



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

YMCA of Pawtucket, Inc.

Childcare Application Instructions

Welcome to the YMCA of Pawtucket childcare programs. We thank you for entrusting your child's care to us during the day. When filling out your application please be sure the following items are included to complete your child's registration process:

1. Please fill out all of the forms in the packet.
 - Include several telephone numbers where someone can be reached in case of an emergency.
 - We must have at least one other person beside parent/guardian who will be allowed to pick up your child in case parent/guardian is detained.
 - Medical forms must be updated each year. These can be dropped off in person, mailed to MacColl YMCA 32 Breakneck Hill Rd, Lincoln 02865 emailed to tboillard@ymcapawt.org or faxed 729-0450.
 - Include the school your child will be attending.
 - An application must be completed for each individual child enrolling in the program.
2. Please be sure to fill out the EFT/Credit card payment form. You must include a bank or credit card on file. We are unable to accept cash at any location.
 - Include a voided check with account information (for checking/savings Bank draft)
 - Include a copy of your credit card front and back
3. Please include all fees with your completed application.
 - Membership Joiner's fee (if applicable)
 - Processing fee of \$35 per child
4. Families who qualify for state assistance MUST provide a valid copy of the APPROVED certificate number stating current family co-pay with the application.
 - *if your certificate is pending, you will be responsible for the full program fee until approved.
5. Upon registration, you will receive an email to set up an account in Playerspace. This is our communications platform. You can download the app once you have the account. All Alerts will go through this.

If at any time you have questions please feel free to contact our
Program Director of Childcare Services at
Heritage 727-7050; MacColl 725-0773; Pawtucket 727-7900
Westwood 397-7779; Woonsocket 769-0791

Only completed applications will secure a spot in one of our programs.



YMCA of Pawtucket School Age Application 2020-2021

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Child's Name _____ DOB: _____ M F

Address _____ City _____ Zip _____

Home phone _____ Child Resides with _____

Family Email Address: _____

School Attending _____ Grade _____

Parent/Guardian Name (1) _____ Parent/Guardian Name (2) _____

Date of Birth ____/____/____ Date of Birth ____/____/____

Address: _____ Address: _____

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

Cell Phone _____ Cell Phone _____

Email Address _____ Email Address _____

Employer Name _____ Employer Name _____

Work Phone _____ Work Phone _____

In case of emergency list parent/guardian to call first _____

Emergency Contact Information

Is there a restraining order relating to the child's custody or release? {} Yes or {} No

If YES, we must have a dated and signed copy on file.

Please list names of individuals who are authorized to pick up your child from the center.

Table with 5 columns: Name, Date Of Birth, Address, Best Phone, Relationship to Child. Contains 7 empty rows for data entry.



Enrollment Agreement
Please read carefully and sign below

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- I understand that I am committing my child to participate in the childcare program for the current school year. I understand that I must give a 2-week written notice to the Director of the program in the event I wish to withdraw my child from the program.
- I understand that I am financially responsible for the services regardless of attendance including holiday, illness and emergency closing. No refunds will be issued.
- I understand that my child will not be released to any person(s) not listed on the enrollment form. I must add all authorized people in person in writing.
- I understand that 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 family to change this behavior.
- I understand that my child must be signed in and out by myself or designee over the age of 18 years.
- I understand that my child will not be released to any child or to any person(s) who seems to be under the influence of drugs or alcohol and that a call will be made to the local police and DCYF to report the incident.
- I authorize my child to be transported on a YMCA bus.
- I understand that I will pick up my child by the closing time of my site. A late fee will be charged if a child is picked up after the latest time designated for my child's site.
- I give permission for my child to be photographed/videotaped and display pictures of my child. YES NO
- **I understand that I am responsible for reading and understanding the information in the Family Handbook**

The YMCA of Pawtucket does not provide 1:1 services. **Does your child have any behavioral, cognitive, special needs or other considerations?** If yes, please list and speak directly to the Childcare director:

Corporate/ Subsidized childcare for my child is as follows:

_____ DHS certificate # _____ required to start (if applicable)

_____ YMCA Financial Aid

_____ Corporate/ Other (please specify) _____

Early Dismissal due to Emergency

If school is dismissed early due to an emergency closure, such as inclement weather, power failures, etc. the school age program will be canceled. Please complete the section below:

I will pick up my child at school

My child will take bus# _____ home

Parent/Guardian Signature: _____ **Date:** _____



Health Information and Agreement

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Please list any medications that your child takes on a regular basis (include dose and reason):

Please list all known allergies: _____

Does your child require an inhaler or epi pen?

Please describe any medical condition that your child has:

Please describe any dietary modifications necessary:

In consideration of admittance, I authorize the YMCA of Pawtucket to arrange for medical examination and/or treatment of my child, should an emergency arise at the child care site or on a field trip. It is understood that a conscientious effort will be made by the center to contact the emergency numbers I have provided, before medical action is taken. I would prefer my child be taken to the following hospital if the need arises _____. I understand the choice of hospital may be limited by the service of the local rescue squad.

In case of emergency, please provide us with the following information regarding family insurance. This information will be kept on file and used if necessary.

Name of Insurance Company _____

Subscriber's Name _____

Group Number _____

___ We are not covered by insurance

The Health history is correct, as far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. I hereby give my permission to the medical personnel selected by the childcare director to order routine treatment and necessary transportation for the individual named above.

Parent/ Guardian Signature: _____ Date: _____



**Electronic Funds (EFT) or Credit Card
Authorization**

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I authorize my bank to honor preauthorized Electronic Funds Transfers (or Credit Charges) against my account for my child's childcare program payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus a service charge. It is further understood that if such payment is not to be honored by the bank (or credit card institution), the YMCA, at its discretion, may resubmit the amount due for payment on a future date and/or send to a collection agency for collections.

Please choose one of the Express Payment Options below:

I choose to utilize **EFT option** for my child's childcare program payments direct debit from:

Child's Name: _____ Parent/Guardian Name: _____
(Please Print) (Please Print)

Please check one: Checking Account _____ Savings Account _____

Bank Name: _____ Name on Account _____

Routing/Transit #: _____ Account # _____

Authorized Signature: _____ Date _____

OR

I choose to utilize the **credit card option** for my child's childcare program payments:

Child's Name: _____ Parent/Guardian Name: _____
(Please Print) (Please Print)

Credit Card Type (Please check one): MasterCard _____ Visa _____ American Express _____ Discover _____

Name on Account (as it appears on card) _____

Account # _____

Expiration date _____ CSC Code (3 digits on back of card) _____

Authorized Signature _____ Date _____