

AOK AFTER SCHOOL CAMP 2024-2025

Camp starts Monday, August 18th, 2025

Enrollment Information

- Camp will be open after school until 5:30 pm daily on days that school is scheduled to be out (including *most* snow days *except for ice and/or sleet*)
- Camp will be closed on these holidays:
 - Thur.-Fri. August 21-22 (Lamar Fair)
 - Mon. September 1 (Labor Day)
 - Thur.- Fri. November 27-28 (Thanksgiving)
 - Wed. – Thur. December 24-25 (Christmas)
 - Wed. – Thur. December 31 – January 1 (New Year's)
 - Mon. – Fri. April 27 – May 1 (Staff Development)
- Lamar Schools will transport participants from school to the Wolf Center (801 E. 12th St.)
- Enrollment Fee: \$250
- Tuition is due prior to the week of attendance:
 - \$65 per week (\$2,535 for the school year)
 - \$2,408 (5% discount if paid in full BEFORE August 18)
- Parents will be charged a late pick-up fee of \$1.00 for every minute late beginning at 5:31 pm. No exceptions. A child may be dismissed from the program after two late pick-ups.
- Completed enrollment must be submitted to AOK (1) day before youth attends.
- No video games, electronic devises or outside items allowed out of backpacks.
- Please complete the Credit/Debit Card on File Agreement.
- Updated Parent/Guardian manuals are available.

Questions? Contact Samantha Williams at 682-6002 or Zach Morey at 681-0559

My child/children _____ will enroll.

My child will be there: (please circle) **Full-time** or **Part-time**

Days of the week my child will attend (please circle): **M T W T H F**

I have enclosed:

- ___ Enrollment packet for each participant
- ___ Updated shot records (parents must provide and return to AOK)
- ___ Transportation release
- ___ Credit/Debit Card on File Agreement
- ___ Enrollment Fee of \$250
- ___ Week 1 Tuition of \$65

Parent/Guardian Signature: _____ Date: _____

2025-2026 AOK AFTER SCHOOL PROGRAM POLICY

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AOK Board of Directors
Kathy Jenkins, President

Mission Statement

To empower young people to make positive healthy life choices.

Please return bottom signature portion to AOK

AOK's goals are to: support and strengthen the family unit; assist children to develop to their fullest potential; deliver a positive program in a safe, supportive, educational environment; assist children to accept and demonstrate the values of caring, honesty, responsibility, and respect.

AOK encourages active parental involvement in each child's activities and education, which has been shown to increase success at school, encourage communication and promote self-esteem.

Parents/Guardians/Participants must adhere to all AOK policies, written and/or posted at AOK programs, on site and/or off-site activities or programs.

In accordance with Federal law and the US Department of Agriculture policy, all programs at AOK are prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write Director of Civil Rights, Room 326-W Whitten Building, 1400 Independence Avenue S.W., Washington D.C. 20250-9410.

In accordance with state law, parents/guardians of participants are welcome to visit AOK facilities announced or unannounced, except in case of court order that states otherwise (court orders must be on file with AOK).

Policies or procedures may be amended at any time. New policies will be posted and enforced immediately.

AFTER SCHOOL PROGRAM DETAILS

About Our Kids, Inc., is a State of Missouri Licensed Child Care Program (DVN: 002166203)

After School is open to children in Kindergarten through 5th grade.

Youth must be toilet trained and accident free. If an accident happens, a parent/guardian will be responsible for cleaning and changing youth. Multiple incidents will result in dismissal from the program.

Lamar Schools will transport participants from school to the Wolf Building (801 East 12th St) or parents/guardians can arrange other transportation.

A FREE nutritious dinner meal is provided Monday-Friday.

Breakfast, lunch, and snack will be provided when school is out all day.

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AOK recognizes that the cost of childcare is a major expense for families. Families are encouraged to apply for State Assistance if applicable. AOK can *only assist* with the process with all determinations made by the Department of Health and Human Services: Children's Division.

After School Tuition: \$65 per week (regardless of attendance)

AOK is open after school until 5:30 pm AND 7:30 am – 5:30 pm on days school is not in session.

Parents must sign their child in/out via KinderSmart Application. Staff CANNOT sign youth in/out.

Children must be picked up by 5:30 each day. A late pick up fee of \$1 for every minute late will be charged beginning at 5:31 pm. If your child is picked up late on two occasions, he/she may be dismissed from the program.

Prompt payment is expected prior to the week of service.

Checks should be made payable to AOK and include your child's full name in the memo line. A late fee of \$25 per week will be charged for late payments. A child may be dismissed from the program after two weeks of non-payment.

Parent/Guardian Conferences

AOK encourages parents/guardians to schedule conferences with AOK staff as needed throughout the school year. To arrange a conference, simply contact Samantha Williams at 417-682-6002 or Zach Morey at 417-681-0559 to schedule a time that is mutually suitable.

Behavior Management and Discharge Policy

A write-up will be used at any time a situation occurs with a child in which behavior has disrupted the program, harmed or potentially harmed (physically or mentally) any child involved, or has caused concern from staff that the behavior could serve to diminish the program.

The first write up will serve as a warning and will be discussed with the parent/guardian.

A second write up may result in a 1-5 day suspension from the program and a behavior modification plan will be put into place.

A third write up may result in discharge from the program until the following school year.

IF A SEVERE BEHAVIOR OCCURS (as determined by the Director and AOK staff), YOUR CHILD MAY BE SUSPENDED OR DISCHARGED IMMEDIATELY.

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Special Care Plans

If your child has special needs as defined by the Missouri Department of Health and Senior Services, you will be required to complete a Specialized Care Plan.

AOK tries to accommodate children's needs as much as possible; unfortunately, there are times our programs cannot meet the needs of all children. In such cases we will be glad to offer suggestions for appropriate care through other providers.

Dress Code

Shorts/skirts must reach bottom of fingertips when hands are held straight down at one's side.

Tops must cover belly button, come to the top of pants, and be at least 1" across atop each shoulder (no strapless).

Clothing that displays profanity or pictures or slogans regarding tobacco, alcohol, or drugs is not allowed. Determination of appropriateness of dress is at the discretion of the Director.

Dress for field trips will depend on the nature of the trip and activity. For some occasions, jeans and other clothing may be more appropriate for the activity planned. For these occasions, dress will be specified by the staff or sponsor. Closed toe shoes will always be required.

Youth who violate dress code will not be allowed to participate in activities until offending clothing has been changed.

Repeated violations may result in loss privileges or dismissal from the program.

An approved mask (no shirts, heavy materials, etc.) may be worn for COVID-19 precautions but nothing should be worn over the face otherwise for safety reasons.

Injuries

Minor injuries will be treated at AOK by a staff member and a report will be filed. In an emergency, AOK staff will attempt to contact the parent/guardian, and possibly 911, and if requested, medical personnel will transport the injured child to the closest emergency room or hospital.

Lost and Found

AOK encourages parents/guardians to see that all items, including clothing and outerwear, are identified with the participants first and last name.

Medical

All participants are required by law to submit an immunization record before youth attend and keep it current. Parents/guardians are responsible for providing records to AOK.

A medical history report is to be on file for any student with specific health conditions.

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(Medical cont.)

Parents are encouraged to arrange for yearly medical, dental, and eye checkups at their own expense by their private physician.

Participants should be kept at home:

- If the child has a contagious disease (AOK should be notified of exposure to any contagious disease).
- If the child has a temperature of 100.4 degrees or more. The temperature should be normal (without medications to lower the fever) for at least 24 hours before allowing youth to return to AOK.
- If a general condition exists (i.e., rash, head lice, nose or eye discharge, persistent cough, poison ivy, sore throat or nausea) participants may also be asked to leave the facility until the symptoms subside.

Participants who become ill during the school day, or leave school, will not be allowed at AOK and will be placed in isolation and parents/guardians or designated emergency contact will be notified to pick up the child immediately if sent directly from the school.

Specific Health Procedures

Youth check in:

- AOK staff will greet youth at a sign-in station outside as they arrive and will be encouraged to observe 6-foot social distancing if they must wait.
- Hand sanitizer will be provided so that children can clean their hands before they enter.

Youth check out:

- Once a youth leaves the activity or the building, they will not be allowed to return.

Other policy/procedure changes:

- Only staff and participants will be allowed in the buildings
- All equipment and surfaces will be disinfected daily by AOK staff.
- Any Youth who have symptoms will be separated from others and sent home as soon as possible.

Medication

A child may not receive medication of any type from AOK staff unless absolutely necessary and required by a doctor to be given on a scheduled basis. Parents/guardians must fill out a medical authorization form including name, medication, amount and frequency of dosage. Medication must be provided in original container with pharmacy/doctor instructions and unused medication taken home at the end of prescription period.

**AOK staff will strive to give medication as requested but cannot be held responsible for giving medication.*

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Release of Information/Records

Parents with joint custody have the right to request information regarding their children by written request. AOK and Lamar School District, health care providers and other professionals communicate and share program information.

Release of Participants

All children must be signed in and signed out each day by a parent/guardian/designee via KinderSmart App.

Only persons designated by parent/guardian on the enrollment form will be allowed to pick-up a child at any scheduled activity and must sign out with a group leader. Staff may ask for identification if they do not know a person or a child acts suspiciously.

**If there is a legal document/custody order in place for your child, AOK must have a copy on file in order to deny a parent access to their child.*

Staff

AOK staff is directly accountable to the Executive Director or AOK Board depending on the situation and position.

All staff and volunteers are trained according to AOK policy and have ongoing training and/or staff meeting.

AOK Director is directly accountable to the AOK Board and is responsible for the overall program administration.

Safety Drills and Disaster Preparedness

Monthly fire drills and tornado drills are practiced. A disaster plan is on file, posted and is available for review and can also be found online at www.aokyouth.org.

School Closings

If Lamar Schools close early or dismiss because of bad weather or emergency, AOK will be open *if possible*. AOK will be closed in the event of ice and/or sleet.

Drug/Alcohol/Tobacco/Vape-free

All AOK facilities are drug, alcohol, marijuana, tobacco, and vape-free and the use of any drug, alcohol, tobacco, or vape product(s) in AOK buildings/grounds by any person, including participants, parents, or visitors is prohibited.

Transportation

Enrolled participants may be transported by AOK bus or van (or approved staff vehicle) to and from Lamar Schools and AOK activities/events only.

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Donations

AOK is a non-profit organization and welcomes donations of money, supplies or volunteering of time.

Please return this portion to AOK

About Our Kids, Inc. After School Program 2025-2026

I have read and understand the rules and guidelines for the AOK 2025-2026 after school program.

Parent/Guardian Signature: _____

Child(ren)'s Name: _____

Date: _____

AOK AFTERSCHOOL CAMP 2025-2026
PERMISSION FOR CHILD TO LEAVE
(Prior notice to parents for all trips with schedule)

(Child's name, please print)

Activity: About Our Kids, Inc.

Location: to and/or from Lamar R-1 Schools, Lamar City Park, Mary K. Finley Public Library and/or any other AOK activity in or out of Lamar.

Method of Transportation: walk, bus, van, or approved AOK Staff vehicle

Transported by: Lamar R-1 Schools and/or AOK staff

Time of Leaving: Any

Time of Return: Any

Date of Activity: Any (permission granted from 08/08/2025 – 05/15/2026)

2025-2026 AOK After School camp Credit/Debit Card On-File Agreement

AOK Policy requires all AOK clients to keep a credit or debit card on file for payment purposes. Your credit/debit card information will be secure and can only be charged under the terms you specify below. There will be a 3% fee for every card transaction.

By providing us with your credit/debit card information, you authorize AOK to automatically charge your card on a weekly or bi-weekly basis. Please circle how you prefer to be billed and date to begin. Cards will be charged every Monday unless otherwise noted at the \$65/week rate.

___ Weekly beginning August 18

___ Bi-Weekly beginning August 18th or August 25th (Circle date to begin billing)

If the debit/credit card information we have on file changes for any reason, you must notify AOK as soon as possible. If you have questions about a charge, please notify us within 10 days. After 30 days, all charges will be assumed to be correct.

We will maintain a clear record of all payments and charges. However, in the rare case that an overpayment occurs, your account will be credited on the upcoming invoice or if the balance is zero and you no longer bring your child to AOK, your credit/debit card will be reimbursed. An email or text receipt will be sent to you as well as a paid invoice from AOK showing your payment.

In the event of a declined charge, you will be asked to provide a new credit/debit card number and/or payment before your child can return to AOK. All associated late and bank charges will be added to your child's statement.

I HAVE READ AND UNDERSTAND THE CREDIT/DEBIT CARD ON FILE AGREEMENT AND AUTHORIZE ABOUT OUR KIDS, INC. TO CHARGE MY CARD AS STATED ABOVE.

Please indicate card type by circling: Visa MasterCard Discover Other: _____

Card Number: _____

Expiration Date: _____ Security Code: _____ Billing Zip: _____

Name on Card: _____

Child's Name: _____

Email address or phone number for receipts: _____

Billing Address on card:

Card holder name: _____

Street: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
OFFICE OF CHILDHOOD - CHILD CARE COMPLIANCE
MEDICATION AUTHORIZATION

MEDICATION REQUIREMENT

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

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

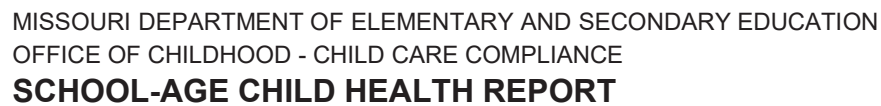
(PROPER NAME OF MEDICATION)

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

RECORD OF ADMINISTRATION

STAFF NAME	DATE	MEDICATION NAME	DOSAGE	TIME

The Department of Elementary and Secondary Education does not discriminate on the basis of race, color, religion, gender, gender identity, sexual orientation, national origin, age, veteran status, mental or physical disability, or any other basis prohibited by statute in its programs and activities. Inquiries related to department programs and to the location of services, activities, and facilities that are accessible by persons with disabilities may be directed to the Jefferson State Office Building, Director of Civil Rights Compliance and MOA Coordinator (Title VI/Title VII/Title IX/504/ADA/ADAAA/Age Act/GINA/USDA Title VI), 5th Floor, 205 Jefferson Street, P.O. Box 480, Jefferson City, MO 65102-0480; telephone number 573-526-4757 or TTY 800-735-2966; email civilrights@dese.mo.gov.



CHILD'S NAME	BIRTHDATE

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

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

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

PARENT OR LEGAL GUARDIAN SIGNATURE	DATE
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CHILD CARE ENROLLMENT FORM

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE
CHILD'S ADDRESS (STREET, CITY, STATE, ZIP CODE)		
IDENTIFYING INFORMATION		
PARENT/GUARDIAN NAME	TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS <input type="checkbox"/>		
EMAIL ADDRESS		
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER	
PARENT/GUARDIAN NAME	TELEPHONE NUMBER	
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS CHILD'S ADDRESS <input type="checkbox"/>		
EMAIL ADDRESS		
EMPLOYER OR SCHOOL	WORK/SCHOOL SCHEDULE	
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER	
If you or a member of your immediate family ever served in the U.S. Armed Forces, click here for more information about military-related services in Missouri or visit www.dese.mo.gov/veterans-services .		
EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY OTHER THAN PARENT (AT LEAST ONE EMERGENCY CONTACT IS REQUIRED)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBER(S)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

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**COMMENTS ON CHILD'S DEVELOPMENT
(PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)**

RELATED CHILD

☐ Yes ☐ No

CHILD'S RELATION TO CHILD CARE PROVIDER

ETHNIC AND RACE INFORMATION (YOU ARE NOT REQUIRED TO ANSWER THIS SECTION)

Are you of Hispanic or Latino origin? ☐ Yes ☐ No

What is your race? (Select one or more.)	<input type="checkbox"/> American Indian or Alaskan native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> White
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CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED

CACFP REQUIREMENT

Will child attend: <input type="checkbox"/> Full time <input type="checkbox"/> Part time Check what days your child will attend.		When does your child usually arrive each day?	When does your child usually leave each day?	Describe any changes or variations in usual attendance, including shift changes.
Monday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Tuesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Wednesday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Thursday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Friday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Saturday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	
Sunday	<input type="checkbox"/>	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY

☐ Breakfast ☐ Morning snack ☐ Lunch ☐ Afternoon snack ☐ Supper ☐ Evening snack ☐ None

HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY

<input type="checkbox"/> New Year's Day <input type="checkbox"/> Martin Luther King, Jr.'s Birthday <input type="checkbox"/> Lincoln's Birthday <input type="checkbox"/> Washington's Birthday	<input type="checkbox"/> Easter <input type="checkbox"/> Truman Day <input type="checkbox"/> Memorial Day <input type="checkbox"/> Juneteenth <input type="checkbox"/> Independence Day	<input type="checkbox"/> Labor Day <input type="checkbox"/> Columbus Day <input type="checkbox"/> Veterans Day <input type="checkbox"/> Thanksgiving Day <input type="checkbox"/> Christmas Day
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AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I understand that I will be notified at once in the event of an emergency with my child, and I will make arrangements for medical care of my child with the physician or hospital of my choice. If I cannot be reached to make the necessary arrangements, or in a critical emergency requiring medical care, I authorize

(CHILDCARE FACILITY NAME)

to contact the following:

PHYSICIAN OR CLINIC

NAME	TELEPHONE NUMBER
------	------------------

PREFERRED HOSPITAL

NAME	TELEPHONE NUMBER
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ACKNOWLEDGMENTS

A	I have received a copy of this facility's policies pertaining to the admission, care, and discharge of children.	PARENT/GUARDIAN INITIALS
B	I have been informed that a copy of the licensing rules for child care home or the licensing rules for group child care homes and centers is available at this facility for review.	PARENT/GUARDIAN INITIALS
C	The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, and individual needs.	PARENT/GUARDIAN INITIALS
D	When my child is ill, I understand and agree that s/he may not be accepted for care or remain in care.	PARENT/GUARDIAN INITIALS
E	I understand that, before the first day of attendance by my child, I will provide proof of completed age-appropriate immunizations or exemption from immunizations.	PARENT/GUARDIAN INITIALS
F	I <input type="checkbox"/> do <input type="checkbox"/> do not give permission for field trips/excursions. I understand that I will be notified in advance when they are planned.	PARENT/GUARDIAN INITIALS
G	I <input type="checkbox"/> do <input type="checkbox"/> do not give permission for the facility to transport my child.	PARENT/GUARDIAN INITIALS
H	I have been informed and have received a copy of the facility's safe sleep policy when enrolling a child less than one (1) year of age.	PARENT/GUARDIAN INITIALS
I	I have been notified that I may request notice at initial enrollment or at any time thereafter whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.	PARENT/GUARDIAN INITIALS

PARENT/GUARDIAN SIGNATURE

DATE

CACFP REQUIREMENT	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE

USDA Nondiscrimination Statement

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/ad-3027.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.