



YMCA

We build strong kids,
strong families, strong communities.

YMCA@RCC Child Development Center

Agency Information Payment Contract – Spring 2009

Parent's Name: _____ Child's Name: _____

Address: _____ Phone# _____

The following are the AFS/DPU rates with the exception of the hourly rates. Those are slightly higher than the AFS standard rate for our area.

- Please check the hours you would like to contract for. Toddler Rate Preschool Rate
- Full-Time 136+ hrs/month \$539.00 per mo \$395.00 per mo
- Part-Time 63-135 hrs/month \$404.00 per mo \$296.00 per mo
- Occasional 24-62 hrs/month \$4.50 per hour \$3.50 per hour

Starting Date: March 30, 2009 Ending Date: June 30, 2009

	Monday		Tuesday		Wednesday		Thursday		Friday		
Times	In	Out	In	Out	In	Out	In	Out	In	Out	
Times	In	Out	In	Out	In	Out	In	Out	In	Out	
Times	In	Out	In	Out	In	Out	In	Out	In	Out	
Times	In	Out	In	Out	In	Out	In	Out	In	Out	
Times	In	Out	In	Out	In	Out	In	Out	In	Out	Total monthly Hours

Monthly contract hours are rounded up to the next whole number.

Center hours are: Monday thru Friday 7:30am to 5:30pm

Co-Payment \$ _____

*Any charges above and beyond what the agency agrees to pay will be the responsibility of the parent/guardian.

_____ Parent/Guardian Signature	_____ Social Security #	_____ Date
_____ Agency Case Worker Signature	_____ Case Worker # ZKJ00011-CNT	_____ Date
_____ YMCA Site Director Signature	_____ Provider #	_____ Date



INITIAL REGISTRATION FORM

Child's Full Name: _____ Birthdate: _____ Sex: _____
 Nickname: _____ Grade/Age in Fall: _____ School: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Mailing Address (if different from above): _____
 Home Phone: _____ cell: _____ YMCA Member? YES NO

1st Parent/Guardian Name: _____ 2nd Parent/Guardian Name: _____
 Relationship to Child: _____ Relationship to Child: _____
 Occupation: _____ Occupation: _____
 Work Address: _____ Work Address: _____
 Work Phone/Hours: _____ Work Phone/Hours: _____
 1st Emergency Name/Phone: _____ 2nd Emergency Name /Phone: _____

 Relationship to child: _____ Relationship to child: _____

What languages are spoken in your child's home? _____
 Has your child ever been in childcare (family or other) before? YES NO
 Please describe prior childcare experience: _____

Please describe any group play experience your child has had (duration, how often, overall impression of experience) _____

What do you expect your child to learn at our center? _____

What led you to our center? _____

HEALTH/MEDICAL INFORMATION

Physician's Name: _____ Address: _____ Telephone #: _____
 Dentist's Name: _____ Address: _____ Telephone #: _____

Health Study - Please check any that apply to your child:

Ear Infections _____ Hay Fever _____ Asthma _____ Hearing Aid _____ Dental Braces _____
 Rheumatic Fever _____ Poison Oak _____ Heart Disease _____ Hepatitis (Jaundice) _____
 Convulsions _____ Insect Stings _____ Limb Braces _____ Glasses/Contacts _____
 Diabetes _____ Penicillin _____ Special Shoes _____ Pollens _____
 Epilepsy _____ Heart Disease _____ Lung Disease _____ Drops _____

Behavioral Problems _____

Food (kind and type of reaction) _____

Details of any checked above (describe allergic reactions and how it is handled at home) _____

Please describe any other medical or behavioral conditions we need to be aware of: _____

Please describe any recent family changes or traumas that would affect your child's behavior or development:

Please describe your child's behavior? (Energy level, temperament, etc.) _____

Please describe the way your child communicates: _____

Describe any fears your child has? _____

What are your child's strengths? _____

What are your child's weaknesses? _____

Do you have other children enrolled in this childcare program? Please list below:

1. _____ Age: _____
2. _____ Age: _____
3. _____ Age: _____

RELEASE AUTHORIZATIONS

Persons authorized to pick up child: (Child will not be allowed to leave with any other persons without prior written authorization from parent or guardian)

- | | | |
|---------------|--------------|--------------------|
| 1. Name _____ | Phone# _____ | Relationship _____ |
| 2. Name _____ | Phone# _____ | Relationship _____ |
| 3. Name _____ | Phone# _____ | Relationship _____ |
| 4. Name _____ | Phone# _____ | Relationship _____ |
| 5. Name _____ | Phone# _____ | Relationship _____ |
| 6. Name _____ | Phone# _____ | Relationship _____ |

I, parent or guardian of: _____ hereby give my permission for the YMCA on-site child care program staff to transport or obtain medical transportation and medical attention for my child. I understand this may include, but is not limited to, the use of a local ambulance service or licensed and insured staff of the YMCA. I agree to assume all financial responsibility for the cost of transportation and medical attention.

Signed _____

Parent or Guardian of: _____

Date Signed: _____

Director's Signature _____

I hereby give the YMCA Child Care my permission to use my child's photo for promotional use. Pictures may be used on the YMCA web site, newsletter, or other forms of media chosen by the YMCA.

Signed _____

Parent or Guardian of _____

Date Signed: _____

Director's Signature: _____

I hereby agree to keep the YMCA staff apprised of any changes in the information on this form and of any changes in my child's physical, mental, or emotional health or living conditions that could adversely affect my child or YMCA staff.

Signed: _____

Parent or Guardian of: _____

Date Signed: _____

Director's Signature: _____



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