



**OTT FAMILY YMCA
AFTERSCHOOL PROGRAM REGISTRATION
2018-2019**

PARENT/GUARDIAN #1 (Payment Contact/Primary Payer)

First: _____ Last: _____ Home Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Cell Phone: _____ Work Phone: _____ Email: _____

PARENT/GUARDIAN #2

First: _____ Last: _____ Home Phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Cell Phone: _____ Work Phone: _____ Email: _____

1st Child

First Name: _____ Last Name: _____ Birthdate: _____

Gender: M F School: _____ Grade in Fall: _____ Teacher: _____

Race/Ethnicity: Am Ind/AK Native Asian/Pac Isl. Hispanic Black, not of Hispanic origin White, not of Hispanic origin

First Date of Attendance: (REQUIRED) _____

Attendance Plan (Check One) Full Time (3-5 Days/Wk) Part Time (1-2 Days/Wk)

Are there any special needs to consider? If so, a special needs intake form is required with registration.

- ADD or ADHD Autism Hearing or Visually Impaired IEP (Individual Education Plan)
 Allergies Diabetes Learning Disabilities Behavior Management Plan
 Asthma Epilepsy Physical Disabilities Other _____

2nd Child

First Name: _____ Last Name: _____ Birthdate: _____

Gender: M F School: _____ Grade in Fall: _____ Teacher: _____

Race/Ethnicity: Am Ind/AK Native Asian/Pac Isl. Hispanic Black, not of Hispanic origin White, not of Hispanic origin

First Date of Attendance: (REQUIRED) _____

Attendance Plan (Check One) Full Time (3-5 Days/Wk) Part Time (1-2 Days/Wk)

Are there any special needs to consider? If so, a special needs intake form is required with registration.

- ADD or ADHD Autism Hearing or Visually Impaired IEP (Individual Education Plan)
 Allergies Diabetes Learning Disabilities Behavior Management Plan
 Asthma Epilepsy Physical Disabilities Other _____

CHOOSE YOUR DISTRICT, SITE AND PROGRAM

1 Select District	<input type="checkbox"/> Vail Unified School District Afterschool care is held at each of the following schools.	<input type="checkbox"/> Tucson Unified School District Afterschool care is held at each of the following schools.	<input type="checkbox"/> OTT YMCA – Transportation from the following schools below to the Ott Y
2 Select Site	<input type="checkbox"/> Cottonwood Elementary <input type="checkbox"/> Desert Willow Elementary <input type="checkbox"/> Ocotillo Ridge Elementary <input type="checkbox"/> Sycamore Elementary	<input type="checkbox"/> Wheeler Elementary <input type="checkbox"/> Academy of Tucson Elementary	Bloom Dietz Ford Steele Booth/Ficket Erickson Kellond Marshall <i>If you school is not listed call 885-2317</i>
3 Select Program	<input type="checkbox"/> FULL TIME (3-5 days per week) <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F \$290 per month/per child (Average 72.50 per week)	<input type="checkbox"/> PART TIME (1-2 days per week) <input type="checkbox"/> M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F \$210 per month/per child (Average 52.50 per week)	



CHILD CARE – FINANCIAL AND POLICY AGREEMENT

Select Payment Option:

Easy Payment Option (EFT)

I hereby authorize the YMCA of Southern Arizona to debit the account listed below for monthly After School Program sessions for the 2018-2019 payment schedule. The Easy Payment Option (EFT) is the preferred billing method for the After School Program. Simply provide a credit, debit card or checking account and tuition will be automatically paid on the 5th of each month, or split between the 5th and 20th of each month.

Select Payment Schedule:

5th of the month

20th of the month

Split Plan – 50% on the 5th, 50% on the 20th

Select Payment Form:

MasterCard Visa Discover American Express

Account No: _____

Exp. Date: ____/____

Account Holder's Name: _____

Signature: _____ Date: ____/____/____

OR

Checking Account (attach voided check)

Account No: _____

Routing No: _____

Account Holder's Name: _____

Bank Name: _____

My completed Financial Assistance Application is attached.

I receive DES Child Care Subsidies (must provide Certificate of Authorization).

Please initial all items below:

_____ I consent to the enrollment of the child listed above in this facility and have been advised and read all of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Arizona Dept. of Health Services, Office of Child Care Licensing regulations under which it operates.

_____ I have provided information on my child's special needs (Allergies, Diet, Disabilities, and/or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. I agree to review and update this information whenever a change occurs and at least once every twelve months.

_____ The information on this form is complete and accurate. I have provided the YMCA with all of the necessary information to properly care for my child's needs. I must notify the YMCA staff immediately of any changes on this form.

_____ The YMCA's responsibility for my child begins when the child has reached the program and checked in with YMCA staff. My child is responsible for walking from the bus or classroom to the YMCA program. It is my responsibility to arrange for any necessary transportation with the school my child attends. It is my responsibility to notify the YMCA staff if my child will be absent from the program.

_____ It is my responsibility to arrange for my child to be picked up from the program before closing. If my child is not picked up on time and attempts to contact me have failed, another authorized person will be contacted. If all attempts to contact an authorized person to pick up my child have failed, the YMCA staff will contact Child Protective Services and/or police officials for further instructions.

_____ Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police.

_____ I understand the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

_____ I understand and agree to the child care conduct, transportation, and participation policies as outlined in the parent handbook. I am aware that a hard copy of the handbook is available upon request.

_____ The YMCA has permission to use photographs and videos of my child in promotional materials such as brochures, ads, YMCA website, or newspaper releases.

_____ I agree that any outstanding balances present after the above chosen date of payment will be processed with the financial information provided in addition to a \$25 late payment fee.

_____ Should any draft not be honored by my financial institution, I understand that cash payment and a \$25 service charge is due immediately.

_____ I understand that services will be refused and enrollment will be cancelled if the listed financial agreements cannot to be maintained.

_____ I agree that a written two week notice will be given upon disenrollment or change of program schedule and that corresponding childcare fees will apply.

_____ Any changes to the above listed financial information must be submitted in writing at the Ott or Lighthouse branch through a "EFT change" form.

_____ I understand there are no credits for sick or absent days missed in the program.

_____ I am aware that if I am in need of financial assistance I have the option to apply for a scholarship which would be only applicable for 2018-2019 school year.

_____ Late pick up fees are \$5 per minute, per child and will be charged accordingly.

***If your child will be transported from their school to the Ott YMCA, you must complete a Travel Permission Form**

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Ott/Lighthouse YMCA of Southern Arizona
DES SERVICE AGREEMENT

- ⇒ **Any changes in sites must be reported to your DES case worker at minimum, two weeks prior to location change in order for the YMCA to submit for payment.** Parent or Guardian will be held financially responsible for any non-payment from DES.
- ⇒ Please be aware that our Summer Camp days are billed as full days (6 hrs or more) and it is helpful in keeping costs low if your child attends at least 6 hours per day for DES billing purposes.
- ⇒ All signatures on sign in/out sheets must be legal signature (signature on driver's license), fully legible, and exact times used.
- ⇒ Any dates of service used after a DES stop date is issued will be billed at the full rate and parent or guardian will be held financially responsible for all fees incurred.
- ⇒ DES allows two paid absences per month, anything exceeding will be the parent or guardian's financial responsibility:
 \$23 full day (6hrs +) OR \$15/half day (less than 6hrs)
- ⇒ Any unpaid DES co-pays will be reported to your DES caseworker.

*****Please attach a current "Certificate of Authorization" for the camp site you are registering for. *****

Child's Name/Site: _____ / _____ .

Printed Parent or Guardian Name: _____ .

Signature and Date: _____ / _____ .

Ott/Lighthouse YMCA of Southern Arizona
DES SERVICE AGREEMENT

- ⇒ **Any changes in sites must be reported to your DES case worker at minimum, two weeks prior to location change in order for the YMCA to submit for payment.** Parent or Guardian will be held financially responsible for any non-payment from DES.

- ⇒ Please be aware that our Summer Camp days are billed as full days (6 hrs or more) and it is helpful in keeping costs low if your child attends at least 6 hours per day for DES billing purposes.

- ⇒ All signatures on sign in/out sheets must be legal signature (signature on driver's license), fully legible, and exact times used.

- ⇒ Any dates of service used after a DES stop date is issued will be billed at the full rate and parent or guardian will be held financially responsible for all fees incurred.

- ⇒ DES allows two paid absences per month, anything exceeding will be the parent or guardian's financial responsibility:
 \$23 full day (6hrs +) OR \$15/half day (less than 6hrs)

- ⇒ Any unpaid DES co-pays will be reported to your DES caseworker.

*****Please attach a current "Certificate of Authorization" for the camp site you are registering for. *****

Child's Name/Site: _____ / _____ .

Printed Parent or Guardian Name: _____ .

Signature and Date: _____ / _____ .



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card**

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City, State, Zip Code):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

Parent or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Cell Phone (optional):	Contact Telephone Number:

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
------------------------------	--------------	----------------------------------

*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

In case of injury or sudden illness, I request that this individual be called first:	
---	--

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

Telephone Authorization Code (optional): _____

Immunization Information

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:
-------------------------------	--------------	-------

Arizona Department of Health Services
Bureau of Child Care Licensing

Travel Permission Form

R9-3-408.A.1.a-e
R9-5-517.A.1

PERMISSION to transport a child from the Facility or Group Home
My child has permission to be dropped off at or picked up from his/her school,
bus stop or another location.

Child's name:	
Name of location where the child will be dropped off and/or picked up: <i>DROPPED OFF AT: OTTYMCA 401 S Prudence</i>	
*Beginning date: <small>*The time period is not to exceed 12 months, during which permission is given for other trips away from the facility or group home.</small>	*End date:
Time(s) to be dropped off and/or picked up:	
Special Instructions:	
Parent/Guardian Signature:	Date:

R9-3-408.B.1. - Maintain a copy of the written permission for 12 months after the date of the last trip.
R9-5-517.A.2 - Maintain a copy of the written permission on facility premises for 12 months after the date on the written permission.