

## Kids Quest Summer Program 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
- ❖ Weekly trips and outings
- ❖ Full access to the gymnasium, playground and recreational areas
- ❖ Educate healthy lifestyle habits
- ❖ Daily nutritional kid friendly meals and snacks
- ❖ Physical, mental and emotional activities customized for healthy development

#### ATTENTION:

All rates are based on the total number of weeks Kids Quest will be offered in the summer.

June 3<sup>rd</sup> – July 31<sup>st</sup>

Monday – Friday: 7am – 5:30 pm

There is no camp on **June 19<sup>th</sup>** in observance of Juneteenth and no camp on **July 4<sup>th</sup>** in observance of Independence Day.

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](mailto: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 summer, *due before enrollment is complete.*

#### **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.
- 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, 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. **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)-226-5535, email: [youthservices@ywcaneks.org](mailto:youthservices@ywcaneks.org)**
- **School Day Out (SDO)** – There is no camp on **June 19<sup>th</sup>** in observance of Juneteenth and no camp on **July 4<sup>th</sup>** in observance of Independence Day.

#### **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 5<sup>th</sup> 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.
- **There will be no reimbursements made by the YWCA to the parents on accounts that have received assistance program payments (DCF, KVC, workforce reimbursement, etc.).**

#### **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.**

#### **Meals & Snack**

- 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. 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
  - \*For shortened weeks due to 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.

## **IEP / Behavior Plan**

- If my child has a current IEP or Behavior Plan, I have provided a copy to staff.

**Transportation**

- I am okay with my child(ren)'s riding the city bus for transportation to and from for field trips.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Financial Agreement:

Terms and conditions for Kids Quest 2024

**Registration:** \$20 one-time, non-refundable fee per child, \$30 for two or more children and \$55 activity fee/child

**Full Time Weekly Rates:** **125/week.**

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

**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.

**Agreement:** I desire to enroll my child, \_\_\_\_\_ in the YWCA Kids Quest Summer Camp.

Please indicate week's child will attend:

__ June 3 <sup>rd</sup> – 7 <sup>th</sup>	__ June 24 <sup>th</sup> – 28 <sup>th</sup>	__ July 22 <sup>nd</sup> – 26 <sup>th</sup>
__ June 10 <sup>th</sup> – 14 <sup>th</sup>	__ July 1 <sup>st</sup> – 5 <sup>th</sup>	__ July 29 <sup>th</sup> – 31 <sup>st</sup>
__ June 17 <sup>th</sup> – 21 <sup>st</sup>	__ July 8 <sup>th</sup> – 12 <sup>th</sup>	
	__ July 15 <sup>th</sup> – 19 <sup>th</sup>	

**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. **INTIAL**

**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 \_\_\_\_\_**

If I no longer need Kids Quest services, I understand that I must submit a two-week notice and billing will stop two weeks from the date our admin received it. **INTIAL**

**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. **INTIAL**

I agree to pay any late payment fees, 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. Kids Quest is a school aged 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.



**MEDICAL RECORD FOR ALL CHILDREN IN CHILD CARE FACILITIES,  
INCLUDING PROVIDER'S OWN CHILDREN**

Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care \_\_\_\_\_

Name of Child Care Facility YWCA Early Learning Center

Child's Name \_\_\_\_\_  
First Last

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
MM/DD/YYYY M/F

**Parent/Guardian Information**

**Parent/Guardian Information**

Name \_\_\_\_\_

Name \_\_\_\_\_

Home Address \_\_\_\_\_  
Street City Zip Code

Home Address \_\_\_\_\_  
Street City Zip Code

Home Phone Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Best way to contact \_\_\_\_\_

Best way to contact \_\_\_\_\_

**Persons authorized to pick up the child or to notify in case of emergency (other than the parents):**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_

Child's Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

Child's Dentist \_\_\_\_\_

Phone Number \_\_\_\_\_

Hospital Preference (for emergencies) \_\_\_\_\_

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider?  No  Yes, as follows: \_\_\_\_\_

Any known allergies or medical conditions of child: \_\_\_\_\_

Any major changes at home that might affect your child in care: \_\_\_\_\_

Please provide additional information or special instructions that will help the person caring for your child: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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

**Child Health Assessment**

The Child Health Assessment form is to be completed and signed by a nurse approved by KDHE to perform Child Health Assessments or a Licensed Physician. If a Physician Assistant (PA) completes the Child Health Assessment, the signature of the Licensed Physician authorizing the PA is to be included at the bottom of this form.

A Child Health Assessment, recorded on a KDHE Form or other acceptable Forms mentioned below, is required for all children including children of the provider or staff in Licensed Day Care Homes, Group Day Care Homes, Child Care Centers and Preschools. A Kan-Be-Healthy Assessment Form is a KDHE Form and is acceptable, a Physician Health Assessment Form is acceptable, and a School Health Assessment Form is acceptable for school-age children or youth. The Health Assessment Form used should be attached to the KDHE Medical Record Form (CCL 029).

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
 First Last

Health history and medical information pertinent to routine child care and emergencies (describe, if any): <input type="checkbox"/> None	Do you see this child for regular health supervision: <input type="checkbox"/> Yes <input type="checkbox"/> No
Allergies to food or medicine (describe, if any): <input type="checkbox"/> None	
List current medications (if any): <input type="checkbox"/> None	

Length/Height: _____ IN/CM	%ILE _____	Weight: _____ LB/KG	%ILE _____
<b>Physical Examination</b>	<input checked="" type="checkbox"/> If Normal	If Abnormal - Comments	
Head/Ears/Eyes/Nose/Throat			
Teeth			
Cardio/Respiratory			
Abdomen/GI			
Genitalia/Breasts			
Extremities/Joints/Back/Chest			
Skin/Lymph Nodes			
Neurologic & Developmental			
<b>Screening Tests</b>	<b>Screening Date</b>	<b>Note Here if Results are Pending or Abnormal</b>	
Lead			
Anemia (HGB/HCT)			
Urinalysis (UA)			
Hearing			
Vision			

Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (Attach additional sheets if necessary)  
 None

Signature of Licensed Physician or Nurse approved for Child Health Assessments	Date
Print the Name of the Individual Signing Above	Phone Number
Address	City Zip Code



## History of Immunizations

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last MM/DD/YYYY

**Section I. For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).**

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	6 <sup>th</sup>
Diphtheria, Tetanus, Pertussis (DTaP)						
Poliomyelitis (IPV/OPV)						
Measles, Mumps, Rubella (MMR)						
Hepatitis B (HepB)						
Varicella (VAR)			Hx of Disease: Physician Signature		Date of Illness:	
Hemophilus Influenzae Type B (Hib)						
Pneumococcal Conjugate (PCV)						
Hepatitis A (HepA)						
Rotavirus **Recommended <8 mo of age; not required						
Influenza(Flu) ** Recommended annually >6 mo of age; not required						

**Section II.**  
 Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-508(g)].

The following two options are the **ONLY** exemptions allowed by law. Please check either (A) or (B) below and complete as required:

(A) Certification from licensed physician stating that immunization would endanger child's life:  
 Exempt from following immunizations:  
 \_\_\_DTaP/DT \_\_\_Tdap/TD \_\_\_Pertussis Only \_\_\_Polio \_\_\_MMR \_\_\_HepA \_\_\_HepB \_\_\_Hib  
 \_\_\_PCV \_\_\_Varicella \_\_\_Other

Physician's Signature (required): \_\_\_\_\_ Date: \_\_\_\_\_

(B) My child is exempt under the law from immunizations. As the Parent or Legal Guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

**Section III.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**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. <b>YWCA Early Learning Center</b>	License # <b>716</b>
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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.)

<b>PART 2 – HOUSEHOLD MEMBER RECEIVING FA/TAF/FDPIR—</b> Any household member receiving benefits can establish eligibility for all children in the household.	Case Number or Identification Number
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<b>PART 3 – FOSTER CHILDREN—List the names of any children listed in Part 1 who are foster children.</b>

### 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, 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/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](mailto: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](mailto:youthservices@ywcaneks.org) or Felecia Cunningham [elcdirector@ywcaneks.org](mailto: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

