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Welcome to the 2020 - 2021 School year for the Dubuque Y School Age Child Care!

School Age Child Care will look a little different for returning families this year! We have taken into consideration the comments we received last year and have adjusted the payments for our program beginning with the 2020-2021 school year.

Families will be charged on a weekly basis - this will assist families that struggled to pay the full month up front. We will bill your account weekly on the Friday before the week begins. Please see the attached billing calendar for the 2020-2021 school year.

Your account will be prorated for days that school is not in session. In this manner you will not be paying for school out days that you do not use. Those families who wish to use the Y for school out days will be required to register for and pay in advance for those days (forms will be available at your school sites or on the Y web page). This will give the families that do not use school out days a savings of around \$100.00 per school year depending upon your Y membership status.

In order to register for the fall program you will be required to go online and complete a registration packet. We do need you to complete a packet on each child that you are wanting to attend our program. You will receive a confirmation email that your child is registered and for what site.

In addition to the packet that you will complete online - you will also be required to pay a \$25.00 registration fee and submit the payment option form. This form is in your registration packet, you will need to print it and complete it and return it to the Y at 35 N Booth Street with a cancelled check or a copy of the front and back of the credit card you will be using this school year.

For families using us for school out days we will need to have a copy of your child's immunization record on file. Children who do not have an immunization record on file at the Y will not be allowed to register for non school days. This is not required at the before and after school sites as there is already a copy in the school building.

Deb Gustafson
Executive Director of Childcare and Social Services

DUBUQUE COMMUNITY
YMCA/YWCA
35 North Booth Street
Dubuque, Iowa 52001
P 563 556 3371
F 563 556 2728

www.DubuqueY.org





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Attention families, we have a new plan for the fall!

The Y is committed to offering quality child care programs for families in our community. We have worked very hard with the District and other partners to find the best option we can to ensure the safety and education of the children enrolled in our programs.

Over the past few days we have been reviewing the number of families/children that need before and after school care or even just before or after care with the new A/B schedule, staffing levels needed for different plans, and the financial aspect. After careful review, we have determined that the best opportunity for us to continue serving families/children is to run all programming at the Dubuque Y. This means that the Dubuque Y will act as "home base" and allow us to operate before and after school care, as well as no school day care all in one place. Though our program will look different than years past, we are pleased to have the opportunity to continue serving families and children during this challenging time. The main difference is that we will assist in their enrichment when they are out of the classroom.

To help make all of this possible, we reached out to RTA who has funds available to provide transportation to children under the age of 15 for FREE! Even though there is no busing charge parents will have to contract directly with the RTA for the service. Assigned busses would transport children to schools in the morning and return them to the Y in the afternoon. Y staff would ensure that your child was on the correct bus in the morning, and that they arrived back at the Y in the afternoon. RTA has been providing transportation to Head Start for a long time and we believe this is the best option to provide before and after school care in a cost effective and safe manner. All RTA staff are background checked and fingerprinted, and are subject to random drug and alcohol tests.

By operating in this manner and to abide by DHS regulations our current facilities will allow us to accommodate up to 90 children who need care before and after school, as well as families who need care on days that their child is not scheduled to attend school. This ensures that IF school were to go all "virtual" at any time we would be able to continue serving all children in the program.

Additional advantages to this plan allows you to drop off and pick up your child at the same place every day. Children will have the continuity of being with the same staff in the same place every day. Another benefit of being at the Y is that you could enroll your child in Y programs such as swimming lessons while they are in attendance with us. This could allow your child to participate without you needing to come back to the Y on weekends or later in the evenings.

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YMCA/YWCA

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CHILDCARE REGISTRATION 2020/2021

School Age Child Care (SACC)

School: _____

Full Time Before School

Full Time After School

Full Time Before & After School

Child's Name _____ **Name Used at Home:** _____
(Last) (First) (Middle)

Birth Date: _____ **Sex:** _____ **Start Date:** _____

Address: _____ **City:** _____ **Zip Code:** _____

Child Lives with: _____

Primary Payer: _____ **Relationship to Student:** _____

Soc. Sec. #: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ E-mail: _____

Secondary Payer: _____ **Relationship to Student:** _____

Soc. Sec. #: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____ E-mail: _____

If child should become sick/hurt, which guardian should we contact first: _____

Best Number to call: _____

Marital Status: Married Divorced Separated Single Widowed

If there is a separation or divorce custody issue of which we should be aware, please explain: _____

Enrollment Status: Y Member Non-Member Finley Employee Y Employee

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

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

*Please note that by selecting DHS option, you are responsible for any copays. If you DHS Childcare Assistance Application is denied or if you approval letter lapses, you are responsible for any fees that may be incurred. Therefore, you are must compete a payment method attached to this packet.

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

-PAYMENT OPTION 1-

DUBUQUE COMMUNITY YMCA/YWCA

Child Care CREDIT CARD Authorization Form

You must choose either option 1 or option 2

1. Credit/Debit Card (Auto draft every week) I (we) authorize the Dubuque Community YMCA/YWCA to withdrawal sufficient funds to pay my (our) childcare related fees that are due and payable. I (we) authorize the Dubuque Community 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 Community YMCA/YWCA and the below signed cardholder. The Dubuque Community YMCA/YWCA accepts MasterCard, VISA, Discover and AMEX. **Please include photo copy of credit/debit card (front and back).**

Card #: _____ Exp. Date: _____ 3 digit code: _____

First Name: _____ Middle Initial: _____ Last Name: _____ Phone: _____

Cardholder Billing Address: _____ City, State, Zip: _____

-PAYMENT OPTION 2-

DUBUQUE COMMUNITY 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 every week) I (we) authorize the Dubuque Community 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 Community YMCA/YWCA to withdrawal sufficient funds to pay my (our) childcare related fees that are due and payable. I (we) authorize the Dubuque Community 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.**

Bank Name: _____ Account Type (circle): Checking/Savings

Routing/Transit #: _____ Acct #: _____

Name on Bank Account: _____ Account Holder Phone: _____

Declined Credit Card / Non-sufficient funds fee - \$15.00

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:** _____

Parent/Guardian Printed Name: _____ **SSN:** _____

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: _____ **Registration Form** _____ **Child Immunization Form**
_____ **Emergency Contact Form** _____ **Permissions Page**
_____ **Child Health Form** _____ **Date Received**

\$25 Registration fee, per child, per year, due upon registration and submission of registration packet \$_____

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.

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 & 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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Dubuque Community YMCA/YWCA
Child Care and Social Services
Cool School / Y Care
Code of Conduct

Child's Name _____

1. Check into the YMCA Program in designated location promptly upon arrival.
2. Keep my personal belongings in my bag – do not bring items such as toys, cell phones, CD players, MP3 Players and I Pods or any hand held games. (Unless otherwise approved ie: technology day)
3. Remain seated and quiet during roll call and announcements- answer only for myself.
4. Follow all Cool School / Y Care rules. Including the core values of caring, honesty, respect and responsibility.
5. Follow instructions given by my Y Cool School / Y Care staff.
6. Tell the Staff if I am sick or hurt.
7. Respect all other children and the Cool school / Y Care staff at all times.
8. Respect the property of others including: other children, Y Cool School / Y Care, Dubuque School's and Community partners.
9. Help in cleaning up after myself in all activities.
10. Never leave the program area without permission from a Cool School / Y care staff member.
11. Failure to follow instruction of staff will result in a time out. Children agree to follow the Time Out instructions of the Y Cool school / Y Care staff:
For each Code of Conduct violation there may be a 5-12 minute time out, up to 3 time outs per day. Parents will be called to pick up any child who does not follow directions after 3 time outs, or if it is deemed that the child is unable to follow directions.

Definition: A disciplinary problem is defined as one in which a child is hampering the smooth flow of the program by either requiring constant one-on-one attention; is inflicting physical or emotional harm on other children; is physically and or verbally abusing staff or is otherwise unable to conform to the rules and guidelines of the program.

Child's signature Date

Parent's Signature Date

Staff Signature Date



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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Before and After School Care and Non School Day Pricing

Dubuque School District	
Members Before and After School	\$30 a week
Non Members Before and After School	\$33 a week
Members Before School ONLY or Members After School ONLY	\$25 a week
Non-Members Before School ONLY or Non-Members After School ONLY	\$28 a week
Members Non-School Days	\$65 a week
Non-Members Non-School Days	\$80 a week
Member PD Learning Day out	\$29 a day (28 days in a school year)
Non-Member PD Learning Day out	\$39 a day (28 days in a school year)
Member Inclusive Package	\$129 a week
Non-Member Inclusive Package	\$159 a week

Western Dubuque School District	
Members Before and After School	\$48 a week
Non Members Before and After School	\$53 a week
Members Before School ONLY or Members After School ONLY	\$40 a week
Non-Members Before School ONLY or Non-Members After School ONLY	\$45 a week

Special note: When school has a late start due to weather the Y care program will still operate - at no additional charge to you! If school is closed early due to inclement weather we WILL NOT operate at the schools you will need to pick your children up. If school is closed for the entire day we will operate a program at the Y for no additional fee HOWEVER we do request that you call the Y at 563-556-3371 and put your child's name on the list to attend and the approximate times they will be in attendance so we can plan for adequate staff and food.