



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

## **2024-25 WLCFYMCA SCHOOL AGE PROGRAM ENROLLMENT**

**Buckeye Valley Family YMCA**

**Childcare office location: 325 W. Broad St Pataskala 740-281-1027**

**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. A \$35.00 Registration fee/per child, is required at time of registration for NON YMCA Members.
2. Complete all registrations forms thru 5 Star Registration. An email invite will be sent to access these forms. 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 \$14.00 a month. This provides you with a savings of \$10.00 per week. Select YES OR NO

**My child will attend:**(Check Mark One) \_\_\_\_\_ South (Broad Peak) \_\_\_\_\_ West (Everest)

\_\_\_\_\_ North (will be all kids K-3<sup>rd</sup> going to new school Lima Ridge) \_\_\_\_\_ Central (Summit Station)

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

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

**LH South kids:** Will remain at 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	\$75.00 per week/per child
	<b>PM Care:</b> End of school-6:00 PM	\$85.00 per week/per child	\$95.00 per week/ per child
	<b>Both AM and PM Care</b>	\$105.00 per week/per child	\$115.00 per week/per child

**Payment Method: Select one:**

- Automatic Draft:** If your account info is already on file, we will continue payments.
- Weekly payments online at [www.bvfymca.org](http://www.bvfymca.org)**
- 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?

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

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What causes your child to feel angry or frustrated?

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

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

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

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What are your expectations of this program?

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

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



## WLCFYMCA School Age Program Permissions

### **Photo Release Permission:**

The WLCFYMCA 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

### **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:

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### **LICKING HEIGHTS FAMILIES ONLY:**

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 12<sup>th</sup>, 2024-May 30<sup>th</sup>, 2025 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 12<sup>th</sup>, 2024-May 30<sup>th</sup>, 2025 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 individuals 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
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### **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 prior to enrollment. I understand it is my responsibility to follow all policies and update all necessary forms annually and when changes within my child's paperwork warrants any update.

**I agree to all of the above, Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## WLCFYMCA 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 week's 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: