

GREATER WICHITA YMCA CHILD DEVELOPMENT CENTER (CDC) 2020-2021 REGISTRATION/ENROLLMENT FORM

IMPORTANT REGISTRATION/ENROLLMENT NOTES

- A. **\$25 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 CDC Site 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.

OFFICE USE ONLY

PARTICIPANT NAME _____
ID# _____

CDC SITE FOR ENROLLMENT

<input type="checkbox"/> EAST H.S.	<input type="checkbox"/> SOUTH H.S.
<input type="checkbox"/> HEIGHTS H.S.	<input type="checkbox"/> SOUTHEAST H.S.
<input type="checkbox"/> NORTH H.S.	<input type="checkbox"/> WEST H.S.
<input type="checkbox"/> NORTHWEST H.S.	

INITIAL PAYMENT MADE YES NO
 Check/Money Order CHECK # _____

I have been awarded Greater Wichita YMCA Child Care and Camp Branch Income-Based Financial Assistance (IBFA)*. Rate Reduction _____ %

PAYMENT DUE AT ENROLLMENT/REGISTRATION	
ANNUAL ENROLLMENT FEE (\$25/Child/Year fee is NON-REFUNDABLE and NON-TRANSFERABLE)	\$ 25
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

SOC. SECURITY # _____

PRIMARY STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CHILD LIVES WITH

BOTH PARENTS
SHARED HOUSEHOLD

SHARED CUSTODY

MOTHER ONLY

FATHER ONLY

LEGAL GUARDIAN

_____ OTHER

ROOM ASSIGNMENT

INFANT

TODDLER

PRE-SCHOOL

PRE-K

PRIMARY PHONE # () - _____

ENROLLMENT DATE / /

START DATE / /

ARRIVAL TIME : AM PM

DEPARTURE TIME : AM PM

PARENT/GUARDIAN INFORMATION

PRIMARY PARENT/GUARDIAN FIRST AND LAST NAME _____

STREET ADDRESS, STATE, ZIP CODE (if different from participant information) _____

NAME OF (mark one) _____ Employer _____ School _____ Training _____

STREET ADDRESS, STATE, ZIP CODE OF EMPLOYER/SCHOOL/TRAINING _____

MARITAL STATUS AND CUSTODIAL ARRANGEMENT(S) _____

SECONDARY PARENT/GUARDIAN FIRST AND LAST NAME _____

STREET ADDRESS, STATE, ZIP CODE (if different from participant information) _____

NAME OF (mark one) _____ Employer _____ School _____ Training _____

STREET ADDRESS, STATE, ZIP CODE OF EMPLOYER/SCHOOL/TRAINING _____

MARITAL STATUS AND CUSTODIAL ARRANGEMENT(S) _____

EMAIL ADDRESS _____

DAYTIME # (mark one) ___ Cell ___ Work ___ Home

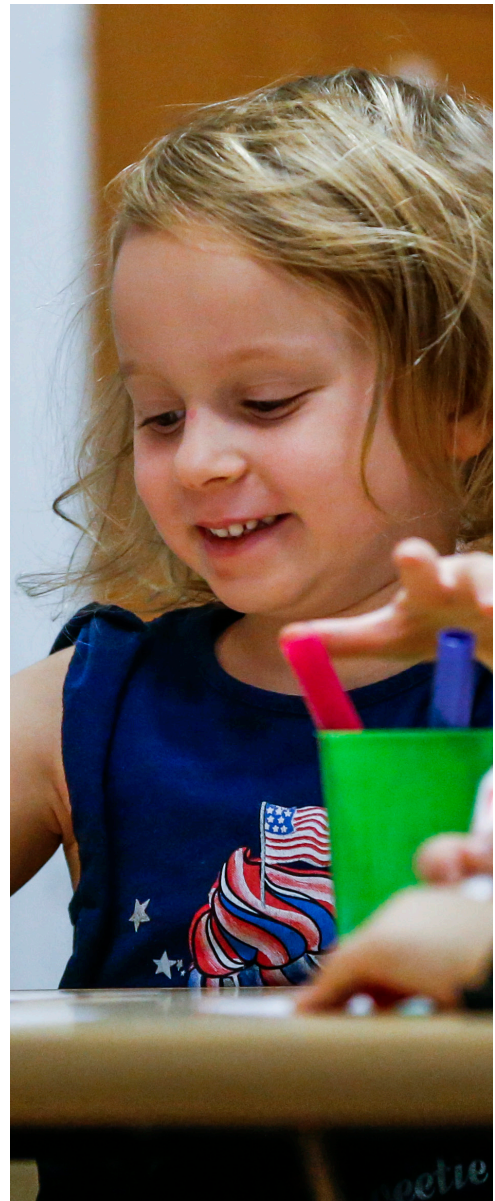
ALT. DAY # (mark one) ___ Cell ___ Work ___ Home

EVENING # (mark one) ___ Cell ___ Work ___ Home

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 _____

FIND MORE INFORMATION, ENROLLMENT FORMS, AND MORE AT YMCawichita.org/CDC

GREATER WICHITA YMCA CHILD DEVELOPMENT CENTER (CDC) 2020-2021 REGISTRATION/ENROLLMENT FORM (CONT.)

OFFICE USE ONLY

PARTICIPANT'S 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#

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#

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#

CDC WEEKLY FEE AUTODRAFT PLAN

The (stated) CDC 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.

STATEMENTS OF UNDERSTANDING

I UNDERSTAND THAT:

- If I wish to exit the CDC 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 CDC 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 CDC services.
- CDC 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.

RELATIONSHIP (CHECK ONE):

___ Parent ___ Legal Guardian ___ Legal Custodian

TERMS OF AGREEMENT

Your signature confirms your agreement with the following:

1. I/We understand that a minimum **\$10** late pick-up fee will be charged for each child picked up after the scheduled CDC 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 CDC. If a child is not picked up by 7PM and no attempt has been made by the parent/guardian to contact CDC 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 CDC services.
2. I/we understand that, per KDHE regulations, a child cannot attend a CDC for more than ten (10) hours/day.
3. I/We understand that written notice of intent to exit the program must be given to the CDC Site 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.
4. 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 CDC and/or Greater Wichita YMCA staff. Said minor is physically able and mentally prepared to participate in all activities, including nutrition and wellness curriculum.
5. 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.
6. 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.
7. 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.
8. I/We understand that in the event of withdrawal from the CDC program, my/our participant's records are available upon request.
9. I/We have read and understand the Greater Wichita YMCA CDC Program Parent Information and all CDC 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 CDC policies/procedures.
10. 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 CDC program.

SIGNATURE (Parent, Legal Guardian, Legal Custodian)

DATE

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/cdc.

FOR OFFICE USE ONLY

DATE RECEIVED ___/___/___	GWYMCA ENROLLMENT FORM	___ CACFP ENROLLMENT / IEF
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	

SPECIAL INSTRUCTIONS

STAFF SIGNATURE

DATE