

Table of contents

Welcome	1
Table of contents	2
Welcome	3
How do I register?	4
Registration Process	4
How do I pay?	5
Payment due dates.....	5
Method of payment	5
Additional Information	5
How do I know when to pay?	5
Monthly payment schedule	5
How do I get receipts and bills?	6
Children’s Cubbies	6
Receipts.....	6
Bills.....	6
Flex spending.....	6
What if I miss making a payment?	7
Bank charges.....	7
Non-payment and suspension policy.....	7
Suspension process	7
What if I need to change my child’s schedule?	7
Cancellation	7
What if I need payment assistance?	8
Financial Assistance.....	8
County Assistance.....	8
Division of Payments	8
Frequently asked questions	9
Credit Card Authorization Form	10
Preschool Development History	11
Health Care Summary	12
Emergency Card	13
Parent Handbook Agreement	14

Y **Preschool** *Billing Guide*

Dear participants and families:

Thank you for enrolling your child in the YPreschool program. The information outlined in this billing guide should help answer any questions you may have during your experience with the program.

We hope you have a great year and we look forward to working with each of you. Please let us know if you have any questions or concerns.

The billing office is located at 2125 East Hennepin Ave. Minneapolis. The main responsibility of the billing office is to assist with registration processing, account maintenance, county assistance, financial assistance, schedule changes, credit card billing set up and the processing of refunds.

Thank you for choosing the Southwest Area YMCA where we build strong kids and families creating better futures for all.

Have a great year!

**YMCA Business Center
612-230-YMCA**

**Southwest Area YMCA
651-456-9622**

**YPreschool Phone
651-259-6169**

How do I register my child?

Registration

All children must be registered. To register please contact the Southwest Area YMCA at 651-259-6169 or the One YMCA Business Center at 612-230-9622. Parents of children currently enrolled will be given priority in registering their children for the following year's program.

The following forms must be submitted **ON OR BEFORE THE FIRST DAY OF CLASS:**

1. Immunization Form
2. Health Care Summary (**This form must be signed by a health care provider; a new form must be completed each time the child advances to a new age category ex. 2 year olds moving to a three year old class.**)
3. Emergency Card
4. Development history form
5. Allergy form (if applicable)
6. Permission forms
7. Registration and fee agreement

These tuition fees should be paid to the YMCA Business Center 2125 E. Hennepin Avenue Minneapolis, MN. 55413-2720, at the Southeast Area YMCA Member Services Desk or for your convenience monthly checking drafts or credit card payments can be established. Tuition scholarships are available. If financial assistance is needed please call the YMCA Business Center at 612-230-9622 .

Credit will not be given for days in which a child is absent or school is closed due to inclement weather.. If a child is absent for an extended period of time, the tuition payments must be kept current if the child is to remain enrolled.

Please be sure all forms are properly signed and dated. **YOUR CHILD WILL NOT BE ABLE TO ATTEND CLASS UNTIL THESE PROPERLY COMPLETED FORMS HAVE BEEN TURNED IN.**

The registration fee is due with your registration form. The registration fee is non-refundable.

Return all completed forms :

**Southwest Area YMCA, Attn: Y Preschool,
550 Opperman Drive
Eagan, MN 55123.**

This may be done by mail or in person.

How do I pay for YPreschool?

Payment Due Dates

Payments are due the Monday prior to the month of use. A \$10.00 late fee will be assessed on the Tuesday after the payment is due. Payment schedule is as follows:

Sept. payment due August 3rd.
October payment due September 28th.
November payment due October 26th.
December payment due November 30th
January payment due December 28th
February payment due January 25th.
March payment due February 22nd.
April payment due March 29th.
May payment due April 26th.

Method of Payment

There are 2 payment options available and families may choose from the following options:

AUTOMATED CREDIT CARD (EFT):

Payment by credit card will be charged automatically through the billing system.

CHECK, CASH, OR MONEY ORDER:

Payments may be mailed to the Business Center: YMCA of Greater St. Paul - SDS - 12 - 2810 P.O. Box 86 - Minneapolis, MN 55413-2720.

Payments may either be dropped off or mailed to the Southeast Area YMCA.

Payments will not be accepted at the child care site.

Self-addressed envelopes will be available at site for your convenience.

Additional Information

BILLING ADJUSTMENTS

If you are using our monthly EFT billing system, please note that any billing adjustments to your fees outside of normal tuition fees will be done on a monthly basis, after the month of care.

Adjustment fees include back billing for NSF or EFT returned fees.

IMPORTANT REMINDER

All payments dropped off or mailed to the YMCA must include the full name of the child and the program they attend to avoid delay in application to your account.

How do I get receipts & bills?

Children's Cubbies

Each child will have a cubby at the site. It is the parent's responsibility to check on a regular basis for any written communication such as newsletters, calendars, notes, bills, receipts, and past due notices from the program staff, the Site Coordinator, or the billing office. It is imperative to check the cubbies and to remove and read all paperwork. Become familiar with your child's cubby on the first day of the program.

Receipts

Receipts are payment reports that reflect payments that have been made towards an account. Receipts will be distributed at the site and can be found in your child's cubby. Any questions regarding billing and or receipts should be directed to the One YMCA Business Center 612-230-9622 or Business.Center@YMCAtwincities.org.

Bills

Bills are invoices for care fees from which the parent must pay. All bills will be printed at the beginning of each month and will include the balance due for that month. Bills will be distributed at the site and can be found in your child's cubby. Any questions regarding billing and or receipts should be directed to the One YMCA Business Center 612-230-9622 or Business.Center@YMCAtwincities.org.

NOTE:

Those paying by automated credit/debit card will receive a bill for informational purposes only.

Flex Spending

The Business Center is happy to work with individuals and their flex spending accounts. All flex spending forms from your employer can be mailed, dropped off, or faxed to the business center. The billing office will fill out the provider information on the form and it will be returned to the parent by mail or sent to the employer if requested by the parent. Another option is to use the monthly receipts and submit them to their employers. If you do not want to use our EFT payment program, you can submit a record of payment form with each payment that will be signed by the billing office, or you can put together an itemized list of all the months for the payment you are requesting for reimbursement. All questions should be directed to the One YMCA Business Center 612-230-9622 or Business.Center@YMCAtwincities.org.

What if I miss a payment?

Bank Charges

\$20.00 will be charged to families for the following bank charges:

Non-sufficient Funds (NSF) fee for returned checks

Electronic Funds Transfer (EFT) return fee for declined credit/debit cards

Nonpayment and Suspension Policy

The suspension process occurs when an account is 2 months past due and payment arrangements have not been made. When suspension is necessary, the billing office will notify the parent that their child care services have been suspended; it will be the responsibility of the Site Coordinator to prevent the child from attending the program.

Once a past due payment or payment arrangement has been made with the billing office, the site director will be notified that the child may be re-instated. Habitual violation of this policy could result in expulsion from the program.

All YMCA services at any YMCA location will be suspended if payment is not kept up-to-date.

How do I make a change?

Cancellation

A cancellation from the program is a permanent change to the child's contract. Short-term or temporary changes are not allowed. When a parent needs to cancel their child from the program, a cancellation form must be submitted to the Business Center 2 weeks prior to the cancellation date. The form must be signed by the parent. Parents are responsible for all contracted schedule amounts. If at any time a child is re-enrolled in the same program during the same program year, the registration fee must be repaid.

Late Pickup

Any violation of our posted hours of operation will result in a late pickup charge of \$1.00 per minute for children after 2:40 P.M.. Parents must sign a late pickup form showing acknowledgement of late pickup charges. Parents are held accountable for these additional fees. Late fees will be assessed with the next tuition payment. Habitual lateness or abuse of this policy could result in expulsion from the program.

What if I need assistance?

Financial Assistance

Financial assistance is supported in part by contributions from Y-partners and other donors. It provides scholarships and subsidies for qualifying applicants within our available resources. The Southeast YMCA welcomes all who wish to participate in our Financial Assistance program. If you are interested in this program, please contact the One YMCA Business office at 612-230-9622 to request an application. If you have used our Financial Assistance program in the past, a new application must be completed for each new year.

The YMCA is pleased to review your application for YMCA Financial Assistance for program participation. An application cannot be processed until all required documentation is submitted and the application is filled out completely. The application process can take up to two weeks to process. It is important to submit paperwork at least two weeks prior to the start of the program.

The following documents will be needed to complete our review:

YMCA enrollment or program registration completed for each child

Completed YMCA Financial Assistance application

Copy of prior year federal tax return with W-2s and 1099s (if applicable).

Copy of all pay stubs for the last month (weekly or bi-monthly) from all employers of adults in the household

Copy of social security document, government assistance award documents or disability check stubs for the last month. Include all pay stubs for the last month as well.

Please contact the Business Center with questions about Financial Assistance 612-230-9622.

Child Care Assistance (County Subsidy)

Families who are working with a state or county agency that helps cover the cost of child care expenses must contact their case worker about enrollment in our program. A current "Authorization of Service" must be on file with the agency and with the Business Center before a child begins program participation. Registrations will not be processed until this information is received.

Co-payments are due in full by the first of the month, unless other payment arrangements are made with the billing office. Parents are liable for all fees not covered by County authorization. Claim forms must be signed and returned to the YMCA within 1 week of receipt, or else the parent may be liable for childcare fees. An expired authorization or failure to pay parent co-payments may result in termination of childcare services.

Division of Payments

If the childcare fees should be divided equally between two individuals for one or more children, special billing set up must be enforced. In some cases, usually with separate EFT payments, two separate accounts may need to be created. It is important to contact the billing office about this type of situation so the correct actions will be taken. Unless specified, all payments received will be applied to past/current due amounts. A billing contract must be completed by each individual along with a division of payment form (provided by the billing office) which will explain how the payments and/or charges should be applied. It is important to contact the billing office regarding our division of payment account set up prior to the start date of the program.

Frequently asked questions

Where do I drop off my payments?

You can mail payment to **YMCA of Greater St. Paul - SDS-12-2810 P.O. Box 86 - Minneapolis, MN 55413-2720** or drop off payments at the Southwest Area YMCA. No payments can be dropped off at the program site.

Is there an additional fee for field trips?

No. All field trips are paid for by the program.

If the weather is bad and the site is closed, do I have to pay?

Yes.

Will I be charged if I am late picking up my child?

Yes. You will be charged \$1.00 for every minute past 2:40 p.m.

Do you charge late payment fees? Payments are due the Monday prior to the month of use. A \$10.00 late fee will be assessed on the Tuesday after the payment is due

How do I withdraw my child from the program ?

You must fill out a form. All forms are available at the site and must be completed two weeks in advance.

What if I lost my bill or receipt?

Call the billing office and we will print you a new copy.

Does the program have a scholarship program?

Yes. The YMCA welcomes those who qualify to participate in our financial assistance program. To apply, please complete a financial assistance packet available from the YMCA Business Center.

Does my child have to be potty trained to enroll in the 3,4, and 5 year old class?

Yes. However, if your child is close to being fully potty trained our staff will work with you and your child to complete this process. A child may be asked to sit out of swimming.



Credit Card Authorization Form
 2009-2010 YMCA Programs
 Childcare ~ School Age Care ~Pre-School

1. This agreement is a continuous payment plan for the 2009-2010 YMCA childcare, school age care, and pre-school programs. I understand that my account will continue to be charged until either 1) all fees for the program are paid in full, or 2) I notify the YMCA in writing at least two weeks prior to my desired cancellation date of this agreement.
2. I agree that the credit/debit card listed below will be debited monthly for the fees for which I have registered. I understand that charges will include the fees due for all children listed below for the programs for which they are registered. I understand that any additional charges such as late pick-up fees, additional session fees, school release day fees, etc. will also be charged to my account.
3. I understand that I am fully responsible for the payments due under this agreement, and agreed to the costs of each program for which I have registered. In the event that my credit/debit card company does not honor payment, the YMCA may charge a \$20.00 return fee to me. I will make proper payment to the YMCA when notified of such event for the amount due.
4. I understand that my child/ren may be suspended from the YMCA childcare, school age care, and pre-school programs in the event that neither my credit/debit card company nor I make payments. I understand that it is my responsibility to notify the YMCA if I change credit/debit card companies or if my credit/debit card expires.
5. I understand that my program payments are non-refundable.
6. I hereby authorize the YMCA to debit my credit/debit card on a weekly or monthly basis (as indicated below) as well as credit entries, should they become necessary, school age care payment.
7. I understand that the YMCA will retain this information in a secure and confidential location.

Program Name and Site: _____

Child/ren's Name: _____

Type of Card: (check one) **Card Issuer:** (check one)
 Credit Debit Visa MasterCard Discover Am. Express

Bank Name on Card: _____

Card Number: _____/_____/_____/_____ **Exp. Date:** ____/____

Card Holder Name: _____
 (as appears on card- please print)

Phone Number of Card Holder: hm: (____) _____ - _____

Billing Address of Credit Card (where you receive the credit card statement)

Address: _____ **City:** _____ **Zip:** _____

I agree to pay the total amount according to the card issuer agreement. I understand that my account will be charged on a Monthly basis.

X _____ **Date:** ____/____/_____
Card Holder's Signature

PRESCHOOL DEVELOPMENT HISTORY

Today's date: _____

Child's Name: _____ Called (Nickname): _____

Birthdate: _____ Gender: _____

Parent/Guardian's Name: _____

HEALTH:

Is your child taking any medication: Yes No

If Yes, please explain: _____

Does your child have any allergies? Yes No

If Yes, please explain: _____

Does your child tire easily: Yes No

If Yes, please explain: _____

Does your child become easily excited? Yes No

Your child's request word(s) for using the bathroom: _____

Your child's sleep habits:

Number of nighttime hours: _____

Napping (time of day and amount of sleep): _____

Items that your child sleeps with: _____

Comforting tools to help your child to sleep: _____

OPTIONAL Does your child have any contagious illness that could impact other children or staff (Malaria, Hepatitis A, Hepatitis B, HIV/AIDS)? If yes, what? _____

Is your child right-handed, left-handed or undecided? _____

EMOTIONAL BACKGROUND:

What type of discipline works best with your child? _____

What previous group experience has your child had and what were their reactions? _____

Does anyone take care of your child on a regular basis? _____

How does your child react to babysitters and new people/situations? _____

What things can your child do by him/herself (circle all that apply)? Feed themselves, dress themselves, washing hands, using toilet, tying shoes, other: _____

Health Care Summary

(to be completed by physician/nurse practitioner)

Date of Enrollment: _____

Child's Name: _____ Birthdate: _____

Address: _____ Telephone: _____

Parent(s) or Guardian: _____

Date of last physical examination: _____

How long have you been seeing this child? _____

Is the child up-to-date on their immunizations? Yes No (If No, plan for bringing the child up-to-date: _____)

Copy of immunizations attached and signed by health care provider? Yes No

Does this child have any allergies (including allergies to meds)? _____

Is any condition present that may result in an emergency? _____

What is the status of the child's... vision? _____

hearing? _____

speech? _____

Please list below the important health problems. Indicate if you or someone else is following the child for problem, and check which problems require special attention at the center.

Important Health Problems	Followed by you	Followed by other medical source (name)	Requires special attention at the center
_____	_____	_____	_____
_____	_____	_____	_____

Other information that would be to the YMCA Child Care Center (including activity restrictions):

Primary Health Care Provider's Name: _____

Clinic's Name: _____ Phone Number: _____

Address: _____

Signature of Health Care Provider: _____ Date _____

YMCA Child Care Center Emergency Information

Today's Date: ____ / ____ / ____

Updated: ____ / ____ / ____

Child's Name: _____ Birthdate: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Parent/Guardian's Name: _____ Other Phone: _____

Employer: _____ Business Phone: _____

Parent/Guardian's Name: _____ Other Phone: _____

Employer: _____ Business Phone: _____

I do hereby authorize the following person(s) to pick up my child and to be contacted in case of an emergency when parent/guardian(s) cannot be reached:

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

3. Name: _____ Phone: _____

Address: _____

YMCA Child Care Center Emergency Information (Continued)

Child's Physician: _____ Phone: _____

Physician's Address: _____

Hospital (preferred): _____

Child's Dentist: _____ Phone: _____

Dentist's Address: _____

Allergies: _____

Person's not authorized to pick up my child:

1. _____

2. _____

3. _____

I do hereby agree to the following:

1. To allow my child to participate in supervised outside play, walks and field trips.
2. To allow first aid treatment to be given to my child by the Child Care Personnel and/or a certified first aid person.
3. To allow the YMCA staff to act in an emergency or when I cannot be reached or I am delayed.

Parent/Guardian's Signature: _____

For Office Use Only:
IPECAC _____

YPRESCHOOLTM

We build strong kids, strong families, strong communities.

Parent Handbook Agreement

I have read and do understand the policies and procedures of Y Preschool as they are stated in the parent handbook. I will cooperate with the program by following the guidelines as they are established.

Parent's Name _____
(please print)

Parent's Signature _____

Child's Name _____
(please print)

Date _____

**Please sign and return .
Thank you for your cooperation.**