



140 North Brentwood Boulevard
 Clayton, Missouri 63105
 Phone: 314.725.7203 Fax: 314.727.1372

FOR STAFF USE ONLY

Registration Date: _____
 Immunization Records Submitted: _____
 Handbook Given: _____
 Checked By: _____

YWCA School Age Care Programs Registration Form – Before & After Care Program

(Please complete both sides of this Registration Form, place put N/A in not applicable **Please Print**)

PERSONAL INFORMATION

| | | | |
|--------------------------|------------|-----------------|----------------|
| School child attends: | | Grade: | School Year: |
| Child's Name: | | Birth Date: | Sex: |
| Address: City/Zip: | | Home Phone: () | |
| Parent/Guardian: | | Relationship: | |
| Home Address: City: Zip: | | Employer: | Work schedule: |
| | | Address: | City/zip: |
| Home Phone: () | cell: () | Work Phone: () | Extension: |
| | alt #: () | | |
| Parent/Guardian: | | Relationship: | |
| Home Address: City: Zip: | | Employer: | Work schedule: |
| | | Address: | City/zip: |
| Home Phone: () | cell: () | Work Phone: () | Extension: |
| | alt #: () | | |

e-mail: _____ alternate e-mail: _____
 How did you hear about the YWCA SAC Program: _____ If your child was in Head Start name location: _____

EMERGENCY CONTACTS / DESIGNATED ESCORTS - (Persons authorized to take your child from our program other than Parent/Guardian) (Escorts should be reliable and be able to pick up and/or make emergency decisions regarding your child in case of an emergency)

| | | | |
|-------|----------------|--------------|------------|
| Name: | Home Phone () | Home Address | Cell # () |
| | Relationship: | City/zip | alt # () |
| Name: | Home Phone () | Home address | Cell # () |
| | Relationship: | City/zip | alt # () |
| Name: | Home Phone () | Home Address | Cell # () |
| | Relationship: | City/zip | alt # () |

EMERGENCY MEDICAL INFORMATION - If I or my designated emergency contacts/escort cannot be reached, in case of an emergency requiring medical care, I authorize the YWCA staff to contact my child's doctor and/or contact 911.

Physician: _____ Phone: _____ Address: _____ Zip: _____
 Preferred hospital for medical treatment of my child: _____ Parent/Guardian's Initials: _____

ATTENDANCE PATTERN - Please check the program and the session(s) your child will attend: No daily absences are given.

| Daily Rate: Mark days needed at the rate of \$17.00 per day. | Monday | | | Tuesday | | | Wednesday | | | Thursday | | | Friday | | |
|---|--------|--|------|---------|-----|------|-----------|----|------|----------|------|------|--------|----|------|
| | AM | PM | Both | AM | PM | Both | AM | PM | Both | AM | PM | Both | AM | PM | Both |
| AM & PM for full week | | I need both AM & PM but only on certain days | | | Mon | | Tue | | Wed | | Thur | | Fri. | | |
| AM for the full week | | I need only AM Care but only on certain. | | | Mon | | Tue | | Wed | | Thur | | Fri. | | |
| PM for the full week | | I need PM Care but only on certain | | | Mon | | Tue | | Wed | | Thur | | Fri. | | |

REMINDER: Partial scholarships, based on family size and income are available on a first come first served basis. Registration is \$35.00 for the first child registered and \$15.00 for each additional child. Registration fees are due at the time of registering. (Please note that registration fees are non-refundable and are non-applicable to other services or fees.) Normandy families who's child(ren) do not attend school where the program is held, will need to contact your school to arrange bus service to our program.
 Fees: U. City/Normandy: FT-\$63, PM =\$48, AM =\$33, daily/Full day=\$17 S. City: FT=\$65, PM = \$49, AM=\$34, Daily/Full Days=\$17

DEPARTMENT OF FAMILY SERVICES (D.S.S.)

Participants of D.S.S. services must have their caseworker call the YWCA to authorize tuition assistance prior to your child starting.

Yes, I am a D.S.S. participant and I will have my caseworker call you. Caseworkers Name: _____

Caseworkers phone # _____ DSS worker's office location: _____

(D.S.S participants are responsible for paying all registration, co-payments, and late fees!).

CURRENT HEALTH CONDITIONS - Please check all of the following that apply

| | | | | | |
|----------------------|--|----------------------------|--|---------------|--|
| Socializing Problems | | Epilepsy | | Diabetes | |
| Bee Sting Allergy | | Asthma | | Hyperactivity | |
| Food Allergies | | Attention Deficit Disorder | | Other | |

Please explain, in further detail, any of the above: _____

Is your child taking any medications or have any restrictions? Yes No If yes, please explain _____

Does your child receive any services from Special School District? If yes, please provide us with a copy of his/her IEP and please describe what type of service he or she receives: _____

Do you have a caseworker with St. Louis Regional Center? If yes: name: _____ number: _____

Before admission additional information or accommodations may be requested for children with disabilities and/or special needs who require additional adult support. Once the information is received our team will review to determine if the program can accommodate the needs of the child. Allow a week after documents are submitted for confirmation

IMMUNIZATION/HEALTH

I understand that because the YWCA is a licensed facility, I am required by the state to provide all immunization records for my child. I will provide a copy of the immunization records for my child. To my knowledge immunizations are all up to date and my child is in good health and free of disabilities that would endanger him/her or other children in the program.

>>>Parent / Guardian Signature:

FIELD TRIP PERMISSION

I give permission for my child(ren) to take part in field trips or excursions (via Van, School Bus or Walking) with the YWCA program, under proper supervision. It is my understanding that I will be notified when such trips are conducted. (By not signing, I agree not to bring my child on field trip days. I further understand that my account will not be credited for any such absences.)

>>>Parent / Guardian Signature:

AGREEMENTS

1. The YWCA and I have agreed upon a plan for continuing communication regarding my child(ren)'s development, behavior, etc., there will be opportunity for daily/ongoing verbal exchange, scheduled conferences, and written formats on an as needed basis.
2. Unless otherwise specified in writing, I give consent to the staff and/or agents of the YWCA to interview/photograph/videotape my child. I understand that the interview and photograph/videotape information may be used in YWCA/United Way and/or their collaborator's local and national publications and websites, including advertisements.
3. I understand that the YWCA complies with all health and safety guidelines as regulated by the Missouri Department of Health licensing rules. I agree to follow those guidelines, understanding I may not enter my child into the YWCA program if he/she is ill, and that I, or designated escort, will be contacted and must come to pick up my child(ren) from the program should he/she become ill while in care.
4. I understand the terms under which my child is accepted into care in the YWCA program, I understand that attendance patterns must be fixed; any exceptions must be pre-approved to assure the safety and well-being of my child. I will abide by all policies and procedures of the program as documented in the program handbook and/or the registration form.
5. I am aware there is a copy of the "Licensing Rules for Child Care Centers in Missouri" available, at each center and at the YWCA business office, for my review.
6. I understand the YWCA of Metro St. Louis is not liable for injuries / accidents which may occur during the program.
7. I understand the financial policies and that failure to abide by these policies could result in removal from the program.
8. I understand payments are due in advance, there are NO credits for daily absences, and weeks of 4/5 days are not pro-rated.
9. I understand that it is my responsibility to become familiar with and abide by the YWCA policies provided in the SAC handbook.

>>>Parent / Guardian Signature:

(Signature on the above line signifies the person financially responsible for all childcare services.)

I would like to pay by credit/debit please charge my account as requested:

Name as it appears on the card _____ Visa/MC/Debit Card# _____ Exp. Date _____

Please charge the above card for:

All registration fees only

All registration fees and my first week's tuition

All registration fees/ first month's tuition so that I may receive my 10% discount (no discount for daily rate).

Please keep my charge information and charge my account at the beginning of each month for that month's tuition (no discount for daily rate).

Signature/Authorization for credit card use only: _____ Date: _____

Contributions: I would like to help other children attend the YWCA School Age Care Programs by making the following tax-deductible scholarship contribution to my initial payment: \$ _____. Thank you for your contribution.