YMCA of GREATER PROVIDENCE

With a focus on safety, health, social growth and academic enhancement, the Y’s Out of School Time programs serve youth in grades K-6 with a variety of before and after school activities to explore and develop their interests and talents. Children in our programs engage in special projects, arts, active games, and are offered a healthy snack and homework support daily. This institution is an equal opportunity provider.

**Serving:** Visit our website for a complete list of schools served.

**Registration is going on NOW! Visit www.gypymca.org to get your enrollment paperwork today!**

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### 2019/2020 OST Program Rates
Includes transportation to and from school and the YMCA OST SITE

<table>
<thead>
<tr>
<th></th>
<th>5 DAY</th>
<th>4 DAY</th>
<th>3 DAY</th>
<th>2 DAY</th>
<th>1 DAY</th>
<th>NON MEMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Opening to the start of School</td>
<td>$66</td>
<td>$60</td>
<td>$53</td>
<td>$48</td>
<td>$32</td>
<td>$165</td>
</tr>
<tr>
<td>School Dismissal to 6 PM</td>
<td>$108</td>
<td>$95</td>
<td>$87</td>
<td>$74</td>
<td>$48</td>
<td>$230</td>
</tr>
<tr>
<td>AM/PM Both</td>
<td>$162</td>
<td>$143</td>
<td>$129</td>
<td>$111</td>
<td>$80</td>
<td>$355</td>
</tr>
</tbody>
</table>

**SAVE!**

10% Sibling Benefit*(Available to Family and Individual Plus Membership members only)

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<table>
<thead>
<tr>
<th></th>
<th>Members</th>
<th>Non Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>VACATION WEEK</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$195</td>
<td>$390</td>
</tr>
<tr>
<td></td>
<td>$175</td>
<td>$350</td>
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<tr>
<td></td>
<td>$155</td>
<td>$310</td>
</tr>
<tr>
<td></td>
<td>$135</td>
<td>$270</td>
</tr>
<tr>
<td></td>
<td>$155</td>
<td>$230</td>
</tr>
</tbody>
</table>

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YMCA of GREATER PROVIDENCE • 21 Peace St. Providence, RI 02907 • 401-521-9622 • www.gypymca.org
YMCA of GREATER PROVIDENCE
OUT OF SCHOOL TIME
2019-2020 ENROLLMENT APPLICATION

All YMCA of Greater Providence childcare programs are licensed by either the Rhode Island Department of Children and Youth and Families or the Massachusetts Department of Early Education and Care. Our enrollment forms incorporate the highest standards from each state’s licensing requirement.

1. PRE-ADMISSION HISTORY

Child’s First Name: ___________________________ Middle: ___________________________ Last: ___________________________
Street Address: ___________________________ City/State: ___________________________ Zip: ___________________________
Date of Birth: ___________________________ Gender: ___________________________

2. CHILD’S IDENTIFYING INFORMATION

Eye color: ___________________________ Skin color: ___________________________ Height: ___________________________ Weight: ___________________________ Ethnicity: ___________________________

3. GENERAL ENROLLMENT INFORMATION

School attending: ___________________________ Grade: ___________________________
Are you a YMCA Member?  □ Yes  □ No
Days requested: □ Monday  □ Tuesday  □ Wednesday  □ Thursday  □ Friday
Hours needed: □ Morning only  □ Afternoon only  □ Both morning and afternoon
Requested start date: ___________________________

**Must be confirmed by YMCA**

DHS Certificate No. (If applicable): ___________________________

DAILY SCHEDULE
In order to be in compliance with state guidelines, all child care enrollments must reflect the days and hours each child is in our care. Authorized enrollment times are determined by the State and are based upon the work schedule submitted.

Please complete the grid below to the best of your ability, providing us with the approximate times that you expect your child will be in our care each week.

<table>
<thead>
<tr>
<th>AM Enrollment</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Time</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>End Time</td>
<td>start of school day</td>
<td>start of school day</td>
<td>start of school day</td>
<td>start of school day</td>
<td>start of school day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PM Enrollment</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Start Time</td>
<td>end of school day</td>
<td>end of school day</td>
<td>end of school day</td>
<td>end of school day</td>
<td>end of school day</td>
</tr>
<tr>
<td>End Time</td>
<td>(all sites close at 6:00 pm)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

OFFICE USE ONLY:
APPLICATION RECEIVED BY: ___________________________ DATE: ___________________________
APPLICATION ENTERED BY: ___________________________ DATE: ___________________________
ORIGINAL START DATE IN THE PROGRAM: ___________________________
4. PARENT/GUARDIAN INFORMATION (PARENT/GUARDIAN ARE ALSO AUTHORIZED PICK UP)

<table>
<thead>
<tr>
<th>Parent #1/Guardian Name</th>
<th>Date of Birth</th>
<th>Home Phone</th>
<th>Cell Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City/Town</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td>E-mail</td>
<td>Work Phone</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent #2/Guardian Name</td>
<td>Date of Birth</td>
<td>Home Phone</td>
<td>Cell Phone</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td>City/Town</td>
<td>State</td>
<td>Zip</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td>E-mail</td>
<td>Work Phone</td>
<td></td>
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</tr>
</tbody>
</table>

Parents marital status:  □ Married  □ Divorced  □ Separated  □ Widow  □ Single
Guardianship status:  □ Guardian  □ Foster Parent

Are there any court orders relating to the child’s custody or release?  □ No  □ Yes

If yes a copy MUST be provided prior to the start of the program.

5. EMERGENCY CONTACTS

The following people may be contacted if there is an emergency regarding my child and I am unable to be reached, and are also authorized to pick up my child. I understand that these individuals MUST be at least 18 years of age and be able to present a photo I.D. to sign out my child.

Please note: State licensing requires at least one adult other than a child’s parents to be listed in case of emergency.

<table>
<thead>
<tr>
<th>Parent #1 or Emergency Contact/Authorized Pick-up</th>
<th>Relationship</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parent #2 or Emergency Contact/Authorized Pick-up</td>
<td>Relationship</td>
<td>Phone</td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Contact/ Authorized Pick-up</td>
<td>Relationship</td>
<td>Phone</td>
</tr>
<tr>
<td></td>
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</tr>
</tbody>
</table>

6. AUTHORIZATION FOR PICK-UP

I understand that these individuals MUST be at least 18 years of age and be able to present a photo I.D. to sign out my child.

Please note: State licensing requires at least one adult other than a child’s parents to be listed in case of emergency.

<table>
<thead>
<tr>
<th>Authorized Pick-up</th>
<th>Relationship</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authorized Pick-up</td>
<td>Relationship</td>
<td>Phone</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Authorized Pick-up</td>
<td>Relationship</td>
<td>Phone</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Authorized Pick-up</td>
<td>Relationship</td>
<td>Phone</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# 7. HOUSEHOLD INFORMATION

Please list other people living in the household:

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to child</th>
<th>Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>

What is the primary language spoken at home? 

Does your child speak more than one language at home?  

   - No  
   - Yes

# 8. GENERAL HEALTH INFORMATION

- **Proof of physical exam (must be within last 12 months) and latest immunization record must accompany enrollment application.**
- **If child has an individual health plan written by physician it must be provided upon enrollment**

Is your child allergic to any food, medication, plants, insects, liquids or other substances?  

   - No  
   - Yes

Does your child require any medication for an allergic reaction?  

   - No  
   - Yes

If yes, please explain and be sure to include the severity of your child’s reaction:

Does your child require an epi-pen?  

   - No  
   - Yes

*(epi pens must be provided to the Program Director prior to the child’s first day in the program)*

If yes, are they able to self administer?  

   - No  
   - Yes

Is your child under any medical care for any illness or communicable disease?  

   - No  
   - Yes

If yes, please explain:

Is your child taking any medication on a regular basis?  

   - No  
   - Yes

If yes, please explain:

Does your child have any special fears?  

   - No  
   - Yes

If yes, what and how can we help?

Does your child have an IEP or 504 Educational Plan?  

   - No  
   - Yes

*If yes, a copy MUST BE PROVIDED prior to the start of the program*

If your child’s activities/participation should be restricted in any way, please describe:

# 9. SOCIAL INFORMATION

Please tell us about how your child plays with other children? 

Please tell us how your child expresses happiness? Sadness? Frustration? 

What are your child’s favorite activities? 

What holidays does your family celebrate? 

Is there any other information that you would like to share to help us better understand your child?
WAIVER OF LIABILITY
The YMCA of Greater Providence recommends that all youth have an examination by a licensed physician prior to participating in YMCA sponsored activities. The purpose is to discover any condition which would make it dangerous for the child to participate in strenuous YMCA sponsored activities and to protect other participants from communicable diseases.

In accordance with Section 7-6-9 of the Rhode Island General Laws (entitled “Exemption from Liability to Participants in Sponsored Athletic or Sports Events”), I hereby waive any liability that the Greater Providence Young Men’s Christian Association (YMCA), its officers, directors, trustees, agents, servants, or employees might have for, and agree that said YMCA, its officers, directors, trustees, agents, servants, and employees shall not be liable for any bodily injury to me incurred while I am practicing for, or participating in, any contest or exhibition of an athletic or sports nature sponsored by the YMCA, and I hereby assume the risk of any bodily injury incurred by me while practicing for or participating in any contest or exhibition of an athletic or sports nature sponsored by the YMCA.

I hereby give my permission for my child to participate in the full YMCA-sponsored program, and, to the best of my knowledge, my child has no physical conditions which will make it dangerous for him/her to participate in YMCA-sponsored program activities.

The undersigned hereby gives the Young Men’s Christian Association of Greater Providence (YMCA of Greater Providence), a Rhode Island nonprofit corporation with principal offices located at 21 Peace St 6th floor, Providence, Rhode Island, 02907, its legal representatives, successors, and assigns, all persons and corporations acting with permission or upon its authority or for whom it is acting, the absolute right and unrestricted permission to take, copyright, use, and publish photographs of or concerning the undersigned for any purpose the YMCA of Greater Providence deems desirable.

The undersigned accordingly releases, discharges, and agrees to hold harmless the YMCA of Greater Providence, its legal representatives, successors, and assigns, and all persons or corporations acting with its permission or upon its authority or for whom it is acting, from any liability for or arising out of taking, copyrighting, using and publishing photographs of the undersigned for any purpose the YMCA of Greater Providence deems desirable.

AUTHORIZATION FOR EMERGENCY TREATMENTS
I authorize staff in the child care program who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

In consideration of admittance, I hereby authorize the YMCA of Greater Providence to arrange for medical examination and/or treatment of my child, should an emergency arise at the child care site or on a field trip. It is also understood that a conscientious effort will be made by the staff to contact me at the emergency numbers I have provided below before any medical action is taken.

I would prefer to have my child taken to the following hospital if the need arises: ______________________. I understand the choice of hospital may be limited by service of local emergency rescue service.

Physician’s Name

Address

Health Insurance Carrier

Policy No.

RELEASE OF ON AND OFF SITE FIELD TRIPS AND ON SITE SWIM AND GYM
I, (parent/guardian’s name) ____________________________, give permission to my son/daughter, (child’s name) ____________________________, to participate in YMCA field trips and/or special events and be transported on YMCA vehicles by qualified YMCA drivers. In addition I give permission for my child to participate in a supervised YMCA gym/swim program as offered. I hereby, for myself, executors and administrators, waive any and all claims to damages which I might have against the sponsors of the YMCA, their officers, advisors, agents, representatives, successors and assigns, for any and all injuries suffered by my child while participating in YMCA activities.

PHOTOGRAPH AND PUBLICATION GENERAL RELEASE
The undersigned hereby gives the Young Men’s Christian Association of Greater Providence (YMCA of Greater Providence), a Rhode Island nonprofit corporation with principal offices located at 21 Peace St 6th floor, Providence, Rhode Island, 02907, its legal representatives, successors, and assigns, all persons and corporations acting with permission or upon its authority or for whom it is acting, the absolute right and unrestricted permission to take, copyright, use, and publish photographs of or concerning the undersigned for any purpose the YMCA of Greater Providence deems desirable.

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Please be aware that the signatures on this application are the only persons authorized to make changes to this application including adding and deleting pick-up names.
I, __________________________________________, am enrolling the above named child in the Greater Providence YMCA’s OST program. My Child’s first day of attendance will be ____________________.

Please check the boxes below and sign and date to confirm your understanding of the following OST Program policies.

**PAYMENTS:**

- [ ] Automatic Draft of weekly child care fees from a credit or checking account is required for admission.
- [ ] Payments are drafted weekly, even when an absence occurs, due to the program being closed, illness or vacation.
- [ ] All fees are drafted in advance of services. Payments will be drafted the Friday prior to care being provided. EFT returns will be claimed by our 3rd party agency eCashflow, additional fees will apply.
- [ ] This is a 39 week program and does not include school vacation weeks. Vacation Weeks require separate registration.
- [ ] Participants receiving the YMCA member rate for services must keep membership current. Lapse in membership will result in fees reverting to the non-member rate.
- [ ] When applicable, parent/guardian is responsible to pay any portion of weekly fees unpaid by a third party agency; participants are also responsible for completion of required paperwork as required by the agency.
- [ ] Requests for receipts for flex spending can be provided on a monthly basis if requested by parent/guardian. 7 day noticed required.

**SCHEDULE:**

- [ ] The program will be closed on: Labor Day, Columbus Day, Thanksgiving & the day after; Christmas; New Year’s and Memorial Day.
- [ ] In accordance with our inclement weather policy care may not be available on snow days, as well as other district specific holidays and teacher in service days. **These days are not pro-rated. Make up days will be charged.**
- [ ] The OST program closes at 6:00 pm daily. A late fee of **$1.00 per minute** will be assessed if your child is picked up from the program after 6.00 pm.
- [ ] Two week written notice must be provided to the OST Director for withdrawal from the program.
- [ ] Any changes to pick-up names and or program schedule must be done in writing in person with a valid ID.
- [ ] The OST Director may discontinue care for any of the following reasons:
  1) Parent/guardian has not submitted required paperwork or paperwork is inaccurate;
  2) Payment is late or unpaid
  3) Child is determined to be dangerous (physically, sexually or verbally) to other children or staff;
  4) Child is determined to have a medical, developmental or emotional condition that is beyond the scope of the OST program’s licensed ability to care for the needs of the child.

**SAFETY AND RISK MANAGEMENT:**

- [ ] Participants must be signed out of the program daily. A valid picture ID is required every day.
- [ ] Parent/guardian is responsible for providing the YMCA with any court documentation regarding child enrollment.
- [ ] Any authorized persons sent to pick up my child must be listed on the child's application and must provide a valid picture ID. Persons listed must be at least 18 years of age. Any changes to the pick up list must be submitted in person by the parent/guardian that signed the original enrollment application.
- [ ] A Medication Release form must be filled out if any medication is required during program hours. Medication must have the following: a doctor's label with the name of the child, name of medication, time/dosage to be administered and an expiration date.
- [ ] YMCA staff members are not permitted to babysit YMCA members or program participants.

<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td>____</td>
</tr>
</tbody>
</table>

<table>
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<tr>
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<th>Date</th>
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</thead>
<tbody>
<tr>
<td>_________________________</td>
<td>____</td>
</tr>
</tbody>
</table>
GREATER PROVIDENCE YMCA
DRAFT AUTHORIZATION

CHILD’S NAME: _____________________________________________________________________________________

AMOUNT: _________________   Transportation Fee: _________________

ACCOUNT INFORMATION

☐ Account on File Ending ______________

☐ I choose to utilize the Debit/Credit Card option: ☐ MC ☐ Visa ☐ DISC ☐ AMEX
Debit/Credit Card must be scanned in Daxko

Name on account ________________________________________________________________
Account Number: ___________________ Last 4 digits of card: ________________ Expiration Date ________________

☐ I choose to utilize the Electronic Funds Transfer option using my checking account:
Check must be scanned in to account in DAXKO

Name on account ________________________________________________________________
Name of Bank: ___________________________________________________________________
Last 4 digits of Routing Number: ___________ Last 4 digits of Account Number: _______________

1. Payments will be in accordance of the policy of the program.
2. Drafts will continue throughout the duration of program participation or until the YMCA is notified in writing of your request to terminate the draft.
3. I understand if my EFT payment is claimed for non-sufficient funds, eCashflow is a 3rd party agency that will make 3 attempts to collect my payments. A $25 fee will be charged to my account by eCashflow in addition to any fees my bank charges.
4. If we are drafting a DHS determined co pay your draft will change in accordance with notification your co pay determined by the state.
5. All financial information is confidential and used for child care payments only.

I authorize my bank to honor preauthorized Electronic Funds Transfers (or credit card charges) against my account for (membership/program/contribution) payments as indicated above. When the bank honors the EFT (or credit card) by charging my account, such transfer shall constitute notice of payment due and my receipt for the payment.

Should any preauthorized EFT not be honored by said bank when received by them, then it is understood that the payment will be claimed for processing by our third party agency, eCashflow. They will make 3 attempts to collect the funds from your account. In addition to the original transaction amount, eCash Flow will also debit a $25 non-sufficient funds fee from your account. Any credit card transaction not honored, the YMCA at its discretion may resubmit the amount due for payment on a future date to include a $25 service fee.

This payment will continue as scheduled or until the authorized payee submits cancellation in accordance with the cancellation policy.

Authorized Signature ____________________________ Date: ____________________