



YMCA of GREATER PROVIDENCE OUT OF SCHOOL TIME 2017-2018 ENROLLMENT APPLICATION

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

1. PRE-ADMISSION HISTORY

Please tell us how you learned about our program:

Child's First Name _____ Middle _____ Last _____

Street Address _____ City/State _____ Zip _____

Date of Birth _____

Male Female DHS Certificate No. (If applicable)

2. CHILD'S IDENTIFYING INFORMATION

Eye color _____ Skin color _____ Height _____ Weight _____ Ethnicity _____

3. GENERAL ENROLLMENT INFORMATION

School attending: _____ Grade: _____

Are you a YMCA Member? Yes No
 Days requested: Monday Tuesday Wednesday Thursday Friday
 Hours needed: Morning only Afternoon only Both morning and afternoon

Requested start date: _____ ****Must be confirmed by YMCA****

DAILY SCHEDULE

In order to be in compliance with state guidelines, all child care enrollments must reflect the days and hours each child is in our care. Authorized enrollment times are determined by the State and are based upon the work schedule submitted.

Please complete the grid below to the best of your ability, providing us with the approximate times that you expect your child will be in our care each week.

AM Enrollment					
	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time					
End Time	start of school day	start of school day	start of school day	start of school day	start of school day

PM Enrollment					
	Monday	Tuesday	Wednesday	Thursday	Friday
Start Time	end of school day	end of school day	end of school day	end of school day	end of school day
End Time (all sites close at 6:00 pm)					



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4. PARENT/GUARDIAN INFORMATION (PARENT/GUARDIAN ARE ALSO AUTHORIZED PICK UP)

Parent #1/Guardian Name	Date of Birth	Home Phone	Cell Phone		
Address	City/Town	State	Zip		
Employer	E-mail	Work Phone			
Parent #2/Guardian Name	Date of Birth	Home Phone	Cell Phone		
Address	City/Town	State	Zip		
Employer	E-mail	Work Phone			
Parents marital status:	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced	<input type="checkbox"/> Separated	<input type="checkbox"/> Widow	<input type="checkbox"/> Single
Guardianship status:	<input type="checkbox"/> Guardian	<input type="checkbox"/> Foster Parent			
Are there any court orders relating to the child's custody or release?	<input type="checkbox"/> No		<input type="checkbox"/> Yes		
<i>If yes a copy MUST be provided prior to the start of the program.</i>					

5. 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.

Parent #1 or Emergency Contact/ Authorized Pick-up	Relationship	Phone
Parent #2 or Emergency Contact/ Authorized Pick-up	Relationship	Phone
Emergency Contact/ Authorized Pick-up	Relationship	Phone

6. AUTHORIZATION FOR PICK-UP

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.

Authorized Pick-up	Relationship	Phone
Authorized Pick-up	Relationship	Phone
Authorized Pick-up	Relationship	Phone
Authorized Pick-up	Relationship	Phone



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7. HOUSEHOLD INFORMATION

Please list other people living in the household:

Name	Relationship to child	Date of Birth

What is the primary language spoken at home? _____

Does your child speak more than one language at home?

No Yes

If yes, which languages? _____

8. GENERAL HEALTH INFORMATION

- Proof of physical exam (must be within last 12 months) and latest immunization record must accompany enrollment application.
- If child has an individual health plan written by physician it must be provided upon enrollment

Is your child allergic to any food, medication, plants, insects, liquids or other substances?

No Yes

Does your child require any medication for an allergic reaction?

No Yes

If yes, please explain and be sure to include the severity of your child's reaction:

Does your child require an epi-pen?

No Yes

(epi pens must be provided to the Program Director prior to the child's first day in the program)

If yes, are they able to self administer?

No Yes

Is your child under any medical care for any illness or communicable disease?

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?

Does your child have an IEP or 504 Educational Plan?

No Yes

If yes, a copy **MUST BE PROVIDED** prior to the start of the program

If your child's activities/participation should be restricted in any way, please describe:



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9. SOCIAL INFORMATION

Please tell us about how your child plays with other children? _____

Please tell us how your child expresses happiness? Sadness? Frustration? _____

What are your child's favorite activities? _____

What holidays does your family celebrate? _____

Is there any other information that you would like to share to help us better understand your child? _____

WAIVER OF LIABILITY

The YMCA of Greater Providence recommends 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

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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AUTHORIZATION FOR EMERGENCY TREATMENTS

Child's Name

Date of Birth

I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

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 service of local emergency rescue service.

Physician's Name

Phone

Address

Health Insurance Carrier

Policy No.

X SIGN HERE

Mother/ Guardian Signature

Home Phone

Cell Phone

Work Phone

X SIGN HERE

Father/Guardian Signature

Home Phone

Cell Phone

Work Phone

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



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ON SITE SWIM/GYM RELEASE

I, (parent/guardian's name) _____, give permission to my son/daughter, (child's name) _____, my child 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

PHOTOGRAPH AND PUBLICATION GENERAL RELEASE

Childs 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

OFFICE USE ONLY:

APPLICATION RECEIVED BY:

DATE:

APPLICATION ENTERED BY:

DATE:

ORIGINAL START DATE IN THE PROGRAM:



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Greater Providence Financial Assistance Application

It is the policy of the YMCA of Greater Providence to provide services within the limits of our resources to anyone who wishes to participate in our programs and understand the benefits of the Y, regardless of his/her ability to pay the standard fees.

We also believe that a strong sense of ownership and pride is developed if the recipient contributes to the cost of his/her YMCA involvement. Therefore, all applicants will be asked to pay a portion of the fees involved.

PARTICIPANT / HOUSEHOLD INFORMATION:

Name/Head of Household _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ Cell _____

MEMBERSHIP and/or PROGRAM TYPE (circle applicable membership and/or program)

PROGRAMS	OST or DAYCARE	CAMP	YOUTH or TEEN	YOUNG ADULT
ADULT	SENIOR	SENIOR COUPLE or ADULT COUPLE	ONE PARENT FAMILY	FAMILY/HOUSEHOLD

Household Members at this Residence (Including Self)

Name with middle Initial (Last, if different)	Relationship (Spouse, Child, etc.)	Date of Birth MM/DD/YY	Check if claimed on Form 1040 as a dependent

Applicants may be asked to provide proof of residence for all household members listed above.



FOR YOUTH DEVELOPMENT*
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Income Information

Please provide income verification for all adult members of household. If married and filing separately, you must also provide spouse's information.

ANNUAL GROSS INCOME: \$ _____ (must match verification documents)

REQUIRED VERIFICATION DOCUMENT (please circle the one you are providing)

1040 TAX FORM – LINE 22

1040 EZ TAX FORM – LINE 4

1040A TAX FORM – LINE 15

SCHEDULE C – LINE 7 (if self-employed)

THE FOLLOWING FORMS OF VERIFICATION WILL BE ACCEPTED WHEN 1040 FORM IS NOT AVAILABLE.

(please circle and provide documentation for all benefits received)

W-2	4 CONSECUTIVE PAYSTUBS	SOCIAL SECURITY SSI
DISABILITY LETTER	UNEMPLOYMENT LETTER	RETIREMENT LETTER
CHILD SUPPORT	WORKER'S COMPENSATION	SNAP
RHODE ISLAND WORKS' (RIW)	STATE AND/OR FEDERAL BENEFITS	OTHER

Amount you feel you are able to pay per month/session \$ _____ (may not be the amount awarded)

In order to assist as many families as possible we generally offer a maximum of 50% the published rate. Please share any other circumstances that may help us understand your situation.

I am requesting assistance from the Y and I certify that all information submitted above is complete and accurate. I understand and acknowledge that as a participant in the YMCA Financial Assistance Program, I may be expected to provide proof of income every 12 MONTHS, or at the start of a new program session. If I do not verify information every 12 months, or at the start of a new program session, as requested, my rate will be subject to increase to the published rate that does not require income verification. If my situation changes, I agree to notify the Y. If I submit false or inaccurate information or fail to notify the Y of a change within 30 days, I may be terminated from the YMCA Financial Assistance Program.

HOUSEHOLD INCOME MAY BE REVIEWED ON FOLLOWING DATE: _____
(1 year from start date)

Applicant Signature

Date

Y Authorized Team Member Name

Y Authorized Team Member Signature

Date

For Office Use Only:

Staff Initials: _____

Percent YFA Awarded:

Date: _____



Childs Name _____

Date of Birth _____

I, _____, am enrolling the above named child in the Greater Providence YMCA's OST program. 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 OST 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.
- This is a 39 week program and does not include school vacation weeks. Vacation Weeks require separate registration.
- 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

- The program will be closed on: Labor Day, Columbus Day, Thanksgiving & the day after; Christmas; New Year's and Memorial Day.
- 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. **These days are not pro-rated. Make up days will be charged.**
- The OST program closes at 6:00 pm daily. A late fee of **\$1.00 per minute** will be assessed if your child is picked up from the program after 6:00 pm.
- Two week written notice must be provided to the OST 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 OST 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 OST 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 _____



2017-2018
GREATER PROVIDENCE YMCA OST
DRAFT AUTHORIZATION

CHILD'S NAME: _____

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 in accordance of the policy of the program.
2. Drafts will continue throughout the duration of program participation or until the YMCA is notified in writing of your request to terminate the draft.
3. If we are drafting a DHS determined co pay your draft will change in accordance with notification your co pay determined by the state.
4. 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: _____