

**YMCA RAYMOND WALTERS COLLEGE CHILDCARE CENTER
9555 PLAINFIELD ROAD
CINCINNATI, OHIO 45236
513-745-5640**

Registration Procedures

***** Serving children 18 months to 5 years old *****

1. Complete all application forms
2. Forms in the registration packet are due prior to your child's first day at the Center. The forms include:
 - a) Application
 - b) Permission Form
 - c) Parent Schedule
 - d) Medical Examination
3. A **\$25.00** non-refundable registration fee is required when the application is submitted. This is an annual fee which guarantees child care service during the school year. The fee is payable whether the service is for one quarter or more.
4. Payment by check or money order should be made payable to:

YMCA-RWC Child Care
5. Hourly fees for child care are as follows. The hours shown below represent the time your child is scheduled for the week:
 - **10 or more hours = \$3.75 per hour**
 - **6-9 hours = \$4.00 per hour**
 - **1-5 hours = \$4.25 per hour**
 - **Drop in service = \$5.00 per hour**
6. Return the forms and the payment to:

Raymond Walters College
Child Care Center - Daileen Means
9555 Plainfield Road
Cincinnati, OH 45236

Questions ? Call 745-5640 (RWC) or 755-2027 (Home)

**YMCA
Raymond Walters College
Child Care Center**

Application

Child's Name _____
(Last) (First) (Initial) (Nickname)

Child's Address _____

Age: _____ Date of Birth: _____ Sex _____

Names of person(s) requesting service:

1. _____
(Last) (First) (Initial) (Relationship to Child)

Home Address: _____

Home Phone: _____ Zip code _____

Work Address: _____

Work Phone: _____ Zip code _____

2. _____
(Last) (First) (Initial) (Relationship to Child)

Home Address: _____

Home Phone: _____ Zip code _____

Work Address: _____

Work Phone: _____ Zip code _____

For Center Use ONLY

Date Received _____ Registration Fee _____

Drop-In _____ Regular Enrollment _____

Comments _____

PERMISSION FORM

I hereby grant permission for my child to use all the play equipment and participate in all of the activities of the Center.

I hereby grant permission for my child to be included in evaluations and pictures connected with the school program.

I hereby grant permission for the director or acting director to take whatever steps may be necessary to obtain emergency medical care if warranted as stated on the Emergency Medical Authorization Form.

I understand that expenses incurred in obtaining medical treatment are my responsibility.

I understand that the Center is not responsible for anything that may happen as a result of false information given by parent or guardian at the time of enrollment.

I understand that the YMCA and the Center will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

Signed _____ Date _____
(Mother or legal guardian)

Signed _____ Date _____
(Father or legal guardian)

YMCA-RWC Child Care Center

Parent Schedule

College Quarter: _____ Year: 20____
(Autumn, Winter, Spring)

Child's Name _____

Parent's Name _____

Address _____

Phone: Home _____ Work _____

Pager _____

Please schedule the hours when you will need care on the form below. Remember to include the extra time that you will need for dropping your child off and picking her/him up.

Example: If your class hours are 8:00-9:50 a.m., you will need to drop your child off at the Center 15 minutes early (7:45 at the latest) in order to get to class on time.

Monday From _____ To _____ From _____ To _____

Tuesday From _____ To _____ From _____ To _____

Wednesday From _____ To _____ From _____ To _____

Thursday From _____ To _____ From _____ To _____

Friday From _____ To _____ From _____ To _____

If your hours change at any time, please notify the Director immediately in writing.

Parent's _____

Signature: _____

Date: _____

Return to Director by: _____

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

Child's Medical Statement

Child's Name (print or type)	Date of Birth
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This is to certify that I have examined this child and found that:

- 1) This child has had the immunizations required by section 3313.671 of the Revised Code for admission to school, or has had the immunizations required by the state department of health according to the child's age, or is to be exempted from these requirements for medical reasons. (Please note exemptions) _____

Immunizations (enter month, day, and year)					
Vaccine	Dose 1	Dose 2	Dose 3	Dose 4	Dose 5
Diphtheria, Tetanus, Pertussis (DPT)					
Hepatitis B (Hep B)					
Haemophilus Influenza type b (HIB)					
Measles, Mumps, Rubella (MMR)					
Polio					
Varicella Zoster (chicken pox)					
Hepatitis A					

- 2) Based upon medical history and physical condition at the time of this examination, this child is in a suitable condition for participation in group care _____

- 3) List any limitations or health conditions _____

Signature of examining Physician/Certified Nurse Practitioner	Date of Examination
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As required by Rules 5101:2-12-37 and 5101:2-13-37, the child must be examined within twelve months prior to the date of admission.

Name of Physician/Certified Nurse Practitioner	Telephone Number ()
Street Address	
City, State, and Zip Code	