



Dear Parent(s),

We are delighted that you are interested in enrolling your child(ren) for Primary Care at the Central Florida YMCA Family Centers at the Walt Disney World Resort. We are confident that you and your child(ren) will have a very positive early learning experience here.

The following documentation is required in order for your registration to be complete:

- **Copy of child(ren)s birth certificates***
- **Health Records (physical and up to date immunizations)**
- **Copy of Walt Disney World ID (for both members if both are cast members)**
- **Cast Member's "PERNR" number**
- **Completed application including the following**
 - Child emergency information
 - Pick up authorization
 - Parent handbook receipt
 - "Know your Child's Day Care Center" brochure receipt
 - Permission to use photographs/videotape
 - Permission for developmental screening
 - Supplemental information about your child
 - Payment Contract/Selection Form
 - Needed schedule, including days and hours

**If you are not listed as the parent on the birth certificate, you will need to provide proof of legal guardianship.*

**If your name has been changed from the one on the birth certificate, you will need to submit proof of name change.*

All enrollment documentation must be submitted within the next 10 days to be in compliance with the Department of Children and Families regulations. If the file is not complete within this timeframe, it will become inactive and your child will not be able to attend until received.

Once you have submitted your application, you will either be called for a space that we have available or, if we do not have the space for your child at this time, you will be placed on a waitlist.

Please feel free to contact us if you have any questions. We will provide help in any way. We are looking forward to getting to know your family and sharing our excitement about the wonderful programs offered at the Central Florida YMCA Family Centers at the Walt Disney World Resort!

Sincerely,
Family Center Directors

Sherberth Location
3261 Sherberth Rd.
Kissimmee , FL 34747
407-396-3001

Lake Buena Vista Location
2800 E. Vista Blvd.
Lake Buena Vista , FL 32830
407-938-0680

check one

____ Sherberth Road

____ Lake Buena Vista

**Central Florida YMCA Family Centers
at the Walt Disney World® Resort
Application for Care
(Complete one per child)**

<input type="checkbox"/> Primary Care – at least 1 day / week <input type="checkbox"/> School Age Care <input type="checkbox"/> Back Up Care – limited to 15 days/year <input type="checkbox"/> Back Up Waiting for Primary
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Copy cast member WDW ID badge and staple to application

\$25 Cast member Application Fee for Primary No registration fee for Back Up or School Age
\$40 for non-cast members

**List Cast Member Parent First - Please Circle OP or P if not a Cast Member
(if both parents are cast members please list FT cast member first)**

Parent Name(same as WDW ID):	Parent Name:
Pernr Number: OP P	Pernr Number: OP P
Address: (include apt #)	Address: (include apt#)
City, State and Zip:	City, State and Zip:
Registration Fee Paid : \$25 \$40	Today's Date: / /
Home Phone:	Home Phone:
Beeper:	Beeper:
Cell Phone:	Cell Phone:
Work Phone:	Work Phone:
Email Address:	Email Address:
Employer:	Employer:
Work Location:	Work Location:
Position / Job Title:	Position / Job Title:
Work Status: FT / CR / CT (circle one)	Work Status: FT / CR / CT (circle one)
Martial Status:	Child's Primary Residence: Mother / Father / Both / Other_____ (circle one)
Child Name:	Birthdate: _____
Address: (include apt #)	City, State and Zip:
Is your child toilet trained? yes no	
Gender: Male / Female (circle one) _____	Primary Language _____ Secondary Language _____
Forms Accessible www.ymcafamilycare.org	If requesting School Age or Back Up Care go directly to Enrollment Packet

For Primary Care Applicants Only:

Please complete the following schedule request so the Directors can seek placement for your child.

Number of Days:

Number of days each week you require care: Write in number from 1-6 _____

Specific Days:

Circle the days you require care: S M T W T F S

Type of Schedule:

You will be placed on a fixed schedule unless you provide **proof of a variable or weekly change schedule from your work location manager**. Proof must be stapled to the application. If you bid your schedule every 6 months you qualify for a fixed schedule for 6 months then you request a change to your new schedule. You are obligated to pay for the number of hours scheduled. Variable schedules must be submitted and/or faxed to the Center by noon on Wednesday of the week prior to care. If you do not turn-in a schedule, your child's schedule will revert to the previous weeks' schedule.) Variable schedules must be for a minimum of four hours, four days a week.

(check only one)

Fixed

Fixed hours and days are the same each week _____

Variable(limited spaces available)

Hours vary _____

Days vary _____

Hours you request care: A week is Sunday through Saturday

S _____ to _____

M _____ to _____

T _____ to _____

W _____ to _____

T _____ to _____

F _____ to _____

S _____ to _____

The following guidelines are important to note for primary schedules:

Request for Additional Days:

If you need to add a day due to a work request, you may request over the phone or at the front desk.

Additional days are granted immediately on a space available basis, but space may not be available in your child's regular class.

Payment is due at the time of request.

The approval for additional days is not a permanent change.

Request for Extended Hours:

If you need to extend your hours at work because your supervisor has requested you extend your hours, you must call to request an extension by telephone. Request will be granted as long as staff is available.

The Extended Hours Form is completed by front desk staff and payment is due when you pick up your child.

The approval for extended hours for one day is not a permanent change.

Withdrawal:

Two week notice is required for withdrawal.

Request for Permanent Change:

Complete a Schedule Request in writing by the 15th of the month.

Approved changes are made on a space available basis and are effective the first of the following month.

Enrollment Packet

Child's Name _____ **Type of Care – Pr BU SA BUWP**

(Complete when space is available for child for Primary and complete at time of application for School Age and Back Up Care)

**A completed Application and Enrollment includes:
(check when completed)**

- *Copy of Walt Disney World Resort ID Card & Pearnr Number
- Application
- Application Fee – none required for School Age and Back Up
- Proof of flexible schedule for Primary Care flex and variable schedules

Enrollment Packet:

- Pick-Up Authorization
- Child Emergency Information
- Developmental Screening Permission Signature
- Permission to Photograph Child Signature
- Know your Child's Day Care Center Signature
- Parent Handbook Receipt Signature
- Payment Contract

Parents must provide for enrollment to be complete:

- *Copy of child's birth certificate
- *Children's Health Exam
- *Immunization Record on HRS form (not required for school age)
- *Proof of relationship if not parent

Family Center Scholarship Application (if applicable and before scholarship may be processed)

Read and Sign the following:

Pick-Up Authorization

All adults must show a photo ID when they pick up a child. Your child will be released only to the parent or legal guardian and the persons listed below. Those persons will also be contacted in case of illness, accident or emergency. If for some reason the parents or guardians cannot be reached, the following are authorized to remove the child from the facility: (If none, indicate "None.")

Name	Daytime Phone	Relationship
Name	Daytime Phone	Relationship
Name	Daytime Phone	Relationship
Name	Daytime Phone	Relationship

Child Emergency Information

Child Doctor _____ **Phone** _____

Dentist Name _____ **Phone** _____

Hospital _____

To Parent/Guardian: In case of accident or illness, we need:
Name and Phone Numbers of two adults we may call if you are not available:

Name **Daytime Phone** **Relationship**

Address

Name **Daytime Phone** **Relationship**

Address

List Allergies:

Health Concerns: Specify and explain fully (include chronic conditions, limitations, medications, special needs) _____

I do hereby authorize officials of the Central Florida YMCA Family Centers at Walt Disney World® Resort to contact directly the persons named on this card, and do authorize the named physician or associates to render such treatment as may be deemed necessary in an emergency, for the health of said child. In the event that parents, legal guardians, or other persons named on this card cannot be reached, the Center officials are hereby Authorized to take whatever action is deemed necessary in the judgment of the health of child.

Signature of Parent or Legal Guardian **Date**

Immunizations and Birth Certification

The Department of Children and Families require a completed Student Health Examination Form #3040 and a Florida Certificate of Immunization, form #680 (or Religious Exemption from Immunization), to be filed with the Center as stated in the Florida Administrative Code 65C-22.006. These forms must be on file within 30 days from the date of enrollment. School Age children enrolled in public or non-public schools are exempt.

I have read the above paragraph and understand its meaning. I further understand my failure to comply will result in my child not being admitted to our Center after the 30 day period has lapsed. It is my responsibility to keep these forms current.

Signature of Parent or Legal Guardian **Date**

Developmental Screening Permission

We are committed to providing individualized curriculum to meet the needs of children. This is accomplished through teacher and parent observations, children’s portfolios, developmental screenings, and assessments between the ages of 4 to 60 months on my child. I understand that all information regarding my child is confidential and available to parents or legal guardian upon request.

Signature of Parent of Legal Guardian **Date**

**Central Florida YMCA Family Centers
at the Walt Disney World® Resort
Payment Contract for Primary Care
(Copy and give to parent)**

I agree to pay the tuition on the Friday before care begins the following week.

Child's Name _____ Age group _____
Rate per day _____ x Number of days _____ = \$ _____/week

Age of child	4-10 hour day	
	Cast member rate	non-cast member rate
Infants	\$36	\$38
Toddlers	\$34	\$36
2's	\$32	\$34
Pre-school Age	\$27	\$29

Parent Will:

1. Pay childcare tuition rates based on the age and hours scheduled.
2. A week is defined as Sunday through Saturday.
3. Payment must be made on Friday before the week begins on Sunday.
4. If you have chosen automatic bank draft the regular weekly tuition rate will be drafted on the Friday before week of care. It is your responsibility complete form with WDW to stop payroll deduction.
5. Additional days request must be paid at time of request.
6. Rates are subject to change.
7. Provide two week notification to remove child from center or pay two-week rate.
8. Request schedule changes by the 15th. of the month to become effective by the first of the following month.
9. Cast members receiving a Family Center Scholarship through Walt Disney World will pay the agreed upon amount contracted by the parent and Walt Disney World. If your scholarship contract becomes void you will be required to pay cast or non-cast member rates. Parent must be working at WDW when using a scholarship.
10. Notify the center when WDW employment is terminated.
11. The following policies are in effect:
 - Pay a \$25.00 service charge on all returned checks and returned drafts. After one returned check, checks may no longer be used for payment.
 - Pay a late pickup fee of \$1.00 per minutes if after 11:00pm or 8pm center closing.
 - Pay a late pickup fee of \$5.00 per 15 minutes after normally scheduled hours if an hour notice is not given.
 - Pay the hour rate if using care outside of scheduled hours with one-hour notice given.
 - Pay a late payment fee of \$5.00 per day until payment is made.

(check one)

- Payroll Deduction: Your weekly tuition will be deducted every Thursday for the week in advance through Walt Disney World's payroll. If you elect to pay this way please fill out entire Payroll Deduction Form enclosed. Payroll deduction is based that your wages are available for the tuition amount.
- Over the counter: Check, Money Order, VISA/MasterCard or Cash

Signature of Parent or Legal Guardian

Date

**Central Florida YMCA Family Centers
at the Walt Disney World® Resort
Payment Contract for Back Up Care
(Copy and give to parent)**

I agree to pay the tuition at the time I bring my child for Back Up Care.

Child's Name _____ Age group _____ Rate per day _____ Date _____

Cast Member Rates ONLY	<u>MAXIMUM 15 DAYS ALLOWED</u>
Hourly wage less than \$11.00	\$5.00 per day (Latest Payroll Check Stub Required)
Hourly wage \$11.01 to \$17.00	\$10.00 per day (Latest Payroll Check Stub Required)
Hourly wage \$17.00 or more	\$15.00 per day

Back Up Care is “Just – in – time” care provided when your infant, toddler or preschool child’s regular care is not available. **Back-up Care is not for sick children.** Back-up Care is limited to 15 days a year at a reduced rate. You might use Back-up Care when...

- Your regular caregiver is ill or on vacation
 - Your child’s regular childcare facility is closed due to a holiday
 - You have a change in your work shift and need temporary care until you make new arrangements.
- Back Up Care is provided at the rate of \$5, \$10 or \$15 per day for 15 days.
 - The rate is determined by the cast members’ salary.
 - After the Rate for fifteen days is exhausted, the market or non cast member rate applies.
 - Cast Members are expected to present a recent pay stub at each use of Back-up Care if they are requesting the \$5 or \$10 rate. These may be printed off the Cast Member Portal at the Center site.
 - **If the spouse or partner also works for Walt Disney World®, the lower of the two hourly rates will be used to determine subsidy level.**
 - If a parent is terminated from *Walt Disney World®*, their child(ren) may no longer participate in Back Up Care.
 - Back Up Care is subsidized by Walt Disney World and the amount paid by Walt Disney World will be recorded on your payroll record to abide with federal tax laws.
 - Payment must be made before care is provided (Check, money order, VISA/ MasterCard or cash).
 - Parents may not schedule or use Back Up Care if they owe the Center money.
 - The following policies are in effect:
 - Pay a \$25.00 service charge on all returned checks and returned drafts. After one returned check, checks may no longer be used for payment.
 - Pay a late pickup fee of \$15.00 per 15 minutes if after 11:00pm or 8pm center closing.
 - Pay a late pickup fee of \$5.00 per 15 minutes after normally scheduled hours if an hour notice is not given.
 - Pay the hour rate if using care outside of scheduled hours with one-hour notice given.
 - Pay a late payment fee of \$5.00 per day until payment is made.

To Schedule Back Up Care:

- **Cast Members schedule Back Up Care over the telephone. Call your Family Center during operating hours.**
- Requests for back up are taken no more than thirty days in advance.
- Parents are provided a registration number when they request care. Please bring this number with you to the Center for admittance on the day care is scheduled.
- If parents no longer need the care they must cancel the care 24 hours in advance of the beginning of care. When parents cancel care, they are provided a cancellation number.

Signature of Parent or Legal Guardian

Date

Central Florida YMCA Family Centers
at the Walt Disney World® Resort
Payment Contract for School Age Care
(Copy and give to parent)

Child's Name _____ Date _____ Number of Days used School Age Care _____

Introductory Rate	\$5	\$10	\$15
	Cast Member Rate		Non Cast Member Rate
School Age Rate	\$22		\$24

School Age Care consists of care after school, during the week, weekends, school holidays, school vacations and summers for school age children. Eight children are required to provide school age care. Week day care is available at BV from 3:00 – 11:00 each day.

- School age care is provided at the Introductory rate of \$5, \$10 or \$15 per day for 15 days for school age children whether they are receiving weekday, weekend or holiday care beginning each January 1.
- The rate is determined by the cast members' salary.
- Rates are subject to change.
- After the Introductory Rate for fifteen days is exhausted, the daily school age rate applies.
- School Age Care is subsidized by Walt Disney World and the amount paid by Walt Disney World will be recorded on your payroll record to abide with federal tax laws.
- Tuition is due before care is provided.
- Tuition is due on Friday for the following week for weekday care.
- Tuition for weekends is due on the morning of the weekend service before care begins.
- Special Holiday School Age Care is due on the day/week of service.
- Additional fees must be paid at time of service.
- Parents may not schedule or use School Age Care if they owe the Center money.
- Cast members receiving a Family Center Scholarship through Walt Disney World will pay the agreed upon amount contracted by the parent and Walt Disney World. If your scholarship contract becomes void you will be required to pay cast or non-cast member rates.
- The following policies are in effect:
 - Pay a \$25.00 service charge on all returned checks and returned drafts. After one returned check, checks may no longer be used for payment.
 - Pay a late pickup fee of \$15.00 per 15 minutes if after 11:00pm or 8pm center closing.
 - Pay a late pickup fee of \$5.00 per 15 minutes after normally scheduled hours if an hour notice is not given.
 - Pay the hour rate if using care outside of scheduled hours with one-hour notice given.
 - Pay a late payment fee of \$5.00 per day until payment is made.

To Schedule School Age Care:

- Cast Members schedule School Age Care over the telephone. Call your Family Center during operating hours.
- Requests for School Age Care are taken no more than thirty days in advance.
- Parents are provided a registration number when they request care. Please bring this number with you to the Center for admittance on the day care is scheduled.
- If parents no longer need the care they must cancel the care 24 hours in advance of the beginning of care. If not canceled 24 full hours in advance the cast member will be charged.
- When parents cancel care, they are provided a cancellation number.

Signature of Parent or Legal Guardian

Date