PERMISSION FORM

Child's Name: ____

I hereby authorize and give permission to Ballard Center regarding my child in the following areas:

Please initial as applicable.

Those items with an * are essential for your child to be enrolled in a Ballard program.

* _____ To provide to the child necessary medical examinations, immunizations, laboratory tests, treatment or examination by dentists and physicians as determined by Ballard staff.

* _____ To provide notification of the child's illness to an adult who can and will be responsible for the child in case of an emergency, illness or accident.

* _____ To call the child's family physician or other needed medical professionals if essential.

_____ To administer medication to the child upon my direction to do so.

_____ To refer your child to other agencies and resources for specialized guidance to provide care in the best manner for the well-being of your child in the event you cannot be reached.

_____ To keep and secure school records and have contact with your child's teachers and/or counselors in order to assist your child's educational development.

_____ To photograph your child for publicity purposes regarding Ballard programs. This includes media publicity such as newspaper photographs and television.

Signature of Parent or Guardian: ______________________________

Date: ______________________________

Address: ______________________________

____

Updated January 29, 2014

Ballard Center
Post Office Box 7
708 Elm Street
Lawrence, KS 66044
(785) 842-0729

EMERGENCY CONTACTS AND PICK-UP AUTHORIZATION

Child's Name: ______________________________

Parent/Guardian: ____________________ Cell Phone Number: ____________________

Employer: ____________________ Work Phone Number: ____________________

Address: ____________________ Home Phone Number: ____________________

____________________ * Driver's License State/Number: ____________________

Eligible to Pick Up Child (circle one): Yes No

Parent/Guardian: ____________________ Cell Phone Number: ____________________

Employer: ____________________ Work Phone Number: ____________________

Address: ____________________ Home Phone Number: ____________________

____________________ * Driver's License State/Number: ____________________

Eligible to Pick Up Child (circle one): Yes No

Name: ____________________ Cell Phone Number: ____________________

Employer: ____________________ Work Phone Number: ____________________

Address: ____________________ Home Phone Number: ____________________

____________________ * Driver's License State/Number: ____________________

Eligible to Pick Up Child (circle one): Yes No Relationship to Child: ____________________

Name: ____________________ Cell Phone Number: ____________________

Employer: ____________________ Work Phone Number: ____________________

Address: ____________________ Home Phone Number: ____________________

____________________ * Driver's License State/Number: ____________________

Eligible to Pick Up Child (circle one): Yes No Relationship to Child: ____________________

Name: ____________________ Cell Phone Number: ____________________

Employer: ____________________ Work Phone Number: ____________________

Address: ____________________ Home Phone Number: ____________________

____________________ * Driver's License State/Number: ____________________

Eligible to Pick Up Child (circle one): Yes No Relationship to Child: ____________________

*** Driver's License information must be included in order for child to be enrolled.**

Updated January 29, 2014

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NUTRITION & ALLERGY INFORMATION

Child's Name: ____

It is imperative that Ballard has the correct information pertaining to any allergies that your child may have. Please complete the following information so that we can ensure that your child is receiving the best care possible.

Does your child have any allergies? If so, please list. **IN ORDER FOR US TO RECOGNIZE A FOOD ALLERGY, WE MUST HAVE A DOCTOR'S SIGNED PRESCRIPTION THAT DETAILS THE CHILD'S ALLERGY.**

____

____

Please describe your child's eating habits:

____

____

Does your child have any eating problems?

____

____

Does your child have any foods that do not particularly agree with him/her?

____

____

Do you have any special requests or do you limit certain foods to your child? (i.e. soy milk, vegetarian) **If your child requires special milk or food, you are responsible for furnishing them and keeping them replenished.**

____

____

Additional information:

____

____

Please Note: We will not provide bottles or cups of water or milk to children at nap time.

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Lawrence, KS 66044
(785) 842-0729

INCOME INFORMATION

Child's Name: ____

Because Ballard uses a sliding scale based upon household income to determine tuition for your child, please list the **MONTHLY** income for each member of your household, including any child support for each child in the household.

Name	Work Earnings	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security	Other
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$
	$	$	$	$

If any income is listed in the "Other" category, please explain below:

____

____

BALLARD USE ONLY:

Household Size ________________ Monthly Income $______________________

Verification (circle one): Pay Stub Tax Return Year _________

Rate Category (circle one): Rate A Rate B Rate C Rate D

Monthly Fee $_______________ Weekly Fee $_______________

Updated January 29, 2014

Child & Adult Care Food Program

MEAL SUBSTITUTIONS
For Allergies or Intolerances

CHILD'S NAME:_______________________________

1. Is the child's diet restricted by medical or other dietary needs? ___yes ___no

2. What food(s) are to be omitted from the child's diet?

   ____
   ____
   ____
   ____

3. What foods may be substituted to meet the child's dietary needs?

   ____
   ____
   ____
   ____

I certify that the above named child is in need of special dietary substitutions.

____ __________

The U.S. Department of Agriculture (USDA) prohibits discrimination in its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political belief, sexual orientation, or marital or family status. (not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotapes, etc.) should contact the USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 14th & Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

As participants in the Child and Adult Care Food Program (CACFP), we are required to give each parent an Income Eligibility Form for Child Care Centers once a year. The information from this form determines the amount of reimbursement we receive for the meals served to your child(ren). Each family will need to fill out only one form. Please fill out this form and return it to the classroom supervisor.

Below are some guidelines for filling out the form. Please see the back of the form for income guidelines.

1. If your family exceeds the income guidelines, complete Part 1 and Part 3B only.

2. If your family is caring for a foster care child complete Part 1, Part 2, and Part 4 only. Do not count the subsidy you receive for caring for the child as the child's income. The only income you count is if the child receives his/her own income.

3. If your family receives food stamps, TAF, or FDPIR then complete Part 1, Part 3A, and Part 4 only. Your food stamp number will be an 8-digit number and starts with a 0.

4. If you fall within the income guidelines complete Part 1, Part 3C, and Part 4.

Thank you for your help.

BALLARD COMMUNITY CENTER
ENROLLMENT APPLICATION

ballard
Community Center

708 ELM ST. LAWRENCE, KS 66044

APPLICANT

Head of Household ______________________ Date of Birth ______________________ Telephone ______________________

Child Name ______________________ Date of Birth ______________________

CHILD DATA

First Name: ______________________	Middle Name: ______________________	Last Name: ______________________
Date of Birth: ______________________	Gender: ☐ Male ☐ Female	Hispanic or Latino? ☐ Yes ☐ No

Race: ☐ American Indian/Alaskan Native ☐ Hispanic/Latino ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ White ☐ Bi-Racial/Multi-Racial: ______________________ ☐ Other: Specify: ______________________

Language: Primary: ☐ English ☐ Spanish ☐ Other: ______________________

Secondary: ☐ English ☐ Spanish ☐ Other: ______________________

How well does your child speak English?
☐ Not very well ☐ Well ☐ Not Well ☐ Not at all

Child previously enrolled in Ballard Community Center Early Learning Program?

☐ Yes ☐ No

Does your child have an IEP/IFSP (or Disability? ☐ Yes ☐ No

Child previously applied or on waiting list? ☐ Yes ☐ No

RESIDENTIAL ADDRESS

Street Address:		Apt. #:
City:	State:	Zip Code:
MAILING ADDRESS ☐ **Same as Residential Address**		
Street Address:		Apt. #:
City:	State:	Zip Code:
PARENT/GUARDIAN 1 **This parent is head of household**		
First Name	Middle Name:	Last Name:
Date of Birth	Gender: ☐ Male ☐ Female	Email:
Telephone: Mobile: ______________________ Landline: ______________________ Can you receive texts? ☐ Yes ☐ No		
Marital Status: ☐ Single ☐ Married ☐ Divorce ☐ Separated ☐ Partner		
Relationship to child: ☐ Biological parent ☐ Foster parent ☐ Grandparent ☐ Parent's Significant Other ☐ Legal Guardian ☐ Step Parent ☐ Other: ____		
Person lives in the same household as child? ☐ Yes ☐ No		
Is person currently pregnant? ☐ Yes ☐ No Due Date: ________________		
Race: ☐ American Indian/Alaskan Native ☐Hispanic/Latino ☐ Asian ☐ Native Hawaiian or Other Pacific Islander ☐ Black or African American ☐ White ☐ Bi-Racial/Multi-Racial: ______________________ ☐ Other: Specify: ______________________		
Language: Primary: ☐ English ☐ Spanish ☐ Other:		

Secondary: ☐ English ☐ Spanish ☐ Other: ______________________

Language interpreter needed? ☐ Yes ☐ No

Highest Level of Education Completed: Date Completed

High School/ GED ☐ Yes ☐ No - ________________________________

Some College ☐ Yes ☐ No ________________________________

College ☐ Yes ☐ No ________________________________

Education Status: ☐ Full Time ☐ Part Time ☐ Not Applicable

School Name: ____

School Address: ____

School Telephone: ____

Occupational Status: ☐ Full Time ☐ Part Time ☐ Unemployed ☐ Not Applicable

Employer Name: ____

Employer Address: ____

Employer Telephone: ____

Work Hours: ____

PARENT/GUARDIAN 2

This parent is head of household

First Name	Middle Name:	Last Name:
Date of Birth	Gender: ☐ Male ☐ Female	Email:

Telephone: Mobile: _________________________________ Landline: ____________________________________

Can you receive texts? ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Married ☐ Divorce ☐ Separated ☐ Partner

Relationship to child: ☐ Biological parent ☐ Foster parent ☐ Grandparent ☐ Parent's Significant Other

☐ Legal Guardian ☐ Step Parent

☐ Other: ____

Person lives in the same household as child? ☐ Yes ☐ No

Is person currently pregnant? ☐ Yes ☐ No

Due Date: ______________

Race: ☐ American Indian/Alaskan Native ☐ Hispanic/Latino

☐ Asian ☐ Native Hawaiian or Other Pacific Islander

☐ Black or African American White

☐ Bi-Racial/Multi-Racial: ☐ Other: ____________________

Specify: ____________________

Language: Primary: ☐ English ☐ Spanish ☐ Other: ______________

Secondary: ☐ English ☐ Spanish ☐ Other: ______________

Language interpreter needed? ☐ Yes ☐ No

Highest Level of Education Completed: Date Completed

High School/ GED ☐ Yes ☐ No - ______________________

Some College ☐ Yes ☐ No ______________________

College ☐ Yes ☐ No ______________________

Education Status: ☐ Full Time ☐ Part Time ☐ Not Applicable

School Name: ____

School Address: ____

School Telephone: ____

Occupational Status: ☐ Full Time ☐ Part Time ☐ Unemployed
☐ Not Applicable

Employer Name: ____

Employer Address: ____

Employer Telephone: ____

Work Hours: ____

PARENT NOT IN HOME

☐ Mother ☐ Father

Name:

Address:

Telephone: Mobile: ________________________ Land Line: ____________________________

Can you receive texts: ☐ Yes ☐ No

Is there a custody order? ☐ Yes ☐ No
(If yes, please provide a copy)

OTHER FAMILY MEMBERS LIVING IN HOUSE

Name:	DOB:	Race:	Gender:
Relationship to Child:			
Name:	DOB:	Race:	Gender:
Relationship to Child:			
Name:	DOB:	Race:	Gender:
Relationship to Child:			
Name:	DOB:	Race:	Gender:
Relationship to Child:			
Name:	DOB:	Race:	Gender:
Relationship to Child:			
Name:	DOB:	Race:	Gender:
Relationship to Child:			
Name:	DOB:	Race:	Gender:
Relationship to Child:			

FAMILY DATA

Current/Active Duty Military? ☐ Yes ☐ No Current rehab substance abuse program: ☐ Yes ☐ No

Family member with a disability? ☐ Yes ☐ No Pregnant teen? ☐ Yes ☐ No

Family member currently in prison? ☐ Yes ☐ No

Family Type:
☐ Biological Family ☐ Foster Family ☐ Other Family Type ☐ Other Relative(s) Aunt- Uncle- Grandparent

Parent Type (Please check only one):
- ☐ Single parent, father figure only
- ☐ Single parent, father figure living with partner
- ☐ Single parent, mother figure only
- ☐ Single parent, mother figure living with partner

Parent Type (Please check only one):
- ☐ Single parent, father figure only
- ☐ Single parent, father figure living with partner
- ☐ Single parent, mother figure only
- ☐ Single parent, mother figure living with

☐ Two parent family	partner ☐ Two parent family

Types of services or Financial Assistance Received (check all that apply):
☐ None ☐ Medical Financial Assistance (Medicare, Medicaid)
☐ Energy Assistance Program ☐ Supplemental Nutrition Assistance Program (SNAP)
☐ Public Housing Assistance ☐ Other: ____________________
☐ WIC

The following items are counted as income. Please provide a copy.
☐ Public Assistance/ Welfare (e.g., TANF, AFDC) ☐ Supplemental Security Income (SSI)
☐ Social Security Disability ☐ Social Security Death Benefits
☐ Unemployment Assistance ☐ Foster Care/Adoption Subsidy
☐ Child Support/Alimony

Type of Housing (please circle type):
☐ House ☐ Community Shelter
☐ Apartment ☐ Homeless
☐ Mobile Home ☐ Hotel/Motel
☐ Other: ____________________

Family Housing Payment Type:
☐ Exchange Services for Housing ☐ Own
☐ Make No Payment for Housing ☐ Rent
☐ Other: ____________________ ☐ Receives Subsidized Housing

Do you have transportation? ☐ Yes ☐ No
Primary mode of transportation:
☐ Personal car ☐ Taxi
☐ Friend's car ☐ Public Transportation
☐ Bus ☐ Other: ____________________

How did your family hear about Ballard's Early Learning Program? ☐ Friend/Family ☐ Community Agency
(Referral from where)

Community Services (Please check all services you are currently receiving)
☐ Medical Assistance ☐ Mental health Agency ____________________ ☐ Tiny K
☐ Parents as Teachers ☐ Child Care/Program Name ________________ ☐ Family Preservation
☐ Centro Hispano ☐ Other (please specify) ____________________ ☐ None

Interest or Referral Needed (Please indicate area(s) of need):
☐ Medical ☐ Mental Health ☐ Special Education ☐ Transportation
☐ Healthy Relationships ☐ Basic Needs ☐ Education ☐ None
☐ ECKAN Services ☐ Child Care ☐ Other: ________________

Parent Signature:	**Date:**
Parent Signature:	**Date:**

Staff Signature:	**Date:**

FOR OFFICE USE ONLY:
Child Health Risk ☐ None ☐ Chromosomal abnormality (Down Syndrome) ☐ Cleft lip or palate ☐ Congenital birth defect (myelomeningocele) ☐ Congenital syndrome (fetal alcohol syndrome) ☐ HIV ☐ Medically fragile ☐ Sensory impairment ☐ Other (specify): ____
Environmental Factors ☐ None ☐ Documented child abuse/neglect ☐ Parent incarcerated ☐ Pregnant mom ☐ Domestic violence ☐ Parent in need of GED/diploma ☐ Categorically enrolled in Early Head Start ☐ Parent disabled

ADDITIONAL ENROLLMENT INFORMATION

Has your child had experience in groups of children?
(Playgroups, Day Care, Sunday School,etc.)__________

____

At what age did your child begin: crawling__________

Sitting alone_________Walking alone___________ Toilet training_____________

Word(s) your child uses for urination_________________

__________bowel movement_______________________

Please list some of your child's favorite indoor and outdoor activities____

____

Do you have any special concerns about your child's behavior or development? If yes, please describe___________________

____

____

____

Additional information which will help us to know your child better? ____

____