



Child Care Registration

Santa Maria Valley YMCA

School Year 2009-2010

Start Date _____ Days Attending M T W Th F
 Site _____

How did you hear about our program? _____

Child's First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip _____

Home Phone: (____) _____ E-mail: _____

Sex: _____ Birthdate: _____ Age: _____ School: _____ Grade _____

Mother/Guardian: _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____

Father/Guardian: _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____

Emergency Contact (other than parents or physician): _____ Relationship: _____ Phone: (____) _____

Does your child have any limitations or special medical or behavioral concerns that we should be aware of: (medications, allergies or other)? _____

Physician _____ Date of last examination: _____ Immunizations current? Yes No

Physician Address: _____ Phone (____) _____

Dentist _____ Phone (____) _____

Dentist Address _____

Persons Authorized to pick-up child (must be at least 18 years)

Mother/Guardian yes no Father/Guardian yes no

Other people authorized to pick up your child

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____	(____) _____	_____
_____	_____	(____) _____	_____

Persons NEVER Authorized to pick-up child (Please attach legal documentation if available)

Release/Participation: I am the parent or guardian of the participant. I give permission for my child to participate in YMCA activities including transportation. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers or guests.

Medical Treatment: I give permission for YMCA staff or volunteers to provide emergency medical treatment for my child, and to transport to an emergency center for treatment. Also, I consent to medical treatment for my child deemed immediately necessary or advisable by a physician.

Insurance: I understand that the YMCA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

Member Conduct: I agree for myself and my child to abide by the YMCA code of conduct and all policies and procedures of the Santa Maria Valley YMCA.

Property Loss: The YMCA is not responsible for personal property lost, damaged or stolen while participating in YMCA programs or using YMCA facilities, including parking lots,.

Photograph Permission: I give permission for the YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs.

Signature of Parent/Guardian: _____ **Date:** _____



**Child Care Registration
Santa Maria Valley YMCA**

YMCA
*We build strong kids,
strong families, and strong communities.*

Child's First Name: _____ **MI:** _____ **Last Name:** _____

Please enroll my child. I have enclosed a \$25 non-refundable registration fee and have chosen the following options.

CARE OPTIONS: (Check one)

School Age	Kindergarten	Stepping Stones	YCP
<input type="checkbox"/> After School Tunnell <input type="checkbox"/> After School Bruce <input type="checkbox"/> After School Main Y <input type="checkbox"/> 5 Days <input type="checkbox"/> 3 Days	<input type="checkbox"/> After School Bruce <input type="checkbox"/> After School Main YMCA <input type="checkbox"/> 5 Days <input type="checkbox"/> 3 Days Hours 11:30 AM to 6:00 PM	<input type="checkbox"/> Infant (5 full days only) <input type="checkbox"/> Toddler <input type="checkbox"/> Preschool <input type="checkbox"/> 5 Full Days <input type="checkbox"/> 3 Full Days <input type="checkbox"/> 5 Half Days, (7-12 am)	<input type="checkbox"/> Pre-School <input type="checkbox"/> 5 Full Days <input type="checkbox"/> 3 Full Days <input type="checkbox"/> 5 Half Days (7-12 am)
Transportation not available	Transportation not available.	FIXED MONTHLY RATE	FIXED MONTHLY RATE

PAYMENT PLAN OPTIONS:

- School Days Only Plan:** This plan will cover the days the children have school. This does not include school holidays or breaks. This is a fixed rate; your payment amount will not change each month regardless of how many days are in the month or week.

Responsible Party: I agree to pay the monthly Child Care fees on or before the 1st of each month of care. I understand a late fee of \$20 will be assessed if payment is not received by the 5th. If unpaid on the sixth and the child cannot attend until the fees are paid. **Cancellations require a 14 day written notice to the YMCA office. If no notice is given the parent/guardian will be responsible for payment and any fees.** I have received a copy of the parent handbook and understand the policies and procedures set forth by the YMCA

Payment Method:

- Credit Card
 Check (payable to Santa Maria Valley YMCA)
 Cash (please do not mail, accepted at YMCA facility only)

- Bank draft (please complete section below) I authorize the YMCA to debit my account monthly as stated

A voided check or copy of your credit card must be attached

Which day of the month would you like your account charged ___1st ___15th ___ Split 1/2 on the 1st 1/2 on the 15th (bank draft only)

Name as it appears on card/checking account: _____

Card Number or routing number (if using a checking account): _____

Expiration Date: (mm/yy) or checking account number _____

Signature: _____

Cancellation & Changes The YMCA needs two weeks (14 days) WRITTEN notice before the EFT date to alter or cancel your scheduled funds transfer. Any program changes that affect your monthly fee also require 14 days notice IN WRITING. Changes and cancellations cannot be made by telephone. If we do not hear from you in time to cancel or change your EFT, the subsequent transfer will be non-refundable. The YMCA will also notify you at least 30 days in advance of any changes being made. In a situation where your bank does not authorize a charge (due to NSF or other invalidities for which the YMCA has no responsibility) you will be charged a \$25 return fee, and an additional \$20 late fee. Your childcare fee must be immediately paid in order to prevent removal from the program. If you change banks or account numbers, it is your responsibility to let the YMCA know at least 14 days in advance in order to prevent a return & late fee. The YMCA will not give refunds for drafts that have been posted if no change or cancellation has been received by the YMCA. Your last bank draft will be the last month of school, unless requested otherwise. If you register for an additional year of child care, a new bank draft form will be required.

3rd party funding – If you receive 3rd party funding for Child Care, an award contract must be initiated. The agency will notify the YMCA for approval. For 3rd party funding information and eligibility please call Dept. of Social Services

Caseworker: _____ Phone: () _____

Signature of Parent or guardian _____ Date _____

Santa Maria Valley YMCA

2009-2010 Child Care

RATES

Grades 1-6

		3 Days per Week	5 Days per Week
After School Only Bruce	Weekly fee	\$33.00	\$55.00
After School Only Main YMCA	Weekly fee	\$33.00	\$55.00
After School Only Tunnell	Monthly fee only	\$180.00	\$220.00

Kindergarten (No before care for children who have p.m. Kindergarten.)

		3 Days per Week	5 Days per Week
After School (a.m. kindergarten only) Bruce		\$33.00	\$55.00
After School (a.m. kindergarten only) Main YMCA		\$33.00	\$55.00

School days: includes all in-school days & student minimum days. The rates are averaged over the school year giving you consistent monthly or weekly payments.

Preschool

5 Full Days	\$480
3 Full Days*	\$360
5 half days 7:00-12:00 P.M.	\$300

Toddler

5 Full Days	\$555
3 Full Days*	\$416
5 half days 7:00-12:00 P.M.	\$347

Infant

5 Full Days	\$665

*On a space available basis; Parents will have the option of changing to a 5, ½ or full day plan.

- All Child Care programs will be closed Thanksgiving and the Friday after Thanksgiving , Christmas Eve., Christmas Day, Memorial day, Labor Day and New Years Day. We will close at 4:00 New Years Eve. Stepping Stones Center may be closed on additional County holidays.

Santa Maria Valley YMCA

In an effort to make our fees affordable for everyone in our community, the YMCA provides a sliding fee scale for child care based on annual gross household income and family size.

The sliding fee scale is supported by the YMCA's financial assistance program and is funded by contributions to our annual campaign. YMCA financial assistance provides for the needs of youth, families and individuals within our community. The YMCA makes every effort to ensure that no person, especially youth, will be denied access to programs because of inability to pay.

Sliding Fee Scale *Percentage of YMCA Assistance*

Gross Annual Income of Household	Household Size			
	2	3	4	5
0-14,499	40%	40%	40%	40%
14,500-16,391	30%	40%	40%	40%
16,392-22,089	20%	30%	40%	40%
22,090-27,787	10%	20%	30%	40%
27,788-33,485	5%	10%	20%	30%
33,486-39,123	5%	5%	10%	20%
39,124-44,881	0	5%	10%	20%

Additional assistance may be requested for larger families or extenuating circumstances.

How do I receive the sliding fee child care rates?

Complete a YMCA Financial Assistance Application with a copy of last year's W2 form and the previous month's pay stubs and bring to the Santa Maria Valley YMCA with your child care enrollment forms. Applications will be kept confidential. You will begin receiving financial assistance upon approval of your completed application and proper documentation.

Where can I obtain a Financial Assistance Application?

The Financial Assistance Application can be obtained at the Santa Maria Valley YMCA Branch or ask the enrollment specialist to mail, fax or e-mail you a copy of the Application.

What if I think I might qualify for State child care subsidies?

Families that are eligible for assistance on the sliding fee scale may qualify for child care subsidies from the Department of Social Services, Department of County Ed., or Calworks and must submit an application for subsidies to the respective agencies in conjunction with the YMCA Financial Assistance Application. YMCA financial assistance will be granted for up to one month pending qualification. If you do not meet qualifications of these programs you still may be assisted by the YMCA.



YMCA

We build strong kids,
strong families, strong communities.

Santa Maria Valley YMCA Financial Assistance Application

New Application Renewal



Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number(s): Day _____ Evening _____

Employer Name _____ School _____

Children (under age 18) _____ Household Size: Adults _____

Household Member Names:	Employer/School	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check all programs that you are applying for:

Membership (check one)

- Youth (0-13) Student (14-17) Adult (18+) Senior (62+)
 Family (no more than 2 adults) Senior Couple (62+)

Programs (check all that apply)

- Before School Care Kindergarten Care Infant/Toddler Care Swimming
 After School Care Preschool Care Other _____
 Camp _____, _____ Youth Sports

Total Monthly Gross Household Income (must be completed for processing)

Wages/Salary _____ Child Support _____
Social Security Income _____ Unemployment _____
Tips/Commission _____ Family Support _____
Other _____ Total Income \$ _____

The following documentation of need must be provided by the applicant for processing:

- Prior year's federal income tax 1040 return and current month's pay stubs (for all household members); or
- Federal or state agency award letter (e.g. AFDC, Social Security, 1099A, SSI Award Letter)

Please explain why you would like to be considered for financial assistance. Include any special circumstances. (Medical bills, illness, unemployment) _____

I certify that the above information is true and complete to the best of my knowledge.

Applicant Signature _____

Date _____

For office use only
Documentation Included _____ Date Received _____
Monthly Amount _____ Joiner Amount _____



Return this completed form and documentation to the YMCA along with your completed registration form.