



FOR YOUTH DEVELOPMENT®
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**SCHOOL AGE CHILD CARE
2018-2019 SCHOOL YEAR
ENROLLMENT PACKET
EOE/EOP**



GREATER VALLEY YMCA, Suburban North Family YMCA

880 Walnut Street, Catasauqua, PA 18032
(P) 610-264-5221 (W) gv-ymca.org

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**2018-2019 GREATER VALLEY YMCA, SUBURBAN NORTH BRANCH
SCHOOL AGE CHILD CARE**

HOW TO REGISTER

To register, simply complete the attached registration packet and return it to the Greater Valley YMCA, Suburban North, 880 Walnut Street, Catasauqua, PA 18032.

Registration deadline is the Tuesday prior to the week you are registering for. Late registration is subject to Director's approval and a \$25 late registration fee.

CONFIRMATIONS

- Incomplete paperwork will delay the registration process.
- Waiting List Status will be notified by phone.

PAYMENT INFORMATION

- Registration Fee, \$50 per family (non-refundable). Registration fee is paid at initial enrollment. If a child withdraws for a period of 90 days, a new registration fee must be paid.
- Tuition payments are due on the start day of the service period; as per Parent Agreement Form Payment Option selected. Payments not received on time will result in a \$15.00 late fee.
- **Electronic Credit Card Payment:** Credit Card Payments will automatically be processed on scheduled due dates as per your parent agreement.
- **Electronic Bank Draft Transfer:** Bank Accounts will be drafted on scheduled due dates as per your parent agreement.
- **Checks:** Checks payable to Greater Valley YMCA and due the Friday prior to the registered week.
- **Transactions completed in person or by phone:** For families who do not have a checking account and/or credit card, cash payments will be accepted. **Approval must be obtained by the Director, prior to picking the CASH option.** A \$5.00 fee will apply to each cash payment. Additionally, a \$5.00 fee may apply to credit card transactions processed in person or by phone.

ACCOUNT STATEMENTS

Statements will be printed as per parent's request.

ENROLLMENT CHECKLIST

NAME: _____

PARENTS: (HIGHLIGHTED SECTIONS ARE INCOMPLETE. PLEASE UPDATE AND RESUBMIT DOCUMENTS TO COMPLETE YOUR REGISTRATION PACKET.)

- Child Getting to Know You Form: Signature and date required
- Agreement Form: Signature & date required
- Emergency Contact Form: Signature & date required
- Authorization and Permission for Medical Treatment Form
- Health Appraisal: Must be received 30 days from start date. Due as follows:
 - Birth thru 23 months - Twice Annually
 - Age 2 thru 5 - Annually
 - Age 6 and older - Every other year
- Tuberculosis Assessment Report
- Registration Fee (\$50-non-refundable.)
- Tuition Express Enrollment Form

Paperwork must be updated every six months and/or when changes have occurred, as per DHS regulations.

CONTACT

Devon Whiteman
devonwhiteman@gv-ymca.org
610-264-5221

CLASSROOM ASSIGNMENT

Congratulations - Your child has been accepted to participate in the Suburban North YMCA Child Care Program.

SCHOOL-AGE PROGRAM

- Before School
- After School
- Before & After School

Child Care Center

- George Wolf
- Lehigh Township
- Moore Township
- Peters Elementary
- Sheckler Elementary
- Siegfried Elementary

WELCOME PACKET CHECKLIST

- Parent Handbook
- Program Calendar

CHILD INTAKE

Child's Name _____ Nickname _____

Date of Birth _____ Age _____ Male _____ Female _____

Grade _____

Has your child ever been in Child Care before? Yes _____ No _____

If yes, where?

Are there any needs or fears you would like to let us know about? Yes _____ No _____

What is your child's preference for social interactions? _____

Is there any other information that we should know that will help your child transition into care? Yes _____ No _____

Does your child have an IEP, IFSP, Special Needs Assessment, or other documentation? Yes _____ No _____

If so, please attach it for our records

Are there any behaviors you are aware of that your child may need assistance with from the staff? Yes _____ No _____

If yes, please list

Are there people who you would like us to contact who have worked with your child? Yes _____ No _____

Name/Phone _____

Name/Phone _____

Permission For Release of Information: The Y has my permission to obtain records and discuss information pertaining to my child with agencies involved in the care and development of my child.

Parent Signature _____ Date _____

This paper is provided for general information purposes and is not intended to substitute for legal advice on specific issues.

STAFF USE ONLY

2018-2019 GREATER VALLEY YMCA, SUBURBAN NORTH BRANCH CHILD CARE AGREEMENT FORM

NEW CHANGE OF ENROLLMENT (subject to \$15 processing fee)

Child's Name: _____ Date of Birth: _____ Age: _____ Grade in 2018-2019: _____

Arrival Time: _____ Departure Time: _____ Anticipated Start Date: _____ School: _____

SCHOOL AGE CHILD CARE	SCHEDULE/FEEs	DAYS OF ATTENDANCE	WEEKLY TUITION
Before School Program	\$50—5 Days; \$40—4 Days; \$30—3 Days; \$20—2 Days; \$10—1 Day	M T W TH F	\$
After School Program	\$70—5 Days; \$56—4 Days; \$42—3 Days; \$28—2 Days; \$14—1 Day	M T W TH F	\$
Before & After School Program	\$100—5 Days; \$80—4 Days; \$60—3 Days; \$40—2 Days; \$20—1 Day	M T W TH F	\$
Y Days	\$27/Per Day		\$

Parent Signature: _____ Date: _____

Hours of Operation:

- George Wolf 6:30 AM-9:00 AM; 3:00 PM-6:00 PM
- Lehigh Township 6:35 AM-9:00 AM; 3:00 PM-6:00 PM
- Moore Township 6:30 AM- 9:00 AM; 3:00 PM-6:00 PM
- Peters Elementary 6:30 AM-9:00 AM; 3:00 PM-6:00 PM
- Sheckler Elementary 6:45 AM-8:45 AM; 3:00 PM-6:00 PM
- Siegfried Elementary 6:30 AM-9:00 AM; 3:00 PM-6:00 PM

Notes:

Financial Policy & Procedure- AGREEMENT FORM

Payment Due Date/Late Registration Fee: \$50 registration fee (non-refundable) is due at time of registration. Any registration received after TUESDAY prior to the registered week will incur a \$25 late fee. Children may be placed on a waiting list in the event that payment is not received and/or late.

Late Payment Fee: Any payment made after the due date will be assessed a \$15 late fee.

Late Pick Up Fee: \$20 for the first 15 minutes past program hours starting at 6:01 PM and \$1 each minute thereafter.

Change of Program Fee: A \$15 fee will be assessed for any enrollment change (i.e. schedule change). All requests must be submitted in writing to the child care office.

Returned Check/Bank Draft: A \$25 fee per NSF bank draft will be assessed; future payments may be required in the form of cash.

Absences/Vacation Days/Holidays: Parent/Guardian is responsible for paying the required tuition amount each week. No credit will be given for days during the session not in attendance. No credit will be given for days registered but unattended.

Outstanding Balances: If your account has an outstanding balance, your child will be declined the ability to attend, register for or attend a new session, transition to a new/classroom/program, register at another YMCA, transfer records, or obtain year end statements until the account is paid in full.

Refunds/Credit Policy: The registration fee and tuition payments are non-refundable. All refund requests must be approved by the Director and may be subject to a \$10 processing fee. No credit will be given for days not in attendance.

Subsidized Enrollment: Parent/Guardian is responsible for any unpaid tuition fees and/or days.

Additional Fees: A \$3 fee may be assessed for failure to sign a child in and/or out for the day

HOLIDAY/IN-SERVICE DATES

(Child Care services are NOT available)

September 3, 2018

November 22, 2018

November 23, 2018

December 24, 2018

December 25, 2018

December 31, 2018

January 1, 2019

February 18, 2019

April 19, 2019

April 22, 2019

May 27, 2109

July 4, 2019

We reserve the right to add additional closed days and early dismissal dates for professional development. In addition, there will not be care provided on days when school is closed due to inclement weather.

Subsidy Provider Information

- YMCA Adjustment _____
- YMCA Financial Assistance _____%
- Approved Start Date _____
- End Date _____
- State Subsidy (*current agreement form and/or confirmation must be on file prior to tuition adjustment*)
- Northampton County CCIS
- Lehigh County CCIS
- Other: _____
- Caseworker: _____
- Phone Number: _____
- CCIS Copay: _____

PAYMENT OPTION FORM (Registration will not be processed without paid registration fee)

Payment Plan

- Weekly Tuition Payments (Mondays)

Method of Payment

- Check or Money Order (\$5 fee applies to weekly check or money order payment)
- Credit Card Draft
- EFT Draft

Bank Draft: Please attach a voided check and complete Payment Authorization Form

Electronic Bank Draft Transfer as per my Payment Option: \$_____ (weekly)

Credit/Debit Card: Please complete Payment Authorization Form

Electronic Credit/Debit Card Transfer as per my payment option: \$_____ (weekly)

For Internal Use Only

- Director Approval (initial) _____
- CCIS Contacted
- Caseworker Name: _____
- Copay verified: _____
- Schedule verified: _____
- Start Date: _____

- ProCare input complete
- Subsidy/Financial Assistance applied
- Registration fee applied
- Parent contacted, start confirmed

I the parent/guardian, have reviewed and approved this registration information. I have read, understand and agree to comply with the YMCA's payment procedures and policies. I understand that my child will become ineligible for participation in the child care program if payment has not been received by the YMCA prior to or on scheduled due date. I agree to update the emergency contact, parent consent form, agreement form and health appraisal form information whenever changes occur or every six months (DHS Standards- 3270.124, 3280.124, 3290.124). I acknowledge that I have received the parent handbook and I understand that the YMCA will not provide care on the holiday/in-service days listed above.

Parent/Guardian Name (printed): _____ Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (printed): _____ Parent/Guardian Signature: _____ Date: _____ (6 month update)

Enroll Date: _____ Withdrawal Date: _____

Registrar/Director's Signature: _____ Date: _____

GREATER VALLEY YMCA, SUBURBAN NORTH BRANCH

School-Age Child Care

EMERGENCY CONTACT/PARENTAL CONSENT FORM (ALL LINES MUST BE COMPLETED- WRITE N/A IF NOT APPLICABLE)

CHILD'S NAME		BIRTH DATE	GENDER
ADDRESS			
MOTHER'S NAME/LEGAL GUARDIAN		CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	BIRTHDATE
ADDRESS		HOME/CELL NUMBER	
BUSINESS NAME		EMAIL ADDRESS	
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER	
FATHER'S NAME/LEGAL GUARDIAN		CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>	BIRTHDATE
ADDRESS		HOME/CELL NUMBER	
BUSINESS NAME		EMAIL ADDRESS	
BUSINESS ADDRESS		BUSINESS TELEPHONE NUMBER	
EMERGENCY CONTACT PERSON NAME/ADDRESS : CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		DAYTIME PHONE NUMBER	
EMERGENCY CONTACT PERSON NAME/ADDRESS : CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		DAYTIME PHONE NUMBER	
EMERGENCY CONTACT PERSON NAME/ADDRESS : CHILD MAY BE RELEASED TO INDIVIDUAL <input type="checkbox"/>		DAYTIME PHONE NUMBER	
NAME OF CHILD'S PHYSICIAN / MEDICAL CARE PROVIDER		TELEPHONE NUMBER	
ADDRESS			
SPECIAL DISABILITIES (IF ANY)		ALLERGIES INCLUDING MEDICATION REACTION	
MEDICAL OR DIETARY INFORMATION NEEDED IN AN EMERGENCY		MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD - DOES YOUR CHILD HAVE AN IFSP/IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, PLEASE PROVIDE)			
HEALTH INSURANCE COVERAGE FOR CHILD OR MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)	
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT			
OBTAINING EMERGENCY MEDICAL CARE		ADMINISTRATION OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS		SWIMMING	N/A
TRANSPORTATION BY THE FACILITY		WADING	N/A

SIGNATURE OF PARENT OR GUARDIAN

DATE

SIGNATURE OF PARENT OR GUARDIAN (6 month review)

DATE

CHILD RELEASE

This form ensures that your child is released only to people who are authorized to pick up the child from the Y. Please indicate below all persons names that you authorize to pick up and sign out your child from child care. Anyone not on this list will NOT be allowed to pick up your child. In the event of an emergency please contact the School Age Child Care Director at 610-264-5221 to inform them of who will be picking up your child.

- Please note that children will ONLY BE RELEASED to those listed below!
- Picture identification will be required before child is released!

I hereby give my permission to the Greater Valley YMCA Suburban North Family Branch, to release my child to the custody of only those persons listed below.

Name & Address	Relationship to Child	Tel
1		
2		
3		
4		
5		

GENERAL PERMISSIONS

I give permission (✓)	I <i>do not</i> give permission (✓)	Action Item	Parent Signature (MUST SIGN EACH LINE)
		Picture: Permission to use my child’s photograph in any official publicity pieces, including, but not limited to; news releases, social media, publications and web use.	Parent Signature
		Picture: Permission to use photographs of my child taken during the program or YMCA events, ONLY within the YMCA or Child Care Center.	Parent Signature
		Allergy: Permission to post my child’s allergies in their classroom or binders.	Parent Signature
		To use hand sanitizer to supplement hand washing	
		2018-2019 Child Care Handbook/Statement of Understanding: I have received, read and will abide by the Statement of Understanding and the Slate Belt YMCA Parent Handbook.	Parent Signature
		Emergency Operations Plan: I have received, read and understand the information on the Emergency Operations Plan for the Suburban North Family YMCA Programs. I understand that the persons listed on the Emergency Contact Sheet will be designated custodians for release of my child.	Parent Signature
		In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize the Suburban North Family YMCA to send my child to the following hospital: _____ (LVHN- Muhlenburg will be used if no location is designated.) I agree to meet the YMCA Staff person at the hospital as soon as possible after being notified. I understand that I must bear all expenses, including those incurred to transport my child to the hospital.	Parent Signature

Parent Signature

Date

Parent Email

Child’s Name

Date of Birth

GREATER VALLEY YMCA, SUBURBAN NORTH BRANCH STATEMENT OF UNDERSTANDING/YMCA CHILD ABUSE POLICY

The following information is important for the safety and protection of your child. Please read the information, and sign the permission form indicating your understanding. A copy will be placed in your child's records.

- I understand that my child will not be allowed to leave with any unauthorized person. All persons authorized to pick up my child, including older siblings or other relatives, must be listed with the Y and must be 18 or older. Any other arrangements must be made by calling the Child Care office at 610-264-5221.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.
- I understand that the Y is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that Y staff and volunteers are not allowed to babysit or transport children at any time outside the Y program. Immediate disciplinary action will be taken by the Y toward staff and volunteers if a violation is discovered.
- I understand that I am not to leave children unattended. I will wait for Y staff or volunteer to receive and supervise the child.
- I understand that children should not receive excessive gifts (e.g., TV, video games, jewelry) from Y staff or volunteers, and that I should report this to a supervisor if they do.

I understand that I can help ensure my child's safety by taking an active interest in his or her Y experience. I too, will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.

[Receipt of this document acknowledged on page 7]

SUBURBAN NORTH FAMILY YMCA

EMERGENCY OPERATIONS PLAN

Dear Parent(s)/Guardian,

The YMCA recognizes safety as our first priority for all children attending Y programs. With this in mind, the YMCA has developed a comprehensive Emergency Operations Plan (EOP) that provides for response to all types of emergencies. The specifics of the plan is located at each child care facility and can be viewed at anytime.

Depending on the circumstance of the emergency, the children may be relocated to a different part of the facility and/or offsite at a temporary shelter. Children will remain there until all is clear and/or accommodations for parent pick up has been established. Once the children are in a safe location and/or emergency has been cleared parents will be contacted.

On-site School Age

Immediate Evacuation

If there is an immediate evacuation of the Y, children will be evacuated to the exterior of the building, either pavilion behind the Y or grassy area in front of the Y.

In-place sheltering

Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response. School Age Child Care will take cover in the gymnasium or the Teen Center.

Evacuation

Total evacuation of the facility may become necessary if there is a danger in the area. School Age Children will be evacuated to Siegfried Elementary, 1677 Lincoln Ave., Northampton, PA 18067.

Off-site School Age (Catasauqua, Northampton and Northern Lehigh School Districts)

Immediate Evacuation

If there is an immediate evacuation, children will be evacuated to the exterior of the building, parking lot or playground.

In-place sheltering

Sudden occurrences, weather or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.

Evacuation

School	Primary Evacuation Site	Secondary Evacuation Site
George Wolf	St. John's Lutheran Church 206 E. Main Street Bath, PA 18014	Suburban North Family YMCA 880 Walnut Street Catasauqua, PA 18032
Lehigh Township Elementary	Lehigh Township Fire Company 4188 Lehigh Drive Cherryville, PA 18035	Suburban North Family YMCA 880 Walnut Street Catasauqua, PA 18032

Evacuation (Cont.)

School	Primary Evacuation Site	Secondary Evacuation Site
Moore Township Elementary	Klecknersville Fire Company 2718 Mountain View Drive Bath, PA 18014	Suburban North Family YMCA 880 Walnut Street Catasauqua, PA 18032
Peters Elementary	Slatington Elementary School 1201 Shadow Oaks Lane Slatington, PA 18080	Suburban North Family YMCA 880 Walnut Street Catasauqua, PA 18032
Sheckler Elementary	Suburban North Family YMCA 880 Walnut Street Catasauqua, PA 18032	St. Paul's Lutheran Church 417 Howertown Road Catasauqua, PA 18032
Siegfried	Northampton Area Senior High School 1619 Laubach Avenue Northampton, PA 18067	Suburban North Family YMCA 880 Walnut Street Catasauqua, PA 18032

Modified Operation

May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for students but may be necessary in a variety of situations.

Please visit us online at www.gv-ymca.org or Channel 69 News WFMZ for announcements relating to any of the emergencies listed above. Additionally, you can check our Facebook page www.facebook.com/SuburbanNorthYMCA for updates.

We ask that you refrain from calling during an emergency. This will keep the main telephone line free to make emergency calls and relay information. We will call you to let you know that we have taken one of these precautions listed here and/or when it is safe for you to pick up your child at the Y or one the relocation sites. The designated persons to pick up your child during an emergency is listed on the emergency contact form that is included in the registration packet.

If an emergency forces school to close, please do not attempt to bring your child to the Y.

We urge all families to have their own plan in place. Your plan should include a predetermined meeting spot for all family members along with designated family member and/or friend who are able to pick up your child in the event of an emergency.

In order to assure the safety of your child and our staff, we ask for your understanding and cooperation. Should you have additional questions regarding our Emergency Operations Plan, please contact the School Age Child Care/Day Camp Office.

(Receipt of this document acknowledged on Page 7)

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CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):

NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.

NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):

NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.

NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?

YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG)

YES NO

NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.

VISION (subjective until age 3)

HEARING (subjective until age 4)

LEAD

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:

SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT

ADDRESS:

TITLE:

PHONE:

LICENSE NUMBER:

DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

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**FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Dear Families,

At the Suburban North Family YMCA Childcare Center, we are constantly looking at ways to improve on the service we provide to you and your children. With this in mind, we use a **mandatory** automated tuition and fee payment option.

Tuition Express, part of our ProCare Software management system, allows us to process tuition and fee payments safely, quickly and efficiently. In a matter of minutes we will accomplish what has taken us hours to complete -- leaving us more time to spend with your children.

Once enrolled in Tuition Express, your tuition and fee payments will be paid automatically. The Suburban North Family YMCA Childcare Center can produce a receipt for payment or you can receive instant email notification by signing up at www.tuitionexpress.com.

Your personal account information is safe with Tuition Express – safer, in fact, than paying by check. Automated payments have proven safer than writing checks and eliminate potential check fraud or identity theft.

Please look over the attached Frequently Asked Questions. There you will find answers to questions you may have about Tuition Express or automated payments in general. If you have further questions don't hesitate to ask.

Tuition Express offers various payment options that meet the needs of all families:

- **Point of Service**: A one-time charge will be used if requested and approved.
- **Electronic Credit Card Transfer**: Credit Card Payments will automatically be processed on scheduled due dates as per your parent agreement.
- **Electronic Bank Draft Transfer**: Bank Accounts will be drafted on scheduled due dates as per your parent agreement.
- **Check**: Approval must be obtained by the Childcare Director prior to picking the CHECK option. Must be paid the Friday prior.
- **CASH**: For families who do not have a checking account and/or credit card, cash payments will be accepted. Approval must be obtained by the Childcare Director prior to picking the CASH option. Must be paid the Friday prior.

All NEW families will need to complete the Tuition Express Registration Form, Parent Agreement Form and applicable Payment Enrollment Form (Credit/Bank Draft) and submit to the Director prior to enrollment at the Suburban North Family YMCA Childcare Center.

By completing one of the enclosed Tuition Express Payment Enrollment Forms, you will help us take a gigantic step forward in our payment processing – a step that will allow us to focus on continuous quality improvement with the services we offer to your family. Tuition Express is convenient for you, efficient for us, but best for your children. Welcome Aboard!

Sincerely,
Devon Whiteman
Child Care Director



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 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. 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
		<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Routing Transit Number (see sample below)		Account Number (see sample below)	

For Official Use Only

Date Received
Employee Signature



A service of



procure
SOFTWARE™