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## **BEFORE & AFTER SCHOOL CHILDCARE DUBUQUE COMMUNITY YMCA/YWCA**

### **THANK YOU FOR YOUR INTEREST IN OUR PROGRAM!**

During the School year all programming takes place in the best possible environment for each respective participant at our participating school locations. Programming is built around the interests, needs and comfort of each individual child. To the extent it is possible to do so, children with special needs are integrated into all programs made available to their peers. Our programs are designed to challenge and inspire.

**REGISTRATION:** Begins June 15, 2016. All registrants will need to drop their packet off at the Dubuque Community YMCA/YWCA with a childcare staff member. In addition to the packet we need your child's immunization record signed by their doctor.

**AVAILABILITY:** Monday- Friday 6:30am – 6:00pm

We follow the Dubuque Community School Calendar, on non-school days or cancellations, we host Cool School at the Dubuque Community YMCA/YWCA, 35 North Booth Street, Dubuque, IA. Cool School fees are included for all children that are registered for the full time Before and After School option.

**TRANSFERS:** If your child participates in a program in the school outside of before and after school care, we will need a Transfer/Permission to Release form for each program. This form will allow us to safely and knowingly transfer children from Before & After School Childcare to another program. These forms will be provided.

**CONTRACT SCHEDULES:** If you need to change your childcare plan, use your vacation week, or update billing information please contact our Finance department. Please note that if you select the Friday before school only option you are selecting all Fridays and are responsible for all Fridays.

**CONTACT US:** 563.556.3371

**Director: Teresa Fischer** [tfischer@dubuquey.org](mailto:tfischer@dubuquey.org)

**Coordinator: Jennifer Knutson** [jknutson@dubuquey.org](mailto:jknutson@dubuquey.org)

**Childcare Finance Assistant: Jill Keck** [jkeck@dubuquey.org](mailto:jkeck@dubuquey.org)



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# 2016-2017 BEFORE & AFTER SCHOOL PROGRAMS FEE CONTRACT

**Child's Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Start Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade Level in Fall: \_\_\_\_\_

**Primary Payer:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

SS #: \_\_\_\_\_ Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Secondary Payer:** \_\_\_\_\_ **Relationship to Student:** \_\_\_\_\_

SS #: \_\_\_\_\_ Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Weekly Enrollment Status** (check the box that applies to your child) All rates are billed monthly.

	<b>Full Time (4-5 Days)</b>	<b>Part Time (1-3 Days)</b>
<b>Before School Only</b>	<input type="checkbox"/> \$150	<input type="checkbox"/> \$100
<b>After School Only</b>	<input type="checkbox"/> \$220	<input type="checkbox"/> \$140
<b>Before and After School</b>	<input type="checkbox"/> \$260	<input type="checkbox"/> \$200
<b>*Friday Before Only</b>	<input type="checkbox"/> \$52 Monthly	

**Additional Information:**

- 10% Discount for Dubuque Community YMCA/YWCA Members
- 10% Discount per additional child
- **All fees are paid two weeks in advance of service**
- **Registration Fee: \$50.00 per family**
- One vacation week to use per family - (seven consecutive days)
- All Schedule changes including vacation must be submitted in writing to the Finance Department two weeks in advance. Submit to [jkeck@dubuquey.org](mailto:jkeck@dubuquey.org)
- \* If you select Friday Before Only option you are responsible for all Fridays that month

**Agency Assistance** (attach documentation, such as current approval letter)

None  Promise Jobs  CCR&R  Y Scholarship  Other: \_\_\_\_\_

DHS \* Please note that by selecting this option, you acknowledge that you are responsible for any co-pays. If your DHS Child Care Assistance application is denied or if your approval lapses, you are a responsible for any fees that may be incurred. Therefore, you must complete a payment method below.

**Membership Status:**

Y Member  Non-Member

**Payment Method: (choose one)**

**Credit/Debit Card (Auto draft in advance)**

I authorize the Dubuque Community YMCA/YWCA (DCY) to charge my child care expenses directly to my MasterCard or Visa. This authority will remain in effect until I notify the DCY in writing no less than two weeks in advance to cancel this agreement. Please print clearly.

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV#: \_\_\_\_\_

**ACH Authorization (Auto draft in advance)**

I authorize the Dubuque Community YMCA/YWCA (DCY) and the Bank named below to initiate variable debit/credit entries to my checking / savings account. This authority will remain in effect until I notify the DCY in writing to cancel this agreement. Please attach a voided check or deposit ticket.

Bank Name: \_\_\_\_\_ Routing/Transit #: \_\_\_\_\_ Acct #: \_\_\_\_\_

Checking: \_\_\_\_\_ Savings: \_\_\_\_\_

I understand that payment for service is due no less than two weeks 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 two weeks 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 Child Care Finance Assistant.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I have been informed of the current Dubuque Community YMCA/YWCA Child Care Handbook and where it is available at my child's site.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For office use only:**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Fee Contract            | <input type="checkbox"/> Additional Child Discount                 | <input type="checkbox"/> Signature                |
| <input type="checkbox"/> Emergency Contact Form  | <input type="checkbox"/> Membership Discount                       | <input type="checkbox"/> Payment Method Completed |
| <input type="checkbox"/> Child Health Form       | <input type="checkbox"/> Registration/ 1 <sup>st</sup> months Fees | <input type="checkbox"/> DOB & SSN Completed      |
| <input type="checkbox"/> Child Immunization Form | <input type="checkbox"/> Date Received                             |   |

Staff Initials \_\_\_\_\_

**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.

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

<b>Name</b>	<b>Name</b>
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<b>PHYSICIAN NAME</b>	<b>DENTIST NAME</b>
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  
& IMMUNIZATION DECLARATION**

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**

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FOR CENTERS SERVING SCHOOL-AGE CHILDREN OPERATING IN THE SAME SCHOOL  
FACILITY IN WHICH THE CHILD ATTENDS SCHOOL:

**My signature below certifies that immunization information concerning my child has been provided and is available in the school file.**

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_



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# 2016-2017 SCHOOL-AGE PROGRAM RATES

## BEFORE & AFTER SCHOOL PROGRAMS

	First Child	Add. Child
	Monthly	Monthly
<b>Full Time (4 or 5 Days)</b>		
Before School Only	\$150	\$135
After School Only	\$220	\$198
Before & After School	\$260	\$234
<b>Part Time (1, 2 or 3 Days)</b>		
Before School Only	\$100	\$90
After School Only	\$140	\$126
Before & After School	\$200	\$180
<b>Friday Late Start</b>		
Friday AM Only	\$52	\$46.80
<b>Cool School (School Year)</b>		
Pre-registered	\$30 daily	\$23 daily
Late registration	\$45 daily	\$40.50 daily

## COOL SCHOOL SUMMER PROGRAM

	First Child	Each Additional
	Weekly	Weekly
<b>Full Time (4 or 5 Days)</b>		
Registering for all weeks	\$150	\$135
Registering for select weeks	\$165	\$150
<b>Part Time (1, 2 or 3 Days)</b>		
Registering for all weeks	\$100	\$90
Registering for select weeks	\$110	\$100

## ADDITIONAL INFORMATION

- 10% DISCOUNT FOR MEMBERS
- REGISTRATION FEE: \$50 PER FAMILY PER PROGRAM
- ALL FEES MUST BE PAID TWO WEEKS IN ADVANCE
- REGISTRATION IS NOT COMPLETE UNTIL A COMPLETED ENROLLMENT PACKET, REGISTRATION FEE AND FIRST TWO WEEKS FEES ARE SUBMITTED