

GREATER WICHITA YMCA EARLY LEARNING CENTER (ELC) 2019-2020 REGISTRATION/ENROLLMENT FORM

IMPORTANT REGISTRATION/ENROLLMENT NOTES

- A. **\$85 ENROLLMENT FEE, FIRST WEEK OF STATED WEEKLY FEES, and COMPLETED REGISTRATION FORM** is required no less than seven (7) days prior to anticipated start date.
- B. **ALL** enrollment forms, including CACFP (food program) enrollment and Greater Wichita YMCA payment agreement must be complete and submitted to the appropriate ELC Program Director by 5PM Monday *one full week* prior to your desired/anticipated start date. Incomplete forms will not be accepted and will delay consideration/start date. All complete applicants are processed in the order they are received.
- C. Families that have been awarded Greater Wichita YMCA Income-Based Financial Assistance (IBFA) must provide a copy of the award letter (email) to the director before discount can be applied.
- D. You **MUST** complete this form, separately and in its entirety, for each child you wish to register/enroll.

I have been awarded Greater Wichita YMCA Child Care and Camp Branch Income-Based Financial Assistance (IBFA)* at a RATE REDUCTION OF ____ %.

OFFICE USE ONLY

PARTICIPANT NAME _____
ID# _____

ELC SITE FOR ENROLLMENT

- DR. JIM FARHA ANDOVER YMCA ELC
- EAST YMCA ELC
- RICHARD A. DEVORE SOUTH YMCA ELC

INITIAL PAYMENT MADE YES NO

- Cash
- Check/Money Order (# _____)

PAYMENT DUE AT ENROLLMENT/REGISTRATION	
ANNUAL ENROLLMENT FEE (\$85/Child/Year fee is NON-REFUNDABLE and NON-TRANSFERABLE)	\$ 85
WEEKLY FEE / TUITION (ONGOING Fees Payable by Cash, Check/Money Order, Credit/Debit Card, or AutoDraft)	\$ _____
TOTAL INITIAL PAYMENT (ENROLLMENT FEE + FIRST WEEK'S FEES / TUITION) (Initial Payment CANNOT be paid by Card or AutoDraft)	\$ _____

PARTICIPANT INFORMATION

FIRST AND LAST NAME _____ DATE OF BIRTH ____/____/____
GENDER MALE FEMALE

PRIMARY STREET ADDRESS _____ SOC. SECURITY # _____

CITY _____ STATE _____ ZIP CODE _____

PRIMARY PHONE # () - _____ CHILD LIVES WITH

ENROLLMENT DATE ____/____/____ BOTH PARENTS
START DATE ____/____/____ SHARED HOUSEHOLD
ARRIVAL TIME ____:____ AM PM SHARED CUSTODY
DEPARTURE TIME ____:____ AM PM MOTHER ONLY
 FATHER ONLY
 LEGAL GUARDIAN
 OTHER

ROOM ASSIGNMENT

- INFANT
- TODDLER
- PRE-SCHOOL
- PRE-K

PARENT/GUARDIAN INFORMATION

PRIMARY PARENT/GUARDIAN FIRST AND LAST NAME _____ EMAIL ADDRESS _____@_____.____

STREET ADDRESS, STATE, ZIP CODE (if different from participant information) _____ DAYTIME # (mark one) ___ Cell ___ Work ___ Home

NAME OF (mark one) ___ Employer ___ School ___ Training _____ ALT. DAY # (mark one) ___ Cell ___ Work ___ Home

STREET ADDRESS, STATE, ZIP CODE OF EMPLOYER/SCHOOL/TRAINING _____ EVENING # (mark one) ___ Cell ___ Work ___ Home

MARITAL STATUS AND CUSTODIAL ARRANGEMENT(S) _____ WORK SCHEDULE _____

SECONDARY PARENT/GUARDIAN FIRST AND LAST NAME _____ EMAIL ADDRESS _____@_____.____

STREET ADDRESS, STATE, ZIP CODE (if different from participant information) _____ DAYTIME # (mark one) ___ Cell ___ Work ___ Home

NAME OF (mark one) ___ Employer ___ School ___ Training _____ ALT. DAY # (mark one) ___ Cell ___ Work ___ Home

STREET ADDRESS, STATE, ZIP CODE OF EMPLOYER/SCHOOL/TRAINING _____ EVENING # (mark one) ___ Cell ___ Work ___ Home

MARITAL STATUS AND CUSTODIAL ARRANGEMENT(S) _____ WORK SCHEDULE _____

SIBLINGS

Please list participant's siblings (name, relationship, current ages). Additional sibling information can be listed on back of page.

SIBLING #1 FIRST AND LAST NAME _____	RELATIONSHIP TO PARTICIPANT _____	AGE _____
SIBLING #2 FIRST AND LAST NAME _____	RELATIONSHIP TO PARTICIPANT _____	AGE _____



Provide **EMERGENCY CONTACT INFORMATION** and **SIGN TERMS OF AGREEMENT STATEMENT** on the back of this form.

* To ensure access to Child Care and Camp programs, regardless of ability to pay, the Greater Wichita YMCA provides income-based financial assistance (scholarships/reduced rates) for Child Care and Camp participation to those who qualify. Separate from membership or other program assistance qualification, IBFA for Child Care and Camp services does not guarantee enrollment or placement. Confidential applications for assistance are available at ymcawichita.org/assistance or at any Greater Wichita YMCA branch locations. Contact Child Care Accounts for more information.

FOR OFFICE USE ONLY			
RATE _____	SELF _____	DCF _____	FOSTER CARE _____
KPP _____	ECBG _____	UW _____	GWYMCA IBFA _____

GREATER WICHITA YMCA EARLY LEARNING CENTER (ELC) 2019-2020 REGISTRATION/ENROLLMENT FORM (CONT.)

OFFICE USE ONLY

PARTICIPANT NAME _____
ID# _____

EMERGENCY PICK-UP / CONTACTS

Adults (18+)—other than parents (pg. 1)—that **ARE** authorized for participant pick up and for urgent response needs.

_____ FIRST EMERGENCY CONTACT FIRST AND LAST NAME	_____ RELATIONSHIP TO PARTICIPANT	() - PRIMARY PHONE#
_____ STREET ADDRESS, STATE, ZIP CODE		() - SECONDARY DAYTIME PHONE#
_____ SECOND EMERGENCY CONTACT FIRST AND LAST NAME	_____ RELATIONSHIP TO PARTICIPANT	() - PRIMARY PHONE#
_____ STREET ADDRESS, STATE, ZIP CODE		() - SECONDARY DAYTIME PHONE#
_____ THIRD EMERGENCY CONTACT FIRST AND LAST NAME	_____ RELATIONSHIP TO PARTICIPANT	() - PRIMARY PHONE#
_____ STREET ADDRESS, STATE, ZIP CODE		() - SECONDARY DAYTIME PHONE#

UNAUTHORIZED CONTACTS / PICK-UP

Please list any individuals that **ARE NOT** allowed access to site / participant INCLUDING pick-up. Note that legal documentation may be required for some restrictions. See Site Director for details.

FIRST AND LAST NAME

RELATIONSHIP TO PARTICIPANT

() -
PHONE#

FIRST AND LAST NAME

RELATIONSHIP TO PARTICIPANT

() -
PHONE#

ADD. PICK-UP

Adults (18+)—other than parents (pg. 1) and emergency contacts (above)—that **ARE** authorized for participant pick-up.

_____ FIRST AND LAST NAME	_____ RELATIONSHIP TO PARTICIPANT	() - PRIMARY PHONE#
_____ FIRST AND LAST NAME	_____ RELATIONSHIP TO PARTICIPANT	() - PRIMARY PHONE#
_____ FIRST AND LAST NAME	_____ RELATIONSHIP TO PARTICIPANT	() - PRIMARY PHONE#

ELC WEEKLY FEE AUTODRAFT PLAN

The (stated) ELC weekly fee amount indicated above will be automatically deducted (drafted) from/charged to my (check one) as part of an ongoing, continuous payment plan.

BANK ACCOUNT (Checking, Savings)

CARD (Credit, Debit)

This AutoDraft payment plan is a continuous program.

TERMS OF AGREEMENT

- Your signature confirms your agreement with the following:
- I/We understand that a minimum **\$10** late pick-up fee will be charged for each child picked up after the scheduled ELC closing time, and an additional **\$1 per minute** fee will be assessed after the *first ten minutes*. All outstanding balances, including late fees, must be paid in full before a participant may return to the ELC. If a child is not picked up by 7PM and no attempt has been made by the parent/guardian to contact ELC program staff, Greater Wichita YMCA (YMCA) policy requires the notification of program site supervisors as well as police and/or child protective services (9-1-1). Chronic late pick-up is grounds for suspension or dismissal from ELC services.
 - I/we understand that, per KDHE regulations, a child cannot attend a ELC for more than ten (10) hours/day.
 - I/We understand that written notice of intent to exit the program must be given to the ELC Program Director a **MINIMUM OF TWO WEEKS IN ADVANCE**. If adequate notice is not given, I/we understand that two weeks of full payment will be billed to my/our account even though my/our child is not in attendance. If I/we choose to return to the program, I/we understand availability is not guaranteed.
 - I/We the below signed person/parent(s) having legal custody/legal guardianship of said minor, give permission for said minor to attend any Greater Wichita YMCA program activities supervised by authorized ELC and/or Greater Wichita YMCA staff. Said minor is physically able and mentally prepared to participate in all activities, including nutrition and wellness curriculum.
 - I release the Greater Wichita YMCA and its staff from all claims of injury which may be sustained by enrolled child while participating in any Greater Wichita YMCA-sponsored activity, whether caused by the negligence of the Greater Wichita YMCA or otherwise. If medical attention is required, I give my permission for such medical care.
 - I/We do hereby grant permission for photos and/or videos of my/our child to be used by the Greater Wichita YMCA for promotional purposes. I/We understand that I/we will receive no compensation for such use.
 - I/We understand fully and will abide by the Greater Wichita YMCA's policy concerning drop-off and pick-up of children. I/We shall be prepared **DAILY** to present photo ID to on-site staff to determine my/our identity as authorized persons to pick up my/our child. Further, I/We shall inform others who are authorized to call for our child to present photo ID when picking up my/our child.
 - I/We understand that in the event of withdrawal from the ELC program, my/our participant's records are available upon request.
 - I/We have read and understand the Greater Wichita YMCA ELC Program Parent Information and all ELC program policies and procedures set forth by the Greater Wichita YMCA. I/We shall abide by said policies/procedures. I/We support the Greater Wichita YMCA in its enforcement of these policies/procedures. I/We understand that the Greater Wichita YMCA reserves the right to dismiss any participant who fails to adhere to Greater Wichita YMCA ELC policies/procedures.
 - I/We agree to pay the first week of the above stated weekly fees prior to enrollment and will pay the above stated weekly rates for weekly services by **10PM Monday** on the week prior to paid services for the entirety of my/our child's enrollment in the ELC program.

STATEMENTS OF UNDERSTANDING

I UNDERSTAND THAT:

- If I wish to exit the ELC program and/or discontinue the agreed weekly draft amount before the program's end date (above), I must notify the Greater Wichita YMCA **IN WRITING** (CHILDCARE@YMCAWICHITA.ORG) **TWO (2) WEEKS PRIOR TO THE FINAL DRAFT**.
- EFFECTIVE JUNE 1, 2019** - Weekly payment, of the agreed amount, is due by **10PM** on the **Monday** of the week *prior* to paid services.
- Any/all late payment will result in a **\$10 fee**.
- Any/all returned/payment refused checks or drafts will carry a **\$20 fee**.
- Should any transfer/AutoDraft not be honored by my provided financial institution/card issuer for any reason I am responsible for that payment **PLUS** any/all applicable service fees assessed.
- Children will be denied access to ELC sites/services until any/all balance(s) due are paid.
- Consistent or ongoing late payment or payment issues may result in a required alternative payment method or schedule or suspension or termination of ELC services.
- ELC rates are subject to change and I will be notified, in writing, prior to fee adjustments.
- It is my responsibility to notify the Greater Wichita YMCA of any changes to my above-provided payment method prior to the next weekly AutoDraft of fees.
- It is my responsibility to notify the Greater Wichita YMCA of any changes to my address, phone number, email address, or other provided contact information.
- My Credit card information may be updated with "Account Updater Services" offered by Card Networks.
- The voided check provided with this enrollment form, if applicable, is for information purposes only.

PARENT/GUARDIAN/CUSTODIAN INITIALS: _____

Accept my signature below as authorization to begin weekly AutoDrafting of indicated fees.

SIGNATURE (Parent, Legal Guardian, Legal Custodian)

DATE

RELATIONSHIP (CHECK ONE):

___ Parent ___ Legal Guardian ___ Legal Custodian

IMPORTANT: Retain a copy of this enrollment form and receipt of payment. Weekly fees are based on the above schedule. Fees will not be prorated for absences, in-service days, or unscheduled closures. Find full list of policies, billing information, payment methods and more at ymcawichita.org/ELC.

FOR OFFICE USE ONLY

DATE RECEIVED ___/___/___	___ GWYMCA ENROLLMENT FORM	___ CACFP ENROLLMENT / IEF	SPECIAL INSTRUCTIONS
TIME RECEIVED ___:___ AM / PM	___ GWYMCA PAYMENT AGREEMENT	___ COMPLETE IMMUNIZATION RECORDS (EXEMPT DOCUMENTS)	
STAFF INITIALS: _____	___ KDHE HEALTH ASSESSMENT	___ AUTHORIZATION FOR EMERGENCY MEDICAL CARE	
	___ KDHE MEDICAL RECORD FOR CHILDREN		

STAFF SIGNATURE

DATE