



YMCA of Pawtucket

Childcare/Camp Application Instructions

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Only completed applications will secure a spot in our program

Welcome to the YMCA of Pawtucket childcare and camp programs. 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(s).
2. Fill out the EFT / credit card payment form as we do not accept cash at any location. **Payments are drafted 10 Days prior to the week's start date for Camp.**
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(s) of: Camp \$15.00 per child / \$30.00 per family
Childcare \$35.00 per child / \$50.00 per family
 - 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 and complete the Parent-Provider Enrollment Agreement form.
 - * 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	lstyles@ymcapawt.org	sguzeika@ymcpawt.org
Paige Snyder	Courtenay Good	Laura Stiles	Sean Guzeika



Westwood YMCA School Age Summer Camp



Camp Hours: 7:30am - 5:00pm

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.

Please submit completed applications to Heather Walters at hwalters@ymcapawt.org

Child's Name	F	M	U
School Attending	Grade	Age	
Estimated Drop Off	Estimated Pick Up		

I agree to pay the \$15 processing fee that is payable with the application and non-refundable. I Understand this payment will be processed when the application is received.

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				
Unit ID	Start Date	Last 4 Digits of Payment Method		
DHS Cert #	DHS Exp	FA %	Sibling	Other %
Received	Branch	Site	Registration Fee	
Checked by	Name	Date		
Director Approval	Initials	Date		



2022 WESTWOOD SUMMER CAMP ENROLLMENT FORM

Reimagine Summer at the YMCA!

The Y staff has been working hard to make sure all campers experience a new kind of fun this summer. Now more than ever, kids need to get outdoors, exercise, experience nature and safely connect with friends.

We are following all State Department of Health, CDC and ACA recommendations for small, consistent group sizes, enhanced cleaning and disinfecting and health checks.

Please feel free to contact us to learn more or visit our website www.ympawtucket.org.

First Name	Week 1 06/27 - 07/01	Week 2 07/05 - 07/08 (closed 07/04)	Week 3 07/11 - 07/15	Week 4 07/18 - 07/22	Week 5 07/25 - 07/29	Week 6 08/01 - 08/05	Week 7 08/09 - 08/12 (closed 08/08)	Week 8 08/15 - 08/19	Week 9 08/22 - 08/26
Last Name									
DOB									
Grade									
Traditional Day Camps									
CAMP SCOUTS (ages 5-6)									
Member: \$200 / Program Member: \$250									
CAMP ADVENTURERS (ages 7-8)									
Member: \$200 / Program Member: \$250									
CAMP EXPLORERS (ages 9-12)									
Member: \$200 / Program Member: \$250									
Specialty Camps*									
COUNSELOR-IN-TRAINING Ages 13 - 15									
4 Week Commitment Members Only: \$400									
RACE 4 CHASE (8:30AM - 12PM) 1st Gr +									
RACE FOR CHASE w/OPTION (Full Day)									
Member: \$125 / Program Member: \$150									

***Both Counselor In Training & Race 4 Chase Programs Require Additional Registration/Application ***
To Recieve This Information Please Contact Laura Stiles : lstiles@ympawt.org

Please note: There is a \$50.00 fee for any changes / cancellations with 2 week notice of each camp week. If proper notice is not provided you will be charged the full camp rate

Submit completed applications to Heather Walters, Office Manager
Email: hwalters@ympawt.org
In Person: Office hours Mon - Fri 9:30am to 2pm
2093 Harkney Hill Rd
Coventry, RI

Parent/Provider Enrollment Agreement

Rev. 2/2020



Rhode Island Department of Human Services
 Office of Child Care
 25 Howard Avenue, LP Bldg. 3rd Floor
 Cranston, R.I. 02920
 (401) 462-6877

This form is to be used by the parent and the provider when enrolling a CCAP eligible or potentially eligible child at an approved DHS provider. One form must be completed per enrolled child. It must be completed and signed by the parent **and** the child care provider; a copy is to be kept by both parties. It is the **provider's responsibility** to submit this information to DHS via the Provider Portal **BEFORE** the provider begins caring for the child. Once the enrollment is complete, the parent and the provider will receive an Enrollment notice.

Provider ID:	Provider Name:		
Parent's Full Name:		Certificate Number:	
Child's Full Name:		Child's DOB:	

Are you related to the child? Yes / No

AGREED HOURS OF CARE					
Care Start Date:			Use this section when child's schedule is a split day		
Care End Date:					
Day	Start Time	End Time		Start Time	End Time
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

The undersigned Provider, hereafter referred to as "Provider" agrees to care for the above-named child for the period indicated in this enrollment. Provider further agrees that the days and times the child will attend were agreed upon by the Provider and the undersigned parent of the child. **The undersigned parent certifies that the hours of this enrollment correspond to the hours DHS Authorized hours.**

The Provider agrees to accept the DHS payment based upon the DHS authorization and approval for Full Time, Three Quarter Time, Half Time, Quarter Time or Before and/or After School Care as payment in full and understand that any services provided in excess of authorized hours shall be the sole responsibility of the parent. Provider understands and agrees to accept this payment in accordance with DHS rules and regulations lawfully promulgated in accordance with R.I. General Laws. The Provider agrees to provide child care in accordance with the DHS rules and regulations and in accordance with the DHS CCAP Approved Provider Agreement.

The undersigned parent agrees to pay his/her share of the child care cost in accordance with the RI DHS rules and regulations and specified in the notice sent by the RI DHS Child Care Assistance Program.

The Provider and the undersigned parent certify that they DO NOT live in the same household.

Signature of Parent

Date

Signature of Provider

Date

Provider Printed Name

Position/Title

School Age Child Care / Camp Application

Registration Information

RED HIGHLIGHTED FIELDS ARE REQUIRED

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

Household Information: We acknowledge that the communities we serve require different strategies and care to meet their needs; answering these questions helps us to make sure we are fully serving our communities and are completely optional.

Optional Ethnic Origin (check all that apply):

American Indian or Alaskan Native	Asian	Black or African American
Caucasian or White	Hispanic	Latino
Native Hawaiian or Pacific Islander	Other	

Optional: Income Level (check one):

\$0-\$19,999	\$20,000-\$39,999
\$40,000-\$59,999	\$60,000-\$79,000
	\$80,000+

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

Child Resides with:

Is there a restraining order relating to the child's custody or release?	No	Yes
If YES , attach a signed and dated copy of the current court order		
Name of person on restraining order:		

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

Name	Best Phone
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List at least two other Authorized Pickups / Contacts

1 First Name	Last Name		
Address	City	State	Zip
Phone	DOB		
Email	Relationship to Child		

2 First Name	Last Name		
Address	City	State	Zip
Phone	DOB		
Email	Relationship to Child		

3 First Name	Last Name		
Address	City	State	Zip
Phone	DOB		
Email	Relationship to Child		

4 First Name	Last Name		
Address	City	State	Zip
Phone	DOB		
Email	Relationship to Child		

5 First Name	Last Name		
Address	City	State	Zip
Phone	DOB		
Email	Relationship to Child		

6 First Name	Last Name		
Address	City	State	Zip
Phone	DOB		
Email	Relationship to Child		

7 First Name	Last Name		
Address	City	State	Zip
Phone	DOB		
Email	Relationship to Child		

Child's Name**DOB**

Health Information

Please describe any medical conditions /concerns that your child has. (If none, type "N/A")

Please list medication that your child takes on a regular basis, dose and reason. (If none, type "N/A")

Please list all known allergies. (If none, type "N/A")

Does your child require an inhaler? No Yes Epi pen? No Yes

Please describe any necessary dietary modifications. (If none, type "N/A")

Does your child have any behavioral, cognitive, special needs or other considerations? If yes, please list and speak directly to your Childcare director. (If none, type "N/A")

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

We are not covered by 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.

Health Insurer Name

Health Insurer Policy Number

Pediatrician's Name

Pediatrician's Phone

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

Enrollment Agreement Please read carefully and sign below

I understand that I am committing my child to participate in the camp/childcare program for the current year. I understand that a 2-week written cancellation notice must be given to the Director of the program or I will be responsible for the current and upcoming tuition.

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 understand 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.

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**
