weeks from the date our admin received it. INITIAL

DCF/KVC Families: Any charges not covered by DCF, KVC, or any other assistance agency will be the responsibility of the parent/guardian. KVC families will pay the YWCA for services and are expected to give receipts to KVC to be reimbursed by KVC. INITIAL

I agree to pay tuition, any late payment fees, and late pick up fees. I understand there will be no credits issued for absences due to illness or other causes. I assume personal and individual responsibility for all charges. I understand that all bills are personal and confidential. I have read, understand, and agree to these terms and conditions.

I have read the payment schedule above and agree to be billed on the following terms. Please select one.

- Monthly
- Weekly

Printed Name of Responsible Party

Signature of Responsible Party

Signature of Provider

Date

Children are accepted in YWCA Youth Services program without regard to race, color, and religion, economic background, or national origin, sex, ancestry, physical disability. Early Learning Center care program licensed by the Kansas Department of Health and Environment and the Child and Adult Care Food Program. Parents are always welcome to visit sites and participate in activities.

To file a complaint of discrimination, write to the USDA Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington D.C. 20250-9410 or call (866)632-9992 (voice). Individuals who are hearing impaired or have special disabilities may contact USDA through Federal relay service (800)877-3399 or (800)845-6136 (Spanish). USDA is an Equal opportunity employer.

ENROLLMENT/INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

PART 1 – CHILDREN'S INFORMATION—Required for all children in care.

Child's Name	Birthdate	Age	Circle Normal Days/ Print Normal Hours of Care	Circle Meals and Snacks Normally Received
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack

INCOME ELIGIBILITY

Please check the boxes that apply to help determine the other parts of this form to complete:

- A family member in our household receives benefits from Food Assistance (FA), Temporary Assistance for Families (TAF), or Food Distribution Program on Indian Reservations (FDPIR). (Please complete Part 2 and 5.)
- One or more of the children in Part 1 is a foster child. (Please complete Part 3 and 5.)
- My child(ren) may qualify for Free/Reduced Price meals based on household income. (Please complete Part 4 and 5.)
- My child(ren) will not qualify for Free/Reduced Price meals. (Please complete Part 5 only.)

PART 2 – HOUSEHOLD MEMBER RECEIVING FA/TAF/FDPIR—

Any household member receiving benefits can establish eligibility for all children in the household.

Case Number or Identification Number

PART 3 – FOSTER CHILDREN—List the names of any children listed in Part 1 who are foster children.

PART 4 – TOTAL HOUSEHOLD GROSS INCOME FROM LAST MONTH—Not required if you have reported a case number in Part 2.

Tell us how much and how often. If no income, write "0". Use net income if self-employed.

List names (First and Last) of everyone in your household, including foster children	Earnings from Work Before Deductions	Welfare, Alimony, Child Support				Retirement, Pensions, Social Security, Other				
		Weekly	Every 2 Weeks	2X Month	Monthly	Weekly	Every 2 Weeks	2X Month	Monthly	
1.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 5 – SIGNATURE AND CERTIFICATION—REQUIRED

The adult household member who fills out the application must sign below. If Part 4 is completed, the adult signing the form must also list the last four digits of his/her Social Security Number (SSN) or check the box if no SSN. See Privacy Act Statement on the back of this page.

If you have listed a case number in Part 2 or are applying on behalf of a foster child, or have checked the box that your child(ren) will not qualify for Free/Reduced Price meals, the last four digits of the SSN is not needed.

"I 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 CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of Adult	Today's Date	Print Name of Adult Signing
X _____	_____	Social Security Number (SSN) (last four digits) XXX-XX- <input type="checkbox"/> Check if no SSN
Address	City/State/Zip Code	Daytime Phone

PART 6 – CHILDREN’S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

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. Responding to this section is optional and does not affect your children’s eligibility for receiving meals during care.

- Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
- Race (check one or more): American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Pacific Islander White

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, the funds your child care center/provider receives may be impacted. 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 Food Assistance (FA), Temporary Assistance for Families (TAF) 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 the meal reimbursement for your child care center/provider. 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, 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) 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.

DO NOT FILL OUT - CENTER USE ONLY

- Child(ren) are categorically free based on FA/TAF/FDPIR.
- Homeless, migrant, runaway or head start documentation from school, emergency shelter or agency.
- Foster child(ren) have been identified on this form and qualify for the free category.

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

- Child(ren) on this form who are not categorically eligible qualify as follows:
Check one: Free
 Reduced Price
 Paid

Household Size: _____

Total Income: \$ _____
 Annual Monthly Twice Per Month
 Every Two Weeks Weekly

X _____
Signature of Determining Official

Today’s Date

X _____
Signature of Confirming Official

Today’s Date

NOT VALID WITHOUT SIGNATURE AND DATE.

E/IEF Effective Date: If the institution is using the parent/guardian signature date as the effective date, the form must have been signed by the institution representative within the same month the parent signed the form or the immediately following month. If the institution representative does not evaluate and sign the E/IEF within these guidelines, the institution representative’s signature date must be used as the effective date.



The questions on this page refer to the
child in care

Child Demographic Information	
Child First Name: _____ Child Last Name: _____ Child Date of Birth: ___/___/_____ Street Address: _____ _____ City: _____ State: _____ Zip Code: _____ Phone: (_____) _____ - _____	Number of Weeks Premature: _____ (0=not premature) Child's Relationship to Primary Caregiver: <input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Niece <input type="checkbox"/> Nephew <input type="checkbox"/> Sibling <input type="checkbox"/> Foster Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Does the child have an IEP or IFSP? <input type="checkbox"/> IEP <input type="checkbox"/> IFSP <input type="checkbox"/> None
Child's Gender/Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Child Ethnicity (select one): <input type="checkbox"/> Hispanic/Latino/Spanish origin <input type="checkbox"/> Non-Hispanic/Non-Latino/Not Spanish origin Child Race (select all that apply): <input type="checkbox"/> African American or Black <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	Does the child speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No Child Primary Language (select one): <input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Tribal Language <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other
Child Insurance Status: <input type="checkbox"/> Medicaid/State Medical Insurance Program <input type="checkbox"/> No Insurance Coverage <input type="checkbox"/> Tri-care (military insurance) <input type="checkbox"/> Private or other	
Is the child participating in Part B Assistance for Education of All Children with Disabilities (IEP from school district)? <input type="checkbox"/> Yes <input type="checkbox"/> No Is the child participating in Part C Early Intervention services (IFSP from TARC)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this child referred to the program by the Department for Children and Families? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Thank you for taking the time to fill out this form. Please return it to your child's care provider as soon as possible.



The questions on this page refer to the
parent or guardian
 (primary caregiver)

Parent/Guardian Demographic Information	
Parent/Guardian First Name: _____ Parent/Guardian Last Name: _____ Parent/Guardian Date of Birth: ____ / ____ / ____ Street Address: _____ _____ City: _____ State: _____ Zip Code: _____ Phone: (_____) _____ - _____	Parent/Guardian Gender/Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female Parent/Guardian Ethnicity (select one): <input type="checkbox"/> Hispanic/Latino/Spanish origin <input type="checkbox"/> Non-Hispanic/Non-Latino/Not Spanish origin Parent/Guardian Race (select all that apply): <input type="checkbox"/> African American or Black <input type="checkbox"/> Native American or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____
Relationship to Child: _____ Is the person filling out this form the primary caregiver of the child? <input type="checkbox"/> Yes <input type="checkbox"/> No If the person filling out this form is <u>not</u> the child's primary caregiver, what is your relationship to the child's primary caregiver? _____	Parent/Guardian Education (select one): <input type="checkbox"/> Currently enrolled in high school <input type="checkbox"/> Of high school age, but not enrolled <input type="checkbox"/> Less than HS diploma <input type="checkbox"/> GED <input type="checkbox"/> HS diploma <input type="checkbox"/> Some college/training <input type="checkbox"/> Technical training certification/Associate degree <input type="checkbox"/> Bachelor degree or higher
Parent/Guardian Employment Status (select one): <input type="checkbox"/> Employed full-time <input type="checkbox"/> Employed part-time <input type="checkbox"/> Not employed _____ The parent/guardian is a migrant worker? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian Marital Status (select one): <input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Parent/Guardian Insurance Status: <input type="checkbox"/> Medicaid/State Medical Insurance Program <input type="checkbox"/> No Insurance Coverage <input type="checkbox"/> Tri-care (military insurance) <input type="checkbox"/> Private or other In the last year, has your family had to sleep in a temporary living arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you (Parent/Guardian) speak a language other than English at home? <input type="checkbox"/> Yes <input type="checkbox"/> No Parent/Guardian Primary Language (select one): <input type="checkbox"/> English <input type="checkbox"/> Arabic <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Polish <input type="checkbox"/> Russian <input type="checkbox"/> Spanish <input type="checkbox"/> Tagalog <input type="checkbox"/> Tribal Language <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other
Housing Arrangement (select one): <input type="checkbox"/> Stable housing <input type="checkbox"/> Homeless/shelter <input type="checkbox"/> Temporary housing _____ Total # of people in household (include everyone) _____ # of children in household	
Household Income Sources (select all that apply): <input type="checkbox"/> Wages <input type="checkbox"/> Social Security <input type="checkbox"/> Worker's Comp <input type="checkbox"/> Alimony <input type="checkbox"/> Agricultural <input type="checkbox"/> Unemployment <input type="checkbox"/> Supplemental Security Insurance (SSI) <input type="checkbox"/> Other <input type="checkbox"/> Temporary Assistance to Needy Families (TANF)	Total Yearly Household Income: <input type="checkbox"/> Less than \$10,000 <input type="checkbox"/> 10,000-19,999 <input type="checkbox"/> 20,000-29,999 <input type="checkbox"/> 30,000-39,999 <input type="checkbox"/> 40,000-49,999 <input type="checkbox"/> 50,000-59,999 <input type="checkbox"/> 60,000-69,999 <input type="checkbox"/> 70,000-79,999 <input type="checkbox"/> 80,000-89,999 <input type="checkbox"/> 90,000-99,999 <input type="checkbox"/> Greater than \$100,000



**WICHITA STATE
UNIVERSITY**

**CENTER FOR COMMUNITY SUPPORT
AND RESEARCH**

OFFICE LOCATION |
358 N. Main, Wichita, KS 67202
PHONE | 316.978.3843
TOLL FREE IN KS | 800.445.0116
FAX | 316.978.3593
WEBSITE | ccsr.wichita.edu
TWITTER | twitter.com/wsuccsr

Purpose of the Evaluation: Wichita State University's Center for Community Support and Research (CCSR) is working with the Kansas Children's Cabinet and Trust Fund (KCCTF). The goal is to find out how children and families are doing in programs being paid for by the Early Childhood Block Grant (ECBG) in the 22 ECBG sites. The research will look at children ages 0-5 years old and their development. The research will help funders decide what helps to make children ready for school.

Participant Selection: You have been asked to help with this research because you are a parent who has a child in a program paid for by the ECBG.

Explanation of Procedures: Your child or your family may be asked information. These tools include:

The Ages and Stages Questionnaire- 3 (ASQ-3) is a developmental screening done by parents or caregivers. It is for children ages 2-60 months old. The ASQ-3 takes 10-15 minutes and is done twice per year.

The Ages and Stages Questionnaire: Social-Emotional – 2 (ASQ: SE-2) is a social-emotional screening done by parents. It is for children ages 1-72 months old. It takes 10-15 minutes and is done twice per year.

The Individual Growth and Development Indicators for pre-kindergarten (myIGDI's) is a tool to look at a child's (3-5 years) development. Two skill areas are covered: literacy and numeracy. Literacy is a set of skills related to the ability to learn to read. Numeracy is a set of skills related to numbers and the ability to learn math. The myIGDI's will be administered by people working with children three times a year. The myIGDI's take about 10 minutes to complete

The Devereux Early Childhood Assessment (DECA) for Infants (1-18 months), Toddlers (18-36 months), and Preschoolers (3-5 years) is an observational tool that looks at strengths in children. Staff that work with children do the DECA. The DECA will not take any of your child's time. The DECA takes 10- 20 minutes to complete. The DECA will be done twice during services.

Discomfort/Risks: The tools ask questions about you or your child. Completing these tools and/or the information you learn from them may make you feel uncomfortable. You can skip over questions you don't want to answer or quit at any time.

Benefits: You will be helping with the research on the 22 ECBG sites. The reason for this project is to show how well programs are helping children and their families all over Kansas. It is important to show that the programs improve children's readiness for school over time. This can only be done by getting information from children and families in these programs across

different points in time.

Confidentiality: Information from your forms will be entered into an electronic database. The electronic database is safe, secure and password protected. You will be asked to put your name and your child's name on the forms. This information will allow for the assignment of a unique number. Once this is assigned the information from the forms will be stored with the number and not the names. This is to protect your confidentiality. The names and numbers assigned will be stored separately from your information for any of the forms. Your information will not be shared with anyone other than the program you are working with and the Kansas Children's Cabinet and their agent.

Refusal/Withdrawal: You do not have to do any of the forms if you don't want to. Your decision whether or not to help with this research will NOT affect your future relations with Wichita State University, Wichita State University's Center for Community Support and Research, the program(s) your child is in, or the Kansas Children's Cabinet and Trust Fund or their agents. You are free to skip any question or quit at any time. You have the same rights with all the forms.

Contact: If you have any questions about the research, you can contact Dr. Lynn Schrepferman of CCSR by phone at 316-978-6772 or by email: lynn.schrepferman@wichita.edu. If you have questions pertaining to your rights as a research participant, you can contact the Office of Research and Technology Transfer at Wichita State University, Wichita, KS 67260-0007, telephone 316-978-3285.

Being apart of the Kansas ECBG Evaluation depends on you signing this consent form for you and your child. By signing this you show that you have read this form and you have decided to participate.

You will be given a copy of this consent form to keep.

Name of Participant (Parent/Caregiver)

Date

Signature of Participant (Parent/Caregiver)

Date

Name of Child

Date

Witness Signature

Date

How families make a DCF payment

Pro-care does not accept DCF payments through the Pro-care application. **ALL** DCF payments are made through the EBT edge website or EBT edge app. **DCF payments are due at least 3 days before each billing cycle.**

Parents will have to go to the EBT edge website/app and make an account. From there, families will select the childcare payment choice. Then you will enter the desired payment amount, card information and the Provider ID number. After the payment is successfully processed, you will need to email a screenshot of the payment with the amount and the conformation number to Kelsi Bassler youthservices@ywcaneks.org or Felecia Cunningham elcdirector@ywcaneks.org

We are the provider. Each Kid's Quest and ELC site has their own Provider ID number, these are listed below.

Site Name:	Provider ID:
Jardine Elementary	E447378
McCarter Elementary	B795421
McEachron Elementary	B795441
Meadows Elementary	B795416
Whitson Elementary	C218452
Early Learning Center	B795363
KEEP	300075

