



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

## **2023-24 WLCFYMCA SCHOOL AGE PROGRAM ENROLLMENT**

**Buckeye Valley Family YMCA**

**Childcare office location: LH Central 740-927-3365 ext 30255 or 30256**

**Program Location: Licking Heights South**

Childs Name (First and Last): \_\_\_\_\_ Child DOB: \_\_\_\_\_

Childs Address: \_\_\_\_\_

Mothers Name (First and Last): \_\_\_\_\_

Mothers Phone: \_\_\_\_\_ Mothers Email: \_\_\_\_\_

Fathers Name (First and Last): \_\_\_\_\_

Fathers Phone: \_\_\_\_\_ Fathers Email: \_\_\_\_\_

### **Registration Requirements:**

1. Complete all registrations forms which will be sent via email. All forms and registration fee are due to the childcare staff prior to your child starting the program.

**My child is a YMCA member?** (circle Y or N) YES NO

If NO would you like for us to activate a youth membership for \$12.00 a month. This provides you with a savings of \$25.00 per week. Select YES NO

**My child will attend:** (select school) LH South LH West LH North LH Central

**LH West Kids:** Will be transported by school bus to/from West to LH South for AM and PM care.

**LH North kids:** Will be walked by YMCA staff to and from LH South for AM and PM program.

**LH Central Kids:** Will be walked by YMCA staff to LH South for PM care

**LH South kids:** Will be at LH South for AM and PM care

**I will need the following before and/or aftercare:** check mark below

Select Here	Program Type	YMCA MEMBER RATE	YMCA NON MEMBER RATE
	<b>AM Care:</b> 7:00 AM-start of school	\$65.00 per week/per child	\$90.00 per week/per child
	<b>PM Care:</b> End of school-6:00 PM	\$86.00 per week/per child	\$111.00 per week/ per child
	<b>Both AM and PM Care</b>	\$137.00 per week/per child	\$162.00 per week/per child

**Payment Method: Select one**

- Automatic Draft** additional form required for all NEW accounts. If your account info is already on file, we will continue to use what is on file.
- Weekly payments online or in person at LH Central YMCA Office**
- ODJFS Weekly Co-pay** (A min. of 7 hrs of care each week is required)



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## School Age Child Information

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

By providing complete information about your child, you will be assisting the YMCA staff 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?

---

---

Do you have any pets at home?

---

---

Does your child have any favorite foods?

---

---

Does your child dislike any foods?

---

---



**FOR YOUTH DEVELOPMENT®**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

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: \_\_\_\_\_



## School Age Program Permission

### **Photo Release Permission:**

The BVFYMCA occasionally will take pictures of program participants during program activities for use in promotional materials. Do you grant the YMCA permission to take/use photographs for your child?

- \_\_\_ Yes, I grant permission  
 \_\_\_ No, I do NOT grant permission

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Participation**

Is there any reason your child should Not participate in the before/after school program or certain program activities?

- \_\_\_ Yes  
 \_\_\_ No

If yes, please explain:

\_\_\_\_\_

My child \_\_\_\_\_ has my permission to take a routine walking trip from their home school to LH South, LH Central or LH North from August 14<sup>th</sup>, 2023-May 30<sup>th</sup>, 2024 between the hours of 7:00 AM-9:15 AM and 2:00 PM-6:00 PM.

If my child attends LH West, my child has permission to be bused by the school to LH South from August 14<sup>th</sup>, 2023-May 30<sup>th</sup>, 2024 between the hours of 7:00 AM-9:15 AM and 2:00 PM-6:00 PM

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Additional Authorized Pick-Up: (only name individual other than parents)**

The following individuals have my permission to pick-up my child from the YMCA before/after program. Individuals on this list 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.

**\*Please attach a copy of any custody paperwork that would affect your child while in our care\***

Name	Relationship to the child	Phone Number
------	---------------------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Acknowledgement of Policies and Procedures:**

I have completed and acknowledge that all information is accurate. I understand my child's participation in the program is based on the completion of all documentation required for registration. I understand it is my responsibility to complete and update all necessary forms annually and when changes within my child's paperwork warrants any update.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **BVFYMCA School Age Sponsor Statement of Understanding**

**Sponsor is the name of the person responsible for the child's account**

**Print name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Please review and initial below:**

\_\_\_\_\_ **Waiver:** 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 BVFYMCA carries no medical coverage on any participant. If your child is injured, your insurance is responsible.

\_\_\_\_\_ **Cancellations:** I understand that a two-week, advance email notice must be given prior to withdrawing my child from any YMCA Childcare Program.

\_\_\_\_\_ **Payment:** I agree to pay my child's weekly fee no later than the Monday of the current week of care provided. I understand a late fee of \$15 may be assessed if payment is not made on time. I understand that returned checks for insufficient funds or denied credit cards are assessed a \$20 processing fee.

\_\_\_\_\_ **Late Pick Up Fee:** I understand that the YMCA School age program closes at 6:00 p.m. daily. I understand that a late pick up fee will be assessed to my child care account for any pick up starting at 6:01 p.m. as outlined in the Parent Handbook.

Financial assistance is available through the YMCA. If you are an approved PFCC participant or scholarship participant, you will need to provide proof of services prior to enrollment. Additional information is available upon request.



## **AUTOMATIC PAYMENT FORM**

### **AUTHORIZATION AGREEMENT- BVFYMCA Childcare Programs**

I hereby authorize the BVFYMCA to automatically charge the account referenced below for my child's account balance. I understand that the balance for each weeks tuition will be charged the Friday prior to the start of each week.

Further, I understand that the charge to my account will take place on a weekly basis for the program in which my child is enrolled. It is my responsibility to check my credit card statement and report any discrepancies to the Child Care 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 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 BVFYMCA 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 to the draft date.

This agreement will remain in effect until BVFYMCA receives a written notice of cancellation from me or until the end of program.

**Child's First and Last Name:**

**Parent First and Last Name:**

**Program/camp location:**

### **Credit Card Account Information**

Print your name as it appears on the account:

Credit Card Number:

CV Code:

Expiration Date:

Billing Address:

### **Bank Account Information**

Financial Institution:

Account Number:

Routing Number:

### **Authorization**

By typing my name below I give the BVFYMCA authorization to process payments on the account information provided. **Parent Name:**



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## BUCKEYE VALLEY FAMILY YMCA

[www.bvfymca.org](http://www.bvfymca.org)

For generations, the YMCA has been known for its commitment to family life. YMCA programs and services have grown and adapted to the changing needs of families. Today, more and more parents are looking for quality, yet affordable childcare they can depend on. The Buckeye Valley Family YMCA has an ongoing commitment to providing our children with a rewarding educational experience in a safe, warm and caring environment.

Over the past year, the Buckeye Valley Family YMCA has adapted to the changing needs and services of our members. In an effort to save you money please read the following breakdown of YMCA memberships and weekly childcare fees.

Listed below is the breakdown of the weekly tuition for members and non members. If you are a member you save \$25.00 per week.

	<b>YMCA Member rate</b>	<b>YMCA Non Member rate</b>
AM Care	\$65.00 per week	\$90.00/per week
PM Care	\$86.00 per week	\$111.00/per week
Both AM and PM Care	\$137.00/per week	\$162.00/per week

If you would like to become a member you can simply email our childcare registrar Carrie Rocco at [carrie.rocco@bvfymca.org](mailto:carrie.rocco@bvfymca.org) and let her know which membership type you would like and she can set it all up for you. Monthly memberships will be billed August-May for school age childcare.

You can also visit the West Licking County Family YMCA branch at 355 West Broad St Pataskala, OH 43062 to become a member. You can check out everything our YMCA has to offer for you and your family. **Please make sure to tell the front desk staff that your child will be in the YMCA school age program at Licking Heights or Northridge. They will waive the joiner fee for you.**

You will be required to keep the membership while your child is in our program. Once your child is no longer enrolled with us it will be up to the family to cancel the membership if you would like. **Please note that cancelling your child from the childcare program does not automatically cancel the YMCA membership.**

If you want to become a member online and begin using the YMCA facility right away you can do so at [www.bvfymca.org](http://www.bvfymca.org) and select join today and then join online.

**West Licking County Family YMCA**  
355 West Broad Street  
Pataskala, OH 43062  
P: 740-964-6522

**Licking County Family YMCA**  
470 West Church Street  
Newark, OH 43055  
P: 740-345-9622

**Muskingum County Family YMCA**  
1425 Newark Road  
Zanesville, OH 43071  
P: 740-454-4767

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## BUCKEYE VALLEY FAMILY YMCA

[www.bvfymca.org](http://www.bvfymca.org)

Remember you can contact the childcare registrar Carrie Rocco at [carrie.rocco@bvfyymca.org](mailto:carrie.rocco@bvfyymca.org) to activate a membership quickly and easily.

Listed below is a breakdown of the membership fees. You can choose a family membership or just do a youth membership.

<b>Membership Type</b>	<b>Joiner Fee</b>	<b>Monthly Fee</b>	<b>Annual Fee</b>
<u>Family</u> : Two adults and all children living in the same household. Any child age 18-24 must still be in high school or in college full time.	Waived for Childcare	\$51.00	\$655.00
<u>Single Parent Family</u> : One adult and all children living in the same household. Any child age 18-24 must still be in high school or in college full time.	Waived for childcare	\$40.00	\$508.00
<u>Youth</u> : Birth to 17 years old.	Waived for childcare	\$12.00	\$149.00

If you have any questions or concerns, please do not hesitate to contact me.

Jessica Calvelage  
Child Care Director  
West Licking County Family YMCA  
Buckeye Valley Family YMCA  
[jessica.calvealge@bvfyymca.org](mailto:jessica.calvealge@bvfyymca.org)

**West Licking County Family YMCA**  
355 West Broad Street  
Pataskala, OH 43062  
P: 740-964-6522

**Licking County Family YMCA**  
470 West Church Street  
Newark, OH 43055  
P: 740-345-9622

**Muskingum County Family YMCA**  
1425 Newark Road  
Zanesville, OH 43071  
P: 740-454-4767

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind and body for all.