



Dear Parents/Guardians,

We hope that you enjoyed your visit to the YMCA's Intergenerational Learning Center (YILC) today. Our program is licensed by the Commonwealth of Virginia Department of Social Services, and we abide by the licensing regulations.

The following is a list of the information that needs to be returned before your child can enroll.

Application

The enrollment application must be filled out completely, signed and dated by the parent/guardian. It is very important that you clearly state who can and cannot pick up your child. Please be advised if you aren't picking up your child we will ask for a photo ID and signature from all persons you've designated to retrieve person your child. This individual must be 18 years of age or older.

Registration Fee

The non-refundable registration fee of \$100.00 must be submitted with the application in order for the registration process to proceed.

School Entrance Health Form

The School Entrance Health Form includes health information, a physical examination, and a certification of immunization signed by the doctor.

Birth Certificate

For proof of identity, we must have your child's birth certificate on file. A copy of this form will be accepted.

Payment

The first week's payment must be submitted before your child can start the program.

Please feel free to contact me if you need additional information.

Thank you,

Michelle Ryan

Michelle Ryan
Early Childhood Education Director

TUITION

All payments are due on **MONDAY** each week (in advance).

A \$25.00 late fee will be added for payments that are received after 5:00 PM on Monday.

ANNUAL REGISTRATION FEE: \$100.00.

Full & ½ Day Fees:

Full Time Option	
Age	Rate
6 Weeks- 18 Months	\$255.00
18-24 Months	\$230.00
2 -3 Years	\$190.00
3-5 Years	\$170.00

*Part Time Weekly Option	
Age	Rate
4-5 Years	\$40.00/ day

*Part time students are children who attend 2 to 3 scheduled full days per week.

*½ Day Option	
Age	Rate
4-5 Years	\$120.00/ wk

*½ Day – 5 days a week =8:30 AM to 12:30 PM

Payment Options:

- I choose to utilize e-wallet which allows me to keep a credit card on-file with the YMCA for child care tuition.

Late Pick Up Fee:

\$1.00 per minute per child will be assessed after 6:00 PM. This fee will be paid directly to the staff that is on duty with your child at the time of pick-up. Your child will not be allowed to return until the fee is paid.

Returned Check Fee:

There is a \$35.00 fee for all returned checks.

Absence Policy:

Tuition must be paid even if the child is absent. This includes days when the child is ill, bad weather closings, holidays and vacations. The Piedmont Family YMCA Child Care Center is operated solely on tuition fees. Please make payments promptly. No statement will be sent unless payments are late.

Our (TAX ID) EIN number is 54-1717336

YMCA Intergenerational Learning Center Application

Child's Name	Nickname	Birth Date	Gender
Address		Home Phone	
Days you plan for child to attend	Number of hours per day	Drop off and Pick up time:	
Please list any chronic physical problems, pertinent developmental information and special accommodations:			
Meals child is expected to receive (circle selections)	AM Snack	Lunch	PM Snack
Who has legal custody: (*Must provide documentation)			
Please list all other schools or programs your child attends			
Please list any chronic physical problems, pertinent developmental information, any special accommodations needed for your child:			

Parents/Guardians

Father or Guardian (Please circle one)	Employer Name and Address:	Home Phone :
		Cell Phone:
Home Address:		
Email Address:		Work Phone:

Mother or Guardian (Please circle one)	Employer Name and Address:	Home Phone:
		Cell Phone:
Home Address:		
Email Address:		Work Phone:

Emergency Information-

Mandatory two contacts other than parents that both live in two separate households

1st Emergency Contact:	Relationship to child:	Home Phone:
Address :		Cell Phone:
2nd Emergency Contact:	Relationship to child:	Home Phone:
Address:		Cell Phone:

Authorized Pick-up Information

Person(s) authorized to pick up child:	Relationship to Child:	Phone Number:

Person(s) <u>NOT</u> authorized to pick up child:	Relationship to Child:	Reason:

Physician Information

Child's Physician and address:	Phone:
Please list any intolerance to food, skin products, medication, etc. and action to take in an emergency:	

AGREEMENT

PLEASE READ AND INITIAL EACH STATEMENT

1. The center agrees to notify me the parent / guardian whenever the child becomes ill and I the parent /guardian will arrange to have the child picked up as soon as possible, if requested by the center. _____
2. I the parent /Guardian will inform the Piedmont Family YMCA within 24 hours of by the next business day after the child or any member of the immediate household, has developed reportable communicable diseases, as defined by the State Board of Health, expect for life threatening diseases which must be reported immediately. _____
3. I the parent/guardian authorizes the center to obtain immediate medical care if any emergency occurs during which I the parent/ guardian cannot be located immediately. State regulation does this unless the parent states an objection to the provision of such care on religious or other grounds. _____
4. I the parent/guardian agree to provide the center with all requested health information (physical and immunization records? And proof of identity before the child can attend the center. I the parent/ guardian agrees to complete and USDA Eligibility Statement each year. I the parent/ guardian understand that the Piedmont Family YMCA Childcare Center must have the completed registration information. _____
5. I the parent/ guardian agree that payment for childcare is due in advance each week. Payments must be made, regardless if the child attends. There is a \$25.00 late fee if payments are not received in advance. _____
6. I the parent/guardian will give the center two weeks written notice before removing the child from the center. _____
7. I the parent/guardian give permission for my child to be included in the YMCA photos and videos and I understand that these photos and videos may be used for promotional use.
8. I the parent/guardian give permission for the named child to on all field trips (including lakes and pools) outside the YMCA facilities and to be transported in buses, which are operated by certified bus drives. _____

I have read, understand, and agree to abide by the Piedmont Family YMCA Childcare Center's polices. I acknowledge this to be a binding contract.

Parent/Guardian: _____ **Date:** _____

Administrator of Center: _____ **Date:** _____

Date child entered center: _____ **Date child left center:** _____

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, and Office of Civil Rights, 1400 Independence Avenue, SW Washington DC 20250-9410 or call (800)795-3272 or (202)720-6382 (TTY). USDA is and equal opportunity provider and employer.

PARENT/GUARDIAN STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return it to the YMCA.

- I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff or volunteers if a violation is discovered.
- I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff member or volunteer is there to receive and supervise my child.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child must either be listed with the YMCA or other arrangements must be made by calling the YMCA office and inform them of a change.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.
- I understand that the YMCA is mandate, by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

I have received a copy of the YMCA Child Care Handbook/Parent Policies and Procedures. I have read and understand the statements above and YMCA Parent Policies and Procedures.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

GETTING ACQUAINTED WITH YOUR CHILD

CHILD'S NAME: _____

1. Does your child have any brothers or sisters?
2. If so, what are their names and ages?
3. What are your child's favorite activities?
4. Does your child have a special blanket he/she is attached to?
5. What would you suggest to soothe your child when he/she is upset?
6. What type of discipline do you use at home?
7. What special developmental skills would you like us to encourage in your child?
8. Does your child have significant fears?
9. Is there any additional information that you think would be helpful to us in caring for your child?

CREDIT CARD AUTHORIZATION

I authorize my or credit card institution to honor preauthorized payment drawn by the YMCA on my account for program payments as indicated below. When the bank honors the credit card by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment. It is further understood that if such payment is not honored by the bank (or credit card institution), then the YMCA, at its discretion, may resubmit payment due on a future date.

- I choose to utilize the credit card payment option for monthly payment (automated direct charge to credit card). There is an automatic 3 % fee added for every credit card transaction.

- I choose to utilize e-wallet which allows me to keep a credit card on file with the Y for child care tuition. There is an automatic 3 % fee added for every credit card transaction. There is an automatic 3 % fee added for every credit card transaction.

- VISA MASTERCARD DISCOVER

Credit Card Number				
Expiration Date			CID	
Card Holder's Name				
Billing Address				

Signature _____

Date _____