

**Mel Wolf Child Development Center  
CHILD ENROLLMENT FORM (complete one for each child)**

<b>About your child...</b>	Child's Name: _____ <small>First Middle Last Preferred nickname, if applicable</small>
	Date of Birth: _____ Age: _____ Male _____ Female _____
	Child's Physician: _____ Phone: _____
	Physician Address: _____
	Health Insurance – provider: _____ policy number: _____
	Allergies or disabilities: _____ Medications: _____

<b>About your family...</b>	<b>Child's Legal Guardian:</b>		
	Name _____	Relationship: _____	
	Permanent Address: _____	Street _____	Apt. Number _____
	Home Phone: _____	City _____	State _____ Zip _____
	Cell phone: _____	Social Security #xxx-xx- _____	
	Employer/School: _____	Hours _____	
	Work/School Phone _____	Ext. _____	
	Parents of Child (Single _____ Married _____ Separated _____ Divorced _____)		
	<b>Mother</b> <input type="checkbox"/> same as guardian, above	<b>Father</b> <input type="checkbox"/> same as guardian, above	
	Name _____	Name _____	
	Address _____	Address _____	
	Home Phone _____	Home Phone _____	
	Cell Phone _____	Cell Phone _____	
	Social Security #xxx-xx- _____	Social Security #_xxx-xx- _____	
	Employer/School _____	Employer/School _____	
Work/School Phone _____	Work/School Phone _____		
<b>Names of other children:</b>	<b>Age:</b>	<b>Enrolled at the Center?</b>	
_____	_____	Yes _____ No _____	
_____	_____	Yes _____ No _____	
_____	_____	Yes _____ No _____	

<b>About your househ</b>	Names of adults in your household: _____
	Language spoken in your home _____
	Who has cared for the child other than parents? _____
	Are there any special visitation arrangements? _____

Referred by: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

YWCA Staff Review \_\_\_\_\_ Date \_\_\_\_\_

Name of Child: \_\_\_\_\_ Parent/Legal Guardian: \_\_\_\_\_

Read each item carefully & place your initials in the box next to the item to accept.

<b>AUTHORIZATIONS/ACKNOWLEDGMENTS</b>	<b>Emergency Treatment</b> – In the event of an emergency requiring medical attention, I authorize YWCA Mel Wolf Child Development Center staff to obtain emergency medical care for my child. <b>I understand that the cost for transportation and/or treatment for illness, injury or other health problem will be my responsibility and I will not hold the YWCA responsible for such claims.</b>	
	<b>Signing In/Out</b> – I understand that the YWCA does not assume responsibility for any child until the child is signed in; YWCA responsibility for a child ends once the child is signed out.	
	<b>Activities</b> – I give permission for my child to use all play equipment and participate in all activities of the YWCA Mel Wolf Child Development Center. I also give permission for my child to leave the Center premises under the direct supervision of staff with the understanding that all reasonable precautions are taken to insure the health and safety of my child.	
	<b>Transportation</b> – I authorize and give permission to the YWCA to provide transportation for my child for field trips and group outings when necessary.	
	<b>Pictures</b> – I give permission for my child to be included in audio/video taping or picture taking events connected to YWCA programs; audios, videos or photos become the property of the YWCA.	
	<b>Accurate Information</b> – I understand that the parent(s)/legal guardian is responsible for providing complete and accurate information at the time of enrollment; information must be updated as changes occur. The YWCA will not be responsible for things that may happen as a result of false or incomplete information.	
	<b>Corporal Punishment</b> – I understand that the YWCA Mel Wolf Child Development PROHIBITS corporal punishment on Center premises and during off-site YWCA program activities.	
	<b>Access to Child While at Center</b> – I understand that a child’s parent or guardian will have access to the child while the child is present at the Center unless such access is denied by Court order.	
<b>Authorized Pick-up</b> – I understand that only persons listed on my Emergency Form may pick up my child, and that the person’s identification will be verified before the child is released. I understand that I am responsible for updating my emergency form in writing as soon as there is a change. I will not hold the YWCA responsible if my child is picked up by someone who is listed on my Emergency Form because I have not made the changes on my Emergency Form in writing. Only persons at least 18 years of age may pick a child up from care		

If we need to reach someone while your child is here, we will first attempt to call a parent or guardian. If no parent or guardian can be reached, please indicate any person(s) that may pick up your child. If you need more space, please feel free to attach an additional sheet.

Name & Relationship to child	Address (required)	Telephone number(s)

Persons who are currently denied visitation (note: a court order **MUST** be provided if you indicate that a parent is denied visitation or contact): \_\_\_\_\_

I agree to the terms and information above. I have received the YWCA Mel Wolf Child Development Center. Parent Handbook, which contains YWCA children’s program policies and procedures, and any questions have been answered. I understand that as the parent/guardian of the enrolled child, I must follow all policies outlined in the Handbook. Failure to do so will result in my child’s dismissal from YWCA Mel Wolf Child Development Center programs.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
 YWCA Staff Approval \_\_\_\_\_ Date \_\_\_\_\_

# SERVICE AGREEMENT

Date \_\_\_\_\_

Initial \_\_\_\_\_ Update \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Name(s) of Child(ren) and Age(s)

Full-time

- |   |  |                          |
|---|--|--------------------------|
| 1 |  | <input type="checkbox"/> |
| 2 |  | <input type="checkbox"/> |
| 3 |  | <input type="checkbox"/> |

Third Party Payment Source? No\_\_\_ Yes\_\_\_ Name: Connect Link Other \_\_\_\_\_

	Classroom	# Children	X	Weekly Rate	Weekly Total	OR	<input type="checkbox"/> Connect
<b>Program Desired:</b>	Infant	_____		\$ 180	_____		<input type="checkbox"/>
	Toddler	_____		\$ 180	_____		<input type="checkbox"/>
	Two-year-old	_____		\$ 170	_____		<input type="checkbox"/>
	Three-year-old	_____		\$ 150	_____		<input type="checkbox"/>
	Four-year-old	_____		\$ 150	_____		<input type="checkbox"/>
	After School	_____		\$ 65	_____		<input type="checkbox"/>
	Summer Camp	_____		\$ 120	_____		<input type="checkbox"/>
	TOTAL for ALL						

**NOTE:** The initial fee includes all information we have from third party payment sources at the time of initial registration. A new service agreement will be written when written notification is received of your eligibility for child care reimbursement. Until written notification is received, you are responsible for the full amount written in above. Parents are responsible for the \$25 registration fee per household, fees incurred for late pick-up, and any fees not covered by a childcare certificate issued by a third-party payer, such as Connect or Link.

<b>Schedule Desired:</b>	Monday _____am/pm to _____am/pm Tuesday _____am/pm to _____am/pm Wednesday _____am/pm to _____am/pm Thursday _____am/pm to _____am/pm Friday _____am/pm to _____am/pm	<b>Note:</b> If you use a childcare certificate to pay for childcare services (such as Connect or Link), the certificate will determine the hours covered.
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<b>Payments</b>	<input type="checkbox"/> I will pay my child care bill every week OR <input type="checkbox"/> I would like to pay on a different schedule  Alternate proposed payment schedule _____  <b>Payments must be paid weekly unless an alternate schedule has been approved, as indicated by signature of YWCA staff person: _____</b>
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**DHHR/Connect ONLY**- I understand that I am responsible for my copayment everyday that my child is present at the Center. I further understand my child is to be at the center a minimum of 4 days per week or 13 days per month to continue eligibility for services at the YWCA Child Enrichment Center.

Note: If you use a childcare certificate to pay for childcare services (such as Connect or Link), the certificate will determine the hours covered.

## AGREEMENT

I understand that I am responsible for all charges for my child/children at the YWCA Mel Wolf Child Development Center. Payment for childcare is due at the beginning of each week and will be considered late if not paid by the end of each week. Payment is due on a weekly basis regardless of attendance. There is no reduction in tuition for illness, absences or holidays. If I am receiving third party reimbursement, such as a childcare certificate from WVDHHR, I am responsible for keeping my information current with them. In the event that the third party payment resource refuses to pay for my childcare, I am responsible for the full bill dating back to the date of denial. Services will be reinstated when a new active WVDHHR childcare certificate is delivered to the center, or when prepayment at the weekly rate is made by the parent or guardian. Services may be suspended or terminated for failure to comply with attendance policies as set forth in the Parent Handbook. If services are terminated, payment of the entire account balance and an additional \$25 registration fee will be required for services to be reinstated.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
 YWCA Staff Approval \_\_\_\_\_ Date \_\_\_\_\_

# Application Checklist

*All items must be completed prior to parent/legal guardian's signature.*

- Application is complete; including signed service agreement and signed authorizations/acknowledgements.
- Parent or guardian has met with staff member to exchange information about the Center's programs and specific needs of the child, including information about any individual characteristics and personality factors that may influence the child's behavior and well-being at the Center, and any special family considerations that are relevant to child care.
- Parent has received a copy of the Center's *Parent Handbook*, which includes the Center's *Statement of Purpose* and *Goals and Objectives*.
- Parent received liability insurance information (This information is posted in the front office)
- Parent has received and signed agreements to the Center's policies on 1) prohibition on corporal punishment on the premises or on off-site Center activities while the child is participating; 2) parent access to the Center while his or her child is in attendance;
- Parent has received and CDC's policies on behavior management and reporting of child abuse and neglect; confidentiality and information disclosure; meal and nutrition policy; emergency evacuation and sheltering procedures; and discharge policies.
- Parent has been informed of the Center's requirements for signed permission prior to the child's participation in field trips, water activities and other special activities.
- Parent has been told that they can get a copy of the licensing regulations from the WVDHHR.
- Parent has been told that they can report to the Secretary any complaints related to compliance with the licensing regulations.
- Parent has received orientation to computer check-in system & been instructed to NEVER share personal ID code.

## INFANTS ONLY:

- If child will be between 6 weeks and 3 months of age at the time of initial attendance, a note from the child's physician has been provided which indicates that the child may attend a group setting prior to 3 months of age.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
YWCA Staff Signature

\_\_\_\_\_  
Date