

Child's Name: \_\_\_\_\_

## Infant and Toddler Programs Registration Forms

Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Start Date \_\_\_\_\_

Child is (circle one) Male / Female

Mother's Name \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Mother's Home Address/City/Zip: \_\_\_\_\_

*Please check here if this is a location the child lives at least part of the time*

Place of Business & Address/City/Zip: \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Father's Home Address/City/Zip: (if different from above) \_\_\_\_\_

*Please check here if this is a location the child lives at least part of the time*

Place of Business & Address/City/Zip: \_\_\_\_\_

Work Phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Parents are (circle one): Married / Separated / Divorced / Widowed / Single / Living together

### **Emergency Contacts: (Three complete addresses are required)**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

*Additional persons permitted to pick up your child may be listed on the accompanying page and you must include their addresses and phone numbers*

Persons **NOT permitted** to pick up your child (please provide a picture if possible)

Does your family have any religious or cultural values/beliefs/or practices we should know about while providing care for your child or your family? \_\_\_\_\_

**\*\*\* If the information on this page changes, we need to know ASAP, please ask for a new copy of this form to fill out – Thanks\*\*\***



Child's Name: \_\_\_\_\_

**Medical and Emergency Information and Permissions**

I / We hereby give consent to Young People's Learning Center to call the local emergency care facilities, our physician or our dentist as listed on our registration form for medical or surgical care for my child should an emergency arise. It is understood that a conscientious effort will be made to reach me/us ASAP in any situation where medical services are needed.

I hereby give consent for Poudre Valley Hospital (1024 S. Lemay Ave. Ft. Collins 80524/495-7000) to be my hospital of choice unless I notify Young People's Learning Center otherwise.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**Complete addresses for physician and the dentist are required.  
Do not leave any spaces blank. A dentist is required to be put down.**

Child's Physician/Physician's Office Name: \_\_\_\_\_  
Address/City/Zip: \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist/Dentist's Office Name: \_\_\_\_\_  
Address/City/Zip: \_\_\_\_\_ Phone \_\_\_\_\_

- Does your child have medical insurance? (Please check or circle)  Yes  No
- If you answered no to the above question, would you like more information on how to obtain medical insurance for your child? (Please check or circle)  Yes  No

Please list any chronic or/or medical conditions your child has (i.e. asthma) as well as any special dietary needs:

\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies or special formula needs your child has (Include FOOD, MEDICATION, BEE STINGS, etc.):

\_\_\_\_\_  
\_\_\_\_\_

In the past year, my child has been screened (Please check all that apply):

- By a dentist  For Hearing Issues  For Vision Issues
- For Speech Issues  For Developmental Issues  Other: \_\_\_\_\_

*If you would like information on any of the above screenings, please see a program director for information and resources!*

**Please be aware that in order to make sure all children are safe in our care, many medical conditions and allergies will require additional paperwork from you and possibly your doctor **BEFORE** your child is able to start in our program.**



Child's Name: _____
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**Schedule, Tuition and Financial Information**

**My child's schedule will be as follows:**

Circle the days the child will be in attendance. (The Alliance Program does not offer part time.)

Please circle one choice for each day you will attend		Approx. Arrival Time	Approx. Departure Time
Monday:	Full Time		
Tuesday:	Full Time		
Wednesday:	Full Time		
Thursday:	Full Time		
Friday:	Full Time		

Alliance by YPLC only does weekly payments:  **weekly** My tuition will be \$\_\_\_\_\_

I understand these rates may change and that I will be given adequate notice of any changes. I have read, understand, and agree to all financial policies as stated in the Young Peoples policy handbook and provided with this registration form.

**FAQ's about financial policies:**

- You are expected to pay for the schedule as listed above, plus additional charges for drop in days, until or unless you submit a schedule change form or notice of withdrawal (2 weeks) in writing. You pay for this schedule regardless of attendance. You are responsible to pay for the 8 holidays we are closed.
- Registration fee is \$100.00 and happens only once based on continuous enrollment.
- If your weekly payment is not received weekly by Friday, you may be charged a late fee of \$30/week
- At YPLC, rates adjust by about 5% each year in October.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



Child's Name: <hr/>
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**Authorizations and Permissions**

*Please note that we will ask you to re-sign these authorizations annually. You may opt out of any of these permissions by speaking with a director prior to signing and submitting this document and we will create an individual plan for your family and child and note it in their file.*

**Photo Release:** I hereby grant permission of any photographs or digital images taken of my child while at YPLC to be used in future printed or digital publication or websites. My child will not be identified by name and no compensation will be expected.

**Lotion Use:** We often find lotion a useful tool for calming children and also to be helpful in preventing some skin irritation issues at times. We will never put lotion on a child's skin if it is cracked or the lotion is being used as "treatment" without a doctor's permission. If we feel it is helpful, do we have your permission to use lotion on your child's skin?

- Yes, you have my permission to use lotion on my child
- No, please do not use lotion on my child

YPLC has my permission to use Diaper Rash Ointment on my child:  Yes  No

My child has permission to sleep on a nap mat during rest time:  Yes  No

Young Peoples Learning Center has my permission to use the following on my child:

- ONLY sunscreen provided by me
- Any sunscreen provided by me, YPLC or other YPLC families
- Bug spray (we only use bug spray when we are playing somewhere there are lots of bugs, usually walks near the river, but possibly more often if necessary)

Do you have any special notes/requests about sunscreen or bug spray application for your child:

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\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Child's Name: <hr style="width: 80%; margin: 0 auto;"/>
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**Young Peoples Learning Center Immunization Policy**

Colorado law requires students who attend a licensed childcare program to be vaccinated against many of the diseases vaccines can prevent. Your student must be vaccinated against:

- diphtheria, tetanus & pertussis (DTaP, DTP)
- polio (IPV)
- measles, mumps, rubella (MMR)
- hepatitis B (HepB)
- haemophilus influenzae type b (Hib)
- pneumococcal (PCV)
- varicella (chickenpox)

Vaccines are recommended for rotavirus, hepatitis A and influenza, but are not required.

The number, timing and spacing of the required vaccine doses is set by the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP). You can view a parent-friendly version of the current ACIP vaccine schedule for children 0 - 6 years of age at [www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf](http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf). We have also attached a copy.

- Please bring us a copy of your child's updated vaccine record to school every time he or she receives a vaccine.
- If your child cannot get vaccines because of medical reasons, you must submit an official Immunization Medical Exemption Form to your school, signed by a health care provider licensed to give vaccines. You can get the form at [www.colorado.gov/vaccineexemption](http://www.colorado.gov/vaccineexemption).
- ***We will no longer be accepting personal or religious exemptions for children enrolled in our program.***
- You may want to talk to a health care provider licensed to give vaccines or the Larimer County Health Department about which vaccines your student needs or if you have questions. You can read about the safety and importance of vaccines at [www.colorado.gov/cdphe/immunization education](http://www.colorado.gov/cdphe/immunization education).
- If you need help finding a health care provider, or finding free or low-cost vaccines, call the state health department's Family Health Line at 1-303-692-2229 or by contacting the Larimer County Health Department at 970-498-6700.

By signing below, you acknowledge that you have read and understand this document and will comply with all the above agreements.

<i>Guardian Name</i>	<i>Signature</i>	<i>Date</i>

Child's Printed Name(s) \_\_\_\_\_

Child's Name: <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/>
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## Infant & Toddler Financial Policies

### Fee Schedule

- Our Fee Schedule is based on a yearly prorated system and automatically takes into account the major holidays and up to two weeks vacation that your child will not attend Young People's Learning Center. Therefore, full payment is expected during the first two weeks of any continuous vacation. We will be closed any day that the Johannsen Support Services Center is closed. Unless otherwise specified by the Poudre Global Academy Principal and by the District's Director of Facilities or the Director's Designee.
- The nine holidays we will be closed are New Year's Day, President's Day, Memorial Day, July 4<sup>th</sup>, Labor Day, Indigenous People's Day, Thanksgiving, the day after Thanksgiving, and Christmas. You are charged for these 9 days if your child is normally scheduled for that day. We will also be closed for two weeks each year. Those dates will be announced each year in September when rates are adjusted. There will be one in winter (around Christmas and New Years) and one in the Summer. This year YPLC is closed 12/23/2024-12/27/2024 and 6/30/2025-7/4/2025. You will be charged for these days if your child is normally scheduled. For an extended continuous vacation of more than two weeks, payment is expected in full for the 1<sup>st</sup> two weeks and 1/2 for anytime past the first two weeks.
- This payment schedule is for infants and toddlers.

### Registration Fee

- There is a \$100.00 Registration Fee per child due at the time of registration. There is no additional registration fee for Infant or toddler Programs as long as your child's enrollment is continuous. If a child stops attending (for example, during summer vacation) and then re-registers in the fall, a new Registration Fee will be assessed. There is an additional Registration Fee for school-age children who attend one of our summer day camp programs.
- *Re-Enrollment Fee: If you choose to leave our center and then re-enroll within a 3-month period, an additional \$400 fee will be assessed as a re-enrollment fee. We are also unable to "hold" a child's space in the classroom until 2 weeks before the re-enrollment date.*

### Tuition Payments

- Weekly payments are due on Fridays. If your account is not current by the end of the week, a \$30.00 late fee will be assessed.
- If you are paying by the month, payment is due by the 5<sup>th</sup> of the month. If you are not current by the 5<sup>th</sup>, a \$30 late fee will be added each week you are late. Using a credit card will come with a 2-3% charge from TUITION EXPRESS paid by you. If you choose to pay by ACH bank transfer the fees will be incurred by YPLC.

### Illnesses

Except for long-term illnesses, you will be charged for absences due to illness or unexpected days off. Even though your child is absent, our costs remain the same. In the event of a long-term illness, and provided a one week's written notice is given, you will not be charged beyond the first week and your child's spot will be saved for up to 2 more weeks.

### Schedule Changes and Withdrawal Notice

A one-week's **written** notice is required prior to any permanent schedule change other than withdrawal (see withdrawal notice above.) Schedule changes will be approved based on classroom availability. A minimum two-week **written** notice is necessary before withdrawing your child from Young People's Learning Center. You will be charged for two weeks after the written notice is given.

### Return Check Charge

There will be a \$20.00 charge for all returned checks or declined credit card payments.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



Child's Name: <hr/>
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**Additional Information**

**Priority Phone Number**

On the forms above, we asked you for A LOT of information. We would like to know the FIRST phone number you would like us to call in case we need to contact you during the day:

Name of the person we are trying to reach: \_\_\_\_\_

Best number: \_\_\_\_\_

Additionally, we would like to know if you would prefer to receive a text message if it is not an emergency/we have something brief to communicate:

\_\_\_\_\_ Yes, please text me

\_\_\_\_\_ No, please do not text me

Number to text: \_\_\_\_\_

**How did you hear about us?**

\_\_\_\_\_ Phone Book

\_\_\_\_\_ Google Search

\_\_\_\_\_ Recommended by another parent

Name \_\_\_\_\_

\_\_\_\_\_ Advertising:

Where? \_\_\_\_\_

**What were the biggest factors in you choosing Young Peoples as your child care?**

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## **Information On My Child**

*Your child's new teacher would like some information that will be helpful to insure a smooth transition into the classroom. Please take time to answer the questions below. Thank you!*

1. Has your child even been in childcare before?
2. Does your child drink breast milk or formula? Please note, you must provide both the breast milk or formula that your child drinks.
3. Does your child eat baby food or solids? If so, how much and how often, and what kinds of food? We provide a wide array of baby foods, pouches and snacks, as well as some finger foods for our infant room (under 12 months). We cannot prepare food on site however, so if you are doing Baby Led Weaning you will need to provide your own foods. For our toddler room (12 months and older), we provide snacks but lunch should be brought daily from home.
4. Who else lives in your child's home (i.e. other relatives, siblings, pets)? Please send us a few family photos to put on our family wall.
5. Does your child have any specific attachments to a toy or blanket that would be helpful in his/her transition?
6. What are your child's napping habits? How often and how long does he/she nap, does he/she sleep in a crib, bassinet, bouncer, swing, on an adult? We do require children to sleep in cribs while in our care, and we cannot swaddle, but we can use the zip up sleeping bags.
7. **Is there anything else we should know, such as any additional behavioral or developmental information or any current home-life disruptions or variations?**



Child's Name: _____
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## Information On My Family

*Your child's new teacher would like some information that will be helpful to ensure a smooth transition into the classroom. Please take time to answer the questions below. Thank you!*

Please list any other languages spoken in the home: \_\_\_\_\_

*\*If you would like to provide us with a list of words and pronunciations so we can communicate to your child in this way, we would love that! Words such as eat, food, sleep, bathroom, toys, mom, dad, school, friends, and home are helpful!*

**Please indicate here if it would be helpful to you to have translation services for paperwork or conferences – we will accommodate if we can!     Yes     No**

Describe your approach to parenting and/or education. We are really interested in how YOU describe your style, so feel free to just say a few sentences in whatever way you would like!

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What are your expectations of our teachers and program? You might take this time to express any experiences you have had before which we can improve on or to tell us something you would like us to discuss during conferences! \_\_\_\_\_

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We asked this question earlier, but sometimes this context gives families more ideas. Does your family have any religious or cultural values/beliefs/or practices we should know about while providing care for your child or your family?

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We love to get families involved in our program! Check any boxes about ways you might be able to join us:

- I would love to come do some reading or playing in the classroom
- I can take projects home, such as cutting out or preparing materials
- I can come ahead of parent events or stay after for set-up or clean up
- I have another idea of how to help: \_\_\_\_\_

Child's Name: _____
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### Additional People Allowed to Pick Up My Child

*Anyone listed on this form must also have their address and phone number listed.*

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

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Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone: \_\_\_\_\_ Address/City/Zip: \_\_\_\_\_

Child's Name:

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**Please Check the Appropriate Box Below**

- PSD Student
- PSD Staff Member
- Front Range Community College Student
- None of the above

Child's Name: _____
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## Media Release

*Throughout the year, children may be highlighted in efforts to promote YPLC activities and achievements. For example, children may be featured in materials to train teachers and/or increase public awareness of our schools through newspapers, radio, the web, displays, brochures and other types of media.*

I, the undersigned, do hereby grant or deny Young Peoples Learning Center and its employees and representative's permission to print, photograph and record my child for use in audio, video, film or any other electronic, digital and printed media.

This is with the understanding that neither YPLC, nor its representatives will reproduce said photograph, interview, or likeness for any commercial value or receive monetary gain for use of any reproduction of said photograph or likeness. I am also fully aware that my child's name will not be used alongside their photo, and I will not receive monetary compensation for my child's participation.

Please **check** the appropriate box below.

Deny permission:

- Deny permission to use my child's image at all

Grant permissions:

- Limited usage: I allow my child's photograph to be used on printed materials only (no digital or video use)
- Unrestricted usage: I give unrestricted permission for my image to be used in print, video and digital media. I agree that these images may be used by Young Peoples Learning Center for a variety of purposes and that these images may be used without further notifying me.

Please print the information below:

Name of Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Name of parent/guardian \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

Phone Number \_\_\_\_\_

Date \_\_\_\_\_

Child's Name: \_\_\_\_\_

## General Health Appraisal Form

**Parent:** *Please complete*

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies:  None  Describe: \_\_\_\_\_

Type of Reaction: \_\_\_\_\_

Diet:  Breast Fed  Formula: \_\_\_\_\_  Age Appropriate

Special Diet: \_\_\_\_\_

Preventive creams/ointments/sunscreen may be applied as requested in writing by parent, unless skin is broken or bleeding.

**Sleep:** Your health care provider recommends all infants less than 1 year of age be placed on their back for sleep.

I, \_\_\_\_\_ give consent for my child's health provider, school or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (and applicable attachments) to my child's childcare provider, school, or camp. FAX Number: \_\_\_\_\_

\_\_\_\_\_  
Parent or Legal Guardian Signature Date: \_\_\_\_\_  
Authorization expires 365 days after this date

**Health Care Provider:** *Please complete after parent section has been completed*

Date of Last Exam: \_\_\_\_\_ Recent Weight: \_\_\_\_\_ \*\*HCT: \_\_\_\_\_ \*\* B/P: \_\_\_\_\_ \*\*Lead Level: \_\_\_\_\_

Physical Exam:  Normal  Abnormal (see explanation of significant health concerns:)

Significant Health Concerns:  None  Reactive Airways Disease  Seizures  Diabetes  Developmental Delays

Vision  Hearing  Hospitalizations  Severe Allergies  Other (dental, nutrition, behavior, etc.) \_\_\_\_\_

Explain above concerns (if necessary, include instructions to childcare providers): \_\_\_\_\_

Current Medications/Special Diet:  None  Describe: \_\_\_\_\_

(Separate medication authorization form required for medications given in Child Care)

**Fever reducer or pain reliever (mark only one product: max. 3 consecutive days without additional medical authorization)**

Acetaminophen (Tylenol®) may be given for pain or fever over 102° every 4 hours as needed:

Dose \_\_\_\_\_  See attached Dosage Schedule from our office

**OR**

Ibuprofen (Motrin®, Advil®) may be given for pain or fever over 102° every 6 hours as needed:

Dose \_\_\_\_\_  See attached Dosage Schedule from our office

Immunizations:  Up-to-date  See attached immunization record  Administered today: \_\_\_\_\_

**Signature:**

Next Well Visit:  Per AAP Guidelines\* or  Age: \_\_\_\_\_

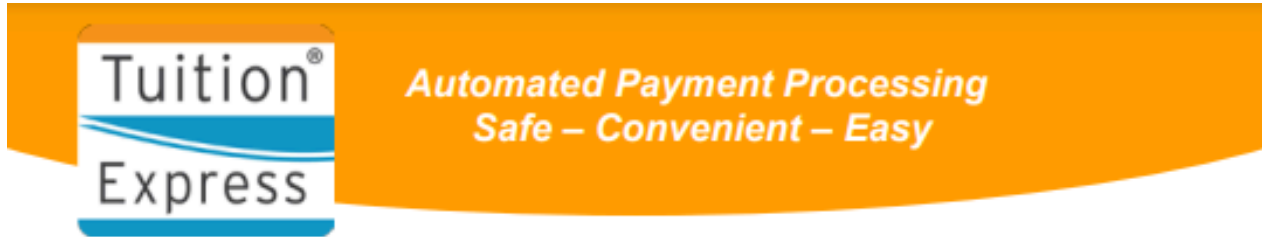
This child is healthy and may participate in all routine activities, sports, camps, and child care. Any concerns or exceptions are identified on this form.

\_\_\_\_\_  
Signature of Health Care Provider (certifying form was reviewed) Date: \_\_\_\_\_

**Office Stamp:** *Or write Name, Address, Phone Number*

The Colorado Chapter of the American Academy of Pediatrics (AAP), Healthy Child Care Colorado, and Headstart have approved this form 04/04.  
\* The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.  
\*\* Required by Head Start programs only per state EPSDT schedule  
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Child's Name: \_\_\_\_\_



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. 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) \_\_\_\_\_  Checking  Savings

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Official Use Only**

Date Received \_\_\_\_\_

Employee Signature \_\_\_\_\_

John Sample      BANK OF THE WEST      00226  
 Mary Sample      555-555-5555  
 123 Nice Street  
 Anytown, USA

Pay to the order of: **Attach Voided Check Here** \$ \_\_\_\_\_

Deposit slips not accepted

Dollars

12345678901      10003308      0226

Routing Number      Account Number      Check Number

A service of



procare  
SOFTWARE®

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## **Financial Policies for Social Service/CCCAP Clients:**

### **NEW UPDATES AS OF 10/1/2024**

**Young Peoples Learning Center** strives to provide the best quality of care for all children in our centers. We will do our best to keep you updated on all information incoming to our office concerning your account, but please be aware of what is and is not covered by your CCCAP contract. If you have questions at any time, please feel free to ask any Director, or to contact your CCCAP technician.

#### ***Your obligation to Young Peoples Learning Center***

Your Parent Fee, if you have one, is due by the 5<sup>th</sup> of each month. If not paid by then, it is subject to a \$30.00 per week Late Fee. By signing the bottom of this form, you agree to pay this late fee should your Parent Fee tuition not be in by the 5<sup>th</sup> of the month.

**CCCAP will only pay for 3 absent days per month at our Mathews Street toddler location and 4 absent days per month at Alliance, Plum Street, and in our School Age program. \*IF you have Weld County CCAP they will only pay for 4 absences at Mathews Street toddler location and 5 absences at all other programs.**

If you are absent more than the allotted days per month, you are responsible for paying for those days, not CCCAP. This is often misunderstood if or when you go on a vacation. CCCAP will not pay to hold your space until you get back, and unless you pay for it, it will not be held. You will be charged at the CCCAP daily rate (see Below). If you have any questions about this policy, PLEASE ASK! We do not want parents to be surprised by charges. If you do not sign in, these will count as absent days.

**A two-weeks written notice is required for withdrawal.** This means that if you remove your child from the learning center without giving two weeks' notice, you will be charged for the two weeks, not CCCAP, whether or not your child is attending during that time. You are also required to give us a one week's written notice before changing your schedule.

**Registration fees and Activity Fees are now being charged to families, CCCAP will no longer cover these fees.**

Per the Rate Sheet at each center, the registration fee is a \$100 one time fee and the Activity Fee is \$80 for a child attending 3-5 days/ week and \$40 for a child attending 2 days or less per week. This is charged 3 times per year (January, May, and September). If you were enrolled prior to October 1, 2024 your registration fee has been paid and you will not be responsible for that. However, if you enroll on or after October 1, 2024, you will be responsible for that registration fee.

**You are obligated to keep up on your paperwork with CCCAP.** If you do not, and they terminate or discontinue your coverage, you will be obligated for any time, including the two weeks notice not covered by CCCAP. CCCAP has 10 days to process any paperwork you turn in. This means that if your paperwork is not submitted 2 weeks before the due date and the CCCAP program does not process the paperwork, you will be responsible for paying for the lapse in coverage. In addition, if it is determined that you are no longer eligible for services, you will be required to pay for all scheduled days that were not covered, plus a two weeks' notice.

If your CCCAP authorization ends, and you continue to bring your child to YPLC, you will be charged at our private pay rate.

**You are required to sign in and out on the CCCAP computer each day** your child attends. If we do not have this record, you may be charged for days as we will not have adequate "proof of attendance" for the CCCAP program to pay. If you forget to check your child in, YPLC will check them in for you, however you will then be responsible for completing confirmations on your account. You have 9 calendar days to complete those confirmations, otherwise you may be charged the daily rate for any day not confirmed. Families are responsible to pay for any days your child attends care that are not covered by CCCAP.

Child's Name: <hr style="border: none; border-top: 1px solid black; width: 100%;"/>
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**By signing at the end of this form below, you are certifying that the following statement holds true in regard to all check ins:**

*"I certify that the CCCAP confirmations are accurate and complete for care actually provided and for which payment has not been received. I understand and certify that I am in compliance with the law concerning discrimination under the Civil Rights Act of 1964 and Section 504, Rehabilitation Act of 1973 which prohibits payment to anyone providing care and services under federally assisted programs unless such services are provided without discrimination on the basis of race, age, sex, religion, political belief, national origin or handicap."*

When charges are assessed for absent days, or missed/denied confirmations, you have 30 days from the day they are added to your account to pay for those days. If your account is not current within 30 days, your child will be dis-enrolled, and you will be put on the end of our YPLC CCCAP waiting list. You will be required to have a zero-dollar balance to be able to re-enroll. If you leave YPLC with a balance, we are required to report payment delinquency to the CCCAP office, and this will often affect your ability to enroll in other programs. We do not like to proceed down this path. Please stay current on charges and communicate with us consistently about payment plans.

You must provide us with a Tuition Express form with a credit card or checking account information in order to enroll in any program. If the account on file becomes de-active, your child will be dis-enrolled until we have a working account number.

We understand that the CCCAP program can be difficult to navigate and will do our best to assist and work with parents. However, any exception or special arrangements made regarding these policies must be made in writing and signed by both parties.

**Daily Rates (center and child's age dependent):**

Child's Age	Alliance	Mathews Street	Plum Street
<b>0-18 months</b>	\$79.60	\$70.17	N/A
<b>18-36 months</b>	N/A	\$61.26	\$73.71
<b>36 months – school age</b>	N/A	N/A	\$73.71
<b>School age</b>	N/A	N/A	Before School-\$20 After School-\$25 B&A school- \$40

By signing below, you acknowledge that you have read and understand this document and will comply with all the above agreements.

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<i>Guardian Name</i>	<i>Signature</i>	<i>Date</i>
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*Child's Printed Name(s)* \_\_\_\_\_