



**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: Northridge Elementary

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 OR NO

My child will attend: Northridge Elementary Grade: _____

Program Location: Drop off and pick up will be in the cafeteria

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

Select Here	Program Type	YMCA MEMBER RATE	YMCA NON MEMBER RATE
	AM Care: 6:30 AM-start of school	\$65.00 per week/per child	\$90.00 per week/per child
	PM Care: End of school-6:00 PM	\$86.00 per week/per child	\$111.00 per week/ per child
	Both AM and PM Care	\$137.00 per week/per child	\$162.00 per week/per child

Payment Method: Select one

- Automatic Draft payments will be deducted weekly on Fridays** (additional form required for all new accounts)
- Weekly payments online ay www.bvfymca.org or in person at YMCA Office**
- ODJFS Weekly Co-pay** (A min. of 7 hrs of care each week is required)



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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?



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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: _____



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:**



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BUCKEYE VALLEY FAMILY YMCA

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.

	YMCA Member rate	YMCA Non Member rate
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@bvfyymca.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 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.



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BUCKEYE VALLEY FAMILY YMCA

www.bvfymca.org

Remember you can contact the childcare registrar Carrie Rocco at carrie.rocco@bvfmca.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.

Membership Type	Joiner Fee	Monthly Fee	Annual Fee
<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@bvfmca.org

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