



**MANZANITA YMCA
COLLABORATIVE PRESCHOOL
2017-2018**

1240 Manzanita Hills, Redding, CA. 96001
530-440-5952
License #455406288
2 to 5 years potty trained

Program	Times	Monthly Preschool Fee	
		5 days	3 days
Full Day	7:00 a.m. - 6:00 p.m.	\$582	\$370

Registration Fee – New participant registration fee is \$50. For continuing children there is an annual re-enrollment fee of \$25 due August 1st. Registration fees are **non-refundable and non-transferable**.

Full Year Coverage – Closed 12 days per year. See Handbook for closed dates. All payments are drafted from a Credit or Debit Card on the first of each month.

Lunch Option – Families may bring a lunch from home or purchase a Lunch Punch Card for \$25.00 which covers the cost of 10 cafeteria lunches. Cafeteria lunches are only available on days that the school is in session. Cards may be purchased at the YMCA or from the preschool staff by completing a Child Care Adjustment Form. No cash or checks are accepted at the preschool.

Extra Day – Adding an extra day to contracted schedule is \$45 per day. Payments are due same day care occurs and must be paid by credit card. Extra Day Care is for limited use, requires a 24 hour notice and is only available as enrollment allows.

Financial Assistance - YMCA Financial Assistance is available for families who qualify. We also accept most alternative payment programs. Please see visit our website at www.sfymca.org for more information.



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PRESCHOOL ENROLLMENT FORM

Today's Date: _____ / _____ / _____ School Year: _____

Participant's Information

Child's Last Name: _____ First Name: _____ Mid. Intl: _____
 D.O.B.: _____ / _____ / _____ Gender: M F Parent's Email: _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____
 Home Phone: _____ Child lives with: Mother Father

Enrollment Information

New / Re-enrollment Start Date: _____ / _____ / _____ School: _____
 Change to existing enrollment
 School District Employee
 Have 2 or more children in the YMCA preschool or afterschool programs

Enrollment Options

Preschool

Indicate which Days

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Fees and Dues

Monthly Recurring Fees

Standard Monthly Fee \$ _____
 Sibling Discount \$ _____
 School District Benefit \$ _____
 YMCA Employee Benefit \$ _____
Monthly Total \$ _____

Payment Now Due

Registration Fee \$ _____
 First month Fee \$ _____
Total \$ _____

Agreement – PLEASE INITIAL

- _____ 1. I have received and understand the YMCA Parent's Manual and the current school year rate sheet.
- _____ 2. There will be no refund of fees for non-attendance or cancellation. **All cancellations require 30 days written notice.**
- _____ 3. Changes in schedule will be permitted as space allows. **All changes require 30 days written notice**
- _____ 4. The YMCA can terminate this agreement if the parent or child becomes disruptive to the center; or if, in the opinion of the Site Director, the child does not progress well in our environment.
- _____ 5. I understand that failure to adhere to these conditions will jeopardize continued participation in the program.
- _____ 6. The Department of Community Care Licensing shall have the authority to interview children, or staff, and to inspect and audit child or facility records without prior notice.
- _____ 7. While participating in YMCA Child Care, the YMCA has my permission to photograph myself and/or my children for publicity purposes.

I HAVE CAREFULLY READ THE ABOVE AGREEMENT AND AGREE TO ABIDE BY ALL OF ITS TERMS.

Signature: _____

Date: _____ / _____ / _____

Site Use Only

Accepted by: _____
 Last four digits of primary: _____

Business Office Use Only

Entered/Received by: _____



PAYMENT AGREEMENT FORM

FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Participant's Information

Child's Last Name: First Name:
Site:

Billing Information (This person MUST sign this form below)

Last Name: First Name: Parent's Date of Birth:
Home Address: City: State: Zip Code:
Home Phone: Email:
Employer: Work/Cell Phone:
Employer Address: City: State: Zip Code:

Bank Draft Authorization

Primary Form of Payment

I authorize a Bank Draft in the amount of \$ (see monthly total on Enrollment Form) on the first day of each month. The draft will occur monthly until contract is expired or terminated in writing. A minimum of 30 days notice is required. I authorize a prorated bank draft in the amount of \$ for August 2017 and \$ for June 2018.

Credit Card Details

Name on Account:
Card Type: MasterCard Visa Discover
Account Number:
Expiration Date: Security Code:

The primary draft must be by a credit or debit card.

Secondary Form of Payment

This account will be used only when the Primary Form of Payment is returned. It will be drafted automatically with a decline fee.

Credit Card Details

Name on Account:
Card Type: MasterCard Visa Discover
Account Number:
Expiration Date: Security Code:

Bank Account Details (attach voided check)

Name on Account:
Account Type: Savings Checking
Routing Number:
Account Number:

Third Party Payer Agreement

- SCOE Cal Works Other:
I understand and agree to the supplementary "Third Party Payer Agreement."
I understand that I am responsible for all balances owed on my account. Initial

I authorize the YMCA to charge my credit card on file for any balances left unpaid by the Third Party Provider selected above. I understand that my primary and/or secondary form of payment will automatically be charged on the 25th of each month for any balances left unpaid by the Third Party Payer.

Signature: Date:

Agreement - PLEASE INITIAL

- 1. Monthly payments will be drafted on the First of each month by the YMCA. If payment is not received by the fifth day of care there will be a late fee (in addition to any other returned payment fees) and the child(ren) will no longer be allowed to participate in the program until fees are paid in full.
2. Payments not honored by the bank for any reason, (including returned check, NSF, closed account, invalid expiration date, referral) will incur a returned payment fee. This is in addition to any fees charged by the bank. Returned payments will automatically be redrafted, using the second form of payment and will include a returned payment fee.
3. Two or more returned drafts in a year may result in termination from the program or require payment in full for the remainder of the year.
4. There will be no refund of fees for non-attendance or cancellation. There is a minimum of 30 days written notice required for all cancellations and changes.
5. The YMCA will have the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all costs of collection, including court expenses and reasonable attorney's fees.

I HAVE CAREFULLY READ THE ABOVE BANK AUTHORIZATION AND AGREEMENTS AND I AGREE TO ABIDE BY ALL OF ITS TERMS AND CONDITIONS AS OUTLINED ABOVE.

Signature: Date: / /

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	BUSINESS TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
HOME TELEPHONE ()					
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()	BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Shasta Family YMCA _____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	MONTHS	BEGAN TALKING AT*	MONTHS	TOILET TRAINING STARTED AT*	MONTHS
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PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
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PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY
--

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?
--

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)
--

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?
--

REASON FOR REQUESTING DAY CARE PLACEMENT
--

PARENT'S SIGNATURE	DATE
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PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

Manzanita YMCA Collaborative Preschool. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)
a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

(TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____
Vision: _____ Insect stings: _____
Developmental: _____ Food: _____
Language/Speech: _____ Asthma: _____
Dental: _____
Other (Include behavioral concerns): _____
Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD:

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /			
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY (HAEMOPHILUS B))	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /		
VARICELLA (CHICKENPOX)	/ /	/ /			

SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
____ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

LIC 701 (8/08) (Confidential)

Physician Physician's

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
- * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- * Live in out-of-home placements.
- * Have, or are suspected to have, HIV infection.
- * Live with an adult with HIV seropositivity.
- * Live with an adult who has been incarcerated in the last five years.
- * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- * Have abnormalities on chest X-ray suggestive of TB.
- * Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Department of Social Services, Community Care Licensing

Licensing Office Address: 520 Cohassett Road, Suite 170, Chico, CA 95926

Licensing Office Telephone #: 530-895-5300

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Manzanita YMCA Collaborative Preschool
Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database go to www.meganslaw.ca.gov

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

Department of Social Services, Community Care Licensing

ADDRESS

520 Cohasset Road, Suite 170

CITY

Chico

ZIP CODE

95926

AREA CODE/TELEPHONE NUMBER

530-895-5033

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

Manzanita YMCA Collaborative Preschool

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE

1240 Manzanita Hills, Redding, CA 96001

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE

(DATE)

YMCA PRESCHOOL

- 1) There is a non-refundable registration fee for all new children and for children re-enrolling there is an annual registration fee due each August 1st.
- 2) There is a 3-day minimum charge per week. You may choose a 3 or 5 day **contracted** schedule that meets your needs, Monday through Friday. Monthly fees apply regardless of absences, illness, vacation, etc.
- 3) **There will be no refund of fees for non attendance or cancellations. There is a minimum 30 day notice required for all cancellations and changes. All schedule changes are required to be documented on the YMCA's enrollment form. Without a written notice of withdrawal you will be financially responsible for all fees.**
- 4) The YMCA has the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all cost of collection, including court expenses and attorney's fees.
- 5) Debit Card or Credit Card automatic drafts are **required**. A second form of payment from either a bank account or credit card is required. Payments not honored by the bank for any reason, (including NSF, closed accounts, invalid expiration date, referral) will incur a **returned payment fee**. This is in addition to any fees charged by the bank.
- 6) Monthly payments will be drafted on the first of month. If payment is not received by the fifth day of care there will be a late fee (in addition to any other returned payment fees) and the child(ren) will no longer be allowed to participate in the program until the fees are paid in full.
- 7) For Third Party payments, I understand the YMCA will charge my credit card on file for any balances left unpaid by the Third Party Provider selected. The primary form of payment will automatically be charged on the 25th of each month for any balances left unpaid by the Third Party.
- 8) Two or more returned drafts may result in termination from the program or require payment in full for the remainder of the year.
- 9) The YMCA can terminate this agreement if the parent or child becomes disruptive to the center; or if, in the opinion of the Site Director, the child does not progress well in our environment.
- 10) Year end tax notices are available upon request. Our tax ID # is 94-1212141.
- 11) The YMCA reserves the right to adjust fees at any time with a 30 day advance notice to program participants.
- 12) Parents are required to walk their children into the classroom to sign them in upon their arrival. Identification will be required to sign out upon leaving.
- 13) The center will close promptly at **6:00 PM**. There is a late pick-up fee of \$1.00 for every 1 minute you are late picking up your child. In the event we cannot reach you or an authorized person by 7:00 pm, the Shasta County Child Protection Agency will be called.
- 14) Medications can only be given with **specific written instructions** from the physician. Directions on the bottle must include dosages, times and dates that medication is to be administered. In the event that your child is ill, you must make alternate arrangements for child care. (See the Health Policy in your Parent Handbook).
- 15) The preschool staff will act according to his/her best judgment in any emergency requiring medical care. Parents will be notified immediately and are responsible for the cost of all medical care.
- 16) If deemed necessary for the safety of your child or others, the YMCA staff has permission to restrain and/or physically remove a child from an unsafe situation. Parents will be notified if this circumstance occurred.
- 17) Morning and afternoon snacks are provided daily. Children are to bring a Lunch from home or purchase a cafeteria lunch through the school office.
- 18) Photographs or likeness or voice of your child may be used in promotional material such as brochures, newspaper, or radio releases without reimbursement for such photographs or promotions.
- 19) Parents Rights and Personal Rights are located in our Parent Hand Book.
- 20) The Department of Social Services, Community Care Licensing shall have the authority to interview children, or staff, and to inspect the audit child or facility records without prior notice.
- 21) I understand that failure to adhere to these conditions will jeopardize continued participation in the program.

WAIVER: I hereby agree for myself, my child(ren), my heirs, executors and administrators, to indemnify, defend and hold the Shasta Family YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants in the program, harmless from any and all liability and claims with respect to any bodily injury, personal injury or illness, including death, or property damage which may occur to my child(ren) or which may be aggravated by participating in a YMCA program. I take full responsibility for the welfare and safety of my minor children, during Shasta Family YMCA activities. I also agree to abide by the rules of the YMCA in regard to my child being in their program. The Y reserves the right to dismiss a child for continual behavioral problems. I understand the Shasta Family YMCA carries no medical insurance, and it is expected that I have health insurance to cover any injuries or losses. In case of accident or illness, the Shasta Family YMCA has my permission to secure the necessary medical attention if unable to contact me. I, individually, and on behalf of any minor children, hereby release the Shasta Family YMCA from any claim whatsoever which may arise as a result of any first aid treatment or assistance provided to my child(ren) in connection with any injury that arises from participating in a YMCA activity. I consent to be photographed and to allow the Shasta Family YMCA to use photos taken of me and/or my minor children for promotional purposes.

The Shasta Family YMCA Child Care program is a non-profit child care center. The operation of our program is overseen by the Shasta Family YMCA Board of Directors. For the names and addresses of current members, please contact the Child Care Director.

I have received and understand the YMCA Parent's Manual and the current rate sheet.

Child's Name

Parent or Guardian Signature

Date

Staff Signature

Date

YMCA PRESCHOOL

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- 2) There is a 3-day minimum charge per week. You may choose a 3 or 5 day **contracted** schedule that meets your needs, Monday through Friday. Monthly fees apply regardless of absences, illness, vacation, etc.
- 3) **There will be no refund of fees for non attendance or cancellations. There is a minimum 30 day notice required for all cancellations and changes. All schedule changes are required to be documented on the YMCA’s enrollment form. Without a written notice of withdrawal you will be financially responsible for all fees.**
- 4) The YMCA has the right to initiate legal action for collection of fees or outstanding balances, and the undersigned will be responsible for all cost of collection, including court expenses and attorney’s fees.
- 5) Debit Card or Credit Card automatic drafts are **required**. A second form of payment from either a bank account or credit card is required. Payments not honored by the bank for any reason, (including NSF, closed accounts, invalid expiration date, referral) will incur a **returned payment fee**. This is in addition to any fees charged by the bank.
- 6) Monthly payments will be drafted on the first of month. If payment is not received by the fifth day of care there will be a late fee (in addition to any other returned payment fees) and the child(ren) will no longer be allowed to participate in the program until the fees are paid in full.
- 7) For Third Party payments, I understand the YMCA will charge my credit card on file for any balances left unpaid by the Third Party Provider selected. The primary form of payment will automatically be charged on the 25th of each month for any balances left unpaid by the Third Party.
- 8) Two or more returned drafts may result in termination from the program or require payment in full for the remainder of the year.
- 9) The YMCA can terminate this agreement if the parent or child becomes disruptive to the center; or if, in the opinion of the Site Director, the child does not progress well in our environment.
- 10) Year end tax notices are available upon request. Our tax ID # is 94-1212141.
- 11) The YMCA reserves the right to adjust fees at any time with a 30 day advance notice to program participants.
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- 14) Medications can only be given with **specific written instructions** from the physician. Directions on the bottle must include dosages, times and dates that medication is to be administered. In the event that your child is ill, you must make alternate arrangements for child care. (See the Health Policy in your Parent Handbook).
- 15) The preschool staff will act according to his/her best judgment in any emergency requiring medical care. Parents will be notified immediately and are responsible for the cost of all medical care.
- 16) If deemed necessary for the safety of your child or others, the YMCA staff has permission to restrain and/or physically remove a child from an unsafe situation. Parents will be notified if this circumstance occurred.
- 17) Morning and afternoon snacks are provided daily. Children are to bring a Lunch from home or purchase a cafeteria lunch through the school office.
- 18) Photographs or likeness or voice of your child may be used in promotional material such as brochures, newspaper, or radio releases without reimbursement for such photographs or promotions.
- 19) Parents Rights and Personal Rights are located in our Parent Hand Book.
- 20) The Department of Social Services, Community Care Licensing shall have the authority to interview children, or staff, and to inspect the audit child or facility records without prior notice.
- 21) I understand that failure to adhere to these conditions will jeopardize continued participation in the program.

WAIVER: I hereby agree for myself, my child(ren), my heirs, executors and administrators, to indemnify, defend and hold the Shasta Family YMCA and its officers, directors, board members, employees, volunteers, agents, independent contractors and other participants in the program, harmless from any and all liability and claims with respect to any bodily injury, personal injury or illness, including death, or property damage which may occur to my child(ren) or which may be aggravated by participating in a YMCA program. I take full responsibility for the welfare and safety of my minor children, during Shasta Family YMCA activities. I also agree to abide by the rules of the YMCA in regard to my child being in their program. The Y reserves the right to dismiss a child for continual behavioral problems. I understand the Shasta Family YMCA carries no medical insurance, and it is expected that I have health insurance to cover any injuries or losses. In case of accident or illness, the Shasta Family YMCA has my permission to secure the necessary medical attention if unable to contact me. I, individually, and on behalf of any minor children, hereby release the Shasta Family YMCA from any claim whatsoever which may arise as a result of any first aid treatment or assistance provided to my child(ren) in connection with any injury that arises from participating in a YMCA activity. I consent to be photographed and to allow the Shasta Family YMCA to use photos taken of me and/or my minor children for promotional purposes.

The Shasta Family YMCA Child Care program is a non-profit child care center. The operation of our program is overseen by the Shasta Family YMCA Board of Directors. For the names and addresses of current members, please contact the Child Care Director.

I have received and understand the YMCA Parent’s Manual and the current rate sheet.

Child’s Name

Parent or Guardian Signature

Date

Staff Signature

Date