



## PRESCHOOL 2019-2020

### **Before you return your registration packet, please be sure your registration packet includes:**

- Enrollment Form: Please complete front and back, sign and date. A complete packet must be submitted for each child registering for Y Care.
- Payment Authorization Form: All participants are required to make their monthly payment via automatic bank draft. You can choose to draft directly from your bank account (provide a check) or from a credit or debit card scanned at the time of registration (Visa, MasterCard, American Express, or Discover).
- Department of Health Certificate of Immunization Form and/or Exemption Form: State licensing standards require that immunization records be provided on the enclosed form(s). **NO OTHER VERSION WILL BE ACCEPTED.**
- \$45 Registration Fee: The registration fee is due at the time of registration. Registrations without the required fee cannot be processed.
- Declaration of Viewing form Office of Childcare read through and signed by parent/guardian.
- Please make sure you have either read the Parent Handbook online, or ask for a paper copy.
- We try to spend as much time as possible outside, please complete the Sunscreen Permission Form.

All forms in enrollment packet must be completed and submitted at time of registration.

**FOR FAMILIES WITH DHS CHILD CARE SUBSIDY:** A current Childcare Authorization from DHS must be on file with the Family YMCA of Marion & Polk Counties at the time of registration for DHS fees to be accepted. Please fill out all attached paperwork with the Youth Development Office Coordinator.

**FINANCIAL ASSISTANCE:** The Family YMCA of Marion and Polk Counties is committed to helping people become the best they can be. We strive to keep the Y accessible to everyone regardless of their ability to pay. With the support and generosity of our donors through our Annual Campaign, we assist everyone who qualifies.



Don't forget to "Like" and follow us on social media to receive important updates!

### **HAVE QUESTIONS? PLEASE FEEL FREE TO CALL OR VISIT:**

Youth Development Office  
(P) 503 399 2788  
(E) [ffisher@theyonline.org](mailto:ffisher@theyonline.org)

Preschool Office  
(P) 503 881 6586



# FAMILY YMCA OF MARION & POLK COUNTIES

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Please Circle One

Choose Days of the week:

Monday Tuesday Wednesday Thursday Friday

Choose Time of Day:

Preschool 8 am – 12 pm All Day Care 7 am – 5:30 pm

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

Date to Start Care: \_\_\_\_\_

Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Child lives with: Both Parents: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Other: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ DOB: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Auth. to Pick Up? Y N\*

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ DOB: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Auth. to Pick Up? Y N\*

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Other Parent/Guardian: \_\_\_\_\_ DOB: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Auth. to Pick Up? Y N\*

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

\* APPROPRIATE COURT DOCUMENTS MUST BE IN PLACE AND A COPY MUST BE PROVIDED TO DENY PARENT ACCESS.

Emergency contact other than parents: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_ Auth. to Pick Up? Y N\*

**LIST ALL NAMES OTHER THAN ABOVE WHO ARE AUTHORIZED TO PICK UP YOUR CHILD (YOU MUST LIST AT LEAST ONE):**

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone#: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

## CHILD'S HEALTH INFORMATION

You MUST provide the name of a doctor or clinic to be contacted for medical emergencies.

Physician/Clinic Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist/Clinic Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## PLEASE EXPLAIN IF YOUR CHILD HAS A KNOWN HISTORY OF THE FOLLOWING:

Bee Sting Reactions (if yes, an emergency kit must be provided): \_\_\_\_\_

Seizures/Convulsions: \_\_\_\_\_ Diabetes: \_\_\_\_\_ Respiratory: \_\_\_\_\_

Allergies/Food Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Any Limitations on Activities: \_\_\_\_\_

Any other information our staff should be aware of: \_\_\_\_\_

\_\_\_\_\_

<b>YMCA Branch Staff: (INITIAL)</b> _____ Reg. _____ Draft Agreement	<b>YMCA Youth Development Admin Staff: (INITIAL)</b> _____ Daxko _____ Draft _____ FA _____ Site Copy
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# FAMILY YMCA OF MARION & POLK COUNTIES

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## PARENT/GUARDIAN AGREEMENT

I AGREE TO PAY THE: MONTHLY RATE OF \$ \_\_\_\_\_

### I UNDERSTAND AND ACKNOWLEDGE THE FOLLOWING: (PLEASE INITIAL EACH LINE.)

\_\_\_\_\_ I understand that as the registering party, I am ultimately responsible for payment of childcare fees.

\_\_\_\_\_ **TWO WEEKS WRITTEN NOTICE** from EFT draft date to the Y Youth Development Office is required when cancelling or changing my child's schedule of care. Notice may not be given to your child's classroom teacher.

\_\_\_\_\_ I understand that all refund requests will be reviewed and processed within 30 business days.

\_\_\_\_\_ I am aware that the only prorated month of child is September.

\_\_\_\_\_ I must submit new enrollment paperwork each school year my child is in care.

\_\_\_\_\_ My account will be assessed a @ \$20.00 late fee if paid after the 5<sup>th</sup> of the month unless an alternate arrangement has been made with the preschool director or Youth Development Office.

\_\_\_\_\_ I understand that I am responsible for the first month's payment at the time of registration unless I register at least 5 days prior to the 1<sup>st</sup> or the 15<sup>th</sup> of the month and a draft is scheduled. .

\_\_\_\_\_ I will adhere to all Y policies stated within the Parent Handbook (a copy of the Handbook can be provided by request and is available at [www.theYonline.org](http://www.theYonline.org)).

\_\_\_\_\_ My child may be served 1% milk.

\_\_\_\_\_ **DHS ONLY:** I understand that any and all changes will be communicated by DHS directly to me. I also understand that it is my responsibility to communicate these changes to the Youth Development Office prior to these changes taking effect. I am ultimately responsible for the full cost of my child's care upon expiration or loss of DHS coverage. I have filled out, and agree to the DHS billing worksheet.

### WAIVER AND RELEASE FROM LIABILITY

**MEDICAL TREATMENT:** In the event my child as named above is injured or becomes seriously ill and I cannot be reached, I authorize YMCA staff or volunteers to seek and authorize any and all hospital, medical dental and surgical treatment deemed advisable by the circumstances. I understand any of the foregoing care will be at my expense. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

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

**PROPERTY LOSS:** I understand that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities (or rented facilities), including parking lots, or participating YMCA programs.

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

**PARTICIPATION:** I authorize the YMCA to share any pertinent information concerning my child with the school staff. I give permission to my child to participate in all planned activities, field trips and overnights, with the understanding that competent leadership will be provided. I acknowledge that I have received a parent packet and a copy of the discipline procedures. I understand the importance of reading the provided material an understanding their contents. I understand that I am ultimately responsible for payment of child care fees and must have written approval for state-pay program or Y financial assistance.

**ACCEPTANCE:** This release is given for myself and on behalf of the minor members of my family listed. I acknowledge the conditions of enrollment stated above. If any portions of this release are held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect. I have read, or have had read to me, and voluntarily sign this release.

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_



PAYMENT AUTHORIZATION FORM

Form with sections: PROGRAM (Complete if requesting scheduled payments), MEMBERSHIP (Complete if revising current draft info), PAYMENT OPTIONS (Select One). Includes fields for names, addresses, payment dates, and account information.

I hereby authorize a monthly electronic funds transfer or debit/credit card charge on or after the date specified above. The YMCA may charge collection fees for any declined transactions and will make multiple attempts to collect funds for returned debit/credit card charges. I further understand and agree to the following:

- Transfers/charges will continue until I give written notice to change or terminate them.
• I will provide a minimum of 15 days written notice for childcare and 30 days' notice for membership, prior to my next scheduled draft, to cancel this authorization.
• I am responsible for notifying the YMCA of changes in my account number and expiration date.
• I understand that rates are subject to change and as a result the amount transferred/charged may change.
• It is my responsibility to bring any billing discrepancies to the YMCA's attention within 60 days after they are processed by my financial institution.

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_



# **PARENT HANDBOOK ACKNOWLEDGEMENT**

I, the undersigned, acknowledge that I have received a copy of the Preschool Parent Handbook by either going online ([www.theYonline.org](http://www.theYonline.org)) or by requesting a paper copy, from the Family YMCA of Marion and Polk Counties. While I understand that the Parent Handbook is neither a contract nor a legal document, I recognize that it is my responsibility to read and understand the policies, provisions, and procedures contained in the Parent Handbook.

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In addition, I understand that the contents of the Parent Handbook are subject to change. I acknowledge that the Parent Handbook will be revised in accordance with the rules or regulations of state, federal, and accrediting entities, best practices for child care service providers, or at the discretion of Vice President of Youth Development. I recognize that any such revisions will supersede, modify, or eliminate the current contents of the Parent Handbook.

I acknowledge that it is my responsibility to stay informed of policy and procedure revisions to the Parent Handbook, which will be posted on the YMCA's web site at <http://theyonline.org/programs-services/childcare/>. In the event I do not have internet access, I understand that I can obtain a hard copy of the updated Parent Handbook upon request to the Youth Development Office Coordinator.

Moreover, I recognize that it is my responsibility to contact the Site Director for any questions I might have about the contents of the Parent Handbook now and in the future.

\_\_\_\_\_  
Guardian Name (Print)

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date

Date Hard copy of Parent Handbook Provided: \_\_\_\_\_

Youth Development Representative – Signature: \_\_\_\_\_



# PERMISSION TO APPLY SUNSCREEN TO CHILD

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

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for a YMCA Staff member to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

- I do not know of any allergies my child has to sunscreen.
- Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.
- I have provided the following brand/type of sunscreen for use on my child: \_\_\_\_\_
- My child is allergic to some sunscreens. Please use only the following brand(s) of sunscreen, which I have provided:
- For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

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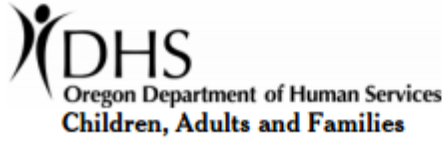
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Parent/Guardian Full Name (print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Child Care Payment Worksheet

Fill out this worksheet to get an estimate of a family's child care costs.

### Step 1:

Write down the total amount you charge for the month.

*(If you charge by the hour, multiply the hourly charge by the number of hours to get the monthly charge.)*

Monthly Charge \$ \_\_\_\_\_

### Step 2:

Subtract the Department of Human Services (DHS) maximum rate limit. The DHS maximum rate limits can be found in the Child Care Provider Guide (DHS 7492) and the Parent's Guide to Child Care (DHS 7478).

*(Be sure to use the rate in the column for the number of hours authorized by DHS.)*

Subtract DHS Payment \$ \_\_\_\_\_

### Subtotal:

This is the difference between what you charge and what DHS pays. If you charge less than DHS pays, put "0" on this line.

Subtotal \$ \_\_\_\_\_

### Step 3:

Add the family's co-pay amount printed on the billing form to the subtotal. If the family doesn't have a co-pay, put "0" on this line.

Add Co-pay \$ \_\_\_\_\_

This number is an estimate of the amount you will need to collect from the family.

YOUR TOTAL \$ \_\_\_\_\_

**Call your local Child Care Resource and Referral (CCR&R) agency or the Direct Pay Unit (DPU) with questions about this worksheet.**



# **BILLING AGREEMENT DEPARTMENT OF HUMAN SERVICES (DHS)**

**BEFORE STARTING CARE:**

1. Provide a copy of the DHS verification letter from your caseworker. This letter will list your benefit start date, estimated co-pay amount, and estimated authorized hours of care.
2. Complete Child Care Payment Worksheet – This worksheet will allow us to determine your minimum monthly payment.
3. Complete Childcare Registration Form.
4. The amount of money DHS will pay varies from family to family. Your co-pay is based on your income and family size. The co-pay is on your verification letter, and on your monthly billing statement. When it comes to covering your cost of childcare you must keep the following in mind:

DHS Payment: Based on hours your child attends care.

From the Parent Co-Pay: DHS determines your family’s share of cost – based on your family’s income and size. You pay the YMCA the co-pay.

From the Parent Overage: The difference between what DHS pays and the Y charges.

**EXAMPLE:**

You enroll your child in five-day a week care	MONTHLY YMCA CHARGE: \$835
DHS Maximum Rate limit	subtract DHS PAYMENT: \$728
Difference between what the Y charges and DHS Payment	SUBTOTAL: \$107
Your Co-Pay	add: \$136
<b>YOUR MINIMUM MONTHLY PAYMENT</b>	<b>TOTAL: \$243</b>

This number is a monthly estimate as it is determined by the number of hours your child attends. This is the minimum you would have to pay monthly.

By signing this document you acknowledge that you are responsible for your DHS co-pay and the difference in what DHS will cover and what we charge. In filling out the worksheet on the back of this form, you acknowledge and understand what your monthly minimum payment will be for childcare. This amount may increase, and you are responsible for the total amount, if your child does not attend the hours prescribed by DHS.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CASE WORKER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

\*It is a requirement to have case worker name and information prior to registration





## DECLARATION OF VIEWING

Certified Child Care Centers 414-300-0030, Certified Family Child Care Homes 414-350-0050, Registered Family Child Care Homes 414-205-0035

Facility must have parent(s) or guardian(s) of each child enrolled in the child care program, sign a declaration provided by the Office of Child Care verifying they have reviewed a copy of the current license certificate. The declaration shall be updated any time the information on the license certificate has changed. Facilities must comply with this requirement by August 31, 2018.

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The following items are available for review:

Guidance/Discipline Policy

Current Week's Menu

Description of Children's General Routine

Office of Child Care Administrative Rules

The plan for Emergencies and Evacuation

Most recent Office of Child Care, Fire, (if applicable) And Sanitation reports

### **Information on reporting complaints:**

Please discuss your concerns with the provider/owner. If you do not feel your concerns are being addressed or you are uncomfortable discussing the issue with the provider, please contact Heidi Ballweber, Child Care Licensing Specialist.

You may access information regarding the licensing history of this program by contacting the Child Care Licensing Specialist, Heidi Ballweber or by visiting the website.

Early Learning Division Website: [www.oregonearlylearning.org](http://www.oregonearlylearning.org)

Child Care Licensing Specialist: Heidi Ballweber || 503-947-1931

Child Care Safety Record: 1-800-556-6616

Please remember the Office of child Care will not intervene in money matters.

By Signing below, I acknowledge that I have reviewed a copy of the current license certificate for this facility.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_