



Registration Form

General Information

Child's name _____ Date of Birth _____
 Guardian's name _____ Daytime phone _____
 Email _____ Home phone _____
 Home address _____

Does child have any severe allergies or chronic medical conditions diagnosed by a licensed health care practitioner such as ADHD or asthma? Yes No *(If YES, additional forms are required for enrollment.)*

Please check the appropriate box for the schedule you request:

- Toddler: 5 days (Mon – Fri) Preschool/Pre-Kindergarten: 5 days (Mon – Fri)
 Preschool/Pre-Kindergarten: 3 days (Mon, Wed, Fri) Preschool/Pre-Kindergarten: 2 days (Tue, Thurs)

Returning Child Registration Fee

- Returning child: \$30 (check attached) Add to my account and charge card if on file Child on voucher or contracted slot*

Enrollment and Billing Policies

- Families will be emailed access to SchoolDoc.com, a secure online service, where they will be able to complete their enrollment forms electronically.
- Tuition for families not on an EEC subsidy is due on the 15th of the month before care. A late fee of \$15 is charged when payments are not received by the 20th of the previous month.
- *Upon enrollment, families on EEC vouchers and contracted slots must provide a deposit equal to the assessed parent fee for 5 full days of care which will be credited to the final week of enrollment. Regular tuition payments are due no later than the Monday the week before care is provided.
- If tuition is overdue for a period of two (2) weeks it may result in termination of care and access to other YMCA programs. Families with outstanding balances cannot sign up for any new MetroWest YMCA programs until their balance has been paid in full.
- The Y does not automatically send out bills or invoices. Families can access their monthly statements online or submit a request that the invoices be sent to them.
- A 30-day written notice must be submitted to the Y before schedule change requests and withdrawing a child from the program. Parent/guardians are responsible for tuition during this period regardless of when the child leaves the program.
- In addition, I understand that pick-up time is by 6:00PM. I agree to pay a late fee of \$10.00 within the first 10 minutes and \$5.00 for each 5 minute interval afterwards to compensate the teachers staying with my child past the program's closing time.

New Families only: The first month's tuition must accompany this form. The payment is reimbursable up to 6 weeks before the 1st day of the month when child is to begin school.

As a participant in the Child and Adult Care Food Program (CACFP) that provides reimbursement for the meals and snacks that we provide, we are required to collect enrollment and eligibility documentation annually. This is required for all families, even for those who do not qualify for free and reduced food.

Guardian Signature _____ **Date** _____

Office Use Only:	Classroom _____	Start date _____
Family Member Number: _____	Staff initials _____	Payment date _____



METROWEST YMCA
Early Learning Center
Framingham Branch

Commitment to Partnership

At the MetroWest YMCA's Early Learning Center (ELC), we strive to provide a quality program that provides a safe, nurturing and enriching environment for all of the children who attend. We value parents and guardians as their children's first teachers and look forward to working as team with all our families to support an enriching and positive experience for all of the children at our Center.

According to best practices in the field of early childhood, there are three fundamental conditions which make a quality early childhood program:

1. An environment that allows every child in the class to feel safe and nurtured
2. An environment that allows each child to grow and develop at their own pace by providing a balance of structured and unstructured opportunities for learning through play and exploration
3. An environment in which children are seen as individuals who are part of a classroom community, in which individual learning styles and preferences are celebrated as part of a commitment to honor diversity in all its forms.

We know that children come to their first "school" experience with varying levels of skills and abilities in the areas of social and emotional, cognitive and physical growth. Here at the ELC, we meet children where they are and support them in developing the skills needed to be successful in kindergarten and beyond. We also recognize that some children need more support than others. In most circumstances, the ELC educators can support a child's individual needs by providing a bit of targeted assistance until the child has developed the confidence and skills needed in a particular area.

When a child comes to us with identified special needs or behavioral issues, or if these issues emerge during the course of a child's time in the ELC, we partner with families to determine what kinds of interventions and supports the child will need to thrive and grow. Sometimes through this process, it becomes apparent that a child needs more support than our educators are able to provide. In such circumstances, we usually recommend that the child be evaluated for supports outside of the Y. We then expand our partnership with families to work collaboratively with outside organizations to get children the supports they require.

In some cases, after going through the process of evaluating and responding to a child's individual needs, we may determine that the ELC is not the best program to meet the needs of the child. We look at the safety and wellbeing of the child and those around them; and we assess our educators' ability to provide the level of support needed by the child, while presenting a consistent and stable environment for all of the children to learn and have fun. In the event that we determine that a child has needs beyond our ability to provide, we try to work with the family and other professionals to find an environment that can better support the child and help the child meet their learning goals.

We want to thank you for partnering with us to create the very best conditions for your child to be happy and successful. We hope you see this Commitment to Partnership as our intention to work collaboratively with you by engaging in an honest and transparent process for every child and family.

ELC Director signature: _____ Date: _____

Child's name: _____

Parent/Guardian signature: _____ Date: _____

Child Enrollment Form

Child & Adult Care Food Program

Dear Parent/Guardian:

The MetroWest YMCA Early Learning Center participates in the United States Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP) administered by the Massachusetts Department of Elementary and Secondary Education.

Meals served must meet nutrition requirements established by USDA's Child & Adult Care Food Program. In order to participate, the child care center has agreed to follow the USDA guidelines. The child care center will give you a copy of the minimum meal components and portion requirements to be served according to the child's age. A medical statement from your doctor is necessary if your child cannot eat foods required by the CACFP.

In an effort to assess that these requirements are being met, the USDA and CACFP requires child care centers to annually collect the enrollment information listed below.

Please complete the form and return it to your child care center. Part 1 and Part 3 need to be completed by all families or guardians. Part 2 is to be completed ONLY if enrolling an infant child (under the age of 12 months).

CHILD ENROLLMENT INFORMATION

Child's First Name	Last Name	Child's Date of Birth & Age		Beginning Date	
Times Child Normally Attends. For example 7:30 AM – 5 PM	Hours from: 7:30 to 6:00	Check the days your child normally attends	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	Check the meals you request that your child receives while in care	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack

PARENT OR GUARDIAN ACCEPTANCE AND SIGNATURE

I have read this child enrollment form and request that my child receive the above Child and Adult Care Food Program benefits. I have received a copy of this completed form and the "Building for the Future" Flyer.

Parent's Signature _____

Date Signed (form must be completed annually) _____

Parent's Name: _____
Please Print

Home Phone: _____

Mailing Address: _____

Work Phone: _____

City, State, Zip: _____

Cell Phone: _____

For questions please contact: Director of Early Learning, (508) 879-4420 x251

Part 1. All Household Members

Name of Enrolled Child(ren):		
Names of all household members (First, Middle Initial, Last)	Check if a foster child (the legal responsibility of a welfare agency or court) * If all children listed below are foster children, skip to Part 5 to sign this form.	Check if NO income
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits:
 If any member of your household received SNAP or TAFDC cash assistance, provide the name and case number for the person who receives benefits. If no one receives these benefits, skip to part 3.
 Name: _____ Case number: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call the Child Care Sponsor at Phone #: 508-879-4420
 Homeless Migrant Runaway

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income)	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
<i>(Example)</i> Jane Smith	\$200/weekly	\$150/twice a month	\$100/monthly	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____
	\$ ____/____	\$ ____/____	\$ ____/____	\$ ____/____

Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)

An adult household member must sign this form. **If Part 4 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box.** (See Privacy Act Statement on the back of this page.)

I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.

Sign here: _____ Print name: _____
 Date: _____
 Address: _____ Phone Number: _____
 City: _____ State: _____ Zip Code: _____
 Last four digits of Social Security Number: * * * * - * * * - _____ I do not have a Social Security Number

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
Don't fill out this part. This is for official use only.	
Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12	
Total Income: _____ Per: <input type="checkbox"/> Week, <input type="checkbox"/> Every 2 Weeks, <input type="checkbox"/> Twice A Month, <input type="checkbox"/> Month, <input type="checkbox"/> Year Household size: _____	
Categorical Eligibility: ____ Eligibility: Free ____ Reduced ____ Denied ____	
Reason: _____	
Determining Official's Signature: _____ Date: _____	
Confirming Official's Signature: _____ Date: _____	

The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.

Effective July 1, 2017 to June 30, 2018	
Household size	Yearly
1	22,311
2	30,044
3	37,777
4	45,510
5	53,243
6	60,976
7	68,709
8	76,442
Each additional person:	+ 7,733

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech disabilities and wish to file either an EEO or program complaint please contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (in Spanish). Persons with disabilities, who wish to file a program complaint, please see information above on how to contact us by mail directly or by email. If you require alternative means of communication for program information (e.g., Braille, large print, audiotape, etc.) please contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). USDA is an equal opportunity provider and employer.