



# 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.
  - a. Include several telephone numbers where someone can be reached in case of an emergency.
  - b. 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.
  - c. Include the school your child will be attending and the grade they will be entering.
  - d. Medical forms must be updated annually and can be dropped off at the branch, emailed or faxed.
  - e. 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.**
  - a. **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.**
  - a. 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**
    - i. If your certificate is pending or authorized for less than Full Time hours, you will be responsible for the full program fee until approved.
5. 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	Pawtucket	Westwood	Woonsocket (Mailing)
32 Breakneck Hill Rd	20 Summer St	2093 Harkney Hill Rd	8 Summer St
Lincoln, RI 02865	Pawtucket, RI 02860	Coventry, RO 02816	Pawtucket, RI 02860
Phone: 401-725-0773	Phone: 401-727-7900	Phone: 401-397-7779	Phone: 401-727-7515
Fax: 401-729-0450	Fax: 401-727-7907	Fax: 401-397-9390	Fax: 401-723-9329
Amy French	Courtenay Good	Heather Walters	Joy Schneider
<a href="mailto:afrench@ymcapawt.org">afrench@ymcapawt.org</a>	<a href="mailto:cgood@ymcapawt.org">cgood@ymcapawt.org</a>	<a href="mailto:hwalters@ymcapawt.org">hwalters@ymcapawt.org</a>	<a href="mailto:jschneider@ymcpawt.org">jschneider@ymcpawt.org</a>



**MacColl YMCA**  
**School Age Childcare**  
**Lincoln**  
**Grades K - 6**  
**2024 - 2025**



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.

<b>Child's Name</b>	<b>F</b>	<b>M</b>
<b>School Attending</b>	<b>Grade</b>	<b>Age</b>
<b>Estimated Drop Off</b>	<b>Estimated Pick Up</b>	
<b>Price Per Week</b>	<b>3 Days</b>	<b>5 Days</b>
Before School Only	\$75.00	\$90.00
After School Only	\$100.00	\$125.00
Before & After School	\$135.00	\$165.00

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.                      Tues.                      Wed.                      Thurs.                      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.**

<b>Office Use</b>				
Unit ID	Start Date	Last 4 Digits of Payment Method		
DHS Cert #	DHS Exp.	FA %	Sibling	Other %
Received At	Branch	Site	Registration Fee	
Checked by	Name	Date		
Director Approval	Initials	Date		

# Parent/Provider Enrollment Agreement

Rev. 4/2023

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 CCAP 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 or during the first week of care**. Once the enrollment is complete, the parent and the provider will receive an Enrollment notice.

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

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 Provider agrees to accept the DHS payment based on the DHS authorization and approval provided to the family, either Full-Time, Three-Quarter Time, Half Time, or Quarter Time as payment in full.

Both parties agree and understand that any services provided in excess of authorized hours shall be the sole responsibility of the parent.

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

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Provider

\_\_\_\_\_  
Provider Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Position/Title

# Acuerdo de inscripción de padres/proveedores

Rev. 4/2023

Este formulario debe ser utilizado por el padre y el proveedor al inscribir a un niño elegible o potencialmente elegible para CCAP en un proveedor de CCAP aprobado por DHS. Se debe completar un formulario por niño inscrito. Debe ser completado y firmado por el padre y el proveedor de cuidado infantil; ambas partes deben conservar una copia. Es responsabilidad del proveedor enviar esta información al DHS a través del Portal del proveedor antes o durante la primera semana de atención. Una vez que se complete la inscripción, el padre y el proveedor recibirán un aviso de inscripción.

<b>ID de CCAP:</b>		<b>Nombre del Proveedor:</b>	
<b>Nombre de los Padres:</b>		<b>Núm. de certificado:</b>	
<b>Nombre de la niña o niño:</b>		<b>Fecha de Nacimiento:</b>	

HORAS DE ATENCION ACORDADAS					
Fecha de Inicio de la Atención:				Use esta sección cuando el horario del niño es un día dividido	
Fecha de Finalización de la Atención:					
Día	Hora de Inicio	Hora de Finalización		Hora de inicio	Hora de Finalización
Domingo					
Lunes					
Martes					
Miércoles					
Jueves					
Viernes					
Sabado					

El Proveedor que suscribe, en lo sucesivo denominado "Proveedor", acepta cuidar al niño mencionado anteriormente durante el período indicado en esta inscripción. El proveedor también acepta que los días y horas en que asistirá el niño fueron acordados por el proveedor y el padre del niño que suscribe.

El proveedor acuerda aceptar el pago del DHS basado en la autorización y aprobación del DHS proporcionada a la familia, ya sea a tiempo completo, tres cuartos de tiempo, medio tiempo o un cuarto de tiempo como pago total.

Ambas partes acuerdan y entienden que cualquier servicio prestado en exceso de las horas autorizadas será responsabilidad exclusiva de los padres.

El padre que suscribe acepta pagar su parte del costo del cuidado infantil (copago) de acuerdo con las normas y reglamentos del RI DHS especificados en el aviso enviado por el Programa de asistencia para el cuidado infantil del RI DHS.

\_\_\_\_\_  
Firma del Padre

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma de Proveedor

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Nombre impreso del proveedor

\_\_\_\_\_  
Título / Ocupación

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**School Age Child Care / Camp Application**

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**Registration Information****RED HIGHLIGHTED FIELDS ARE REQUIRED**

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

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**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.

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**Optional Ethnic Origin (check all that apply):**

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

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<b>Optional: Income Level (check one):</b>	\$0-\$19,999	\$20,000-\$39,999
	\$40,000-\$59,999	\$60,000-\$79,000
		\$80,000+

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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			
Occupation					

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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			
Occupation					

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**Child Resides with:**

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Is there a restraining order relating to the child's custody or release? If <b>YES</b> , attach a signed and dated copy of the current court order Name of person on restraining order:	No	Yes
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In case of emergency list parent / guardian to call first:

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Name	Best Phone
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**List at least two other Authorized Pickups and Emergency Contacts**  
***Authorized Pick Ups and Emergency Contacts can not be the primary guardian***

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

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

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

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

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

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

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

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**Child's Name****DOB**

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**Health Information**

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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. Your child will be taken to the closest hospital if the need arises; the choice of hospital will be decided by the service of the local rescue squad.

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**Medical Insurance**

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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

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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.

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**Parent / Guardian Signature****Date**

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**Child's Name**

**DOB**

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**Enrollment Agreement** Please read carefully and sign below

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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.

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.

Unless otherwise indicated by selecting "NO", the applicant(s) and their minor youth give permission for the YMCA of Pawtucket, Inc. to take, create and use, without limitation or obligation, photographs, film, footage or tape recording, which may include the applicant(s) image or voice for purposes of promoting or interpreting YMCA programs. 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](http://YMCAPawtucket.org).**

I agree to the policies of the programs I enroll my child into and the variations those policies might have from this document.

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**Parent / Guardian Signature**

**Date**

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FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

Child's Name

Unit #

## YMCA of Pawtucket, Inc. Childcare Weekly Payment Agreement

I agree to pay the weekly childcare tuition **by the Friday prior** to the week services are offered. 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 if payment in full is not received **by the Friday prior** my child(ren) will not be allowed to attend the program; if bus transportation is provided, my child(ren) will not be picked up and it will be my responsibility to make other arrangements.

Further, I understand that I **must provide a 2 week written notice to withdraw** my child(ren) from the program. Failure to do so may result in payments due for two weeks of care regardless of attendance.

### Please choose one of the payment options below:

#### *Express Payment Plan:*

**Note:** A 3% fee for all Credit/Debit/ACH transactions will be assessed by your Banking/Credit institution.

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 Return Item Fee. 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.

#### *Option 1: Credit or Debit 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

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)					
Authorized Signature:				Date:	

#### *Option 2: Bank Draft (ACH Transaction)*

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

Bank Account Type:	Checking Account	Savings Account
Bank Name:	Name on Account:	
Routing/Transit #:	Account #:	
Authorized Signature:		Date: