YMCA OF TOPEKA

2026-27 SCHOOL DAY OUT REGISTRATION FORM
AUBURN-WASHBURN PUBLIC SCHOOLS (USD 437)

PARTICIPATION REQUIREMENTS

Any student 5-12-years-old, enrolled in Kindergarten and above at ANY school, can participate in **SCHOOL DAY OUT** but advanced registration (including KEY Academy participants) is required. To register your child:

1. Complete the **KEY Academy/SCHOOL DAY OUT** enrollment form
2. Complete this **SCHOOL DAY OUT** registration form
3. If not currently enrolled in KEY Academy for 2026-2027 school year, complete all KDHE forms
4. Submit forms and payment, in-person, at the YMCA of Topeka by **10PM CT** on **MONDAY** the week before intended participation

Find additional details, required enrollment and registration forms, parent information and program policies and more at the YMCA of Topeka or at **ymcatopeka.org.**

PROGRAM HOURS ARE 7:00AM-6:00PM

Required forms and payment must be submitted **IN PERSON** at the YMCA of Topeka. Registration not available online or at KEY Academy sites.

PARTICIPANT NAME (FIRST AND LAST)

DATE OF BIRTH _____/____/_____

AGE 5 6 7 8 9 10 11 12 ____

PARENT/GUARDIAN/CUSTODIAN FULL NAME (PRINT)

PRIMARY PHONE (___) ___-____ CELL WORK HOME

SCHOOL DAY OUT PARTICIPATION

Check applicable dates and clarify intended drop-off/pick-up time.

DATES	PROGRAM SITE
☐ 08/10/26	YMCA of Topeka
☐ 08/11/26	3635 SW Chelsea Drive, Topeka, KS 66614
☐ 09/07/26	
☐ 10/09/26	
☐ 10/15/26	
☐ 10/16/26	
☐ 01/15/27	
☐ 01/18/27	
☐ 02/18/27	
☐ 02/19/27	
☐ 04/16/27	
☐ 04/19/27	

DAILY FEES

Reduced rates are available, based on income, inquire at the front desk.

☐ **$10** KEY Academy Participant
☐ **$30** Y Family Member Child
☐ **$35** Community Participant

See our **BREAK CAMP** registration form for Fall, Winter, and Spring Break programs.

DROP-OFF TIME ____:____ AM PM

PICK-UP TIME ____:____ AM PM

Coverage is available from 7:00AM-6:00PM. Limit 10 hours/day/child.

For general questions contact childcare@ymcatopeka.org.

For billing questions please contact us by phone at 785.271.7979 or by email at childcare-billing@ymcatopeka.org

NOTICE A minimum of ten (10) eligible students, per location, must register for SCHOOL DAY OUT for the program to be offered on that date - watch for confirmation emails. All adults (including parents/guardians) must be prepared, without exception, to show photo ID at pick-up. All YMCA Child Care and Camp accounts must be current prior to participation. SCHOOL DAY OUT fees, while transferable, are non-refundable and must be paid, regardless of attendance without proper modification/cancellation prior to registration closing.

YMCA KEY ACADEMY AND SCHOOL DAY OUT
2026-2027 ACADEMIC YEAR PARENT INFORMATION AND POLICIES

KEY Academy is a before/after school program that is owned, staffed, and operated by the YMCA.

Unless otherwise noted, children must attend the KEY Academy site where they are enrolled as a student. The YMCA does NOT provide any transportation for KEY Academy students. Contact your school or district office directly for all transportation questions, to schedule service, or should any issue or concerns arise regarding transportation during the school year. Please notify KEY Academy staff, upon enrollment, if your child is being transported to/from program sites by the school district.

KEY ACADEMY HOURS
- AM Session locations OPEN at 6:30AM and close when school begins.
- PM Session locations open when school ends and CLOSE at 6:00PM.
- NO PM Sessions are offered on the last day of school or early release days.

SCHOOL DAY OUT
- **7:00AM to 5:30PM**
- Late pick-up fees apply at 5:31PM and chronic late pick-up will result in termination of care.
- School Day Out and Break Camps require a SEPARATE registration form and are open to both KEY Academy participants and non-participants regardless of the school the child attends as long as they meet the age restrictions. Non-KEY Academy participants must complete KDHE forms online prior to registration.
- School Day Out registration deadlines are TWO weeks in advance.

DROP-OFF AND PICK-UP
- Children must be accompanied by an authorized adult upon arrival to AM sessions and departure from PM sessions.
- Children must be signed in and out of the program daily by their parent/guardian or authorized adult.
- Full signature of parent or guardian is required weekly to verify attendance.
- Parent/guardian or other authorized adult may be required to show PHOTO ID at pick up.
- Parents are encouraged to notify Y staff when their child will not be participating as scheduled.
- Children that do not arrive at the program for the afternoon session will be presumed as absent for the day.
- Changes to your authorized pick-up list must be provided in writing.
- It is the parent/guardian's responsibility to notify the child's school office and teacher of his/her enrollment at YMCA KEY Academy.
- Parents/guardians are welcome to visit KEY Academy at any time, please check in with staff upon arrival.
- Programming includes a morning and afternoon snack. Parents are responsible for notifying Y staff if their child is to be released for school breakfast during morning sessions or for ensuring they eat breakfast BEFORE arrival. No OUTSIDE FOOD IS PERMITTED in KEY Academy.

LATE PICK-UP
- KEY Academy program sites close promptly at 6PM. Contact the program *immediately* if an emergency occurs leading to late arrival.
- A minimum of $10 will be charged for each child picked up after 6PM.
- An additional fee of $1/minute/child is charged for each minute, after 6:10PM, if a child is still waiting.
- Late pick-up fees must be paid, in full, before a child can return to KEY Academy or School Day Out programming.
- ONLY Late Fees may be paid, by check or money order, at KEY Academy sites.
- Chronic late pick-up may result in suspension or termination of services.
- Children remaining at a program site at 7PM, with no communication from a parent/guardian, will be released to the police and/or child protective services.

PROGRAM CLOSURE
- The YMCA will close KEY Academy sites anytime the district announces a weather-related or other emergency closure. This includes nonscheduled early release.
- School closure notice is provide by the school districts and is typically available on their website, on their social media accounts, or shared through local/regional media (TV and radio) outlets.
- Fees are not refunded or prorated when program is closed due to school district closure or when school events or activities required Y program closures.
- Should conditions require closure after the program session has begun the Program Director or Designee will contact parents/guardians or the emergency contact by phone. Children should be picked up immediately.

WHAT TO WEAR/BRING TO KEY
- Closed-toed shoes are recommended.
- Unless otherwise indicated, all personal items (food, toys, phones, electronic phones, games, etc.) should be left at home.

LOST AND FOUND
- The YMCA is not responsible for lost/damaged/stolen items and does not store or take control of personal items left behind.
- Items left in the KEY Academy program space will be taken to the school office. For programs operated at a YMCA branch facility, items will be taken to the membership desk at the end of program.

SPECIAL NEEDS AND EMERGENCY MEDICAL CONDITIONS
We are committed to creating an environment where all children thrive, including children with special needs. A child with special needs is one whom it has been determined requires special attention and/or accommodation that other children in a group setting do not require. These determinations may be based on medical, physical, cognitive, or behavioral challenges that the child may face. Our program specializes in group child care and is an inclusive school age program that recognizes each child's uniqueness. We are an independent program separate from the school district, do not have access to school resources or staff during our program hours, and operate under separate regulations. Our desire is to work with every family so that their child succeeds in our program. We will make reasonable accommodations in our program toward that goal, but we must note that there are some circumstances where we cannot effectively meet the needs of a child.

Parents are asked to complete the "Special Needs Form" to help us learn about their child's special needs and their ability to manage everyday tasks or situations that are common in our school age program. This form is required if you are requesting specific accommodation. The form should be submitted to childcare@ymcatopeka.org with the child's school listed in the subject line. A Program Director will contact you to review and if deemed necessary schedule an in-person meeting. We are committed to making a timely determination regarding enrollment and participation. Please allow a minimum of 10 working hours for this process.

Throughout the process, YMCA staff make every effort to support the individual needs of children and make all reasonable accommodations. Please note that based on our current funding levels, KEY Academy is not able to provide one-to-one staffing should this be deemed necessary.

PREVENTION OF ALLERGIC REACTIONS FOR INDIVIDUAL CHILDREN
Upon initial enrollment, all parents are required to report any medical condition or food allergy that put their child or youth at risk for anaphylaxis.
- A complete allergy action plan must be provided and reviewed with the staff team prior to attendance.
- Parents are required to provide emergency response medication to be kept on site (i.e. EpiPen, Benadryl, etc.) along with a complete KDHE medication administration form. Medication can NOT be outdated.
- Staff will document any incidents and medication administration on the appropriate document for the situation.
- When appropriate and possible, areas in the program, classrooms or specific tables used for meals service may be designated as a "free zone" for allergens such as peanut butter, or tree nuts.

ILLNESS POLICY
The YMCA follows KDHE guidelines for exclusion of children who are ill and/or show one or more sign or symptom of illness. While fever alone does not always indicate a serious condition, it is unreasonable and inappropriate for child care staff to determine this for participating children – it is, instead, the responsibility of parent/guardian, with the help of the child's health care provider. Parents/guardians will be notified if a child has a fever with or without additional symptoms. Children will be excluded from participation when:

1. The illness prevents the child from participating comfortably in facility activities;
2. The illness results in a greater care need than the child care staff can provide without compromising the health and safety of other children; or
3. The child exhibits signs or symptoms of illness, including but not limited to the following:
   - Presence of a fever and other signs of illness or behavioral change
   - An acute change in behavior including lethargy, irritability, and/or persistent crying
   - Uncontrolled coughing, rash, diarrhea, vomiting, abdominal pain, mouth sores, pink or red eyes
   - Untreated head lice, scabies, or other infestation
   - Known or suspected contagious diseases while in the communicable stage
4. Child is in the communicable period of an illness.
   - Children excluded for a fever must be fever free, without fever reducing medication, for 24 hours before returning to the program.
   - Ill children will be monitored and isolated with necessary supervisor, until a parent/guardian or other authorized adult picks up.
   - Parents/guardians should make arrangements to ensure prompt pick up within an hour of notification.
   - Parents/guardians are required to notify the program when a child is diagnosed with a communicable disease; a doctor's release may be required to return to the program.
   - All participating families will be notified if a child or staff has a confirmed, communicable disease; maintaining confidentiality (individuals will not be named)

MEDICATION POLICY
Please be advised that the YMCA staff do not administer medication outside of those for emergency situations such food allergy and anaphylaxis emergencies where an EPI Pen is needed, or rescue inhalers for youth with asthma. Parents/Guardians are responsible for providing a complete emergency plan, on a YMCA approved form, prior to the child attending. All medication must be given directly to the YMCA staff, be in the original container, have the full prescription label and directions. Please allow additional time at drop off when delivering medication to complete the required KDHE long-term medication form.

To fill out these forms in advance visit the KDHE website at: https://www.kdhe.ks.gov/DocumentCenter/View/1038/CCL-027-Long-Term-Medication-Authorization-PDF
YMCA Latchkey programs do not have access to the nurses' offices in our school district partner sites and therefore have no access to any emergency medications you have authorized the school to administer to your child. YMCA staff are trained in Pediatric CPR/AED and First Aid. The YMCA does not have medical personnel on staff at any Y program or facility branch, including our School Day Out and Break Camp sessions, held at YMCA branches. Should a child

YMCA KEY ACADEMY AND SCHOOL DAY OUTS
2026-2027 ACADEMIC YEAR PARENT INFORMATION AND POLICIES (CONTINUED)

require medication during program hours, it will be incumbent upon the parent or guardian to administer this medication.

MAJOR AND MINOR EMERGENCIES
- All YMCA staff are certified in pediatric CPR/AED and basic First Aid
- Minor injuries will be treated on site and parents will be informed at pick-up and/or provided an "ouch report"
- In accordance with YMCA emergency procedures, 9-1-1 will be called prior to parent notification anytime a situation warrants.
- Parents will be notified immediately of any serious injury or major emergency situation.
- For **Major Emergencies** YMCA staff will complete an incident/accident report on a KDHE form after the incident; a copy will be provided to the parent/guardian.

CONFIDENTIALITY
All family records are confidential. Only authorized staff and regulatory agencies have access to files. No information will be released to any other person or agency without parent/guardian's written permission.

BEHAVIOR MANAGEMENT POLICY
The YMCA's philosophy on discipline is based on respect for the child's self-esteem, setting reasonable limits, consequences, and encouraging increased self-discipline. All children will be expected to act in a manner that demonstrates the four YMCA character values of caring, respect, responsibility, and honesty.

- Minor behavior issues will be shared as needed with families verbally. When warranted written documentation will be provided to outline both unacceptable behavior and expectations.
- The YMCA reserves the right to suspend and/or dismiss any child based the child's actions and behaviors.
- Immediate suspension may occur if a child:
  - threatens harm to another
  - attempts to and/or strikes a staff member
  - demonstrates violence and/or aggressiveness
  - willfully leaves or does not return to the program area without permission from the staff
  - is verbally disrespectful to peers or adults and/or uses profanity
  - damages or takes the property of the program or others
  - refuses to comply with verbal directions from staff
  - in any way compromises their safety or the safety of others
- The YMCA understands that from time to time all children need support and redirection. When consistent and/or escalating behavior compromise the staff's ability to facilitate program activities and/or supervise the group, suspension from the program may be required until a conference with the family can be established and a plan for improvement implemented.
- If a child's behavior or actions cause destruction or damage to property, equipment, or the facility, the family will be held responsible for any and all costs for repair or replacement.
- Refunds are not given when children are suspended or dismissed for inappropriate behavior.
- YMCA staff are there to support youth. To ensure a timely response, we ask that youth and parent/guardians go directly to a staff member to report any concerns or incidents immediately.

ENROLLMENT AND REGISTRATION
- Online forms must be complete prior to registration.
- An annual, non-refundable enrollment fee of $15/session/child is due at registration.
- Key Academy registration deadline is 10PM Monday one full week prior to the Monday of the first week of attendance/participation.
- Weekly fees are due REGARDLESS OF ATTENDANCE, by 10PM Monday the week prior to the week of service.
- Unless otherwise noted, children must attend the school in which the program is located.
- Changes to children's enrollment, including cancellation requires a **two-week notice** that should be emailed to childcare@ymcatopeka.org two (2) weeks prior to the week of cancellcation.
  - Request to add a session, i.e. AM or PM participation will be granted based on availability and can not be guaranteed.
  - Children that wish to return to the program in the same school year after cancellation will be welcomed back as long as the account is in good standing and based on availability. Please reach out to Child Care Accounts a minimum of one full week in advance on a Monday. Our membership desk is unable to process re-enrollment during the school year.

KEY ACADEMY PAYMENT POLICIES AND OPTIONS
- Weekly program fees must be paid in full by 10PM on the Monday *prior* to the week of services.
- Fees **ARE** prorated the first and/or last week of school (if applicable), Fees are prorated days that fall during Fall, Winter, and Spring Break Camps. Fees are **NOT** prorated when Y School Day out Sessions are offered and for the following closure days: Labor Day, Memorial Day, and Good Friday (Friday before Easter).
- Weekly Fees allow children to attend as needed each week for the session(s) they are enrolled. Fees are due in full regardless of days or hours attending.
- On-site staff CANNOT accept weekly fee payments.
- Weekly Automatic Payments (checking or savings account, debit or credit card) is available at registration or by contacting Child Care Accounts.
- Payment using DCF funds must be made through the Electronic Bank Transfer (EBT) system, a partner agency of DCF. Funds can be transferred through their on-line or phone system, we do not have a POS option at our facilities. Your child's account will NOT be credited for the transfer until you have provided the YMCA with the transaction information. The DCF Funds Transfer Record Form Can by found on our YMCA Website at: https://ymcawichita.org/programs/child-care-and-camps/DCF-funds-transfer-record
  - You can also send a screen capture of your transfer to childcare@ymcawichita.org Note: All information must be in the screen capture including; Provider ID, Authorization #, Child's Full Name, and amount transferred.
  - If you have questions about EBT please contact your case manager or EBT directly.
  - Do NOT transfer MORE than one month of fees, over payments will be refunded to DCF and NOT back to your card directly.
- Fees may be paid in advance (bi-weekly, monthly, etc.) if preferred by parent/guardian/custodian. Contact Child Care Accounts for information on timing considerations and other questions.
- All balances not covered by third-party payer/assistance are the responsibility of the parent/guardian without exception. Late fees apply.
- School Day Out session and our Fall/Winter/Spring Break Camps fees are due in-advance (see registration form for deadlines).

CHILD CARE FINANCIAL ASSISTANCE
Financial assistance is available through the YMCA for those who qualify. Application available online, contact Child Care Accounts for any questions regarding qualifications or your application. Please allow 7-10 days for processing, note that discounts are NOT retroactive and are separate from IBFA award for memberships or other YMCA programs.

LATE FEES / DELINQUENT ACCOUNTS
- All returned checks, declined drafts, or other non-sufficient funds (NSF) will be assessed a $30/instance charge in addition to any applicable late fees and/or other fees assessed.
- Chronic late payment/ongoing account delinquency, may result in dismissal from the program.

Students will not be permitted to attend program if the account is past due. Fees will continue to accrue during suspensions and record of account status from our Child Care Accounts office may be required before the child can return.

CONTACT INFORMATION
- Contact information for each KEY Academy and School Day Out site is available on the "parents table" at each site or from staff.
- KEY Academy phones are not answered during the school day but messages are checked at the start of each AM and PM session and are answered during service hours.
- Call KEY Academy Administrative Offices at 785.435.8632.

YMCA MEMBER RATE
Save $5/week/child with a YMCA Family Membership.**

YMCA EMERGENCY PROCEDURES
- All YMCA Child Care Programs have a written Emergency Guide to provide for the safety of participants and staff in emergencies. These plans are posted at each location and a copy maintained in an emergency backpack that also contains a fully stocked first aid kit. Emergency procedures are reviewed annually in addition to being part of the new staff orientation.
- Should any emergency require program evacuation, participants will be relocated to the designated shelter in-place or emergency evacuation location on-site OR if directed by emergency personnel to a designated off premise location. The location is typically the closest YMCA facility branch, see the posted guide for your programs designated off premise location.
- Children with special needs and/or chronic medical conditions have a written plan on-site which shall include procedures for emergency evacuation as deemed necessary for the individual participant. If applicable, emergency medications are taken with the group as part of the evacuation and/or relocation procedures.
- Participant records including parent contact information and authorization for emergency medical care are maintained on site and back up records are held electronically and can be accessed from any YMCA computer.

BILLING QUESTIONS?
Contact **CHILD CARE ACCOUNTS** to discuss accounts, charges, fees, payment options, etc.

CALL 785.435.8632
EMAIL childcare@ymcatopeka.org

* Discounts apply ONLY to KEY Academy rates.
** Must be under a FAMILY (vs. YOUTH) Membership in good standing.

ENROLLMENT/INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

PART 1 – CHILDREN'S INFORMATION—Required for all children in care.

Child's Name	Birthdate	Age	Circle Normal Days/ Print Normal Hours of Care	Circle Meals and Snacks Normally Received
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast A.M. Snack Lunch P.M. Snack Supper Eve. Snack

INCOME ELIGIBILITY

Please check the boxes that apply to help determine the other parts of this form to complete:

☐ A family member in our household receives benefits from Food Assistance Program (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**

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.	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
2.	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
3.	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
4.	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
5.	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
6.	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

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- ☐ 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 Program (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:

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

(2) Fax: (202) 690-7442; or

(3) Email: program.intake@usda.gov.

This institution is an equal opportunity provider.

DO NOT FILL OUT - CENTER USE ONLY

☐ Child(ren) are categorically free based on FA/TAF/FDPIR.

☐ Homeless, migrant, runaway or head start documentation from school, emergency shelter or agency.

☐ Foster child(ren) have been identified on this form and qualify for the free category.

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

☐ Child(ren) on this form who are not categorically eligible qualify as follows:
Check one: ☐ Free ☐ Reduced Price ☐ Paid

Household Size: _____

Total Income: $_____
☐ Annual ☐ Monthly ☐ Twice Per Month
☐ Every Two Weeks ☐ Weekly

X_____ _____
Signature of Determining Official **Today's Date**

X_____ _____
Signature of Confirming Official **Today's Date**

NOT VALID WITHOUT SIGNATURE AND DATE.
E/IEF Effective Date: If the institution is using the parent/guardian signature date as the effective date, the form must have been signed by the institution representative within the same month the parent signed the form or the immediately following month. If the institution representative does not evaluate and sign the E/IEF within these guidelines, the institution representative's signature date must be used as the effective date.

CCL. 358
Rev. 02/2026

Kansas Department of Health and Environment
Curtis State Office Building
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: 785-296-1270 | Fax 785-559-4244
Email: kdhe.cclr@ks.gov | kdhe.ks.gov/280/Child-Care-Licensing

Child Health History
School Age Programs

In accordance with K.A.R. 28-4-590(d)(1), each school age program operator shall obtain a health history for each child or youth. Each health history shall be maintained in the child's or youth's file on the premises.

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

Name_____

Home Address_____
Street City Zip Code

Home/Cell Phone Number_____

Work Phone Number_____

E-mail Address_____

Best way to contact_____

Parent/Guardian Information

Name_____

Home Address_____
Street City Zip Code

Home/Cell Phone Number_____

Work Phone Number_____

E-mail Address_____

Best way to contact_____

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

Name _____ Name _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Child's Physician Name & Phone Number_____

Physician Address _____

Hospital Preference (for emergencies):_____

List any allergies or medical conditions of child:

_____

List any non-prescription or prescription medication the child will take during their time at the program:

_____

Provide additional information that will help staff meet the needs of the child (attach additional page if needed):

_____

Parent/Guardian Signature: _____ Date: _____

Child Health History (continued)
Immunizations

Child's Name:_____Date of Birth: _____
First Last MM/DD/YYYY

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.
K.A.R. 28-4-590(d)(4) Children or youth who are currently attending or who attended in the preceding school year a public or accredited non-public school in Kansas, Missouri, or Oklahoma shall not be required to provide documentation of current immunizations or exemptions from immunizations.

Do not provide immunization or exemption information if the child or youth is currently attending, or was attending during the previous school year at, a public or accredited non-public school.

Vaccine	Record the date (MM/DD/YY) each dose of vaccine was received				
	1st	2nd	3rd	4th	5th
Diphtheria, Tetanus, Pertussis (DTaP)					
Haemophilus influenzae type b (Hib)					
Hepatitis A (Hep A)					
Hepatitis B (Hep B)					
Measles, Mumps, Rubella (MMR)					
Pneumococcal disease (PCV15, PCV20)					
Poliomyelitis (IPV)					
Varicella (VAR)					
Respiratory syncytial virus (RSV) – Recommended, not required					
Rotavirus (RV) – Recommended, not required					
Influenza – Recommended, not required					

I attest that to the best of my knowledge the immunization information entered is true and correct.

Parent/Guardian Signature: _____ Date: _____

If your child is exempted from the law requiring immunizations, K.S.A. 65-508(g), check either (A) or (B) below and complete as required.

☐ (A) Certification from licensed physician stating that immunization would endanger the child's life. Child is exempt from the following immunizations:

_____DTaP _____Hib ____Hep A ____Hep B ____MMR ____PCV15/PCV20 ____IPV ____VAR

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.

Parent/Guardian Signature: _____ Date: _____

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Rev. 3/2017

Kansas Department of Health and Environment
Bureau of Family Health
Child Care Licensing Program
1000 SW Jackson, Suite 200 Topeka, KS 66612-1274
Phone: (785) 296-1270 Fax (785) 559-4244
Website: www.kdheks.gov/kidsnet

Authorization for Self-Administration of Medication (Children/Youth in School Age Programs)

According to K.A.R. 28-4-590(e)(5)(A) any operator may permit a child or youth with a **chronic illness, condition requiring prescription medication on a regular basis, or a condition requiring the use of an inhaler** to administer the medication under staff supervision. The operator shall obtain written permission for the child or youth to self-administer medication from the child's or youth's parent or other adult responsible for the child or youth, and from the licensed physician or nurse practitioner treating the condition of the child or youth. Prescription medications must be in their original containers labeled with the child's or youth's first and last name, the date the prescription was filled, the name of the licensed physician or licensed nurse practitioner who wrote the prescription, the expiration date of the medication, and specific and legible instructions for administration and storage of the medication. A record of administration must be kept.

_____

First and Last Name of Child or Youth

_____

Name of Medication (only one medication per authorization)

_____

Reason for Medication

_____

Dose Time to be Given **Start Date** **Stop Date****

_____

Print the Name of licensed Physician or Nurse Practitioner prescribing the medication Phone# of Health Care Provider

I authorize the self-administration of the above medication by my child or youth under staff supervision.

_____

Signature of Parent or Responsible Adult **Date Signed**

I authorize the self-administration of the above medication by the child or youth listed above under staff supervision.

_____

Licensed Physician or Nurse practitioner Signature **Date Signed**

****Stop date not to exceed one year from the start date. A new authorization is to be completed any time the medication, dosage, times to be given, or instructions from the parent or health care provider change from the information included on this form. Additional copies of this form may be attached to this page if more space is needed to record the administration of the medication for up to one year if there are no changes in instructions. Above information must be completed on each page but the parent's signature and the licensed physician or nurse practitioner signature is required only once per year.**

THIS FORM IS TO BE USED TO DOCUMENT SELF ADMINISTRATION OF ONLY THE MEDICATION IDENTIFIED ABOVE. Provider or staff member supervising the self-administration of medication to note any comments or remarks about the child's or youth's appearance and/or condition on the back of the form.

Date mm/dd/yy	Time	*Initials	Date mm/dd/yy	Time	*Initials	Date mm/dd/yy	Time	*Initials

Each person administering medication is to sign on the back side of this form and identify initials used above.

*Signature of Person Supervising Self-Administration of Medication _____Initialing as_____

*Signature of Person Supervising Self-Administration of Medication _____Initialing as _____

*Signature of Person Supervising Self-Administration of Medication _____Initialing as _____

*Signature of Person Supervising Self-Administration of Medication _____Initialing as _____

Note Form

Date	Additional comments about the incident or other related incidents, including comments or remarks about the child's or youth's appearance and/or condition.

Curtis State Office Building
Kansas Department of Health and Environment
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: 785-296-1270 | Fax 785-559-4244
Email: kdhe.cclr@ks.gov | kdhe.ks.gov/ChildCareLicensing

Kansas
Department of Health and Environment

Authorization for Emergency Medical Care

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

Name of facility exactly as stated on the license	**License #**

I authorize ____(*caregiver/staff*) who is/are representative(s) of the above-named facility to give consent for any and all necessary emergency medical care for my child or youth_______________________________________ (*child's first and last name)* while child or youth is in the facility's custody between ________________ and ______________________.
MM/DD/YYYY MM/DD/YYYY

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

____

____

____

Signature of Parent or Guardian	**Date Signed**

- -

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 off premised from the facility.

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Curtis State Office Building
Kansas Department of Health and Environment
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: 785-296-1270 | Fax 785-559-4244
Email: kdhe.cclr@ks.gov | kdhe.ks.gov/Childcare Licensing

Authorization for Administering Medications to Children and Youth
Short-Term Medications (Prescription and Non-Prescription)

Prescription medication must be in their original containers labeled with the child's/youth's first and last name; the name of the licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN) who ordered the medication; the date the prescription was filled; the expiration date of the medication; and specific, legible instructions for administration and storage of the medication. Administer the medication only to the child or youth designated on the prescription label in accordance with the instructions on the label. **Non-prescription medications** can be given with written permission and direction from the parent or legal guardian. Administer nonprescription medication from the original container labeled with the first and last name of the child/youth and according to the instructions on the label.

Medication #1

_____
First and Last Name of Child/Youth Date of Birth

_____
Name of Medication

_____
Reason for Medication

_____
Dose Time to be Given Stop Date

_____
Name of Licensed Physician/PA/APRN prescribing the medication

I allow the above medication to be given to my child/youth by the designated person.

_____
Parent's Signature **Date**

Medication #2

_____
First and Last Name of Child/Youth Date of Birth

_____
Name of Medication

_____
Reason for Medication

_____
Dose Time to be Given Stop Date

_____
Name of Licensed Physician/PA/APRN prescribing the medication

I allow the above medication to be given to my child/youth by the designated person.

_____
Parent's Signature **Date**

THIS FORM IS TO BE USED TO DOCUMENT ADMINISTRATION OF ONLY THE MEDICATION(S) IDENTIFIED ABOVE.
Designated Person to note any comments or remarks about the child's/youth's appearance below on this form.
*Each designated person administering medication is to sign below on this form and identify initials used.

Date mm/dd/yy	Time	Name of Medication	*Initials	Date mm/dd/yy	Time	Name of Medication	*Initials

*Signature of Designated Person Administering Medication _____ Initialing as_____

*Signature of Designated Person Administering Medication _____ Initialing as_____

*Signature of Designated Person Administering Medication _____ Initialing as_____

*Signature of Designated Person Administering Medication _____ Initialing as_____

Note Form

Date	Additional comments about the incident or other related incidents, including comments or remarks about the child's/youth's appearance and/or condition.

CCL.027
Rev. 07/2024

Curtis State Office Building
Kansas Department of Health and Environment
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: 785-296-1270 | Fax 785-559-4244
Email: kdhe.cclr@ks.gov | kdhe.ks.gov/Childcare Licensing

Kansas Department of Health and Environment

Authorization for Administering Medications to Children and Youth
Long-Term Medications (Prescription and Non-Prescription)

Prescription medications must be in their original containers labeled with the child's/youth's first and last name; the name of the licensed physician, physician assistant (PA), or advanced practice registered nurse (APRN) who ordered the medication; the date the prescription was filled; the expiration date of the medication; and specific, legible instructions for administration and storage of the medication. Administer the medication only to the child designated on the prescription label in accordance with the instructions on the label. **Non-prescription medications** can be given with written permission and direction from the parent or legal guardian. Administer nonprescription medication from the original container labeled with the first and last name of the child/youth and according to the instructions on the label.

First and Last Name of Child/Youth **Date of Birth**

Name of Medication (only one medication per authorization **Prescription OR Non-Prescription**

Reason for Medication

Dose **Time to be Given** **Start Date** **Stop Date****

Name of Licensed Physician, PA or APRN prescribing the medication

I allow the above medication to be given to my child/youth by the designated person.

Parent's Signature **Date Signed**

**Stop date not to exceed one year from the start date. A new authorization is to be completed any time the medication, dosage, times to be given, or instructions from the parent or health care provider change from the information included on this form. Additional copies of this form may be attached to this page if more space is needed to record the administration of the medication for up to one year if there are no changes in instructions. Above information must be completed on each page but the parent's signature is required only once per year.

This form is to be used to document administration of only the medication(s) identified above. Designated Person to note any comments or remarks about the child's/youth's appearance on the back of this form.
*Each designated person administering medication is to sign on the back side of this form and identify initials used.

Date mm/dd/yy	Time	*Initials	Date mm/dd/yy	Time	*Initials	Date mm/dd/yy	Time	*Initials

*Signature of Designated Person Administering Medication _____ Initialing as_____

*Signature of Designated Person Administering Medication _____ Initialing as_____

*Signature of Designated Person Administering Medication _____ Initialing as_____

*Signature of Designated Person Administering Medication _____ Initialing as_____

Note Form

Date	Additional comments about the incident or other related incidents, including comments or remarks about the child's/youth's appearance and/or condition.