



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

TOPEKA YMCA COVENANT CHILDCARE CENTER

Pre-school with wrap around Childcare

Strengthening families and meeting the needs of children is central to our mission of building healthy spirit, mind, and body for all. We help strengthen the foundations of community by fostering growth and development, not only in children but also in their parents and families.

Full Day \$ 160.00 Per Week

3 to 5 Years Old

**5440 SW 37th Street
Topeka, KS 66614**

**Drop Off: 6:00am - 9:00 am
Pick-Up: 4:00pm - 6:00 pm**

Terry Jones, (785) 435-8651

Open Enrollment!



LIFECHANGING
Topeka YMCA | ymcatopeka.org | facebook.com/ymcatopeka



Philosophy

The YMCA philosophy of child guidance is based upon the YMCA Core Values of Caring, Honesty, Respect and Responsibility. We strive to help children move toward self-discipline and self-control. This program will not use any guidance technique that is humiliating, frightening or physically harmful to the child.

Staff

Lead Teachers are CDA Certified staff are committed to continually providing a quality educational experience for your child. Staff members are carefully screened and chosen based on their maturity, skills, enthusiasm and passion for becoming a strong role model for children. Staff understand and value young people and are committed to helping youth develop in a positive way.

Curriculum

YMCA Preschool Child Care will use some of the teaching strategies from Creative Curriculum. Teachers will utilize the tools for observations, weekly planning progress and outcome reports and parent-teacher communication. Our goal is to help children become independent, self-confident, and inquisitive learners. We are teaching them how to learn, not just in preschool, but throughout their lives.

Breakfast, Lunch & Snacks

We allow learning at their own pace and in the ways that are best for them. We strive to give children good habits and attitudes, particularly a positive sense of themselves, which will make a difference throughout their lives. Breakfast, lunch and snacks are provided following the Food Guide Pyramid to assure healthy meal times. The YMCA is a Christian organization, therefore we will be praying before our meals.

Fees:

YMCA Preschool Child Care is licensed with the State of Kansas.

Full Day \$ 160.00 Per Week Drop Off: 6:00-9:00 am
3 to 5 Years Old Pick-Up: 4:00-6:00 pm

Terry Jones, Child Care Director (785) 435-8651





Child Care Program

Hours of Operation: 6:00a-6:00p

Enrollment Forms (Please Print)

Account # _____

Please Circle One: Weekly Full Day - \$160 (Mon-Fri) Daily Full Day - \$45	Weekly ½ Day - \$ 112.50 Half Day AM - \$ 20.00 (6:00a-12:00p) Half Day PM - \$ 20.00 (12:00p-6:00p)
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What days of the week will your child be attending? (Circle): M T W Th F

Start Date ___/___/___

Child's Name:	Date of Birth: ___/___/___ Male or Female	Age:	
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Child's Address:	City/State/Zip:
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Ethnicity: Caucasian African American Hispanic Asian/Pacific Islander Other: _____

Primary Parent/Guardian Contact Information Mother Father Other: _____

Primary Parent/Guardian Name:	Date of Birth: ___/___/___ Male or Female	Cell# Home#
Home Address (if different from child):	City/State/Zip:	Work#

Custodial Parent: Yes No May the Y release to non custodial Parent? Yes No

Ethnicity: Caucasian African American Hispanic Asian/Pacific Islander Other: _____

Email:	Preferred Method of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All
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Primary Parent/Guardian Contact Information Mother Father Other: _____

Primary Parent/Guardian Name:	Date of Birth: ___/___/___ Male or Female	Cell# Home#
Home Address (if different from child):	City/State/Zip:	Work#

Custodial Parent: Yes No May the Y release to non custodial Parent? Yes No

Ethnicity: Caucasian African American Hispanic Asian/Pacific Islander Other: _____

Email:	Preferred Method of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All
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Emergency Contact/Authorized Pick Up (other than parents):

Name:	Home Address:	City/State/Zip:
Relationship to Child:	Phone #:	Driver's License:

Additional Authorized Pick Up (other than parents):

Name:	Address:	Phone #:
Name:	Address:	Phone #:
Name:	Address:	Phone #:

YMCA Childcare Payment Arrangement

Initials Accounting Policies:

- _____ 1. Acceptable payment form is: Electronic Funds Transfer (EFT)/Credit Cards/Debit Cards or advance payments made in full every Friday prior to attendance the next week
- _____ 2. Drafts will be made on Friday for the following week of childcare.
- _____ 3. The Y does not issue statements for individual tax purposes. Please keep any and all cancelled checks, payment receipts or bank statements as documentation of child care payments.
- _____ 4. **A two-week written notification must be provided for cancellation of daycare services.**
- _____ 5. **No adjustments in the weekly fee will be made for partially attended weeks.**
- _____ 6. **To hold your spot, you pay whether or not your child attends that week.**
- _____ 7. If your check/ACH Draft or Credit Card/Debit payment is return unpaid, it will be collected electronically by 3rd party and you will be assessed a Minimum fee of 30.00 (or the maximum Amount allowed by law). Check writer is also responsible for all other collection costs.
- _____ 8. If full payment is not received, I understand that my child is considered unregistered from YMCA Childcare and will not be able to attend until the **payment is collected in full.**

Payment Information:

Parent's Name: _____ DOB: _____
Parent's Name: _____ DOB: _____
Child's Name: _____ DOB: _____
Child's Name: _____ DOB: _____

_____ Weekly Full Day \$160.00
_____ Daily Full Day \$ 45.00

_____ Weekly Half Day \$ 112.50
_____ Daily ½ Day (AM/PM) \$ 20.00

_____ I will be paying with electronic funds transfer. Information below is required with a **voided check:**

Bank Name: _____ Bank City/State _____

Type of Account: Checking _____ Savings _____

Print name as it appears on the account: _____

Bank Routing Number: _____ Account Number: _____

_____ I will be paying with a Credit Card: __ Visa __ MasterCard __ Discover __ American Express Card

Card Number: _____ Expiration Date: _____ 3-Digit Code: _____

_____ I receive third party payments, i.e. DCF/SRS, KVC, (**Must Provide DCF/SRS/KVC approval letter PRIOR to attending**) I understand that I am responsible for all copayment not covered by third party. Payments need to be made by the 10th of the month.

Responsible party is responsible to keep account current.

We have read the Accounting Policies and agree to comply with all payments and policies.

Responsible party for the Bill

Signature

Date

Email

Phone Number



**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 _____

Child's Name _____ Date of Birth _____ Gender _____
First Last 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 _____

Work Address _____
Street City Zip Code

Work Address _____
Street City Zip Code

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 _____

Names and ages of children in family _____

Persons authorized to pick up the child or to notify in case of emergency. Include name, address, and telephone number. Attach an additional page, if necessary. _____

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:

Does your child have any of the following conditions (yes or no)? If yes, provide information on Authorization for Emergency Medical Care form CCL. 010.

- | | | |
|-------------------------|-----------------------------------|-----------------|
| _____ Allergies | _____ Frequent sore throats/colds | _____ Ear Aches |
| _____ Asthma | _____ Speech, Visual, Hearing | _____ Diabetes |
| _____ Epilepsy/Seizures | _____ Other _____ | |

If yes answered to any above, please provide additional information _____

Have there been major changes at home that might affect your child in care? No Yes, as follows:

Please provide additional information or special instructions that will help the person caring for your child. _____

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

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 st	2 nd	3 rd	4 th	5 th	6 th
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 exempt 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:** _____

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 _____	✓	If Normal	Weight: _____ LB/KG %ILE _____
Physical Examination	✓	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			
Screening Tests	Screening Date	Note Here if Results are Pending or Abnormal	
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



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. <p style="text-align: center;">YMCA / COVENANT CHILD CARE CENTER</p>	License #
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I hereby authorize Terry Jones (Name of individual/staff member) and/or _____ (Name of individual/staff member) 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 _____ (First and Last Name of Child or Youth) while said child or youth is in said facility's custody between the dates of _____ MM/DD/YYYY and _____ MM/DD/YYYY.

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 <u>Kansas</u>	
County of _____	
Signed or attested before me on _____ by _____	
(Seal, if any.)	MM/DD/YYYY Name of Person
_____ Signature of notarial officer	
_____ Title (and Rank)	
My appointment expires: _____	

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

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: _____

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.



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)			License #	
YMCA / COVENANT CHILD CARE CENTER				
Street Address of the Facility	City	Zip Code	County	
5440 SW 37th St	Topeka	66614	Shawnee	

_____ may go to the following locations off the premises **with** adult supervision:

First and Last Name of Child or Youth

Place YMCA of Topeka	Street Address 3635 SW Chelsea	City Topeka	By Vehicle	Walk/Bike XXXX
Signature of Parent or Guardian			Date Signed	

Place GAGE PARK	Street Address 4100 SW 6 TH	City TOPEKA	By Vehicle BUS	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place SHAWNEE COUNTY/ PUBLIC LIBRARY	Street Address 1515 SW 10TH	City TOPEKA	By Vehicle BUS	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place KANSAS CHILDREN'S DISCOVERY CENTER	Street Address 4400 sw 10 TH	City TOPEKA	By Vehicle BUS	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place CAPITOL BUILDING	Street Address 300 SW 10 TH	City TOPEKA	By Vehicle BUS	Walk/Bike
Signature of Parent or Guardian			Date Signed	

YMCA of TOPEKA KANSAS
DOWNTOWN KUEHNE SOUTHWEST CAMP HAMMOND
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in the death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasee or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Kansas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE FOR ALL MEMBERSHIP APPLICANTS

Date: _____ Signature of Applicant _____
Printed Name _____

Additional Adult on the Membership.....Signature of Applicant _____
Printed Name _____

Photo Waiver - I (We) hereby grant the YMCA of Topeka 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 YMCA or its agents of me and/or my children at any YMCA location or child care sites, YMCA Camp locations, or youth, teen, after-school, adult, family or active older adult program locations.

Initials _____
Initials _____



**For Youth Development
For Healthy Living
For Social Responsibility**

YMCA Child Services Discipline and Policies

Discipline Procedures & Policies are a very important part of the daycare/youth experience. These policies will help children learn how to get along in the world, enjoy being with other children, and follow the direction of an adult other than their parent. A caring and positive approach will be taken regarding behavior management and discipline. The teachers will focus on the positive behaviors of the children and reinforce those behaviors as often as possible. Our goal is to help the children develop self-control and responsibility for their actions. Our discipline procedures will consist of the following strategies:

1. Encouraging children to use their words when having a disagreement with another child.
2. Redirecting behavior.
3. Separating a child from the group (Time-Out)-one minute for each year of age.
4. Counseling children individually about their behaviors.
5. Making parents aware of disciplinary concerns (Incident Report).

The following behaviors are considered disruptive:

1. Requires constant attention from the staff.
2. Inflicts physical or emotional harm on other children, adults, or self.
3. Disrespects people and materials provided in the program.
4. Consistently disobeys the rules of the classroom.
5. Verbally threatens other students and/or staff.
6. Uses verbal or physical activity that diverts attention away from the group of children.

Disruptive behavior will be addressed in an incident report. This will be completed to document any inappropriate behaviors that directly impact other children, staff members, or the group as a whole. Following are the procedures we will follow:

1. Informal discussions

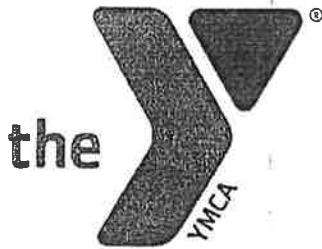
Before taking formal disciplinary action, the YMCA staff will make every effort to resolve the matter by informal discussion with child/student and parent. Only when this fails to bring about the desired improvement should the formal disciplinary procedure be implemented.

2. First or formal verbal warning

If conduct or behavior is unsatisfactory, the child/student will be given a verbal warning.

YMCA OF TOPEKA

Downtown Branch, 421 SW Van Buren, Topeka, Kansas 66603 - 785-354-8591
Kuehne Branch, 1936 North Tyler, Topeka, Kansas 66618 - 785-233-9815
Southwest Branch, 3635 SW Chelsea, Topeka, Kansas 66614 - 785-271-7979
Camp Hammond, 6320 SE Stubbs Road, Berryton, Kansas 66409 - 785-608-0160



**For Youth Development
For Healthy Living
For Social Responsibility**

3. Written warning

If the conduct is regarded as more serious or the behavior is considered unsatisfactory after receiving a formal verbal warning, then a disciplinary meeting may be called with the parents to review the written warning.

4. Final written warning

If the child/student behavior or conduct fails to improve or where the allegation is particularly serious, the manager/director will follow the same procedures for a written warning. If proven, a final warning will be given to the parents that any further misconduct will result in a dismissal or suspension (ranging from one to five days suspension; **there will be no charge to the parent account during the days of suspension**).

5. Gross misconduct

A child/student can be dismissed or suspended without notice on grounds of gross misconduct. (Fighting, leaving the site without permission, stealing, attacking or striking staff) Consequences range from one to five days suspension. **There will be no charge to the parent account during the days of suspension.**

By signing below, child/student(s) and parents understand and agree to abide by the written policies as stated within this document.

Signature _____ Date _____
Parent Name (print) Parent Signature

Signature _____ Date _____
Director (print) Director Signature

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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	_____	_____	_____	_____	Breakfast	A.M. Snack	Lunch
			Normal Hours _____ to _____					P.M. Snack	Supper	Eve. Snack
			Sun Mon Tu Wed Th Fri Sat	_____	_____	_____	_____	Breakfast	A.M. Snack	Lunch
			Normal Hours _____ to _____					P.M. Snack	Supper	Eve. Snack
			Sun Mon Tu Wed Th Fri Sat	_____	_____	_____	_____	Breakfast	A.M. Snack	Lunch
			Normal Hours _____ to _____					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"/>
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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

MAIL*: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue SW
Washington, D.C. 20250-9410

FAX: 202-690-7442

EMAIL: program.intake@usda.gov

***Only use this address if you are filing a complaint of discrimination.**

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.



**FOR YOUTH DEVELOPMENT[®]
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA CHILDCARE CENTER
5440 SW 37th Street
Topeka, Kansas, 66614

Letter of Cancellation or Termination

Dear Sir/Madam,

Effective (today's date) I would like to cancel my contract with the YMCA Childcare Center. Please confirm receipt of this letter by telephone or email. Thanks for your prompt attention to this matter.

Pursuant to the agreement between the YMCA and _____, either party may cancel or terminate the contract with a two weeks' notice.

Date: _____

Director Signature: _____

Parent/Guardian Signature: _____

YMCAtopeka.org or childcare@ymcatopeka.org

(785) 435-8651 or (785) 435-8676