



# CONTRACT FOR CHILD CARE SERVICES

## Non School Day Care Request Form

This request form must be submitted directly to [Jkeck@dubuque.org](mailto:Jkeck@dubuque.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.)

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Friday, September 22 | <input type="checkbox"/> Thursday, October 19   | <input type="checkbox"/> Friday, October 20    | <input type="checkbox"/> Wednesday, November 22 |
| <input type="checkbox"/> Tuesday, December 26 | <input type="checkbox"/> Wednesday, December 27 | <input type="checkbox"/> Thursday, December 28 | <input type="checkbox"/> Friday, December 29    |
| <input type="checkbox"/> Tuesday, January 2   | <input type="checkbox"/> Monday, January 15     | <input type="checkbox"/> Friday, February 2    | <input type="checkbox"/> Thursday, February 15  |
| <input type="checkbox"/> Friday, February 16  | <input type="checkbox"/> Monday, March 26       | <input type="checkbox"/> Tuesday, March 27     | <input type="checkbox"/> Wednesday, March 28    |
| <input type="checkbox"/> Thursday, March 29   | <input type="checkbox"/> Friday, March 30       |  |   |

**Payment Agreement:**

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

**Enrollment Status:**  Y Member Discount  2<sup>nd</sup> 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:** \_\_\_\_\_