



MacColl YMCA School Age Childcare 2021-2022



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 F M

School Attending Grade Age

Estimated Drop Off Estimated Pick Up

Price Per Week		Member	Non-Member
Before School Only	5 Days	\$55.00	\$80.00
After School Only	2 Days	\$48.00	\$73.00
	3 Days	\$71.00	\$96.00
	5 Days	\$85.00	\$110.00
Before & After School	2 Days	\$70.00	\$105.00
	3 Days	\$105.00	\$130.00
	5 Days	\$125.00	\$150.00

If choosing a partial week please specify which days your child will be attending. You will be responsible for payment for these days regardless of attendance. There are no discounts for holidays or illness.

Mon Tue Wed Thu Fri

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

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.

Office Use			
DHS	FA	Other	None
Application Checked		Initials	Date
Director Approval		Initials	Date



YMCA of Pawtucket

School Age Application Instructions

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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

1. 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 is allowed to pick up your child in case the parent / guardian is detained.
 - Include the school your child will be attending and the grade they will be entering.
 - Medical forms must be updated annually and can be dropped off at the branch, emailed or faxed.
 - An application must be completed for each child enrolling in the program.
2. Fill out the EFT / credit card payment form as we do not accept cash at any location. **Payments are drafted on the Friday prior to the beginning of the school week.**
3. If you wish to take advantage of our discounted rates and become a member be sure to include the membership form and appropriate fees with your application.
4. Please include all fees with your completed application.
 - Processing fee of \$35 per child
 - Membership Joiner's fee (if applicable)
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 YMCA of Pawtucket app (from the links below or from our website ymcapawtucket.org) for information and alerts.

[YMCA of Pawtucket for Apple](#)

[YMCA of Pawtucket for Android](#)

If you have questions please contact the Program Director at each location:

MacColl	Pawtucket	Westwood	Woonsocket
32 Breakneck Hill Rd	20 Summer St	2093 Harkney Hill Rd	18 Federal St
Lincoln	Pawtucket	Coventry	Woonsocket
725-0773 Phone	727-7900 Phone	397-7779 Phone	769-0791 Phone
729-0450 Fax	727-7907 Fax	397-9390 Fax	765-3151 Fax
psnyder@ymcapawt.org	cgood@ymcapawt.org	lstiles@ymcapawt.org	sguzeika@ymcpawt.org

Only completed applications will secure a spot in our program

School Age Child Care Application

Registration Information**RED HIGHLIGHTED FIELDS ARE REQUIRED**

Child's First Name	Last Name					
Address	City	State	Zip			
Family Email	Home Phone					
School	Grade	DOB	Age	F	M	
Child Resides with						

Household Information

Parent / Guardian 1 First Name	Last Name					
Address	City	State	Zip			
Home Phone	Cell	DOB	F	M		
Personal Email	Relationship to Child					
Employer Name	Employer Phone					

Parent / Guardian 2 First Name	Last Name					
Address	City	State	Zip			
Home Phone	Cell	DOB	F	M		
Personal Email	Relationship to Child					
Employer Name	Employer Phone					

In case of emergency list parent / guardian to call first

Name	Cell Phone
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List at least two other contacts

Name 1	DOB					
Address	City	State	Zip			
Phone	Relationship to child					

Name 2	DOB					
Address	City	State	Zip			
Phone	Relationship to Child					

Is there a restraining order relating to the child's custody or release?	No	Yes
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If **YES**, attach a signed and dated copy.

Additional Contacts

Name 3		DOB	
Address	City	State	Zip
Phone	Relationship to child		

Name 4		DOB	
Address	City	State	Zip
Phone	Relationship to child		

Name 5		DOB	
Address	City	State	Zip
Phone	Relationship to child		

Name 6		DOB	
Address	City	State	Zip
Phone	Relationship to child		

Name 7		DOB	
Address	City	State	Zip
Phone	Relationship to child		

Name 8		DOB	
Address	City	State	Zip
Phone	Relationship to child		

Name 9		DOB	
Address	City	State	Zip
Phone	Relationship to child		

Name 10		DOB	
Address	City	State	Zip
Phone	Relationship to child		

Name		DOB	
Address	City	State	Zip
Phone	Relationship to child		

Child's Name**DOB**

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 a 2-week written notice must be given to the Director of 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 my child must be signed in and out by myself or designee.

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 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 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 understand the YMCA of Pawtucket does not provide 1:1 services.

I give permission for my child to be photographed, videotaped, or display pictures. Yes No

I understand that I am responsible for reading and understanding the information in the Family Handbook located on our website YMCAPawtucket.org.

Corporate / Subsidized Childcare

DHS Cert. Number

DHS Start Date

DHS End Date

YMCA Financial Aid

Corporate / Other (List)

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.

I will pick up my child at school

My child will take bus #

home

Parent / Guardian Signature**Date**

Child's Name**DOB**

Health Information

Please describe any medical condition that your child has.

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? No Yes

Please describe any necessary dietary modifications.

Does your child have any behavioral, cognitive, special needs or other considerations? If yes, please list and speak directly to your Childcare director.

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.

Medical Insurance

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.

Insurance Company	Subscriber's Name
Policy Number	Group Number
Pediatrician's Name	Pediatrician's Phone

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**

Child's Name**DOB**

Payment Authorization

I authorize my bank to honor preauthorized Electronic Funds Transfers or Credit Charges, against my account for my child's 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 payment options below.

Credit Card Type MasterCard Visa Am Express Discover

Account Number Name on Account
(as it appears on card)

Expiration Date CSC Code
(3 digits on back of card)

OR

Account Type Checking Account Savings Account

Bank Name Name on Account

Routing Number Account Number
9 Digits 7-10 Digits

Authorized Signature**Date**
