



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.**
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

32 Breakneck Hill Rd

Lincoln, RI 02865

Phone: 401-725-0773

Fax: 401-729-0450

Amy French

afrench@ymcapawt.org

Pawtucket

20 Summer St

Pawtucket, RI 02860

Phone: 401-727-7900

Fax: 401-727-7907

Courtenay Good

cgood@ymcapawt.org

Westwood

2093 Harkney Hill Rd

Coventry, RO 02816

Phone: 401-397-7779

Fax: 401-397-9390

Heather Walters

hwalters@ymcapawt.org

Woonsocket (Mailing)

8 Summer St

Pawtucket, RI 02860

Phone: 401-727-7515

Fax: 401-723-9329

Joy Schneider

jschneider@ymcpawt.org



**Family YMCA
School Age Childcare
St. Cecelia
Grades Pre-K - 8
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.

Child's Name	F	M
School Attending	Grade	Age
Estimated Drop Off	Estimated Pick Up	
Price Per Week	3 Days	5 Days
After School Only	\$100.00	\$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. 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.**

Office Use				
Unit ID	Start Date	Last 4 Digits of Payment Method		
		FA %	Sibling	Other %
Received At	Branch	Site	Registration Fee	
Checked by	Name		Date	
Director Approval	Initials		Date	

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			
Occupation					

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					

Child Resides with:

Is there a restraining order relating to the child's custody or release? If YES , 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:

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

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. 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.

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.

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.

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

Parent / Guardian Signature

Date



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: _____