

Rogue Valley Family YMCA Child Care Afterschool Care Registration & Health Form

Child's Name _____ DOB _____ Age _____
Home Address _____ Phone _____
Billing/Mailing Address _____
City/State _____ Zip _____ E-Mail _____
Gender: Female Male YMCA Member: Yes No School _____

PARENT/GUARDIAN CONTACT INFO.

Child Lives with: Both Parents Mother Father Other
Guardian #1 _____ Guardian #2 _____
Employer _____ Employer _____
Work Phone _____ Work Phone _____
Cell Phone _____ Cell Phone _____

EMERGENCY CONTACT(S) OTHER THAN PARENTS AUTHORIZED TO PICK-UP

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

MEDICAL (Please check all that apply)

- Allergies (bee stings, food, other) Dietary modifications Dosage/Frequency _____
 Other Diseases Medications Dosage/Frequency _____
 Disability or chronic or recurring illness Operations or serious injuries
 Physical limitations – Reasons: _____
 Special Instructions: _____

NON-PRESCRIPTION MEDICATIONS *I authorize the following medications to be administered as needed.*

- Sunscreen Other _____

PHYSICIAN / INSURANCE INFORMATION

Name of Family Physician _____ Phone _____
Name of Dentist/Orthodontist _____ Phone _____
Do you carry family medical/hospital insurance? _____ If so, Carrier _____
Policy or Group Number _____ Hospital Preference _____

Medical, Dental & Accident insurance are the responsibility of each participant and their parent or guardian. The Rogue Valley Family YMCA does not provide this coverage.

INITIAL EACH ITEM INDICATING APPROVAL

- _____ In an emergency, the YMCA has my permission to call an ambulance or transport my child to any available physician or hospital and obtain medical/surgery treatment at my expense.
_____ In an emergency, the YMCA has my permission to obtain medical treatment for my child:
 With the following restrictions: _____
 There are NO restrictions
_____ I do not wish my child to receive any medical treatment.
_____ My child may be given medication. I understand that the Medication Authorization Form must be completed prior to administering.
_____ My child may participate in YMCA field trips. I understand that school bus, van or public transportation may be used.
_____ My child may participate in swimming or other water activities.
_____ My child may be photographed for publicity or news purposes.
_____ I give YMCA staff my permission to talk with School personnel in regards to issues relating to my child.

Please give any information concerning your child, which will help us provide better care: _____

SIGNATURE OF PARENT OR GUARDIAN _____ **DATE** _____

Parent Afterschool Care Confirmation & Agreement

PLEASE CHECK PROGRAM & # OF DAYS YOUR CHILD WILL BE ATTENDING:

Child's Name _____

Start Date _____

School Age Child Care:

School: _____

2 Days

3 Days

4 Days

5 Days

MON

TUES

WED

THUR

FRI

Check the package option you are requesting:

Option 1 (Basic)

Option 2 (School Year)

Option 3 (Year Round)
(not available after Sept. 30th)

Please refer to rate sheet for package descriptions.

REMINDERS:

- Please call the YMCA if your child will be absent on a day they are registered to attend.
- Please leave personal items at home & clearly mark jackets, backpacks, etc.
- Pick-up time is no later than 6 p.m.
- The YMCA abides by school rules for discipline procedures.
- Pre-registration is required for in-service/holiday programs.
- Any changes (days, pick-up authorization, personal info updates) require a billing change form to be completed and turned into the YMCA childcare office.

I certify that the information listed on both the Confirmation & Agreement and Health Forms have been completed to the best of my knowledge and that my child is in good health & free of disabilities that would endanger him/her or other children. I have received a copy of the Parent Handbook and agree to abide by all policies as noted.

I understand that the YMCA assumes no responsibility for injuries or illness that my child may sustain as a result of my physical condition or resulting of my participation. I agree that I will cooperate and conform to the directions and instructions of the YMCA staff and volunteers. I hereby give the YMCA permission to use their judgment in obtaining medical service for myself and/or my child. I give permission to the physician selected by the YMCA personnel to render medical treatment deemed necessary and appropriate. Payment of any resulting medical, hospital or related costs and expenses for my child must be paid by my insurance or available benefit plan of mine or other parent/guardian. I have read and understand this Release, Waiver and Indemnity Agreement.

Registration Fee _____ Contracted Monthly Fee _____

Financial Assistance _____ @ _____ % Re-evaluation Date _____

Third Party _____ Co-Pay\$ _____ Case # _____

EOS Amount _____ Expires _____ Mgr Approval _____

Parent/Guardian Signature _____ Date _____ Day Phone _____

YMCA Staff Signature _____

Rogue Valley Family YMCA Child Care Office
522 W. Sixth Street, Medford, OR 97501
www.rvymca.org email: childc@rvymca.org
Phone 541.772.6295 x 214 Fax 541.772.8427

Rogue Valley Family YMCA Child Care Payment Policies & Agreement

STATISTICAL INFORMATION (CONFIDENTIAL)

Other funding agencies such as the United Way and the Commission on Children and Families request the following information for statistical purposes only and is completely voluntary.

Ethnicity:

- White
- African American
- Native American
- Asian/Pacific Islander
- Hispanic
- Other _____

Monthly Gross Income:

- \$0-\$500
- \$501-\$1000
- \$1001-\$1597
- \$1598-\$2000
- \$2001-\$2500
- \$2501-\$4021
- \$4022+

Household Status:

- Single Parent
- Dual Parent
- _____ # of people in household

Child's Name _____
School _____
Option and # of Days _____

Start Date: _____ (required – please allow 24 hours from registration)

Please Indicate Billing Party: 1st Party 2nd Party 3rd Party: DHS CSD JOBS Other

For identification purposes please provide the following:

Parent/Guardian Name: _____ Social Security #: _____ Driver's License: _____

Please select desired payment option:

Electronic Funds Transfer/Checking or Savings: All transfers will occur on the first business day of the month for which service is being provided. An authorization form must be completed and submitted with this form along with a voided check or deposit slip.

Electronic Credit Card Draft: Charges will be processed on the first business day of the month for which service is being provided. This includes all late fees, additional days, etc.

Monthly Payment: A monthly payment reminder service fee of \$5.00 will be charged. A payment reminder will be sent out on the 15th of each month. Fees can be made by check, money order, credit card or cash and will be accepted at the YMCA only (payments cannot be accepted at off-site locations). Full payment must be received in the Child Care Office by 6 p.m. on the 1st business day of the month for which service is being provided.

_____ **ADDITIONAL CHARGES:** A late charge of \$15.00 will be assessed on the 5th of the month for unpaid balances. A fee of \$25.00 will be assessed for returned items, along with a late charge if applicable. **Failure to remit payment by the 10th will result in a discontinuation of services (Lock-out)** and a \$15.00 reinstatement fee.

_____ **CHANGES/CANCELLATIONS:** In order to assure processing, 14 days notice is required for changes/cancellations and fees remain the same unless 2 weeks notice is given in writing in the Child Care Office. For changes or inquiries of payment options, schedule and package information, please contact the Child Care Office at 772-6295 x214.

_____ **MONTHLY FEES/PAYMENTS:** Full payment is due in the Child Care Office by the 1st business day of each month for which service is being provided. Failure to comply with full terms will result in discontinuation of service. Fees are established for the entire program, which operates during the course of the year. Monthly fees do not necessarily reflect the number of service days within each particular month and will be billed on a 9-month plan. Refunds and/or credits will not be granted for days missed due to absences and/or vacations.

_____ **LATE PICK-UP:** Late fees will be charged for each child picked up after the scheduled closing time. Failure to pay may result in termination of care. Late fees are as follows: 1-15 minutes=\$15 per child. Each minute following the first 15, is \$1 per minute, per child. Chronically late pick-ups will be grounds for dismissal. 15 minutes after scheduled center closures all emergency numbers will be called by staff. If no one can be reached by 1 hour after closing, the police will be called to escort your children to Protective Services for child abandonment. Please note that the staff will do everything in their power to contact emergency numbers. Calling the police will be a very last resort. This must be our policy to protect both staff and children.

_____ **THIRD PARTY PAYMENTS:** The YMCA accepts third party payments, i.e. DHS, JOBS, CSD, etc., **once written verification is received from the third party.** Fees accrued prior to the effective date, uncovered portions, and vouchers not signed in a timely manner, are the responsibility of the parent.

CONFIRMATION: This form will serve as your confirmation, which includes your monthly fee. This is to confirm that my child registered for _____, for the requested times indicated, at a monthly rate of \$ _____. I understand payments are due on the 1st business day of each month for which services are being provided, failure to remit will result in the discontinuation of services. All late charges/collection fees incurred are my responsibility. I have read the policies, terms and conditions as stated above and agree to abide by all.

Print name _____ Signature _____ Date _____

YMCA Program Staff Approved _____ Site _____ Date _____



ProCare Software

Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize The Rogue Valley Family YMCA, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* 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 United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

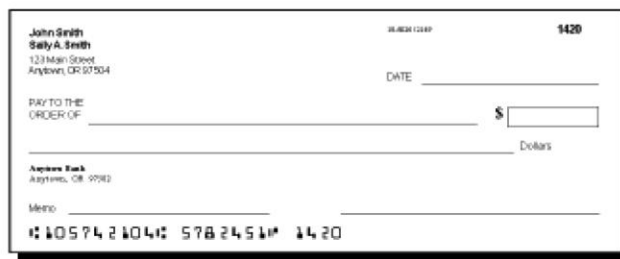
Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____		Bank or Credit Union Address _____			
City _____	State _____	Zip _____	City _____	State _____	Zip _____
			Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
Routing Transit Number (see sample below) _____			Account Number (see sample below) _____		

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____ Date _____

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit Account Check
Number Number Number

Please attach a copy of a voided check here. Deposit slips not accepted.

