



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEFORE & AFTER THE SCHOOL BELL

School-Age Child Care • 2021-2022
FLOYD COUNTY FAMILY YMCA



Safe, Fun and Convenient!

We offer a safe, enriching environment for youth to spend the hours **before and after school**. We are the largest, most experienced provider of child care in Kentuckiana.

- **Affordable weekly rates**
- **Year-round programs**
- **Highly trained, caring staff**
- **Outdoor and indoor physical activity**
- **Enhanced guidelines to ensure a healthy environment**

We know the health and safety of your child is more important now than ever. We are following all guidelines from health officials to maintain a healthy environment in our programs.

To find pricing and locations near you, visit ymcalouisvillechildcare.org.



A clean, healthy and safe environment provided every day



Open before school and after school until 6 p.m.



Full-day programs on in-service and snow days



Licensed child care that meets or exceeds state licensing requirements



Healthy eating habits and physical activity encouraged with nutritious snacks provided daily



Extensive screening and training for all staff, including CPR and First Aid



Reading activities and homework assistance provided



Enriching centers and activities make learning and discovery fun

Register today by calling **812.206.0688** or online at ymcalouisvillechildcare.org

REGISTER TODAY

Online registration at ymcalouisville.org is open through August 2, 2021 and all sites have minimum and maximum enrollment numbers. After August 2, please email Amy Wade at awade@ymcalouisville.org at least two business days prior to your child's start date to enroll.

Mailed registration forms should be sent to the address below and post-marked one week prior to start date.

Floyd County Family YMCA
Attn: Amy Wade
33 State Street
New Albany, IN 47150

If you have additional questions, call 812.206.0688 or visit ymcalouisvillechildcare.org.



WEEKLY RATES 2021-2022 Floyd County Family YMCA School-Age Child Care Program

	First Child		Each Additional	
	Program Members	Y Facility Member/ Partnership Employee Dependents	Program Members	Y Facility Member/ Partnership Employee Dependents
3, 4 or 5 day				
Before School Only	\$51	\$41	\$46	\$36
After School Only	\$71	\$61	\$66	\$56
Before & After School	\$81	\$71	\$76	\$66
1- or 2-day				
Before School Only	\$26	\$26	\$26	\$26
After School Only	\$36	\$36	\$36	\$36
Before & After School	\$46	\$46	\$46	\$46

Registration Per Child: \$45

In-service and snow days are included in total number of days attended for the week. In-service and snow day only rate is \$39 per day, per child.

FLOYD COUNTY FAMILY YMCA SCHOOL-AGE CHILD CARE - GRADES K-8

LOCATIONS

- Fairmont Elementary (p.m. only)
- Floyds Knobs Elementary
- Georgetown Elementary
- Grant Line Elementary
- Greenville Elementary
- Green Valley Elementary (p.m. only)
- Hazelwood Middle School (held at Mt. Tabor Elementary)
- Highland Hills Middle School
- Mount Tabor Elementary
- S. Ellen Jones Elementary
- Slate Run Elementary
- Scribner Middle School (a.m. at Scribner and p.m. at Grant Line)

All sites have minimum and maximum enrollment numbers. When minimums are not met, we will work with New Albany/Floyd County schools on transportation or the site may have to be closed.

PAYMENT OPTIONS

Payments can be made by bank or credit card draft. Automatic draft payments must be set up prior to the first day of attendance. Drafts will occur each Friday the week before, unless otherwise scheduled through our main office.

The Y is for everyone and we offer income-based financial assistance.



OUR STAFF **KNOW** HOW TO **SEE** AND **RESPOND** TO CHILD ABUSE.



FOR MORE INFORMATION, CALL 812.206.0688 OR VISIT YMCALOUISVILLECHILDCARE.ORG

FLOYD COUNTY FAMILY YMCA SCHOOL-AGE CHILD CARE • 2021-2022 SCHOOL YEAR REGISTRATION FORM

Print legibly, complete all fields and include your registration fee or register online at ymcalouisvillechildcare.org

First day child will attend	Email address (To receive important program updates and registration information)
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1ST CHILD'S INFORMATION

First name	Middle initial	Last name	Date of birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Age
Race <input type="checkbox"/> Caucasian/white <input type="checkbox"/> African American/black <input type="checkbox"/> Multi racial <input type="checkbox"/> Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other					
Physical conditions/special needs			Medications/allergies		
To better serve your child, please indicate if he/she has been diagnosed with any of the following: <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Convulsions <input type="checkbox"/> Bleeding/Clotting Disorders <input type="checkbox"/> Autism <input type="checkbox"/> Aspergers <input type="checkbox"/> Fragile X <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Tourettes <input type="checkbox"/> Rhett Syndrome <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Chronic Health Problems <input type="checkbox"/> Asthma/Severe Allergies <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart defect/disease <input type="checkbox"/> Other					
Does this child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No					
YMCA Child Care Site					
Name of Child's School					
Attendance <input type="checkbox"/> 1-2 Days <input type="checkbox"/> 3-5 Days		Grade in School (2021-2022)			
Participation <input type="checkbox"/> Before-School Care <input type="checkbox"/> After-School Care <input type="checkbox"/> Before- & After-School Care <input type="checkbox"/> In-Service Day Care <input type="checkbox"/> Snow Day Care					

2ND CHILD'S INFORMATION

First name	Middle initial	Last name	Date of birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Age
Race <input type="checkbox"/> Caucasian/white <input type="checkbox"/> African American/black <input type="checkbox"/> Multi racial <input type="checkbox"/> Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other					
Physical conditions/special needs			Medications/allergies		
To better serve your child, please indicate if he/she has been diagnosed with any of the following: <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Convulsions <input type="checkbox"/> Bleeding/Clotting Disorders <input type="checkbox"/> Autism <input type="checkbox"/> Aspergers <input type="checkbox"/> Fragile X <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Tourettes <input type="checkbox"/> Rhett Syndrome <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Chronic Health Problems <input type="checkbox"/> Asthma/Severe Allergies <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart defect/disease <input type="checkbox"/> Other					
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Participation <input type="checkbox"/> Before-School Care <input type="checkbox"/> After-School Care <input type="checkbox"/> Before- & After-School Care <input type="checkbox"/> In-Service Day Care <input type="checkbox"/> Snow Day Care					

1ST PARENT/GUARDIAN

Name	Relationship to child	Date of birth / /
Address	City	State Zip
Primary phone	Cell phone (for emergency communications)	
Work phone	Employer	

2ND PARENT/GUARDIAN

Name	Relationship to child	Date of birth / /
Address	City	State Zip
Primary phone	Cell phone	Work phone
		Employer

METRO UNITED WAY INFORMATION

School lunch classification <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Full pay	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Veteran status (check any that apply) <input type="checkbox"/> Parent is current active military <input type="checkbox"/> Parent is a veteran <input type="checkbox"/> Neither parent is a veteran <input type="checkbox"/> Unknown	

INSURANCE INFORMATION

Health insurance company	Policy number
Name of physician	Physician phone

PLEASE LIST ANY ADULT OTHER THAN THE ABOVE THAT MAY BE PICKING UP THIS CHILD OR THAT MAY BE CONTACTED IN AN EMERGENCY.
 Anyone picking up your child must be at least 18 years of age or older. A picture ID is required at pick-up.

Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2

The YMCA has permission for my children to be photographed and/or interviewed for promotional purposes Yes No
 Yes, I would like to make a charitable donation to the Annual Campaign \$25 \$50 \$100 Other/please contact me
 Check here if either parent is YMCA employee Y financial assistance recipient

You must choose one option below to process your registration. Drafts will occur each Friday the week before unless otherwise scheduled through our main office.

I am currently on draft. Please use the account on file ending in _____. **Authorized account holder signature** _____

Full payment attached. (Check or money order only!)

I am authorizing a NEW bank draft from my checking account and I have attached a voided check.

I would like to pay by credit card. Please contact me for billing information:

Name
Primary phone

I have the legal authority to sign up the child/ren named on this form and to the best of my knowledge the information on this application form is complete and accurate. I understand that my application will not be processed unless it includes the full fee or automatic draft authorization. I understand that the YMCA prohibits staff members from being alone with children they meet in YMCA programs outside of the YMCA. This includes but is not limited to baby-sitting, tutoring, sleep-overs, etc. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program or designee to secure emergency medical services, including transportation and medical care. I also give permission for the attending physician to order injections, anesthesia or surgery for the child/ren as named above. I understand that medical and accident insurance is the responsibility of the parent or guardian. By signing this form, I am giving the YMCA permission to communicate and exchange information with school personnel for the purpose of providing and enhancing services to my child/ren. I also authorize my child/ren to be transported by bus and engage in activities and field trips, except as noted by me. I understand that this release may be revoked by me at any time by written request. I am aware there is a Parent Packet with more detail on policies/procedures available to me. I have read and agree to these terms and conditions.

Signature	Date Signed
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