



YWCA ECE CONTRACT

Please read this contract carefully before signing. The NYS Department of Social Services requires a signed contract.

Child's Name: _____
Last First DOB Age

Start Date: _____

Classroom child will be attending: (Circle One)

Bumblebears (6 weeks to 18 months)

Doodlebugs (19 months-3 years)

Dandelion (3-5 years)

Universal PreK (3-5 years)

My child will attend the center:

- ▶ Full-Time: **M T W T H F** (please circle) during the hours of _____
30 hours or more per week with a set schedule
- ▶ Part-Time: **M T W T H F** (please circle) during the hours of _____
Less than 30 hours per week with a set schedule For example, children who attend the same days and times each week
- ▶ Variable Days and Times:
Full-Time: 30 hrs or more per week **Part-Time:** less than 30 hrs per week (please circle)
For example, children who attend different days and/or different times each week
Estimated Days _____
Estimated Times _____
- ▶ Drop-In (when needed with no specific schedule known) (24 **hour notice required**)

If my child has a variable schedule or is a drop-in, I agree to give the staff my schedule prior to the week of childcare. I agree to call and leave a message if the daycare center is closed. Please feel free to call on the morning care is needed; there may be availability due to a schedule change or sickness. If a vacancy becomes available, the teacher will call you.

We are happy to provide part-time and drop-in spots while full-time children are not enrolled. However, priority must be given to full-time children. We are happy to be able to serve a child and parent, but if we are no longer able to accommodate your child, we will give you a one-week notice. Thank you for your help in our scheduling process. We are very happy to work with all of your children and to meet your scheduling needs as much as possible.

**I understand that my child will receive the meals listed below if attending daycare between the specified hours:

Breakfast: 8:30 am to 9 am

Lunch: 11:30 am to 12 pm

Snack: 2:30 pm to 3 pm

**I am a DSS Applicant Yes No

My weekly co-pay is: \$

(Please note that if co-pays are more than two weeks behind, DSS will close your case immediately.)

**I am a Parent Pay Applicant Yes No

My weekly contracted payment is: \$ _____

Payment can be made to anyone at the front desk (Hours are Mon-Fri between 8:30am and 4:30pm) or put in the drop box inside the Fourth Street doors. Please see the billing coordinator to enroll in automatic payments or to register for an online account. All families must pay before care is received.

Any correspondence or questions concerning the terms of this contract, concerns with billing, childcare, etc., should be directed to:

YWCA Jamestown
Early Care and Education
401 North Main Street · Jamestown, NY 14701
(716) 488-2237

Daycare Director – ext. 250
Billing Coordinator – ext. 251
Administrative Asst. – ext. 223

2022-2023 Federal Income Guidelines

Effective through June 30, 2023

Gross Income

Household Size	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$25,142	\$2,096	\$1,048	\$967	\$484
2	33,874	2,823	1,412	1,303	652
3	42,606	3,551	1,776	1,639	820
4	51,338	4,279	2,140	1,975	988
5	60,070	5,006	2,503	2,311	1,156
6	68,802	5,734	2,867	2,647	1,324
7	77,534	6,462	3,231	2,983	1,492
8	86,266	7,189	3,595	3,318	1,659
For each additional member, add:	+\$8,732	+\$728	+\$364	+\$336	+\$168

The unborn child can be counted as a member of the household.

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)	PROGRAM NAME:	ADDRESS:	PHONE NUMBER: () -	
	CHILD'S FULL NAME: PREFERRED NAME/NICKNAME:	DATE OF BIRTH: / /	GENDER:	
	CHILD'S HOME ADDRESS:			
	NAME OF PERSON ENROLLING CHILD:		RELATIONSHIP TO CHILD: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____	
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () - <input type="checkbox"/> ok to text		ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):		
EMAIL ADDRESS:				
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES	Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL
	PRIMARY CONTACT:	<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text
FOR PROGRAM USE ONLY		FOR PROGRAM USE ONLY		
DATE OF ENROLLMENT: / /		DATE OF DISENROLLMENT: / /		

CHILD'S FULL NAME:	DATE OF BIRTH: / /
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (Please list) _____ <input type="checkbox"/> Other _____ Please provide information here AND discuss with your child care provider:	
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:	PHONE NUMBER: () -
PREFERRED HOSPITAL:	PHONE NUMBER: () -
CHILD'S DENTAL CARE:	PHONE NUMBER: () -
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/	
AGREEMENTS <ul style="list-style-type: none"> • I consent to emergency medical treatment for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I provided information on my child's special needs to the program to assist in caring for my child..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... <input type="checkbox"/> Yes <input type="checkbox"/> No • I agree to review and update this information whenever a change occurs and at least once every year..... <input type="checkbox"/> Yes <input type="checkbox"/> No 	
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:	DATE: / /



Permission to Photograph

- YES**, I give permission for my herein named child to be photographed and for my child's likeness/photo/video/name/artwork to be used by YWCA Jamestown for in house purposes as well as on social media.

In house purposes and social media are defined as, but not limited to: use in the YWCA facility on child projects (classrooms and/or hallways), the YWCA's chosen communication apps (Class Dojo, etc), and / or on Social Media Platforms such as Facebook, Instagram, and Twitter.

- YES**, I give permission for my child to be photographed and for my child's likeness/photo/name/artwork to be displayed only in the classroom, the hallway or other places inside the YWCA Jamestown building. I **DO NOT** give permission for my child's likeness, photo, name and or artwork to be shared electronically.

- NO**, I do not give permission to photograph my child for any reason.

Child's name _____

Parent signature _____

Date _____

RELEASE OF INFORMATION

I authorize the YWCA – Early Care and Education staff to receive and/or share the following information about my child or me, and also authorize the following agencies:

1. _____
2. _____
3. _____

Immunizations (state regulations)

School Records

Physical (state regulations)

Appointment Dates (future)

Custody Issues

Other

The following people may have their information released:

Child's Name

Date of Birth

This release will expire one year from this date.

Staff Signature

Parent Signature

Date

NEW YORK STATE

OFFICE OF CHILDREN AND FAMILY SERVICES

CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child:	Date of Birth:	Date of Examination:
	/ /	/ /

Immunizations required for entry into day care					Yes	No
Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s).						
Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	5 th Date / /	
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /		
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date OR 1 st Date (if given on or after 15 months of age) / /		
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /		
Hepatitis B	1 st Date / /	2 nd Date / /	3 rd Date / /			
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /				
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /				

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

Tests

Tuberculin Test Date:	/ /	Mantoux Results:	Positive	Negative		mm
TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.						
If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.						
Lead Screening Date:	/ /					
Attach lead level statement						
Lead Screening (Include All Dates and Results)						
1 year	/ /	Result:		mcg/dL	Venous	Capillary
2 years	/ /	Result:		mcg/dL	Venous	Capillary
Most recent date of lead screening (if different from above):						
	/ /	Result:		mcg/dL	Venous	Capillary
Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely. If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.						

(Continued on reverse side)

CHILD IN CARE MEDICAL STATEMENT (continued) Health Specifics

Comments

Are there allergies? (Specify)	Yes No	
Is medication regularly taken? (Specify drug and condition)	Yes No	
Is a special diet required? (Specify diet and condition)	Yes No	
Are there any hearing, visual or dental conditions requiring special attention?	Yes No	
Are there any medical or developmental conditions requiring special attention?	Yes No	

Summary of Physical Exam Include special recommendations to child day care providers

On the basis of my findings as indicated above and on my knowledge of the named child, I find that: he/she is free from contagious and communicable disease and is able to participate in child day care.

Yes No

 Signature of Examiner

 Address

 Please Print Name

 City, State, Zip

 Title

 () -

 Phone

 / /

 Date

STATEMENT REGARDING INFANT/CHILD FEEDING

Name of Child: _____ Date of Birth: _____

Dear Parent/Guardian:

This center/provider participates in the Child and Adult Care Food Program and we will give your baby **Gerber Good Start Soy Formula** and solid food. If you want to bring your own formula or food, you can do that instead. Please let us know your choice by checking below.

FORMULA (CHECK ONE)	FOOD (CHECK ONE)
<input type="checkbox"/> The center/provider can give my baby the formula they buy <input type="checkbox"/> I will bring breast milk or formula for my baby	<input type="checkbox"/> The center/provider can give my baby solid foods when I tell them the baby is ready <input type="checkbox"/> I will bring solid foods for my baby

My child is over 12 months old and does not drink formula. The center/provider will automatically provide food at that time.

Parent Signature _____ Date _____

YWCA ECE

Permission and Acknowledgement

The YWCA asks that the parent/guardian initial next to each statement to give permission and acknowledge documentation received.

_____ I give permission for the YWCA to apply diaper cream, sunscreen, and other over the counter topical ointments to my child as needed, with authorization. I agree to supply these items as needed. The bottle must be labeled with your child's first and last name.

_____ I give permission for my child to sleep in a crib (6-weeks to 17 months) or cot (17 months to 5 years) during naptime. Naptime will occur in the child's room and will be supervised by staff that is employed by the Center.

_____ I give permission for YWCA to add my phone number to the ClassDojo for texting alerts, information, and reminders. Phone: _____

_____ I give permission for YWCA to use the Ages and Stages Questionnaire as an ongoing assessment tool for my child.

_____ I have received a copy of the parent handbook, which includes information regarding Lead Poisoning.

Child's Name _____

Parent's Authorized Signature _____

Date _____

Parent/Legal Guardian Information

Parent/Guardian Names and Phone Numbers

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME _____

Print the name of the child(ren) enrolled in this child care center

1. _____ 2. _____ 3. _____

DIRECTIONS

Complete SECTION A if anyone in your household

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

SECTION A

SNAP Case # _____

TANF # _____

FDPIR # _____

Names of Foster Children _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature _____

Date _____

FOR SPONSOR USE ONLY	
CACFP Agreement # _____	
Total Number of Household Members _____ <small>(INCLUDING FOSTER CHILDREN, IF APPLICABLE)</small>	
Total Household Income \$ _____	
Free _____	Reduced _____
Paid _____	
Date of Determination _____	
Signature of Center Staff _____	

Complete SECTION B if no one in your household participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION B

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature _____

Print Name _____

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER

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 DATE _____

USDA is an equal opportunity provider and employer.

PAYMENT INFORMATION AND OPTIONS

All daycare payments are due the Friday after care is received. The YWCA offers an array of payment options for the convenience of all our families. In our office we accept Cash, Check and Credit or Debit card payments (Visa, MasterCard, and Discover), which can be received by any of our office staff during office hours of 8:30am – 4:30pm Monday through Friday. If you are unable to make a payment during office hours you can utilize our drop box during daycare operation hours of 6:30am – 6:00pm. The drop box is located inside the Fourth Street doors. The YWCA also offers weekly digital invoicing that allow you to make payments online with credit/debit, bank transfer, and other payment methods. Other arrangements can be made with the Billing Coordinator. Please include an email address on the digital invoice acknowledgement form for online payments.

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Jamestown, NY

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F (716) 484-1752
info@ywcajamestown.com
www.ywcajamestown.com



YWCA Jamestown

Early Care & Education Program

Childcare Rates

Bumblebears (6-weeks to 18-months):

Weekly Rate – Full Rate:	\$295 weekly / \$59 daily
Weekly Rate – Scholarship Rate:	\$225 weekly / \$52 daily

Doodlebugs (19-months to 3-years):

Weekly Rate – Full Rate:	\$275 weekly / \$55 daily
Weekly Rate – Scholarship Rate:	\$215 weekly / \$50 daily

Dandeelions / Kinderkubs (3 – 5 years):

Weekly Rate – Full Rate:	\$265 weekly / \$53 daily
Weekly Rate – Scholarship Rate:	\$205 weekly / \$48 daily

UPK Wrap Care (3 – 5 years):

Weekly Rate – Full Rate:	\$125 weekly / \$25 daily
Weekly Rate – Scholarship Rate:	\$110 weekly / \$27.50 daily

Note: Scholarship Rates listed above represent rates paid by families with the application of an internal scholarship for making on-time payments via our electronic billing. Scholarships are not guaranteed, and may be revoked for a variety of reasons including but not limited to:
failure to make on-time payments /past due balances and/or loss or reduction of scholarship funding.

Financial Agreement

THIS SECTION SHOULD BE COMPLETED BY THE PERSON(S) WHO WILL BE FINANCIALLY RESPONSIBLE FOR THE PAYMENTS TO THIS PROGRAM

The following is an agreement between the YWCA / Early Care and Education Program and the financially responsible parent or guardian of the herein listed child to provide licensed child care services in the form of the ECE Program, in accordance with the terms and conditions outlined in this document as well as in the Parent Handbook.

Fees / Rates:

- I agree to pay the greater of the cost of contracted care or the cost of care received based on the daycare rates flyer provided.
- This rate is subject to change without notice.
- I agree to make on time, full rate payments at this rate until any tuition assistance applications are completed and approved, or until DHHS cases are approved and verified by the YWCA.

Program Hours:

- 6:30am – 6:00pm Monday through Friday excluding some holidays the center is closed (see Parent Handbook).

Payment Agreement:

- I agree to make payment in full regardless of my child(ren)'s attendance.
- I agree to make payment on a weekly basis, with all payments made by the last program day of the week for the following week. This is generally on Fridays, with payment being due for the following week at that time.
- I understand that if my account is more than two weeks delinquent, my child(ren)'s spot in the program will be terminated.
- I understand that if my account is delinquent, the YWCA will turn over my account to a collection agency, at an additional charge of \$25 for which I am responsible.
- I understand that any outstanding balance will prevent the enrollment of any child(ren) in any YWCA Program in my name or any other parent/guardian name listed on my child(ren)'s enrollment form until the delinquent balance is paid in full.
- I understand that it is my responsibility to collect and retain the provided receipt for all payments I make to the program.
- I agree to the conditions of the late pick-up policy as outlined in the Parent Handbook, and will pay any/all late pick-up fees.
- I agree to be held liable for all payments due for past services rendered to my child(ren) in the event that a clerical error is made, DHHS case changes, or any other circumstance deemed reasonable by the YWCA.
- I agree to all terms and conditions outlined in the Parent Handbook regarding payments, late fees, late pick-up fees, and the policies regarding scholarships, vacations and sick discounts.
- If I am applying for a childcare subsidy case through the Department of Health and Human Services:
 - I agree to be responsible for any balance incurred prior to the activation of my DHHS subsidy case.
 - I agree to timely file childcare subsidy recertification paperwork and I will be responsible for any cost of care incurred for a lapse of coverage.
 - I agree that I will not bring my child to the center for care on days when the child's legal guardians are not at school or work, since DHHS does not cover those days.
 - I understand that delinquent accounts can lock childcare DHHS subsidies from being released to other providers.
- I agree to contact the Billing Coordinator at 716-488-2237 x 251 to make payment arrangements immediately upon discovery that timely payment is not possible.

Forms of Payment:

- I understand that **preferred payments** are enrolling into the automatic payment program:
 - Check - must be made payable to: **YWCA**.
 - Credit Cards. (Visa, Mastercard, and Discover. Accepted and processed at no additional fee)
 - Online Payments:
 - Cash.

I, the signed financially responsible parent/guardian of the herein named child, acknowledges that I will be held financially responsible to YWCA Jamestown for the services of the ECE Program. My information below indicates my acknowledgement that I accept all terms and conditions outlined in this document and the Parent Handbook.

I acknowledge that the information below will be used by the YWCA to maintain financial accounting for my child in this program, and may be used in the collections process should my account become delinquent.

Name Of Child in Care: _____

Primary Financially Responsible Parent/Guardian (REQUIRED):

Parent/Guardian Name (Printed)

Parent/Guardian Social Security Number (REQUIRED)

Parent/Guardian Date of Birth (REQUIRED)

Signature of Parent/Guardian

Date

Secondary Financially Responsible Parent/Guardian (OPTIONAL):

Parent/Guardian Name (Printed)

Parent/Guardian Social Security Number (REQUIRED)

Parent/Guardian Date of Birth (REQUIRED)

Signature of Parent/Guardian

Date

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Student Demographic Survey

Student's Race:

- White
- Black or African American
- American Indian
- Middle Eastern
- Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander

Student's Ethnicity:

- Hispanic or Latino or Spanish Origin
- Not Hispanic or Latino or Spanish Origin

Number of people living in home:

- Adults _____
- Children _____

Are you a foster family?

- yes
- no

Income:

- Less than \$20,000
- \$20,000-\$50,000
- More than \$50,000

Do you receive any of the following:

- Public Housing Vouchers
- WIC
- SNAP
- SSI
- TANF
- DSS Subsidies

I have read the Parent handbook and I agree to all the terms discussed including:

- | | | |
|---|------------------------------|-----------------------------|
| Releasing Child From our Center (Parent Handbook - page 5) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Admission & Enrollment (Parent Handbook - page 6) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Tuition & Fees (Parent Handbook - page 7) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| DSS Regulations (Parent Handbook - page 9) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Safety (Parent Handbook - page 10) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Illnesses and Emergencies (Parent Handbook - page 11) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Health Care Policy (Parent Handbook – page 12) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Medication Administration (Parent Handbook - page 15) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Lead (Parent Handbook - page 16) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Discipline (Parent Handbook - page 18) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Behavior Problem (Parent Handbook - page 19) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Elevator (Parent Handbook - page 21) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Closings (Parent Handbook - page 23) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Miscellaneous - I give permission for my child to: | | |
| **be transported to and/or from all field trips sponsored by the YWCA | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| **participate in hearing, vision or other screenings. | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

I have read this contract and the Parent Handbook thoroughly. I understand and agree to abide with all the rules and regulations of the YWCA – Early Care and Education Programs.

Signature of Parent or Legal Guardian

Date

YWCA Representative

Date

Notification of Program Enrollment

(Child's Name) _____

will be enrolled in the following YWCA Program _____

as of _____. I acknowledge that this form may be shared with any partners

of the YWCA in order to notify their organization of my child's enrollment into the

program.

(Parent's Signature) _____ (Date) _____

(Staff Signature) _____ (Date) _____