



YMCA OF GREATER PROVIDENCE PRESCHOOL/CHILDCARE 2017-2018 Enrollment Application

All YMCA of Greater Providence childcare programs are licensed by either the Rhode Island Department of Children, Youth and Families or the Massachusetts Office for Early Education and Care. Our enrollment forms incorporate the highest standards from each state's licensing requirement.

1. PRE-ADMISSION HISTORY

Child's First Name	Middle	Last
Street Address	City/State	Zip
Date of Birth		
Male <input type="checkbox"/>	Female <input type="checkbox"/>	

2. CHILD'S IDENTIFYING INFORMATION

Eye color	Skin color	Height	Weight	Ethnicity
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3. GENERAL ENROLLMENT INFORMATION

Are you a YMCA Member?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Desired start date:
Program requesting:	<input type="checkbox"/> 2 day	<input type="checkbox"/> 3 day	<input type="checkbox"/> 5 day

4. PARENT/GUARDIAN INFORMATION

Parent 1/ Guardian 1	D.O.B.	Home Phone	Cell Phone
Address	City/Town	State	Zip
Employer	E-mail	Work Phone	
Occupation	Days/Hours of Work		
Parent 2/ Guardian 2	D.O.B.	Home Phone	Cell Phone
Address	City/Town	State	Zip
Employer	E-mail	Work Phone	
Occupation	Days/Hours of Work		

Are there any court orders relating to the child's custody or release? Yes No if yes, please provide a copy of court order



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**5. PARENT/GUARDIAN AUTHORIZATION FOR PICK-UP
(PARENT/GUARDIAN ARE ALSO AUTHORIZED PICK UP)**

The following people may pick up my child should I be unable to do so. I understand that these individuals MUST be at least 18 years of age and be able to present a photo I.D. to sign out my child. *We will release your child only to persons listed; therefore, parents must also be listed.*

Parent 1/ Guardian 1		Phone
Parent 2/ Guardian 2		Phone
Authorized Pick-up	Relationship to child	Phone
Authorized Pick-up	Relationship to child	Phone
Authorized Pick-up	Relationship to child	Phone

6. EMERGENCY CONTACTS

The following people may be contacted if there is an emergency regarding my child and I am unable to be reached, and are also authorized to pick up my child. I understand that these individuals MUST be at least 18 years of age and be able to present a photo I.D. to sign out my child. *Please note: State licensing requires at least one adult other than a child's parents to be listed in case of emergency.*

Name	Relationship to child	Phone
Name	Relationship to child	Phone
Name	Relationship to child	Phone

X SIGN HERE

Parent/Guardian Signature

Date

X SIGN HERE

Parent/Guardian Signature

Date

Please be aware that the signatures on this application are the only persons authorized to make changes to this application including adding and deleting pick-up names.



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7. GENERAL HEALTH INFORMATION

Is your child allergic to any food, medication, plants, insects, liquids or other substances? No Yes
Does your child require an EpiPen or any medication for an allergic reaction? No Yes
If yes, please explain and be sure to include the severity of your child's reaction:

Is your child under any medical care for any illness or communicable disease or chronic health conditions? No Yes
If yes, please explain:

Is your child taking any medication on a regular basis? No Yes
If yes, please explain:

Does your child have any special fears? No Yes
If yes, what and how can we help?

Is your child receiving services under (the) an IEP from a school system or an IFSP from early intervention? No Yes
If yes, (you will need be asked to) please provide (additional information, such as) a copy of IEP/IFSP. (evaluation)

Is your child receiving any special therapies or services (OT, PT, etc.) pertaining to a disability No Yes
If yes, what?

8. HOUSEHOLD INFORMATION

Please list other people living in the household:

Name	Relationship to child	Date of Birth
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Name	Relationship to child	Date of Birth
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Name	Relationship to child	Date of Birth
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Name	Relationship to child	Date of Birth
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Does your child speak more than one language at home? No Yes
If yes, which languages?



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9. CHILD'S INFORMATION

Guidance

How is your child disciplined? _____
Rewards for good behavior? _____
Who is responsible for discipline? _____
Any special problems? _____
Is child permitted to make choices? _____
Does c Child help around the house? _____

Play and Relationship with others:

Child likes to play: _____

Favorite toys: _____

Facilities at home i.e yard, pool, neighborhood children, etc. _____

Child plays: Alone With other children, ages _____ With adults

Does child play well with children? Yes No

Is it hard for child to share ? Yes No

Has child had other group experiences? (Nursery School, Sunday School): _____

Reaction to strangers: _____

Does child have friends in this program?

If yes, please name: _____ Yes No

Speech

Does your child speak more than one language? Yes No If yes, which language : _____

Is speech clear to those outside the family? Yes No

Traditions or beliefs

What holidays does your family celebrate? _____

Would you be willing to come in and share any of these celebrations with your child's group? Yes No

Eating

Breakfast at home daily? Yes No with parents child only with siblings

Is child able to feed self? Yes No Eats: Slowly Quickly Appetite : good poor

Child likes: _____ Child dislikes: _____

Food Allergies: _____

Special Dietary needs: _____



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Sleeping

Usual bedtime: _____ Wake time : _____ Sleep through the night? Yes No
 Does child wet the bed? Yes No How often? _____ Who else shares room? _____

Dressing and Toileting

Can dress self? Yes No Manage buttons? Yes No Manage zippers? Yes No
 In what area does child need help? _____
 Does child tell adult when needing to go to the toilet? Yes No
 Can child manage self completely? Yes No
 What expression does child use to tell you he/or she needs to use the toilet? Child's term for urination: _____ term for bowel movement: _____

AUTHORIZATION FOR EMERGENCY TREATMENTS

In consideration of admittance, I hereby authorize the YMCA of Greater Providence to arrange for medical examination and/or treatment of my child, _____, should an emergency arise at the child care site or on a field trip. It is also understood that a conscientious effort will be made by the staff to contact me at the emergency numbers I have provided below before any medical action is taken.

I would prefer to have my child taken to the following hospital if the need arises: _____ . I understand the choice of hospital may be limited by local emergency medical service.

Physician's Name	Phone
Address	
Health Insurance Carrier	Policy No.
Parent 1/ Guardian 1	Home Phone
	Cell Phone
	Work Phone
Parent 2/ Guardian 2	Home Phone
	Cell Phone
	Work Phone



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WAIVER OF LIABILITY

The YMCA of Greater Providence requires that all youth have an examination by a licensed physician prior to participating in YMCA sponsored activities. The purpose is to discover any condition which would make it dangerous for the child to participate in strenuous YMCA sponsored activities and to protect other participants from communicable diseases.

In accordance with Section 7-6-9 of the Rhode Island General Laws (entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events"), I hereby waive any liability that the Greater Providence Young Men's Christian Association (YMCA), its officers, directors, trustees, agents, servants, or employees might have for, and agree that said YMCA, its officers, directors, trustees, agents, servants, and employees shall not be liable for any bodily injury to me incurred while I am practicing for, or participating in, any contest or exhibition of an athletic or sports nature sponsored by the YMCA, and I hereby assume the risk of any bodily injury incurred by me while practicing for or participating in any contest or exhibition of an athletic or sports nature sponsored by the YMCA.

I hereby give my permission for my child to participate in the full YMCA-sponsored program, and, to the best of my knowledge, my child has no physical conditions which will make it dangerous for him/her to participate in YMCA-sponsored program activities.

X SIGN HERE

Parent/Guardian Signature

Date

X SIGN HERE

Parent/Guardian Signature

Date

PHOTOGRAPH AND PUBLICATION GENERAL RELEASE

Child's Name

Date of Birth

Street Address

City

Zip

The undersigned hereby gives the Young Men's Christian Association of Greater Providence (YMCA of Greater Providence), a Rhode Island nonprofit corporation with principal offices located at 371 Pine Street, Providence, Rhode Island, 02903, its legal representatives, successors, and assigns, all persons and corporations acting with permission or upon its authority or for whom it is acting, the absolute right and unrestricted permission to take, copyright, use, and publish photographs of or concerning the undersigned for any purpose the YMCA of Greater Providence deems desirable.

The undersigned accordingly releases, discharges, and agrees to hold harmless the YMCA of Greater Providence, its legal representatives, successors, and assigns, and all persons or corporations acting with its permission or upon its authority or for whom it is acting, from any liability for or arising out of taking, copyrighting, using and publishing photographs of the undersigned for any purpose the YMCA of Greater Providence deems desirable.

No, Thank you.

X SIGN HERE

Parent/Guardian Signature

Date

X SIGN HERE

Parent/Guardian Signature

Date



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ON SITE SWIM RELEASE

I, (parent/guardian's name) _____, give
permission to my son/daughter, (child's name) _____, to participate in a
supervised YMCA gym/swim program as offered.

X SIGN HERE

Parent/Guardian Signature

Date

X SIGN HERE

Parent/Guardian Signature

Date

**WAIVER OF LIABILITY FOR OFF-SITE FIELD TRIPS/SPECIAL
EVENTS**

I, (parent/guardian's name) _____, give
permission to my son/daughter, (child's name) _____, to participate in YMCA field
trips and/or special events and be transported on YMCA vehicles by qualified YMCA drivers. I hereby, for myself, executors and administrators, waive
any and all claims to damages which I might have against the sponsors of the YMCA, their officers, advisors, agents, representatives, successors and
assigns, for any and all injuries suffered by my child while participating in YMCA activities.

X SIGN HERE

Parent/Guardian Signature

Date

X SIGN HERE

Parent/Guardian Signature

Date

OFFICE USE ONLY:

APPLICATION RECEIVED BY: _____

DATE: _____

APPLICATION ENTERED BY: _____

DATE: _____

ORIGINAL START DATE IN THE PROGRAM: _____



2017-2018
GREATER PROVIDENCE DAYCARE
DRAFT AUTHORIZATION

CHILD'S NAME _____

Program: _____

AMOUNT: _____

ACCOUNT INFORMATION

I choose to utilize the Credit Card option: MC Visa DISC AMEX

Name on account _____

Account Number: _____ - _____ - _____ - _____ Expiration Date
_____ CVV _____

I choose to utilize the Electronic Funds Transfer option using my checking account:

I have attached a copy of a voided check

Name on account _____

Name of Bank: _____

Routing Number: _____

Account Number: _____

1. Payments will be on the 1st of every month for the upcoming month
2. If Early Owls/Lunch Bunch is used as a drop in it will be charged on a monthly basis for previous month.
3. Drafts will continue throughout the duration of program participation or until the YMCA is notified in writing of your request to terminate the draft.
4. If we are drafting a DHS determined co pay your draft will change in accordance with notification your co pay determined by the state.
5. All financial information is confidential and used for child care payments only.

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated above. 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 not be honored by said bank when received by them, then it is understood that the payment will be claimed for processing by our third party agency, eCash Flow. **They will make 3 attempts to collect the funds from your account. In addition to the original transaction amount, eCash Flow will also debit a \$25 non-sufficient funds fee from your account.** Any credit card transaction not honored, the YMCA at its discretion may resubmit the amount due for payment on a future date to include a \$25 service fee.

This payment will continue as scheduled or until the authorized payee submits cancellation in accordance with the cancellation policy.

Authorized Signature _____ Date _____



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Please check off which option you choose for your child during their enrollment in our preschool program

Option		5 Day	3 Day (M/W/F)	2 Day (T/Th)	Member Y/N
Full Day Preschool	7am-6pm	<input type="checkbox"/> 230	<input type="checkbox"/> 172	<input type="checkbox"/> 125	<input type="checkbox"/> Y
	(Not required to stay full day)	<input type="checkbox"/> 255	<input type="checkbox"/> 195	<input type="checkbox"/> 150	<input type="checkbox"/> N
PM Preschool	9am-3pm	<input type="checkbox"/> 150	<input type="checkbox"/> 132	<input type="checkbox"/> 95	<input type="checkbox"/> Y
		<input type="checkbox"/> 175	<input type="checkbox"/> 157	<input type="checkbox"/> 125	<input type="checkbox"/> N
AM Preschool	9am-12pm	<input type="checkbox"/> 130	<input type="checkbox"/> 92	<input type="checkbox"/> 71	<input type="checkbox"/> Y
		<input type="checkbox"/> 155	<input type="checkbox"/> 117	<input type="checkbox"/> 96	<input type="checkbox"/> N
Add-on Option	7am-9am	<input type="checkbox"/> \$15/Day	<input type="checkbox"/> \$15/Day	<input type="checkbox"/> \$15/Day	<input type="checkbox"/> Y
		<input type="checkbox"/> \$20/Day	<input type="checkbox"/> \$20/Day	<input type="checkbox"/> \$20/Day	<input type="checkbox"/> N
	3pm-6pm	<input type="checkbox"/> \$15/Day	<input type="checkbox"/> \$15/Day	<input type="checkbox"/> \$15/Day	<input type="checkbox"/> Y
		<input type="checkbox"/> \$20/Day	<input type="checkbox"/> \$20/Day	<input type="checkbox"/> \$20/Day	<input type="checkbox"/> N

Child's Name:

Parent Signature :

Date:

By signing this paper you acknowledge that you will be charged the amount check above a week prior to child care. If something needs to be adjusted, complete a "change form" two weeks prior to drafting.



Child's Name _____

Date of Birth _____

I, _____, am enrolling the above named child in the _____
My Child's first day of attendance will be _____.

Please check the boxes below and sign and date to confirm your understanding of the following Preschool Program policies.

PAYMENTS

- Automatic Draft of weekly child care fees from a credit or checking account is required for admission.
- Payments are drafted weekly, even when an absence occurs, due to the program being closed, illness or vacation.
- All fees are drafted in advance of services. Payments will be drafted the Friday prior to care being provided. There will be a \$25 fee assessed for all returned payments.
- Participants receiving the YMCA member rate for services must keep membership current. Lapse in membership will result in fees reverting to the non-member rate.
- When applicable, parent/guardian is responsible to pay any portion of weekly fees unpaid by a third party agency; participants are also responsible for completion of required paperwork as required by the agency.
- Requests for receipts for flex spending can be provided on a monthly basis if requested by parent/guardian. 7 day noticed required.

SCHEDULE

- In accordance with our inclement weather policy care may not be available on snow days, as well as other district specific holidays and teacher in service days. Weekly rates are not pro-rated.
- A late fee of \$1.00 per minute will be assessed if your child is picked up from the program after the close of the program.
- Two week written notice must be provided to the Preschool Director for withdrawal from the program.
- Any changes to pick-up names and or program schedule must be done in writing in person with a valid ID.
- The Preschool Director may discontinue care for any of the following reasons:
 - 1) Parent/guardian has not submitted required paperwork or paperwork is inaccurate;
 - 2) Payment is late or unpaid
 - 3) Child is determined to be dangerous (physically, sexually or verbally) to other children or staff;
 - 4) Child is determined to have a medical, developmental or emotional condition that is beyond the scope of the preschool program's licensed ability to care for the needs of the child.

SAFETY AND RISK MAMAGEMENT

- Participants must be signed out of the program daily. A valid picture ID is required every day.
- Parent/guardian is responsible for providing the YMCA with any court documentation regarding child enrollment.
- Any authorized persons sent to pick up my child must be listed on the child's application and must provide a valid picture ID. Persons listed must be at least 18 years of age. Any changes to the pick up list must be submitted in person by the parent/guardian that signed the original enrollment application.
- A Medication Release form must be filled out if any medication is required during program hours. Medication must have the following: a doctor's label with the name of the child, name of medication, time/dosage to be administered and an expiration date.
- YMCA staff members are not permitted to babysit YMCA members or program participants.

Parent/Guardian Signature _____

Date _____

Parent/Guardian Signature _____

Date _____



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2017/2018 OST Holiday Closures

**MARK YOUR CALENDAR! OST WILL BE CLOSED ON
THE FOLLOWING SCHOOL HOLIDAYS:**

September 4, 2017	Labor Day
October 9, 2017	Columbus Day
November 10, 2017	Veteran's Day
November 24, 2017	Thanksgiving
November 25, 2017	Thanksgiving Recess
January 15, 2018	Martin Luther King, Jr. Day
May 28, 2018	Memorial Day

Vacation camp schedules will be available in advance at your OST site for holiday, February and April school break weeks.

The mission of the YMCA of Greater Providence is to build healthy spirit, mind and body for all, through programs, services and relationships that are based on our core values of caring, honesty, respect and responsibility.