



YWCA Jamestown
401 North Main ST
Jamestown, NY 14701
Phone: (716) 488-2237
Fax: (716) 484-1752
ECE@YWCAofjamestown.com

3 YEAR OLD UPK 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: _____

My Child Will Attend the Center:

- ☐ Universal Pre-K Program **ONLY** (Which operates under the Jamestown Public Schools Academic Calendar, between the hours of 9am and 2pm.) This Program is free to any Child of the correct age, who lives within the Jamestown Public Schools District.
- ☐ Universal Pre-K Program, with Wrap-Services (Please list the hours of the Wrap-Care needed.)
Holidays and Half Days: _____
Before-Care: _____
After-Care: _____

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

**I understand that my child will receive the meals listed below if attending 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

YWCA Phone Number is 716-488-2237

Cost: Based on the financial information provided to the ECE Program, the following rate of payment has been determined based upon State rates. All Children receive an internal scholarship automatically for full-time (more than 30 hours per week):

Full Tuition Fees: Weekly \$ Daily \$ Half-day \$

**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 payment can be put in drop box at front desk.

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

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) Wrap Care Only	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DSS Regulations (Parent Handbook - page 9) Wrap Care Only	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"/>
Bus Rules (Parent Handbook – page 20)	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 our home and the UPK Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>
**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"/>
**be photographed (news articles, website, slide presentations)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
**I have provided the center with a copy of my child's insurance card	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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

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

Daycare Director – ext. 250

Enrollment & Billing Coordinator – ext. 251

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 Kids & Co. – Early Care and Education Programs.

Signature of Parent or Legal Guardian

Date

YWCA Representative

Date



Dear Parent, Guardian or CACFP Participant:

This center participates in the Child and Adult Care Food Program (CACFP) and serves nutritious meals each operating day. The information requested on the attached Income Eligibility Form for Child Care or Adult Day Care Centers determines how much reimbursement this center will receive from CACFP for these meals and snacks, based on the United States Department of Agriculture (USDA) family income criteria listed below.

We encourage you to complete the form promptly so your center can maximize its reimbursement for healthy meals and snacks. One form needs to be completed for each household every year except for children enrolled in Head Start or At-Risk Only programs. All information on the form will be confidential and used only for the purpose of determining CACFP reimbursement for meals and snacks served at this center.

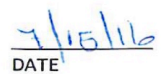
Foster children are automatically eligible for the highest rate of reimbursement from CACFP. Households with both foster and non-foster children in day care may complete one form, including the foster child as a household member. Eligibility determination for the non-foster children will be based on the information reported on the form by the household.

INCOME ELIGIBILITY GUIDELINES
(Effective July 1, 2016 until June 30, 2017)

HOUSEHOLD SIZE	REDUCED-PRICE MEALS		
	YEAR	MONTH	WEEK
1	21,978	1,832	423
2	29,637	2,470	570
3	37,296	3,108	718
4	44,955	3,747	865
5	52,614	4,385	1,012
6	60,273	5,023	1,160
7	67,951	5,663	1,307
8	75,647	6,304	1,455
FOR EACH ADDITIONAL FAMILY MEMBER	+7,696	+642	+148


SPONSOR/CENTER OFFICIAL


SPONSORING ORGANIZATION


DATE

This institution is an equal opportunity provider.

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 _____
(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 get Federal funds based on the information I give.

Signature _____

Print Name _____

LAST FOUR (4) DIGITS OF
SOCIAL SECURITY NUMBER

--	--	--	--

DATE _____

USDA is an equal opportunity provider and employer.

Section 9

Unless you list the Food Stamp, TANF or FDIPIR number for the child or a household member or are applying for a foster child, Section 9 of the National School Lunch Act requires that you include the Social Security Number of the household member signing the application or indicate that the household member signing the application does not have a Social Security Number. You do not have to list a Social Security Number, but if a Social Security Number is not listed or an indication is not made that the adult household member signing the application does not have a Social Security Number, CACFP cannot approve the application. The Social Security Number may be used to verify the correctness of the information stated on the application. This may include program reviews, audits and investigations and may include contacting employers to determine income, contacting a Food Stamp, TANF or FDIPIR office to determine current certification for Food Stamp, TANF or FDIPIR benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

Definition of Income

Income means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) social security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) public assistance or welfare payments; (7) unemployment compensation; (8) government civilian employee or military retirement, or pensions or veteran's payments; (9) private pensions or annuities; (10) alimony or child support payments; (11) regular contributions from persons not living in the household; (12) net royalties; (13) military benefits received in cash, such as housing allowance; and (14) any other cash income.

Definition of Household

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

INSTRUCTIONS FOR COMPLETING DOH-3688

Instructions for Parents or Guardians:

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

Section A: If anyone in your household receives Food Stamps, Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the Food Stamp, TANF or FDIPIR number (do not use your ACD or DSS child care subsidy number) and sign and date the form and return it to the day care center.

Foster children: If your household includes a foster child who is in child care, complete Section A only. Write in the foster child's name and any income that the child receives from social services for his or her personal use. Write in 0 if the foster child does not receive any income. A separate application must be completed for each foster child. The foster parent or an official who represents the child must sign and date the form and then return it to the child care center.

Section B: Write in the names of all the people living in your household, even if they do not have any income. Include yourself and all other adults and children in the household, including unrelated people. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income. The signature and Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*.

Instructions for Centers and Sponsors:

The For Sponsor Use Only section is to be completed, signed and dated by child care center or sponsor staff.

The sponsor/center representative must review the income eligibility application and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The sponsor agreement number.

Total household members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care.

Total Income – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the application must be categorized as *paid*.

Free, Reduced or Paid – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced** or **Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete applications (missing signatures, income information, or Food Stamp, TANF or FDIPIR numbers) are categorized in the paid category.

The income eligibility application is valid until the last day of the month one calendar year from the date of submission. For example, a form submitted on May 12, 2010 is valid until May 31, 2011.



WHERE LEARNING AND
IMAGINATION MEET...

KIDS & CO.
EARLY CARE AND EDUCATION

eliminating racism
empowering women

ywca

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ece@ywcaofjamestown.com

Permission Slip YWCA MinibuS

_____ has my permission to be transported to
and/or from our family's home, the ECE's Universal Pre-K Program, and all field trips sponsored
by the YWCA of Jamestown.

My child is _____ years of age.

Parent's Signature

Date





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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. _____ (Doctor)
2. _____ (Dentist)
3. _____ (Hospital)
4. _____ (Lawyer)

☐ 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

X

Parent Signature

Date



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Dear Parents,

January 2014

Due to the high demand of full-time enrollments, it has become necessary for us to monitor more closely our part-time and drop-in enrollment.

Children Attend Our Program Based Upon Six Situations:

1. **Full-Time Status:** These Children attend 30 hours or more per week.
2. **Part-Time with a Relatively Set Schedule:** These Children attend under 30 hours each week, and maintain roughly the same schedule from week to week.
3. **Part-Time with a Variable Schedule:** These Children attend under 30 hours each week, and have a changing schedule (days and/or hours).
4. **Drop-In Schedules:** These Children only attend on a random basis. If your Child(ren) is in this category, please call as soon as you become aware of a need for childcare, and the Head Teacher of your Child's Classroom will let you know as to if there is availability.
5. **Universal Pre-K Program Only:** These Children ONLY attend our Universal Pre-K Program, which operates under the Jamestown Public Schools Academic Calendar, between the hours of 9am and 2pm.
6. **Universal Pre-K Program With Wrap-Around Services:** These Children attend both our Universal Pre-K Program and receive some form of Wrap-Around Services.

The Following Pertains to all Six Situations:

- If your need for childcare arises, and your Child is not scheduled, you **MUST** let us know within 24 hours of needing care so we can do our best to accommodate you. We staff within New York State Office of Children and Family Services guidelines and must know in advance in order to staff accordingly. We may or may not be able to accommodate your needs.
- You may call the Center the morning care is needed, if you have a last minute situation that comes up and you need childcare. There is a possibility that we may be able to accommodate you in response to another's schedule change and/or illness.
- Currently, we are experiencing a high level of enrollment. As a result, we are happy to provide part-time and drop-in care, when enrollment permits. **However, priority is always given to full-time Children.** If your Child is not full-time, and a change in enrollment occurs, we may no longer be able to provide care to your Child. At this point, you would be provided with one-week notice before care is discontinued.

We wish to stress this, as there has been some confusion when it comes to this policy, **full-time status take precedence over part-time status AND drop-in status. Part-time status takes precedence over drop-in status. This means, that only full-time status can ensure your Child's spot in our Programs.**

Therefore there may come a time, if your Child is part-time or a drop-in status, that we may not be able to continue to accommodate your childcare needs. If this happens, we would provide you as much notice as absolutely possible on our end. We want you to clearly understand that if a situation arises where we cannot accommodate your Child and your schedule, we need your cooperation and understanding by having a form of back-up or alternate care. In the event that enough full-time Children enroll, and we are unable to accommodate your schedule at all, we will give you at least a weeks' notice to find alternate care.

Reminder: Our policy states that you must have some form of back-up or alternate care available for your Child in cases of sickness, or not being able to accommodate your schedule. Please make sure that you have made these arrangements, in the event they are needed.

Thank you for your help, cooperation and understanding in our scheduling process. We are very happy to work with you and your Children, and meet your childcare needs.

Signature

Date

Child's Name

(Updated from the October 25, 2004 policy & the October 29, 2009 policy)



...WHERE LEARNING AND
IMAGINATION MEET...

KIDS & CO.
EARLY CARE AND EDUCATION

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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) _____



WHERE LEARNING AND
IMAGINATION MEET...

KIDS & CO.
EARLY CARE AND EDUCATION

Executive Director:
JACQUELINE PHELPS

ECE Director:
TINA JONES

Rooms & Teachers:

Bumblebears EXT 257
(6wks to 18 mo.)
NANCY HOLTHOUSE

Doodlebugs EXT 222
(18 mo. To 3 yrs.)
SHELLY CHURCHILL

DandeeLions EXT 255
(3 to 4 yrs.)
SUE HUMPHREYS

3 Year Old UPK EXT 265
(3 to 4 yrs.)
CHELSEA DIMPFL

KinderKubs/UPK EXT 252
(4 to 5 Yrs)
BRANDY OBERG

Head Cook:
TONYA MACNEIL

Bus Driver:
JEFF GULLOTTI



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**YWCA IS ON
A MISSION**

YWCA Jamestown
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DAYCARE RATE SHEET

Effective June 1, 2018 the rates will be as follows:
(All Classrooms require a \$20 yearly membership.)

BumbleBears (6 weeks to 18 months)

Weekly \$200 Over 6 hrs \$44 Under 6 hrs \$30

Doodlebugs (18 months – 3 years)

Weekly \$190 Over 6 hrs \$42 Under 6 hrs \$29

DandeeLion & KinderKubs (3 – 5 years)

Weekly \$180 Over 6 hrs \$40 Under 6 hrs \$27

UNIVERSAL PRE K (3 – 5 years)

School breaks \$180 Holidays \$40 Half days \$27
School Day Wrap Care \$25 per day \$100 per week

YWCAmp Lakeside (Summer Care) (6-12 years)

Weekly Care \$145 Over 6 hrs \$32 Under 6 hrs \$22
No additional charge for Field Trips.

If this will cause a hardship to you, please call (716) 488-2237 ext 251 to speak with me about possible scholarships. Scholarships are given on a case by case basis and funds are limited.



Executive Director:
JACQUELINE PHELPS

ECE Director:
TINA JONES

Rooms & Teachers:

BumbleBears EXT 257
(6wks to 18 mos.)
NANCY HOLTHOUSE

DoodleBugs EXT 222
(18 mos. To 3 yrs.)
SHELLY CHURCHILL

DandeeLions EXT 255
(3 to 4 yrs.)
SUE HUMPHREYS

3 Year Old UPK EXT 265
(3 to 4 yrs.)
CHELSEA DIMPFL

KinderKubs/UPK EXT 252
(4 to 5 Yrs)
BRANDY SMOUSE

Head Cook:
TONYA MACNEIL

Bus Driver:
JEFF GULLOTTI



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Policy Amendment

Dear Daycare Families,

Due to recent events, we have had to revise our policies for the Admission and Enrollment, and Tuition and Fees sections of our parent handbook; **effective December 1, 2014.**

- Families enrolling in our daycare that will be utilizing DSS childcare subsidy will now be required to have at least a verbal approval from your DSS caseworker given to the Billing Coordinator before your child can start at the center
- Additionally, when a recertification for your childcare subsidy is due, you will have two weeks after the expiration date to present an approval letter from DSS or for DSS to mail one to us. Failure to do so will result in a suspension from the center until an approval letter is provided. Please remember, it is your responsibility to make sure your childcare examiner has received your enrollment/recert packet; and there is nothing missing; and that you will receive the approval letter before your child is suspended (Billing Coordinator can provide phone number).
- Please note: You are responsible for any daycare costs incurred but rejected by your subsidy case. For example: Exceeding absences allotted, care given outside of approved times in your subsidy case, and care given in anticipation of an approval from DSS but is rejected.
- Payment for daycare services are due the Friday before care is received. Failure to adhere to this policy will result in a suspension from the center until payment is received. Please note that you will continue to accrue charges for any days your child is suspended. These charges must be paid in full before attendance may resume.
- While suspended, your child's spot in his/hers classroom may be reassigned to another child that has their paperwork in and no outstanding balance owed for prior childcare.
- If you are having trouble making your payments please communicate it to the Billing Coordinator before payments are due and suspensions are made. Different payment arrangements may be available. Please call (716) 488-2237 with any questions or concerns.

Name: _____

Date: _____



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PAYMENT INFORMATION AND OPTIONS

All daycare payments are due the Friday before 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 on the second floor on the front of the counter next to the staircase. The YWCA also offers Online Payments through Tuition Express as well as automatic withdrawal that our Billing Coordinator would withdraw from the account or credit card you provide every Friday (other arrangements can be made with the Billing Coordinator). If you are interested in signing up for either Online Payments or Automatic Payments please complete the corresponding Tuition Express form that is attached and return it with the enrollment paperwork.



We are excited to offer the safety, convenience and ease of Tuition Express Online Payments. You can process on-time tuition and fee payments with your credit card at www.tuitionexpress.com

TUITIONEXPRESS.COM REGISTRATION

As a customer of _____ (business name), I (we) wish to register at www.tuitionexpress.com for the purpose of making Online Payments using a credit card.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name _____ Phone # _____

Cardholder Address _____ City _____ State _____ Zip _____

Cardholder Signature _____ Date _____

Website Registration Code: _____ (Please select a 4 digit PIN that will be used when you register at TuitionExpress.com)
4 digits

For Official Use Only

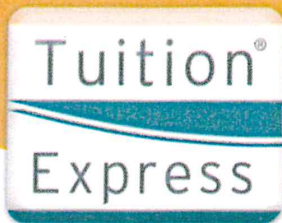
Note Received

Employee Signature

A service of



Copyright Procure Software 11/04/2014



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® — a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. _____ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)		Account Number (see sample below)		<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature		Date		

For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: Attach Voided Check Here \$		
Deposit slips not accepted Dollars		
123456789012	18003308	0226
Routing Number	Account Number	Check Number

A service of



procure
SOFTWARE®

Copyright Procure Software 3/15/16



Executive Director:
JACQUELINE PHELPS

ECE Director:
TINA JONES

Rooms & Teachers:

Bumblebears EXT 257
(6wks to 18 mos.)
NANCY HOLTHOUSE

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3 Yr. Old UPK EXT 265
(3 to 4 yrs.)
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(4 to 5 Yrs)
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Dear Families,

In order to serve you better, we would like to offer Text Alerts.

This feature would allow our center to send you text messages that would alert you to various changes or upcoming events at our center such as notifications of days that the center is closed or special classroom events. It will also allow for our Billing Coordinator to send you your account balance.

Name: _____

Primary Cell Phone Number: _____ - _____ - _____

Cell Provider (ie. AT&T, Verizon): _____

**YWCA IS ON
A MISSION**