



eliminating racism  
empowering women  
ywca

# CONTRACT/ENROLLMENT 2017/18

Y-Creative Booth  Finley/DCY  Y-Creative Asbury

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

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Start Date:** \_\_\_\_\_

**Child Lives with:** \_\_\_\_\_

**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: \_\_\_\_\_

**Marital Status:**  Married  Divorced  Separated  Single  Widowed

If there is a separation or divorce custody issue of which we should be aware, please explain: \_\_\_\_\_

**Agency Assistance:**  None  DHS  Promise Jobs  CCR&R  Y Scholarship  Other: \_\_\_\_\_

**Enrollment Status:**  Y Member  Non-Member  Lord of Life member  Finley Employee

Full time (30+hrs/wk)  Part-time (15-30 hrs/wk)  Drop-In (Infant/Toddler/Pre-School)

INFANT CHILDCARE (6 weeks-24 months)  TODDLER CHILDCARE (24 months - 36 months)  PRESCHOOL CHILDCARE (3yrs - 5 yrs)  V4 PRESCHOOL

**PAYMENT Method: Please complete either Payment Option 1 or Payment Option 2 Form**  
(Please indicate if billing ledger needs to be split between payers, include percentages of each share)  
A \$50 non-refundable family registration fee is required to hold each child's place in the program

**ACH BANK WITHDRAWAL Authorization (Bi-Weekly Payment Schedule)**

**Recurring CREDIT CARD (Bi-Weekly Payment Schedule)**

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.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_