



CONTRACT FOR CHILD CARE SERVICES

Non School Day Care Request Form

This request form must be submitted directly to 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"/> Wednesday , 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 2nd 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: _____