



Kids Quest Program

2016-2017

Enrollment Packet

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

Every section of the enrollment packet must be completed, pre-payment must be made to the YWCA Finance Department, and confirmation from the Kids Quest Program Coordinator must be received before your child may attend the Kids Quest 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 gymnasium, library and media facilities, playgrounds and recreational areas ✎ educate healthy lifestyle habits ✎ daily nutritional kid friendly snacks ✎ specialized fitness programs ✎ physical, mental and emotional activities customized for healthy development

sites – hours – rates

School Sites:

Avondale West ✎ Bishop ✎ McCarter ✎ McClure
McEachron ✎ Meadows ✎ Whitson

Enrollment status	# of days	rate
Morning and afternoon (both)		
Full Time	3-5 days/week	\$65.00/week
Half Time	1-2 days/week	\$35.00/week
Morning Only/Afternoon Only		
Full Time	3-5 days/week	\$35.00/week
Half Time	1-2 days/week	\$25.00/week

further questions or information please contact
Kids Quest Program Coordinator 785-233-1750x262 caleyb@ywcaneks.org

YWCA Kids Quest Program
Policy Guidelines

Registration

- Registration: an annual, non-refundable \$35 enrollment fee for one child, \$50 for two or more children per school year, ***due with enrollment application***

Payment Discounts & Billing Procedures

- Kids Quest is a PRE-PAY program.
- Invoices will be generated every two weeks and mailed and/or emailed to the parent for the upcoming cycle. All late pickup 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 main location. Please use the north doors to make payments. Cash payments will only be accepted with a receipt given by a YWCA employee at the main location. **No cash payments shall be placed in drop boxes.**
- Checks should be made out to YWCA Kids Quest with notation of the child covered by payment.
- **ACH enrollment** is new and encouraged! ACH payments can be scheduled on a weekly, every two weeks, or on a monthly basis. Parents enrolled in ACH payments are eligible for a 5% discount per week
- Vision/DCF payments can be made by calling the “800” number on the back of the card. The provider ID numbers are:

Avondale West: C873979	Bishop: B795496	McCarter: B795421
McClure: B795436	McEachron: B795441	Meadows: B795416
Whitson: C218452	Youth Programs: C883496	
- Enrollment and activity fees are non-refundable.
- **Any tuition that has been paid in advance is non-refundable unless a two week notice to the program has been given and a Status Change Form has been filled out and turned in to the Kids Quest Clerk. – Lenora Banks – lenorab@ywcaneks.org – 785-233-1750 EXT 363**
- **SCHOOL DAY OUT (SDO) – To enroll in SDO, a separate packet MUST be COMPLETED. This includes a health assessment done by a physician (not older than 6 months) and current immunization records. You can contact Caley Brenner : caleyb@ywcaneks.org – (785) 233-1750 ext. 262 for a packet or at our website: www.ywcatopeka.org**

Available Assistance Programs:

DCF and KVC.

-Any fees not covered by DCF or KVC is the responsibility of the parent/guardian.

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 withdraw from the program. Notices must be submitted to the Kids Quest Clerk prior to program cancellation approval.**
- **Any change or alteration of program attendance hours requires written notice.**
- **Failure to provide proper notice will result in continued fees until notification is received and authorized by the Kids Quest Clerk. Lenora Banks – lenorab@ywcaneks.org**

Snack (PM only)

- A snack will be provided every day by 4:15pm. If your child is allergic to specific foods or you have concerns regarding snack time, please disclose any allergies in this application and notify the Kids Quest Program Coordinator.

Children are accepted in YWCA Youth Services programs without regard to race, color, 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/guardians are always welcome to visit sites and participate in activities.

**For questions or further information please contact the Kids Quest Program Coordinator at
785-233-1750 ext. 262 or caleyb@ywcaneks.org**

Please indicate start date: _____

YWCA Kids Quest Application 2016-2017

Application **must** be complete and approved **before** your child can attend Kids Quest.
Return this application to YWCA Topeka with annual, non-refundable \$35 enrollment fee for one child, \$50 for two or more children

Indicate which site, program hours, and days your child plans to attend: *(mark each appropriate box below)*

sites: Avondale West Bishop McCarter hours: AM 7:00am-8:10am PM 3:40p-5:30p
 McClure McEachron Meadows Whitson All

days: Monday Tuesday Wednesday Thursday Friday

Student Information

child's full name _____

grade _____ age _____ date of birth _____ sex _____

Primary Parent/Guardian Information

Parent/guardian name _____ home phone _____

cell phone _____ email _____

residential address _____ zip _____

parent social security number _____ date of birth _____

employer/business _____ work phone number _____

work address _____

best method of contact _____

Secondary Parent/Guardian Information

Parent/guardian name _____ home phone _____

cell phone _____ email _____

residential address _____ zip _____

parent social security number _____ date of birth _____

employer/business _____ work phone number _____

work address _____

best method of contact _____

child resides with: both parents mother father other (please specify) _____

Emergency contacts authorized to pick-up your child(ren): provide **at least 2 contacts other than parents who reside in the Topeka area.**

1) name _____ relationship to child _____

address _____ zip _____

primary phone _____ secondary phone _____

e-mail address _____

2) name _____ relationship to child _____

address _____ zip _____

primary phone _____ secondary phone _____

e-mail address _____

3) name _____ relationship to child _____

address _____ zip _____

primary phone _____ secondary phone _____

e-mail address _____

CHILDREN ARE ACCEPTED IN YWCA PROGRAMS WITHOUT REGARD TO RACE, COLOR, RELIGION, ECONOMIC BACKGROUND, NATIONAL ORIGIN, SEX, ANCESTRY, OR PHYSICAL DISABILITY.

To file a complaint of discrimination, write 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)877-339 or (800)845-6136 (Spanish). USDA is an Equal opportunity employer.

Financial Agreement

Terms and conditions for Kids Quest 2016-2017

Registration: \$35 one-time, non-refundable fee per child, \$50 for two or more children per family. Enrollment fee and first week tuition due at time of enrollment. Children will not be enrolled and cannot attend Kids Quest before these fees are paid.

Morning and afternoon (both)

Full Time	3-5 days/week	\$65.00/week
Half Time	1-2 days/week	\$35.00/week

Morning Only/Afternoon Only

Full Time	3-5 days/week	\$35.00/week
Half Time	1-2 days/week	\$25.00/week

Late Fees: All payments should be made by 3:00pm Friday 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 child per minute past 5:30p.m.

School Day Out Rate: \$40 per day for pre-registration, \$50 for late enrollment (if available)

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

- Avondale West Bishop McCarter McClure
 McEachron Meadows Whitson

Please indicate anticipated days and time child will attend:

- Monday Tuesday Wednesday Thursday Friday

AM - Arrival Time: _____

PM - Pick up Time: _____

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

Termination: A written two-week notice is required for termination and/or change in services provided. Tuition will be charged two weeks after written notice of termination is received. This notice must be given to :YWCA, 225 SW 12th Street, Topeka, KS 66612, attn: Kids Quest Clerk

Tuition Agreement: I agree to pay the weekly tuition for the times stated above. In the event School Day Out care is offered by YWCA, the week will be prorated accordingly (*refer to school calendar.*)

I agree to pay the tuition for the times stated above. I understand Kids Quest 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.

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

Signature of Responsible Party

Date

Signature of Provider

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. YWCA Kids Quest at Bishop Elementary	License # 0048044
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I hereby authorize YWCA Kids Quest Bishop Staff (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 08/16/2016 and 05/25/2017
MM/DD/YYYY 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 _____ MM/DD/YYYY Name of Person
(Seal, if any.)
_____ 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.



HEALTH HISTORY FOR CHILDREN AND YOUTH ATTENDING SCHOOL AGE PROGRAMS

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

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

First and Last Name of the Child or Youth	Gender (M or F)	Date of Birth (MM/DD/YYYY)	First day at this program: (MM/DD/YYYY)
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First and Last Name of the Child's or Youth's Mother or Guardian

Mother/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
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Mother/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
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First and Last Name of the Child's or Youth's Father or Guardian

Father/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
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Father/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
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Names and ages of other children in the Child or Youth's Family (Attach additional page if needed.)
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Person(s) authorized to pick up the Child or Youth in case of emergency. Include first and last name and Street Address. Attach additional page if needed.	City	Zip Code	Phone Number (during program hours):
1.			
2.			
3.			

First and Last Name of Physician & Street Address	City	Zip Code	Phone Number ()
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Name of Hospital Preference in case of emergency.
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Yes	No	N/A	Complete the following information about medications for this child or youth.
			Will this child or youth need to take any nonprescription or prescription medication during their time at the program?
			If yes above, is there signed permission on file?

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

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

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

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

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

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

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

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

Our grant and foundation funders, City of Topeka, our YWCA regional office, and other organizations that provide operating funds for the YWCA Northeast Kansas, 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 circle:

AGE PROFILE:

3-5 years old 5-7 years old 8-10 years old
11-12 years old 13-15 years old 16 and over

GENDER PROFILE:

Female Male

RACIAL PROFILE:

White Black Hispanic/Mexican Asian Bi-Racial
Native American Other (please indicate) _____

INCOME PROFILE:

At Poverty Level Below Poverty Level All Others

*Poverty Level is defined as: \$12,492 for a family of 2; \$15,672 for a family of 3; \$18,852 for a family of 4.

SCHOOL CALENDAR

2016-2017

School Day Out (SDO) is offered to parents on days when school is not in session and the before/after school Kids Quest program is not offered. To enroll in SDO, a separate packet MUST be COMPLETED. This includes a health assessment done by a physician (not older than 6 months) and current immunization records. You can contact Caley Brenner : caleyb@ywcaneks.org – (785) 233-1750 ext. 262 for a packet or at our website:

www.ywcatopeka.org

Sign up early! There are a limited number of spaces available.

School Day Out Schedule

September 30th	Staff Development (SDO)
October 14 th , 20 th , 21 st	Parent-Teacher Conferences (SDO)
December 21 st & 22 nd	Winter Break (SDO)
January 2 nd , 3 rd , 16 th	Winter Break (SDO)
February 3 rd , 16 th , 17 th	Staff Development (SDO)
March 17 th – 24 th	Spring Break (School Day Out)
April 28 th	Staff Development(School Day Out)

Calendar subject to change.

Late Start Friday Schedule

August 19 & 26
September 2, 9, 16, 23
October 7, 21, 28
November 4, 11, 18
December 2, 9, 16
January 6, 13, 20, 27
February 10, 24
March 3, 10, 31
April 7, 14, 21
May 5, 12, 19



I, _____, hereby grant YWCA Northeast Kansas full rights
(print parent/guardian name)

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 he/she is participating
(print child's name)
in YWCA programming.

Parent/Guardian Signature: _____

Date: _____

YWCA Website and Social Media

Website: www.ywcaneks.org

Facebook: facebook.com/ywcaneks

Twitter: @ywcaneks

Instagram: ywca_northeast_kansas