



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# MacColl YMCA

## Childcare Weekly Payment Agreement

### Electronic Funds (EFT) or Credit Card Authorization

I authorize my bank to honor preauthorized Electronic Funds Transfers (or Credit Charges) against My account for my child's childcare program payments as indicated below. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. Should any preauthorized EFT (or credit card) not be honored by said bank when received by them, then it is understood that the payment is to be made by me in the amount of said payment plus a service charge. It is further understood that if such payment is not to be honored by the bank (or credit card institution), the YMCA, at its discretion, may resubmit the amount due for payment on a future date and/or send to a collection agency for collections.

**\*\*Please note:**

- I understand the weekly fee is due whether or not my child participates in the program.
- I understand, I must submit a written cancellation notice 2 weeks prior to withdrawing my child from the program or my account will be charged the full amount regardless of whether or not my child attends.

*Please choose one of the Express Payment Options below:*

I choose to utilize **EFT option** for my child's childcare program payments direct debit from:

Child's Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
(Please Print) (Please Print)

Please check one:      Checking Account \_\_\_\_\_      Savings Account \_\_\_\_\_

Bank Name: \_\_\_\_\_ Name on Account \_\_\_\_\_

Routing/Transit #: \_\_\_\_\_ Account # \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

**OR**

I choose to utilize the **credit card option** for my child's childcare program payments:

Child's Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
(Please Print) (Please Print)

Credit Card Type (Please check one): Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_ Discover \_\_\_\_\_

Name on Account (as it appears on card) \_\_\_\_\_

Account # \_\_\_\_\_

Expiration date \_\_\_\_\_ CSC Code (3 digits on back of card) \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_



# 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 / 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: (\_\_\_\_) \_\_\_\_\_

**Emergency Contact (other than parent)**

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

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

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

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

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.	_____	_____	_____	_____

\*Please attach a copy for any custody or restraining order(s) in effect for those NOT allowed to pick up



## MACCOLL YMCA AGREEMENT OF SERVICES

I/ We will pick up \_\_\_\_\_ by the latest time designated in the Parent Handbook for my childcare site. I/We recognize that we will be charged a late fee if child is picked up after the latest time designated for my child’s site. \_\_\_\_\_ **(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)

.....

### 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 required)



# 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)

\_\_\_\_\_  
\_\_\_\_\_

### Allergy or medical concern:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Activities that may need special attention:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Typical signs and symptoms:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Note: If the need arises, I understand my child will be taken to Hasbro Children's Hospital by service of the local rescue squad unless otherwise specified. \*

\_\_\_\_\_ (name of preferred hospital)

I have received a copy of and understand the health care policy.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Coordinator

\_\_\_\_\_  
Date

\*If a Special Care Plan is required, a copy will be returned to you once signed by our site 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 belief would be helpful \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 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.

#### **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 ensure 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 and must remain home for 24 hours. **NO EXCEPTIONS.**





FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 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 MacColl 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 MacColl Y
- Download the YMCA of Pawtucket mobile app
- Call MacColl at 725-0773 after 6:30am to check on opening time

##### School's Delayed

- All sites will open at normal time 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
- Check for messages/notices in the YMCA of Pawtucket mobile app

#### 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.