

CSU Child Development Center Verification Form
 Complete and return by fax to 216-344-0571 or email to: childcarereg@clevelandy.org

| Child's Information | Child's Start Date in the Program: ____/____/____ Child's Name: _____ Birth Date: ____/____/____ <input type="checkbox"/> Male <input type="checkbox"/> Female Address: _____ City: _____ Zip Code: _____ County: _____ Race: <input type="checkbox"/> Caucasian <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Native American <input type="checkbox"/> Other Does your child have an Individualized Education Plan (IEP), a 504 plan, and/or a special need that we should be aware of to ensure your child's success in the program? If yes, additional forms and conferences may be required. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____ | | | | | | | | | | | | | | | | | | | | |
|---|---|---|--|---|---|------------------------------|---|------------------------------|--|--|-------------------------------|---|---|---------------------------------|---|---|--------------------------------|--|--|------------------------------|--|
| Parent/Guardian Information | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Parent/Guardian: _____ DOB: ____/____/____ Address: _____ City/State/Zip: _____ Home Phone: _____ Cell: _____ Employer: _____ Work Phone: _____ E-Mail Address: _____ </td> <td style="width: 50%;"> Parent/Guardian: _____ DOB: ____/____/____ Address: _____ City/State/Zip: _____ Home Phone: _____ Cell: _____ Employer: _____ Work Phone: _____ E-Mail Address: _____ </td> </tr> </table> Marital status of parents: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Married Custodial parent child resides with (if applicable): _____ # of members in household family unit: _____ Annual household income: <input type="checkbox"/> \$0-\$13,999 <input type="checkbox"/> \$14,000-\$24,999 <input type="checkbox"/> \$25,000-\$39,999 <input type="checkbox"/> \$40,000-\$54,999 <input type="checkbox"/> \$55,000-\$74,999 <input type="checkbox"/> \$75,000 and up <input type="checkbox"/> Student: YMCA has permission to verify student registration (<i>please initial</i>) _____ <input type="checkbox"/> Faculty/Staff/Alumni: YMCA has permission to verify staff/faculty employment (<i>please initial</i>) _____ | | | Parent/Guardian: _____ DOB: ____/____/____ Address: _____ City/State/Zip: _____ Home Phone: _____ Cell: _____ Employer: _____ Work Phone: _____ E-Mail Address: _____ | Parent/Guardian: _____ DOB: ____/____/____ Address: _____ City/State/Zip: _____ Home Phone: _____ Cell: _____ Employer: _____ Work Phone: _____ E-Mail Address: _____ | | | | | | | | | | | | | | | | |
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| Payment Information | A \$30 yearly program supply fee for each child enrolled at the center will be deducted from you account along with the August 15 th payment. The program supply fees are non-refundable and non-transferable. All payments for Child Care services are made by either payment in full or pre-authorized checking account or credit card draft. Drafts will be completed on Mondays, one week prior to each week of care. Voucher co-payments will be drafted on the first service date noted on each voucher. Payments received after 5:00pm on the scheduled due date will be charged a \$25 late fee per family. Drafts that are returned due to non-payment are subject to a \$30 fee. If your draft is returned unpaid, it may be collected electronically and you will be assessed a minimum fee of \$30 (or the maximum allowed by state law). Account holder is responsible for all other collection costs. _____ (<i>please initial</i>) ----- Please indicate: <input type="checkbox"/> Private Pay <input type="checkbox"/> Voucher/Co-Pay Amount _____ <input type="checkbox"/> Placement Letter (<i>attached</i>) <input type="checkbox"/> YMCA Scholarship <input type="checkbox"/> CCampus Scholarship (for students only) Attach One: <input type="checkbox"/> CSU students must attach a copy of the fall schedule of classes and CSU Viking Card (ID # _____) <input type="checkbox"/> Faculty/Staff must attach a copy of CSU Viking Card (ID # _____) Account Holder Name: _____ Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Credit Card Routing # _____ Account # _____ (<i>voided check must be attached</i>) Credit Card # _____ Expiration Date: ____/____/____ I authorize the YMCA of Greater Cleveland to automatically debit my account. If necessary, adjustments or entries to correct errors are also authorized. Rates may be subject to change upon 30 day written notice. (All additional fees will be debited from your account). This debit is continuous and will remain in effect until all services provided are paid. I understand that if I wish to cancel this draft, I must submit in writing 10 business days prior to canceling, a signed cancellation form to the Payment Registrar Office. Signature: _____ Date: _____ Note: Enrollment is contingent on program space availability; priority is given to CSU students, followed by staff, faculty and alumni. Completion of this form does not guarantee space availability. All registrations will be time-stamped in the order they are received. You will receive an email confirmation when your registration is processed. Please provide a valid email address in the space indicated above. | | | | | | | | | | | | | | | | | | | | |

For Payment Registrar Office Use Only - Date received: _____