



# 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](https://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.**

☒ 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 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.

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 \_\_\_\_\_

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 Forms

<b>SELECT AGE GROUP</b>	<input type="checkbox"/> <b>INFANTS</b> 6 weeks-18 months \$410	<input type="checkbox"/> <b>TODDLERS</b> 18-36 months \$386	<input type="checkbox"/> <b>PRESCHOOL</b> 3 year olds \$374	<input type="checkbox"/> <b>PRE-KINDERGARTEN</b> 4 year olds \$374
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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

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 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?
			<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

## 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: \_\_\_\_\_