



Please Indicate Start Date _____

Kids Quest Program 2023-2024 Parent Agreement

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.

Kids Quest Philosophy:

Care for your school-age child should be an extension of learning, creativity, and fun while in a structured, safe environment.

YWCA Kids Quest Program 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
- ❖ Designated time and guidance for homework and study
- ❖ Full access to the gymnasium, playground and recreational areas
- ❖ Educate healthy lifestyle habits
- ❖ Daily nutritional kid friendly snacks
- ❖ Physical, mental and emotional activities customized for healthy development

School Sites

Please Check One

Jardine McCarter McEachron Meadows Whitson

Enrollment Status

Full Time Weekly Rates:

Morning & Afternoons	(See Times Below)	\$75.00
Mornings Only (Mon-Thurs) 7am-8:10am	(Fri) 7am-9:10am	\$40.00
Afternoons Only (Mon-Fri) 3:40pm-5:30pm		\$40.00

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

ATTENTION:

All rates are based on the total number of weeks Kids Quest will be offered in the 2023-24 school year. Credits will not be given for partial weeks as days that we will be closed were not figured into the cost of attendance for the school year.

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

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 two 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

- Kids Quest 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.
- Cash payments and checks are **NOT** accepted at the sites. Checks and credit card payments will be accepted at the YWCA Kids Quest main location. Please use the north doors to make payments.
- Checks should be made out to the YWCA Kids Quest 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, twice monthly, or monthly basis. This can be set up on your Procure app.**
- 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 numbers are:
Jardine: E447378 McCarter: B795421 McEachron: B795441
Meadows: B795416 Whitson: C218452
- **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 office # (785) 233-1750 ext. 219, work cell # (785) 266-5535, email: Youthservices@ywcaneks.org**
- **School Day Out (SDO)** – We follow Topeka USD 501 school calendar for school days out.
 - If Topeka USD 501 closes school or cancels all afterschool activities, the Kids Quest program is required to cancel and will not operate.

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 Kids Quest Coordinator. 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 Kids Quest Program 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

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.
- 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 Coordinator and authorized by the Business Manager.**
- If USD 501 closes school or cancels all afterschool activities, the Kids Quest program is required to cancel and will not operate. Parents should pick up their children or arrange transportation so that their child will not be at school past 4:00pm. If a parent does not pick up or arrange transportation by 4:00pm, the Site Director will begin calling emergency contacts to pick up.

Snack (PM only)

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

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 Kids Quest staff. Students must keep their hands, feet, etc. to themselves. Label all belongings. Students will have a designated area for their backpacks. 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. Children will be given time and space to process their choices by using our thinking sheet and reviewing it with their Kids Quest group leader.
- 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 Kids Quest 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.

Credits/Refunds

- 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 all afterschool activities.
 - *For shortened weeks due to inclement weather, holidays, illness, injury, etc.

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. Students will complete a thinking sheet and process with Kids Quest staff.
- Repeated behavior problems will be discussed with parents and the Youth Services Program Director.
- Students will be suspended from the program if consultation with the parents does not resolve the problem. The Youth Services Program Director will approve all suspensions.
- The Kids Quest Program Coordinator will expel students only if behaviors have not been improved and all previous steps have been taken.

Parent/Guardian Signature: _____ **Date:** _____

Financial Agreement:

Terms and conditions for Kids Quest 2023-2024

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 Kids Quest before these are paid.

*****ATTENTION: DROP IN RATES ARE NOT AVAILABLE*****

Full Time Weekly Rates:

<u>Morning & Afternoons</u>	<u>\$75.00</u>
<u>Morning OR Afternoon ONLY</u>	<u>\$40.00</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 will incur a **\$10 late fee.**

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

School Day Out Rate: \$25 per day for pre-registration, \$40 for late enrollment (if available)

Agreement: I desire to enroll my child, _____ in the YWCA Kids Quest

Program at (check one): ___ Jardine ___ McCarter ___ McEachron ___ Meadows ___ Whitson

Please indicate anticipated days and time child 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: _____

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 Kids Quest Program 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 Kids Quest Program. **Yes** _____ **No** _____

STATISTICAL INFORMATION

The Greater Topeka United Way, City of Topeka, our YWCA regional office, and other organizations that provide operating funds for this program, require that certain statistics be kept. These statistics help us justify the need for this program to those who would support it. Please complete the section below.

This information is kept confidential.

PLEASE CHECK ONE:

Child's Grade: K 1st 2nd 3rd 4th 5th 6th Other _____

Age Profile: 5-7 years old 8-10 years old 11-12 years old Other _____

Gender Profile: Male _____ Female _____ non-Binary _____ Trans-male _____ Trans-female _____

Race Profile: White _____ Black _____ Hispanic/Latino/Latinx _____ Asian _____

Native American _____ Two or more races _____ Other _____

Legal Parent/Guardian Information:

First and Last Name of the Child's Mother or Guardian: _____

Mother/Guardian's Phone Number: _____

Mother/Guardian's Home Street Address, City, Zip Code: _____

First and Last Name of the Child's Father or Guardian: _____

Father/Guardian's Phone Number: _____

Father/Guardian's Home Street Address, City, Zip Code: _____

Emergency Contact Information:

• First and Last Name: _____

Street Address, City, Zip Code: _____

Phone Numbers: _____

• First and Last Name: _____

Street Address, City, Zip Code: _____

Phone Numbers: _____

• First and Last Name: _____

Street Address, City, Zip Code: _____

Phone Numbers: _____

Assistance: Please indicate if you or someone in your family receives any of the following services:

Supplemental Security Income (SSI) _____

Supplemental Nutrition Assistance Program (SNAP) _____

WIC _____

Temporary Assistance for Needy Families (TANF) _____

Public Housing Voucher (Section 8) _____

Media Permission: I hereby grant the YWCA Northeast Kansas full rights to copyright, exhibit, and publish in any medium including, but not limited to, editorial, illustration, promotion, advertising, internet, or trade all photographs taken by the YWCA or its agents of my child while they are participating in YWCA programming. Yes ___ No ___

YWCA requires an email on file: The primary email will be used for contact and billing purposes only. The primary email will be used in our parent portal that will be assigned to you once enrollment is complete.

Primary Parent/Guardian Email: _____

Secondary Parent/Guardian Email: _____



HEALTH HISTORY FOR CHILDREN AND YOUTH ATTENDING SCHOOL AGE PROGRAMS

As required by K.A.R. 28-4-590(d) (1), each operator shall obtain a health history for each child or youth, on a form supplied by the department or approved by the secretary. Each health history is to be maintained in the child's or youth's file on the premises. As required by K.A.R. 28-4-590(d)(2), each operator shall require that each child or youth attending the program has current immunizations as specified in K.A.R. 28-1-20 or has an exemption for religious or medical reasons.

Complete one form for each child or youth attending the School Age Program.

First and Last Name of the Child or Youth	Gender (M or F)	Date of Birth (MM/DD/YYYY)	First day at this program: (MM/DD/YYYY)
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First and Last Name of the Child's or Youth's Mother or Guardian
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Mother/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
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Mother/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
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First and Last Name of the Child's or Youth's Father or Guardian
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Father/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
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Father/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
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Names and ages of other children in the Child or Youth's Family (Attach additional page if needed.)

Person(s) authorized to pick up the Child or Youth in case of emergency. Include first and last name and Street Address. Attach additional page if needed.	City	Zip Code	Phone Number (during program hours):
1.			
2.			
3.			

First and Last Name of Physician & Street Address	City	Zip Code	Phone Number ()
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Name of Hospital Preference in case of emergency.

Yes	No	N/A	Complete the following information about medications for this child or youth.
			Will this child or youth need to take any nonprescription or prescription medication during their time at the program?
			If yes above, is there signed permission on file?

Circle any of the following conditions or difficulties that affect this child or youth.			
Allergies	Frequent sore throats/ colds	Ear Infections or Aches	Heart or Lung Conditions
Skin Problems	Asthma	Headaches	Diabetes
Vision	Speech/Communication	Hearing	Emotion/Behavior
Other: Please describe.			

If you circled any of the above conditions, please provide additional information that will help the staff members meet the child's or youth's needs while attending the program. (Attach additional page, if needed.)

Provide additional information about your child or youth that might affect him/her while at the School Age Program including any special needs, restrictions to activities, major changes at home or special instructions. (Attach additional page, if needed.)

Complete the following information about this child's or youth's immunization status.

Yes	No	
		Did this child or youth attend a public or accredited non-public school in Kansas, Missouri or Oklahoma the previous year?
		If yes, are this child's or youth's immunizations current?
X	X	If yes to both of these questions, you do NOT need to complete the immunization history below. If no to either of the above questions, you must complete the immunization history below for this child or youth or attach a copy of the child's or youth's immunization history.

Please give dates in the space below for ALL immunization series completed by this child or youth. Record MM/DD/YYYY.

		1	2	3	4	5
	DPT, DT*, TD (*DT only if child is allergic to DTP)	//	//	//	//	//
	POLIO	//	//	//	//	
	MMR	//	//			
Single Dose Only	RUBEOLA (MEASLES)	//	//			
	MUMPS	//	//			
	RUBELLA (GERMAN MEASLES)	//	//			
	HIB (Hemophilus Infl. B) *RECOMMENDED	//	//	//	//	
	HBV (Hepatitis B Vaccine) *RECOMMENDED	//	//	//		
	VAR (Varicella-Chicken Pox) *RECOMMENDED	//				

Print the First and Last Name of the Person Completing this Health History form	Relationship to the Child/Youth	Date Completed

If the Health History form was completed by a person other than a Parent/Guardian, who provided you with this information?	What is that person's relationship to the child/youth?

I attest, under penalty of perjury, that to the best of my knowledge, the information provided on this form is true and correct.

Signature of person completing this form	Date Signed



AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license.	License #
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I authorize _____ (caregiver/staff) who is (are) representative(s) of the above-named facility to give consent for any and all necessary emergency medical care for my child or youth _____ (child's first and last name) while child or youth is in the facility's custody between _____ and _____ MM/DD/YYYY MM/DD/YYYY.

Is child covered by health insurance? Yes No

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____
Medical Assistance Program _____ Card Number _____
Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____ MM/DD/YYYY

List any known allergies or other information about the medical conditions of this child or youth pertinent in case of emergency:

Signature of Parent or Guardian	Date Signed
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Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
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Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of Kansas	
County of _____	
Signed or attested before me on _____	by _____
MM/DD/YYYY	Name of Person
(Seal, if any.)	

Signature of notarial officer	

Title (and Rank)	
My appointment expires: _____	

The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is transported by the facility.

Child and Adult Care Food Program ENROLLMENT/INCOME ELIGIBILITY FORM

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
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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.

List names (First and Last) of everyone in your household, including foster children	Tell us how much and how often. If no income, write "0". Use net income if self-employed.														
	Earnings from Work Before Deductions	Weekly	Every 2 Weeks	2X Month	Monthly	Welfare, Alimony, Child Support	Weekly	Every 2 Weeks	2X Month	Monthly	Retirement, Pensions, Social Security, Other	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"/>	\$	<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"/>	\$	<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"/>	\$	<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"/>	\$	<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"/>	\$	<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"/>	\$	<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, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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.

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

