



Child Name : \_\_\_\_\_

**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

**PLAY  
LAUGH  
LEARN**

# LOWELL

School Age Enrollment Packet  
Greater Lowell Family YMCA  
**2024-2025**  
School Age Childcare Program  
Serving Children Ages 5-13 from Lowell

Please Note: All required paperwork must be turned in before your registration is processed.

**Please Circle the School Your Child Will Attend:**  
Schools with transportation\*

McAuliffe, Pyne Arts, Robinson, Collegiate Charter, Bartlett, Moody, Butler, Greenhalge, Reilly, STEM, Sullivan, Shaughnessy, Washington, McAvinnue, LCCPS



**GREATER LOWELL FAMILY YMCA**  
**35 YMCA Drive**  
**Lowell, MA 01852**

**School Age Program 2024-2025**  
**Face Sheet**

Child's Full Name: \_\_\_\_\_ Nickname \_\_\_\_\_ D.O.B. \_\_\_\_\_  
 School Attending: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Skin Color \_\_\_\_\_ Primary Language \_\_\_\_\_  
 Height \_\_\_\_\_ Weight \_\_\_\_\_ Race \_\_\_\_\_ Gender \_\_\_\_\_  
 Identifying marks \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
 Home/Mailing Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_  
 Relationship to Child: \_\_\_\_\_  
 Home/Mailing Address: \_\_\_\_\_

Parent/Guardian's phone number: \_\_\_\_\_  
 Parent/Guardian's work number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Business/School Name: \_\_\_\_\_  
 Business/School Address: \_\_\_\_\_  
 Work/School Days & time: \_\_\_\_\_

Parent/Guardian's phone number: \_\_\_\_\_  
 Parent/Guardian's work number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Business/School Name: \_\_\_\_\_  
 Business/School Address: \_\_\_\_\_  
 Work/School Days & time: \_\_\_\_\_

Child lives with: Include all members living in the household

Name	Relationship	Date of Birth

**Program Emergency/Authorized Release**

Please list the people you authorize the YMCA Staff to release your child to, from the YMCA services. People listed below need to have a picture ID and be at least 16 years old. These people all can be contacted in case of emergency and released to while your child is at the site, on transportation and while attending a field trip.

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Phone: \_\_\_\_\_

I authorize the above people listed by me to be contacted in case of an emergency, and my child may also be released to these people. I agree to keep the program updated with any changes to my contact information; including my child's emergency contacts and health needs/medications. I further understand that throughout the program year, I may be asked to update information. I understand that if I need to change or add information it will require a new form to be completed. I authorize staff in the YMCA/School Age Staff who are trained in the basics of first aid and CPR to give my child First Aid and CPR when appropriate.

\_\_\_\_\_  
**Parent/Guardian Signature & Date**

**Please Complete in Blue or Black Ink**



**GREATER LOWELL FAMILY YMCA**  
**35 YMCA Drive**  
**Lowell, MA 01852**

**School Age Program 2024-2025**  
**Emergency Medical Consent & Release**

Child Name: \_\_\_\_\_ Child's DOB \_\_\_\_\_  
 Child's Physician/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Insurance Company: \_\_\_\_\_

Please check all that apply for your child:

Diagnosis	✓	Additional information:
Food Allergies		
Food intolerance		
ADD/ ADHD		
IEP/504/ Behavior Plans		
Asthma		
Anxiety		
Depression		
Medication(s) at home		
Medication(s) at program		
ODD / Mood disorder(s)		
Counseling		
Diabetes		
Autism		
Allergies (environmental)		
Other		

Are you involved with the Department of Children and Families? **Yes No**

If Yes, DCF workers name \_\_\_\_\_

Is there anyone who is restricted from contact with your child? If so, please identify. **Copies of current court order must be submitted.** Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

I attest that documentation of physical examination and immunizations in accordance with public school health requirements and leadpoisoning screening in accordance with public health requirements are on file at my child's school.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. If I cannot be reached or the emergency contact cannot be reached, I hereby give permission to the YMCA/School Age Programs to transport my child via ambulance to the nearest hospital.

I understand that I may be contacted via email/text messaging for communication purposes.

I understand the questions in the intake and enrollment packet and have completed them to the best of my ability. I also understand that my child may not be able to start the program until all documentation has been received and reviewed including medications.

I understand my information/family information may be shared internally with The YMCA employees (verbally, written, and electronically) for the purpose of making a referral or providing services.

\_\_\_\_\_  
**Parent/Guardian Signature & Date**

**Please Complete in Blue or Black Ink**



**GREATER LOWELL FAMILY YMCA**  
35 YMCA Drive  
Lowell, MA 01852

**School Age Program 2024-2025**  
**Site Assignment/Transportation Plan**

Child's Name: \_\_\_\_\_ School Attending: \_\_\_\_\_

**Morning Care Site:** \_\_\_\_\_

**Child must be escorted into the program by parent/guardian**

Morning Care Transportation:

My child will be released from the YMCA Morning Care Program to attend school by the following means: (please check one)

\_\_\_\_\_ Released from Program to School in the same building

\_\_\_\_\_ Public School Transportation

\_\_\_\_\_ Other: \_\_\_\_\_

**Afternoon Care Site:** \_\_\_\_\_

Afternoon Care Transportation:

My child will arrive at the YMCA Afternoon Program by the following means:

\_\_\_\_\_ Released from School to Program in the same building

\_\_\_\_\_ Public School Transportation

\_\_\_\_\_ Other: \_\_\_\_\_

**Departure from Program:**

**Child must be escorted out of the program by parent/guardian**

My child will arrive at home by the following means:

\_\_\_\_\_ Parent Pickup or Authorized release (by 6:00PM)

\_\_\_\_\_ Other: \_\_\_\_\_

I understand that if my child is at least ten (10) years of age he/she will walk unsupervised from their school or bus stop to the YMCA Program or from the YMCA Program to School and that my child is not in the care of YMCA until they arrive at the site.

\_\_\_\_\_  
**Parent/Guardian Signature & Date**

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**Please Complete in Blue or Black Ink**

*This packet will not be accepted if filled out in other colors including pencil or whited out. All areas of the packet must be completed.*



Child's Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

**Pictures/Publications/Videos**

I give consent for any pictures/videotaping taken of my child to be used in:  
Newspapers Yes  No  Bulletin boards Yes  No   
Displays Yes  No  Videos Yes  No   
Any type of public relations materials or publications including electronic & social media Yes  No

**Sunscreen Lotion**

Yes  No  I authorize the YMCA Program to administer sunscreen to my child. The sunscreen is applied before outdoor activities (Spectrum, Water Babies SPF 30-50, and Coppertone Sport SPF 30-50)

**Bug Spray**

Yes  No  I authorize the YMCA Program to administer bug spray containing Deet of 7% or more.

**Hand Sanitizer**

Yes  No  I authorize the YMCA Program to administer hand sanitizer with at least 60% alcohol when hand washing is not available.

**Tooth Brushing**

Yes  No  I want my child to brush their teeth at the After School Program during full day programming. I understand; that as the parent/guardian I am responsible for supplying my child with toothpaste, toothbrush, and toothbrush holder daily. I also understand that the toothbrush may not be left at the program over night.

**Screenings**

Yes  No  I give consent for my child to receive screenings/observations that include educational, developmental, and social/emotional screenings and may be shared with collaborates.

**Off-site locations:**

Yes  No  I give permission for my child to go to off-site locations: Example of offsite locations are Shedd Park, North Common, South Common, Frank Ryan Field, O'Donnell Park, Gage Field, the school grounds of mychild's site etc.

**North Reading Transportation**

Yes  No  I give permission to the YMCA School Age Staff and North Reading Transportation to transport my child in the event of an emergency, and if my child needs to leave the current location. I also give The YMCA School Age Staff and North Reading Transportation permission to transport my child for field trips, pool days and any other off-site activities. I understand that all North Reading buses have GPS and video recording.

**Pick Up and Drop Off**

Yes  No  I understand that I must pick my child up by 6:00pm and that I must walk up to the program.

**I also understand that I have to walk my child up to and from the program daily.**

**I have read and agree with all of the above checked items.**

\_\_\_\_\_  
**Parent/Guardian Signature & Date**



**GREATER LOWELL FAMILY YMCA**  
**35 YMCA Drive**  
**Lowell, MA 01852**

**School Age Program 2024-2025**

**Consent to Leave Program**

*This form is only to be completed if your child is leaving the program for onsite mentoring/counseling, summer school, MCAS, extracurricular LPS/DRACUT related program. This form cannot be prefilled out and left in the file. Counseling/Mentors must have dates and times that are consistent weekly (your child will not be able to participate in any counseling/mentor programs unless the BRC paperwork for that person is on file in the main office).*

Site: \_\_\_\_\_

In the event my child is attending another program or activity during program hours that will require leaving the site and

returning to the site in the same day, I, \_\_\_\_\_  
 (Parent/Guardian's Name)

authorize my child, \_\_\_\_\_ to be released by The YMCA  
 (Child's name)

Afterschool Program to the following:

Activity- Location	If being picked up, who do we release to	Day (s)	Time(depart/arrival)	Method of transportation	Comment

This begins on \_\_\_\_\_ and ends on \_\_\_\_\_

Activity - Location	If being picked up, who do we release to	Day (s)	Time(depart/arrival)	Method of transportation	Comments

This begins on \_\_\_\_\_ and ends on \_\_\_\_\_

I understand that the program has the right to rescind the above privilege if my child's behavior warrants the limitation.

I recognize that my child will not be supervised by staff while s/he is away from the program.

I understand I am responsible for my child once s/he leaves the program. This includes summer school.

\_\_\_\_\_  
**Parent/Guardian Signature & Date**

**Please Complete in Blue or Black Ink**

*This packet will not be accepted if filled out in other colors including pencil or whited out. All areas of the packet must be completed.*



**GREATER LOWELL FAMILY YMCA**  
35 YMCA Drive  
Lowell, MA 01852

**School Age Program 2024-2025**  
**Consent to Release Information**

I, \_\_\_\_\_, give my permission for the authorized personnel at

The YMCA Program to **request and release** from/to \_\_\_\_\_, the following information may be obtained through oral, electronic, and written communication for the following:

- Attendance Records
- Evaluation Reports
- IEP/504 Plans/Questions
- Medication and Health Concerns/Questions
- Covid Results/Concerns/Questions
- Report Card Grades
- Social Services and Referrals Support/Questions/Concerns
- General Daily Information
- CACFP (If Applicable)

Regarding my child, \_\_\_\_\_,  
*Child's Name*

\_\_\_\_\_ and my family.  
*Date of Birth*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Address*

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

\_\_\_\_\_  
*YMCA Coordinator Signature*

\_\_\_\_\_  
*Date*

**Please Complete in Blue or Black Ink**



Your School Age Site: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please Circle the schedule you wish for your child to attend.**

Before School: 5 Days \$77	After School: 5 Days \$132
Before School: 4 Days M T W Th F \$71	After School: 4 Days M T W Th F \$107
Before School: 3 Days M T W Th F \$65	After School: 3 Days M T W Th F \$90
Before School: 2 Days M T W Th F \$60	After School: 2 Days M T W Th F \$78

NON-REFUNDABLE REGISTRATION FEE is \$35- first child, \$25- siblings: \$ \_\_\_\_\_  
 DEPOSIT FEE: is equal to 1<sup>st</sup> weeks tuition \$ \_\_\_\_\_  
 TOTAL DUE at time of registration: \$ \_\_\_\_\_

**Check all that apply and complete:**

I have a full time or part time voucher through child Care Circuit – Circle Voucher

Parents must ask the YMCA billing department for an "intake form" to bring to your voucher appointment. **The YMCA must receive a copy of your voucher, deposit and the first week's tuition before your child's first day.** Weekly tuition is specified on the CCC contract.

**My Childcare will be \_\_\_ fully or \_\_\_ partially subsidized by a 3rd party (other than the YMCA)**

Name of organization: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**I am applying for financial assistance through the YMCA**

Financial aid application must be complete and approved before the child's first day. Any person applying for financial aid must also apply for a childcare voucher at childcarecircuit.org. The confirmation page needs to be attached to the financial aid application.

**Full Day Rates & Miscellaneous Fees:**

- Registration Fee: \$35 for first child and \$25 for every additional child
- School Vacation: \$247 per week or \$47 per day
- No school holidays: \$47 per day
- Occasional full days during a school week: \$22 per day extra fee (only available to participants already enrolled on that day of the week)
- Late pickup fee: \$1 per minute after program closure time (repeat offenders will be terminated)
- Voucher recipients: Follow full day rates as listed on your voucher.

**\*\* I agree to pay the tuition and fees specified above for my child's care each week. U understand that it is the YMCA policy to collect tuition one week prior to attendance. I agree to pay a late fee of \$10 when my account is not paid in full. I understand the YMCA reserves the right to increase the above rates and fees at any time. Should this be necessary, the YMCA is obliged to give a 2 week notice to participants before the implementation of any increase. I agree to pay such changes in fees and tuition as required.**

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

**Please Complete in Blue or Black Ink**





## **Greater Lowell Family YMCA's School-Age Billing Policies**

**Fees & Payment Policies:** 1<sup>st</sup> week's tuition is due at the time of registration along with a **non-refundable** \$35 registration fee (\$25 sibling). (*\*Voucher recipients excluded*)

Voucher recipients must pay an initial deposit based on their full-time parent fee.

Your weekly fee specified on the Parent Fee Agreement Form/Voucher are due on Fridays prior to services being rendered. Weekly tuition is required **regardless of attendance, holidays, or inclement weather** as we do not prorate fees.

Substitution of days cannot be made for holidays, inclement weather, or if your child is absent from the program.

**School Vacation Weeks:** Balances must be at \$0 to sign up for school vacation weeks. If signing up for school closure weeks, you'll be charged for the days you sign up. **Fees will be charged regardless of attendance if not cancelled prior to the week of services.**

*If you sign up for automatic draft, in the event the charge does not go through you will be notified by email with an invoice and it is your responsibility to call the office with an alternative method of payment.*

**Late Fees/Late Pick Up:** Payments not received by Monday morning will incur a \$10.00 late fee. If your child is not picked up by 6pm, an additional charge of \$1.00 per min will be assessed to your account.

**Non-Sufficient Fund:** For any returned checks there will be a \$25 NSF charge that will be assessed to your account. *\*Returned checks will result in future payments of cash or credit card only.*

Accounts are not to be past due more than two weeks which can result in termination of care.

*\*Continued late payments of tuition/late pickups can result in suspension or termination of care.*

**Schedule Changes & Withdrawal:** All schedule changes or withdrawal from the program require a written 2-week notice. Please email [Cynthia carzola@lowellymca.org](mailto:Cynthia_carzola@lowellymca.org) or [Destinie dkeovilay@lowellymca.org](mailto:Destinie_dkeovilay@lowellymca.org). If we're not notified your account will be charged accordingly.

**Vacations:** We are pleased to allow **one week** of vacation per year, without fees, after six months of enrollment in our program. However, please give two weeks written notice before scheduled vacation. (*\*Voucher families excluded.*)

### **For Voucher Recipients ONLY**

Children are expected to be in care the days they're registered. If your child is absent, you must contact us, or the absence will be considered an Unexplained Absence. Excessive Unexplained Absences (*more than 3 consecutive absences*) may result in termination of childcare. Please email Cynthia and your child's site coordinator to report any absences.

Voucher expirations are the responsibility of the parent's/guardians. Expired vouchers will result in full tuition fees until we receive a new voucher.

Payments that are not made by due dates will receive a Non-Payment of Parent Fees Warning Notice (prior to the next payment due date). If a parent fails to make payment or communicate with the billing department, you will be issued a Two-Week Notice of Termination.

Please sign this notice acknowledging that you have read and understand the billing policies and procedures of Greater Lowell Family YMCA's School Age Childcare.

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**Child's Name**

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**Parent's Name**

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**Parent's Signature**

**Date**

**To contact the Billing Department:**

**Cynthia Arzola**

**(E) [carzola@lowellymca.org](mailto:carzola@lowellymca.org)**

**(P) 978-454-7825 ext.827**

**Destinie Keovilay**

**(E) [dkeovilay@lowellymca.org](mailto:dkeovilay@lowellymca.org)**

**(P) 978-454-7825 ext. 829**

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

Program: \_\_\_\_\_

**Greater Lowell Family YMCA**  
**Child Care Recurring Credit Card Authorization Form**

Please complete and return this form to the Greater Lowell Family YMCA at 35 YMCA Drive, Lowell, MA 01852.

I (we) authorize the Greater Lowell Family YMCA to initiate recurring credit/debit card charges to the below referenced credit/debit account ending in the last 4 digits \_\_\_\_\_ for the purpose of collecting childcare related payments.

I (we) authorized the Greater Lowell Family YMCA to withdraw sufficient funds to pay my (our) childcare tuition and/or other childcare related fees that are due and payable.

\_\_\_\_\_  
**Cardholder Name**

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

\_\_\_\_\_  
**Cardholder Billing Address**

\_\_\_\_\_  
**City                      State                      Zip**

This authorization will remain in full force and in effect until I (we) notify the YMCA in writing of its termination which must be received at a minimum of 5 business days in advance of the termination date.

The Greater Lowell Family YMCA accepts Mastercard, Visa, American Express and Discover.

\_\_\_\_\_  
**Credit/Debit Card Number**

\_\_\_\_\_  
**Expiration Date**

\_\_\_\_\_  
**CID (3 numbers on back)**

\_\_\_\_\_  
**Cardholder Signature**

\_\_\_\_\_  
**Date**

The next page is for students who have a child care voucher ONLY. This form is required to be signed/dated and turned in with your child's completed packet.

If you have any questions please reach out to Cynthia in the Billing Department @ ext. 827.



# MASSACHUSETTS CHILD CARE RESOURCE & REFERRAL

## CONFIRMATION OF PROVIDER

Once you have chosen the child care provider who will care for your child(ren), you can have **the provider complete** this form to help confirm the information we need to issue the voucher. If you will be using more than one provider, use one form per provider. **Please Print Clearly.**

**Parent Name:** \_\_\_\_\_

**FID (if applicable):** \_\_\_\_\_ **Phone Number (Optional):** \_\_\_\_\_

**Child #1:** \_\_\_\_\_ **Child #2:** \_\_\_\_\_

**Child #3:** \_\_\_\_\_ **Child #4:** \_\_\_\_\_

**Program Type:** Child # 1: \_\_\_\_\_; Child # 2: \_\_\_\_\_; Child # 3: \_\_\_\_\_; Child #4: \_\_\_\_\_

Please use the following **Program Type Abbreviations** when completing the section above:

### Family Child Care:

**NU (Under 2 w/ Independent Provider);**

**NO (Over 2 w/ Independent Provider);**

**SU (Under 2 w/ System Provider);**

**SO (Over 2 w/ System Provider);**

### Center Based Child Care:

**IN (Infant); TO (Toddler); PS (Preschool); HS (Headstart);**

**BA (Before & After School); BS (Before School); AS (After School);**

**SCO (School Closures Only); SA (School Age – Summer Only)**

## PROVIDER INFORMATION - To be completed by the Child Care Provider OR System Admin:

<b>What is your program/agency name, address and phone number?</b> (Systems: Please write the FCC providers Name, Physical Address, and then your agency)	
<b>What is the <u>expected</u> date of enrollment for the child(ren)?</b> (This date should only be filled out when you have officially received all required documentation from the family for this child to attend your program.)	
<b>Until what date will you hold a spot for the child(ren)?</b> (If the voucher must start after the date provided, the Child Care Resource and Referral Agency will contact you to confirm the opening. Otherwise, this form will serve as confirmation for the child to enroll)	
<b>Please circle one</b> (Full time = Full Day    Part Time = Half Day    INT = Vacation Days/Non School Days)	<b>Full time    Part time    INT</b>
<b>Please circle the days care will be provided</b>	<b>Su Mo Tu We Th Fr Sa</b>
<b>Please circle one- Is the parent requesting transportation services to be included on the voucher?</b> (Subject to approval by the Child Resource and Referral Agency)	<b>No One Way Two Way</b>

This form is NOT confirmation that a voucher will be issued. Pursuant to your Voucher Agreement, you will only be reimbursed for **enrolled children with a signed, current voucher.** Children are not considered enrolled in subsidized care until **the first day the child actually attends the program following the start date indicated on the voucher.**

\_\_\_\_\_  
Provider/System Admin Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider/System Admin Name (Printed)

\_\_\_\_\_  
Provider Email

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

**THE DEPARTMENT OF EARLY EDUCATION AND CARE  
SUBSIDIZED CHILD CARE  
ATTENDANCE NOTIFICATION AGREEMENT**

Your child(ren) are receiving an EEC child care subsidy and are expected to attend the early education and care program, as agreed on your child care authorization. Your provider is responsible to make sure that your child(ren) attends based on the agreed schedule.

EEC defines **Excessive Absences** as more than 45 non-attended days, including any unexplained absences, within a 12 month Authorization period, or more than 15 non-attended days during an initial 12-week Provisional Authorization period. Parent(s) will have to pay for all non-attended days over the 45 day limit during a 12 month authorization or all non-attended days over the 15 day limit during a 12-week Provisional Authorization.

**To help avoid having to pay for Excessive Absences you must:**

- 1. Make sure that your child(ren) attend(s) the early education and care program;**
- 2. Notify your Subsidy Administrator of any changes in your child(ren)'s schedule of care (i.e. after school programs, sports, custody arrangements) which will result in your child(ren) not needing child care on a particular day or days of the week;**
- 3. Provide at least 2 weeks advance written notice if you plan to remove your child(ren) from the child care program; and**
- 4. Request an Approved Break in Care for absences that are going to be longer than 2 weeks.**

You will receive notices from your Subsidy Administrator after your child(ren) have reached 30 absences and 40 absences. If you have a 12-week Provisional Authorization, you will be notified after your child(ren) have reached 10 absences. The purpose of these notices are to inform you when your child(ren) are approaching the Excessive Absence limit so that you can be aware of the impact of future absences.

**After your child(ren) have reached their 45th absence, or the 15th absence during a 12-week Provisional Authorization period, you will be notified that your child(ren) have reached the Excessive Absence limit and that you are now responsible for the payment of all additional absences during the authorization period at the full rate that EEC pays for your child care.** You will be asked to sign the Excessive Absence Warning Notice form confirming that you are willing to remain in care and will be responsible for the payment of all absences during the remainder of the authorization period. Please note that failure to sign the form **will not** excuse you from paying for additional non-attended days. **Failure to pay for additional absences may result in the termination of your subsidized child care.**

EEC defines **Excessive Unexplained Absences** as failure to attend a subsidized child care program for more than three consecutive Days without contacting the provider. The first time your child is absent more than 3 days in a row during a 12 month Authorization, your provider or the Subsidy Administrator will issue you an Excessive Unexplained Absence Warning Notice that any additional instances of Excessive Unexplained Absences may result in the termination of child care. **To avoid having unexplained absences, you must make sure to contact your provider every day that your child(ren) will not attend.**

***My signature below indicates that I understand the information in this document and agree to comply with the requirements above.***

\_\_\_\_\_  
Printed Name of Parent

\_\_\_\_\_  
Date

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