



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## BUCKEYE VALLEY FAMILY YMCA

### Registration for WLCFYMCA PRESCHOOL Pathfinders Preschool

**6507 Summit Rd Pataskala, OH 43062 740-927-3268**

Childs First day at program: \_\_\_\_\_

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: \_\_\_\_\_

**Program Options/costs and Locations:**

\$35.00 one time registration fee required at time of registration for non members and new families only.

Are you or your child a YMCA member? YES NO

If you are not a member would you like us to make your child a Youth Member for \$15.00 per month to get the member rate weekly YMCA tuition? YES NO

**Select the program you are enrolling in below:** Program operates from the Licking Heights Pathfinders Preschool building.

|  | <b>Program Type</b>             | <b>Hours/Days</b>                | <b>YMCA Member Price</b> | <b>Non Member Price</b> |
|--|---------------------------------|----------------------------------|--------------------------|-------------------------|
|  | <b>5 day YMCA fulltime care</b> | 7:00 AM-6:00 PM<br>Monday-Friday | \$215.00/weekly          | \$242.00/weekly         |
|  | <b>4 day YMCA AM only care</b>  | 8:15-11:00 AM<br>(M-TH)          | \$84.00/weekly           | \$122.00/weekly         |

**Your child must be enrolled in the Licking Heights AM or PM preschool program prior to enrolling in the YMCA wrap care program.**

|  |   |   |                 |                 |
|--|---|---|-----------------|-----------------|
|  | <b>5 day Licking Heights with YMCA wrap care</b>    | 7:00 AM-6:00 PM<br>Monday-Friday                | \$215.00/weekly | \$242.00/weekly |
|  | <b>4 day Licking Heights PS with YMCA wrap care</b> | 7:00 AM-6:00 PM<br>4 days a week only<br>(M-TH) | \$184.00/weekly | \$210.00/weekly |



## YMCA Preschool Program Permission

### Photo Release Permission:

The Buckeye Valley Family YMCA will occasionally will take pictures of program participants during program activities for use in promotional materials. Do you grant the West Licking County Family 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 YMCA preschool program or certain program activities?

Yes  
 No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

### Potty Trained:

\_\_\_\_\_ (Initial) I understand my child must be fully potty trained to be enrolled into the preschool program. Pull ups are not permitted.

### Enrollment Forms:

\_\_\_\_\_ (Initial) I give permission for the YMCA and Licking Heights to share any forms pertaining to enrollment between both programs if needed.

### Acknowledgement of Policies and Procedures:

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

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

### Additional Authorized Pick-Up:

The following individuals have my permission to pick-up my child from the YMCA program. This section is not for parents or anyone already listed. 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.

| Name: | Relationship to the child/ren: | Phone Number: |
|-------|--------------------------------|---------------|
|-------|--------------------------------|---------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

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



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## Sponsor Statement of Understanding

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

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

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

### Method of payment (check mark one):

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Bank/credit card automatic weekly payment (A completed auto deduction form is required unless your account info already on file)                        |
| <input type="checkbox"/> | Online payment at <a href="http://www.bvfymca.org">www.bvfymca.org</a> , payment due weekly by end of day Monday. Payment instructions will be emailed. |
| <input type="checkbox"/> | Check or Money order drop off at program location, payment due Weekly by end of day Monday  |
| <input type="checkbox"/> | PFCC Approved and weekly copayment amount is \$_____  |

### 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 6:00 PM 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 Preschool 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.

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Office use only:

Today's Date: \_\_\_\_\_ Registration Processed Date: \_\_\_\_\_ Registration Fee Paid: Y N



## **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:**