



YMCA of Pawtucket

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Childcare/Camp Application Instructions

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 Debit / credit card payment form for automatic drafting. Payments are drafted on the Friday prior to the beginning of the week.


Please Note: there is a 3% fee for all ACH transactions charged by your banking institution.

3. Include payment/authorization for payment for the non-refundable processing fee

4. Financial aid is available to eligible families upon request and is based on household size and income or emergency needs. Applications for financial aid are available at all program sites and at the YMCA office. Another way we try to keep childcare affordable is to give a \$20.00 discount on camp fees for the second and any additional child of the same family enrolled in full time childcare program. **Part time programs are not discounted.

*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. Your approved **authorized hours must be Full Time**

* If your certificate is pending or authorized for less than Full Time hours, you will be responsible for the full program fee until approved.

6. Download the ProCare Parent's app  from the link you will receive once your child's enrollment has been processed

If you have questions please contact the Program Director for your location:

MacColl

32 Breakneck Hill Rd
Lincoln 02865
725-0773 Phone

Amy French
725-0773 phone
afrench@ymcapawt.org

Pawtucket

20 Summer St
Pawtucket 02860
727-7900 Phone

Courtenay Good
cgood@ymcapawt.org

Westwood

2093 Harkney Hill Rd
Coventry 397-7779 Phone

Childcare Programs:
Heather Walters
hwalters@ymcapawt.org

Summer Camp Programs:
Oliver Gregan
ogregan@ymcapawt.org

Woonsocket

mailing address
8 Summer Street
Pawtucket 02860
889-2575 Phone

Joy Schneider
jschneider@ymcapawt.org



MacColl YMCA
School Age
Childcare Enrollment
Lincoln Public Schools
Grades K thru 6
2023-2024



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 |
|-----------------------|--------|---------------|
| Before School Only | 5 Days | \$55.00 |
| After School Only | 2 Days | \$48.00 |
| | 3 Days | \$71.00 |
| | 5 Days | \$85.00 |
| Before & After School | 2 Days | \$70.00 |
| | 3 Days | \$105.00 |
| | 5 Days | \$125.00 |

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 | | | | |
|-------------------|------------|---------------------------------|------------------|---------|
| 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 | | |

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 |
|------|------------|

List at least one other Authorized Pickup; we recommend a minimum of two

1 First Name Last Name
Phone DOB
Emergency Contact? Yes No Relationship to Child

2 First Name Last Name
Phone DOB
Emergency Contact? Yes No Relationship to Child

3 First Name Last Name
Phone DOB
Emergency Contact? Yes No Relationship to Child

4 First Name Last Name
Phone DOB
Emergency Contact? Yes No Relationship to Child

5 First Name Last Name
Phone DOB
Emergency Contact? Yes No Relationship to Child

6 First Name Last Name
Phone DOB
Emergency Contact? Yes No Relationship to Child

7 First Name Last Name
Phone DOB
Emergency Contact? Yes No 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 and accept that the Y is not responsible for any lost, stolen, or damaged items. The Y strongly encourages all families to avoid bringing items of value to camp

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

Campers will participate in many if not all of the following activities throughout the summer; swimming, diving, nature walks, fort building, group games and sports, playground use, arts and crafts. I give permission for my child to participate in all day camp activities. 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 (or credit card institution) to honor preauthorized Debit or Credit Charges, against my account for my child's program payments as indicated below. When the bank honors the payment by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized charge not be honored by said bank (or credit card institution) 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 American Express Discover Debit
(ATM)

Account Number

Expiration Date

CSC Code

(3 digits on back of card)

Name on Account (as it appears on card)

Attention Parents: *the processing code for the YMCA of Pawtucket is recognized as a gym/medical, your Childcare Dependent Card will not approve our payment transactions.*

Authorized Signature

Date

Please Note:

- > Summer Camp payments will be drafted **10 days before** your child is to attend
- > Childcare payments during the school year will be drafted the Friday **before** your child is to attend