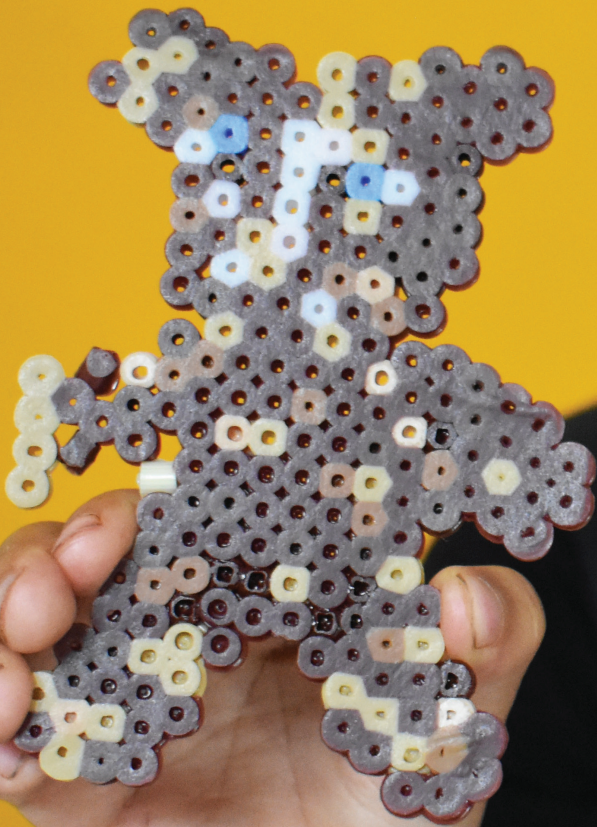




FULL DAY EARLY CHILDHOOD EDUCATION

Serving Ages 6 Weeks-
5 Years Old



ENSURING A BRIGHTER FUTURE

CARLSON
CHILD CARE
CENTER

rochesterYMCA.org/child-care

Center Director:
585-263-4283

Full Day Early Childhood Education Billing and Payment Information

BILLING PARTY INFORMATION

Billing Name: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

Select Payment Option:

☐ Easy Payment Option (EFT)

I hereby authorize the YMCA of Greater Rochester to debit the account listed below for weekly billing. The Easy Payment Option (EFT) is the preferred billing method. Simply provide a credit, debit card, or checking account and tuition will be automatically paid on the Friday prior to the week of service.

Select Payment Form:

☐ **Current Credit/Debit Card** saved on YMCA Account

☐ **New Credit/Debit Card Payment.** I will work with the Carlson Child Care Office to set up a new secure payment.

☐ **Current Checking Account** saved on YMCA Account

☐ **New Checking Account.** I will work with the Carlson Child Care Office to set up a new secure payment.



Sign up for automatic draft from a credit card/debit card for weekly/monthly payments through the year.

Each week you will pay the same amount of your total bill, regardless of the number of days actually occurring in that month. The YMCA does not give credits for illnesses and/or family vacations.

PARENT/GUARDIAN BILLING AGREEMENT

I understand:

- My child is enrolled in the Carlson Child Care Center as indicated by my enclosed application.
- **Weekly payments are due to the YMCA by Friday of the week prior to the week of service.**
- If you are paying bi-weekly, you need to pay for two weeks in advance.
- Payments not received as scheduled are subject to a \$25 late fee.
- A \$1.00/minute late fee will be assessed if you pick up your child after 6:00pm.
- Payments not received on time may result in my child's suspension from the program until the payment is received.
- The YMCA requires 2 weeks written notice for termination of care. I am responsible for full payment of these 2 weeks of care.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

The YMCA is required to report membership and program participation information to the United Way and various government agencies in support of annual allocation, grant, and community service requests. This information is not reported on an individual basis and is used for statistical purposes only. Please check the correct answer for both A and B:

A. Racial Status:

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> African American | <input type="checkbox"/> Asian | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native American | <input type="checkbox"/> Other |

B. Annual Household Income:

- | | | |
|---|--|---|
| <input type="checkbox"/> Less than \$15,000 | <input type="checkbox"/> \$25,000-\$44,999 | <input type="checkbox"/> \$75,000 or over |
| <input type="checkbox"/> \$15,000-\$24,999 | <input type="checkbox"/> \$45,000-\$74,999 | |

SIGN UP AND SAVE!

Receive a free YMCA family membership with full time child care enrollment.

Yes, please contact me so I can learn more about the benefits of membership.

Full Day Early Childhood Education Registration

☒ I will be enrolling multiple children.

CHILD INFORMATION

Child Name: _____ Gender: ☐ M ☐ F ☐ Other YMCA Member: ☐ Yes ☐ No
Address: _____ City: _____ State: _____ ZIP: _____
Date of Birth: ____/____/____ Age: _____ Program Start Date: ____/____/____ Child's Dominant Language _____
How did you learn about the program? ☐ In branch ☐ YMCA website ☐ Internet search ☐ Postcard ☐ Event ☐ School ☐ Friend ☐ Current Participant

PARENT/GUARDIAN 1 INFORMATION

Relation to Child: _____
First Name: _____
Last Name: _____
Occupation: _____
Date of Birth: ____/____/____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: (____) _____
Cell Phone: (____) _____
Work Phone: (____) _____
Email: _____

Child lives with: (please check) ☐ Parent/Guardian 1 and Parent/Guardian 2 ☐ Parent/Guardian 1 ☐ Parent/Guardian 2

*Parents listed are authorized to pick up child.

PARENT/GUARDIAN 2 INFORMATION

Relation to Child: _____
First Name: _____
Last Name: _____
Occupation: _____
Date of Birth: ____/____/____
Address: _____
City: _____ State: _____ ZIP: _____
Home Phone: (____) _____
Cell Phone: (____) _____
Work Phone: (____) _____
Email: _____

EMERGENCY CONTACTS/AUTHORIZED PICKUP

Must list emergency contacts in addition to parent/guardian. Contacts listed are authorized to pick up child. Please indicate if phone number is a home, work, or cell number.

EMERGENCY CONTACT

Name: _____ Relationship: _____ Phone: _____ ☐ H ☐ W ☐ C Phone: _____ ☐ H ☐ W ☐ C
Date of Birth: ____/____/____

AUTHORIZED PICKUPS

Name: _____ Relationship: _____ Phone: _____ ☐ H ☐ W ☐ C Phone: _____ ☐ H ☐ W ☐ C

Date of Birth: ____/____/____

Name: _____ Relationship: _____ Phone: _____ ☐ H ☐ W ☐ C Phone: _____ ☐ H ☐ W ☐ C

Date of Birth: ____/____/____

PARENT/GUARDIAN AGREEMENT

I consent to the enrollment of the child listed above in this facility and have been advised and read all of the policies regarding administration of medications, fees, transportation, and the services provided by the facility and the Office of Children and Family Services regulations under which it operates.

- The YMCA assumes responsibility for my child's well being during the hours of operation in which my child attends the program.
- In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery. The physician selected may hospitalize, secure proper treatment for, or order injection, anesthesia, or surgery for my child.
- I am responsible for the cost of all medical treatment and care.
- I have provided information on my child's special needs (allergies, diet, disabilities, and/or medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. I agree to review and update this information whenever a change occurs and at least once every six months.
- The information on this form is complete and accurate. I have provided the YMCA with all of the necessary information to properly care for my child's needs.
- I must notify the YMCA staff immediately of any changes on this form.
- The YMCA's responsibility for my child begins when the child has reached the program and checked in with YMCA staff. I understand that my child needs to be in the program no later than 9:30am. I will notify staff or call if my child will arrive later than 9:30am. It is my responsibility to notify the YMCA staff if my child will be absent from the program.
- It is my responsibility to arrange for my child to be picked up from the program before closing. If my child is not picked up on time and attempts to contact me have failed, another authorized person will be contacted. If all attempts to contact an authorized person to pick up my child have failed, the YMCA staff will contact Child Protective Services and/or police officials for further instructions.
- Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.
- YMCA staff and volunteers are not allowed to baby sit or transport children at any time outside of the YMCA program.
- The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- While attending the YMCA's full-day Early Education program, I understand that my child will be provided with a healthy breakfast, lunch, and afternoon snack each day.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

Turn page to complete Registration and Permissions ➡

Full Day Early Childhood Education Registration and Permissions

Child Name_____

Registration is as easy as...

- 1 Select Age Group
- 2 Choose Program
- 3 Include Child’s Health Form and Physical
- 4 Complete Enclosed CACFP Forms
- 5 Complete Enclosed Forms

Select Age Group	<input type="checkbox"/> INFANTS	<input type="checkbox"/> TODDLERS	<input type="checkbox"/> PRESCHOOL 3	<input type="checkbox"/> PRE-KINDERGARTEN 4
	6 weeks-18 months \$326.00	18-36 months \$306.00	3-4 year olds \$286.00	4-5 year olds \$286.00

All programs run from 6:00am-6:00pm, Monday-Friday, unless otherwise specified. For specific questions about these programs, please call the Child Care office at 263-4283.

PERMISSIONS FOR CARE

Please sign at the bottom and initial each line.

Photos/Video

I give permission for my child to be photographed or videotaped and to have those photos used in program and/or in YMCA approved materials and social media. The United Way may also use these photos/videos in publications and promotional pieces. I will not be informed or reimbursed for such photographs. _____

Over-the-Counter-Topicals (OTC)

I give permission for my child to have YMCA staff apply home-supplied topical items (or a generic version if it happens to be on hand) such as diaper cream, lip balm, sunscreen, and basic skin lotion. If you only want to agree to certain items in this list, please circle only those items. _____

Permission for Napping/Resting

I give permission for my child to nap/rest in a crib, on a mat, or on a cot (age appropriate) within the classroom during designated nap time. Infants will be put to sleep on their backs. Children are expected to rest quietly. No child will be forced to sleep or forced to stay awake. _____

Outside Play/Walks/Field Trips

I give permission for my child to take walks around the grounds with designated staff members and also participate in field trips away from the facility under the direct supervision of YMCA staff. _____

Swimming

I give permission for my child to participate in water activities and/or swim lessons under the direct supervision of YMCA staff. _____

Assessments

I understand that the YMCA may conduct confidential assessments involving my child for the purpose of continuous quality program improvement and also to make sure each child is within typical boundaries developmentally if appropriate for particular programs. _____

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date

HEALTH INFORMATION

Physician’s Name: _____ Phone: _____

Insurance Carrier: _____ Policy Holder Name: _____ Policy No.: _____

Dentist’s Name: _____ Phone: _____

CHILD PROFILE

The following information will help us to better understand your child and his/her needs.

Child’s Disposition (shy, aggressive, imaginative, etc.) _____

How well does your child interact with other children? _____

How is anger or frustration expressed? _____

Adult Relations _____

Fears/Apprehensions _____

What helps your child handle transitions? _____

Special services received _____

External stress factors _____

Previous child care programs and why he/she left _____

Allergies _____

Custody Orders (attach documentation) _____

Family discipline practices _____

If he/she is upset, try this _____

Things I would like my child to accomplish at the YMCA _____

SIBLING INFORMATION

Name	Age	Date of Birth	Currently Enrolled in YMCA Programs?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No