



2017-2018 YMCA School Age Child Care for Fort Thomas Independent Schools

The YMCA School Age Child Care programs are designed to meet the developmental needs of school aged students, as well as support, motivate, and nurture children. This allows children to achieve their full potential, all the while keeping them safe. We look forward to serving you and your children in our School Age Child Care programs.

Registration: To register your child please complete the following steps:

1. Fully complete the attached registration form.
2. Include a current immunization certificate.
3. Pay the registration fee along with the first week/month payment.

Answering your questions:

1. Start Date: It will take 3 business days to process new registrations.
2. Billing: All programs are based on an even billing system, you may choose to make weekly or monthly payments.
 - a. The registration fee is due at the time of registration.
 - b. If you choose weekly, your payments will be deducted on the Monday prior for 40 weeks. The first payment will start the Monday prior to school starting. If you register after the school year has started, you will have two payments deducted for the current week and upcoming week.
 - c. If you choose monthly, your payments will be deducted on the 20th of each month for 9 ½ months. The first payment will be deducted on July 20th. If you register in August, you will have two payments deducted for the current month and upcoming month. The August payment will be ½ off the standard month's payment.
3. Absences: Full payment is due each week/month, even if your student(s) do not attend the program due to absences, vacations, snow days, school breaks, holidays, etc. These dates are calculated into the original overall pricing.
4. Financial Assistance: The YMCA of Greater Cincinnati believes that no child should be excluded from any activity due to the inability to pay. Some families may be eligible to receive assistance through the *Commonwealth of Kentucky's Childcare Assistance* program (1-800-809-7076 or www.cccofky.com). If you are denied assistance from the state, but need financial assistance please request scholarship information from Amanda Speier (aspeier@myy.org). Scholarships must be approved PRIOR to starting our programs and can take up to two weeks to be processed.
5. Discounts: (*you may **only** choose **one*** for a maximum of 10%)
 - a. Receive 10% off by paying for the year in full.
 - b. Receive 10% off for each additional child.
 - c. Receive 10% if parent or guardian is a Ft Thomas Independent Schools Employee.



6. Changes: You may make changes to your registration at any time during the course of the school year. To make these changes please request a "CHANGE OF PROGRAM" form from your school's Site Director or by contacting Amanda Speier directly. Examples of changes include payment information, address, phone number, etc. Please note any changes could take up to two weeks to be completely processed.

7. Contacts: Please contact Jessica Berberich (jberberich@myy.org) or Nikki Boop (nboop@myy.org) or call the Campbell County YMCA at (859) 781-1814 for questions about the program. Please contact Amanda Speier (aspeier@myy.org) for questions about billing and scheduling.

8. Below are the schools we serve and the programs currently offered:

<u>Johnson</u> ASP	<u>Moyer</u> ASP	<u>Woodfill</u> ASP
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Office Use Only: Date Entered: _____ Processing Initials: _____

YMCA School Age Child Care 2017-2018 Registration Form

Locations: Johnson, Moyer, Woodfill

Effective Start Date: _____

Today's Date: _____

Student Information			
Name			
Nickname (if applicable)			
School			
Street Address			
Apartment # (if applicable)			
Gender (Circle)	<input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B.	
Age		Grade	

Parent/Guardian Information	
Name	
D.O.B.	
Street Address	
City/State/Zip	
Phone (Cell)	
Phone (Work)	
Email Address	

Registration Fees

Registration Fee: \$30 per child/\$60 per family

Non-refundable/Non-transferable/Due at the time of registration

Even Billing Cycles

Tuition can be paid monthly or weekly. Monthly payments will be billed on the 20th of each month. Weekly payments are billed the Monday before the week of service.

Fees are charged to the account information provided at registration.

Discounts:

We offer a maximum of a 10% discount for the following categories: Pay in Full, Multiple Children, and Fort Thomas Independent Schools Employees.

Parent Acknowledgements:

- I understand that program **fees are an even monthly/weekly rate. Payment is due in advance of the month/week attending.** Monthly payments will be deducted on the 20th of each month. Weekly payments will be deducted on the Monday before the week of service.
- I understand that if I register during the same week/month of my child's expected start date I will be deducted two payments for the current week/month and the upcoming week/month.
- I understand that if I **withdraw, change, or update** my child's program registration, I must complete a **Change of Program form two** weeks in advance; I further understand that I will be held financially responsible for all tuition fees accrued, following the above outlined notice requirements.
- I understand that registration is only Step #1 in the enrollment process. I will need to turn in a current immunization certificate and pay the registration and first week/month's payment before registration is complete.

United Way Reporting: MANDATORY



To help us in our required reporting, we request the following information. It will be kept confidential. This information is for United Way Reporting purposes ONLY!

Total number of people in your household?

Participant's Race: (Circle one)

- White/Caucasian Black/African-American Asian
- American Indian Native Hawaiian/Pacific Islander
- Hispanic Multi-Racial Other

Household Income: (Check one)

- \$0 - \$20,000 \$20,000 - \$30,000
- \$30,000 - \$40,000 \$40,000 - \$50,000 \$50,000 +

Additional Siblings Enrolled in YMCA Childcare (if any):

Name: _____ Age: ____ Name: _____ Age: ____

Name: _____ Age: ____ Name: _____ Age: ____



Emergency Contact Information:

****The below mentioned individuals are authorized to pick up my child from the YMCA School Age Program****

1st Called	This person will be called in the event on an illness/emergency. This must be a parent/guardian
Parent or Guardian	
Relationship to Child	
Address (Including city, State, Zip)	
Cell Phone	
Work Phone	
Email Address	

2nd Called	If the main parent/guardian cannot be reached, this person will be the second to be called.
Contact	
Relationship to Child	
Address (Including city, State, Zip)	
Cell Phone	
Work Phone	
Email Address	

3rd Called	If the main parent/guardian cannot be reached, this person will be the third to be called.
Contact	
Relationship to Child	
Address (Including city, State, Zip)	
Cell Phone	
Work Phone	
Email Address	

4th Called	If the main parent/guardian cannot be reached, this person will be the fourth to be called.
Contact	
Relationship to Child	
Address (Including city, State, Zip)	
Cell Phone	
Work Phone	
Email Address	

Emergency Medical Authorization

A parent/guardian must provide the YMCA consent for emergency medical treatment to be initiated for their child in the event of an emergency. A parent/guardian may also refuse to grant consent. If you would like to deny consent, please contact Nikki Boop (nboop@myy.org).

In the event reasonable attempts to contact me or a second parent/guardian at the numbers listed in my Emergency Contact information, have been unsuccessful, I hereby give my consent for:

1. The administration of any treatment by a physician or dentist I have listed on the next page, or in the event the designated preferred physician is not available, by another licensed physician or dentist.
2. The transfer of the child to the designated preferred hospital I have listed or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity of such action, are obtained prior to the performance of the surgery.

Parent/Guardian Signature

_____/_____/_____
Date



Health History

This section allows parents to indicate your preference in doctor/medical facilities and also allows you to communicate any of your child’s health history information. Please list any information regarding special medical issues, special dietary needs, possible allergies, etc. *If applicable, an Administration of Medication form is available upon request from your Site Director.*

Designated Preferred Physician	*Name:	Current Medications	
	*Address:		
	*Phone:	Dietary Modifications	
Designated Preferred Dentist	*Name:	Operation/Serious Injury	
	*Address:		
	*Phone:	Disabilities	
Designated Preferred Hospital	*Name:	Chronic Illness/ Reoccurring Illness	
	*Address:		
	*Phone:	Allergies (Food, Meds, Insects, Etc.)	

***The Commonwealth of Kentucky requires that we obtain complete information for the physician, dentist, and hospital. ‘Closest’ or ‘First Available’ cannot be accepted.**

Student History/Information

What are your child’s favorite indoor activities?	
Are there any special circumstances in the family, which may be a factor in your child’s behavior?	
In what ways would you like to see your child develop during his/her participation in our programs?	
Please add any additional comments that you feel might help us understand your child better.	



Authorization to Participate & Understanding of YMCA Policies

Please indicate by checking yes or no to what specific activities you will allow your child to participate in:

- Yes No I give my permission for my child to use all of the equipment and participate in all activities of the childcare programs.

- Yes No **I give my permission for my child’s image, voice, or written comments to be included in evaluations, pictures, newsletters and marketing pieces associated with the program. The YMCA of Greater Cincinnati may use these indefinitely, without limitation or obligation for the purpose or promoting or interpreting YMCA programs. (In answering no, your child will be removed from all picture opportunities including group pictures)**

- Yes No I understand that the YMCA of Greater Cincinnati assumes no responsibility for injuries or illnesses which may occur as a result of my child’s physical condition or resulting from his/her participation in any athletic event, sports programs, and the use of any equipment, exercise or other activities.

- Yes No I understand that any medical expenses resulting from any illness or injury incurred while attending any YMCA program is my responsibility.

- Yes No I acknowledge on behalf of myself and my heirs that I assume the risk for any injuries or illnesses, which may result from activities. I hereby release and discharge the YMCA of Greater Cincinnati, its agents, servants, and employees from any and all claims for injury, illness, death, loss or damage, which my child may suffer as a result of his/her participation in the childcare programs.

- Yes No I understand that the YMCA is not responsible for personal property lost or stolen while participating in the program. My child is responsible for all of his/her belongings. I understand that lost and found is reviewed every Friday and that any items left over at the end of each week will be sent to Goodwill.

- Yes No I understand that the YMCA of Greater Cincinnati is not responsible for anything that occurs as a result of false information given by a parent or guardian.

Parent Handbook:

I have read and understand the contents of the 2017-2018 Parent Handbook and agree to all the terms that are covered in the manual.

I understand that my signature indicates that I have been previously made aware of all policies, procedures, and guidelines referenced in the handbook concerning this program.

I have read and fully understand these policies and authorizations statements. I do hereby give such authorization as indicated or document understanding of specific policies.

Name of Child (Please Print) Parent/Guardian Name (Please Print) Parent/Guardian Signature Date



Parent Acknowledgement:

By signing and dating below, you are acknowledging the knowledge of and the adherence to all of the policies and procedures associated with these programs. These policies and procedures are outlined in detail in the 2017-2018 Parent Handbook.

I understand that my child must be potty-trained before the start date of any YMCA Child Care Program.

I understand that payment will be automatic deduction from the credit card/bank account on file the Monday prior to the week my child is attending each week for 40 weeks *if I choose weekly*; OR the 20th of each month my child is attending for 9 ½ months. If my payment is declined, I will have 7 days to pay with a check or alternate card. If my payment is more than one week late, I understand that it will result in the removal of my child from the program and the space will be given to another child on the waiting list.

I understand that there is a **FLAT** weekly or monthly fee and will **NOT** be prorated for days not attended such as sick days, vacation, staff training, special holidays, snow days, etc. Weekly and monthly fees are the same even when schools are on break.

I understand that there is a late fee of \$1.00 per minute/ per child for any child left after the end time of the program. This payment will be made upon my arrival, in cash and given to the staff person who remains after scheduled work hours to be with my child.

I understand if I withdraw from the program or need to change the attendance schedule I must provide Amanda Speier with a **Change of Program form** at least 2 weeks prior. Change of Program forms are available at each school site or the Campbell County YMCA Branch.

I understand that the YMCA Child Care programs will follow the local School Schedule. If the children are scheduled to be off from school for the day our Child Care programs will **NOT** be available.

I understand that under no circumstances will my child bring their own toys or other personal items, which include but are not limited to: *personal electronic devices, cell phones, card games, etc.* If my child does so, the staff will hold the item and return it to the parent at the end of the day.

I understand that the YMCA will only provide receipts upon request. My bank/credit card statement show proof of payments. A payment history will be available in January to aid with taxes.

I understand that my child(ren) must be signed in and out of the program daily. This is a program requirement and must be done every day. If someone else picks up my child they will need to complete the sign in/out sheet and also provide staff with identification.

I understand that if my child will be absent from the program I need to call or e-mail the YMCA staff prior to the start of the program.

I understand that I **MUST** provide a current certified copy of my child's immunization form **PRIOR** to the start of the program.

Name of Child (Please Print) Parent/Guardian Name (Please Print) Parent/Guardian Signature Date



YMCA School Age Child Care 2017-2018 Registration Form

Student Name: _____ **Effective Start Date:** _____

My child will be attending (circle one): Johnson, Moyer, Woodfill

Check here if you wish to have your Registration Fee charged to your credit/debit card on file. Please note, your credit/debit card will be charged for the Registration Fee if no check/money order is attached.

Check here if you wish to Pay in Full to receive a 10% discount.

Check here if you are an employee of the Kenton County School District. School of employment: _____

Check here if you qualify for the multiple child discount given to families with more than one child in the YMCA Child Care program.

YMCA Child Care Programs	Days of Program	Time of Program	Monthly Flat Rate
After School – Full Time 4 to 5 Day Program	Check the 4 to 5 days your child will attend: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	3:30 pm – 6:00 pm	\$232
After School – Part Time 1 to 3 Day Program	Check the 1 to 3 days your child will attend: <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	3:30 pm – 6:00 pm	\$176



YMCA OF GREATER CINCINNATI DRAFT AUTHORIZATION

DRAFT AUTHORIZATION			
Bank Account: (Voided Check Required, Please Attach)		Credit Card Information:	
_____	_____	_____	
Bank Name	Route/Transaction Number	Credit Card Number	
_____	_____	____/____	_____
Account Number	Name on Account	Exp. Date	Name on Credit Card
X _____		_____	
Signature		Date	
Billing Address: _____			
Street		City	State Zip