



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2023-2024 SCHOOL AGE ENROLLMENT PACKET

Buckeye Valley Family YMCA

Muskingum County Family YMCA
1425 Newark Rd. Zanesville, OH 43701
Office Phone: 740.454.4767

Start Date: ____/____/____

Weekly Fee \$_____

Processed by: _____

Program location: **MCFYCMA**

Program option: _____

Child First Name	Child Last Name	Date of Birth
School Name	Grade 2023-2024 School Year	
Mother/Legal Guardian Name (please print)		Father/Legal Guardian Name (please print)

Please Choose ONE Option Below

School Age	Before Care (6:30 – 8:00 AM)	After Care (3:45 – 6:00 PM)	Before & After (Both)
Member Rate	\$50/week <input type="checkbox"/>	\$70/week <input type="checkbox"/>	\$90/week <input type="checkbox"/>
Nonmember Rate	\$70/week <input type="checkbox"/>	\$90/week <input type="checkbox"/>	\$110/week <input type="checkbox"/>

Do you need to purchase a membership today?

- Yes**
 No

Financial assistance is available through the YMCA. If you are an approved ODJFS childcare participant or scholarship participant, you will need to provide proof of services prior to enrollment. Without proof you will be enrolled as private pay until proof can be obtained. Additional information is available upon request.

Payment Method:

- Weekly Payments** (credit card over the phone; cash, check, credit card or money orders are accepted at the MCFYMCA front desk, check payments and money orders are accepted at John McIntire Elementary- no cash payment will be accepted at John McIntire Elementary)
- ODJFS Weekly Co-pay \$_____** (A minimum of 7 hours of care each week is required or you will be responsible for the unpaid balance)
- Bank Draft (Auto Pay)** additional information available upon request
- *Online payment options are available; information available upon request**



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____ (initial) **Payments:** I agree to pay my child’s weekly fees no later than Friday of the week prior to care provided. I understand a late fee of \$15.00 may be assessed if payment is not made on time and by 5:00 p.m. Friday. Tuition can be paid by check made out to the YMCA, or by the online payment option. I understand that returned checks for insufficient funds or declined credit cards are assessed a \$20.00 processing fee. I also understand that a two-week, advanced written notice must be given prior to withdrawing my child from the YMCA child care program. I understand tuition is still required to be paid in full even if I plan or chose to remove my child from the program without a two-week notice.

____ (initial) **Wavier:** I realize that there is a risk of being injured that is inherent in all programs. I realize the risk of injury may be severe. The Buckeye Valley Family YMCA carries no medical coverage on any participant. If you child is injured, your insurance is responsible.

____ (initial) **Late Pick Up Fee:** I understand that the BVFYMCA School-Age Programs close at 6:00 pm daily. I understand that a late pick up fee will be assessed to my child care account for any pick up starting at 6:01pm as outlined in the parent handbook.

School-Age Permissions

_____ (child’s name and birth date) has my permission to participate in the water/swimming activities at the Muskingum County Family YMCA indoor and outdoor pools. A lifeguard and school age child care staff supervise the children while in the pool. All adult/child ratios are maintained (no additional adults are needed).

My child is ____ a non-swimmer ____ a beginner ____ an intermediate/advanced swimmer.

Signature of parent/guardian Date

My child has my permission to take routine walks around the Muskingum County Family YMCA grounds while at the MCFYMCA site.

Signature of parent/guardian Date

My child has permission to ride the Zanesville City School vans/bus to and from school, and in the event of inclement weather or emergency.

Signature of parent/guardian Date

I hereby give permission to the Buckeye Valley Family YMCA to use my child’s photograph for promotional/marketing purposes including the BVFYMCA website and other marketing materials.

Signature of parent/guardian Date

The following individuals have my permission to pick-up my child from the YMCA before/after program. Individuals on this list must be at least 16 years of age and will be required to show photo I.D. for proper verification at time of pick-up. Any individual on this list unable to provide I.D. will not be granted permission to pick-up your child/ren from the program.

Name	Phone	Relationship to child



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Child Information

Child Name: _____ Date of Birth: _____

By providing complete information about your child, you will be assisting counselors in creating a positive experience for your child. List any information about your child's habits, abilities or personality that you feel will be helpful to the staff while caring for your child.

Who is in your child's immediate family?

Who lives at home with your child?

What is the primary language spoken in your child's home? _____

Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.?

Are there any changes or transitions that your child has recently experienced or is experiencing? (move, divorce, new home, death of a family member, friend or pet)?

Are there any cultural or religious practices of your family we should be aware of?

Does your child have any mental health issues we should be aware of? If yes, please explain:

Does your child have any favorite foods?

Does your child dislike any foods?



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Please check all of the words that best describe your child's personality and behavior?

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> active | <input type="checkbox"/> easily-angered | <input type="checkbox"/> loving |
| <input type="checkbox"/> adventurous | <input type="checkbox"/> emotional | <input type="checkbox"/> mellow |
| <input type="checkbox"/> affectionate | <input type="checkbox"/> energetic | <input type="checkbox"/> outgoing |
| <input type="checkbox"/> bossy | <input type="checkbox"/> excitable | <input type="checkbox"/> prefers adult attention |
| <input type="checkbox"/> bright | <input type="checkbox"/> friendly | <input type="checkbox"/> quiet |
| <input type="checkbox"/> busy | <input type="checkbox"/> gives-in-easily | <input type="checkbox"/> sensitive |
| <input type="checkbox"/> calm | <input type="checkbox"/> happy | <input type="checkbox"/> serious |
| <input type="checkbox"/> cautious | <input type="checkbox"/> hesitant | <input type="checkbox"/> shares well |
| <input type="checkbox"/> cheerful | <input type="checkbox"/> insecure | <input type="checkbox"/> social |
| <input type="checkbox"/> content | <input type="checkbox"/> jealous | <input type="checkbox"/> spontaneous |
| <input type="checkbox"/> creative | <input type="checkbox"/> likes structure/routines | <input type="checkbox"/> stubborn |
| <input type="checkbox"/> curious | <input type="checkbox"/> loud | <input type="checkbox"/> tentative |

Are there things that frighten your child? if so, how does he/she react and what do you do to comfort him/her?

What routines/actions or items do you use to comfort your child?

What causes your child to feel angry or frustrated?

What methods do you use to respond to your child's negative behavior?

What might you and/or your child be anxious about as he/she starts in the program?

What are you and/or your child excited about as he/she starts in the program?

What are your expectations of this program?

What other information would be helpful for the staff caring for your child to know?

☞ Parent Signature : _____ Date: _____



Additional Before & After School Permissions

I hereby give permission for my child, _____
to participate in any trips or activities that apply to the programs
he/she is registered for during the 2023-24 School Year.

- Before and After School Students are permitted to walk to the Baseball Diamond across the street from the YMCA main entrance. This walking trip requires crossing the street, and students are not permitted to make this trip without a staff member accompanying them. The program will provide 30 minutes of outdoor time daily (weather dependent) at this Baseball Diamond.
- Before and After School Students are permitted to take walking field trips to the former Zanesville YMCA location on Adams Lane to use the playground and other facilities there. These trips may coincide with walks on the Collegiate Hiking Trails on the OUZ campus. These trips will be infrequent and at the discretion of the staff member(s) assigned to your child's group for the day.

Parent Signature

Date



AUTOMATIC PAYMENT OPTION FORM

I hereby authorize the LCFYMCA to automatically charge the credit card referenced below for my child's Before & After School account balance. I understand that the balance for each session of camp will be charged on the Friday, three days prior to each session. Further, I understand that the charge to my account will take place on a weekly basis for the camp in which my child is enrolled. It is my responsibility to check my credit card statement and report any discrepancies to the School Age Director within 7 days of the charge in question. I understand that I am financially responsible for all payments. Should any charge be rejected by my financial institution for any reason, I agree to be responsible for that payment and any additional late fees incurred. If full payment is not made I agree to pay for all fees associated with the collection of funds. I understand that it is my responsibility to notify the LCFYMCA of any change in my credit card information, including the expiration date, and that changes must be submitted in writing at least 7 business days in advance of the draft date. This agreement will remain in effect until LCFYMCA receives a written notice of cancellation from me or until the end of camp. ***We do not accept American Express at this time.**

ACCOUNT INFORMATION

Print your name as it appears on card or bank account: _____

Credit Card Number: _____ CRV _____ Expiration Date: ____/____

Zip Code: _____ Financial Institution: _____

Billing Address: _____ Billing Zip code: _____

Account #: _____ Routing #: _____

First withdrawal date: _____

Savings: _____ -or- Checking: _____

SIGNATURE

Authorized Signature: _____ Date: _____

Camp Location: _____

Child #1 Name: _____ Child # 2 Name: _____

Child #3 Name: _____ Child #4 Name: _____

ODJFS Child Care Assistance and YMCA Scholarship Information

Scholarships are available based on capacity, demonstrated need, and the YMCA's ability to fund the assistance. In order to provide the most assistance for the largest number of people, we request that you first determine whether you are eligible for child care assistance through the county in which you reside. Once approved, bring us a copy of your Notice of Approval and your YMCA registration form.

Contact your County ODJFS office ASAP, as you must be approved in the online Ohio system before we can register your child.

If it has been determined that you are ineligible for assistance through the county program, please ask for a letter of declination and we will gladly review your eligibility for assistance through the YMCA Scholarship Program. Scholarship applications are available at the Member Service Desk. Applicants need to supply their most recent W-2 forms and most recent tax returns.