



eliminating racism  
empowering women **ywca**

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

## ECE DOODLEBUG 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:

- ☐ 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.**

**\*\*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

Updated from the October 25, 2004 policy, 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. 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.

**YWCA Phone Number is 488- 2237**

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

Full Tuition Fees are as follows: 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)	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 – page10)	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 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"/>

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.

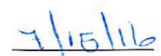
Foster children are automatically eligible for the highest rate of reimbursement from CACFP. Households with both foster and non-foster children in day care may complete one form, including the foster child as a household member. Eligibility determination for the non-foster children will be based on 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 FDPIR 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 FDPIR office to determine current certification for Food Stamp, TANF or FDPIR 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 FDPIR 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 FDPIR 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.

NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES  
**CHILD IN CARE MEDICAL STATEMENT**

**To Be Completed By Licensed Physician, Physician's 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 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	5 <sup>th</sup> Date
Polio (IPV or OPV)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	
Haemophilus influenzae type B (Hib)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date <b>OR</b> 1 <sup>st</sup> Date (if given on or after 15 months of age)	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date	4 <sup>th</sup> Date	
Hepatitis B	1 <sup>st</sup> Date	2 <sup>nd</sup> Date	3 <sup>rd</sup> Date		
Measles, Mumps and Rubella (MMR)	1 <sup>st</sup> Date	2 <sup>nd</sup> Date			
Varicella (also known as Chicken Pox)	1 <sup>st</sup> Date	2 <sup>nd</sup> 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)

## Health Specifics

## Comments

Are there allergies? (Specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is medication regularly taken? (Specify drug and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a special diet required? (Specify diet and condition)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any hearing, visual or dental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are there any medical or developmental conditions requiring special attention?	<input type="checkbox"/> Yes <input type="checkbox"/> 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

## Religious Exemptions

Public Health law Section 2164 allows a child to be religiously exempted from immunization. A written and signed statement from a parent, parents or guardian of the child stating that they object of the immunization of their child due to their sincere and genuine religious beliefs should be submitted to the day care owner, operator or administrator who shall determine whether the statement of religious belief is acceptable.

## ❖ Finance 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: [www.TuitionExpress.com](http://www.TuitionExpress.com) (registration forms and information available from Billing Coordinator)
  - 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 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





eliminating racism  
empowering women **ywca**

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

## RELEASE OF INFORMATION

I authorize the YWCA Kids & Company – 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



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

September 1, 2010

Dear Parents,

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.

**Your children attend our programs based upon these four situations:**

1. **Full-Time Status:** 30 hours or more per week.
2. **Part-Time with a relatively set schedule:** Under 30 hours per week.  
For example, children who attend the same days and times each week.
3. **Part-Time with a variable schedule:** Under 30 hours per week.  
For example, children who attend different days and/or different times each week.
4. **Drop-In Schedules:** Please call as soon as you become aware of a child care need for a specific time and day. A teacher will let you know if there is availability for that day.

**The following pertains to all four situations:**

- If a child care need 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. We staff within New York State Office of Children & 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 child care is needed. There may be availability due to a child's schedule change, sickness, etc.

\* We are happy to provide part-time and drop-in spots while full-time children are not enrolled. **However, priority will be given to full-time children.** We are happy to serve children and parents. If we are no longer able to accommodate your child, we will give you a one-week notice.

\* Currently, we are experiencing very high numbers in children's enrollment. We stress to you, because there has been some confusion and unhappy parents when it comes to this policy, **full-time status spots 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 always ensure your child's spot in daycare enrollment.** There may come a time, if your child is part-time and/or a drop-in, that we may not be able to accommodate your child's spot.

\* If that happens, we would give 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/alternate care. In the event that enough full timers enroll that we will not be able to accommodate your schedule at all, we will give you at least a weeks' notice to find alternate care. Thank you in advance for your understanding and cooperation.

\* **Reminder:** Our policy states that you must have some form of back-up/alternate care available for your child in cases of sickness, not being able to accommodate your schedule, etc. So, please make sure that is available for you in times that you may need it.

Thank you for your help, cooperation and understanding 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.

---

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

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

## 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) \_\_\_\_\_



**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**

**Dandelions EXT 255**  
(3 to 4 yrs.)  
**SUE HUMPHREYS**

**3 Year Old UPK EXT 265**  
(3 to 4 yrs.)  
**CHRISTINE MOORE**

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

**Head Cook:**  
**TONYA MACNEIL**

**Bus Driver:**  
**JEFF GULLOTTI**



Phone: 716-488-2237  
Fax: 716-484-1752  
[www.ywcaofjamestown.com](http://www.ywcaofjamestown.com)

**YWCA IS ON  
A MISSION**

YWCA of Jamestown  
401 North Main Street ~ Jamestown NY ~ 14701

## 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: \_\_\_\_\_



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.)  
**CHRISTINE MOORE**

Kinder Kubs/UPK EXT 252  
(4 to 5 Yrs)  
**BRANDY SMOUSE**

Head Cook:  
**TONYA MACNEIL**

Bus Driver:  
**JEFF GULLOTTI**



Phone: 716-488-2237  
Fax: 716-484-1752

[www.ywcaofjamestown.com](http://www.ywcaofjamestown.com)

YWCA Jamestown

401 North Main Street ~ Jamestown NY ~ 14701

## 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.

**YWCA IS ON  
A MISSION**





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

## 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](http://www.tuitionexpress.com)

**TUITIONEXPRESS.COM REGISTRATION**

As a customer of \_\_\_\_\_ (business name), I (we) wish to register at [www.tuitionexpress.com](http://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**

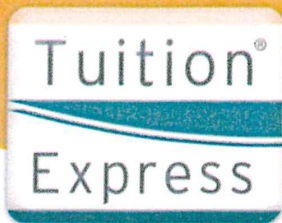
\_\_\_\_\_  
Note Received

\_\_\_\_\_  
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: <b>Attach Voided Check Here</b> \$		
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**

**Doodlebugs EXT 222**  
(19 mos. To 3 yrs.)  
**SHELLY CHURCHILL**

**Dandeelions EXT 255**  
(3 to 4 yrs.)  
**SUE HUMPHREYS**

**3 Yr. Old UPK EXT 265**  
(3 to 4 yrs.)  
**CHRISTINE MOORE**

**Kinder Kubs/UPK EXT 252**  
(4 to 5 Yrs)  
**BRANDY SMOUSE**

**Head Cook:**  
**TONYA MACNEIL**

**Bus Driver:**  
**JEFF GULLOTTI**

**Phone: 716-488-2237**  
**Fax: 716-484-1752**  
**[www.ywcaofjamestown.com](http://www.ywcaofjamestown.com)**

**YWCA of Jamestown**  
**401 North Main Street ~ Jamestown NY ~ 14701**

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**