



2025

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

FIND YOUR SUMMER FUN. FIND YOUR Y.

YMCA of Topeka Summer Camps

The Y's Summer Camps, like many Y programs, are about learning skills, developing character, and making friends. Summer camps help to keep youth engaged and learning while building friendships that last a lifetime! YMCA programs are inclusive to all, regardless of income or background.

Sites

YMCA Hilltop Camp, *Pre-K thru 2nd Grade*, 5440 SW 37th St, License # 0058947

YMCA Southwest Camp/Adventure Camp, *3rd thru 6th Grade*, 3635 SW Chelsea Dr, License # 0048554

Drop Off/Pick Up Time

Youths can be dropped off Monday-Friday starting at 7:00AM and must be picked up by 5:30PM.

Pricing

Y-Members: \$150.00/week Non-Members: \$175/week

Meals and Snacks

Breakfast and a snack are provided to all campers. The first and last weeks of camp, campers will need to provide a sack lunch. All other weeks, lunch is provided in conjunction with Topeka Public Schools summer food program.

Bring to Camp vs Leave at Home Reminders

BRING: Lunch (1st and last weeks), Backpack or bag, Sunscreen, water bottle, bug spray, swimsuit, towel, spare dry clothes

LEAVE: Electronics such as portable gaming devices, laptops, jewelry, trading cards, toys, weapons of any type,

For questions regarding YMCA of Topeka Summer Camps contact:
Terry Jones, Youth Services Director
p. 785.435.8651 e. terryj@ymcatopeka.org





Account Number:

Camp / Grade Range <input type="checkbox"/> Hilltop Camp (Pre-K—2nd) <input type="checkbox"/> Southwest Camp (2nd—6th) <input type="checkbox"/> Adventure Camp (7th—8th)			
	Did child or youth attend YMCA summer camp last year? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Child's Information

Child's Name	Date of Birth ___ / ___ / ____	Gender	Entering Grade
Child's Home Address	City, State Zip		Age

Parent/Guardian's Information

Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____			
Name	Date of Birth ___ / ___ / ____	Gender	Cell Phone
Home Address	City, State Zip		Work Phone
Custodial Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No	May the Y release to non-custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____			
Email Address	Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All		

Parent/Guardian's Information

Relationship to Child <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other _____			
Name	Date of Birth ___ / ___ / ____	Gender	Cell Phone
Home Address	City, State Zip		Work Phone
Custodial Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No	May the Y release to non-custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____			
Email Address	Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All		

Emergency Contact/Authorized Pick Up

Relationship to Child			
Name	Date of Birth ___ / ___ / ____	Gender	Cell Phone
Home Address	City, State Zip		Work Phone

Additional Authorized Pick Up

Name	Date of Birth ___ / ___ / ____	Gender	Cell Phone
Home Address	City, State Zip		Work Phone

Additional Authorized Pick Up

Name	Date of Birth ___ / ___ / ____	Gender	Cell Phone
Home Address	City, State Zip		Work Phone

Additional Authorized Pick Up

Name	Date of Birth ___ / ___ / ____	Gender	Cell Phone
Home Address	City, State Zip		Work Phone

Additional Authorized Pick Up

Name	Date of Birth ___ / ___ / ____	Gender	Cell Phone
Home Address	City, State Zip		Work Phone

Statement of Understanding

- I will notify the YMCA of Topeka of any changes in the registration information.
- I understand it is my responsibility to sign my child in upon arrival to the program and out before leaving the program each day.
- I understand there is a \$1/minute late pick up fee charged for each child picked up after 5:30PM. If the child is not picked up by 6:30PM, local law enforcement will be notified.
- I understand that the YMCA of Topeka has a no outside contact policy between staff and children. This includes, but is not limited to: babysitting, sleepovers, transportation or other non-Y events.
- I understand that state law mandates the YMCA of Topeka to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- **In the event that I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident, I hereby authorize the YMCA of Topeka to seek necessary medical attention.**
- I understand the YMCA may photography/video tape for marketing purposes and release the YMCA from any claim or liabilities related to the use. I give my permission for the use of any photographs, videotapes, or other media recording of myself/my child's participation at the YMCA of Topeka for any lawful purpose, without compensation to me or on my behalf. If I choose not to have myself/my child photographed, videotaped, or in other record media, it is my responsibility to inform the photographer and remove myself/my child from the area.
- You or your child may be recorded by security camera while at the YMCA; staff, visitors, members, and program participants should not have any expectation of privacy in public areas of YMCA facilities in accordance with K.S.A. 21-6101.
- By participating in any activity or program under the YMCA Nationwide Membership Program, I agree to release the National Council of Young Men's Christian Associations of the United States of America, and its independent and autonomous member associations in the United States and Puerto Rico, from claims of negligence of bodily injury or death in connection with the use of YMCA facilities, and from any liability for other claims, including loss of property, to the fullest extent of the law. I/we, on behalf of myself/ourselves, and guests, agree to adhere to all policies set by the YMCA.

Print Legal Name	Relationship to Child
Signature	Date ___ / ___ / ____
Name of person who completed health history if different than parent/guardian	Relationship to Child



Account Number:

YMCA of Topeka Summer Camp

FOR YOUTH DEVELOPMENT®
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FOR SOCIAL RESPONSIBILITY

Fill out this worksheet to select which weeks you wish to enroll in.

Child's Information

Child's Name	Date of Birth __ / __ / ____	Gender
Child's Home Address	City, State Zip	

Week Selection

Check to indicate the weeks you wish to enroll in; additional selections may be added later but are subject to availability at that time. You are not guaranteed a spot until registered and enrolled.

Week of		Check to register for the week
May 27	May 30	
June 2	June 6	
June 9	June 13	
June 16	June 20	
June 23	June 27	
June 30	July 3	
July 7	July 11	
July 14	July 18	
July 21	July 25	
July 28	August 1	
August 4	August 8	

Print Legal Name	
Signature	Date __ / __ / ____



Account Number: _____

FOR YOUTH DEVELOPMENT®
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FOR SOCIAL RESPONSIBILITY

Accounting Policies

Initial

- _____ Acceptable payment form is: scheduled payment by electronic funds transfer (EFT) or pay-in-full by cash
- _____ Drafts will be made on Friday for the following week. **Drafts will be made each week unless two-week written notification has been provided for cancellation.**
- _____ The YMCA of Topeka does not issue statements for individual tax purposes. Please keep any and all cancelled checks, payment receipts or bank statements as documentation of childcare payments.
- _____ No adjustments in the weekly fee will be made for partially attended weeks or due to inclement weather.
- _____ If your payment is returned for insufficient funds (NSF), your payment along with an NSF service fee of \$30 will be collected electronically. **Any change to your billing information must be received at least seven (7) days prior to the date the change is to take effect.** A \$10 late fee will be assessed on payments not made by the deadline.
- _____ If full payment arrangement is not received, I understand that my child will be considered unregistered from any Y program they are currently enrolled in and unable to attend until the arrangement is received.

Payment Information

Parent's Name	Date of Birth ___ / ___ / ___
Child's Name	Date of Birth ___ / ___ / ___
Child's Name	Date of Birth ___ / ___ / ___

- I will be making advanced payment in full at the YMCA of Topeka at the time of registration.
- I will make payment by electronic funds transfer (EFT) and have attached a voided check or bank letter.
 Bank Name: _____ Bank City/State: _____
 Type of Account: Checking Savings Name on Account: _____
 Routing Number: _____ Account Number: _____
- I will make payment by credit card. Visa Mastercard Discover American Express
 Card Number: _____ Expiration: ___ / ___ CVV2: _____
 Name on card: _____ Zip: _____
- I receive third-party payments (i.e. DCF/SRS, KVC, etc). **Approval letter from agency must be received prior to attending.** I understand that I am responsible for all copayment. **Fees and payments will not be determined by time sheets.**

I have read and agree to comply with all payments and accounting policies of the YMCA of Topeka.

Responsible Party for Billing Purposes	Responsible Party Signature	Date ___ / ___ / ___
Email Address	Phone	
Authorized Party	Authorized Signature	Date ___ / ___ / ___



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

- Encouraging children to use their words when having a disagreement with another child.
- Redirecting behavior.
- Separating a child from the group (i.e. "time out")—one minute for each year of age.
- Counseling children individually about their behaviors.
- Making parents aware of disciplinary concerns (i.e. Incident Report).

The following behaviors are examples of disruptive behavior:

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

Disruptive behavior will be addressed in an incident report. This will be completed to document any inappropriate behaviors that directly impact other children, staff members, or the group.

Informal Discussion

Before taking formal disciplinary action, the YMCA staff will make every effort to resolve the matter by informal discussion with the child/student and parent. If this fails to bring about the desired improvement or if the action(s) warrant, the formal disciplinary procedure may be implemented.

Formal Discipline

If conduct or behavior continues past an informal discussion or is serious enough to warrant formal discipline, the child/student will progress through these levels of formal discipline. Depending on the severity of the behavior or actions, steps may be skipped.

- Verbal warning
- Written warning
- Suspension
- Dismissal

Gross Misconduct

A child/student may be immediately dismissed or suspended without notice on grounds of gross misconduct. Fighting, leaving the site without permission, stealing, attacking or striking staff, bringing weapons, drugs, or illegal materials of any kind may all be considered gross misconduct.

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

Parent Name	Parent Signature	Date ___ / ___ / ___
Parent Name	Parent Signature	Date ___ / ___ / ___



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



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 #
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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
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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 premises from the facility.



PARENTAL PERMISSION FORM FOR OFF-PREMISES TRIPS

Name of the Facility (exactly as stated on the license)			License #	
Street Address of the Facility	City	Zip Code	County	

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

First and Last Name of Child or Youth

Place YMCA of Topeka	Street Address 3635 SW Chelsea Dr	City Topeka	By Vehicle <input type="checkbox"/>	Walk/Bike <input checked="" type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place Blaisdell Pool	Street Address 4201 SW Reinisch Pkwy	City Topeka	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike <input type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place Dornwood Splash Park	Street Address 2815 SE 25th St	City Topeka	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike <input type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place Lake Shawnee Adventure Cove	Street Address 3435 SE East Edge Rd	City Topeka	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike <input type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place Garfield Park Pool	Street Address 1600 NE Quincy St	City Topeka	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike <input type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place Shawnee North Family Aquatic Center	Street Address 300 NE 43rd St	City Topeka	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike <input type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place Midwest Health Aquatic Center	Street Address 2201 SW Urish Rd	City Topeka	By Vehicle <input checked="" type="checkbox"/>	Walk/Bike <input type="checkbox"/>
Signature of Parent or Guardian			Date Signed	

Place Jackson Spray Park	Street Address 1220 SE 10th	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Oakland Pool	Street Address 801 NE Poplar	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Gage Bowl	Street Address 4200 SW Huntoon St	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Brown v Board of Education Site	Street Address 1515 SE Monroe St	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Gage Park and Topeka Zoo	Street Address 635 SW Gage Blvd	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

FOR SCHOOL AGE CHILDREN OR YOUTH ONLY

I hereby authorize my **school age child** _____
First and Last Name of Child or Youth
Birth Date MM/DD/YYYY

To walk/bike to and from the following location(s) **without** adult supervision:

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Lake Shawnee	Street Address 3137 SE 29th St	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Helping Hands Humane Society	Street Address 5720 SW 21st St	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Topeka & Shawnee Co Public Library	Street Address 1515 SW 10th Ave	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Cedar Crest/Governor's Mansion	Street Address 1 Cedar Crest Dr	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Kansas Children's Discovery Center	Street Address 4400 SW 10th Ave	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

FOR SCHOOL AGE CHILDREN OR YOUTH ONLY

I hereby authorize my **school age child** _____
First and Last Name of Child or Youth
Birth Date MM/DD/YYYY

To walk/bike to and from the following location(s) **without** adult supervision:

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Quincy Metro Station	Street Address 820 SE Quincy St	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Going Bonkers	Street Address 5515 SW 21st St	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Build a Buddy Factory	Street Address 1801 SW Wanamaker Rd Ste B12A	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Sky Zone Trampoline Park	Street Address 1801 SW Wanamaker Rd Ste B20	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Great Overland Station	Street Address 701 N Kansas Ave	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

FOR SCHOOL AGE CHILDREN OR YOUTH ONLY

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First and Last Name of Child or Youth
Birth Date MM/DD/YYYY

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Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place West Ridge Lanes	Street Address 1935 SW Westport Dr	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place B&B Theater Topeka Wheatfield 9	Street Address 2829 SW Fairlawn Rd	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Regal West Ridge	Street Address 1727 SW Wanamaker Rd	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Mulvane Art Museum	Street Address 1700 SW Jewell Ave	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Iliff Commons	Street Address 2329 NE 31st St	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

FOR SCHOOL AGE CHILDREN OR YOUTH ONLY

I hereby authorize my **school age child** _____
First and Last Name of Child or Youth
Birth Date MM/DD/YYYY

To walk/bike to and from the following location(s) **without** adult supervision:

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place McDonalds	Street Address 5525 SW 21st St	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place McDonalds	Street Address 3117 SW Topeka Blvd	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Museum of Kansas National Guard	Street Address 125 SE Airport Dr	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Combat Air Museum	Street Address 7016 SE Forbes Ave	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Ritchie House	Street Address 1116 SE Madison St	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

FOR SCHOOL AGE CHILDREN OR YOUTH ONLY

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Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Sk8away	Street Address 815 SW Fairlawn Rd	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Sports Center	Street Address 6545 SW 10th St	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Sonic Drive In	Street Address 5922 SW 21st St	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Sonic Drive In	Street Address 3520 SE 29th St	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Sonic Drive In	Street Address 1221 SW Gage Blvd	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

FOR SCHOOL AGE CHILDREN OR YOUTH ONLY

I hereby authorize my **school age child** _____
First and Last Name of Child or Youth
Birth Date MM/DD/YYYY

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Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Kansas State Capitol	Street Address 300 SW 10th Ave	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place Barnes and Noble	Street Address 6130 SW 17th St	City Topeka	By Vehicle X	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
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Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Signature of Parent or Guardian			Date Signed	

Child and Adult Care Food Program ENROLLMENT/INCOME ELIGIBILITY FORM

PART 1 – CHILDREN’S INFORMATION—Required for all children in care.						
Child’s Name	Birthdate	Age	Circle Normal Days/ Print Normal Hours of Care	Circle Meals and Snacks Normally Received		
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast	A.M. Snack	Lunch
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	P.M. Snack	Supper	Eve. Snack
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast	A.M. Snack	Lunch
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	P.M. Snack	Supper	Eve. Snack
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	Breakfast	A.M. Snack	Lunch
			Sun Mon Tu Wed Th Fri Sat Normal Hours _____ to _____	P.M. Snack	Supper	Eve. Snack

INCOME ELIGIBILITY

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

- A family member in our household receives benefits from Food Assistance (FA), Temporary Assistance for Families (TAF), or Food Distribution Program on Indian Reservations (FDPIR). (Please complete Part 2 and 5.)
- One or more of the children in Part 1 is a foster child. (Please complete Part 3 and 5.)
- My child(ren) may qualify for Free/Reduced Price meals based on household income. (Please complete Part 4 and 5.)
- My child(ren) will not qualify for Free/Reduced Price meals. (Please complete Part 5 only.)

PART 2 – HOUSEHOLD MEMBER RECEIVING FA/TAF/FDPIR—	Case Number or Identification Number
Any household member receiving benefits can establish eligibility for all children in the household.	

PART 3 – FOSTER CHILDREN—List the names of any children listed in Part 1 who are foster children.	

PART 4 – TOTAL HOUSEHOLD GROSS INCOME FROM LAST MONTH—Not required if you have reported a case number in Part 2.															
List names (First and Last) of everyone in your household, including foster children	Tell us how much and how often. If no income, write "0". Use net income if self-employed.														
	Earnings from Work Before Deductions	Weekly	Every 2 Weeks	2X Month	Monthly	Welfare, Alimony, Child Support	Weekly	Every 2 Weeks	2X Month	Monthly	Retirement, Pensions, Social Security, Other	Weekly	Every 2 Weeks	2X Month	Monthly
1.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 5 – SIGNATURE AND CERTIFICATION—REQUIRED		
<p>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 <i>Privacy Act Statement on the back of this page.</i></p> <p>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.</p> <p>“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.”</p>		
Signature of Adult X _____	Today’s Date _____	Print Name of Adult Signing _____ Social Security Number (SSN) (last four digits) XXX-XX- _____ <input type="checkbox"/> Check if no SSN
Address _____	City/State/Zip Code _____	Daytime Phone _____

PART 6 – CHILDREN’S ETHNIC AND RACIAL IDENTITIES (OPTIONAL)

We are required to ask for information about your children’s race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children’s eligibility for receiving meals during care.

- Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino
- Race (check one or more): American Indian or Alaskan Native Asian Black or African American
 Native Hawaiian or Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Food Assistance (FA), Temporary Assistance for Families (TAF) or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted 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; or
- 2. fax:**
(833) 256-1665 or (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.