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## SACC BEFORE/AFTER SCHOOL FAQ'S 2018/2019

### Billing/Payment Questions & Contract Changes:

Jill Keck, Childcare Finance Assistant  
E: [jkeck@dubuquey.org](mailto:jkeck@dubuquey.org); P: 563.556.3371

### Child Absence from Program:

Jen Knutson or Caitlynn Thill, School Coordinator  
E: [jknutson@dubuquey.org](mailto:jknutson@dubuquey.org); [cthill@dubuquey.org](mailto:cthill@dubuquey.org); P: 563.556.3371

### Program Questions & Schedules:

Jen Knutson or Caitlynn Thill, School Age Coordinator  
E: [jknutson@dubuquey.org](mailto:jknutson@dubuquey.org); [cthill@dubuquey.org](mailto:cthill@dubuquey.org); P: 563.556.3371

### Childcare Director

Teresa Fischer  
E: [tfischer@dubuquey.org](mailto:tfischer@dubuquey.org); P: 563-556-3371

### What is the cell phone number for my **child's school site**?

- Bryant: 563.258.2481
- Carver: 563.258.2512
- Eisenhower: 563.258.2580
- Epworth: 563.542.1947
- Hoover: 563.451.2380
- Irving: 563.258.2486
- Kennedy: 563.258.2478
- Sageville: 563.258.2473
- Seton: 563.258.0881
- Table Mound: 563.258.2545

### Who can attend our Before and After School program?

Our Before and After School Program is for children currently enrolled in Kindergarten – 5<sup>th</sup> grade at the designated schools. For WDCSD we do accept preschool children in our program.

### How 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 Caitlynn Thill at [cthill@dubuquey.org](mailto:cthill@dubuquey.org). If you need to make a contract change you must fill out the childcare change form 2 weeks prior to the change to Jill Keck at [jkeck@dubuquey.org](mailto:jkeck@dubuquey.org).

### How does part-time work?

If you choose our part-time option your child(ren) may attend up to 3 days per week. For Part-Time Before and After school this means three full days. You may not split them up, for example, you child may not attend Monday before and Tuesday after school and that count as one of their days.

### What are the program hours for before and after school care?

- Before care: 6:30 AM-start of school
- After care: school dismissal-6:00 PM
- Late Starts: 6:30 AM-start of school
- Early Outs: school dismissal-6:00 PM
- Non-School Days(care is at the Dubuque Community YMCA/YWCA): 6:30 AM-6:00 PM

### How do I sign up for Non-School Days?

Cool School Non-School Day Request Contracts are required in order to have your child attend on days outside of before & after school care. You can find these forms online at [www.dubuquey.org](http://www.dubuquey.org). Please turn these contracts in to Jill Keck at [jkeck@dubuquey.org](mailto:jkeck@dubuquey.org) or in person at the Dubuque Community YMCA/YWCA 14 days prior to the non-school day. We cannot guarantee a spot will be available on the day of care. Non-school days are included for all children **that are registered for the full time Before & After School option. All other registered children will have a fee to attend on any non-school day.**

What if there is a two hour delay, two hour early out, or snow day?

- Two hour delay – you can still bring your child to Y-Care, if you are currently enrolled in the mornings, (at their designated school) 6:30am until school starts. If the DCSD does end up cancelling school, kids will need to be picked up within (1) hour, you do have the option to then bring them to YMCA (35 N. Booth Street) if needed.
- Two hour early out – children who are currently scheduled and enrolled in After School Y-Care are able to attend at their design school. Y-Care staff will be there when the children get dismissed till 6 pm.
- Snow Day – When the DCSD cancels school, you can bring your child to the YMCA (35 N. Booth St) as early as 6:30 am and we close at 6 pm. Please dress your child accordingly – we may go outside. If you are not already enrolled in FULL-TIME Before AND After School Y-Care a fee will be withdrawn from your account on file.

What if my child participates in a program in the school outside of before and after school care?

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 Y care to another program. These forms will be provided at the y-care school locations.

Do I need to sign my child(ren) in/out during the morning/evening sessions?

Yes – It is MANDATORY that parents sign their child(ren) in/out during both sessions.

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. 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 add an authorized pick up person?

If you need to add an authorized pick up person please fill out the Change of Information forms available at the schools. Please also e-mail Jen Knutson at [jknutson@dubuquey.org](mailto:jknutson@dubuquey.org) or Caitlynn Thill at [cthill@dubuquey.org](mailto:cthill@dubuquey.org) the information that needs to added.

**What if I'm late picking-up my child from a SACC school site?**

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.

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.

Can my child bring food in from home?

NO - **We aren't able to have children** bring food from home due to children with severe food allergies.

Is the SACC program a licensed program?

Yes- All Dubuque YMCA/YWCA Before/After School programs are licensed with Department of Human Resources, and all of our staff are highly trained to ensure a safe and productive environment.

What are the responsibilities of the Site Supervisors and the children?

It is the responsibility of the Site Supervisors to make the atmosphere safe and fun for your child. It is their job to keep the children interacting in a positive manner. All children are responsible for following the rules to maintain a safe and enjoyable atmosphere for everyone. This includes acting responsibly and respectfully at all times.

From time to time, the need arises for a **warning letter to be sent to parents regarding their child's behavior. It is at** the discretion of the Site Supervisor as to when an incident report is to be filed with the Child Care Director. It is then at the discretion of the Director as to whether a disciplinary letter is sufficient, or if a meeting to establish an action plan, needs to be set up with the parents. It is also at the discretion of the Director as to whether a child is to be dismissed from the program. For further information, please refer to the discipline policy.





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# 2018-2019 BEFORE & AFTER SCHOOL PROGRAMS FEE CONTRACT

**Child's Name:** \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex: \_\_\_\_\_  
Last First MI  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Start Date: \_\_\_\_\_ School: \_\_\_\_\_ 2018-2019 Grade Level: \_\_\_\_\_

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

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

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 per program**
- One vacation week to use per family - (five 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 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  Saving

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

**Printed Name:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

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:**

- Fee Contract
- Emergency Contact Form
- Child Health Form
- Child Immunization Form

- Additional Child Discount
- Membership Discount
- Registration/ 1<sup>st</sup> months Fees
- Date Received

- Signature
- Payment Method Completed
- DOB & SSN Completed

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>
-------------	-------------

<b>PHYSICIAN NAME</b>	<b>DENTIST NAME</b>
PHONE NUMBER	PHONE NUMBER
ADDRESS	ADDRESS
<b>HOSPITAL PREFERENCE</b>	
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 \_\_\_\_\_

**DUBUQUE COMMUNITY YMCA/YWCA**  
**Cool School Child Care Program**  
**Phone: 563-556-3371      Fax: 563-556-2728**  
**Email schedules to: [cthill@dubuquey.org](mailto:cthill@dubuquey.org)**

**CHILD SCHEDULE FORM**

Parent's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

2<sup>nd</sup> Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

3<sup>rd</sup> Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

4<sup>th</sup> 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**

- If your child attends the morning program until school begins, please fill in your estimated arrival time. (Example: 7:00-SCH ((SCH=School))
- If your child attends the afternoon program right after school dismisses, please fill in estimated pick-up time. (Example: DIS-5:30 ((DIS=Dismissal))

**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	____-____	____-____



## CACFP (**Food Program**) Enrollment Sheets...

\*This paperwork is for our program to be reimbursement from the state for the snacks we serve.

Iowa Eligibility Application (page 1)

- Everyone must sign the bottom of this page
- You only need to complete the top portion if you think your family will qualify for free/reduce meals

Iowa Child and Adult Care Food Program Child Care Enrollment (page 2)

- This page must be completed by ALL families

# Iowa Eligibility Application

Complete one application per household. School Year 2016-2017

FFY 16-17

**Part 1. Check all applicable boxes:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> school meals                      | <input type="checkbox"/> children in child care center | <input type="checkbox"/> children in child care home(HP) |
| <input type="checkbox"/> special milk (restrictions apply) | <input type="checkbox"/> Tier I home provider (HP)     | Provider name: _____                                     |
|  | <input type="checkbox"/> Head Start/Even Start         |  |

**Part 2. Check if any child is Homeless, Migrant, or a Runaway and call your child's school.**     Run away     Migrant     Homeless

**Part 3. FIP or Food Assistance Eligible:** Enter the FIP or Food Assistance Case Number for ANY household member as listed in the Notice of Decision. NOTE: Medicaid, Title XIX and EBT card numbers are not acceptable. Skip part 5.

Name of household member with Case Number \_\_\_\_\_ List Case Number \_\_\_\_\_

**Part 4. Children enrolled. REQUIRED OF ALL APPLICANTS.**

List name(s) of all enrolled child(ren) in your household.							
Last Name	First Name	Middle Name or Initial	Check box for FOSTER child	Date of Birth	Grade	OPTIONAL	Name of School/Head Start/Child Care Center/Home
						ETHNICITY	
1.			<input type="checkbox"/>				
2.			<input type="checkbox"/>				
3.			<input type="checkbox"/>				
4.			<input type="checkbox"/>				
5.			<input type="checkbox"/>				

**Part 5. Total Household Gross Income. DO NOT COMPLETE PART 5 IF YOU LISTED A FIP OR FOOD ASSISTANCE NUMBER IN PART 3.** Report the gross income received by EACH household member one time in the correct column: weekly, every 2 weeks, twice a month or monthly. Gross income is the amount earned before taxes and other deductions, not take-home pay. Report all other monthly income received. Self-employed persons, see the worksheet on reverse side of this application.

List the names of <u>everyone</u> living in your household, including the children listed in Part 4. Attach a separate page if more space is needed. For FOSTER children, include only money available for child's personal use or child's own income.					Gross Income: Report income by how often the household member is paid.				Other Monthly Payments or Income Received.		
Last Name	First Name	Age	Check if NO Income	Gross amount earned weekly	Gross amount earned every 2 weeks	Gross amount earned twice a month	Gross amount earned monthly	Welfare, child support, alimony, adoption subsidies	Pension, retirement, social security, SSI, VA benefits	All other income	
1.			<input type="checkbox"/>								
2.			<input type="checkbox"/>								
3.			<input type="checkbox"/>								
4.			<input type="checkbox"/>								
5.			<input type="checkbox"/>								

Last four digits of my Social Security Number: **X XX - X X -** \_\_\_\_\_  I do **not** have a Social Security Number.  
 If Part 5 is completed, the adult signing the form must provide the last 4 digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. **For further information refer to the Privacy Act Statement in the parent letter.**

**Part 6. Certification and Signature. REQUIRED OF ALL APPLICANTS.**

I certify (promise) that all information on this application is true and that all income is reported if required. I understand that I will receive benefits from Federal funds based on the information I give. I understand that officials may verify (check) the information. I understand that if I purposely give false information, my children may lose meal/milk benefits, and I may be prosecuted. Email of Adult Completing Form \_\_\_\_\_

Signature of Adult Completing Form \_\_\_\_\_ Printed Name of Adult Completing Form \_\_\_\_\_ Date Signed \_\_\_\_\_

Address of Adult Completing Form \_\_\_\_\_ Town \_\_\_\_\_ ZIP Code \_\_\_\_\_ Work Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Part 7. DO NOT WRITE BELOW THIS LINE. FOR ADMINISTRATIVE USE ONLY.**

Income conversion factors for annual income: weekly X 52; two weeks X 26; twice a month X 24; monthly X 12  
 Household Income: \$ \_\_\_\_\_  Weekly     Every 2 Weeks     Twice Monthly     Monthly     Annually    Household Size \_\_\_\_\_

Application Approved: <input type="checkbox"/> Income <input type="checkbox"/> Foster Child (free) <input type="checkbox"/> FIP/Food Assistance	CACFP HP ONLY: <input type="checkbox"/> Tier 1 Area (Provider's own children)  <input type="checkbox"/> Tier 1 Income (All children) <input type="checkbox"/> Tier 1 Child (Tier 2 mixed)
<input type="checkbox"/> Head Start DOCUMENTATION REQUIRED <input type="checkbox"/> Homeless/Migrant/Runaway (Schools only)	
Eligibility Determination: <input type="checkbox"/> Free Meals <input type="checkbox"/> Reduced Price Meals <input type="checkbox"/> Free Milk	
Application Denied: <input type="checkbox"/> Incomplete <input type="checkbox"/> Over income limits	

Determining Official Signature \_\_\_\_\_

Effective Date \_\_\_\_\_



**Your child is enrolled in a center that participates in the Child and Adult Care Food Program (CACFP). By participating in this Program, the center follows Federal meal pattern requirements and receives reimbursement to assist with food costs. The CACFP requires that parents provide specific enrollment information on an annual basis. This form will be placed in center files and treated as confidential information.**

Revised 6/2016

## Iowa Child and Adult Care Food Program Child Care Enrollment Form

Last Name, First Name	Birthdate	Times of Care		Regular Days of Care						Meals Served During Care					Ethnicity/Race*				
		Arrival	Departure	M	T	W	Th	F	S	S	B	AM Sn	Lu	PM Sn	D	E Sn	Ethnicity	Race	

\*Ethnicity (Select one and enter in the chart above): H=Hispanic or Latino or N=Not Hispanic or Latino

Race (Select one or more and enter in the chart above): W=White, B=Black or African American, I=American Indian or Alaska Native, A=Asian, and P=Pacific Islander

This information is requested by the Federal Government in order to monitor compliance with civil rights law. You are not required to furnish this information, but are encouraged to do so. The law requires that a program recipient may neither discriminate on the basis of this information nor on whether you choose to furnish it. However, if you choose not to furnish it, this Program representative is required to note race/ethnicity on the basis of visual observation or surname.

**Infants only (0 to 12 months):**  I am not enrolling an infant (skip this section)

As a participant in a USDA Child Nutrition Program, our center offers meals to children of all ages. Infant feeding is based on current nutrition guidelines. Infant foods are appropriate for the age and developmental readiness of your infant. Please select (X) your choice(s) of the following options that will fulfill your infant's food needs.

- I will provide breastmilk for my infant. Center formula may be used to supplement feedings if necessary:  Yes  No
- I will provide infant formula for my infant. Name of formula: \_\_\_\_\_
- I accept the center's formula for my infant. Name of formula: \_\_\_\_\_
- I will provide a statement from a prescribing medical authority for non-reimbursable formula. Name of formula: \_\_\_\_\_
- I accept the center's solid foods (appropriately textured) to be served to my infant as s/he is ready for them, and after I have discussed it with the caregiver.
- I will provide solid foods for my infant\*. The center may supplement with additional solid foods when my infant needs them:  Yes  No

\*The parent may provide no more than one reimbursable food item in order for the center to claim the meal. DHS licensed centers must follow CACFP infant meal pattern requirements regardless of who supplies the food. Your center can provide a copy of the CACFP infant meal pattern and a list of reimbursable foods upon request.

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

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_ (Make any needed changes above, sign and date)

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_ (Make any needed changes above, sign and date)

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# 2018-2019 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>Non-School Days (School Year, Snow Days)</b>		
Pre-registered	\$30 daily	\$27 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	\$148.50
<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



# CONTRACT FOR CHILD CARE SERVICES

## Non School Day Care Request Form

This request form must be submitted directly to [Jkeck@dubuquey.org](mailto: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: \_\_\_\_\_ Grade Level: \_\_\_\_\_

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

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Friday, September 21   | <input type="checkbox"/> Thursday, October 18  | <input type="checkbox"/> Friday, October 19    | <input type="checkbox"/> <b>Wednesday</b> , November 21 |
| <input type="checkbox"/> Wednesday, December 26 | <input type="checkbox"/> Thursday, December 27 | <input type="checkbox"/> Friday, December 28   | <input type="checkbox"/> Wednesday, January 2           |
| <input type="checkbox"/> Monday, January 21     | <input type="checkbox"/> Friday, February 1    | <input type="checkbox"/> Thursday, February 14 | <input type="checkbox"/> Friday, February 15            |
| <input type="checkbox"/> Monday, March 25       | <input type="checkbox"/> Tuesday, March 26     | <input type="checkbox"/> Wednesday, March 27   | <input type="checkbox"/> Thursday, March 28             |
| <input type="checkbox"/> Friday, March 29       | <input type="checkbox"/> Friday, April 19      |  |   |

Payment Agreement:

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

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 YMCA/YWCA'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. If you are registered with a "no show" your account on file will be charged for the full fee amount.

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

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