



CONTRACT FOR CHILD CARE SERVICES

Non School Day Care Request Form (Cool School)

This request form must be submitted directly to Jkeck@dubuquey.org, fax 563-556-2728 or dropped off at 35 N Booth Street. **DO NOT LEAVE AT SCHOOL SITE**

Child's Name _____ **Birth Date:** _____ **Sex:** _____
(Last) (First) (Middle)

Address: _____ **School:** _____

Primary Payer: _____ **Relationship to Student:** _____

Soc. Sec. #: _____ Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ E-mail: _____

Secondary Payer: _____ **Relationship to Student:** _____

Soc. Sec. #: _____ Address: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ E-mail: _____

Dates Care is Needed: (\$30.00/day fee applies. Select all dates that apply.)

- Monday, January 16 Friday, February 10 Thursday, February 23 Friday, February 24 Monday, March 13
- Tuesday, March 14 Wednesday, March 15 Thursday, March 16 Friday, March 17 Friday, April 14

Payment Agreement:

- Current Full Time Before/After Care (No additional cost for non-school day)
- DHS ASSISTANCE
- PROMISE JOBS

Enrollment Status: Y Member Discount 2nd Child Discount

IF My/Our Child (ren) is/are not registered and pre-paid for Non-School Day Care, I/We agree to pay the non-registration fee of \$45.00 at the time my child(ren) is/are dropped off. **Parent Signature:** _____

Payment Method:

By signing below, I authorize Dubuque Community YMCA/YWCA (DCY) to charge my child care expense to my:
Credit/Debit Card #: _____ Exp Date: _____ 3 digit Code: _____ (Back of card)
Name on Card (print): _____

By signing below, I authorize Dubuque Community YMCA/YWCA (DCY) to initiate a debit/credit entry to my checking or savings :
Bank Name: _____ Routing Number: _____
Account Number: _____
Name on Account (print): _____

I have read and understand the Dubuque Community Y's childcare policies as outlined in the Parent Handbook. I realize this contract may be terminated at any time if I fail to abide by any of these policies. In addition, I understand it is my responsibility to give written notice when my child will no longer need Child Care. A minimum two (2) week notice is required to cancel any above

Parent Signature: _____ **Date:** _____

Parent Signature: _____ **Date:** _____