

**Please fill out the following forms and either mail it or drop it off to MacColl YMCA's office**

**Please Note:**

**Please call and check for availability - enrollment is not guaranteed.**

A registration fee of \$35.00 is due at time of registration  
and is non-refundable

**MacColl YMCA**

Attn: Child Care Registration  
32 Breakneck Hill Road  
Lincoln, RI 02865  
(401) 725-0773



MACCOLL YMCA  
CHILD CARE SERVICES APPLICATION

2014 - 2015

Lincoln Kindergarten Students  
Central, Lonsdale, Northern, Saylesville



Child's Name: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Estimated Drop Off Time: \_\_\_\_\_ / Pick-Up Time \_\_\_\_\_

Please provide us with a preferred E-Mail Address that you would like us to use to contact you:  
\_\_\_\_\_ Contact Name: \_\_\_\_\_

**\*REGISTRATION FEE OF \$35.00 IS DUE AT TIME OF REGISTRATION AND IS NON-REFUNDABLE\***

WEEKLY CHARGES

\*\*\*\*Prices are Subject to Change\*\*\*\*

		Member Rate	Participant Rate
_____ Early Risers Only	7:00am- 9:00am	\$20.00	\$45.00
_____ After School Only	Dismissal- 5:45pm	\$50.00	\$70.00
_____ Early Risers & After School	7:00am- 9:00am Dismissal- 5:45pm	\$70.00	\$95.00

\*If choosing a partial week please specify which days your child will be attending. You will be responsible for payment for these days regardless of attendance. There are no discounts for holidays or illness.

Mon\_\_\_\_ Tues\_\_\_\_ Wed\_\_\_\_ Thurs\_\_\_\_ Fri\_\_\_\_

**I have received a copy of the MacColl YMCA Parent Handbook**

\_\_\_\_\_

(Parent / Guardian Signature)

_____ Start Date	_____ Medical Form	_____ Payment Form
_____ Processing Fee	_____ Staff Initials	_____ Today's Date

All applications are updated annually. Parents must **immediately** notify the site and MacColl YMCA of any changes on the child's information sheet, and on the pick-up list.

### CHILD'S INFORMATION SHEET

Child's name: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Date of birth: \_\_\_\_\_

Child resides with: \_\_\_ Both parents \_\_\_ Mother \_\_\_ Father  
\_\_\_ Other (please specify) \_\_\_\_\_

Parent / Guardian information Male: \_\_\_ Female: \_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of employment/ school: \_\_\_\_\_

Work number: (\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_ Cell/Other: (\_\_\_\_) \_\_\_\_\_

Cell phone provider for text Messages (eg. At&t, Verizon, etc) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

#### **If different than child's;**

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_

Parent / Guardian information Male: \_\_\_ Female: \_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of employment/ school: \_\_\_\_\_

Work number: (\_\_\_\_) \_\_\_\_\_ ext \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Cell phone provider for text Messages (eg. At&t, Verizon, etc) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

#### **If different than child's;**

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_

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### **Emergency Contact (other than parent)**

1) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ Work phone: (\_\_\_\_) \_\_\_\_\_

**Rhode Island Department of Health  
Immunization Program**

Pre-screen form for pre-school/day care and kindergarten records

**Please complete the following and attach to the child's record:**

1. Child's Name \_\_\_\_\_
2. Date of Birth \_\_\_\_\_
3. Gender     \_\_M            \_\_F
4. Ethnicity   \_\_Hispanic   \_\_Non-Hispanic
5. Race        \_\_White        \_\_Black/African American        \_\_Asian  
                  \_\_American Indian / Alaskan Native  
                  \_\_Other (specify) \_\_\_\_\_
6. Place of Birth        USA: \_\_yes   \_\_no            Rhode Island: \_\_yes   \_\_no
7. Lead screening        \_\_yes            \_\_no
8. Date of last physical \_\_\_\_\_
9. Height \_\_\_\_\_            Date taken if different than # 8 \_\_\_\_\_
10. Weight \_\_\_\_\_            Date taken if different than # 8 \_\_\_\_\_

All information is confidential and is reported only in aggregate, with no identifying information about any individual child.

*All applications are updated annually. Parents must **immediately** notify the site and MacColl YMCA of any changes on the child's information sheet, and on the pick-up list.*

**MACCOLL YMCA  
PICK UP LIST**

**Child's name:** \_\_\_\_\_

**Home phone:** (\_\_\_\_)\_\_\_\_\_

Please fill out the following information for parents/ guardians who are **ALLOWED** to pick up the child:

**Mother's name:** \_\_\_\_\_

Work phone: (\_\_\_\_)\_\_\_\_\_ Cell/Other: (\_\_\_\_)\_\_\_\_\_

**Father's name:** \_\_\_\_\_

Work phone: (\_\_\_\_)\_\_\_\_\_ Cell/Other: (\_\_\_\_)\_\_\_\_\_

List the names and addresses of individuals **ALLOWED** to pick up your child from the MacColl YMCA program sites.

NAME	ADDRESS	RELATIONSHIP	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

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List the names and addresses of individuals **NOT ALLOWED** to pick up your child from the MacColl YMCA program sites.

**(Please attach a copy of any custody or restraining orders in effect.)**

NAME	ADDRESS	RELATIONSHIP	PHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**MACCOLL YMCA  
AGREEMENT OF SERVICES**

I/ We will pick up \_\_\_\_\_ by 5:45pm.  
I/We recognize that we will be charged a late fee if child is picked up after 6:00pm. \_\_\_\_\_ **(parent initials required)**

I/ We understand we must call the child care site if our child is to be absent on any given day. \_\_\_\_\_ **(parent initials required)**

I/ We give permission to photograph and display pictures of our child. \_\_\_\_\_ **(parent initials)**. (If you do not want your child's picture taken and displayed, **do not** initial this line.)

I/ We understand any child whose behavior is consistently disruptive to the smooth and safe operation of the child care program may be dismissed from the program, after sufficient warnings to the child and the parents to change this behavior. \_\_\_\_\_ **(parent initials required)**

Corporate/ Subsidized child care for my child is as follows:

\_\_\_\_\_ **DHS/ Pathways certificate #** \_\_\_\_\_

\_\_\_\_\_ **Financial Aid**

\_\_\_\_\_ **Corporate/Other (please specify)** \_\_\_\_\_

**Written verification for any of the above subsidized child care must be approved and on file before the child begins in our program.**

**I/We understand the above information and agree to abide by the rules and regulations set forth by the MacColl YMCA**

X \_\_\_\_\_  
**Parent/ Guardian's Signature** **Date**

**MACCOLL YMCA  
AGREEMENT OF MEDICAL SERVICES**

In consideration of admittance, I \_\_\_\_\_  
(parent or guardian)

hereby authorize the MacColl YMCA to arrange for medical examination  
and/or treatment of my child \_\_\_\_\_  
(child's name)

should an emergency arise at the center or on a field trip. It is  
understood that a conscientious effort will be made by the center to  
contact me at the emergency numbers I have provided, before any  
medical action is taken.

I understand that my child will be transported to Hasbro Children's Hospital  
unless otherwise noted. \_\_\_\_\_(parent initials required)

I have received a copy of and understand the health care policy.  
\_\_\_\_\_(parent initials required)

**(attached - please retain for reference)**

Parent/Guardian Signature

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**Early School Dismissal Plan**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School Attending: \_\_\_\_\_

Please check off one of the following:

\_\_\_\_\_ My child will take Bus # \_\_\_\_\_ home from school

\_\_\_\_\_ I will pick my child up from school.

I have read, and understand, the attached School Cancellation, Early Release  
& Delay Policy \_\_\_\_\_  
(parent initials)

**MacColl YMCA**

**Medical Information**

This form must be completed for ALL participants

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Parent(s) or Guardian(s) Name \_\_\_\_\_

Primary Physician \_\_\_\_\_ phone \_\_\_\_\_

Secondary Physician (if applicable) \_\_\_\_\_ phone \_\_\_\_\_

Medication(s) \_\_\_\_\_

Reason special care plan is needed (allergy or medical concern)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Known Triggers:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activities that may need special attention:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Typical signs and symptoms:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Special Care Plan Coordinator

\_\_\_\_\_  
date

**\*If a Special Care Plan is required, a copy will be returned to you once signed by our special care plan coordinator**



## Child Fact Sheet

Please fill out the following information to help our staff get to know your child better.

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_

Siblings (names/ages) \_\_\_\_\_

Pets \_\_\_\_\_

Parent's occupation(Mom) \_\_\_\_\_ Dad \_\_\_\_\_

Favorite toy to play with \_\_\_\_\_

Favorite activity \_\_\_\_\_

3 words to describe your child \_\_\_\_\_

Language(s) spoken at home \_\_\_\_\_

Preferred language for communication \_\_\_\_\_

Family traditions celebrated at home \_\_\_\_\_

What is your philosophy on discipline \_\_\_\_\_

Questions or concerns for the year \_\_\_\_\_

Any prior childcare experience (if yes, where?) \_\_\_\_\_

Any additional information that you believe would be helpful

Office Use  
Unit ID # \_\_\_\_\_

YMCA of Pawtucket, Inc.  
MACCOLL BRANCH



Child Care Weekly Payment Agreement

I/We agree to pay the weekly fee of \$ \_\_\_\_\_ by Friday prior to the week services are offered. I/We understand the full week fee is due whether or not our child \_\_\_\_\_ participates in the program all week.

(print child's full name)

I/We receive child care subsidy from \_\_\_\_\_

My co-payment is \$ \_\_\_\_\_ per week.

**Express Payment Plan**

I/We wish to participate in one of the *Express Payment Plans* (choose only one):

\*\* \_\_\_\_\_ **Bank Draft** (weekly draft from checking or savings account) **VOIDED CHECK NEEDED**

**Option I**

\_\_\_\_\_

PRINT NAME ON THE ACCOUNT

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NAME OF BANK \_\_\_\_\_ **Checking** **Savings**  
(Circle One)

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9 DIGIT ROUTING NUMBER \_\_\_\_\_ 7-10 DIGIT ACCOUNT NUMBER or SAVINGS # \_\_\_\_\_

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AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

\*\* \_\_\_\_\_ **Credit Card** (weekly charge to credit card) or Debit Card (weekly charge to debit account)

**Option II**

\_\_\_\_\_

PRINT YOUR NAME AS IT APPEARS ON CARD

CIRCLE ONE: MASTER CARD OR VISA ONLY CIRCLE ONE: CREDIT / DEBIT CARD TYPE

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CREDIT CARD # \_\_\_\_\_ EXP DATE \_\_\_\_\_

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AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*Please note:**

- ✘ I / We understand, I / we must submit a 2 week written notice prior to withdrawing my / our child from the childcare program I / we have registered for or my / our account will be charged the full amount.**
- ✘ I / We understand the full week's fee is due whether or not my / our child participates in the program all week.**

\_\_\_\_\_  
(Authorized Signature)

**MacColl YMCA**  
**School Cancellation, Early Release, & Delay Policy**  
**\*\*\*\*\*Keep for your Refrigerator\*\*\*\*\***

**What to do if...**

**School's Cancelled:**

- Watch Channel 10 or Channel 12 for delay/closure announcement for the Y
- Use the Internet and go to [ribroadcasters.com](http://ribroadcasters.com) or [turnto10.com](http://turnto10.com) or [wpri.com](http://wpri.com) for delay/closure announcement for the Y
- Get a Twitter up date at [www.twitter.com/MacCollYMCA](http://www.twitter.com/MacCollYMCA)
- Call MacColl at 725-0773 after 6:30am to check on opening time

**School's Delayed**

- All sites will open at normal time 7:00am if possible.

**Schools Cancel Afterschool Activities:**

- All Y programs will run as normal, but we ask that parents do their best to arrive as early as possible for the safety of their children, themselves and our staff

**School is Dismissed Early:**

- There will be NO Y after school program
- Children must follow their designated plan to either take the school bus home or parent will pick up
- The Y will attempt to call all parents in this situation
- We encourage any parents of Kindergarten or preschool to pick up as early as possible for the safety of their child, themselves and our staff

Note to Self: My child will take Bus # \_\_\_\_\_ home or I will pick my child up from school and I need to call the school to let them know what my child's plan is.



## MACCOLL YMCA

# HEALTH CARE POLICY

\*\*\*Keep for your Records\*\*\*

- Please use good judgment when sending your child to child care.
- Children must be able to participate in all activities.
- All allergies must be noted at time of registration.
- Any child who is sent home with a rash or fever, or wakes up with such, must remain home for 24 hr. **NO EXCEPTIONS.**

### **FIRST AID**

- A counselor will administer First Aid to your child. All are currently certified in First-Aid and CPR. Parents will be notified, within 24 hours, or sooner when first aid has been applied.

### **MEDICATION**

- All medication must be in the original container.
- Please hand medication in to the site director only.
- Please do not leave in lunchbox or child's backpack.
- A written note from the physician must accompany non-prescription medication. It needs to state the specific medication, and the exact dose and length of time to be given **NO EXCEPTIONS.**
- Parents need to fill out a medical release form which can be found at the parents table, for all medications
- Children with asthma may, with written parental consent, and authorization from the physician, carry their own inhalers and use them as needed. Any use of the inhaler will be documented on the child's medical log.
- Children with allergies to bee stings may carry epi-pens to be used as needed. Use will be documented on the child's medical log.
- If your child becomes ill, he/she will be separated from the group to rest quietly. We will contact a parent or emergency contact to pick up the child. Please assure that your contact numbers are accurate.

### **COMMUNICABLE DISEASE**

- Any child who contracts a fever, rash, vomiting or diarrhea during child care hours will be isolated from the others, and contacts will be called to pick up child immediately.
- Head lice: are insects that feed off the human body to survive. They lie in the human scalp and are about the size of a sesame seed. Head lice hatch from eggs called nits. These tiny eggs are grayish white, and shaped like tear drops. They attach themselves to the hair shaft and are very difficult to remove. Head lice are very contagious. **The YMCA maintains a no nit policy. Children may not return to childcare until they are nit free.**