



## Lincoln and BVP Schools School Age Childcare 2020-2021



All applications are updated annually to ensure that we have the most up to date information. Please inform us of any changes during the year.

Child's Name Female      Male

School Grade

Estimated Drop Off Estimated Pick Up

<b>Prices Per Week</b>		<b>Member</b>	<b>Non-Member</b>			
Before School Only (part week not available)		\$55	\$69			
<i>At present, all <u>before school</u> provided at the MacColl Y. The Y transports students to schools.</i>						
After School	5 Days	\$85	\$106			
(Includes Distance Mondays where applicable)	3 Days	\$71	\$89			
	2 Days	\$48	\$60			
Before and After	5 Days	\$125	\$156			
	3 Days	\$105	\$131			
	2 Days	\$70	\$86			
If not attending full days, check the days attending		Mon	Tue	Wed	Thu	Fri
BVP Early Riser Mondays Only		\$25	\$31			

I agree to pay the \$35 processing fee that is payable with the application and non-refundable.

For children participating in virtual learning: I give permission to have the instructors at the YMCA contact my child's school if there are questions regarding an assignment or to obtain any important information to access online educational sites.

Parent/Guardian Signature

Date

Only completed applications (including payment form) with appropriate fees will be accepted. All fees (membership and processing) are non-refundable once application is turned in.



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 mailed directly to us or faxed to us at Heritage 727-7757, MacColl 729-0450, Family 727-7907, Westwood 397-3930, Woonsocket 765-3151
  - 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 green payment form.
  - Include a voided check with account information (for checking / savings Bank draft)
  - Include a copy of your credit card front and back
3. If you wish to take advantage of our discounted rates and become a member of the YMCA of Pawtucket please be sure to include the membership form and appropriate fees with your application.
4. Please include all fees with your completed application.
  - Membership Joiner's fee (if applicable)
  - Processing fee of \$35 per child
5. 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.
6. Download the Daxko mobile app for Alerts.

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 • Family 727-7900  
Westwood 397-7779 • Woonsocket 769-0791

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



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA of Pawtucket School Age Child Care Application

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ F \_\_\_\_\_ M \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Child Resides with: \_\_\_\_\_  
 Family Email Address: \_\_\_\_\_  
 School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent / Guardian Name (1): _____	Parent / Guardian (2): _____
Date of Birth: _____	Date of Birth: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Employer: _____	Employer: _____
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? No Yes

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.

Name	Date of Birth	Address	Best Phone	Relationship to Child
------	---------------	---------	------------	-----------------------



## Enrollment Agreement

Please Read Carefully and Sign Below

- 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** which can be found on our website [www.ympawtucket.org](http://www.ympawtucket.org).

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:**

<b>DHS certificate #</b>	<b>required to start (if applicable)</b>
<b>YMCA Financial Aid</b>	
<b>Corporate/ Other (please specify)</b>	

### 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:**



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Health Information and Agreement

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:**



FOR YOUTH DEVELOPMENT  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

## Electronic Funds (EFT) or Credit Card Authorization

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 for

Child's Name:

Parent / Guardian Name:

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

Credit Card Type (please check one)	MasterCard	Visa	American Express	Discover
--	------------	------	------------------	----------

Account Number

Name on Account

(as it appears on card)

Expiration date

CSC Code

(3 digits on back of card)

**OR**

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

Please Check One	Checking Account	Savings Account
------------------	------------------	-----------------

Bank Name

Name on Account

Routing / Transit Number

Account Number

9 Digits

7-10 Digits

### Payment Authorization

Authorized Signature:

Date: