

# 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:      1<sup>st</sup> Party      2<sup>nd</sup> Party      3<sup>rd</sup> 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 15<sup>th</sup> 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 1<sup>st</sup> business day of the month for which service is being provided.

\_\_\_\_\_ **ADDITIONAL CHARGES:** A late charge of \$15.00 will be assessed on the 5<sup>th</sup> 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 10<sup>th</sup> 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 1<sup>st</sup> 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 1<sup>st</sup> 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** \_\_\_\_\_

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

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Home Address \_\_\_\_\_ Phone \_\_\_\_\_  
Billing/Mailing Address \_\_\_\_\_  
City/State \_\_\_\_\_ Zip \_\_\_\_\_ Email \_\_\_\_\_  
Gender:  Female  Male YMCA Member:  Yes  No

## 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 – Reason: \_\_\_\_\_
- 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 Child Care Confirmation & Agreement

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

Child's Name \_\_\_\_\_

Start Date \_\_\_\_\_

Extended Child Care:

MON

TUES

WED

THUR

FRI

Times In/Out 7 - 7

7 - 7

7 - 7

7 - 7

7 - 7

**Child Care rate is \$3.75 per hour between the times of 7:00 a.m. and 7:00 p.m. You will be post billed for all extended child care hours your child attends at the end of each month. Additional charges may apply for late pickup, late payments, etc. as per parent handbook.**

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.

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 \_\_\_\_\_ Estimated 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](http://www.rvymca.org) email: [childc@rvymca.org](mailto:childc@rvymca.org)  
Phone 541.772.6295 x 214 Fax 541.772.8427