

2022 DAYCARE CHILD INFORMATION FORM

(Please Print Clearly and use Blue or Black Ink only)

Date: _____

ENROLLMENT INFORMATION:

Program: _____ Rate: _____ Type of Membership _____

How did you hear of YMCA Childcare _____

CHILD BEING ENROLLED:

Child's First & Last Legal Name: _____ Nickname: _____

Race: _____ Age: _____ Date of Birth: _____ Gender _____

Siblings Names & Ages _____

Is anyone restricted from seeing the children? _____ If so, court order document must be presented.

Legal parent(s) or legal guardian(s) RESIDING with the enrolled child.

FIRST PARENT OR GUARDIAN: (This will be first contact, responsible for billing, and must sign form)

Parent/Guardian Legal Name: _____ Home phone: _____

Physical Address: _____ City _____ State _____ Zip _____

Place of employment: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

SECOND PARENT: (must be legal parent or guardian and reside in the same home)

Parent/Guardian Legal Name: _____ Relationship _____

Home phone: _____ Place of employment: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Custody arrangements: _____

Other adult living in the household authorized to pick up and access account information.

Name:(First & Last) _____ Relationship _____

Home phone: _____ Place of employment: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Should this parent have access to Procure Engage: _____ yes _____ no

Parent not living in the household

Name:(First & Last) _____ Relationship _____

Home phone: _____ Place of employment: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Physical Address: _____ City _____ State _____ Zip _____

Should this parent have access to Procure Engage: _____ yes _____ no

CONTACT PEOPLE: (The following people are authorized to pick up and may be contacted in the event parents are not available.)
One contact per line. Please list at least two local contacts. Contacts should NOT include those listed as first or second parent.

Name: _____ Relationship to child: _____

Cell: _____ Home Phone: _____ Work: _____

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Cell: _____ Home Phone: _____ Work: _____

Name: _____ Relationship to child: _____

Cell: _____ Home Phone: _____ Work: _____

Name: _____ Relationship to child: _____

Cell: _____ Home Phone: _____ Work: _____

MEDICAL INFORMATION:

Physician: _____ Phone #: _____ Immunizations on file YES NO

If your child has a disability, impairment, or condition that requires medication or other accommodations, please inform the YMCA of your child's needs before the program begins to ensure that the YMCA is prepared to address your child's needs. Once a parent/guardian submits a modification request, the YMCA will consider that request on a case-by-case basis and will attempt to accommodate your child within seven days from the date the request is received.
Please list any special dietary needs or allergies below.

I feel that my child will be successful in a group childcare setting: With Accommodations _____ Without Accommodation _____
**If you feel accommodations are needed a director will contact you for an accommodation request form.*

FIRST PARENT MUST READ AND INITIAL
READ THE FOLLOWING INFORMATION CAREFULLY

EMERGENCY CARE CONSENT:

I hereby authorize the YMCA to secure emergency medical treatment and transportation for my child under the following conditions:

_____ An emergency or unanticipated condition necessitates immediate action for the preservation of the life or health of my child and if reasonable attempts to contact me have failed.

PHOTOS: YES _____ NO _____

_____ I acknowledge my consent/non-consent to the YMCA to take pictures/videos of my child for YMCA publications, newspapers and/ or media.

FIELD TRIPS:

_____ I understand that the preschool and daycare program take part in field trips. I give my consent for my child to take part in field trips or excursions under proper supervision.

TUITION:

_____ All child care programs are billed on a weekly basis. Bills are due on the first day of each bill period, which is every Monday. Tuition will have a weekly rate. Full tuition will be charged for each tuition period, including some holidays, storm days, early closing days, non school days or any other days that the center is closed. The only exception is you will not be charged the week before the start of the Dupree Public Schools when the Child Care Center is closed.

A \$25.00 late fee will be charged for tuition payments not paid by midnight of due date of each billing period.

1. Automatic withdrawal from your bank account/credit card on tuition payment dates. (Preferred)
2. Online payment from your bank account/credit card prior to due date.
3. Cash, Check or Credit Card payment manually at the child care center.

If you choose option 2 or 3 listed above and payments are not being made in a timely manner, you will be required to go to option 1. If this is not an option for you, your child may be dropped from the program and the outstanding balance will be turned over to a collection agency. You are responsible for any collection fees incurred.

There will be a \$35.00 charge on all checks, ACH/debit/credit card payments returned/declined for any reason. Returned checks will not be redeposited. The returned fee and payment amount must be paid within 24 hours by cash, debit/credit card or cashier's check. Your child can't attend the program until the balance is paid in full.

Upon enrollment, it is to be understood that all child care fees, tuition, and expenses are the responsibility of the person enrolling in the program. All families enrolled in the program are subject to the same policies, including policies related to the payment of fees (i.e. payment due date, late payment penalties, and withdrawal from the program, etc.).

In the event that a third party (i.e. Social Services, Child Care Assistance program, employer-sponsored Flexible benefit account, non-custodial parent or extended family member, etc.) is responsible for all or part of the fees due, the agreement is between the guardian enrolling the child and the third party only. YMCA Child Care Services enters into the child care payment and agreement with the enrolling person only.

ABSENCES/VACATIONS/WITHDRAWALS:

_____ Each family is allowed one week of vacation time per year, with written advance notice, for which no fee is charged (preschool year runs September to August). No vacation will be given without prior written notice. Preschool is a year round program, ending in late August. If I register for the fall programs and choose to drop before the end of August, my fall reserved spot will be filled with a participant from the waiting list. All registration fees and deposits are non-refundable.

_____ If my child is withdrawn from the program, written notification must be given to the Child Care office. Vacation may NOT be used as part of my notification. In order to be re-enrolled, an opening will have to be available.

**I HAVE READ AND UNDERSTAND THE ABOVE AUTHORIZATION , CONSENT, PAYMENT AGREEMENT, AND ABSENCES/
VACATION/WITHDRAWAL STATEMENT.**

Print First Parent Name:

First Parent Signature:
