ballard center

Enrollment Documents 2026-2027

Changing Lives since 1965, Ballard Center is proud to offer dynamic, high-quality affordable care to the Douglas County community.

Updated July 2026
Chelsea Harrington, LMSW
Education Director
ballardcenter.org

Contents:

Date Application Received:

_____/_____/_____

Date of Tour:

_____/_____/_____

Staff: _____

The Ballard Center
Early Childhood Education
Enrollment Application

I have read, understand, and agree to the policies and procedures as outlined in the Ballard Center's Parent Handbook.

Parent/Guardian Signature _____ **Date** _____

Parent/Child Information

Child Name: _____
(first) (last)

Gender: [ ] Male [ ] Female

Birth Date: _____/_____/_____ Age: _____

Home Address: _____

In-Home Visit scheduled on:

_____/_____/_____

at _____am/pm

City: _____ State: _____ Zip Code: _____

Ethnicity:

[ ] Asian
[ ] Hispanic/Latino
[ ] Multi-Racial
[ ] White/Caucasian
[ ] Not Listed
[ ] Black/African American
[ ] Middle Eastern
[ ] Native American/Indigenous
[ ] Pacific Islander
[ ] Unknown

Does your child live with: (Check one)

[ ] One Parent Only
[ ] Both Parents
[ ] Grandparents
[ ] Foster Parents
[ ] Shared Custody
[ ] Other _____

Total number of people living in child's home: _____ # of Children _____ # of Adults_____

Number of brothers: _____ Name of brothers: _____

Number of sisters: _____ Name of sisters: _____

Contact Info & Pick-Up Authorization

We will not release your child to any person not listed on this form. Please give names and working phone numbers.

1. Parent/Guardian: _____ Home Phone ( ) _____-_____

   Email address: _____ Cell phone ( ) _____-_____

   Employer: _____ Work phone ( ) _____-_____

2. Parent/Guardian: _____ Home Phone ( ) _____-_____

   Email address: _____ Cell phone ( ) _____-_____

   Employer: _____ Work phone ( ) _____-_____

3. Emergency contact: _____ Relationship to child: _____

   Phone # ( ) _____--_____ [ ] Cell [ ] Home [ ] Work [ ] Other

4. Emergency contact: _____ Relationship to child: _____

   Phone # ( ) _____--_____ [ ] Cell [ ] Home [ ] Work [ ] Other

5. Emergency contact: _____ Relationship to child: _____

   Phone # ( ) _____--_____ [ ] Cell [ ] Home [ ] Work [ ] Other

6. Emergency contact: _____ Relationship to child: _____

   Phone # ( ) _____--_____ [ ] Cell [ ] Home [ ] Work [ ] Other

Late Pick Up Policy & Procedures

The Ballard Center's late pick up policy is as follows:

- Efforts should be made by parents or guardians to communicate a late pick up. This does not release responsibility for a late fee.
- Late pick up fees are as follows:
  - $1/per minute/per child
  - Late fees MUST be paid either upon pick-up or at drop-off the following morning
    - Late fees must be paid before children can return
  - Late fee must be paid in cash only
  - If a child has not been picked up by 30 minutes after closing (by 6:00pm) without communication from a parent/guardian, then the Lawrence Police Department will be contacted to report a child in need of care.

I understand and agree to the Ballard Center's late pick-up policies and procedures.

Parent/Guardian Signature: _____ Date: _____

Tuition
The 7% Model

Our 7% Tuition Model means no household pays more than 7% of their annual household income for childcare — the percentage recognized by the U.S. Department of Health and Human Services as the federal benchmark for affordable childcare.

By linking tuition to income, Ballard is creating a fair, sustainable, and equitable system that ensures families aren't forced to choose between paying bills and giving their child a strong start.

- Keeps care affordable for families across all income levels
- Ensures teachers earn a living wage
- Builds long-term stability for our community

$900 Base Tuition

How It Works: The 7% Roadmap

Start Here → $900/month base tuition

That's the full rate for our early childhood program (ages 2–5). From there, we work downward to ensure your monthly cost never exceeds 7% of your verified income.

Step 1. Check for DCF Child Care Subsidy Eligibility

The Kansas Department for Children and Families (DCF) helps eligible families cover a portion of child care costs.
Household Size Maximum Monthly Income for Eligibility (approx. 2025)

If your income is within these limits, apply at:

www.dcf.ks.gov → Services → Child Care Assistance

Once approved, Ballard applies your DCF benefit first — and if a balance remains, your private pay never exceeds 7% of your income.

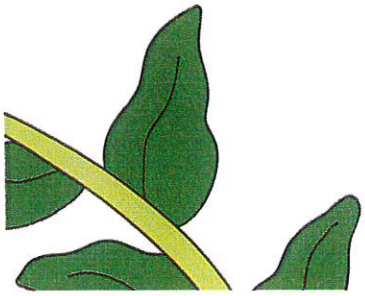
Household Size	Maximum Monthly Income
2	**$3,644**
3	**$4,578**
4	**$5512**
5	**$6446**
6	**$7,380**

Step 2. For Families Not Eligible for DCF Subsidy

If your income is above the DCF limits, Ballard verifies your annual household income to set your 7% tuition rate, capped at $900 per month per child.

Annual Household Income	Monthly Tuition
$40,000	**$233**
$60,000	**$350**
$80,000	**$467**
$120,000	**$583**
$150,000	**$700**
$154,000	**$900**

Families above this income level pay the base tuition of $900/month.



3

Step 3. Apply for Additional Scholarships

If you don't qualify for DCF but still need help, apply through Positive Bright Start — a community scholarship program that can further reduce your monthly cost. The scholarship application can be completed here:

https://www.positivebrightstart.org/financialaid

At Ballard,
affordability isn't an afterthought
it's part of our mission.

Ballard Center Tuition Agreement 2026

This agreement is made between the Ballard Center and caregiver(s) of the child listed below:

Name of Child	Date of birth	Enrollment date

Name(s) of primary caregiver _____

Monthly Tuition Amount: $900. Tuition is pro-rated in month 1 if child's start date is after the 1st.

Tuition Payment Sources

DCF Subsidy **Amount of DCF Subsidy:** _____

Ballard is an approved provider for DCF childcare subsidy.
Our DCF provider number is B798877.

PBS Scholarship **Amount of PBS Scholarship:** _____

Ballard Chronister Scholarship **Amount of Ballard Scholarship:** _____

Family share of Tuition **Amount of Family Share:** _____

DCF Subsidy must be transferred via the DCF portal to Ballard by the **5th of each month**. Ballard staff will credit your child's Brightwheel account. Please do not transfer more than the amount due each month. Ballard cannot hold extra DCF funds.

For the family share of tuition, invoices are sent via Brightwheel on the 1st and are due on the 5th. Private pay families who prefer to make payments can choose the schedule that works for them as long as tuition is **paid in full** prior to the 1st of the following month.

Family share payments can be made through Brightwheel. If using a credit card, parents pay transaction fees. If using a debit card, Ballard pays transaction fees. Payments can also be made with cash, check, or money order dropped off at the Ballard Center. Please be sure to include your child's name so the payment will be credited correctly in your child's Brightwheel account.

This agreement may be terminated by the parent with a two-week written notice prior to the child's last day in care. The Ballard Center may terminate this agreement for lack of payment. Past due accounts that are not resolved may be subject to collections. We encourage anyone struggling to make their tuition payments to reach out to our staff to discuss potential options for financial assistance. Our goal is to provide your child with excellent early childhood education all the way up to kindergarten!

The signatures below indicate consent with this agreement and agreement to notify Ballard Center of any changes in DCF benefits or financial status.

Primary Caregiver Signature	Date

Ballard Center representative	Date

Revised Dec. 1, 2025; Effective Jan. 1, 2026

CODE OF CONDUCT POLICY

The purpose of this policy is to provide a reminder to all parents, guardians, and visitors to our school about expected behavior. This is so we can continue to flourish, progress, and achieve a safe, loving learning environment.

We expect parents, legal guardians, and visitors to:

- Respect the values and policies of our school.
- Understand that both teachers and parents need to work together for the benefit of their child/children.
- Demonstrate that all staff, children and families should be treated with respect and therefore set a good example in their own speech and behavior.
- Seek to clarify a child's version of events with the school's view to bring about a peaceful solution to any issue.
- Correct their own child's behavior, where it could otherwise lead to conflict, aggressive or unsafe behavior.
- Approach the school to help resolve any issue or concern.

To support a safe loving learning environment, the school cannot tolerate parents, guardians, or visitors exhibiting disruptive behavior which interferes or threatens to interfere with the operation of Ballard Center's classrooms. The school may feel it is necessary to contact the appropriate authorities to protect the safety of Ballard Center students and staff.

Any concerns you may have about the school, staff or children, must be made through the appropriate channels by speaking to the Education Director, Family Stabilization Director, or Chief Operating Officer, so they can be dealt with fairly, appropriately and effectively for all involved.

Additionally, we have a child specific behavior and exclusion policy in place. There may be times when a child's behavior presents a safety concern or significantly disrupts the classroom environment. In these cases, a child may need to be picked up early for the day. This temporary exclusion is never a punishment—it is a step to ensure safety, allow the child to calm and reset, and give families and staff an opportunity to plan support strategies. We trust that parents, guardians, and visitors will assist our school with the implementation of this policy. We thank you for your continued support of Ballard Center!

_____ _____

Parent/Guardian Signature Date

_____ _____

Printed Name Ballard Rep

ballard center
Changing Lives since 1965

January 2026

CCL.010
Rev. 07/2024

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

Kansas
Department of Health and Environment

Authorization for Emergency Medical Care

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

Name of facility exactly as stated on the license	License #
Elizabeth B. Ballard Community Center	0000160-020

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

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

_____

_____

_____

Signature of Parent or Guardian	Date Signed

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

CCL. 029
Rev. 02/2026

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

Kansas Department of Health and Environment

Medical Record

Medical History

In accordance with K.A.R. 28-4-117 and K.A.R. 28-4-430, a completed medical record shall be on file at the facility for each child. For a Family Child Care Home, a completed medical record shall be on file for each child under 10 years of age enrolled for care and for each child under 16 years of age living in the child care facility. The medical record shall include a medical history, a record of current immunizations and a child health assessment. The medical record is 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_____ Date of Birth_____ Gender_____
First Last MM/DD/YYYY M/F

Parent/Guardian Information

Name_____

Home Address_____
Street City Zip Code

Home/Cell Phone Number_____

Work Phone Number_____

E-mail Address_____

Best way to contact_____

Parent/Guardian Information

Name_____

Home Address_____
Street City Zip Code

Home/Cell Phone Number_____

Work Phone Number_____

E-mail Address_____

Best way to contact_____

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

Name _____ Name _____

Address _____ Address _____

Phone Number _____ Phone Number _____

Child's Physician_____ Phone Number_____

Hospital Preference (for emergencies)_____

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:** _____

Date of annual review: _____ Parent/Guardian Initials: _____ Provider Initials: _____
Date of annual review: _____ Parent/Guardian Initials: _____ Provider Initials: _____
Date of annual review: _____ Parent/Guardian Initials: _____ Provider Initials: _____
Date of annual review: _____ Parent/Guardian Initials: _____ Provider Initials: _____

Medical Record:

Medical History Cont. - 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: _____ Date of Birth: _____
First Last 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					
	1st	2nd	3rd	4th	5th	6th
Diphtheria, Tetanus, Pertussis (DTaP)						
Poliomyelitis (IPV/OPV)						
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.; not required						
Influenza (Flu) *Recommended annually >6 mo.; not required						

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 ☐ Hep A ☐ Hep B
☐ Hib ☐ PCV ☐ Varicella ☐ Other (describe): _____

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:** _____

CCL. 029a
Rev. 02/2026

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

Kansas Department of Health and Environment

Medical Record:
Child Health Assessment

The Child Health Assessment form is to be completed and signed by a nurse approved to perform health assessments, a licensed physician, or physician's assistant (PA). The health assessment shall be conducted not more than 12 months before and no later than 60 calendar days after enrollment at the child care facility.

A Child Health Assessment, recorded on a KDHE Form or another outlined acceptable form, is required for all children including children of the provider or staff in Family Child Care Homes, Child Care Centers and Preschools. Acceptable forms include: A Kan-Be-Healthy Assessment Form (KDHE Form), a Physician Health Assessment Form and a School Health Assessment Form for school-age children or youth

Child's Name_____ **Date of Birth**_____
First Last

Health history and medical information pertinent to routine child care and emergencies (describe, if any): ☐ None	Do you see this child for regular health supervision: ☐ Yes ☐ No
Allergies to food or medicine (describe, if any): ☐ None	
List current medications (if any): ☐ None	

Length/Height: _____IN/CM %ILE_____		**Weight: _____LB/KG %ILE_____**
Physical Examination	✓ If Normal	If Abnormal - Comments
Head/Ears/Eyes/Nose/Throat		
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 pages if necessary)
☐ None

Signature of Licensed Physician or Nurse approved for Child Health Assessment	Date
Print the Name of the Individual Signing Above	Phone Number

Address	City	Zip Code

CCL.034
Rev. 07/2024

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

Kansas Department of Health and Environment

Permission Form for Children to go Off-Premises

Name of the Facility (exactly as stated on the license)			License #
Elizabeth B. Ballard Center			0000160-020
Street Address of the Facility	**City**	**Zip Code**	**County**
708 Elm Street	Lawrence	66044	Douglas

_____ may go to the following locations off the premises with adult supervision:
First and Last Name of Child or Youth

Place	Street Address	City	By Vehicle	Walk/Bike
John Taylor Park	200 N 7th Street	Lawrence		X
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Watkins Museum of History	1047 Massachusetts Steet	Lawrence	X	
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
McDonald's	4911 W 6th Street	Lawrence	X	
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Walmart Supercenter	550 Congressional Dr	Lawrence	X	
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Midland Care	319 Perry Street	Lawrence		X
Signature of Parent or Guardian			Date Signed	

Place	Street Address	City	By Vehicle	Walk/Bike
Lyons Park	700 Lyon Street	Lawrence		X
Signature of Parent or Guardian			Date Signed	

PARENTAL PHOTO CONSENT FORM FOR CHILDREN/MINORS

We recognize the need to ensure the welfare and safety of all young people taking part in any activity associated with our organization. In accordance with our child protection policy, the Ballard Center will not permit photographs, video or other images of young people to be taken without the consent of the parents/guardians.

I hereby grant and authorize the Ballard Center the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of my child to be used in and/or for legally promotional materials including, but not limited to, newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other print and digital communications, without payment or any other consideration. This authorization extends to all languages, media, formats and markets now known or hereafter devised. This authorization shall continue indefinitely, unless I otherwise revoke said authorization in writing.

I understand and agree that these materials shall become the property of the Ballard Center and will not be returned.

I hereby hold harmless, and release the Ballard Center from all liability, petitions, and causes of action which I, my heirs, representative, executors, administrators, or any other persons may make while acting on my behalf or on behalf of my estate.

This release must be signed by a parent or guardian, as follows:

CHECK ONE

◯ I hereby certify that I am the parent or guardian of student named below and do hereby give my consent without reservation to the foregoing on behalf of this individual.

◯ I hereby certify that I am the parent or guardian of student named below, and DO NOT give my consent to the foregoing on behalf of this individual.

Signature of Parent/Guardian	Printed Name of Parent/Guardian
Student's Name	Date

ENROLLMENT/INCOME ELIGIBILITY FORM FOR CHILD CARE CENTERS

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

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

INCOME ELIGIBILITY

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

☐ A family member in our household receives benefits from Food Assistance Program (FA), Temporary Assistance for Families (TAF), or Food Distribution Program on Indian Reservations (FDPIR). (Please complete Part 2 and 5.)

☐ One or more of the children in Part 1 is a foster child. (Please complete Part 3 and 5.)

☐ My child(ren) may qualify for Free/Reduced Price meals based on household income. (Please complete Part 4 and 5.)

☐ My child(ren) will not qualify for Free/Reduced Price meals. (Please complete Part 5 only.)

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

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

PART 4 – TOTAL HOUSEHOLD GROSS INCOME FROM LAST MONTH—Not required if you have reported a case number in Part 2.

Tell us how much and how often. If no income, write "0". Use net income if self-employed.

List names (First and Last) of everyone in your household, including foster children	Earnings from Work Before Deductions	Weekly	Every 2 Weeks	2X Month	Monthly	Welfare, Alimony, Child Support	Weekly	Every 2 Weeks	2X Month	Monthly	Retirement, Pensions, Social Security, Other	Weekly	Every 2 Weeks	2X Month	Monthly
1.	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
2.	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
3.	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
4.	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
5.	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐
6.	$	☐	☐	☐	☐	$	☐	☐	☐	☐	$	☐	☐	☐	☐

PART 5 – SIGNATURE AND CERTIFICATION—REQUIRED

The adult household member who fills out the application must sign below. If Part 4 is completed, the adult signing the form must also list the last four digits of his/her Social Security Number (SSN) or check the box if no SSN. *See Privacy Act Statement on the back of this page.*

If you have listed a case number in Part 2 or are applying on behalf of a foster child or have checked the box that your child(ren) will not qualify for Free/Reduced Price meals, the last four digits of the SSN is not needed.

"I certify (promise) that all information on this application is true, and that all income is reported. I understand that this information is given in connection with the receipt of Federal funds, and that CACFP officials may verify (check) the information. I am aware that if I purposely give false information, the participant/center may lose meal benefits, and I may be prosecuted under applicable State and Federal laws."

Signature of Adult	Today's Date	Print Name of Adult Signing
X________________	________	Social Security Number (SSN) (last four digits) XXX-XX- ☐ Check if no SSN
Address	City/State/Zip Code	Daytime Phone

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

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

Ethnicity (check one): ☐ Hispanic or Latino ☐ Not Hispanic or Latino

Race (check one or more): ☐ American Indian or Alaskan Native ☐ Asian ☐ Black or African American
☐ Native Hawaiian or Pacific Islander ☐ White

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

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

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

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

This institution is an equal opportunity provider.

DO NOT FILL OUT - CENTER USE ONLY

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

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

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

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

☐ Child(ren) on this form who are not categorically eligible qualify as follows:

Check one: ☐ Free ☐ Reduced Price ☐ Paid

Household Size: _____

Total Income: $_____

☐ Annual ☐ Monthly ☐ Twice Per Month ☐ Every Two Weeks ☐ Weekly

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

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

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

Child Care Center Enrollment and Income Eligibility Form (E/IEF) Instructions

This organization offers healthy meals and snacks to children as part of the Child and Adult Care Food Program (CACFP). We receive support from CACFP to serve those meals. The CACFP makes healthy food a regular part of your child's day care!

Please fill out the *CACFP Enrollment and Income Eligibility Form (E/IEF)*. This lets us know how much money CACFP will give to support your day care home or center. CACFP gives more support if your household income is less than or equal to the limits on this chart:

Federal Income Standards for Reduced Price Meals for July 1, 2026 - June 30, 2027		
Household Size	Yearly Income	Monthly Income
1	$29,526	$2,461
2	$40,034	$3,337
3	$50,542	$4,212
4	$61,050	$5,088
5	$71,558	$5,964
6	$82,066	$6,839
7	$92,574	$7,715

As you fill out the *CACFP Enrollment and Income Eligibility Form (E/IEF)*, please be sure to read the instructions carefully. Fill in all the information we request. We can only accept complete forms.

Points to Remember:

If:	Then:
Your income isn't always the same	List the amount of money that you normally get. For example, do not include overtime pay, if you do not normally get it. If your income is normally higher or lower, you can report annual income instead.
Your household includes members who aren't citizens	You or your children do not have to be U.S. citizens to qualify for meal benefits.
You are in the military	Do not include your Family Subsistence Supplemental Allowance (FSSA), combat pay, or the money you receive for privatized housing. If deployed, count the amount of pay that is made available to your household as income.

Thank you for taking the time to fill out the form. We hope your child enjoys CACFP meals!

This institution is an equal opportunity provider.

BALLARD CENTER MEAL SUBSTITUTIONS
For Allergies or Intolerances

CHILD'S NAME: _____

1. Is the child's diet restricted by medical or other dietary needs? __ yes __ no

   Please state reason: _____

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?

   _____

   _____

   _____

_____ _____

Parent Signature Date

February 2024

Ballard Center No Babysitting Policy

At Ballard Center, we value strong, positive relationships between families and staff. To help maintain a safe, fair, and professional environment for all children, we have the following policy regarding babysitting and care outside of program hours.

Our Policy

Staff members are not permitted to provide babysitting or private childcare for children currently enrolled in our program outside of scheduled program hours.
This policy is in effect to help us:

- Maintain clear and healthy boundaries between staff and families
- Ensure all children and families are treated fairly and equally
- Protect the safety and well-being of children and staff
- Avoid any potential conflicts of interest or misunderstandings

After a child leaves the program:

Once a child is no longer enrolled, any private arrangements between families and staff members are personal decisions. These arrangements are not affiliated with or endorsed by Ballard Center.

Our commitment to families:

We are committed to providing high-quality care during program hours and building respectful, professional relationships with every family. If you need help finding childcare outside of our hours, we are happy to share community resources when available!

Resources you may explore:

- Babysittersregistry.com
- Kidsit.com
- Care.com
- Community Children's Center, Inc.
  https://www.communitychildrenks.org/
  346 Maine Street, Lawrence, KS 66044
  785-260-8184
- Child Care Aware online:
  https://ks.childcareaware.org/family-support-center/

Política de No Cuidado Infantil Fuera del Programa del Centro Ballard

En el Centro Ballard, valoramos las relaciones sólidas y positivas entre las familias y el personal. Para ayudar a mantener un ambiente seguro, justo y profesional para todos los niños, contamos con la siguiente política respecto al cuidado infantil fuera del horario del programa.

Nuestra política
Los miembros del personal no tienen permitido ofrecer servicios de niñera o cuidado infantil privado para niños actualmente inscritos en nuestro programa fuera del horario establecido.

Esta política está en vigor para ayudarnos a:
• Mantener límites claros y saludables entre el personal y las familias
• Asegurar que todos los niños y familias sean tratados de manera justa y equitativa
• Proteger la seguridad y el bienestar de los niños y del personal
• Evitar posibles conflictos de interés o malentendidos

Después de que un niño deja el programa:
Una vez que un niño ya no está inscrito, cualquier acuerdo privado entre las familias y exmiembros del personal es una decisión personal. Estos acuerdos no están afiliados ni respaldados por el Centro Ballard.

Nuestro compromiso con las familias:
Estamos comprometidos a brindar atención de alta calidad durante el horario del programa y a construir relaciones respetuosas y profesionales con cada familia. Si necesita ayuda para encontrar cuidado infantil fuera de nuestro horario, ¡con gusto podemos compartir recursos comunitarios cuando estén disponibles!

Recursos que puede explorar:

- Babysittersregistry.com
- Kidsit.com
- Care.com
- Community Children's Center, Inc.
  https://www.communitychildrenks.org/
  346 Maine Street, Lawrence, KS 66044
  785-260-8184
- Child Care Aware online:
  https://ks.childcareaware.org/family-support-center/

Money Coaching Support for Families of Ballard Center

Please help us help you! We want to focus on your interests and priorities. We provide money coaching and services in the following areas *(please mark which ones you would like to know more about):*

_____ A FREE financial "Game Plan" for my family

_____ How to be debt-free

_____ Lending options for a new home or debt consolidation

_____ Monthly expense plan/budget guidance and credit score tips & tools

_____ Investment Options—for me, my children, my business

_____ Insurance --- life, auto, home, business

_____ Identity Theft & Legal Protection

We look forward to working together toward a path of knowledge, clarity, guidance, and security in all areas of money for you and your family.

Apoyo de Asesoría Financiera para las Familias del Ballard Center

¡Ayúdenos a ayudarle! Queremos enfocarnos en sus intereses y prioridades.

Ofrecemos asesoría financiera y apoyo en las siguientes áreas. Por favor, marque las opciones sobre las que le gustaría recibir más información:

_____ Un "Plan Financiero" GRATUITO para mi familia

_____ Cómo salir de deudas

_____ Opciones de financiamiento para comprar una casa o consolidar deudas

_____ Orientación para crear un presupuesto mensual y consejos y herramientas para mejorar mi puntaje de crédito

_____ Opciones de inversión para mí, mis hijos o mi negocio

_____ Seguros (vida, automóvil, vivienda y negocio)

_____ Protección contra el robo de identidad y servicios de protección legal

Esperamos trabajar junto a usted para ayudarle a construir un futuro con más conocimiento, claridad, orientación y seguridad financiera para usted y su familia.

Family Background and Support Questionnaire

To be completed and returned with enrollment paperwork.

Caregiver's name: _____

Child's name: _____

Date completed: _____

Questionnaire completed by: _____

Household Information:

- Who lives in the home with the child you are enrolling (include names, ages, relationship to child).

- Does the child live with their primary caregiver full time or do they spend time in more than one home?

- Are there other caregivers involved in daily routines (e.g. grandparents, babysitters/nannies, etc.)?

- What languages are spoken in the home?

- Does the family currently have stable housing?

- Does the family have transportation for emergencies or appointments?

Medical and Developmental History

- Does the child you are enrolling have any diagnosed medical conditions (e.g. asthma, allergies, diabetes, etc.)?

- Are there medications the child currently takes (prescription or nonprescription)?

- Do any of these medications need to be administered at Ballard?

- Has the child had any hospitalizations, surgeries, or significant health concerns in their life?

Parent/Guardian Relationship with Child

- Please describe the child's relationship to their primary caregiver (note if the primary caregiver is not the child's biological parent).

- What is something you are especially proud of about this child?

- How does this child express affection or connection at home?

- How are emotions and behaviors of this child supported during hard moments?

Family Responsibilities and Dynamics

- What responsibilities does this child have at home (if any)?

- What routines do you share as a family (e.g. meals, bedtime, religious/cultural practices)?

- Are there any major changes that have recently happened or are currently happening in the family (e.g. new sibling, separation/divorce, relocation, etc.)?

- Is there anything that makes parenting/caregiving particularly challenging right now?

Trauma History and Support

- Has the child experienced any traumatic events (e.g. loss, neglect/abuse, witnessed violence, separation/divorce, unstable housing, etc.)?

- What "triggers" and behaviors should we be aware of?

- Is the family currently or has the family been involved with DCF or any community support services?

- Is the child currently receiving or has the child received any therapies (mental health or speech/occupational)?

Strengths and Concerns

- What are the child's strengths and/or successes?

- What concerns do you have regarding the child's development, behavior, or emotional well-being?

- What are your biggest hopes for this child while at Ballard Center?

- What support would be helpful for your family this year?

Please note any additional information you would like our team at Ballard to know about the child/family:

Community Resource Needs Survey

For families with young children, making ends meet financially can be hard. If you are struggling with any of the following, Ballard may be able to help! To learn more about the Community Services Department, complete this survey and return to the education director with the enrollment packet. This form will be shared with Kathrine Ward, Community Services Director, and she will reach out for a confidential conversation regarding your needs.

Please rate your level of need/difficulty for the following items (0 = no problems/not concerned, 5 = very problematic/highly concerned):

Paying rent	0	1	2	3	4	5
Paying utilities	0	1	2	3	4	5
Having enough food	0	1	2	3	4	5
Having enough clothing	0	1	2	3	4	5
Buying diapers	0	1	2	3	4	5
Buying hygiene/toiletry items	0	1	2	3	4	5
Steady employment/reliable income	0	1	2	3	4	5
Reliable transportation	0	1	2	3	4	5

Any additional notes regarding your family's specific needs?

_____

_____

_____

_____

_____

Name: _____ Date: _____

Phone: _____ Email: _____

Best way to contact you? ☐ **call** ☐ **text** ☐ **email**

Best time to contact you?: ☐ **morning** ☐ **afternoon** ☐ **evening** ☐ **any time**

Cuestionario sobre su Familia y Apoyos

Por favor complete este formulario y entréguelo junto con los documentos de inscripción.

Nombre del padre, madre o cuidador(a): _____
Nombre del niño(a): _____
Fecha: _____
Persona que completó este formulario: _____

Información sobre su familia

¿Quiénes viven en el hogar con el niño(a)?
Por favor incluya los nombres, edades y la relación que tienen con el niño(a).

¿El niño(a) vive con su cuidador principal todo el tiempo o pasa tiempo en más de un hogar?

¿Hay otras personas que ayudan a cuidar al niño(a) regularmente?
(Por ejemplo: abuelos, otros familiares, niñera, proveedor de cuidado infantil, etc.)

¿Qué idiomas se hablan en casa?

¿Actualmente su familia cuenta con una vivienda estable?

☐ Sí ☐ No

¿Su familia cuenta con transporte para asistir a citas o en caso de una emergencia?

☐ Sí ☐ No

Salud y desarrollo

¿Su hijo(a) tiene alguna condición médica diagnosticada?
(Por ejemplo: asma, alergias, diabetes u otra condición de salud).

¿Toma actualmente algún medicamento, con o sin receta médica?

¿Alguno de esos medicamentos necesita administrarse durante el horario en Ballard Center?

☐ Sí ☐ No

Si respondió sí, ¿cuál? _____

¿Ha sido hospitalizado(a), ha tenido alguna cirugía o ha enfrentado algún problema importante de salud?

La relación con su hijo(a)

Cuéntenos un poco sobre la relación entre usted (o el cuidador principal) y el niño(a).
Si el cuidador principal no es el padre o la madre biológica, puede indicarlo aquí.

¿Qué es lo que más le enorgullece de su hijo(a)?

¿Cómo demuestra cariño o afecto en casa?

Cuando su hijo(a) está molesto(a), triste o frustrado(a), ¿qué cosas le ayudan a sentirse mejor?

Rutinas familiares

¿Tiene su hijo(a) alguna responsabilidad en casa?

¿Qué rutinas disfrutan juntos como familia?
(Por ejemplo: comer juntos, la rutina para dormir, actividades religiosas, tradiciones o costumbres familiares).

¿Ha habido recientemente algún cambio importante en la familia?
(Por ejemplo: nacimiento de un bebé, separación o divorcio, mudanza, fallecimiento u otro cambio significativo).

¿Hay algo que esté haciendo que la crianza o el cuidado de su hijo(a) sea especialmente difícil en este momento?

Experiencias difíciles y apoyos

Sabemos que algunas familias atraviesan momentos difíciles. Compartir esta información es completamente voluntario y nos ayuda a brindar un mejor apoyo a su hijo(a).

¿Ha vivido su hijo(a) alguna experiencia difícil o traumática?
(Por ejemplo: pérdida de un ser querido, abuso o negligencia, haber presenciado violencia, separación familiar, falta de vivienda estable, etc.)

¿Hay situaciones, cambios o experiencias que puedan alterar o angustiar a su hijo(a) y que sería importante que conozcamos?

¿Su familia recibe actualmente o ha recibido apoyo del Departamento para Niños y Familias (DCF) o de alguna otra organización comunitaria?

¿Su hijo(a) recibe actualmente o ha recibido anteriormente algún tipo de terapia o servicio especializado?
(Por ejemplo: terapia del habla y lenguaje, terapia ocupacional, servicios de salud mental, intervención temprana, etc.)

Fortalezas y metas

¿Cuáles considera que son las fortalezas de su hijo(a)? ¿Qué cosas hace muy bien?

¿Tiene alguna preocupación sobre el desarrollo, comportamiento o bienestar emocional de su hijo(a)?

¿Qué espera que su hijo(a) logre o experimente durante su tiempo en Ballard Center?

¿Qué tipo de apoyo sería útil para su familia este año?

¿Hay algo más que le gustaría que el personal de Ballard Center supiera sobre su hijo(a) o su familia?

Encuesta sobre Necesidades de Recursos Comunitarios

Sabemos que criar a niños pequeños puede ser costoso y que muchas familias atraviesan momentos difíciles. Si necesita apoyo en cualquiera de las siguientes áreas, ¡Ballard Center podría ayudar!

Si desea obtener más información sobre nuestro Departamento de Servicios Comunitarios, complete esta encuesta y entréguela junto con los documentos de inscripción. Esta información será compartida únicamente con **Kathrine Ward, Directora de Servicios Comunitarios**, quien se comunicará con usted de manera confidencial para conversar sobre las necesidades de su familia y los recursos que podrían estar disponibles.

Indique qué tan difícil es actualmente cada una de las siguientes situaciones para su familia.

0 = No representa un problema
5 = Es una gran preocupación

Necesidad	0	1	2	3	4	5
Pagar la renta	☐	☐	☐	☐	☐	☐
Pagar los servicios (agua, luz, gas, etc.)	☐	☐	☐	☐	☐	☐
Tener suficientes alimentos	☐	☐	☐	☐	☐	☐
Tener suficiente ropa	☐	☐	☐	☐	☐	☐
Comprar pañales	☐	☐	☐	☐	☐	☐
Comprar artículos de higiene personal	☐	☐	☐	☐	☐	☐
Tener un empleo estable o ingresos suficientes	☐	☐	☐	☐	☐	☐
Contar con transporte confiable	☐	☐	☐	☐	☐	☐

¿Hay algo más que desee compartir sobre las necesidades o circunstancias de su familia?

_____

_____

_____

_____

Nombre: _____ **Fecha:** _____

Teléfono: _____ **Correo electrónico:** _____

¿Cuál es la mejor manera de comunicarnos con usted?

☐ Llamada telefónica ☐ Mensaje de texto ☐ Correo electrónico

¿Cuál es el mejor momento para comunicarnos con usted?

☐ Por la mañana ☐ Por la tarde ☐ Por la noche ☐ Cualquier horario

Program Partners

We partner with many folks in our community to enrich our program and provide fun learning opportunities for Ballard children!

Music Program with Mr. Christian

Dance with Sunflower State Dance

Weekly Expressive Art with Ms. Kim

Food Activities/Gardening with Sunrise Project

Watkins Museum Tiny Tours

We also provide on-site services:

Speech Therapy with Speech Solutions

Occupational Therapy with Speech Solutions

Animal Therapy with Loving Paws

Dental Clinic with Healthy Futures

Vision Screenings with Lions Club

Hearing Screenings with USD497

Autism Services of Kansas

Infant Toddler Services

School District Services

Community Closet/Pantry/Financial Assistance

Money Coaching

We hope to see you soon!

We value our relationships with families at Ballard and want to be accessible and communicative. Ballard staff are available in person and by phone any time during business hours, Mon-Fri 7:00 - 5:30. You can also visit our website or the Facebook page for up to date information.

questions?

chelsea.h@ballardcenter.org
785-842-0729 | ballardcenter.org

@ballardcenter_ks

facebook.com/ballardcenterks

ballard center
Changing Lives since 1965
BallardCenter.org

Home Visit Child Development & Transition Questionnaire

For ages 2–5 | To support smooth transitions and responsive care in early learning environments

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Child's Name: _____
Date of Visit: _____
Parent/Guardian Name(s): _____

Child Development & Behavior

Cognitive & Language

- What is your child curious about right now?
- How do they usually communicate their wants or needs?
- Do they have any frequently used words, signs, or phrases?
- Do they enjoy books, songs, or being read to?
- How do they respond to directions or questions?

Motor Skills

- What types of physical activities do they enjoy?
- How confident are they when moving (running, climbing, balancing)?
- Do they enjoy fine motor activities like drawing or building?

Self-Help Skills

- Can your child dress/undress independently or with help?
- Are they potty trained, in the process, or in diapers?
- How do they respond to transition times like clean-up or leaving the house?

Social-Emotional Development

- How do they respond to new people or environments?
- What soothes or comforts them when upset?
- Do they prefer solo play, parallel play, or interactive play?
- What calms them down during a tantrum or emotional moment?
- Are there common triggers for frustration or upset?

Play & Interests

- What toys, activities, or objects do they love?
- Do they have favorite characters, animals, songs, or colors?
- What kind of play do they most enjoy?
- Are there activities they tend to avoid or dislike?

Home Routine

- What is a typical day like (wake-up to bedtime)?
- Do they nap or rest during the day? What does that look like?
- Describe their bedtime routine.
- What is their eating routine like? Any allergies or food preferences?
- Who else do they spend time with regularly?

Sensory Preferences & Needs

- Do they respond strongly to certain noises, lights, or textures?
- Any sensory sensitivities (tags, mess, smells)?
- Do they enjoy water, sand, or tactile play?

Family Insight & Support

- What are your hopes for your child this year?
- Do you have any developmental, behavioral, or emotional concerns?

- Is there anything important we should know to support your child's transition to care?

- What is one thing a teacher can do to connect with your child right away?