



# SCHOOL AGE CHILD CARE ENROLLMENT

Please complete all blanks on this form. Incomplete enrollment forms cannot be accepted. Attach a recent **WALLET SIZE PHOTO AND CURRENT IMMUNIZATION CERTIFICATE.**

SPONSORED BY



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.

## 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

## 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 \_\_\_\_\_

## CHOOSE LOCATION AND PROGRAM

### BRANCH LOCATION

#### C.M. Gatton Beaumont YMCA Afterschool Care (School Dismissal - 6 p.m.)

- Beaumont Middle School\*  Garden Springs Elementary\*\*  Jessie Clark Middle School\*\*  Rosa Parks Elementary\*  
 SCAPA\*\*  Stonewall Elementary\*\*  Wellington Elementary\*\*

#### North Lexington Family YMCA Afterschool Care (School Dismissal - 6 p.m.)

- Arlington Elementary\*  Northern Elementary\*  Sandersville Elementary\*\*  Winburn Middle School\*  
 Booker T. Washington Elementary\*\*

#### Whitaker Family YMCA Afterschool Care (School Dismissal - 6 p.m.)

- Athens-Chilesburg Elementary\*\*\*  Dixie Elementary\*\*  Garrett Morgan Elementary\*\*  
 Liberty Elementary\*  Yates Elementary\*\*

\*Transportation is provided by Fayette County Public Schools from school to the YMCA

\*\*Transportation is provided by the YMCA mini-bus

\*\*\*Transportation is provided through contracted services, as space is available; when school is dismissed early, transportation is not provided  
YMCA transportation is only provided for full-week enrollment AND will be confirmed based on required minimum participation (10)

## SCHOOL PROGRAMS (PROVIDED AT THE SCHOOL)

### Before School Care (7:15 a.m. - Start of School)

- Beaumont Middle School  
 Bryan Station Middle School  
 Leestown Middle School (starts at 7 a.m.)  
 Southern Middle School (morning only)

### After School Care (School Dismissal-6 p.m.)

- Glendover Elementary  
 James Lane Allen Elementary  
 Leestown Middle School  
 Russell Cave Elementary (Starting Sept. 1 pending participation)

Site

## ADD OUT OF SCHOOL DAY CARE OPTIONS

When school is closed, out of school care is available 7 a.m.-6 p.m. at these YMCA branch locations. You must register with a \$10 deposit in order to reserve your spot, as space is limited (deposit is nonrefundable and nontransferable). Full payment is due one-week prior to service (cancellation policy applies). Our regular Out of School Day rate is \$35 per child/per day.

**Location**  C.M. Gatton Beaumont YMCA  North Lexington Family YMCA  Whitaker Family YMCA

**Choose**  Aug. 13  Aug. 14  Aug. 24  Oct. 4  Oct. 5  Nov. 6  Nov. 21  Dec. 20  Dec. 21  Dec. 26  
 Dec. 27  Dec. 28  Jan. 2  Jan. 21  Feb. 18  March 15  May 21  May 29\*  May 30\*  May 31\*  
 Spring Break April 1-5 (\$150 week; part-week not offered)  Snow days and make-up days (full payment due day of service)

## CHOOSE ATTENDANCE AND TUITION

**TUITION FEES** (All bi-weekly payments are drafted on the Monday prior to the weeks care is given)

Before School  Full Week (3-5 days): \$40  Part Week (1-2 days): \$30  
 After School  Full Week (3-5 days): \$130  Part Week (1-2 days): \$70

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](http://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.

## 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](http://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 \_\_\_\_\_