



eliminating racism
empowering women
ywca

COOL SCHOOL FAQ'S

DUBUQUE COMMUNITY YMCA/YWCA

Who do I contact for...?

- Billing/Payment Questions & Contract Changes:
Jill Keck, Childcare Finance Assistant, jkeck@dubuquey.org; 563.556.3371
- Child Absence from Program:
Jen Knutson, School Age Coordinator, jknutson@dubuquey.org; 563.556.3371
- Program Questions & Schedules:
Jen Knutson, School Age Coordinator, jknutson@dubuquey.org; 563.556.3371
- Teresa Fischer, Childcare Director, tfischer@dubuquey.org; 563-556-3371

When does registration begin?

Registration for Cool School 2017 will begin March 7. You may pick up an enrollment packet at the Y Information Desk or online at www.dubuquey.org. We ask that everyone fill out new enrollment paperwork annually to update information. Be sure that you complete both sides of all forms completely and sign all forms as required. In addition to the packet we need your child's immunization record signed by their doctor. Registration fee: \$50 per family per program.

How do I change the days my child attends the program?

All schedules/schedule changes are due in writing by Tuesday the week prior to the change to Jen Knutson at jknutson@dubuquey.org. If you need to make a contract change you must fill out the Childcare Change Form one week prior to the change to Jill Keck at jkeck@dubuquey.org.

How do I provide payment?

Our payment methods are as follows; we can draft from a credit card or checking account. Withdrawals will be made the Monday prior to the scheduled week. **Registration fees are due at time of registration.**

Declined Credit Cards and Non-Sufficient Funds:

Declined and non-sufficient accounts will result in a \$10.00 charge. Any family with past due fees must pay in full, including late fees, before the child can return. **Note:** Continuous delinquent accounts are grounds for dismissal from the program; any family with an unpaid balance may be terminated.

What if I'm late picking-up my child from our program?

An extra fee of \$1 per minute will be charged if your child is in attendance after our program hours. Note: Any child who has not been picked up by 6:00 p.m. without notice to the Y from a parent or guardian will be turned over to the proper authorities, which includes notification of both police and the Department of Human Services. This also includes all DHS Eligible families.

Who is authorized to pick up my child?

Upon registration, you will have to fill out a MANDATORY form listing the individuals who are authorized to pick up your child. At dismissal, the individual will have to show their **identification and sign the "sign-out sheet."** Your child will not be released to any persons under the age of 16 or anyone not listed on the authorized pick-up form. If for any reason someone other than those on your list will be picking up your child, you need to call the Dubuque Community YMCA/YWCA to let us know of any change. If there is a court order preventing a parent from picking up a child, a copy must be provided to the Child Care Coordinator.

How do I request Vacation time?

Vacation time must be taken consecutively (five days). You must complete the Vacation Request Form 1 week prior to vacation time for your child care account to be adjusted to Jill Keck at jkeck@dubuquey.org

What are the program hours for Cool School?

- 6:30 AM-6:00 PM (Monday, June 5 – Friday, August 18)

YOUR CHILD'S DAY AT COOL SCHOOL:

- Arrival/Free Choice Play
- Announcements
- Snack
- Gym/Outdoor Play
- Theme Activities
- Lunch and Quiet Activities
- Reading/Journal
- Swimming
- Snack
- Gym/Outdoor Play
- Departure/Free Choice Play

WHAT TO BRING DAILY:

- Swimsuit and towel
- Sunscreen (labeled)
- Hat/ Jacket/ Sweatshirt
- Closed toe shoes or sandals with backs
- **Clearly mark all items with child's name**
- Please dress according to the outdoor weather

Can my child bring games or toys from home?

NO - the children are not allowed to bring toys, games or electronics to SACC. The Dubuque Community YMCA/YWCA is NOT responsible for lost or broken items. Please NO cell phones.

Do I provide my own lunch?

NO - The Dubuque Community YMCA/YWCA provides 2 snacks and lunch daily according to the CACFP Food Program. If your child has any allergies or dietary restrictions, please see child care coordinator for necessary paperwork.

What about field trips?

Cool School participants will be taking walking trips to local parks at least 1 day per week. There will be a calendar available to you to let you know in advance which day(s) they will be gone. On these day(s) there will be no cool school staff in the building due to child to staff ratio in the program. Please plan to drop off and pick up around this schedule.



eliminating racism
empowering women
ywca

2017 COOL SCHOOL FEE CONTRACT

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

Address: _____ **Zip Code:** _____ **Current Grade** _____

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

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

*Please note that, by selecting this option, you acknowledge that you are responsible for any weekly fees that may be incurred if your DHS Child Care Assistance application is denied or if your approval lapses. Billing information must be completed.

Check boxes for the WEEKS your child will be attending:

ALL WEEKS	6/5	6/12	6/19	6/26	7/3	7/10	7/17	7/24	7/31	8/7	8/14

*ALL SCHEDULE CHANGES INCLUDING VACATION NEED TO BE SUBMITTED IN WRITING TO THE FINANCE DIRECTOR 2 WEEKS IN ADVANCE- jkeck@dubuquey.org

Enrollment Status: Y Member Non-Member Add. Child Discount (Check the below box that applies to your child)

Full Time Weekly 4-5 days

Part Time Weekly 1-3 days

Registering for select weeks

\$165

\$110

Registering for all weeks

\$150

\$100

Additional Days of childcare (\$30 each day) Friday, June 2 Monday, August 21 Tuesday, August 22

Additional Information: 10% DISCOUNT FOR Y MEMBERS / 10% DISCOUNT PER ADDITIONAL CHILD
 ALL FEES ARE PAID **1 WEEK** IN ADVANCE / REGISTRATION FEE: \$50 per family per program
1 VACATION WEEK TO USE PER FAMILY (must be consecutive days)

**-PAYMENT OPTION 1-
DUBUQUE YMCA/YWCA**

Child Care CREDIT CARD Authorization Form

You must choose either option 1 or option 2

1. Credit/Debit Card (Auto draft 1 week in advance) I (we) authorize the Dubuque YMCA/YWCA to withdrawal sufficient funds to pay my (our) childcare related fees that are due and payable. I (we) authorize the Dubuque YMCA/YWCA to use their third party processing company to create, capture, and transmit all credit card information. I (we) indemnify and hold harmless the Dubuque Community YMCA/YWCA from any and all liability resulting from any and all transactions. All disputed will be directed to and addressed by and between the Dubuque YMCA/YWCA and the below signed cardholder. The Dubuque YMCA/YWCA accepts MasterCard, VISA, Discover and AMEX.

Card #: _____ Exp. Date: _____ 3 digit code: _____
Cardholder Billing Address: _____ City, State, Zip: _____

**-PAYMENT OPTION 2-
DUBUQUE YMCA/YWCA**

Child Care ACH BANK DRAFT Authorization Form

You must choose either option 1 or option 2

2. ACH Bank Draft Authorization (Auto draft 1 week in advance) I (we) authorize the Dubuque YMCA/YWCA, to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicted below. I (we) authorize the Dubuque YMCA/YWCA to withdrawal sufficient funds to pay my (our) childcare related fees that are due and payable. I (we) authorize the Dubuque YMCA/YWCA to use their third party processing party sender, to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of the United States Law. **Please attach a voided check or deposit ticket**

Bank Name: _____ Account Type: Checking Saving
Routing/Transit #: _____ Acct #: _____

Summer Cool School – fees will be deducted on the Monday prior to the week care is provided. **Registration fees** due at time of registration.

Declined Credit Card / Non-sufficient funds fee - \$10.00

I understand that payment for service is due no less than one week in advance. I understand that service may be suspended if I fail to keep my account current without making satisfactory payment arrangements. In addition, I understand it is my responsibility to provide **written notice at least one week in advance** to stop service. If you stop service and withdraw from the program, you will be responsible for paying an additional registration fee to return to care. I understand that I will be charged for the schedule for which I have registered and that no refunds will be given unless the change in schedule is pre-approved by the program director.

➔ Parent/Guardian Signature: _____ **Date:** _____

I have been informed of the current Dubuque Community YMCA/YWCA Child Care Handbook that is located at the Cool School check-in.

➔ Parent/Guardian Signature: _____ **Date:** _____

For office use only: _____ **Fee Contract** _____ **Membership Discount** _____ **Additional Child Discount**
_____ **Emergency Contact Form** _____ **First two weeks fees** _____ **Child Immunization Form**
_____ **Child Health Form** _____ **Date Received** _____

Total due at time of registration: \$ _____ **Staff Initials** _____

DUBUQUE COMMUNITY YMCA/YWCA
Cool School Child Care Program
Phone: 563-556-3371 Fax: 563-556-2728
Email schedules to: jknutson@dubuquey.org

Child Schedule Form

Parent's Name: _____

Child's Name: _____ Age: _____

2nd Child's Name: _____ Age: _____

3rd Child's Name: _____ Age: _____

4th Child's Name: _____ Age: _____

Schedules are due in the Y Child Care Office by TUESDAY for the coming week.

They may be faxed, emailed, or brought to the Y.

Is this a permanent schedule? Yes No

Week of: _____

My child will attend...

	AM	PM
M	_____-_____ _____	_____-_____ _____
T	_____-_____ _____	_____-_____ _____
W	_____-_____ _____	_____-_____ _____
Th	_____-_____ _____	_____-_____ _____
F	_____-_____ _____	_____-_____ _____

Week of: _____

My child will attend...

	AM	PM
M	_____-_____ _____	_____-_____ _____
T	_____-_____ _____	_____-_____ _____
W	_____-_____ _____	_____-_____ _____
Th	_____-_____ _____	_____-_____ _____
F	_____-_____ _____	_____-_____ _____

Week of: _____

My child will attend...

	AM	PM
M	_____-_____ _____	_____-_____ _____
T	_____-_____ _____	_____-_____ _____
W	_____-_____ _____	_____-_____ _____
Th	_____-_____ _____	_____-_____ _____
F	_____-_____ _____	_____-_____ _____

Week of: _____

My child will attend...

	AM	PM
M	_____-_____ _____	_____-_____ _____
T	_____-_____ _____	_____-_____ _____
W	_____-_____ _____	_____-_____ _____
Th	_____-_____ _____	_____-_____ _____
F	_____-_____ _____	_____-_____ _____

PARENTAL EMERGENCY MEDICAL CONSENT
This form must be presented upon admission for treatment

This form allows parents and guardians to authorize the provision of emergency treatment for below named child who becomes ill or injured while under program authority when parents or guardians cannot be reached.

In the event reasonable attempts to contact have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by the doctor or dentist listed below, or if unavailable, another licensed physician or dentist.

I agree to pay all costs and fees as secured or authorized under this consent.

CHILD'S NAME:		BIRTH DATE:	
PARENT(S)/GUARDIAN(S) WITH WHOM THE CHILD RESIDES			
1. NAME		RELATIONSHIP TO CHILD	
ADDRESS		EMPLOYER	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
2. NAME		RELATIONSHIP TO CHILD	
ADDRESS		EMPLOYER	
HOME NUMBER	CELL NUMBER	WORK NUMBER	
EMERGENCY CONTACT PERSON(S)			
1. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER		CELL NUMBER	WORK NUMBER
2. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER		CELL NUMBER	WORK NUMBER
3. NAME		RELATIONSHIP TO CHILD	
HOME NUMBER		CELL NUMBER	WORK NUMBER
PERSONS AUTHORIZED TO PICK UP CHILD		ADDRESS	PHONE NUMBER
1.			
2.			
3.			

Are there any custody or restraining orders for person(s) who may attempt to pick up or have contact with the child while in care at the center?

Name	Name
-------------	-------------

PHYSICIAN NAME	DENTIST NAME
PHONE NUMBER	PHONE NUMBER
ADDRESS	ADDRESS
HOSPITAL PREFERENCE	
KNOWN ALLERGIES	DATE OF LAST TETANUS
PRESENT MEDICATION	
INSURANCE COMPANY	POLICY HOLDER ID

This consent will be in effect for one year beginning (date) _____

→ _____
SIGNATURE OF PARENT OR GUARDIAN **DATE**

→ _____
SIGNATURE OF PARENT OR GUARDIAN **DATE**

SCHOOL-AGE ASSESSMENT & HEALTH FORM

1. **HEALTH STATEMENT** - To be completed by parent.

Child's Full Name _____

Birth Date _____

1. Significant illnesses and surgeries child has had (give age at time):

2. Any special health-related needs of child (allergies, medications, injuries, etc.):

2. **PHYSICAL ASSESSMENT** - To be completed by parent.

1. Is there any defect of vision, hearing or speech of which the child care program should be aware, or could compensate by appropriate action?

2. Is this child subject to any conditions which limit classroom activities or physical education?

3. Is this child subject to any condition which may result in an emergency situation?

4. Is this child subject to any mental or physical condition for which he/she should remain under periodic medical observation?

5. Other information you would like to share:

➔ Parent's Signature _____

Date _____



eliminating racism
empowering women
ywca

CHILD CARE VACATION REQUEST FORM

This request must be submitted to the Dubuque Community YMCA/YWCA two (2) weeks in advance of the requested vacation week.

Please submit the request directly via fax, mail, email jkeck@dubuquey.org or in person to Jill Keck in the Finance Dept.

Today's Date: _____

Child Care Site: Preschool/Early Childcare: _____

Please specify SACC (Before & After School Care): _____

Cool School

Child(ren) Name: _____

Parent's/Guardian Name: _____

Phone Number: _____

Email: _____

Vacation Start Date: _____ **Vacation End Date:** _____

(One form per week of vacation)

- SACC Vacation – Maximum one (1) week. Must be consecutive.
- Preschool/Early Childcare Vacation – Maximum two (2) week. One (1) week at a time.
- Cool School – Maximum one (1) week. Must be consecutive.

This is a verification form to ensure your satisfaction. **This form is not valid without a staff signature or parent signature.** Once submitted, this acknowledgment will be processed and added to your child's file for future reference, if needed. This must be completed prior to your child's vacation, and your child cannot attend program during time of vacation.

→ Parent/Guardian Signature: _____ **Date:** _____

Office Use Only

Date received by Finance Dept: _____ Amount credited to account: \$ _____

Approved by: _____ Vacation days remaining: _____