

YWCA Jamestown - Early Care and Education Program Enrollment Contract & Service Agreement

eliminating racism
empowering women
ywca
Jamestown, NY

Child's Full Name: Child's Preferred Name (if any):	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Child's Address:	Child's City:	Child's State:	Child's Zip:
Child's Ethnicity/Race:	Child's Primary Language:		

Name of Person Enrolling / Consenting to Child's Enrollment:	
--	--

Mother / Guardian 1 Information:			
Full Name:	Primary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	City:	State:	Zip:
Employer:	Occupation:		
Email Address:	Work / Secondary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the child reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	Mother / Guardian 1 Date of Birth:	Relationship to the child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (please describe):	

Father / Guardian 2 Information:			
Full Name:	Primary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address:	City:	State:	Zip:
Employer:	Occupation:		
Email Address:	Work / Secondary Phone Number:	Ok to send text? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the child reside with this individual? <input type="checkbox"/> Yes <input type="checkbox"/> No	Father / Guardian 2 Date of Birth:	Relationship to the child: <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Other (please describe):	

Authorization For Enrollment:

My signature below serves as an authorization to enroll the herein listed child in the YWCA Jamestown Early Care and Education Program, and I understand that the submission of this form indicates my desire for the child to be enrolled in the program in accordance with the information that I have provided herein.

I understand that submission of this form does not guarantee the child an enrollment spot in the program. I understand that by submitting this enrollment form I am indicating my willingness to pay the associated costs for the child to attend and complete any or all paperwork and parent orientations as required.

I further attest that all the information contained herein is accurate and true. By signing below, I agree to all statements and terms contained herein on this page.

_____	_____	_____
Parent/Guardian Printed Name	Signature of Parent/Guardian	Date

Child Care and/or Wrap Care Enrollment:

Please indicate which days and hours each week you need your child enrolled in the program:				
MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start Time: am pm	Start Time: am pm	Start Time: am pm	Start Time: am pm	Start Time: am pm
End Time: am pm	End Time: am pm	End Time: am pm	End Time: am pm	End Time: am pm

*** THESE DAYS & TIMES WILL BE YOUR CHILD'S SCHEDULE, AND CARE WILL NOT BE AVAILABLE OUTSIDE OF THESE TIMES! ***

Schedule changes must be preapproved by the ECE Director, and submitted in writing on the appropriate change form.

UPK Enrollment:

- ☐ My child is enrolled in the Jamestown Public Schools UPK program at YWCA Jamestown. My child will only attend on school days from 9:00am to 2:00pm, with no wrap care. If my child will attend wrap care, I will complete the table above, otherwise my child will only attend according to the published Jamestown Public Schools calendar during UPK hours of 9am to 2pm.

Photo Opt In / Out: (Choose ONE option)

☐ **Yes.** I give my permission for my herein named child's likeness and/or photo and/or video and/or name and/or projects or artwork to be used by YWCA Jamestown. This includes, but is not limited to: in-house usage, internal display (classrooms, hallways, lobby, etc), social media (ie: Facebook, Instagram, X/Twitter, and others), YWCA website, print materials, YWCA's chosen communication app (Class Dojo, etc), and all other media as deemed fit. I understand that this authorization does not expire, and remains valid until I revoke such permissions in writing to YWCA Jamestown.

- I hereby assign and grant to YWCA Jamestown, as well as their authorized representatives, the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of my child, and I hereby release the YWCA Jamestown, activity coordinators, and all employees, volunteers, related parties, officers, trustees, agents, servants, and other organizations associated with any program or activity as delivered as a part of a YWCA program from any and all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of the YWCA, and I specifically waive any right to any compensation.

☐ **Yes.** I give my permission for my herein named child's likeness and/or photo and/or video and/or name and/or projects or artwork to be used by YWCA Jamestown for **in-house display ONLY** in areas of the YWCA Jamestown building such as internal display in classrooms, hallways, lobby, and other areas inside the YWCA Jamestown building. I **DO NOT** give my permission for my child's likeness and/or photo and/or video and/or name and/or projects or artwork to be used by YWCA Jamestown in any electronic means, posting, or sharing.

☐ **No.** I DO NOT give my permission for my herein named child's likeness and/or photo and/or video and/or name and/or projects or artwork to be used by YWCA Jamestown for any reason.

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date

Household Information:

Foster Care: Are you a foster family?

- ☐ Yes
☐ No

Household Size: Total of people living in the home?

Total Adults (18+): _____
Total Children (under 18): _____

Household Income: What is the total household income for all adults living in the household?

- ☐ Less than \$20,000 ☐ \$21,000 to \$50,000 ☐ \$51,000 or more

Services Received: Do you receive any of the following? Check all that apply.

- ☐ Public Housing Vouchers

☐ SSI

☐ WIC

☐ TANF

☐ SNAP

☐ DSS Subsidy

Account Security Code:

YWCA Jamestown requires a 4-digit security code be provided for each family account. This code is a unique code for you and your family to use when calling our center. You must provide this code to our center staff each time you call in. This feature helps maintain safety and security when communicating via phone. If an individual calls in and is unable to provide the correct code we will be unable to speak with that individual.

We suggest not sharing this code with anyone other than parents/guardians. We also suggest that you do not use easily guessed codes, such as last four of phone numbers, social security numbers, or birthdates.

4-Digit Call Security Code: _____

This code will be required anytime an individual calls our center requesting any information about the enrolled child and/or requesting changes; such as, but not limited to: authorized pickup individuals, changes to enrollment information, changes to Blue Card information, as well as others.

I agree to the terms listed herein, and agree that YWCA Jamestown shall not engage communication via telephone with individuals who cannot provide the herein list security code.

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date

YWCA Mission:

YWCA Jamestown's Mission is to *eliminate racism, empower women and to promote peace, justice, freedom, and dignity for all.*

By signing my child up for the YWCA Jamestown After School Program at Westfield Academy and Central School, I acknowledge that I accept, understand, and support the mission of YWCA Jamestown. Further, I understand that the mission will be present in all part of the program, and that my child will participate in mission aligned activities for which I give my permission.

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date

Custody, Restricted Individuals, and/or Orders of Protection:

Are there any custody arrangements, court orders, restricted individuals, or orders of protection that YWCA Jamestown should be aware of while providing care for your child?

☐ No

☐ Yes, as indicated: ☐ Custody ☐ Restricted Individual(s) ☐ Orders of Protection

Names of restricted individuals: _____

**** All Custody, Court Orders, and/or Orders of Protection must be provided to YWCA Jamestown in order to be enforced. ****

I acknowledge that my signature below signifies that as of the date of my signature the information contained herein is accurate. I understand that YWCA Jamestown can only enforce the above indicated orders, if any, with documents on file substantiating the indicated. I acknowledge that YWCA Jamestown can only enforce requests up to the extent the law allows without copies of court order on file. I understand that I am responsible to provide copies of any and all court orders to YWCA Jamestown, and to update those orders should they change.

Parent/Guardian Printed Name

Signature of Parent/Guardian

Date

Infant / Child Feeding & Meal Service:

YWCA Jamestown's Early Care and Education program participates in Child and Adult Care Food Program (CACFP) for all enrolled infants and children. As of the date of this enrollment packet, my child is:

☐ **UNDER 12 Months** – Please complete if your child is under 12 months of age:

Formula:

- ☐ I acknowledge that I am obligated to provide formula, breast milk, or combination of both to YWCA Jamestown for my child. I agree to ensure that YWCA Jamestown has an adequate supply at all times, and I shall replenish supplies when needed and/or when requested by YWCA Jamestown.
- ☐ In the event that the provided supplies of formula, breast milk, or combination of both is in any way not useable due to expiration, lack of provided supply, spoilage, or other reason/event I hereby authorize YWCA Jamestown to provide in-stock emergency stored formula to my child.

Solid Food Options – Select One:

- ☐ I authorize YWCA Jamestown to provide solid foods to my child when I advise them, or they inquire for authorization that my child is ready for solid foods. I acknowledge that the solid foods will be supplied by YWCA Jamestown.
- ☐ I do not authorize YWCA Jamestown to provide solid foods to my child when I advise them that my child is ready for solid foods. Instead, I will provide the solid foods to the YWCA for my child.

*** PLEASE NOTE: Once a child is over 12 months old, the YWCA will automatically provide solid foods to all children. ***

☐ **OVER 12 Months** – Please complete if your child is over 12 months of age:

Meals are served at the following times:

Breakfast: 8:30am to 9:00am
Lunch: 11:30am to 12:00pm
Snack: 2:30pm to 3:00pm

Solid Food / Meal Options – Select One:

- ☐ I authorize YWCA Jamestown to provide meals to my child in accordance with the nutrition requirements as outlined by the YWCA's participation in CACFP. The food will be provided by YWCA Jamestown.
- ☐ I do not authorize YWCA Jamestown to provide meals to my child in accordance with the nutrition requirements as outlined by the YWCA's participation in CACFP. **Instead, I will provide the foods / meals for my child. I agree that all foods provided to the YWCA for my child MUST be NOT FREE. I will supply all foods in their original packaging, with nutrition and/or allergen information attached.**

Dietary Restrictions and/or Food Allergies: (Complete for ALL children)

- ☐ My child **HAS** dietary restrictions and/or food allergies, which I will list in the area below. I understand that all food allergies must be documented on a form that the YWCA will provide, and must be completed and signed by the child's physicians.

List all dietary restrictions and/or food allergies here: _____

- ☐ My child **DOES NOT** have any dietary restrictions or allergies.

I, the here below signed parent/guardian, authorize YWCA Jamestown to execute the above indications in accordance to the selections I have made. I acknowledge that if I have selected to provide my own breast milk, formula, and/or foods of any kind to the YWCA for my child and I fail to do so or the items I supply are compromised in any way that YWCA Jamestown will make all efforts to contact me in advance if possible. However, if I am unable to be reached or otherwise cannot provide what is needed for my child, I hereby authorize YWCA Jamestown to provide formula and/or food as necessary to ensure the health and wellbeing of my child.

Medical Information

My Child's Physician: _____

Phone: _____

My Child's Dentist: _____

Phone: _____

My Child Takes Daily Medication?

☐ Yes☐ No

If yes, please list medication & dosage: _____

My child has chronic or reoccurring illness, medical concern, or environmental allergies?

☐ Yes☐ No

If yes, please explain: _____

My child has medical devices, implants, or other medically necessary items that are required during the program operation?

☐ Yes☐ No

If yes, please explain: _____

*** Please Note: YWCA Jamestown does NOT administer medications during our program. *****Insurance Information:**

Carrier / Insurance Company: _____

Policy / Group Number: _____

**** A copy of a valid insurance card must be submitted before the child may begin to attend ******Medical Statement & Immunization Records:**

As per NYS OCFS regulations: *No child may be accepted for care in a child care program unless the program has been furnished with a written statement signed by a health care provider verifying that the child is able to participate in child care and currently appears to be free from contagious or communicable diseases. A child's medical statement must have been completed within the 12 months preceding the date of enrollment. AND The program must keep documentation of immunizations the child has received to date, in accordance with New York State Public Health Law.*

Therefore, I understand that it is my responsibility to provide to YWCA Jamestown a copy of my child's **medical statement**, with a statement that my child is free of communicable diseases, and completed **immunization record BEFORE** their first date of attendance.

I acknowledge that if I provide authorization in this packet, YWCA Jamestown will attempt to collect all applicable medical and immunization information needed under NYS OCFS regulations. However, in the event that my child's physician does not respond to request for the required information I agree that my child may not attend YWCA Jamestown Early Care and Education program until YWCA Jamestown receives these required documents.

I understand that I may request these forms from YWCA Jamestown for my child's physician to complete, or I may have my child's physician fax or email the medical statement, which must indicate that my child is free of communicable diseases along with the current immunization record to:

Email: ecedirector@ywcajamestown.com

Fax: (716) 484-1752

Policies & Parent Handbook Acknowledgements:

1. **I understand that I am required to pay a registration fee in the amount of \$20.00, prior to my child being able to attend the YWCA Jamestown Early Care and Education Program.** I understand this fee is non-refundable.
2. I understand that I am required to provide copies of any/all court related documents pertaining to my child. I understand without official court documents on file with YWCA Jamestown, the program can only uphold the requests of any parent/guardian to the extent the law allows.
3. I understand that age-appropriate behavior is a condition of my child's enrollment in the program, that my child must follow the rules, policies, and procedures that are appropriate for their age while in care.
4. **I understand the fee for attending is outlined in the Parent-Provider Childcare Contract portion of this enrollment application, for which I am responsible to pay.** I further understand that if I receive any sort of subsidy or scholarships that I am responsible for any costs that the subsidy or scholarship will not or does not cover.
5. **I understand that financial responsibility exists regardless of my child's attendance.** I understand fees are based on enrollment, not attendance, and there are no adjustments/credits made for non-attendance without the required notice being received by YWCA Jamestown.
6. I understand that NSF checks and a \$25 bank fee must be paid within 3 days once the parent is notified. I understand that if there is a second NSF check I will be required to pay in cash, money order or cashier's check until further notice.
7. I understand that a violation of any YWCA Jamestown Early Care and Education Program policies on my part or on the part of my child may result in termination from program.
8. I understand that all policies contained in this enrollment packet, and in the YWCA Jamestown Early Care and Education Parent Handbook are subject to change without prior notice, and that I shall be notified of any changes to policy as soon as possible by YWCA Jamestown.
9. I understand that failure to make payment will result in any awarded discounts, credits, or scholarships being revoked and therefore my account will be charged the full rate of daily tuition for the time period in question as well as any additional late fees or collection fees.
10. I understand that the attached FERPA form provided by Jamestown Public Schools is optional, and that it is not required to be signed for my child to be eligible to participate.
11. If my child is not picked up their designated dismissal time, or by the time the center closes, and I cannot be reached I authorize YWCA Jamestown to contact the emergency contacts listed in this packet to arrange for the safe pickup of my child. I understand that if within fifteen (15) minutes of the close of the program my child has not been picked up and an emergency contact hasn't been reached, the program will contact the proper authorities at their discretion.
12. I have read, understand, and agree to be bound to the policy or procedure in the YWCA Jamestown Early Care and Education Parent Handbook pertaining to "Releasing a child from our center."
13. I have read, understand, and agree to be bound to the policy or procedure in the YWCA Jamestown Early Care and Education Parent Handbook pertaining to "Admission and enrollment."
14. I have read, understand, and agree to be bound to the policy or procedure in the YWCA Jamestown Early Care and Education Parent Handbook pertaining to "Tuition and fees."
15. I have read, understand, and agree to be bound to the policy or procedure in the YWCA Jamestown Early Care and Education Parent Handbook pertaining to "DSS regulations."
16. I have read, understand, and agree to be bound to the policy or procedure in the YWCA Jamestown Early Care and Education Parent Handbook pertaining to "Safety."
17. I have read, understand, and agree to be bound to the policy or procedure in the YWCA Jamestown Early Care and Education Parent Handbook pertaining to "Illness and emergencies."
18. I have read, understand, and agree to be bound to the policy or procedure in the YWCA Jamestown Early Care and Education Parent Handbook pertaining to "Health care policy."
19. I have read, understand, and agree to be bound to the policy or procedure in the YWCA Jamestown Early Care and Education Parent Handbook pertaining to "Medication administration."
20. I have read, understand, and agree to be bound to the policy or procedure in the YWCA Jamestown Early Care and Education Parent Handbook pertaining to "Lead."
21. I have read, understand, and agree to be bound to the policy or procedure in the YWCA Jamestown Early Care and Education Parent Handbook pertaining to "Discipline."
22. I have read, understand, and agree to be bound to the policy or procedure in the YWCA Jamestown Early Care and Education Parent Handbook pertaining to "Behavior."
23. I have read, understand, and agree to be bound to the policy or procedure in the YWCA Jamestown Early Care and Education Parent Handbook pertaining to "Closings."
24. I authorize YWCA Jamestown to transport my child to and from all YWCA Jamestown sponsored field trips.
25. I hereby authorize YWCA Jamestown to allow my child to participate in hearing, vision, and other developmentally appropriate screenings.

I agree that I have read the above policy acknowledgement and/or authorization statement above and that my signature below indicates my understanding and acceptance of the policy or authorization to allow proposed contents of each statement. I agree to those policies, and acknowledge that they may be a condition of my child's enrollment, or continued enrollment in the program. My signature below indicates my acceptance of the policies stated herein on this page.

 Parent/Guardian Printed Name

 Signature of Parent/Guardian

 Date

Informed Consent, Release Agreement, & Authorization:

I understand that participation in some activities may involve the risk of personal injury, due to the physical, mental, and emotional challenges in the activities offered. Information about those activities may be obtained from the Director. I understand that participation in these activities is entirely voluntary and requires participants to follow instructions and abide by all applicable rules and the standards of conduct. Children who opt to not participate may be provided an alternate activity if one is available, but may be asked to observe quietly when alternative activities are not available.

In case of an emergency involving my herein named child, I understand that efforts will be made to contact the parents/guardians and/or individuals listed as the emergency contacts regarding the situation. In the event that an authorized person cannot be reached, permission is hereby given to the medical provider selected by the YWCA and/or Director to secure proper treatment, including hospitalization, anesthesia, surgery, medical transportation, blood transfusions, or injections of medication for my child. Medical providers are authorized to disclose protected health information to the YWCA and/or Director, medical staff, management, and/or any physician or health-care provider involved in providing medical care to my child. Protected Health Information/Confidential Health Information (PHI/CHI) under the Standards for Privacy of Individually Identifiable Health Information, 45 C.F.R. §§160.103, 164.501, etc. seq., as amended from time to time, includes examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the programs activities.

In the event of an emergency, regardless of the ability to contact parents, guardians, or other authorized emergency contact I hereby authorize the YWCA and/or Director to arrange for the safe transportation of my child to a medical facility of their choice, this may include calling EMS services for appropriate transportation (ie. ambulance, helicopter, etc) for which I will be responsible for.

I have carefully considered the risk involved and hereby give my informed consent for my child to participate in all activities offered by the program.

I further authorize the sharing of the information on this enrollment packet and medical information on file with the program with any staff, contractors, vendors, volunteers, or professionals who need to know of medical conditions that may require special consideration in conducting program activities. With appreciation of the dangers and risks associated with program activities, on behalf of my child, I hereby fully and completely release and waive any and all claims for liability, personal injury, death, or loss that may arise against YWCA Jamestown, activity coordinators, and all employees, volunteers, related parties, officers, trustees, agents, servants, and other organizations associated with any program or activity as delivered as a part of a YWCA Jamestown program, in this case I waive all liability against YWCA Jamestown while my child is participating in the Program / Childcare.

Alternative Care Arrangements:

I understand that I am responsible to make suitable arrangements for alternative care for my child when my child is unable to attend the program, or when the program is not available to my child. I understand that in the event of cancelation of the program, I will be contacted by program staff via a variety of communication methods to make suitable arrangements for the safe dismissal of my child. I take full responsibility for making appropriate arrangements for alternative care of my child when the program is not available as care for my child, regardless of the reason care is not available (ie. Parent/guardian removal, discipline removal, cancelation, etc). I understand that there is no guarantee of care availability. Availability may fluctuate based on many factors. YWCA Jamestown will make all efforts to provide as much advanced notice as possible for potential interruptions to care.

Parental Consent:

I hereby give my permission for my child to participate in the YWCA Jamestown Early Care and Education 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 YWCA sponsored activities. I hereby willingly waive any liability against the Jamestown Young Women's Christian Association (YWCA) it's officers, directors, trustees, agents, servants, and employees, that they shall not be liable for any occurred bodily injury to my child while my child is practicing for, or participating in any program activity sponsored by the YWCA, or in any activities as a part of the YWCA Jamestown Early Care and Education. I agree and support that participants are expected to follow program rules and regulations for the health, safety, and rights of all participants. I understand that staff will exercise a reasonable amount of discipline to enforce these rules and that parents will be notified and expected to take home any child who infringes on the rights of others. In the event that I cannot be reached in an emergency, I hereby give my permission for my child to be transported to the nearest hospital by ambulance and to the physician selected by the Director to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named herein.

Parent Handbook:

I acknowledge that I am responsible to access the YWCA Parent Handbook which is available online at: www.ywcajamestown.com/ece

I agree and understand that I am responsible for reading that handbook and agree to held responsible for compliance with the contents of the handbook.

By signing below, I agree to be held responsible for compliance with all policies, rules, and regulations as stated in the Handbook. I also understand that if I need a printed copy of the Handbook, I can request one from the YWCA Jamestown and one will be provided to me free of charge.

I agree to all terms and conditions enclosed herein. My signature below binds me to these terms, and I solely and fully accept the responsibility of those obligations in their entirety.

Parent/Guardian Printed Name_____
Signature of Parent/Guardian_____
Date

Authorization to Release Information:

I, the undersigned, authorize YWCA Jamestown to receive and/or share information pertaining to my child from or to the following authorized agencies/individuals for my herein named child.

Physician: _____

Dentist: _____

Lawyer / Legal: _____

Other: _____

In regards to:

Patient / Child's Name: _____

Date of Birth: _____

I hereby authorized the following information to be shared with YWCA Jamestown and/or shared out by YWCA Jamestown:

- ☐ Immunization Records (State Required)
- ☐ Physical, Medical Record, and/or Clear of Communicable Disease Statement (State Required)
- ☐ Custody Paperwork
- ☐ Future Appointment Dates
- ☐ School Records
- ☐ Other: _____

I, the undersigned, hereby authorize the herein indicated providers to release the indicated/requested information to be disclosed to YWCA Jamestown at their request.

Records should be sent to: YWCA Jamestown
Fax: (716) 484-1752
Email: ecedirector@ywcajamestown.com

I acknowledge:

1. I understand that the disclosed information may be redisclosed in accordance with law and may no longer be protected by privacy requirements. Further, I understand that if the authorized recipient is not a provider, health plan, or clearinghouse required to comply with federal privacy standards, the information disclosed pursuant to this authorization may no longer be protected. However, other state or federal law may prohibit the recipient from disclosing specially protected information, e.g., substance abuse treatment information, HIV/AIDS-related information, and mental health information.
2. I understand that I am under no obligation to sign this form; I may choose to provide directly to YWCA Jamestown the New York State required forms, signed by a physician, for my child. I understand that I may revoke this Authorization by notifying YWCA Jamestown in writing of my revocation. To revoke this authorization, contact YWCA Jamestown, 401 N. Main St., Jamestown, NY 14701. I am aware that my revocation will not be effective until received by YWCA Jamestown and will not affect uses and/or disclosures prior to its receipt.
3. I understand that this authorization expires one year from the date signed, unless otherwise revoked.

Parent/Guardian Printed Name_____
Signature of Parent/Guardian_____
Date

Notification of Program Enrollment:

My child _____ will be enrolled in the YWCA Jamestown Early Care and Education Program. I acknowledge that this form may be shared with any partnering agencies or individuals of YWCA Jamestown in order to notify them of my child's enrollment into the program.

I understand that is authorization will remain until I revoke such authorization in writing to YWCA Jamestown, or at the time that this packet expires and must be updated yearly. I understand that if I revoke this authorization or this authorization expires, any information that has already been shared will remain and only new information will be restricted thereafter.

Parent/Guardian Printed Name_____
Signature of Parent/Guardian_____
Date**Permission Authorizations:**

Please check the boxes of the items below for which you are providing YWCA Jamestown authorization as indicated in each item:

- ☐ I hereby authorize YWCA Jamestown to administer/apply diaper cream, sunscreen, and other over the counter topical ointments to my child as needed. I agree to supply these items to YWCA Jamestown at my own expense, and that each bottle shall be clearly labeled with my child's first and last name.
- ☐ I hereby authorize YWCA Jamestown to allow my child to sleep in a crib (6-weeks to 17 months), or on a cot/sleeping mat (17 months to 5 years) during naptime. I understand that naptime will occur in the classroom, and will be supervised by a staff member that is employed by YWCA Jamestown in compliance with NYS OCFS regulations.
- ☐ I hereby authorize YWCA Jamestown to enroll my mobile/cell phone number as listed below into the ClassDojo App system, or other communication app as chosen by YWCA Jamestown, for purposes of communicating with my child's classroom, teachers, and YWCA Jamestown.
Mobile / Cell Phone Number Authorized: _____
- ☐ I hereby authorize YWCA Jamestown to use the *Ages and Stages Questionnaire* as an ongoing assessment tool for my child. I agree that this may include the need for assessments to be completed by myself for which I will complete and return promptly to YWCA Jamestown.
- ☐ I agree that I have received a copy and/or know how to access an electronic copy of the YWCA Jamestown Early Care and Education Program Parent Handbook which includes information regarding Lead Poisoning.

Parent/Guardian Printed Name_____
Signature of Parent/Guardian_____
Date



Parent or Guardian Consent for Partner Access to Student Records

I consent to the release of my child's education records by the Jamestown City School District to the partner agency contact person designated below. I understand that the partner organization may use these records to identify and assign services to my child, to monitor my child's progress and academic success in school, and/or to evaluate the organization's own programs and services. I understand that an employee of the partner organization may be permitted to access these records only for students registered in their program, and only to the extent necessary to perform his or her assigned duties, however these records must otherwise remain confidential and will not be released to any other individual or organization. I also consent to the release of partner agency records about my child to the Jamestown City School District to help the district provide better educational services to my child.

I authorize the release of my child's records to the follow agency:

Organization/Agency: **YWCA Jamestown – ECE Program – UPK 3 & 4 Classrooms**

Contact Person: **YWCA Jamestown's: ECE Director, UPK Teachers and/or assigned designee**

Laura Colburn/ECE Director:

ecedirector@ywcajamestown.com 716.488.2237, x. 250

Contact Email & Phone: **Shane A. Monroe:**

smonroe@ywcajamestown.com 716.488.2237, x. 232

Email

Phone

I consent to the release of the education records selected below, to be shared with the designated contact person specified above. I understand that any of the following records may be shared, as deemed necessary or appropriate by the principal of my child's school:

- ☐ demographic information, including race/ethnicity or participation in special programs (IEP/504/ELL)
- ☐ immunization and medical information
- ☐ attendance records
- ☐ course grades/report card
- ☐ upcoming & missed assignments, as provided by my child's teacher(s)

I further understand that:

- Provision of this consent is voluntary, and is not required for my child to participate in the agency program.
- This consent will take effect upon the date of my signature and will remain valid through **June 30th** of the current school year.
- I may revoke this consent at any time by sending a written request to the principal of my child's school.

By signing this consent agreement, I agree that I have read and understood the above. I further acknowledge that I am legally able to authorize the release of my child's education records to the specified agency.

By signing this consent agreement, I agree that I have read and understand the above. I further acknowledge that I am legally able to authorize the release of my child's education records to the specified agency.

Parent/Guardian Name (PRINT)

Student Name (PRINT)

Parent/Guardian Signature

Date

YWCA Jamestown
School of Enrollment

Parent/Guardian Email Address

Phone Number

Grade Level

Student Date of Birth

School Use Only:

Approved By: _____

Date: ____ / ____ / ____

Student ID #: _____

The organization listed above must return this form to the Main Office of the school of enrollment of the student whose records may be requested for review. The building principal of each school will determine the manner by which student educational records are to be released to the agency contact person listed above.

**Income Eligibility Form
for Child Care Centers**

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME Young Women's Christian Association of Jamestown, New York (YWCA Jamestown)

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

1. _____ 2. _____ 3. _____

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 THE CHILDCARE CENTER TO COMPLETECACFP Agreement # 1166Total Number of Household Members _____
(INCLUDING FOSTER CHILDREN, IF APPLICABLE)

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 receive Federal funds based on the information I give.

Signature _____

Print Name _____

LAST FOUR (4) DIGITS
OF SOCIAL SECURITY
NUMBER

--	--	--	--

Date _____

This institution is an equal opportunity provider.

Child's Name:

DOB:

OCFS-LDSS-0792 (08/2019) FRONT

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES**DAY CARE ENROLLMENT**PHOTO OF
CHILD (Optional)PROGRAM NAME:
YWCA ECE ProgramADDRESS:
401 N. Main St. Jamestown, NY 14701PHONE NUMBER:
(716) 488 - 2237

CHILD'S FULL NAME:

PREFERRED NAME/NICKNAME:

DATE OF BIRTH:

GENDER:

CHILD'S HOME ADDRESS:

NAME OF PERSON ENROLLING CHILD:

RELATIONSHIP TO CHILD:

☐ Parent ☐ Guardian ☐ Caretaker ☐ Relative _____☐ Other _____

PHONE NUMBER(S) OF PERSON ENROLLING CHILD:

() -

☐ ok to text

EMAIL ADDRESS:

ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):

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

DATE OF ENROLLMENT: / /

FOR PROGRAM USE ONLY

DATE OF DISENROLLMENT: / /

OCFS-LDSS-0792 (08/2019) REVERSE

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

- I consent to emergency medical treatment for my child..... ☐ Yes ☐ 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..... ☐ Yes ☐ No
- I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips..... ☐ Yes ☐ No
- I provided information on my child's special needs to the program to assist in caring for my child..... ☐ Yes ☐ No
- I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation..... ☐ Yes ☐ No
- I agree to review and update this information whenever a change occurs and at least once every year..... ☐ Yes ☐ No

SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:

DATE:

/ /