

Y YMCA OF PAWTUCKET
Childcare Services Application & Tracking Form for
Pawtucket Family YMCA & Central Falls
2009 – 2010 School Year

Effective 8/12/2009

From: _____

Child's Name: _____ School: _____ Grade: _____

Add to Delete from Change Effective Date: _____

I wish to enroll my child in the following childcare program(s):

CENTRAL FALLS SCHOOLS WILL ATTEND PAWTUCKET

- | | | | |
|------|--------------------------|---|---------|
| cpa | <input type="checkbox"/> | School's Out (Grades 2-4) from school dismissal – 5:45 p.m (CF included) | (\$90) |
| | <input type="checkbox"/> | with a youth or family membership | (\$69) |
| cpae | <input type="checkbox"/> | Early Risers from 6:30 a.m. until school starts (Grades 2-8) and afterschool | (\$150) |
| | <input type="checkbox"/> | with a youth or family membership | (\$105) |
| cpo | <input type="checkbox"/> | OPK Club (Grades 5-8) from school dismissal – 5:45 p.m. | (\$90) |
| | <input type="checkbox"/> | with a youth or family membership | (\$69) |
| cpoe | <input type="checkbox"/> | OPK (Grades 5-8) from school dismissal - 5:45 p.m. and Early Risers | (\$150) |
| | <input type="checkbox"/> | with a youth or family membership | (\$105) |
| cpe | <input type="checkbox"/> | Early Risers (only) from 6:30 a.m. until school starts | (\$60) |
| | <input type="checkbox"/> | with a youth or family membership | (\$40) |
| cpi | <input type="checkbox"/> | Family Intern Program | (\$90) |
| | <input type="checkbox"/> | with a youth or family membership | (\$69) |

Comments:

Food subsidy levels: 1 2 3

Drop off time: _____

Pick up time: _____

FOR OFFICE USE ONLY

_____	\$35.00	_____	_____	_____
Starting Date	Registration Fee, Membership#	1st Week Fee	State/F. Aid/Private	Cert# & Expiration Date
_____	_____	_____	_____	_____
Corporate	15% discount 2nd child	SAC/Exp. Date	Other	
_____	_____	_____	_____	
Receipt Number	Payment Information	Staff		

Y YMCA OF PAWTUCKET
Childcare Services Application & Tracking Form for
Darlington Program Center
2009 – 2010 School Year

Effective 8/12/2009

From: _____

Child's Name: _____ School: _____ Grade: _____

Add to Delete from Change Effective Date: _____

I wish to enroll my child in the following childcare program(s):

		<u>Price</u>
cde	<input type="checkbox"/> Early Risers from 6:30 a.m. until school starts	(\$60)
	<input type="checkbox"/> with a youth or family membership	(\$40)
cda	<input type="checkbox"/> After School until 5:45 p.m.	(\$90)
	<input type="checkbox"/> with a youth or family membership	(\$69)
cdae	<input type="checkbox"/> Early Risers and After School	(\$150)
	<input type="checkbox"/> with a youth or family membership	(\$105)
cdo	<input type="checkbox"/> OPK Club (grade 5) After School until 5:45 p.m.	(\$90)
	<input type="checkbox"/> with a youth or family membership	(\$65)
cdoe	<input type="checkbox"/> OPK Club (grade 5) Early Risers and After School	(\$150)
	<input type="checkbox"/> with a youth or family membership	(\$105)

Comments:

Food subsidy levels: 1 2 3

Drop off time: _____

Pick up time: _____

FOR OFFICE USE ONLY

_____	\$35.00	_____	_____	_____
Starting Date	Registration Fee, Membership#	1st Week Fee	State/F. Aid/Private	Cert# & Expiration Date
_____	_____	_____	_____	_____
Corporate	15% discount 2nd child	SAC/Exp. Date	Other	
_____	_____	_____	_____	
Receipt Number	Payment Information	Staff		

YMCA of Pawtucket, Inc.

Childcare Weekly Payment Agreement

I/We agree to pay the weekly fee of \$_____ by Friday prior to the week services are offered. I/We understand the full week fee is due whether or not our child participates in the program all week.

I/We receive childcare subsidy from _____
in the amount of \$_____ per week.

Express Payment Plan

I/We wish to participate on one of the *Express Payment Plans* (choose one):

_____ Bank Draft (weekly draft from checking or savings account)
Option I

PRINT NAME ON THE ACCOUNT

NAME OF BANK Checking _____ Savings _____
(Circle either Checking or Savings)

9 DIGIT ROUTING NUMBER **7-10 DIGIT ACCOUNT NUMBER OR SAVINGS #**

AUTHORIZED SIGNATURE **DATE**

_____ Credit Card (weekly charge to credit card)
Option II

CREDIT CARD TYPE

CREDIT CARD # **EXP DATE**

AUTHORIZED SIGNATURE **DATE**

Direct Payment Plan

_____ Cash/Check (weekly payment)
Option III

I do not wish to participate in the *EXPRESS PAYMENT PLAN* at this time. I understand that I have to pay 4 weeks in advance and stay 4 weeks in advance for the school year or my child will be dismissed from the program if we choose not to participate in the Express Payment Plan..

I understand that the weekly fee of \$_____ is due by Friday prior to the week services are offered. I understand the full week fee is due whether or not our child participates in the program all week.

AUTHORIZED SIGNATURE **DATE**

YMCA OF PAWTUCKET
Childcare Services Application
2009 – 2010 School Year

Effective 08/12/2009

Please print all information neatly

Child's Name: _____ Date of Birth: _____

Home Address: _____ City: _____ Zip: _____

Child's Home Phone: _____ Male _____ Female _____

Child Resides with: _____ Mother _____ Father _____ Both _____ Other (please list) _____

Ethnic Origin: () White () Black () Hispanic () Other _____ (for statistical purposes only)

School Attending from Sept. 2009 to June 2010: _____ Grade: _____

If your child will be attending kindergarten, please indicate which session your child will be in school: A.M. P.M.

Mother's Name: _____

Home Phone #: _____ Cell # (if applicable): _____

Place of Employment/School: _____ Phone #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Father's Name: _____

Home Phone #: _____ Cell # (if applicable): _____

Place of Employment/School: _____ Phone #: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact

(Other than parent. We call the parent first.)

Name: _____ Relationship to child: _____

Home #: _____ Work #: _____ Cell #: _____

AGREEMENT OF SERVICES

1. I/We will pick up _____ by _____ p.m.

2. I/We understand _____ will be transported to the Y either by YMCA transportation or by the Pawtucket School Department Monday through Friday and will be supervised until 5:45 p.m. by YMCA staff.

3. I/We understand any child whose behavior is consistently disruptive or destructive to the smooth and safe running of the child care program may be dismissed from the program after sufficient warnings to the child and the parents to change this behavior.

4. I/We give permission for _____ to participate in any field trips the YMCA plans with notice.

5. I/We understand if _____ has to stay after school for any reason, transportation for my child to the Y is not provided and the YMCA is not responsible for our child that day.

6. I/We understand we must call the YMCA before 12:30 p.m. if our child is to be absent from child-care on any given day.

7. I/We give permission to photograph and/or video my child for public relations and/or marketing purposes.

Signed: _____ Date: _____
Parent or Guardian

PERMISSION FORM

CHILD'S NAME _____ PHONE # _____

ADDRESS _____ PARENT'S work/school # _____

CITY _____ STATE _____ ZIP _____

PARENT'S NAME _____ HOME PHONE # _____

List names & addresses of individuals allowed to pick up your child from the YMCA Childcare Program.

A PICTURE ID IS REQUIRED BY ANYONE ON THE LIST IN ORDER TO PICK UP YOUR CHILD

Include parent not listed above if he/she is allowed to pick up your child.

	<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>PHONE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____
7.	_____	_____	_____	_____

List any individual not allowed to pick your child up from the YMCA program.

	<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>PHONE</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Please attach any custody or restraining orders in effect.

YMCA OF PAWTUCKET, INC.

PARENT AUTHORIZATION FOR EMERGENCY TREATMENTS

In consideration of admittance, I _____ hereby authorize the Family
(Parent/Guardian)
YMCA to arrange for medical examination and/or treatment of my child, _____

→
(Name)
should an emergency arise at the center or on a field trip. It is understood that a conscientious effort will be made by

the center to contact me at the emergency numbers I have provided below, before any medical action is taken. I would

prefer to have my child, if the need arises, taken to _____ Hospital.*

*Choice of hospital may be limited by service of local rescue squad.

* * * * *

Mother's or Guardian's Signature Beeper (if applicable) Home Phone School/Business
Phone

Father's or Guardian's Signature Beeper (if applicable) Home Phone School/Business
Phone

Relatives, or other persons to contact in an emergency situation:

Name: _____ Phone:(home) _____ Relationship to
Child: _____

Phone:(work) _____

Name: _____ Phone:(home) _____ Relationship to
Child: _____

Phone:(work) _____