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Welcome to the 2021 - 2022 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 2021 - 2022 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 2021 - 2022 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 canceled 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  
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Dubuque, Iowa 52001  
P 563 556 3371  
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[www.DubuqueY.org](http://www.DubuqueY.org)





# CHILDCARE REGISTRATION 20\_\_/20\_\_

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.

<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
<b>HOSPITAL PREFERENCE</b>	
<b>KNOWN ALLERGIES</b>	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



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FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

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## Before and After School Care and Non School Day Pricing

Members Before <b>and</b> After School	\$60 a week
Non Members Before <b>and</b> After School	\$70 a week
Members Before School <b>ONLY</b> or Members After School <b>ONLY</b>	\$50 a week
Non-Members Before School <b>ONLY</b> or Non-Members After School <b>ONLY</b>	\$60 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)

**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.

For non-school days, you must register with Non-School Day forms prior to the deadline days and receive confirmation that your child has been signed up. Space is limited (first come first serve). If you register after the deadline and there is space available, you will be charged an additional \$15 fee for late registration. **DROP OFF IS NOT PERMITTED AND YOU WILL BE TURNED AWAY FOR CARE (for known Non-School Days).** You must cancel your registration date the Thursday before billing for that non-school day in order to not be charged. If you cancel after, you will NOT be refunded your registration for the day as we have already purchased food/supplies and scheduling staff according to your child(ren) being in our program.