

**Child Care Enrollment Contract  
(All Information Required)**

Child's Full Name: \_\_\_\_\_ DOB \_\_\_\_\_

Is enrolled with the 21<sup>st</sup> Century Child Care Program (Y Care) starting on \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents' Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Parents' Employers: \_\_\_\_\_

Initials Required for the following:

\_\_\_\_\_ I hereby enroll in PLAN \_\_\_\_\_ and agree to pay the Olean –Bradford YMCA the following charges for my child care services: \_\_\_\_\_ per week/month (circle choice).

WELLSVILLE:

Plan A: Covers Mornings (7-9) and ½ Days

Plan B: Covers Days Off and Summer Camp

Plan C: Covers Mornings, ½ Days, Snow Days, Full Days Off and Summer Camp

\_\_\_\_\_ I understand that bank draft is REQUIRED for all "Plan" contracts. Part time contracts require payment prior to services. Payment must be made no later than the Friday prior to the week services are scheduled. Failure to make payment prior to services could result in termination of child care services.

\_\_\_\_\_ I understand that debit to my account will take place on the following dates of the month Online payment is available at [www.yourymca.org](http://www.yourymca.org) \_\_\_\_\_

\_\_\_\_\_ I understand that all contracted rates are required to be paid regardless of attendance. Extra attendance outside your plan will result in additional charges.

\_\_\_\_\_. Date \_\_\_\_\_  
Signature of Parent

\_\_\_\_\_. Date \_\_\_\_\_  
Director

Any questions or concerns regarding YMCA School Age Child Care Program can be addressed to:

Joan Wissert

School Age Child Care Director

YMCA of the Twin Tiers

133 Bolivar Road

Wellsville, NY 14895

(P)716-378-5253

(E)[joanw@yourymca.org](mailto:joanw@yourymca.org)

(W)[www.YOURYMCA.org](http://www.YOURYMCA.org)



## School Age Child Care Enrollment Form

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_  
Last First Middle Male Female

Home address \_\_\_\_\_  
Street address City State Zip

**Parent/Guardian applying for child: Name** \_\_\_\_\_

Relationship: \_\_\_\_\_ Email address: \_\_\_\_\_

Address: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ This person is authorized to pick up my child.

Do you have a YMCA Family Membership? \_\_\_\_Yes \_\_\_\_No

Do you have any other children enrolled in YMCA child care? \_\_\_\_Yes \_\_\_\_No What site? \_\_\_\_\_

**Parent/Guardian or Emergency Contact: Name** \_\_\_\_\_

Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ This person is authorized to pick up my child.

**Emergency Contact: Name** \_\_\_\_\_

Relationship \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell # \_\_\_\_\_ This person is authorized to pick up my child.

**Authorization of Release (child may only be released to an adult):**

**I hereby authorize the following adults to pick up my child at program. These adults are in addition to those noted above.**

1. Name \_\_\_\_\_ Home # \_\_\_\_\_ Work# \_\_\_\_\_

Cell# \_\_\_\_\_

2. Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

3. Name \_\_\_\_\_ Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell # \_\_\_\_\_

Please list any special instructions or any persons who are NOT authorized to pick up your child: \_\_\_\_\_

Please note any custody arrangements or restrictions (Attach court order if applicable): \_\_\_\_\_

**Please list any medical conditions:**

**Food and Medication Allergies:**

**Other Health or Behavioral Conditions:**

**MEDICATIONS BEING TAKEN:**

Please note we are only authorized to administer emergency medications such as epi-pens, rescue inhalers, and nebulizers. These medications will only be accepted on site with the appropriate documentation. Please be sure to keep it in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis OR This person takes medications as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
Reason for taking \_\_\_\_\_

Attach additional pages for more medications.  
Identify any medications taken during the school year that participant does/may not take during the summer: \_\_\_\_\_

**GENERAL QUESTIONS** (Explain "yes" answers below.)

- | Has/does the participant: |   | Yes | No | Yes | No  |
|---------------------------|---|-----|----|-----|---|
| 1.                        | Had any recent injury, illness or infectious disease? |     |    | 15. | Ever had back problems? .....   |
| 2.                        | Have a chronic or recurring illness/condition? .....  |     |    | 16. | Ever had problems with joints (e.g. knees, ankles)? ..                        |
| 3.                        | Ever been hospitalized? .....                         |     |    | 17. | Have an orthodontic appliance being brought to program? .....                 |
| 4.                        | Ever had surgery? .....                               |     |    | 18. | Have any skin problems? (e.g. itching, rash) .....                            |
| 5.                        | Have frequent headaches? .....                        |     |    | 19. | Have diabetes? .....  |
| 6.                        | Ever had a head injury? .....                         |     |    | 20. | Have asthma? .....  |
| 7.                        | Ever been knocked unconscious? .....                  |     |    | 21. | Had mononucleosis in the past 12 months? .....                                |
| 8.                        | Wear glasses, contacts or protective eye wear? .....  |     |    | 22. | Had problems with diarrhea/constipation? .....                                |
| 9.                        | Ever had frequent ear infections? .....               |     |    | 23. | Ever had an eating disorder? .....  |
| 10.                       | Ever passed out during or after exercise? .....       |     |    | 24. | Ever had emotional difficulties for which professional help was sought? ..... |
| 11.                       | Ever been dizzy during or after exercise? .....       |     |    | 25. | Ever been diagnosed with a heart murmur? .....                                |
| 12.                       | Ever had seizures? .....                              |     |    |     |   |
| 13.                       | Ever had chest pain during or after exercise? .....   |     |    |     |   |
| 14.                       | Ever had high blood pressure? .....                   |     |    |     |   |

Please explain any "yes" answers, noting the number of the questions.

Child's Source of Medical Care/Primary Care Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Child's Source of Dental Care/Dentist's Name: \_\_\_\_\_ Phone \_\_\_\_\_

Name of Medical Care Facility/Hospital: \_\_\_\_\_ Phone \_\_\_\_\_

**Medical Authorization**

I hereby give permission to the medical personnel selected by the program director to order X-rays, routine tests, treatment; and to arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to secure and administer treatment, including hospitalization, for the person named above. I agree to review and update this information whenever a change occurs. This completed form may be photocopied for trips outside of program

Signature of Parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Wellsville Family YMCA  
School Age Child Care Rates 2016-2017**

<b>Wellsville Y-Care</b>	<b>1st Child</b>	<b>Additional Child</b>
Hourly	\$7.00	\$5.60
Part day (3-5 hours)	\$27.00	\$22.00
Daily (Over 5 hours)	\$40.00	\$33.00
Weekly	\$150.00	\$135.00
<b>Plan A- Mornings and ½ Days</b>	\$58.00 weekly \$229.00 monthly	\$45.00 weekly \$183.00 monthly
<b>Plan B- Days off, ½ days and Summer Camp</b>	\$68.00 weekly \$290.00 monthly	\$54.00 weekly \$232.00 monthly
<b>Plan C- Mornings, ½ days, snow days, full days off and summer camp</b>	\$78.00 Weekly \$325.00 Monthly	\$62.00 weekly \$260.00 monthly

**Bank Draft is REQUIRED for all PLAN contracts.**

**\$25 charge for all returned payments.**

**Payment must be made by Friday or child care will not be available the following Monday.**

**Contracts are REQUIRED. No drop-ins or per usage available.**

**Payments can be made at [www.YourYMCA.org](http://www.YourYMCA.org), or at the YMCA on Bolivar Road**

**Financial Assistance is available. Contact Traci Keppel at (585) 593-3246**