



SACC

2021 - 2022 CHILD CARE REGISTRATION PACKET SCHOOL AGE CHILD CARE CAMPBELL COUNTY YMCA

Registration is a quick method of reserving a space for your child. **To register, parent/guardian will need to complete this packet in its entirety and pay the registration fee.** Your credit/debit card must be provided in person to a Member Services staff member at the Campbell County YMCA at the time of registration. Families registering more than one child will need to fill out a separate *Registration Packet* for each student. **Question can be directed to the Program Director, Heidi Hagedorn, at hagedorn@myy.org**

Today's Date: ____ / ____ / ____

Effective Start Date: ____ / ____ / ____

This is the date your **child** is officially registered to start the program and fees will begin to be applied! **Ft Thomas Schools start date for 2020-2021 is August 18.**

Child Information			
Name			
Nickname (if applicable)			
Street Address			
City/State/Zip			
Gender (Circle)	Male Female	D.O.B.	
Age		Grade	
School Attending			

Parent/Guardian Information	
Name	
D.O.B.	
Street Address	
City/State/Zip	
Phone (Home)	Place a ★ next to the best number to call while your child is in the program.
Phone (Cell)	
Phone (Work)	
Email Address	<small>Print your email address clearly! Email is utilized to send you the child care newsletter and is on file with your account so you can access your tax statement/account information.</small>

REGISTRATION FEES & TUITION RATES:

SACC REGISTRATION FEE: \$40 PER CHILD / \$60 PER FAMILY

Registration Fees are non-refundable & non-transferable.
Registration Family Rate can only be applied to other SACC siblings.

REGISTER EARLY AND SAVE!
Register before July 31, 2021 and **SAVE!** Families who register before 7.31.21 **pay a reduced Registration Fee of \$30 single child / \$50 Family Rate.**



SACC TUITION is charged to a credit/debit card on file.

Monthly Billing: Charged 1st of every month / Weekly Billing: Charged the Friday prior to the week attending

Family Discount: Additional siblings save 10% each! Applied to sibling(s) in any Campbell County YMCA Child Care program.

The YMCA receives funding from many sources to support our programs and scholarships allowances. Providing the following information helps us continue to make a case for support. All information is kept strictly confidential.

Total number of people in your household? ____

- Participant's Race: White/Caucasian Black/African-American American Indian Hispanic
 Multi-Racial Native Hawaiian/Pacific Islander Asian Other
 Household Income: Less than \$20,000 \$20,000 - \$30,000 \$30,000 - \$40,000 \$40,000 - \$50,000 \$50,000 +

Each below statement requires a Parent/Guardian initials of acceptance.

	A valid credit/debit card must be on file for all payments. The Registration Fee will be due upon registration. My credit/debit card must be provided directly to the Billing Department or a Member Services staff member at the Campbell County YMCA upon registration. I authorize my bank to honor pre-authorized drafts drawn by the YMCA for SACC tuition and registration fees. My card will be charged in full on the billing cycle I have selected on this form or according to special arrangements I have documented with the Billing Department. I further understand that all registration fees are non-refundable, non-transferrable and applied to each child I have in SACC.
	All <i>Registration paperwork</i> must be completed in full, including the submission of a current KY Immunization Certificate, before my child can attend the SACC program. If the Immunization Certificate expires during my child's enrollment in the program, I understand that I will be responsible for providing a new one or my child will not be able to attend the program.
	If my scheduled payment is declined for any reason, I understand that the YMCA is authorized to re-draft my account to collect the past due amount plus add an additional \$20 return fee . I further understand my child may not attend/return to the program until all payments (including the late fee) are paid in full.
	Withdrawing my Child: I will be charged in full for tuition unless I <u>withdraw</u> my child from a selected program using the <i>Change of Program Form</i> , which must be submitted no later than two weeks in advance of my child's last day. I will be charged for that 2 weeks – whether my child attends or not. <u>No</u> verbal, over the phone, hand-written, or emailed withdrawal requests are accepted.



Child Name: _____

SACC services are available on-site at Johnson Elementary, Moyer Elementary, and Woodfill Elementary.

Full payment is due for each month/week, even if students do not attend the program due to absences, vacations, etc. Families will be charged a reduced rate during specific months/weeks, impacted by the Ft Thomas Independent School calendar/schedule. This would include August, December, and April.

SACC Programs	Days of Program <i>(Please indicate which days of the week your child will attend)</i>	Time of Program	Circle the program/payment rate you wish to register for!	
			Monthly Flat Rate	Weekly Flat Rate
Non-Member Rate After School	Circle days your child will attend: M T W TH F <i>Varies</i>	2:45-6:00 p.m.	\$280	\$70
Member Rate After School	Circle the days your child will attend: M T W TH F <i>Varies</i>	2:45-6:00 p.m.	\$235	\$58.75

Site Contact Information:

Johnsons: johnsonymca@cincinnatiymca.org, 859-206-0068

Moyer: moyerymca@cincinnatiymca.org, 859-414-1854

Woodfill: woodfillymca@cincinnatiymca.org, 859-414-1852

Billing & Program questions can be answered by the Program Director, Heidi Hagedorn: hhagedorn@myy.org 859-781-1814

Please charge card on file: Account Type: Visa MasterCard American Express

Last 4-didgets on Credit/Debit Card: _____ Expiration Date: _____

Parent/Guardian Signature: _____ Date: ____ / ____ / ____

By signing and dating above I acknowledge and accept all information documented on this Child Care Registration Form.

Office Use Only:

Received by: _____

Daxko processed: _____

Date: ____ / ____ / ____

Account Type: Visa MasterCard American Express

Sibling Discount Applied

Last 4-digits of Credit/Debit Card: _____

Receives Scholarship Assistance

Expiration Date: _____

Receives State Assistance

Membership #: _____

Receives Staff Discount (Type: _____)

Billing Department/Daxko Notes:



2021-2022 SACC Registration

Child Name		D.O.B. (Child)	
Start Date		Height (Child)	
Parent/Guardian Name		Weight (Child)	
Parent/Guardian Email		Attendance <small>Circle days child attends Y program</small>	M T W Th F
My child is registered in the following Fort Thomas School			

Program Location

- SACC at **Johnson Elementary**
 SACC at **Moyer Elementary**
 SACC at **Woodfill Elementary**

Emergency Contact Information

- Child lives with:
 Both Parents/Guardians
 Mother Only
 Father Only
 Other: _____
 Marital Status:
 Married
 Divorced
 Separated
 Single
 Additional siblings enrolled in Y Child Care?
 No
 Yes *(If yes, please list names and programs below)*

Sibling: _____ Program: _____
 Sibling: _____ Program: _____
 Sibling: _____ Program: _____
 Sibling: _____ Program: _____

In the event of an illness/emergency, the following individuals will be contacted in the order listed. A minimum of **two contacts must be listed! Adults to be contacted/authorized to pick up your child must be 18 years of age or older.**

1st Called: This must be a parent/guardian.	
Contact Name	
Relationship to Child	
Home Phone	
Cell Phone	
Employer	
Employer Phone	

2nd Called: <small>If the main parent/guardian cannot be reached, this person will be contacted.</small>	
Contact Name	
Relationship to Child	
Home Phone	
Cell Phone	
Employer	
Employer Phone	

3rd Called <small>If the 2nd person cannot be reached, this person will be contacted.</small>	
Contact Name	
Relationship to Child	
Home Phone	
Cell Phone	

4th Called <small>If the 3rd person cannot be reached, this person will be contacted.</small>	
Contact Name	
Relationship to Child	
Home Phone	
Cell Phone	

Student Pickup Authorization: A child will be released from a program to individuals able to provide the specific code words designated by a parent/guardian. Be sure NOT to share your codes with your children and keep them secure to only those individuals you wish to have access to your child. Please see your *SACC Handbook* for more detailed information about this system and process.

Pick up Authorization <i>(During pick up, we utilize a Code Word system.)</i>			
Code #1:		Code #2:	

Emergency Medical Authorization

In the event reasonable attempts to contact me or a second individual 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 the physician or dentist listed below, or, in the event the designated preference is not available, by another licensed physician or dentist; or **(2)** the transfer of the child to the designated preferred hospital listed or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such action, are obtained prior to the performance of the surgery.

Parent/Guardian Signature

_____/_____/_____
Date

Medical Preferences and Health History

This section allows you to indicate preferences in doctors/medical facilities and also allows an opportunity to communicate any health history information that can help us ensure a safe and happy experience for your child. Please list any information regarding special medical issues, special dietary needs, allergies, etc. for your child. In order to avoid a delay in your child's enrollment, please fill out all requested information.

<p>An Administration of Medication Form is available upon request if your child is to take medications during program hours. *Includes Epi Pens, Inhalers, etc.</p> <p>Only choose 1 Hospital location below!</p>		<p>Designated Preferred Physician</p>	Name:
			Address:
			Phone:
<p>Designated Preferred Hospital</p>	<input type="checkbox"/> St. Elizabeth – Edgewood (1 Medical Village Dr, Edgewood 859-301-2000)	<p>Designated Preferred Dentist</p>	Name:
	<input type="checkbox"/> St. Elizabeth – Ft Thomas (85 N grand Ave, Ft Thomas 859-572-3100))		Address:
	<input type="checkbox"/> The Children's Hospital (3333 Burnet Ave., Cincinnati 513-636-4200)		
	<input type="checkbox"/> Other _____		Phone:

Current Diagnoses		Dietary Modifications	
Current Medications		Allergies (Foods, Meds, Insects, etc.)	
Disabilities/Operations/Injuries/Chronic Illnesses		Behavioral/Sensory Considerations	

Student History/Information:

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

Permission to Participate Authorization

Indicate below as to what activities you will provide permission for your child during programming.

- Yes No I give my permission for my child to use all of the equipment and participate in all activities in the program.
- Yes No The YMCA can use photographs, film footage, audio or video tape recordings, etc. which may include my child's image or voice for purposes of promoting/interpreting YMCA programs and services to the public.
- Yes No I give my permission for qualified staff to provide routine health/medical care, necessary first aid, or seek emergency medical treatment for my child if necessary.
- Yes No My child can participate in any walking excursions near/around the program facility.

Acceptance Agreement

By signing and dating below, I acknowledge that I have **access to** and I am **responsible for** reading and **adhering to all** policies, procedures, and guidelines referenced in this *SACC Registration Packet* (including the next two take-home pages) and the *SACC Handbook*. I agree to all terms and conditions and the authorizations I have been presented.

Parent/Guardian Signature

_____/_____/_____
Date



KEEP THIS PAGE FOR YOUR RECORDS!

SACC Program Policies and Procedures:

- Students attending a SACC program must be potty-trained.
- SACC programs will follow the Fort Thomas Independent School schedule.
- Under **no circumstances** should my child bring their own toys or electronic devices.
 - Included, but not limited to: electronic devices/games, video watches, **cell phones**, card games, or other personal items such as nail polish, makeup, etc. The **staff will confiscate the item** and return it to the parent/guardian at the end of the day.
- A detailed record of my child(ren)'s arrival and departure will be documented. Child(ren) must be signed in and out of the program with ① the time noted of their arrival and departure, ② the parent/guardian's full name, and ③ signature.
 - **This is a state law and must be done every day.**
 - Individuals receiving financial/state assistance are required to participate in additional reporting and documentation.
- All YMCA programs have a nit free lice policy, which is different from the public-school system. If your child is found with lice or nits/eggs, the child may not attend the program. Student may not return until they have been checked and cleared by the Site Director/Coordinator.
- The program will often enlist special programming from outside resources and non-YMCA individuals may engage in activities with my child. At no time, under any circumstances, will a child be engaged in said activity without a YMCA staff member present. (i.e.: Library bus visits, special event visits, off-site field trips, etc.)
- I understand that I must review and FULLY complete and submit all requested paperwork prior to the start of the program. **This includes providing a Kentucky Immunization Certificate.**
 - An expiration date must be documented on the certificate. A copy of shot records, MyChart records, or out of state records will not be accepted.
 - If the certificate will expire during the program year, a parent/guardian is responsible to provide an updated certificate in order for their child to attend the program.
 - Families only have a 7-day grace period on an expired immunization certificate before their child is withdrawn from the program. A student may not return until a valid certificate is submitted. All tuition payments are still due during suspension.
- If Ft Thomas Schools are closed, our SACC programs are also closed. If available, SDO will be available at our Campbell County YMCA location. (SDO programs are **NOT** available on-site at any of our programs operating out of a school building.)
 - SDO programs are designed to provide care in the event of a scheduled closing on the school calendar.
 - Families must purchase/register for the SDO (School Days Out) program in advance.
 - Detailed information about SDO is found in your *SACC Parent Handbook*.

YMCA Policies

Your child's safety, privacy, and security is our number one priority! Our staff goes through extensive training to help ensure the well-being of each child in our program. Parents/Guardians must agree to the following in relationship to their child:

- The YMCA is not responsible for personal property lost, stolen or broken, while participating in the program. Items in the Lost & Found are donated weekly to Goodwill®.
- Students and their families must adhere to the YMCA Code of Conduct, found in the *Parent Handbook*. The YMCA holds both parent/guardian and students accountable for the Code of Conduct and may restrict access to any YMCA programming upon breach of this code.
- You expressly acknowledge on behalf of yourself and your heirs that you assume the risk of any and all injuries and illnesses, which may result from your child's participation in program activities. Parents/Guardians agree to release and discharge the YMCA, its agents' servants, and employees from any and all claims for injury, death, loss or damage, which a child may suffer as a result of their participation in program activities.
- To meet mandatory reporting responsibilities (i.e.: United Way requirements, state reporting mandates, program evaluations, etc.) information is shared with internal and external entities as part of the process of interpreting YMCA programs.

Financial Policies and Procedures

- Absences are **not** prorated. If a child will be **absent from the program**, parent/guardian must not only call their child's school – they must also **contact their YMCA Site Coordinator/Director prior to 2:00 p.m.**
- A credit/debit card is due upon registration to pay for registration fees and to have on file for monthly/ weekly payments. Full payment is due for each month/week, even if students do not attend the program due to absences, vacations, etc.
 - Families who register for a program after a new month has started and wish to be on a monthly billing cycle, will be charged at a prorated rate to reflect the child's start date.
 - SACC students follow the Ft Thomas Independent School calendar. Families will be charged a reduced rate during specific months/weeks, impacted by the Ft Thomas Independent School calendar/schedule. These include August, December, and April.
- There is a late fee of \$1.00 per minute/per child after the designated pick up time. The person picking up the child will sign the late fee slip to acknowledge charges and the credit/debit card on file will be charged.
- To **change or withdraw** a child from a selected Child Care program, parent/guardian must email Family Life Director. **No** verbal or over the phone withdrawals or changes are accepted. It is recommended to keep a duplicate copy of this form for your records.
 - **Change:** Form must be submitted a minimum of 1 week prior of the affected date.
 - **Withdraw:** Form must be submitted a minimum of 2 weeks prior to the child's last day.
- **A valid credit/debit card must be on file for all Child Care payments.** Credit/debit cards will be charged in full on the billing cycle (monthly or weekly) for the program selected in the *Registration Packet* or according to special arrangements documented with the Billing Department.
 - Monthly billing is charged on the 1st of every month for the current month attending.
 - Weekly billing is charged the Friday prior to the week attending.
- If a scheduled payment is unable to be processed for any reason, an additional **\$20 return fee** is automatically added to the overdue amount.
 - The child may **not** attend/return to the program until the tuition and late fee payment is received and all balances are paid in full.
- A tax statement will be available online through your *YMCA Online Account* page no later than January 31 for Child Care payments (including camp) during the previous year.
- Registration will be denied to any individuals who have outstanding YMCA balances. All outstanding balances must be paid in full prior to registration.