



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



CHILD CARE FOR ESSENTIAL SERVICE EMPLOYEES

Always Here for You

If you are in need of essential child care services to support your family during this time, the Santa Monica Family YMCA can help. We provide care for children ages 3 months to 12 years in a safe and supportive environment.

Our Services:

- Full-day care, 5 days per week, 8am – 5pm
- Curriculum-based activities
- Licensed and experienced child care staff

Safety Protocols:

- All parents must sign a Covid-19 Liability Waiver
- **Check in and check out will be held at front door to limit entrance to the child care space**
- All families will follow a quick health screening prior to signing children in
- Any child that exhibits any sign of illness will not be accepted
- All snacks and lunch must be provided by families
- Increased sanitizing will be conducted frequently to ensure all supplies and surfaces are disinfected
- Staff and children will follow L.A. County Early Childhood Education (LAC ECE) COVID-19 health protocols daily and respond to revised guidelines as updated.

If you need care outside the hours stated, please contact us so we can try to accommodate you.

Fees

Ages 3-12 years (must be fully potty trained)
\$60 per day per child
\$250 per week per child

Ages 3mos. up to 3years
\$80 per day per child
\$350 per week per child

For more information or to register contact:

Erika Altshule at Erika@ymcasm.org
1332 6th Street, Santa Monica, CA 90401 (310) 451-7387



Emergency Child Care Registration Card

Registration Process **(you may register by filling out this form or online go to www.ymcasm.org)**

1. Fill out this registration card completely one per child.
2. Turn in Registration Card with payment in full.
3. Fill out a Emergency Information Packet (E.I.P.) entirely, Child may not attend child care without a current E.I.P. on file.
4. A confirmation email will be sent when registration is processed. Limited spaces available.

CHILD INFORMATION Please print clearly

Child's Name: _____ Member # _____ Circle: Male Female

Child's Date of Birth: ____/____/____ Age: _____

Parent/Guardian Name: _____ Phone #: _____

Billing Address _____ City _____ Zip: _____

Parent/Guardian Email: _____

Session/Days:	Monday	Tuesday	Wednesday	Thursday	Friday
April 20-24	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
April 27- May 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May 4 - 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May 11 - 15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PAYMENT OPTIONS

READ & SIGN BELOW

I understand the **fee** is nonrefundable & nontransferable. There are no adjustments or credits of deposits for any reason. I understand all fees must be paid by **start** dates or child cannot **attend**. I understand that once care has begun there are no adjustments, credits, fee reductions, or refund of fees for missed days or early withdrawal. All registration forms & emergency information forms must be completed in full, signed where indicated & returned before the week/day begins. I understand registration is not complete without payment.

Signature: _____ Date: _____

Select the day(s) or week(s) **neede** and include full payment with registration

Payment in Full: _____

Check #: _____ Cash VISA AMEX DISCOVER MASTER

I give the Santa Monica Family YMCA permission to charge the card number listed the amount printed above.

Card #: _____ Exp. Date: _____

Signature: _____ Date: _____

I give permission for the Santa Monica Family YMCA to charge the card listed above the balance due on the dates listed. **Init.** _____