

CHILD DEVELOPMENT CENTER

ENROLLMENT GUIDE AND FORMS PACKET



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ymcawichita.org/CDC



FOR BEST RESULTS:
Pull forms one at a time from
the center of the booklet.

CDC ENROLLMENT

For enrollment consideration you must complete all forms in this packet for each child (one set per child) you wish to enroll.

ENROLLMENT REMINDERS

- Contact the Child Care and Camp Administrative offices or the CDC Location you wish to enroll prior to completion of the forms to discuss space availability.
- Selection for enrollment is based on available space and under priority considerations (see Program Policies and Parent Information, available at ymcawichita.org/cdc).
- CDC staff will directly contact parents/guardians of children selected for enrollment to discuss weekly fees, finalized a required pay agreement, and to formalize the child's participation start date.
- All initial fees (required, \$85/child annual enrollment fee and the first week of non-refundable, non-transferable fees) must be paid, in-full, seven-or-more days before a child can begin program participation.
- Only applicants with complete enrollment forms can be considered.

CCL 010
Rev. 5/2020

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



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

Is child covered by health insurance? Yes No

If yes, complete the following:

Health Insurance Policy Name _____ Policy Number _____

Medical Assistance Program _____ Card Number _____

Military Medical Care I.D. Number _____

If known, date of last Tetanus inoculation: _____
MM/DD/YYYY

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

History of Immunizations

Required for all children in child care facilities, including the provider's own children. A Kansas Certificate of Immunizations (KCI) may be substituted for this form and attached to the completed Medical Record.

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

Section I. For a recommended schedule of immunizations, refer to the current schedule published by the Advisory Committee on Immunization Practices (ACIP).

Vaccine	Record the Month, Day and Year that each Dose of Vaccine was Received					
	1 st	2 nd	3 rd	4 th	5 th	6 th
Diphtheria, Tetanus, Pertussis (DTaP)						
Polio						
Measles, Mumps, Rubella (MMR)						
Hepatitis B (HepB)						
Varicella (VAR)			Hx of Disease: Physician Signature			Date of Illness:
Hemophilus Influenzae Type B (Hib)						
Pneumococcal Conjugate (PCV)						
Hepatitis A (HepA)						
Rotavirus **Recommended < 8 mo of age; not required						
Influenza(Flu) ** Recommended annually > 6 mo of age; not required						

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**MEDICAL RECORD FOR ALL CHILDREN IN CHILDCARE FACILITIES,
INCLUDING PROVIDER'S OWN CHILDREN**

Parents are to complete the Medical Record and the History of Immunizations for each child in licensed child care facilities. The Medical Record, History of Immunizations, and Child Health Assessment are transferable when the child moves to another licensed child care facility.

Child's First Day in Child Care _____

Name of Child Care Facility _____

Child's Name _____
First Last

Date of Birth _____ MM/DD/YYYY Gender _____ M/F

Parent/Guardian Information

Parent/Guardian Information

Name _____

Name _____

Home Address _____

Home Address _____

Street _____

Street _____

Home Phone Number _____

Home Phone Number _____

City _____

City _____

Zip Code _____

Zip Code _____

Employer _____

Employer _____

Work Phone Number _____

Work Phone Number _____

Cell Phone Number _____

Cell Phone Number _____

E-mail Address _____

E-mail Address _____

GREATER WICHITA YMCA CHILD DEVELOPMENT CENTER (CDC) REGISTRATION/ENROLLMENT FORM (CONT.)

I have been awarded Greater Wichita YMCA Child Care Branch Income-Based Financial Assistance (IBFA):

Rate Reduction _____ %

PAYMENT DUE AT ENROLLMENT/REGISTRATION	
ANNUAL ENROLLMENT FEE (\$85/Child/Year fee is NON-REFUNDABLE and NON-TRANSFERABLE)	\$ 85
WEEKLY FEE / TUITION (ONGOING Fees Payable by Cash, Check/Money Order, Credit/Debit Card, or AutoDraft)	\$ _____
TOTAL INITIAL PAYMENT (ENROLLMENT FEE + FIRST WEEK'S FEES / TUITION) (Initial Payment CANNOT be paid by Card or AutoDraft)	\$ _____

PERMISSIONS

I/we authorize the following (initial each)

- _____ participation in activities in the High School Gym and library when high school students are not present for my child
- _____ grant and authorize the YMCA the right to take, edit, copy, exhibit, publish and distribute all pictures or videos taken of the child for any lawful promotional materials
- _____ authorize the Greater Wichita YMCA staff to transport the child in a YMCA vehicle, leased bus or private vehicle in cases of emergency

TERMS OF AGREEMENT

1. I/we have read and agree to comply with and support the YMCA Child Development Center policies and expectations as written in the Policies and Parent Information document including but not limited to payment policies and behavior expectations
2. I/we understand that staffing is based on the arrival and departure times indicated on the enrollment form. Changes to this schedule should be discussed in advance with your program director
3. I/we understand that total hours of attendance are strictly enforced, and no child's schedule or daily attendance may exceed 10 hours
4. I/we release the Greater Wichita YMCA and its staff from all claims of injury which may be sustained while participating in any YMCA sponsored activity, whether caused by the negligence of the GWYMCA or otherwise

I/we having legal custody/guardianship of said minor, give permission for the child to attend any program activities facilitated by the Greater Wichita YMCA or its EIN 259-0735-0150 CTSE-CH-FF

OFFICE USE ONLY

PARTICIPANT'S NAME _____
ID# _____

UNAUTHORIZED CONTACTS / PICK-UP

Please list any individuals that **ARE NOT** allowed access to site / participant INCLUDING pick-up. Note that legal documentation may be required for some restrictions. See Site Director for details.

FIRST AND LAST NAME _____

RELATIONSHIP TO PARTICIPANT _____

PHONE# _____

FIRST AND LAST NAME _____

RELATIONSHIP TO PARTICIPANT _____

PHONE# _____

CDC WEEKLY FEE AUTODRAFT PLAN

The (stated) CDC weekly fee amount indicated above will be automatically deducted (drafted) from/charged to my (check one) as part of an ongoing, continuous payment plan.

BANK ACCOUNT (Checking, Savings)

CARD (Credit, Debit)

This AutoDraft payment plan is a continuous program.

STATEMENTS OF UNDERSTANDING

I UNDERSTAND THAT:

- If I wish to exit the CDC program and/or discontinue the agreed weekly draft amount before

PARENT/GUARDIAN

SECONDARY PARENT/GUARDIAN FIRST AND LAST NAME _____

EMAIL ADDRESS _____

MARITAL STATUS AND CUSTODIAL ARRANGEMENT(S) _____

STREET ADDRESS, STATE, ZIP CODE (if different from participant information) _____

DAYTIME # (mark one) ___ Cell ___ Work ___ Home _____

WORK SCHEDULE _____

NAME OF (mark one) ___ Employer ___ School ___ Training _____

ALT. DAY # (mark one) ___ Cell ___ Work ___ Home _____

STREET ADDRESS, STATE, ZIP CODE OF EMPLOYER/SCHOOL/TRAINING _____

EVENING # (mark one) ___ Cell ___ Work ___ Home _____

Adults (18+)—other than parents (pg. 1)—that **ARE** authorized for participant pick up and for urgent response needs.

FIRST EMERGENCY CONTACT FIRST AND LAST NAME _____ **RELATIONSHIP TO PARTICIPANT** _____

() - **PRIMARY PHONE#** _____

STREET ADDRESS, STATE, ZIP CODE _____

() - **SECONDARY DAYTIME PHONE#** _____

SECOND EMERGENCY CONTACT FIRST AND LAST NAME _____ **RELATIONSHIP TO PARTICIPANT** _____

() - **PRIMARY PHONE#** _____

STREET ADDRESS, STATE, ZIP CODE _____

() - **SECONDARY DAYTIME PHONE#** _____

THIRD EMERGENCY CONTACT FIRST AND LAST NAME _____ **RELATIONSHIP TO PARTICIPANT** _____

() - **PRIMARY PHONE#** _____

STREET ADDRESS, STATE, ZIP CODE _____

() - **SECONDARY DAYTIME PHONE#** _____

ADDITIONAL AUTHORIZED PICK-UP

Adults (18+)—other than parents and emergency contact—that **ARE** authorized for participant pick-up.

FIRST AND LAST NAME _____ () - _____

RELATIONSHIP TO PARTICIPANT _____ **PRIMARY PHONE#** _____

FIRST AND LAST NAME _____ () - _____

RELATIONSHIP TO PARTICIPANT _____ **PRIMARY PHONE#** _____

FIRST AND LAST NAME _____ () - _____

RELATIONSHIP TO PARTICIPANT _____ **PRIMARY PHONE#** _____

EMERGENCY PICK-UP / CONTACTS

ADD UNAUTHORIZED CONTACTS/PICK-UP and SIGN PERMISSIONS, TERMS OF AGREEMENT AND PAYMENT AGREEMENT on the back of this form.

RATE _____ **SELF** _____ **DCF** _____

FOR OFFICE USE ONLY

GWYMCA IBFA _____

FIND MORE INFORMATION, ENROLLMENT FORMS, AND MORE AT YMCAWICHITA.ORG/CDC

6. I/we attest to the fact that said child is physically, socially, and emotionally capable of compliance with behavior expectations and participation in all program activities
7. I/we understand that the Greater Wichita YMCA reserve the right to dismiss any participant or family that fails to comply with program policies including timely payment of program fees

PAYMENT AGREEMENT

1. I/we understand that a minimum two-week written notice is required for program withdrawal. Written notice should be given to your Site Director or emailed to childcare@ymcawichita.org
2. I/we understand that services may be suspended for children with delinquent accounts, one week or more, and that fees will continue to accrue during suspensions. Chronic and/or excessive balance dues may result in immediate termination of care.
3. I/we acknowledge that my/our child care account will be billed a minimum of \$10 for late pick up and max amount equivalent to \$1 per minute for each minute the child is in care after the program has closed. Program Hours: 7:00 AM – 5:00 PM
4. I/we acknowledge receipt of the current fee scale and understand fees are due regardless of attendance and subject to change with no less than 30 days written notice

SIGNATURE (Parent, Legal Guardian, Legal Custodian) _____ DATE / /

Program Director or YMCA Staff Member _____ DATE / /

IMPORTANT: Retain a copy of this enrollment form and receipt of payment. Weekly fees are based on the above schedule. Fees will not be prorated for absences, in-service days, or unscheduled closures. Find full list of policies, billing information, payment methods and more at ymcawichita.org/cdc.

* To ensure access to Child Care programs, regardless of ability to pay, the Greater Wichita YMCA provides income-based financial assistance (scholarship/reduced rates) for Child Care and Camp participation to those who qualify. Separate from membership or other program assistance qualification, IBFA for Child Care and Camp services does not guarantee enrollment or placement. Confidential applications for assistance are available at ymcawichita.org/assistance or at any Greater Wichita YMCA branch locations. Contact Child Care Accounts for more information.

DATE RECEIVED _____ / _____ / _____ GWYMCA ENROLLMENT FORM
 TIME RECEIVED _____ : _____ AM / PM GWYMCA PAYMENT AGREEMENT
 STAFF INITIALS: _____ KDHE HEALTH ASSESSMENT
 _____ KDHE MEDICAL RECORD FOR CHILDREN

FOR OFFICE USE ONLY

CAGCP ENROLLMENT / IEP
 _____ COMPLETE IMMUNIZATION RECORDS (EXEMPT DOCUMENTS)
 _____ AUTHORIZATION FOR EMERGENCY MEDICAL CARE

SPECIAL INSTRUCTIONS

 STAFF SIGNATURE _____ DATE / /

FIND MORE INFORMATION, ENROLLMENT FORMS, AND MORE AT ymcawichita.org/cdc

the program's end date (above), I must notify the Greater Wichita YMCA in writing (CHILD.CARE@YMCAWICHITA.ORG) **TWO (2) WEEKS PRIOR TO THE FINAL DRAFT.**

- Weekly payment, of the agreed amount, is due by **10PM** on the **Monday** of the week *prior* to paid services.
- Any/all late payment will result in a **\$10 fee**.
- Any/all returned/payment refused checks or drafts will carry a **\$30 fee**.
- Should any transfer/AutoDraft not be honored by any provided financial institution/card issuer for any reason I am responsible for that payment **PLUS** any/all applicable service fees assessed.
- Children will be denied access to CDC sites/services until any/all balance(s) due are paid.
- Consistent or ongoing late payment or payment issues may result in a required alternative payment method or schedule or suspension or termination of CDC services.
- CDC rates are subject to change and I will be notified, in writing, prior to fee adjustments.
- It is my responsibility to notify the Greater Wichita YMCA of any changes to my above-provided payment method prior to the next weekly AutoDraft of fees.
- It is my responsibility to notify the Greater Wichita YMCA of any changes to my address, phone number, email address, or other provided contact information.
- My Credit card information may be updated with "Account Updater Services" offered by Card Networks.
- The voided check provided with this enrollment form, if applicable, is for information purposes only.

PARENT/GUARDIAN/CUSTODIAN INITIALS: _____

- Accept my signature below as authorization to begin weekly AutoDrafting of indicated fees.

RELATIONSHIP (CHECK ONE):

Parent _____ Legal Guardian _____ Legal Custodian

Best way to contact _____

Best way to contact _____

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

Name _____
Address _____
Phone Number _____

Name _____
Address _____
Phone Number _____

Child's Physician _____ Phone Number _____

Child's Dentist _____ Phone Number _____

Hospital Preference (for emergencies) _____

Has your physician approved the use of any non-prescription medications for your child such as acetaminophen, cough syrup, or ointments that can be given by the child care provider? ___No ___Yes, as follows: _____

Any known allergies or medical conditions of child: _____

Any major changes at home that might affect your child in care: _____

Please provide additional information or special instructions that will help the person caring for your child: _____

Parent/Guardian Signature: _____ **Date:** _____

Section II.

Complete this section only if your child is exempted from the law requiring immunizations [K.S.A. 65-508(g)].

The following two options are the **ONLY** exemptions allowed by law. **Please check either (A) or (B) below and complete as required:**

(A) Certification from licensed physician stating that immunization would endanger child's life:
Exempt from following immunizations:

_____DTaP/DT _____Tdap/TD _____Pertussis Only _____Polio _____MMR _____HepA _____HepB _____Hib
_____PCV _____Varicella _____Other

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.

Section III.

Parent/Guardian Signature: _____ **Date:** _____

Teeth		
Cardio/Respiratory		
Abdomen/GI		
Genitalia/Breasts		
Extremities/Joints/Back/Chest		
Skin/Lymph Nodes		
Neurologic & Developmental		
Screening Tests	Screening Date	Note Here if Results are Pending or Abnormal
Lead		
Anemia (HGB/HCT)		
Urinalysis (UA)		
Hearing		
Vision		
Health Problems or Special Needs, Recommended Treatment/Medications/Special Care (Attach additional sheets if necessary)		
<input type="checkbox"/> None		
Signature of Licensed Physician or Nurse approved for Child Health Assessments		Date
Print the Name of the Individual Signing Above		Phone Number
Address		City
		Zip Code

Signature of Parent or Guardian

Date Signed

Witness to Parent's or Guardian's signature if required by the local hospital or clinic.

Date Signed

Notarization of Parent's or Guardian's signature if required by local hospital or clinic.

State of Kansas

County of _____

Signed or attested before me on _____ by _____.

MM/DD/YYYY

Name of Person

(Seal, if any.)

Signature of notarial officer

Title (and Rank)

My appointment expires: _____

The Medical Record/Assessment Form (Or Health Status History form for School Age Programs) and the authorization for Emergency Medical Care must be taken to the emergency room. Both forms must also be in a vehicle when the child or youth is transported by the facility.



FOR BEST RESULTS:

**Pull forms one at a time from
the center of the booklet.**

REGISTRATION CHECKLIST

Please remember that incomplete forms will not be accepted nor considered for admission. Before submitting your packet for review please ensure you:

- Completed one, full set of forms for EACH CHILD to be considered.
- Provided FULL information for parents/guardians, physicians, and emergency contacts
- Specified desired Child Development Center (CDC) site and requested start date
- Read, agree with, signed, and dated the Terms of Agreement form
- Specified hospital and emergency medical care preferences and outlined custodial information and emergency medical care authorizations and had authorization form signed by an appropriate, present witness (CCL010)
- Listed dates for and provided proof of all required immunizations and latest Tetanus (DPT) shot
- Clarified all applicable medical conditions on medical records form (CCL029)
- Included all requested and applicable health insurance information, as instructed
- Scheduled additional time on the day of service to complete the required payment agreement with the Greater Wichita YMCA
- Downloaded and review CDC Program Policies and Parent Information document (available, separately, at ymcawichita.org/cdc)

CHILD DEVELOPMENT CENTERS

Child Development Centers (CDC) are an offering of the Child Care and Camp branch of the Greater Wichita YMCA, working in partnership with Wichita Public Schools (USD 259). All CDC programs are owned and operated by the YMCA and located on select high school campuses. The Greater Wichita YMCA is the largest provider of licensed child care in south central Kansas, the staff oversees child care and camp programs throughout the region including 21 schools-based latchkey programs (KEY Academy), 11 early childhood settings, and 10 summer camp sites. For more information on other YMCA Child Care and Camp programs contact our administrative offices.

CDC / USD 259 LOCATIONS:

EAST HIGH SCHOOL

2301 E. Douglas Avenue, Wichita, KS 67211

HEIGHTS HIGH SCHOOL

5301 N. Hillside St. Wichita, KS 67219

NORTH HIGH SCHOOL

1437 Rochester, Wichita, KS 67203

NORTHWEST HIGH SCHOOL

1220 N. Tyler Road, Wichita, KS 67212

SOUTH HIGH SCHOOL

701 West 33rd St South, Wichita, KS 67217

SOUTHEAST HIGH SCHOOL

2641 South 107th St East, Wichita, KS 67201

WEST HIGH SCHOOL

820 South Osage, Wichita, KS 67213

GREATER WICHITA YMCA

CHILD CARE ADMINISTRATIVE OFFICES

402 N. MARKET STREET, 2ND FLOOR, WICHITA, KS 67202

Administrative Office: 316.264.1610

Branch Director: Andrea Eliot | 316.776.8241

Senior Program Director: Beth Reeder | 316.776.8253

Program Director: Lisa Whalen | 316.776.8256

Child Development Center phones will not be answered during Summer Break.
Please direct all enrollment questions to the CDC Program Director during this time.

For full Parent Policies and Information,
please visit ymcawichita.org/CDC.

ymcawichita.org/CDC