



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
SECTION FOR CHILD CARE REGULATION / BUREAU OF COMMUNITY FOOD & NUTRITION ASSISTANCE  
**CHILD CARE ENROLLMENT FORM**

FACILITY/PROVIDER NAME	ADMISSION DATE	DISCHARGE DATE
CHILD'S NAME	GENDER	BIRTHDATE

ADDRESS (STREET, CITY, STATE, ZIP CODE)

**IDENTIFYING INFORMATION**

MOTHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
E-MAIL ADDRESS	
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER
FATHER'S/GUARDIAN'S NAME	HOME TELEPHONE NUMBER
ADDRESS (STREET, CITY, STATE, ZIP CODE) OR CHECK IF SAME AS ABOVE <input type="checkbox"/>	CELL PHONE NUMBER
E-MAIL ADDRESS	
EMPLOYER OR SCHOOL ATTEND	WORK/SCHOOL SCHEDULE
EMPLOYER/SCHOOL ADDRESS (STREET, CITY, STATE, ZIP CODE)	WORK TELEPHONE NUMBER

**EMERGENCY CONTACT AND PERSONS AUTHORIZED TO TAKE CHILD FROM FACILITY**  
(OTHER THAN PARENT) AT LEAST ONE EMERGENCY CONTACT IS REQUIRED.

NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME	RELATIONSHIP TO CHILD	TELEPHONE NUMBERS (CELL, WORK, HOME)
ADDRESS (STREET, CITY, STATE, ZIP CODE)		

**COMMENTS ON CHILD'S DEVELOPMENT**  
(PERSONAL DEVELOPMENT, BEHAVIOR, PATTERNS, HABITS, & INDIVIDUAL NEEDS)

**RELATED CHILD**

YES     NO    HOW IS CHILD RELATED TO CHILD CARE PROVIDER?

**CHILD'S PROJECTED ATTENDANCE SCHEDULE AND ANY VARIATIONS EXPECTED**

<b>CACFP REQUIREMENT</b>	CHECK HERE WHAT DAYS THE CHILD WILL ATTEND. WILL CHILD ATTEND: <input type="checkbox"/> FULL TIME OR <input type="checkbox"/> PART TIME	WHAT TIME DOES YOUR CHILD USUALLY ARRIVE EACH DAY? CIRCLE AM OR PM	WHAT TIME DOES YOUR CHILD USUALLY LEAVE EACH DAY? CIRCLE AM OR PM	WRITE ANY COMMENTS, CHANGES OR VARIATIONS IN USUAL ATTENDANCE IN THIS SECTION INCLUDING SHIFT CHANGES.
	MONDAY	AM PM	AM PM	
	TUESDAY	AM PM	AM PM	
	WEDNESDAY	AM PM	AM PM	
	THURSDAY	AM PM	AM PM	
	FRIDAY	AM PM	AM PM	
	SATURDAY	AM PM	AM PM	
	SUNDAY	AM PM	AM PM	

<b>CACFP REQUIREMENT</b>	<b>CHECK THE MEALS YOUR CHILD IS USUALLY GIVEN AT THIS FACILITY</b>			
	<input type="checkbox"/> BREAKFAST <input type="checkbox"/> MORNING SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> AFTERNOON SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK <input type="checkbox"/> NONE			
	<b>CHECK THE HOLIDAYS YOUR CHILD IS IN CARE AT THIS FACILITY</b>			
	<input type="checkbox"/> NEW YEAR'S DAY (JANUARY)	<input type="checkbox"/> MARTIN LUTHER KING JR.'S BIRTHDAY (JANUARY)	<input type="checkbox"/> PRESIDENT'S DAY (FEBRUARY)	<input type="checkbox"/> EASTER (MARCH/APRIL)
<input type="checkbox"/> MEMORIAL DAY (MAY)	<input type="checkbox"/> INDEPENDENCE DAY (JULY)	<input type="checkbox"/> LABOR DAY (SEPTEMBER)	<input type="checkbox"/> COLUMBUS DAY (OCTOBER)	
<input type="checkbox"/> VETERANS DAY (NOVEMBER)	<input type="checkbox"/> ELECTION DAY (NOVEMBER)	<input type="checkbox"/> THANKSGIVING (NOVEMBER)	<input type="checkbox"/> CHRISTMAS DAY (DECEMBER)	
<b>AUTHORIZATION FOR EMERGENCY MEDICAL CARE</b>				
<p>I UNDERSTAND THAT I WILL BE NOTIFIED AT ONCE IN CASE OF AN EMERGENCY WITH MY CHILD, AND I WILL MAKE ARRANGEMENTS FOR MEDICAL CARE OF MY CHILD WITH THE PHYSICIAN OR HOSPITAL OF MY CHOICE.</p> <p>IF I CANNOT BE REACHED TO MAKE NECESSARY ARRANGEMENTS, OR IN A CRITICAL EMERGENCY REQUIRING MEDICAL CARE, I AUTHORIZE</p> <p style="text-align: center;">_____ DAY CARE PROVIDER OR HOME PROVIDER</p> <p>TO CONTACT THE FOLLOWING:</p>				
<b>PHYSICIAN OR CLINIC</b>				
NAME			TELEPHONE NUMBER	
<b>PREFERRED HOSPITAL</b>				
NAME			TELEPHONE NUMBER	
<b>ACKNOWLEDGEMENTS</b>				
A	I HAVE RECEIVED A COPY OF THIS FACILITY'S POLICIES PERTAINING TO THE ADMISSION, CARE AND DISCHARGE OF CHILDREN.		PARENT/GUARDIAN INITIALS	
B	I HAVE BEEN INFORMED THAT A COPY OF THE LICENSING RULES FOR CHILD CARE HOMES OR THE LICENSING RULES FOR GROUP CHILD CARE HOMES AND CENTERS IS AVAILABLE AT THIS FACILITY FOR REVIEW.		PARENT/GUARDIAN INITIALS	
C	THE PROVIDER AND I HAVE AGREED ON A PLAN FOR CONTINUING COMMUNICATION REGARDING MY CHILD'S DEVELOPMENT, BEHAVIOR, AND INDIVIDUAL NEEDS.		PARENT/GUARDIAN INITIALS	
D	WHEN MY CHILD IS ILL, I UNDERSTAND AND AGREE THAT S/HE MAY NOT BE ACCEPTED FOR CARE OR REMAIN IN CARE.		PARENT/GUARDIAN INITIALS	
E	I UNDERSTAND THAT, BEFORE THE FIRST DAY OF ATTENDANCE BY MY CHILD, I WILL PROVIDE PROOF OF COMPLETED AGE-APPROPRIATE IMMUNIZATIONS OR EXEMPTION FROM IMMUNIZATIONS.		PARENT/GUARDIAN INITIALS	
F	<input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR FIELD TRIPS/EXCURSIONS. I UNDERSTAND I WILL BE NOTIFIED IN ADVANCE WHEN THEY ARE PLANNED.		PARENT/GUARDIAN INITIALS	
G	<input type="checkbox"/> DO <input type="checkbox"/> DO NOT GIVE PERMISSION FOR THE FACILITY TO TRANSPORT MY CHILD.		PARENT/GUARDIAN INITIALS	
H	I HAVE BEEN INFORMED AND HAVE RECEIVED A COPY OF THE FACILITY'S SAFE SLEEP POLICY WHEN ENROLLING A CHILD LESS THAN ONE (1) YEAR OF AGE.		PARENT/GUARDIAN INITIALS	
I	I HAVE BEEN NOTIFIED THAT I MAY REQUEST NOTICE AT INITIAL ENROLLMENT OR ANY TIME THERE AFTER WHETHER THERE ARE CHILDREN CURRENTLY ENROLLED IN OR ATTENDING THE FACILITY FOR WHOM AN IMMUNIZATION EXEMPTION HAS BEEN FILED.		PARENT/GUARDIAN INITIALS	
PARENT'S/GUARDIAN'S SIGNATURE			DATE	
<b>CACFP REQUIREMENT</b>	FIRST ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	SECOND ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	
	THIRD ANNUAL UPDATE	PARENT/GUARDIAN SIGNATURE	DATE	



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

JOPLIN FAMILY YMCA  
**FINANCIAL AGREEMENT &  
AUTHORIZATION FOR  
AUTOPAYMENT**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Responsible Party's Information**

Name \_\_\_\_\_  
First MI Last  
 Address \_\_\_\_\_  
Street Apt # City State Zip  
 Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_  
 Social Security # \_\_\_\_\_ Relationship to child \_\_\_\_\_ Email \_\_\_\_\_  
 Preferred method of contact: Phone \_\_\_\_\_ Email \_\_\_\_\_

- Automatic bank and credit card drafts for the enrolled child's tuition are processed at 9am on Monday mornings, regardless of bank holidays, unless the Joplin Family YMCA billing office is closed.
- Weekly tuition is billed at a flat weekly rate. No other discounts will be provided based on closures or absences for holidays, illness, weather or any other unforeseeable events. I understand I will be charged the same rate every week whether the enrolled child attends the program or not.
  - I understand I am only allowed ONE excused week of absences per calendar year.
  - A written notice must be submitted to Childcare Billing Office a week prior or no later than the Friday prior to any additions/changes to the enrolled child's record/account. Add/Change Forms are available at the site or online for me to use as written notice for cancellation out of the program and for additions/changes. If I do not provide advance written notice, I will be charged the regular weekly rate.
- If the child is enrolled into the activity days or drop program, my payments are due in advance and must be received before the child attends the program. Proof of payment will be required at drop off. If payment is not made before the enrolled child attends, I will incur a \$10 late fee. If I do not make my payment in full by close of business Friday, my balance will be automatically deducted from my bank account or charged to my credit card the following Monday.
- A ONE TIME and PERMANENT switch from the weekly program to the daily drop program (and vice versa) is allowed. Written notice of the switch must be submitted by a week or Friday prior to the planned week of change.
- I am fully responsible for updating changes to my credit/debit card number, expiration and security code or my bank checking/savings information a week or the Friday prior to my next bank draft date.
- If my payment for my tuition or balance is returned or declined, I will be notified immediately and will be assessed a \$25 return-payment fee, and my payment will be due immediately.
- If I do not make my payment in full by close of business Friday, the enrolled child will not be allowed to attend the program until payment is made.
- If I receive assistance through a third party agency, I am fully responsible for the remaining balance the third party does not pay.
- If the enrolled child is not allowed to attend the program due to non-payment and I do not make payment, I will be referred to a third-party collection agency.

**BANK DRAFT (Attach a voided check to this form)**

Name on Bank Account \_\_\_\_\_  
 Name of Bank \_\_\_\_\_  
 Routing # \_\_\_\_\_  
 Account # \_\_\_\_\_  
 Checking     Savings

**CREDIT CARD DRAFT**

Name on Card \_\_\_\_\_  
 Card Type \_\_\_\_\_  
 Card # \_\_\_\_\_  
 Expiration Date \_\_\_\_\_  
 Security Code \_\_\_\_\_

I have given authority to the above bank or credit card company to honor all preauthorized ACH drafts on my account for childcare payment and/or outstanding balance due for the current program my child is enrolled.

I understand that by signing this form I assume all financial responsibility for this child and agree to abide by all policies in the parent handbook (included with the enrollment packet).

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## JOPLIN FAMILY YMCA **BEHAVIOR MANAGEMENT PROCEDURES AND DISCHARGE POLICY**

It is our goal to provide a healthy, safe, and secure environment for all program participants. Children who attend this program are expected to interact appropriately in a group setting and to follow the YMCA's behavior guidelines, which are based on the Y's four core values of caring, honesty, responsibility, and respect:

- We will care for ourselves and for those around us.
- Honesty will be the basis for all relationships and interactions.
- People are responsible for their actions.
- We respect each other and the environment.

When a child does **not** follow the behavior guidelines, we will take the following steps:

1. Staff will redirect the child to more appropriate behavior.
2. The child will be reminded of the behavior guidelines and rules, and a discussion will take place.
3. If the behavior persists, a parent will be notified of the problem.
4. The staff will document the situation. This written documentation will include what the behavior problem is, what provoked the problem, and the corrective action taken.
5. Staff will discuss the situation with the parent(s)/legal guardian(s)/designed pickup person at the time of pickup to relay the behavior(s) and what steps have been taken to address the behavior(s)/incident(s). Behavior(s) that are outside staff's qualifications to manage (i.e., medical), disruptive to the program, and/or involve physical aggression towards others may result in a suspension. All suspensions must be approved by the Director.
6. The Coordinator and Director will review any behavior(s) that resulted in a suspension from the program and the Coordinator will follow up with the parent(s)/legal guardian(s) within two business days with the findings of the review. The determination of the review may result in additional suspension days until additional required state specialized care documentation has been completed, returned, and reviewed with the Coordinator, the Director, and the Chief Operations Officer. This review will be completed within three business days and the parent(s)/legal guardian(s) will be contacted with the findings of the review. The review findings could determine that additional suspension days are required until identified accommodations can be put in place or could result in a discharge/expulsion from the After School Program and/or All School Age Services through the Joplin Family YMCA. Discharge/Expulsion from the program will be considered for disruptive behavior(s) that create an unsafe environment and/or behavior(s) that are physically aggressive towards others or self-harming.

### **Discharge Policy**

1. If a child is discharged/expelled mid-week, childcare fees for the week are non-refundable.
2. The Joplin Family YMCA reserves the right to suspend/discharge/expel a child if the parent(s)/legal guardian(s) refuse to comply with above outlined procedure in providing requested additional state specialized care documentation that must be completed by a specialized professional.
3. The Joplin Family YMCA reserves the right to suspend/discharge/expel a child from the program if the child and/or parent's professional relationship becomes unhealthy/unprofessional in nature.



JOPLIN FAMILY YMCA  
**BEHAVIOR MANAGEMENT PROCEDURES  
AND DISCHARGE POLICY**

The following behaviors are not acceptable and may result in the immediate suspension of a child for the remainder of the current day and the next day:

- Endangering the health and safety of children and/or staff, members, and volunteers
- Stealing or damaging YMCA or personal property
- Leaving the programming area without permission
- Continuing to disrupt the program
- Refusing to follow the behavior guidelines or program rules
- Using profanity, vulgarity, obscenity or acting in a lewd manner
- Engaging in physically aggression towards others and self-harming behavior(s)

Immediate expulsion may occur if a child is in possession of and/or using tobacco, alcohol, illegal drugs, firecrackers, firearms, or explosives.

**PARENT SIGNATURE REQUIRED**

I have reviewed the Behavior Management Procedures and Discharge Policy with my child. I also understand and agree to all of the terms presented in this document.

\_\_\_\_\_  
Parent/Legal Guardian Print Name

\_\_\_\_\_  
Print Child's Name

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



JOPLIN FAMILY YMCA  
**AUTHORIZATION FOR  
RELEASE OF INFORMATION**

Child's Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian (Print): \_\_\_\_\_

I do hereby consent and authorize Joplin Family Y to release any information pertaining to my child to the agencies/persons indicated below, and I also authorize the indicated sources to release information/documentation regarding my child to Joplin Family Y (be specific):

- School \_\_\_\_\_
- Mental Health Agency/Professional \_\_\_\_\_
- Physician or Medical Facility \_\_\_\_\_
- Other: \_\_\_\_\_

**BE SPECIFIC IN FILLING OUT THE AGENCY NAMES ABOVE**

I understand that:

- this authorization to release information will remain in effect until I revoke it in writing.
- this consent does not permit the recipient to authorize release of my information to a third party.
- this is a standing consent and will not result in a release of information unless request by the recipient listed above.

This release expires after 1 year.

\_\_\_\_\_  
Parent/Legal Guardian Signature      Date

\_\_\_\_\_  
Witness Signature      Date



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

JOPLIN FAMILY YMCA

## Late Fee and Pick-up Policy

It is our goal to provide a healthy, safe, and secure environment for all program participants. Children who attend this program are expected to follow the YMCA's time guidelines: Normal business hours for the After School Program are 2:30 PM to 6:00 PM Monday through Friday, with camp hours being from 7:00 AM to 6:00 PM Monday through Friday.

- Any child left at the site after the identified pickup time will be assessed a late fee.
- A fee of \$10 will be assessed after a 10 minute grace period.
- \$10 will be assessed additionally for every 10 minute increment thereafter the grace period.
- Late fees must be paid within TWO business days.
- The child will NOT be able to attend the program until the remaining fees have been paid in full.

If this becomes a persistent problem, staff may suspend the child. Repeat suspensions may result in expulsion.

### PARENT SIGNATURE REQUIRED

I have reviewed the late fee and pick-up Policy. I understand and agree to all of the terms presented in this document.

---

Parent's signature

---

Date