

Please fill out the following forms and either mail it or drop it off to MacColl Field YMCA's office

Please Note:

Please call and check for availability - enrollment is not guaranteed.

A registration fee of \$35.00 is due at time of registration
and is non-refundable

MacColl Field YMCA

Attn: Child Care Registration

26 Breakneck Hill Road

Lincoln, RI 02865

(401) 725-0773



MACCOLL FIELD YMCA
CHILD CARE SERVICES APPLICATION



Community 2009-2010

(1st - 8th grade / Community, Cumberland Hill, Cumberland Middle School)

**Early Risers not available for Middle School students*

Child's Name: _____ Male _____ Female _____

School: _____ Grade: _____

Date of Birth: _____ Age: _____

Estimated Drop Off Time: _____ / Pick-Up Time _____

Please provide us with a preferred E-Mail Address that you would like us to use to contact you:

_____ Contact Name: _____

REGISTRATION FEE OF \$35.00 IS DUE AT TIME OF REGISTRATION AND IS NON-REFUNDABLE

*Potential Savings of
\$630 - \$1050
with
MacColl YMCA
Family Membership*

WEEKLY CHARGES

*MacColl YMCA
Family Membership
\$120 per year*

****Prices Subject to Change****

		Member	Participant
_____ Early Risers Only*	7:00am- 8:30am	\$40.00	\$60.00
_____ After School Only	Dismissal- 5:45pm	\$80.00	\$95.00
_____ Early Risers* & After School	7:00am- 8:30am Dismissal- 5:45pm	\$105.00	\$130.00

**Early Risers not available for Middle School students*

I have received a copy of the MacColl Field YMCA Parent Handbook

(Parent / Guardian Signature)

_____ Start Date	_____ Medical Form	_____ Payment Form
_____ Processing Fee	_____ Staff Initials	_____ Today's Date

*All applications are updated annually.
Parents must **immediately** notify the site and
MacColl Field of any changes on the child's
information sheet, and on the pick-up list.*

CHILD'S INFORMATION SHEET

Child's name: _____

Home address: _____

City: _____ **State:** _____ **Zip:** _____

Home phone: (____) _____ **Date of birth:** _____

Child resides with: ___ Both parents ___ Mother ___ Father
___ Other (please specify) _____

Parent / Guardian information

Male: ___ Female: ___

Name: _____ Date of Birth: _____

Place of employment/ school: _____

Work number: (____) _____ ext _____ Cell/Other: (____) _____

E-Mail Address: _____

If different than child's;

Home address: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____

Parent / Guardian information

Male: ___ Female: ___

Name: _____ Date of Birth: _____

Place of employment/ school: _____

Work number: (____) _____ ext _____ Cell: (____) _____

E-Mail Address: _____

If different than child's;

Home address: _____

City: _____ State: _____ Zip: _____

Home phone: (____) _____

Emergency Contact (other than parent)

1) Name: _____ Relationship to child: _____

Home phone: (____) _____ Work phone: (____) _____

2) Name: _____ Relationship to child: _____

Home phone: (____) _____ Work phone: (____) _____

*All applications are updated annually.
Parents must **immediately** notify the site and
MacColl Field of any changes on the child's
information sheet, and on the pick-up list.*

**MACCOLL FIELD YMCA
PICK UP LIST**

Child's name: _____

Home address: _____

City: _____ **State:** _____ **Zip:** _____

Home phone: (____) _____

Please fill out the following information for parents/ guardians
who are **ALLOWED** to pick up the child:

Mother's name: _____

Work phone: (____) _____ Cell/Other: (____) _____

Father's name: _____

Work phone: (____) _____ Cell/Other: (____) _____

List the names and addresses of individuals **ALLOWED** to pick up your child
from the MacColl Field YMCA program sites.

NAME	ADDRESS	RELATIONSHIP	PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____

List the names and addresses of individuals **NOT ALLOWED** to pick up your
child from the MacColl Field YMCA program sites. **(Please attach a copy of
any custody or restraining orders in effect.)**

NAME	ADDRESS	RELATIONSHIP	PHONE
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

**MACCOLL FIELD YMCA
AGREEMENT OF SERVICES**

I / We will pick up _____
by _____ .

I / We understand we must call the child care site if our child is to be absent on any given day.

I / We give permission to photograph and display pictures of our child.
_____. (If you do not want your child's picture taken and displayed, **do not** sign this line.)

I / We understand that the cost of the program for which our child is enrolled is \$_____. This payment is due the Friday **before** the week of service. **I/ We understand the full week's payment is due whether or not our child participates in the program for any particular week.** (There is no discount given for **sickness** or **holidays**.) Payments must be kept current or children may not return to the program until delinquent payments are made.

Corporate/ Subsidized child care for my child is as follows:

_____ **DHS/ Pathways** _____ **Financial Aid**
_____ **Corporate/Other (please specify)** _____

Written verification for any of the above subsidized child care must be approved and on file before the child begins in our program.

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

X _____
Parent/ Guardian's Signature **Date**

**MACCOLL FIELD YMCA
AGREEMENT OF MEDICAL SERVICES**

In consideration of admittance, I _____
(parent or guardian)
hereby authorize the MacColl Field YMCA to arrange for medical
examination and/or treatment of my child _____
(child's 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, 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.

I have received a copy of and understand the health care policy.
(attached - please retain for reference)

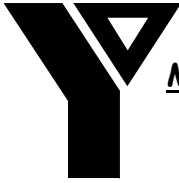
X _____
Parent/Guardian Signature

Please list any medical conditions your child has:

Medical concerns/ conditions: _____

List ALL Medications your child is currently taking: *(it is **important** that the
parent/guardian update this list as applicable)*

Allergies: _____



HEALTH CARE POLICY

*****Keep for your Records*****

- Please use good judgment when sending your child to child care.
- Children must be able to participate in all activities.
- All allergies must be noted at time of registration.
- Any child who is sent home with a rash or fever, or wakes up with such, must remain home for 24 hr. NO EXCEPTIONS.
- FIRST AID
- A counselor will administer First Aid to your child. All are currently certified in First-Aid and CPR. Parents will be notified, within 24 hours, or sooner when first aid has been applied.
- MEDICATION
- All medication must be in the original container.
- Please hand medication in to the site director only.
- Please do not leave in lunchbox or child's backpack.
- A written note from the physician must accompany non-prescription medication. It needs to state the specific medication, and the exact dose and length of time to be given NO EXCEPTIONS.
- Parents need to fill out a medical release form which can be found at the parents table, for all medications
- Children with asthma may, with written parental consent, and authorization from the physician, carry their own inhalers and use them as needed. Any use of the inhaler will be documented on the child's medical log.
- Children with allergies to bee stings may carry epi-pens to be used as needed. Use will be documented on the child's medical log.
- If your child becomes ill, he/she will be separated from the group to rest quietly. We will contact a parent or emergency contact to pick up the child. Please assure that your contact numbers are accurate.
- COMMUNICABLE DISEASE
- Any child who contracts a fever or rash during child care hours will be isolated from the others, and contacts will be called to pick up child immediately.
- HEAD LICE: are insects that feed off the human body to survive. They lie in the human scalp and are about the size of a sesame seed. Head lice hatch from eggs called nits. These tiny eggs are grayish white, and shaped like tear drops. They attach themselves to the hair shaft and are very difficult to remove. Head lice are very contagious. The YMCA maintains a no nit policy. Children may not return to childcare until they are nit free.

MacColl Field YMCA

Emergency and Snow Dismissal Policy

*****Keep for your Records*****

If schools are cancelled, our programs are **cancelled**. If it is possible, we will try to accommodate parents by opening at **MacColl Field YMCA (for Lincoln, North Providence and Cumberland programs) and Four Corners Early Learning Center (for Four Corner programs)**. This decision is based on several factors, including the ability to plow roads and the parking lot, and staff availability.

Once the decision has been made to open or close, the office will be alerted. Please do not attempt to travel to MacColl or Four Corners ELC unless you have spoken to someone at the office. Please do not assume that we will be open. **You can begin to call the MacColl Field Office after 6:30 at 725-0773 or Four Corners ELC at 333-6402.**

If school is delayed, we are open. **Sites located at the schools will have a delayed opening (same delay time as school)**. MacColl Field Site and Four Corners will open at regular time. If morning or afternoon Kindergarten is cancelled, we will provide all day childcare.

If school is released early, **there will be no after school childcare**. Your child should go home on their "REGULAR" or "TO HOME" school bus and PARENTS should make arrangements for proper supervision at home. If public school is released early, we encourage parents of Kindergarten and Preschool programs to pick up their child early.

Please make alternate care plans now for weather related situations.

Thank you for your cooperation.

If you have any further questions, please call us at
725-0773.

Thank You
YMCA Staff

Dear Childcare Families,

In the event of the elementary schools closing early or canceling all after school programs due to either a weather or building emergency we want to make sure we know what your child is to do at dismissal. These decisions are made based on current conditions and take into account the safety of the children. Please note, your child should also know what their weather emergency plan is so they know that they will not be going to the YMCA after school. During weather related emergencies we encourage you to listen to the radio or log on to the Turn to 10 web site where a listing of all cancellations will be available. We will make every attempt to contact you directly.

Since the information of what your child is to do during a weather emergency is very important to us as well as your child's school we will be sharing the below information with your child's school so they know how your child will be getting home from school.

Child's Name _____

School Attending _____ grade _____

Please check off **ONE** of the following:

___ my child will take the **bus home Bus#** _____

___ my child will be picked up from school

Office Use
Unit ID # _____

YMCA of Pawtucket, Inc.
MACCOLL FIELD BRANCH

Child Care 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.

(print child's full name)

I/We receive child care subsidy from _____
My co-payment is \$_____ per week.

Express Payment Plan

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

** _____ **Bank Draft** (weekly draft from checking or savings account) VOIDED CHECK NEEDED
Option I

PRINT NAME ON THE ACCOUNT

NAME OF BANK

9 DIGIT ROUTING NUMBER

7-10 DIGIT ACCOUNT NUMBER or SAVINGS #

AUTHORIZED SIGNATURE

DATE

Checking Savings
(Circle One)

** _____ **Credit Card** (weekly charge to credit card) or Debit Card (weekly charge to debit account)
Option II

PRINT YOUR NAME AS IT APPEARS ON CARD

CIRCLE ONE: MASTER CARD OR VISA ONLY CIRCLE ONE: CREDIT / DEBIT CARD TYPE

CREDIT CARD #

EXP DATE

AUTHORIZED SIGNATURE

DATE

**Please note:

- ✘ I / We understand, I / we must submit a 2 week written notice prior to withdrawing my / our child from the childcare program I / we have registered for or my / our account will be charged the full amount.
- ✘ I / We understand the full week's fee is due whether or not my / our child participates in the program all week.

(Authorized Signature)