

TODDLER/PRE-SCHOOL CONTRACT

START DATE: _____ (Office Use Only)

ALTAVISTA AREA YMCA FAMILY CENTER
CONTRACT FOR TODDLER/PRE-SCHOOL SUMMER CHILD CARE 2020

MUST FILL OUT ONE CONTRACT PER CHILD

Date Contract Signed: _____

Parent/Person Responsible for Payment _____

Child's Full Name: (first & last) _____

PLEASE CHECK THE PROGRAM YOUR CHILD WILL BE ATTENDING

_____ Toddler 1- \$125.00 per week

_____ Toddler 2- \$120.00 per week

_____ Toddler 3- \$115.00 per week

_____ Preschool- \$110.00 per week

- Does your child have allergies? (Will they require special _____)
- Does your child require the YMCA to administer Medication, Inhaler or EpiPen during the day or for emergencies?
- Does your child receive assistance from Social Services for their childcare payment?
If you answer yes to any or all these questions, you will receive additional forms to fill out during registration. These forms must be turned in before the child can start!

Registration fee for each child*****\$50.00

ALL INFORMATION MUST BE FILLED OUT COMPLETELY

ALL SCHOOL YEAR ACCOUNTS MUST HAVE A ZERO BALANCE BEFORE STARTING THE SUMMER PROGRAM

ALL BLANKS MUST BE COMPLETED OR THE CONTRACT WILL BE RETURNED AND A SPACE WILL NOT BE HELD FOR YOUR CHILD UNTIL RECEIVED BACK.

PAYMENT

- **A NON-REFUNDABLE** registration fee of \$50.00 is required **along with the first week payment.** Space will not be reserved until paid. The undersigned party agrees to pay the Altavista Area YMCA \$_____ per week for every week in which the child is enrolled in the summer program. **NO BILLS WILL BE SENT. Absence from part of the week shall not affect the responsibility for full payment. This agreement requires full payment on each Friday prior to starting on the following Monday OR YOUR CHILD CANNOT START ON MONDAY.** If you wish to remove your child from the program, a 2-week written notice is required in advance. Payments may also be made on a monthly basis and are due the 5th of each month, in advance.

- Payments can be made online. You may visit altavistaymca.com – click on childcare tab – click childcare dropdown – register at the bottom of the page. The family center can also set up automatic payments per request. Payment by check, credit card, money order or cash can be made to the FRONT DESK of the Family Center located at 1000 Franklin Ave., Altavista, Va. or you may mail a check or money order to YMCA Child Care 1000 Franklin Ave. Altavista, VA 24517.
- Returned checks are subject to a service fee of \$25.00. If two checks are returned on the same account, the account must become a “cash, credit or money order” account.
- A LATE FEE of \$1.00 per minute per child is calculated starting at 6:01 PM.
- If the childcare center and county sites are closed for more than two (2) days due to inclement weather in a week, you will not be charged for the days closed. Late payments are subject to a 5% late charge.
- We are aware that you may not know your schedule at this time, but PLEASE CIRCLE all weeks you anticipate needing. If you need to change a week, do so BY WEDNESDAY prior to the week you want to add or delete. You will not be charged for the deleted week. If you do not let us know to cancel a week by the deadline and your child does not attend, you will be responsible for that week. **All changes** must be emailed to cancel@altavistaymca.com

ENROLLMENT/TERMINATION

SPACE FOR YOUR CHILD WILL NOT BE RESERVED UNTIL THE REGISTRATION FEE IS PAID ALONG WITH THE FIRST PAYMENT.

- The YMCA reserves the right to terminate immediately a child’s enrollment in camp for any act, word or condition of the child or parent causing disruptions, safety concerns or health concerns for the child, other children or employees of the YMCA. You are subject to dismissal if your account is not kept current, after missing 1 WEEK PAYMENT.

RESPONSIBILITIES

- The parties agree that the Altavista Area YMCA shall not be responsible for medical expenses, incurred by or for the child, not covered by insurance.
- If this account becomes delinquent, the undersigned responsible party shall be responsible for all service charges, expenses, court cost, attorney’s fees or collection agency fees incurred to collect this debt.

POST OFFICE BOXES ARE NOT ACCEPTABLE ON THIS CONTRACT. ALL INFORMATION HAS TO BE COMPLETED. THE HOME & WORK ADDRESS MUST BE COMPLETELY FILLED OUT WITH THEIR PHYSICAL 911 ADDRESS.

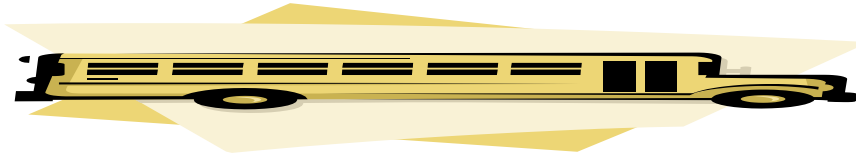
I/WE hereby agree to the terms of this contract.

DO NOT SIGN CONTRACT FOR SPOUSE.

Mother’s Signature: _____ S.S. # _____
 Mother’s Printed Name _____ Mother’s DOB _____
 Mother’s Physical Home Address: _____ Zip Code _____
 Mother’s Place of Employment and 911 Employment address: _____
 _____ Zip Code _____
 Phone Numbers: Home _____ Work # _____
 Cell # _____ Email address _____

Father’s Signature: _____ S.S. # _____
 Father’s Printed Name _____ Father’s DOB _____
 Father’s Physical Home Address: _____ Zip Code _____
 Father’s Place of Employment and 911 Employment address: _____
 _____ Zip Code: _____
 Phone Numbers: Home _____ Work # _____

Cell # _____ Email address _____



FIELD TRIP/EMERGENCY INFORMATION FORM

Child's Name _____

Street Address _____

State _____ Zip Code _____

Home Phone _____ Birth Date _____

Mother's Name _____

Business & Cell Phone _____

Father's Name _____

Business & Cell Phone _____

Child's Physician _____

Physician's Phone _____

List any allergies or intolerance to food, medication, etc.

In case of allergic reaction what steps do you authorize the YMCA staff to take:

EMERGENCY CONTACTS: (MUST HAVE 2) (DAY TIME CONTACTS)

Name _____ Relation to child _____

Home Phone _____ Business Phone _____

Name _____ Relation to child _____

Home Phone _____ Business Phone _____

Parent or Guardian's Signature _____

