Serving Ages 6 Weeks-5 Years Old

FULL DAY EARLY CHILDHOOD EDUCATION
Serving Ages 6 Weeks-5 Years Old

ENSURING A BRIGHTER FUTURE

SKALNY CHILD CARE CENTER
RochesterYMCA.org/child-care/full-day

Child Care Center
Office: 585-446-2080
Fax: 585-446-2081
Full Day Early Childhood Education Billing and Payment Information

Complete one registration form per child. Please Note: Application will not be processed without a completed and signed registration form, one-time non-refundable registration fee ($250 per child/maximum $300 per family), and first payment. ALL DEPOSITS AND FEES ARE NON-REFUNDABLE.

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 every Friday for the following week.

Select Payment Form:

☐ Current Credit/Debit Card saved on YMCA Account

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

☐ Current Checking Account saved on YMCA Account

☐ New Checking Account. I will work with the Skalny Child Care Center to set up a new secure payment.

Payments are made through our automated drafting system every Friday for the following week of care. The registration period is September 1 - August 31. Credit/debit cards and checking accounts will be used to set up billing. If you have a current Notice of Decision regarding your child care, it is your responsibility to renew. Please contact the Child Care office if you need assistance.

PARENT/GUARDIAN BILLING AGREEMENT

I understand:

• My child is enrolled in the YMCA Schottland Child Care Center as indicated by my enclosed non-refundable registration fee and non-refundable deposit.
• 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.
• This YMCA program is a continuous program. Paperwork updates happen periodically and program fees can be updated annually.

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

Parent/Guardian 1 Signature ___________ Parent/Guardian 1 Name (please print) __________________________ Date ___________

Parent/Guardian 2 Signature ___________ Parent/Guardian 2 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

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**

Complete one registration form per child. Please Note: Application will not be processed without a completed and signed registration form, one-time non-refundable registration fee ($250 per child/maximum $300 per family), and first payment.

**ALL DEPOSITS AND FEES ARE NON-REFUNDABLE.**

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### CHILD INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Name</td>
<td>First: ___________________________________________________________________  Last: ____________________________________________________________________</td>
</tr>
<tr>
<td>Occupation</td>
<td>_________________________________________________________________________  _______________________________________________________________________</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>__________/<strong><strong><strong><strong>/</strong></strong></strong></strong></td>
</tr>
<tr>
<td>City</td>
<td>_________________________________________________________________________</td>
</tr>
<tr>
<td>Address</td>
<td>_________________________________________________________________________</td>
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<tr>
<td>Email</td>
<td>_________________________________________________________________________</td>
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- Date of Birth: __________/________/________
- 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.

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### EMERGENCY CONTACTS

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Cell Phone</th>
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<tr>
<td>__________</td>
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### 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 Service 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 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.

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

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<tr>
<td>Parent/Guardian 1 Signature</td>
<td>_________________________________________________________________________  Parent/Guardian 1 Name [please print]  Date</td>
</tr>
<tr>
<td>Parent/Guardian 2 Signature</td>
<td>_________________________________________________________________________  Parent/Guardian 2 Name [please print]  Date</td>
</tr>
</tbody>
</table>

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Turn page to complete 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 Forms

SELECT AGE GROUP
- INFANTS 6 weeks-18 months $410
- TODDLERS 18-36 months $386
- PRESCHOOL 3 year olds $374
- PRE-KINDERGARTEN 4 year olds $374

All programs run from 6:30am-6:00pm, Monday-Friday, unless otherwise specified. For specific questions about these programs, please call the Child Care office at 585-446-2080.

PERMISSIONS FOR CARE

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 1 Signature ___________ Parent/Guardian 1 Name (please print) ___________ Date ___________

Parent/Guardian 2 Signature ___________ Parent/Guardian 2 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 they left ___________
Allergies ___________
Custody Orders (attach documentation) ___________
Family discipline practices ___________
If my child 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? □ Yes □ No

ANNUAL CAMPAIGN
Last year, 1 out of every 4 children and families were able to participate in Y programs because of donations from members like you to our Annual Campaign. Please consider making a donation to help ALL children in our community be a part of our Y.
I care to help economically challenged children and families to attend the Mickey Sands Child Care Center and participate in Y programs and membership.

PLEASE ADD:

$1.00/week to my weekly child care fee
Additional amount of $ _________/week added to my weekly child care fee
One-time deduction:
I authorize the Y to charge $__________ to my account on file.
Signature: ____________________ Date: ____________________