

GOOD FUN IN GOOD HANDS

Childcare Enrollment 2017-2018



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Serving the communities of Joplin, Webb City & Carl Junction!

JOPLIN FAMILY YMCA

3404 W. McIntosh Circle Dr.
Joplin, MO 64804
417 781 9622

YMCA HERITAGE YOUTH DEVELOPMENT CENTER

1020 N. Main St.
Webb City, MO 64870
417 673 2677

www.joplinfamilyy.org | Find us on  & 



JOPLIN FAMILY YMCA CHILDCARE
WELCOME TO THE FAMILY

Upon enrollment into our programs, your child becomes family. They are important, valued and loved! Enclosed in this packet are all the forms **required** for your child to attend our childcare programs. Each form must be filled out in its entirety for your child to be fully enrolled into any of our programs.

PROGRAM CHECKLIST

Please select each program that can serve your family.

School Plus: Afterschool care offered during the school year at various school sites.

Summer Day Camp: Traveling, all-day care offered throughout the summer.

Activity Days: All-day care offered on scheduled teacher in-services, select school holidays and breaks.

SCHOOL PLUS

___ Carl Junction

___ Carterville

___ Cecil Floyd

___ Colombia

___ Eastmorland

___ Harry S. Truman

___ Irving

___ Jefferson

___ Kelsey Norman

___ McKinley

___ Royal Heights

___ Soaring Heights

___ Stapleton

___ West Central

___ YMCA Heritage Youth Dev. Center

SUMMER DAY CAMP / ACTIVITY DAYS

___ Joplin YMCA Summer Day Camp (FULL)

___ Joplin YMCA Summer Day Camp (DROP)

___ Heritage Summer Day Camp (FULL)

___ Heritage Summer Day Camp (DROP)

___ Joplin YMCA Activity Days

___ Heritage Activity Days

***Please review other side for enrollment packet checklist.**



JOPLIN FAMILY YMCA CHILDCARE
WELCOME TO THE FAMILY

ENROLLMENT PACKET CHECKLIST

To ensure your enrollment packet is completed in its entirety, please check each item you have either signed or provided. A completed checklist equates to a completed enrollment packet.

- | | |
|--|---|
| <input type="checkbox"/> Child Care Enrollment Form (2pgs.) | <input type="checkbox"/> Parent's Health Statement |
| <input type="checkbox"/> Specialized Care for Infants & Toddlers | <input type="checkbox"/> Medication Authorization |
| <input type="checkbox"/> Individual Plan for Specialized Care | <input type="checkbox"/> Behavior Management |
| <input type="checkbox"/> Release of Liability | <input type="checkbox"/> Media Release |
| <input type="checkbox"/> Permission for Child to Leave Facility | <input type="checkbox"/> Income Eligibility Form |
| <input type="checkbox"/> Financial Agreement | <input type="checkbox"/> Authorization for ACH Drafts |
| <input type="checkbox"/> *Provide current immunization records. | |

***Please attach a copy of your child's most recent immunization records.**

If at any time you have any questions or concerns or if there is something we can do to better serve you, please contact us using the contact information on the cover of the packet, or stop by to speak with us in person. We are here for you!

LOCATIONS:

JOPLIN FAMILY YMCA

3404 W. McIntosh Circle Dr.
Joplin, MO 64804
417 781 9622

YMCA HERITAGE YOUTH DEVELOPMENT CENTER

1020 N. Main St.
Webb City, MO 64870
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SECTION FOR CHILD CARE REGULATION / BUREAU COMMUNITY FOOD & NUTRITION ASSISTANCE
CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE

ADDRESS (STREET, CITY, STATE, ZIP)

IDENTIFYING INFORMATION

MOTHER'S/GUARDIAN'S NAME	HOME PHONE
ADDRESS (STREET, CITY, STATE, ZIP) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE
	E-MAIL
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP)	WORK PHONE

FATHER'S/GUARDIAN'S NAME	HOME PHONE
ADDRESS (STREET, CITY, STATE, ZIP) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE
	E-MAIL
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP)	WORK PHONE

**EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY
 (OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.**

NAME	RELATIONSHIP TO CHILD	PHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP)		

NAME	RELATIONSHIP TO CHILD	PHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP)		

COMMENTS ON CHILD'S DEVELOPMENT

(NOTE CHILD'S PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, AND INDIVIDUAL NEEDS)

RELATED CHILD

YES NO HOW IS CHILD RELATED TO CHILD CARE PROVIDER?

CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND: <input type="checkbox"/> Full Time or <input type="checkbox"/> Part Time	WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE AM OR PM.	WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? CIRCLE AM OR PM.	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES.
MON	AM PM	AM PM	
TUES	AM PM	AM PM	
WED	AM PM	AM PM	
THURS	AM PM	AM PM	
FRI	AM PM	AM PM	
SAT	AM PM	AM PM	
SUN	AM PM	AM PM	

CACFP REQUIREMENT

PLEASE ALSO COMPLETE PAGE 2.

CACFP REQUIREMENT	CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY		
	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> MORNING SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> AFTERNOON SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVE SNACK <input type="checkbox"/> NONE		
	CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY		
	<input type="checkbox"/> NEW YEAR'S DAY (JANUARY)	<input type="checkbox"/> MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY)	<input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY)
<input type="checkbox"/> MEMORIAL DAY (MAY)	<input type="checkbox"/> INDEPENDENCE DAY (JULY)	<input type="checkbox"/> LABOR DAY (SEPTEMBER)	<input type="checkbox"/> COLUMBUS DAY (OCTOBER)
<input type="checkbox"/> VETERANS DAY (NOVEMBER)	<input type="checkbox"/> ELECTION DAY (NOVEMBER)	<input type="checkbox"/> THANKSGIVING (NOVEMBER)	<input type="checkbox"/> CHRISTMAS DAY (DECEMBER)
AUTHORIZATION FOR EMERGENCY MEDICAL CARE			
I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE.			
IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE			
 _____ DAY CARE CENTER OR HOME PROVIDER			
TO CONTACT THE FOLLOWING:			
PHYSICIAN OR CLINIC			
NAME			PHONE
PREFERRED HOSPITAL			
NAME			PHONE
ACKNOWLEDGEMENTS			
A	I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN.	PARENT/GUARDIAN INITIALS	
B	I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE HOMES OR THE LICENSING RULES FOR GROUP CHILD CARE HOMES AND CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW.	PARENT/GUARDIAN INITIALS	
C	THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR AND INDIVIDUAL NEEDS.	PARENT/GUARDIAN INITIALS	
D	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.	PARENT/GUARDIAN INITIALS	
E	I UNDERSTAND THAT, BEFORE THE FIRST DAY OF ATTENDANCE BY MY CHILD, I WILL PROVIDE PROOF OF COMPLETED AGE-APPROPRIATE IMMUNIZATIONS OR EXEMPTION FROM IMMUNIZATIONS.	PARENT/GUARDIAN INITIALS	
F	<input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED	PARENT/GUARDIAN INITIALS	
G	<input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD	PARENT/GUARDIAN INITIALS	
PARENT'S/GUARDIAN'S SIGNATURE			DATE
▶			
CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SECTION FOR CHILD CARE REGULATION
PARENT'S HEALTH STATEMENT FOR SCHOOL-AGE CHILD

IDENTIFYING INFORMATION

CHILD'S NAME _____

BIRTHDATE _____

HEALTH STATEMENT (CHECK ONE)

- My child is in good health, is able to participate in group care, has no special health or medical requirements.

- My child is able to participate in group care but has special health or medical requirements as listed below.

SCHOOL-AGE CHILD'S SPECIAL HEALTH OR MEDICAL REQUIREMENTS

PLEASE LIST ANY ALLERGIES, SPECIAL MEDICAL CONDITIONS, INCLUDING CHRONIC HEALTH PROBLEMS (SUCH AS ASTHMA, SEIZURES), BEHAVIORAL DISORDERS, SPECIAL NEEDS, ETC.

PARENT OR LEGAL GUARDIAN SIGNATURE _____

DATE _____



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
SECTION FOR CHILD CARE REGULATION

PARENT'S SPECIALIZED INSTRUCTIONS FOR INFANTS AND TODDLERS

CHILD'S NAME	DATE OF BIRTH	DATE ENROLLED
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INSTRUCTIONS TO PARENTS

- Please complete for child who is less than 24 months of age.
- Update diet information as needed until child is on complete table food. Use a new form or initial/date changes on this form.

FEEDING METHOD

CHECK ALL THAT APPLY

SPOON CUP BOTTLE WARM BOTTLE HOLDS OWN BOTTLE FEEDS SELF FEEDING TABLE OR CHAIR

TYPE OF FOOD	FEEDING TIME	KINDS OF FOOD	AMOUNT OF FOOD
FORMULA OR BREASTMILK			
WHOLE MILK			
INFANT FOOD			
JUNIOR FOOD			
TABLE FOOD			

ARRANGEMENTS FOR SLEEP – Licensing rules require that infants be placed in a crib, on their back, to sleep.

TIME CHILD USUALLY NAPS	USUAL LENGTH OF NAP
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SPECIAL NEEDS/INSTRUCTIONS RELATED TO SLEEPING

My child is 12 months or older, and I give my permission for my child to sleep on a cot.

PARENT'S SIGNATURE	DATE
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DIAPERING INSTRUCTIONS

LIST ANY LOTIONS AND/OR OINTMENTS, ETC. THAT YOU HAVE PROVIDED AND GIVE PERMISSION FOR CAREGIVERS TO USE ON YOUR CHILD

_____ FOR WET BOWEL MOVEMENT RASH OTHER

I do not want caregivers to use any lotions, powders, ointments or similar items on my child.

I WILL FURNISH THE FOLLOWING BABY SUPPLIES FOR MY CHILD; CLEARLY LABELED WITH MY CHILD'S NAME

SPECIAL INSTRUCTIONS FOR CARE (RESTRICTIONS, ALLERGIES, ETC.)

PARENT/LEGAL GUARDIAN SIGNATURE	DATE
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SECTION FOR CHILD CARE REGULATION
MEDICATION AUTHORIZATION

MEDICATION REQUIREMENT

PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES, AND THE PHYSICIAN'S NAME. ALL NON-PRESCRIPTION MEDICATION SHALL BE IN THE ORIGINAL CONTAINER AND LABELED BY THE PARENT(S) WITH THE CHILD'S NAME AND INSTRUCTIONS FOR ADMINISTRATION, INCLUDING TIMES AND AMOUNTS FOR DOSAGES. A SEPARATE FORM IS NEEDED FOR EACH MEDICATION. THIS FORM IS VALID ONLY FOR THE DATES INDICATED BELOW.

I AUTHORIZE CHILD CARE PERSONNEL TO ADMINISTER THE FOLLOWING MEDICATION TO MY CHILD:

(PROPER NAME OF MEDICATION)

CHILD'S FULL NAME	DATE MEDICATION TAKEN FROM	UNTIL
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DOSAGE	TIME(S) OF DAY
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POSSIBLE SIDE EFFECTS

SIGNATURE OF PARENT(S) OR GUARDIAN	DATE
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RECORD OF ADMINISTRATION

STAFF NAME	DATE	MEDICATION NAME	DOSAGE	TIME



Missouri Department of Health and Senior Services
Section for Child Care Regulation
INDIVIDUAL PLAN FOR SPECIALIZED CARE

IDENTIFYING INFORMATION

CHILD'S NAME

BIRTHDATE

AREA OF CONCERN

ADAPTIVE EQUIPMENT OR SUPPLIES NEEDED AT DAY CARE

MEDICATION/TREATMENT CHILD IS TO RECEIVE AT FACILITY DURING CHILD CARE HOURS

If the child is to receive treatments during his/her scheduled hours of care, how and by whom is this treatment to be administered?

SYMPTOMS/INDICATORS/POSSIBLE PROBLEMS RELATING TO CHILD'S CONDITION/TREATMENT HEALTH PROBLEMS THAN CAN RESULT IN AN EMERGENCY

PHYSICIAN/SPECIALIST SIGNATURE

DATE

X



JOPLIN FAMILY YMCA BEHAVIOR MANAGEMENT

It is our goal to provide a healthy, safe, and secure environment for all program participants. Children who attend this program are expected to follow the YMCA's behavior guidelines, which are based on the Y's four core values of caring, honesty, responsibility and respect, and to interact appropriately in a group setting:

- We will care for ourselves and for those around us.
- Honesty will be the basis for all relationships and interactions.
- People are responsible for their actions.
- We respect each other and the environment.

When a child does not follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the child to more appropriate behavior.
2. The child will be reminded of the behavior guidelines and rules, and a discussion will take place.
3. If the behavior persists, a parent will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action taken.
5. Staff will schedule a conference with the parent so they can determine the appropriate action to take.
6. Staff will schedule a progress check or a follow-up conference.
7. If the problem still persists, staff will schedule a conference that includes the parent, child, staff, and program director. The program director will have all documentation and the notes from the previous conferences for review. If subsequent conferences have to be scheduled, a counselor/teacher may also be present.
8. If a child's behavior at any time threatens the immediate safety of that child, other children, or staff, the parent may be notified and expected to pick up the child immediately.
9. If a problem persists and a child continues to disrupt the program, the YMCA reserves the right to suspend the child from the program. Expulsion from the program will be considered in extreme situations. If a child is expelled mid-week, child care fees for the week are non-refundable.

The following behaviors are not acceptable and may result in the immediate suspension of a child for the remainder of the current day and the next day:

- Endangering the health and safety of children and/or staff, members, and volunteers
- Stealing or damaging YMCA or personal property
- Leaving the program without permission
- Continuing to disrupt the program
- Refusing to follow the behavior guidelines or program rules
- Using profanity, vulgarity, or obscenity
- Acting in a lewd manner

If any of these behaviors persists, staff may suspend the child a second time before expulsion. Immediate expulsion may occur if a child is in possession of and/or using tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.

PARENT SIGNATURE REQUIRED:

I have reviewed with my child the Behavior Management Guidelines. I understand and agree to all of the terms presented in this document.

Parent's signature

Date

Child's signature (School Age Programs Only)

Date



JOPLIN FAMILY YMCA RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including, but not limited to, observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heir, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING, BUT NOT LIMITED TO, OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representative, assigns, heirs, and next of kin for any loss or damage, and any claim or demands thereof on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participation in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability damage, or cost they incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA, whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

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

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

I HAVE READ THIS RELEASE

date ____/____/____ participant's signature _____

date ____/____/____ parent's/guardian's signature _____



JOPLIN FAMILY YMCA
MEDIA RELEASE

In exchange for good and valuable consideration, the adequacy of which is hereby acknowledged, I hereby give the YMCA, its legal representatives, successors and assigns, or those for whom it is acting, and all persons and corporations acting with its permission or upon its authority the absolute right and permission to take, copyright, use and publish photographs and attached story in any and all media, of or concerning

_____ (participant's name), in whole, in part, or in composite, for purposes of YMCA art, advertising, education or promotion, or for any other purposes consistent with the YMCA mission.

I agree that the photograph and story becomes the exclusive property of the YMCA, and I waive all rights there to. I waive all rights to inspect and/or approve any printed matter that may be used in conjunction with the photograph and the use to which it may be applied.

I represent that I am of the age of eighteen (18) years and that I have read the foregoing and fully understand its contents. This release shall be binding upon me, my heirs, legal representatives and assigns.

No modifications of the agreement shall be of any effect unless it is made in writing and signed by all of the parties in the agreement.

Please check one:

Yes, my child may be photographed. No, my child may NOT be photographed.

Date: _____ Parent/Guardian Signature: _____

Address: _____

Phone: _____

JOPLIN FAMILY YMCA



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SECTION FOR CHILD CARE REGULATION
PERMISSION FOR CHILD TO LEAVE FACILITY

NAME OF CHILD	
ACTIVITY	
LOCATION	
METHOD OF TRANSPORTATION (WALK, BUS, CAR, ETC.)	
TRANSPORTED BY (PERSON RESPONSIBLE FOR SUPERVISION)	
TIME OF LEAVING	TIME OF EXPECTED RETURN
DATE OF ACTIVITY	PERMISSION GRANTED EFFECTIVE
	FROM: TO:
SIGNATURE (PARENT(S), GUARDIAN OR DESIGNEE)	DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 SECTION FOR CHILD CARE REGULATION
PERMISSION FOR CHILD TO LEAVE FACILITY

NAME OF CHILD	
ACTIVITY	
LOCATION	
METHOD OF TRANSPORTATION (WALK, BUS, CAR, ETC.)	
TRANSPORTED BY (PERSON RESPONSIBLE FOR SUPERVISION)	
TIME OF LEAVING	TIME OF EXPECTED RETURN
DATE OF ACTIVITY	PERMISSION GRANTED EFFECTIVE
	FROM: TO:
SIGNATURE (PARENT(S), GUARDIAN OR DESIGNEE)	DATE



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 CHILD AND ADULT CARE FOOD PROGRAM
INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

To apply for free or reduced-price meal eligibility benefits for your child(ren), please fill out this form and return it to the child care center.

PART 1 CHILDREN ENROLLED AT THE CHILD CARE CENTER

Complete information below for children enrolled at the center. If child(ren) are receiving Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamp) or Temporary Assistance (formerly AFDC, now funded by TANF), complete Parts 1, 3, and 4 only. Complete Parts 1, 2, 3, and 4 if you did not provide a SNAP case number or Temporary Assistance case number **for all of the children listed in Part 1.**

NAME (first and last)	FOSTER CHILD	BIRTH DATE	SNAP CASE NUMBER	TEMPORARY ASSISTANCE CASE NUMBER

PART 2 HOUSEHOLD AND INCOME INFORMATION

List all members of the household not including the children listed in Part 1. Indicate source and amount of current monthly gross income for all members of the household before deductions, such as taxes and social security. Where there are wage earners and self-employed adults, the income of the wage earner cannot be offset by the business losses of the self-employed adult. If last month's income does not accurately reflect your circumstances, you may provide a projection of your current annual income. Irregular self-employed income may be averaged over the prior 12 months. Foster children may be eligible regardless of household income. Contact the center for more information.

INCOME BASED ON (CHECK ONE)	YEARLY	MONTHLY	2 X A MONTH	EVERY 2 WEEKS	WEEKLY
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HOUSEHOLD MEMBERS	GROSS WAGES	WELFARE, CHILD SUPPORT, ALIMONY	PENSIONS, RETIREMENT, SOCIAL SECURITY	OTHER	

PART 3 RACIAL ETHNIC INFORMATION (You are not required to answer this section)

Are you of Hispanic or Latino origin? YES NO

What is your race? (Select one or more)

AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 4 SIGNATURE

I hereby certify that all information provided is correct. I understand that this information is being given in connection with the receipt of federal funds, that institution officials may verify information, and that deliberate misrepresentation may subject me to prosecution under applicable state and federal laws.

SIGNATURE OF ADULT FAMILY MEMBER	SOCIAL SECURITY NUMBER (LAST 4 DIGITS ONLY)	DATE
PRINTED NAME OF ADULT	ADDRESS	PHONE NUMBER

Section 9 of the National School Lunch Act requires that, unless your children's SNAP or Temporary Assistance case number is provided, you must include the last four digits of a social security number of the adult household member signing the application or indicate that the household member signing the application does not possess a social security number. Provision of the last four digits of a social security number is not mandatory, but if the last four digits of a social security number are not provided or an indication is not made that the signer has none, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the accuracy of information stated on the application. These verification efforts may be carried out through program reviews and investigations, and may include contacting employers to determine income, contacting a SNAP or welfare office to determine current certification for receipt of SNAP or Temporary Assistance benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to provide the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal actions if incorrect information is reported.

FOR CENTER USE ONLY

TOTAL HOUSEHOLD SIZE:	INCOME:	INCOME BASED ON (CHECK ONE):					SNAP (Food Stamp)	TEMPORARY ASSISTANCE
		YEAR	MONTH	2 X A MONTH	EVERY 2 WEEKS	WEEKLY		
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Eligibility Determination: Free Reduced Paid

SIGNATURE OF CENTER REPRESENTATIVE	DATE
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JOPLIN FAMILY YMCA FINANCIAL AGREEMENT

Child's Name _____ Date of Birth _____

Responsible Party's Information

Name _____
First MI Last

Address _____
Street Apt # City State Zip

Home Phone # _____ Cell Phone # _____ Work # _____

Social Security # _____ Relationship to child _____ Email _____

Preferred method of contact: Phone _____ Email _____

Please read the following information. After you have read this page in its entirety, please sign at the bottom to ensure that you have read and understand the information on this page.

- Automatic bank and credit card drafts for the enrolled child's tuition are processed at 9am on Monday mornings, regardless of bank holidays, unless the Joplin Family YMCA billing office is closed.
- Weekly tuition is billed at a flat weekly rate. No other discounts will be provided based on closures or absences for holidays, illness, weather or any other unforeseeable events. I understand I will be charged the same rate every week whether the enrolled child attends the program or not.
 - I understand I am only allowed ONE excused week of absences per calendar year.
 - A written notice must be submitted to Childcare Billing Office a week prior or no later than the Friday prior to any additions/changes to the enrolled child's record/account. Add/Change Forms are available at the site or online for me to use as written notice for cancellation out of the program and for additions/changes. If I do not provide advance written notice, I will be charged the regular weekly rate.
- If the child is enrolled into the activity days or drop program, my payments are due in advance and must be received before the child attends the program. Proof of payment will be required at drop off. If payment is not made before the enrolled child attends, I will incur a \$10 late fee. If I do not make my payment in full by close of business Friday, my balance will be automatically deducted from my bank account or charged to my credit card the following Monday.
- A ONE TIME and PERMANENT switch from the weekly program to the daily drop program (and vice versa) is allowed. Written notice of the switch must be submitted by a week or Friday prior to the planned week of change.
- I am fully responsible for updating changes to my credit/debit card number, expiration and security code or my bank checking/savings information a week or the Friday prior to my next bank draft date.
- If my payment for my tuition or balance is returned or declined, I will be notified immediately and will be assessed a \$25 return-payment fee, and my payment will be due immediately.
- If I do not make my payment in full by close of business Friday, the enrolled child will not be allowed to attend the program until payment is made.
- If I receive assistance through a third party agency, I am fully responsible for the remaining balance the third party does not pay.
- If the enrolled child is not allowed to attend the program due to non-payment and I do not make payment, I will be referred to a third-party collection agency.

I understand that by signing this form I assume all financial responsibility for this child. The Joplin Family YMCA Heritage Youth Development Center is not responsible for financial disputes between parents/guardians. Any and all financial obligations due for this child will be communicated to me directly by the Joplin Family YMCA.

Parent/Guardian Signature: _____ Date: _____



JOPLIN FAMILY YMCA
**AUTHORIZATION FOR AUTOMATED
CLEARING HOUSE (ACH) DRAFTS**

Child's Name _____

Relationship to child _____

BANK DRAFT

Name on bank account _____

Name of bank _____
(ATTACH A VOIDED CHECK TO THIS FORM)

Routing # _____

Account # _____

Checking Savings

CREDIT CARD DRAFT

Name on card _____

Card type _____

Card # _____

Expiration Date _____ Security Code _____

AUTHORIZATION TO DRAW ACH DEBITS OR DRAFTS FOR CHILD CARE PAYMENTS

I have given authority to the above bank or credit card company to honor all preauthorized ACH drafts on my account for childcare payment and/or outstanding balance due for the current program my child is enrolled. It is understood that your sending of a preauthorized ACH draft as a payment, as it becomes due, shall constitute valid notice of such payment due on this account. When the bank or credit card company honors the draft by charging my account, such draft shall constitute my receipt of or the payment. Should any preauthorized draft not be honored by said bank or credit card company when received by them, it is understood that the payment is to be made of the amount of said payment and any applicable service fees. It is understood that to terminate said childcare payments or change bank or credit card company information, I will give the Joplin Family YMCA written notification at least 7 days prior to my draft date.

The Joplin Family YMCA will assess a \$25.00 service fee for any drafts returned from the above bank. Upon notice of return, the responsible party has seven days to pay the balance of the draft and service fee, or the childcare service will be suspended.

Responsible Party Signature _____ Date / / _____



