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

Full Time Weekly Rates:

<table>
<thead>
<tr>
<th></th>
<th>(See Times Below)</th>
<th>$75.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning &amp; Afternoons</td>
<td>(See Times Below)</td>
<td>$75.00</td>
</tr>
<tr>
<td>Mornings Only (Mon-Thurs) 7am-8:10am (Fri) 7am-9:10am</td>
<td>$40.00</td>
<td></td>
</tr>
<tr>
<td>Afternoons Only (Mon-Fri) 3:40pm-5:30pm</td>
<td>$40.00</td>
<td></td>
</tr>
</tbody>
</table>

***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
Dawn Galbreath
Office # (785) 233-1750 ext. 262
Work Cell # (785) 250-6954
email: dawnrg@ywcaneks.org

Kids Quest Coordinator
Kelsi Bassler
Office # (785) 233-1750 ext. 219
email: kqc@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. Cash payments, checks and credit card payments will be accepted at the YWCA Kids Quest main location. Please use the north doors to make payments. Cash payment will only be accepted with a receipt by a YWCA employee at the main location. No cash payments shall be placed in drop boxes.
- 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
  - Meachron: 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 - Dawn Galbreath office # (785) 233-1750 ext. 262, work cell # (785)-250-6954, email: dawnrg@ywcaneks.org
- **School Day Out (SDO)** – Flyers will be sent out to each school and parents will be contacted via email of upcoming SDO dates.

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. Well 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.
- 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 Procare app.
- Caregivers are expected to sign their child(ren) out by entering the building and signing their child out via the Procare 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:
- Morning & Afternoons: $75.00
- Morning OR Afternoon ONLY: $40.00

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:

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM Arrival:</td>
<td>AM Arrival:</td>
<td>AM Arrival:</td>
<td>AM Arrival:</td>
<td>AM Arrival:</td>
</tr>
<tr>
<td>PM Pick up:</td>
<td>PM Pick up:</td>
<td>PM Pick up:</td>
<td>PM Pick up:</td>
<td>PM Pick up:</td>
</tr>
</tbody>
</table>

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 ___

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

I agree to pay 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.

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.
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:  ________________________________________________

First and Last Name of the Child’s Father or Guardian:  ______________________________________

Father/Guardian’s Phone Number:  ______________________________________________________

Father/Guardian’s Home Address:  ______________________________________________________

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)  Temporary Assistance for Needy Families (TANF)
Supplemental Nutrition Assistance Program (SNAP)  Public Housing Voucher (Section 8)
WIC
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: ___________________________________________
## 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).

<table>
<thead>
<tr>
<th>Name of facility exactly as stated on the license.</th>
<th>License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 MM/DD/YYYY and MM/DD/YYYY.</td>
<td></td>
</tr>
<tr>
<td>Is child covered by health insurance?</td>
<td>Yes</td>
</tr>
<tr>
<td>If yes, complete the following:</td>
<td></td>
</tr>
<tr>
<td>Health Insurance Policy Name</td>
<td>Policy Number</td>
</tr>
<tr>
<td>Medical Assistance Program</td>
<td>Card Number</td>
</tr>
<tr>
<td>Military Medical Care I.D. Number</td>
<td></td>
</tr>
<tr>
<td>If known, date of last Tetanus inoculation:</td>
<td>MM/DD/YYYY</td>
</tr>
<tr>
<td>List any known allergies or other information about the medical conditions of this child or youth pertinent in case of emergency:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Parent or Guardian</th>
<th>Date Signed</th>
</tr>
</thead>
</table>

Witness to Parent’s or Guardian’s signature if required by the local hospital or clinic. Date Signed

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 MM/DD/YYYY by ____________________________

(Seal, if any.)

Name of Person

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.
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.

<table>
<thead>
<tr>
<th>First and Last Name of the Child or Youth</th>
<th>Gender (M or F)</th>
<th>Date of Birth (MM/DD/YYYY)</th>
<th>First day at this program (MM/DD/YYYY)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mother/Guardian’s Home Street Address</th>
<th>City</th>
<th>Zip Code</th>
<th>Home Phone #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mother/Guardian’s Work Place Name &amp; Street Address</th>
<th>City</th>
<th>Zip Code</th>
<th>Work Phone #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>First and Last Name of the Child’s or Youth’s Father or Guardian</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Father/Guardian’s Home Street Address</th>
<th>City</th>
<th>Zip Code</th>
<th>Home Phone #</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Father/Guardian’s Work Place Name &amp; Street Address</th>
<th>City</th>
<th>Zip Code</th>
<th>Work Phone #</th>
</tr>
</thead>
</table>

Names and ages of other children in the Child or Youth’s Family (Attach additional page if needed.)

<table>
<thead>
<tr>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First and Last Name of Physician &amp; Street Address</th>
<th>City</th>
<th>Zip Code</th>
<th>Phone Number</th>
</tr>
</thead>
</table>

Name of Hospital Preference in case of emergency.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Complete the following information about medications for this child or youth.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Will this child or youth need to take any nonprescription or prescription medication during their time at the program?</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If yes above, is there signed permission on file?</td>
</tr>
</tbody>
</table>
Circle any of the following conditions or difficulties that affect this child or youth.

<table>
<thead>
<tr>
<th>Allergies</th>
<th>Frequent sore throats/ colds</th>
<th>Ear Infections or Aches</th>
<th>Heart or Lung Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin Problems</td>
<td>Asthma</td>
<td>Headaches</td>
<td>Diabetes</td>
</tr>
<tr>
<td>Vision</td>
<td>Speech/Communication</td>
<td>Hearing</td>
<td>Emotion/Behavior</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did this child or youth attend a public or accredited non-public school in Kansas, Missouri or Oklahoma the previous year?</td>
<td></td>
</tr>
<tr>
<td>If yes, are this child's or youth's immunizations current?</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

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

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

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
### CACFP Meal Benefit Income Eligibility (Child Care)

Complete one application per household. Please use a pen (not a pencil).

#### STEP 1: List ALL children in day care (If more spaces are required for additional names, attach another sheet of paper)

<table>
<thead>
<tr>
<th>Child's First Name</th>
<th>Child's Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Definition of Household Member:** Anyone who is living with you and shares income and expenses, even if not related.

Children in foster care and children who meet the definition of Homeless, Migrant or Runaway are eligible for free meals.

#### STEP 2: Do any household members (including you) currently participate in one or more of the following assistance programs: SNAP, TANF, or FDPIR?

**CASE NUMBER:**

Write only one case number in this space.

#### STEP 3: Report Income for ALL Household Members (Skip this step if you answered 'No' in STEP 2)

**A. Child Income**

Sometimes children in the household earn or receive income. Please include the TOTAL income received by all Household Members listed in STEP 1 here.

**B. All Adult Household Members (Including yourself)**

List all Household Members not listed in STEP 1 (including yourself) even if they do not receive income. For each Household Member listed, if they do receive income, report total gross income (before taxes) for each source in whole dollars (no cents) only. If they do not receive income from any source, write '0'. If you enter '0' or leave any fields blank, you are certifying (promising) that there is no income to report.

#### STEP 4: Contact Information and Adult Signature

"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 purposefully give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Print Name of Adult Signing the Form

Signature of Adult

Address

City

State

Zip

Phone/Email

Today's Date
**Source of Income for Children**

- **Earnings from Work**
  - Salary, wages, cash bonuses
  - Net income from self-employment (form or business)

- **Public Assistance/Alimony/Child Support**
  - Unemployment benefits
  - Workers compensation
  - Supplemental Security income (SSI)
  - Cash assistance from State or local government
  - Alimony payments
  - Child support payments
  - Veterans benefits
  - Social Security benefits

- **Income from person outside of household**
- **Income from any other source**

**Examples**
- A child has a regular full or part-time job where they earn a salary or wages
- A child is blind or disabled and receives Social Security benefits
- A parent is divorced, erratic, or deceased, and their child receives Social Security benefits
- A friend or extended family member regularly gives a child spending money
- A child receives regular income from a private pension fund, annuity, or trust

**Source of Income for Adults**

- **Earnings from Work**
  - Salary, wages, cash bonuses
  - Net income from self-employment (form or business)

- **Public Assistance/Alimony/Child Support**
  - Unemployment benefits
  - Workers compensation
  - Supplemental Security income (SSI)
  - Cash assistance from State or local government
  - Alimony payments
  - Child support payments
  - Veterans benefits
  - Social Security benefits

- **Pensions/Retirement/All other sources of income**
  - Social Security (including railroad retirement and black lung benefits)
  - Private Pensions or disability benefits
  - Income from trusts or estates
  - Annuities
  - Investment income
  - Earned interest
  - Rental income
  - Regular cash payments from outside household

**Children's Ethnic and Racial Identitites (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 Other Pacific Islander
- [ ] White

**DO NOT FILL OUT** For official use only

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

<table>
<thead>
<tr>
<th>Total Income</th>
<th>How often?</th>
<th>Household size</th>
<th>Categorical Eligibility</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Weekly</td>
<td>Monthly</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bi-Weekly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Monthly</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Determining Official's Signature: [ ] Date

Confirming Official's Signature: [ ] Date

Follow-up Official's Signature: [ ] Date

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: [https://www.ascr.usda.gov/complaint_filing_cust.html](https://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 complaint 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 or
**EMAIL:** program.intake@usda.gov

This institution is an equal opportunity provider.
Parents: How to Sign Up

Create a parent account to view your child's information, pay online, and send messages to staff.

Written by Procare Training
Updated over a week ago

If your child's school has started using Procare to communicate with parents and track student activity, you may have received an email that looks like the below screenshot.

Please Note: Once you are signed up for your Procare account, navigate to the Getting to Know Your Procare App article to learn more about the app and its features.
Hello Stephanie Carter,

Casey Child Care will be using Procare to stay connected with parents. You have been added to Jenna Carter's profile. Please follow the steps below to get started:

1. Download the free Procare iPad or Android app, or sign up on web.
2. Choose Sign Up, then Parent
3. Click “Add Child” and enter this 10 character code: 8F42E02DA4 (code will expire in one week)

Once signed up you'll be able to receive photos, videos, messages, and updates about your child's daily activities. Anytime your child is dropped off or picked up, you'll know. You can also set up automatic online billing once your school is set up.

Learn more about Procare here. If you have any questions, visit our help section.

Thank you
Procare Solutions Team

---

How to Sign Up

All of the instructions you need to sign up for a Procare account are in the email above. Please read steps 1-3 very carefully.

There are two ways you can sign up, either via the web or app. Below are directions for both methods. You only need to sign up with one method and your log in information can be used for both the web and app moving forward.

Sign Up From the Website

Please Note: If you sign up through the website, please make sure to also download the Procare App after creating your account.
Click the web link in your invite email or [click here](#), then click "Create Account" at the bottom of the screen.

Then select PARENT for the "Which describes you best?" question.

Complete the fields below, then click Sign Up.
Please Note: The invitation code in the email above should only be entered after you have created your account and logged into Procare. You will see a prompt to enter the code and Add Child.

Sign Up From the App

You can click the link in your invite email or go to your app store and download the Procare app with the following logo.

Click Sign Up at the bottom.
One simple platform to run your childcare

Sign up

Already a member? Log in

Please select Parent.
Which describes you best?

- STAFF / TEACHER
- PARENT

Fill out the below information and click submit.

Create Parent Account

Enter your code from step 3 in the email invite. **Please Note:** This code should only be entered after you have created your account and logged into Procare.
You will be signed into the app. Click here for more information on the Parent App.

Please Note: If you have more than one child, click the menu icon in the top left corner, then select Add Your Child. Enter the next 10-digit code provided by the school.
Trouble Logging In?

Here are a couple of things you can check:

1. Do not try to log into the Procare using your email address and the invitation code. You will receive an error that your email is invalid. You must first create an account.
2. If you already have a Procare account, navigate to the login screen (do not create an additional account). Login with your email and password, or reset your password, if needed

Did this answer your question?

😊 😊 😊
Making a Payment with DCF

Procare does not accept DCF payments through the Procare application. **ALL** DCF payments are made through the EBTedge website.

Parents will have to go to the EBTedge website/app and make an account. From there, families will select the childcare payment choice. Then they will enter their desired payment amount, card information and the provider ID number. After their payment is successfully made, send a screenshot to the corresponding program director/s.

Kid’s Quest (School-Age Programs): Kelsi Bassler, kqc@ywcaneks.org

Early Childhood Education (ELC): Ashley Yaeger, elcdirector@ywcaneks.org

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

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Provider ID</th>
<th>License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jardine Elementary</td>
<td>E447378</td>
<td>0076335</td>
</tr>
<tr>
<td>McCarter Elementary</td>
<td>B795421</td>
<td>0027360</td>
</tr>
<tr>
<td>McEachron Elementary</td>
<td>B795441</td>
<td>0032894</td>
</tr>
<tr>
<td>Meadows Elementary</td>
<td>B795416</td>
<td>0029414</td>
</tr>
<tr>
<td>Whitson Elementary</td>
<td>C218452</td>
<td>0064887</td>
</tr>
<tr>
<td>Early Learning Center</td>
<td>B795363</td>
<td>0000716</td>
</tr>
</tbody>
</table>

If there is an error with the payment, families need to call DCF. We are not responsible for any errors the EBTedge website may have.