



MACCOLL YMCA
CHILD CARE SERVICES APPLICATION
Blackstone Valley Prep
A Mayoral Academy
Grades K – 4
2016-2017

Child's Name: _____ Male _____ Female _____

School Location (choose one): _____ **ES1** (291 Broad St) _____ **ES2** (52 Broad St) _____ **ES3** (3 Fairlawn Way)

Date of Birth: _____ Age: _____ Grade: _____

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******

Choose a program:

		Member	Participant
_____ Early Risers Only	6:30am- 7:30am	\$20.00	\$35.00
_____ After School Only	Dismissal- 6:30pm	\$75.00	\$105.00
_____ Wednesday Only (after school)	1:30pm – 6:30pm	\$40.00	\$65.00
_____ Early Risers & After School	6:30am- 7:30am Dismissal- 6:30pm	\$85.00	\$115.00

*Bussing is provided by Blackstone Valley Prep, please be sure to make transportation arrangements with the school.

**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



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 _____



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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.**



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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 or turnto10.com or 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.