

Please fill out the following form and either fax it or mail it.

Fax: (401) 729-0450

MacColl Field YMCA
Attn: Child Care Registration
26 Breakneck Hill Road
Lincoln, RI 02865



MACCOLL FIELD YMCA
 CHILD CARE SERVICES APPLICATION
BF Norton 2008-2009
 (1st - 5th grade / BF Norton, Garvin Only)



Child's Name: _____ Male _____ Female _____

School: _____ Grade: _____

Date of Birth: _____ Age: _____

Estimated Drop Off Time: _____ / Pick-Up Time _____

Please provide us with a preferred E-Mail Address that you would like us to use to contact you:

_____ Contact Name: _____

****REGISTRATION FEE OF \$35.00 IS DUE AT TIME OF REGISTRATION AND IS NON-REFUNDABLE****

*Potential Savings
 of
 \$645 - \$1075 with
 MacColl Family
 Membership*

*MacColl YMCA
 Family Membership
 \$108 per year*

WEEKLY CHARGES

****Prices Subject to Change****

		Member	Participant
_____ Early Risers Only	7:00am- 8:30am	\$40.00	\$60.00
_____ After School Only	Dismissal- 5:45pm	\$80.00	\$95.00
_____ Early Risers & After School	7:00am- 8:30am Dismissal- 5:45pm	\$105.00	\$130.00

I have received a copy of the MacColl Field YMCA Parent Handbook

 (Parent / Guardian Signature)

_____ Start Date	_____ Medical Form	_____ Payment Form
_____ Processing Fee	_____ Staff Initials	_____ Today's Date

MacColl Field YMCA

Emergency and Snow Dismissal Policy

*****Keep for your Records*****

If schools are cancelled, our programs are **cancelled**. If it is possible, we will try to accommodate parents by opening at **MacColl Field YMCA (for Lincoln, North Providence and Cumberland programs) and Four Corners Early Learning Center (for Four Corner programs)**. This decision is based on several factors, including the ability to plow roads and the parking lot, and staff availability.

Once the decision has been made to open or close, the office will be alerted. Please do not attempt to travel to MacColl or Four Corners ELC unless you have spoken to someone at the office. Please do not assume that we will be open. **You can begin to call the MacColl Field Office after 6:30 at 725-0773 or Four Corners ELC at 333-6402.**

If school is delayed, we are open. **Sites located at the schools will have a delayed opening (same delay time as school)**. MacColl Field Site and Four Corners will open at regular time. If morning or afternoon Kindergarten is cancelled, we will provide all day childcare.

If school is released early, **there will be no after school childcare**. Your child should go home on their "REGULAR" or "TO HOME" school bus and PARENTS should make arrangements for proper supervision at home. If public school is released early, we encourage parents of Kindergarten and Preschool programs to pick up their child early.

Please make alternate care plans now for weather related situations.

Thank you for your cooperation.
If you have any further questions, please call us at
725-0773.
Thank You
YMCA Staff

Office Use
Unit ID # _____

**YMCA of Pawtucket, Inc.
MACCOLL FIELD BRANCH**

Child Care Weekly Payment Agreement

I/We agree to pay the weekly fee of \$_____ by Friday prior to the week services are offered. I/We understand the full week fee is due whether or not our child _____ participates in the program all week.

(print child's full name)

I/We receive child care subsidy from _____
My co-payment is \$_____ per week.

Express Payment Plan

I/We wish to participate in one of the *Express Payment Plans* (choose only one):

** _____ **Bank Draft** (weekly draft from checking or savings account) **VOIDED CHECK NEEDED**
Option I

PRINT NAME ON THE ACCOUNT

NAME OF BANK	Checking	Savings
	(Circle One)	

9 DIGIT ROUTING NUMBER	7-10 DIGIT ACCOUNT NUMBER or SAVINGS #
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AUTHORIZED SIGNATURE	DATE
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** _____ **Credit Card** (weekly charge to credit card) or Debit Card (weekly charge to debit account)
Option II

PRINT YOUR NAME AS IT APPEARS ON CARD

CIRCLE ONE: MASTER CARD OR VISA ONLY CIRCLE ONE: CREDIT / DEBIT CARD TYPE

CREDIT CARD #	EXP DATE
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AUTHORIZED SIGNATURE	DATE
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- **Please note:**
- ✘ I / We understand, I / we must submit a 2 week written notice prior to withdrawing my / our child from the childcare program I / we have registered for or my / our account will be charged the full amount.**
 - ✘ I / We understand the full week's fee is due whether or not my / our child participates in the program all week.**

(Authorized Signature)