



FULL DAY EARLY CHILDHOOD EDUCATION

Serving Ages 3-5 Years Old



ENSURING A BRIGHTER FUTURE

MAPLEWOOD
FAMILY YMCA

rochesterYMCA.org/childcare

Director:
Sherry Clifford
585-263-4270

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: _____

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: _____

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.

EMERGENCY CONTACTS

***Must list at least one emergency contact in addition to parent/guardian per OCFS regulations. Contacts listed are authorized to pick up child.**

Name: _____	Relationship: _____	Cell Phone: _____
Name: _____	Relationship: _____	Cell Phone: _____
Name: _____	Relationship: _____	Cell Phone: _____
Name: _____	Relationship: _____	Cell Phone: _____

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 BILLING AND PAYMENT INFORMATION

BILLING PARTY INFORMATION

Billing Name: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____
Address: _____ City: _____ State: _____ ZIP: _____

Select Payment Option:

The Maplewood YMCA accepts payment for child care through: DHS funding and private payment. Financial assistance is available to families working at least 20 hours per week.

I will pay for child care:

☐ DHS ☐ Private Pay ☐ Financial Assistance (see below)

FINANCIAL ASSISTANCE APPLICATION

Please submit copies of the following documents for all adults that live in the household:

☐ Federal Income Tax form
☐ Four most current paycheck stubs
☐ Copy of DHS budget sheet.

**Your application will NOT be processed without the proper documentation.

Income		Expense	
Wages/Salary/Tips (Gross)	\$	Rent/Mortgage	\$
Unemployment	\$	Utilities/Phone	\$
Social Security Compensation	\$	Food	\$
Child Support	\$	Clothing	\$
Aid to Dependent Children	\$	Car/Insurance	\$
Food Stamps	\$	Alimony	\$
Alimony	\$	Child Support	\$
Housing Assistance	\$	Medical	\$
Other	\$	Other	\$
Retirement/Pension	\$		\$
DHS Subsidy	\$		
Total	\$	Total	\$

☐ Statement Billing
☐ I need a Flex Receipt for child care.
☐ I plan to receive DHS funding (must provide notice of decision).

Explain why you would like to be considered for financial aid at the YMCA special circumstances) _____

Please list other adults and children in your household*: (Insert Attached)
*Only legal and claimed dependents will be considered for financial assistance.

I realize that the YMCA's financial resources are limited and, therefore, if eligible, I am expected to seek additional funding from other sources such as the office of Children and Family Services, if applicable. I also certify that the above information is true and complete to the best of my knowledge.

Signature of Applicant's Parent/Guardian _____ Date _____

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

PARENT/GUARDIAN BILLING AGREEMENT

- I understand:
- My child is enrolled in the Maplewood 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:
☐ African American ☐ Asian ☐ Caucasian
☐ Hispanic ☐ Native American ☐ Other

B. Annual Household Income:
☐ Less than \$15,000 ☐ \$25,000-\$44,999 ☐ \$75,000 or over
☐ \$15,000-\$24,999 ☐ \$45,000-\$74,999

For Official Use Only:
Date Received _____ Time Received _____ Initials _____

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

☐ PRE-KINDERGARTEN 4
9 am-3 pm
4 year olds
FREE

☐ PRE-KINDERGARTEN 4 WRAP
7-9 am, 3-6 pm
\$175/members
\$300/non-members

This program runs from 7:00 am-6:00 pm, unless otherwise specified. For specific questions about these programs, please call the Child Care office at 585-263-4270.

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 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 children 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