

GREATER WICHITA YMCA EARLY LEARNING CENTER (ELC) 2020-2021 REGISTRATION/ENROLLMENT FORM

IMPORTANT REGISTRATION/ENROLLMENT NOTES

- A. **\$85 ENROLLMENT FEE** and **COMPLETED REGISTRATION FORM** is required no less than seven (7) days prior to attendance.
- B. **ONLY** applicants providing completed forms and *all* required records, with proper signatures, will be considered for enrollment. All applications are processed in the order they are received.
- C. Upon confirmation of enrollment parents will be required to complete a Child and Adult Care Food Program Income Eligibility form and Payment Agreement (Information about third party billing, such as DCF and any approved YMCA IBFA must be approved prior to confirmation of weekly fees)

OFFICE USE ONLY

PARTICIPANT'S 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 (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 (\$85/Child/Year fee is NON-REFUNDABLE and NON-TRANSFERABLE)	\$ 85
WEEKLY FEE / TUITION (Payable Each Monday by Cash, Check/Money Order, or Credit/Debit Card Cannot be paid by AutoDraft)	\$ _____
TOTAL INITIAL PAYMENT (ENROLLMENT FEE) DUE AT ENROLLMENT	\$ _____

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
ROOM ASSIGNMENT FATHER ONLY
 INFANT LEGAL GUARDIAN
 TODDLER _____
 PRE-SCHOOL OTHER
 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 _____ GWYMCA IBFA _____

GREATER WICHITA YMCA EARLY LEARNING CENTER (ELC) 2020-2021 REGISTRATION/ENROLLMENT FORM (CONT.)

EMERGENCY PICK-UP / CONTACTS

_____ 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#

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 an 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.

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/elc.

FOR OFFICE USE ONLY

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

OFFICE USE ONLY

PARTICIPANT'S NAME _____
ID# _____

UNAUTHORIZED CONTACTS / PICK-UP

Please list any individuals that **ARE NOT** authorized for access to participant INCLUDING pick-up. Note that legal documentation may be required for some restrictions. Speak with ELC Site Director for details.

FIRST AND LAST NAME

RELATIONSHIP TO PARTICIPANT

PHONE#

FIRST AND LAST NAME

RELATIONSHIP TO PARTICIPANT

PHONE#

ELC WEEKLY FEE AUTODRAFT PLAN

The ELC (stated) 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 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.

RELATIONSHIP (CHECK ONE):

____ Parent ____ Legal Guardian ____ Legal Custodian

SPECIAL INSTRUCTIONS

STAFF SIGNATURE

DATE