



## 2021-2022 CHILD CARE INFORMATION AND RATE SHEET SCHOOL AGE PROGRAM

HOURS Monday – Friday 6:30 a.m. YMCA maintains a to start of school and end of 1 to 15 teacher/child school to 6 p.m. ratio

TO ENROLL Complete the registration packet and submit to the Director or register online:

<https://crmetroymca.org/child-care/>

Please submit the following:

- Recent immunization card
- Annual registration fee of \$15.00 per family in school age will be deducted from account on file.

FEES Payment is required through automatic withdraw from a banking account, debit or credit card. Payments are submitted to the banking account; debit or credit card will be withdrawn on the Monday preceding care.

Full-time AM/PM \$85.00 per week Rate for members \$95 per week for non-members includes all scheduled early dismissals and all day outs. It also includes care for all weather-related late starts, early dismissals, and all day outs.

Part-time AM \$66.00 per week Rate for members and \$77 per week for non-members includes regular before school programming and all scheduled early dismissals and all day outs. It also includes care for all weather-related late starts, early dismissals, and all day outs.

Part-time PM \$66.00 per week Rate for Members and \$77 per week for non-members includes regular after school programming and all scheduled early dismissals and all day outs. It also includes care for all weather-related early dismissals, and all day outs.

School breaks

**Fall break, winter break, and spring break are NOT included in the above listed rates. Registration for these weeks will occur approximately six weeks prior to their occurrence and will be billed at a separate rate, given the length of the program and the nature of the activities provided. Pre-registration will also be required for these programs due to the limited number of slots available and will be filled on a first-come, first-served basis.**

AVAILABLE DISCOUNTS Multiple Child Discount: When there is more than one full-time child enrolled in a YMCA Program, 10% sibling discount is added per child. Department of Human Services Assistance / YMCA Sliding Fee: Financial assistance is available to families who qualify and if funds are available. This assistance is available from funding received through the Annual Support Campaign, please contact the Director of Child Care Services at (319) 366-6421



SCHOOL AGE CONTRACT FOR SERVICE

Date: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_ Confirmed Start Date: \_\_\_\_\_ Type of Care:  Full-time AM & PM  Part-time AM  Part-time PM Weekly Fee: \$ \_\_\_\_\_

Site Choice for School Year:  Truman  Van Buren  Marion

CHILD'S INFORMATION

Child's Full Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

Child's Nickname: \_\_\_\_\_ Sex:  Male  Female

Race (for statistical purposes)  Caucasian  African American  Multicultural  Hispanic  Asian/Pacific Islander  Indian/Alaskan Native  Other: \_\_\_\_\_

FAMILY INFORMATION:

Parent/Guardian #1: \_\_\_\_\_ Preferred Contact #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Preferred Contact #: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ E-mail: \_\_\_\_\_

Marital Status of Parents:  Married  Divorced  Separated  Single  Widowed

Name of Others in the Home	Birthdate/age	Relationship to child
_____	_____	_____
_____	_____	_____

YMCA agrees to provide child care for the child listed above for the time periods specified in this contract as long as terms of this agreement are met.

FEES AND FINANCIAL ASSISTANCE

1. Initial payment is due and payable with registration fees prior to, or on the first day of care. Payment is required through automatic WEEKLY withdrawal from a bank account, debit or credit card.
2. Payments are submitted to the bank account, debit or credit card on the Monday preceding care and will be withdrawn from the account on that Monday.
3. A late fee of \$5.00 for the first five minutes and \$10.00 for every fifteen minutes, or portion thereof, will be applied to each child not picked up by 6 p.m. This fee will be added to the next automatic withdrawal.
4. Child care will be terminated for non-payment as well as excessive late pickups.
5. The signer of this contract is responsible for any damage done to YMCA/School property by the child.
6. Child care charges are due and payable in the absence of the child for whatever reason: vacation, illness, holidays, snow days, or behavioral suspension. For medical absences exceeding two weeks, a reduced fee is available with a doctor's authorization for up to six weeks.
7. Other fees may occur for field trips or other additional activities.
8. In the event that financial support (DHS, sliding fee, etc.) is cancelled or denied, the parent is responsible for all fees as applicable in the regular fee structure.
9. For those receiving financial support (DHS, sliding fee, etc.), an absence of over four days per month may result in termination from the program.

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

I am interested in financial assistance.  No  Yes

Have you completed an application for child care assistance through DHS?  No  Yes

If yes, please provide the most recent copy with your enrollment paperwork.

Have you received a notice of decision from DHS?  No  Yes

If yes, please provide the most recent copy with your enrollment paperwork.

How did you hear about YMCA?  YMCA Website  Advisement  Social Media  Child Care Resource & Referral  Current Enrolled Family  Other \_\_\_\_\_

Name of parent who referred you? \_\_\_\_\_

Multiple Child Discount \_\_\_\_\_

Child 1 Name: \_\_\_\_\_ Enrolled Program: \_\_\_\_\_

Child 2 Name: \_\_\_\_\_ Enrolled Program: \_\_\_\_\_

Child 3 Name: \_\_\_\_\_ Enrolled Program: \_\_\_\_\_

I am a YMCA employee  No  Yes, at this program: \_\_\_\_\_

Please Initial the following:

\_\_\_\_\_ I understand that a one-time, non-refundable registration fee of \$15 is required.

\_\_\_\_\_ I understand that child care fees will be deducted WEEKLY from the account I have provided

\_\_\_\_\_ I understand that a two-week written notice is required for termination of care. If I do not provide a two-week written notice, I will be automatically charged.

\_\_\_\_\_ I understand that school year registration does not include registration for winter, spring breaks and summer breaks.

\_\_\_\_\_ I understand that availability is limited and children will be enrolled on a first come first serve basis in all programs.

PROVISION OF CARE

1. The YMCA School Age Program is open for child care from 6:30 a.m. to start of school and the end of the school day to 6 p.m. during the school year.
2. The YMCA will be closed on the following holidays or the Monday following for any holiday falling on the weekend: New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving\*, Christmas Eve, and Christmas Day.
3. All child care programs will be closed for YMCA Teacher Professional Development Days – 2 per year. Notification on the specific day(s) will be communicated in advance to all parents.
4. Severe weather conditions or emergencies may merit sudden or early closing for the safety of children, parents and staff. YMCA reserves the right to close under severe circumstances, and will give parents adequate notice of closing times.
5. Other days of closing may be scheduled without benefit of refund with 30 day written notice.
6. The YMCA cannot care for ill children. The signer of this contract must follow the illness policies listed in the Family Handbook.
7. The YMCA is not responsible for damaged or lost clothing, personal possessions or personal injuries.
8. Parents must provide a current physical form, immunization card, enrollment forms and emergency consent forms for their child’s file.

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

CANCELLATION OF CONTRACT

1. This agreement is renewable annually in conjunction with the school district’s academic school year.
2. Immediate termination may result for any violation of YMCA policies.
3. Termination of this agreement does not allow the certainty of a place for your child at a future date.
4. Registration fees are non-refundable.
5. A two-week written notice is required for termination of care. If you do not provide a two-week written notice, you will be automatically charged for two weeks of care.
6. YMCA reserves the right to terminate care for violation of the discipline policy in the Family Handbook.

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



AGREEMENT FOR PRE-AUTHORIZED PAYMENTS

I have chosen and completed one of the pre-authorized payment options below for my child care.

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

I hereby authorize the YMCA of the Cedar Rapids Metro Area; hereinafter called the ORGANIZATION, to initiate (please select one)

I am a YMCA employee and authorize payroll deduct OR

Debit entries to my checking account OR

Charges to my credit card account The account indicated below, hereinafter called DEPOSITORY. Debit/charge will occur on every Monday (or on the next banking day after any Monday that is a banking holiday)

Name of child(ren): \_\_\_\_\_

Program:  Truman  Van Buren  Marion

Date of first payment: \_\_\_\_\_ Weekly Amount: \_\_\_\_\_

I authorize the ORGANIZATION to automatically add to my weekly amount any late fees I may incur on the next weekly payment. This authorization is to remain in full force and effect until ORGANIZATION and DEPOSITORY have received written notification from me of its termination in such time and in such manner as to afford ORGANIZATION and DEPOSITORY a reasonable opportunity to act on it.

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

DEBIT PAYMENTS

Depository Name: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ Account Number: \_\_\_\_\_  
Transit/ABA Number: \_\_\_\_\_

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

CREDIT PAYMENTS

Credit Card Type:  MasterCard  Visa Security Code: \_\_\_\_\_ (3 digits on back of card) Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_



REGISTRATION FOR SCHOOL AGE CARE PROGRAMS

Date: \_\_\_\_\_ Requested Start Date: \_\_\_\_\_ Confirmed Start Date: \_\_\_\_\_  
Type of Care:  Full-time AM & PM  Part-me AM  Part-time PM Site Choice for  
School Year:  Truman  Van Buren  Marion

CHILD'S INFORMATION Child's Full Name: \_\_\_\_\_ Child's  
Birthdate: \_\_\_\_\_ Child's Nickname: \_\_\_\_\_  
Sex:  Male  Female Race (for statistical purposes)  Caucasian  African American  Multicultural   
Hispanic  Asian/Pacific Islander  Indian/Alaskan Native  Other: \_\_\_\_\_

FAMILY INFORMATION Parent/Guardian #1: \_\_\_\_\_

Preferred Contact #: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Employer: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Preferred Contact #: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Employer: \_\_\_\_\_

E-mail: \_\_\_\_\_ Marital Status of Parents:   
Married  Divorced  Separated  Single  Widowed

Name of Others in the Home	Birthdate/Age Relationship to Child
_____	_____
_____	_____

The YMCA agrees to provide child care for the child listed above for the time periods specified in this contract as long as terms of this agreement are met.