



HIGH STREET YMCA ENRICHMENT PROGRAM 2018-2019 ENROLLMENT

SPONSORED BY



Please only list **ONE CHILD PER FORM** attach a recent **WALLET SIZE PHOTO**

Last Name

CHILD'S INFORMATION

Child's Full Name _____ DOB ____ / ____ / ____ Gender Male Female
 Street Address _____ City _____ State _____ Zip _____
 School _____ First day of program attendance _____
 Race Asian/Pacific Islander Alaskan Native African American/Black Caucasian/White Hispanic
 Native American Other
 Medications/Allergies* _____

Does your child have any physical conditions or special needs our staff should be aware of? Yes No
 Does your child have an individual education plan (IEP)? Yes No
 If yes, please complete a medication/authorization form, individual care plan and/or submit an IEP.

CHOOSE PROGRAM

Due to licensing regulations, our enrichment program can only provide care for a maximum of 10 hours per student/per week (CCAP not accepted).

HIGH STREET YMCA

- Elementary 3-5 p.m.
 Ashland Elementary* Cassidy Elementary* Harrison Elementary** Maxwell Elementary*

*Transportation is provided through contracted services, as space is available; when school is dismissed early, transportation is not provided
 **Transportation is provided by Fayette County Public Schools from Harrison Elementary to the YMCA

CHOOSE ATTENDANCE AND TUITION

BI-WEEKLY TUITION FEES

All bi-weekly payments are drafted on the Monday prior to the weeks care is given.

- Full Week (3-5 days): \$100 Part Week (1-2 days): \$60

The YMCA of Central Kentucky provides financial assistance for membership and programs, including school age child care and summer camps. All information is completely confidential. Financial Assistance applications are available at any YMCA location and at ymcacky.org. Applications need to be renewed with full documentation annually. Full tuition is required until application is approved; please allow two weeks for application to be processed.

ADD OUT OF SCHOOL DAY CARE OPTIONS

When school is closed, out of school care is available 7 a.m.-6 p.m. at the High Street YMCA during winter and spring break camps. You must sign up when you register to receive a discounted rate of \$20 per day with a non-refundable/non-transferable deposit of \$10 per day due at registration; full payment due prior to day of service. Our regular Out of School Day rate is \$30 per child/per day. Individual days are not offered.

- Choose Dates 1. Winter Break Dec. 20-21 (\$30 per day/per child) 2. Winter Break Dec. 26-28 (\$30 per day/per child) 3. Spring Break April 1-5 (\$150 week; part week not offered)

PARENT/GUARDIAN INFORMATION

Parent Name (Responsible for Payment) _____ DOB ____ / ____ / ____
 Address (enter "same" if address is same as the child's) _____
 Phone _____ Cell _____ Work _____
 Email _____ Employer _____

First Name

Site

EMERGENCY INFORMATION AND AUTHORIZED PICKUPS

Name _____ Relationship to child _____ Phone _____
Name _____ Relationship to child _____ Phone _____
Name _____ Relationship to child _____ Phone _____
Preferred Hospital _____ Physician Name _____ Phone _____

METHOD OF PAYMENT

Please use the account information contained below for all my child care payments:

All bi-weekly payments are drafted on the Monday prior to the weeks care is given.

- I prefer MONTHLY payments on the first of each month (amounts vary according to number of weeks in each month)
- Please draft my \$35 school year enrollment fee from my account information contained below (unless waived)
- I understand that all payments must be made through bank or credit card
- CHECKING OR SAVINGS ACCOUNT** (Must attach a voided check)
- CREDIT/DEBIT CARD**
Name on Card _____ AMEX Discover Mastercard Visa
Account Number _____ Expiration Date _____

By signing below, I give the authority to have pre-authorized payments withdrawn by the YMCA of Central Kentucky for child care fees. I understand that my account will be drafted in accordance with this signed financial agreement. **Child care payments are continuous and can be canceled or modified only by submitting a YMCA Change Form at least 10 business days prior to the draft date.** Parents are still responsible for two weeks of their existing tuition when changing their child's attendance status. I understand that no credit is given for absences or if the program is canceled due to inclement weather. Should my bank for any reason not honor my child care draft, I understand that I am still responsible for that payment, plus any service charge applied by the YMCA, in addition to any service fee my bank may charge. In the event my tuition fees are returned due to insufficient funds, I give the YMCA permission to automatically re-draft the amount, including a \$25 return fee, on the Friday following the bad draft. I understand that failure to keep current with tuition fees will result in termination of services.

WAIVER AND RELEASE

The information provided on this document is accurate to the best of my knowledge, and the child herein described has my permission to attend and participate in program activities in and around all before and after school sites. Also, the child herein may be transported by YMCA and engage in all activities and field trips except as told by me. In the event I cannot be reached in an emergency, I hereby give permission to the attending physician to order injection, anesthesia or surgery for my child as named above, in the event of a life or death emergency. I understand the YMCA carries liability insurance only and will not be responsible for injuries and accidents while participating in YMCA programs or facilities; families must carry their own accident insurance. I further understand that this is an application and the named child's participation is contingent upon space being available in the program(s) in which I want the child to participate. I also understand that once my application is confirmed, I must complete payment(s) by the deadlines of said program(s), as outlined on the financial agreement and in the parent handbook. I agree to request a copy of the parent handbook or download it from the YMCA website, www.ymcacky.org. I agree to all policies and procedures indicated in the parent handbook and registration forms. Failure to comply with the policies and procedures may result in the loss of service. The undersigned understands that the YMCA of Central Kentucky does not allow members of its staff to perform additional childcare services or any other services directly for program participants that are outside of the scope of the YMCA's programs. Should an employee perform such services without the knowledge of the YMCA, said employee will not be acting as an employee or agent of the YMCA of Central Kentucky, and the YMCA disclaims any and all liability in connection there within. If my child attends FCPS, by signing this form I am giving the YMCA permission to communicate and exchange information with FCPS for the purpose of providing and enhancing services to my child. I also give my permission to the YMCA of Central Kentucky to use photographs, film footage, audio, or video tape recordings, which may include an image or voice for the purpose of promoting and interpreting YMCA programs and services to the general public.

Print Name _____

Signature _____ Date _____

OFFICE USE ONLY: Registration Photo Bank Draft Immunization All pages signed Staff Initials _____ Date _____