



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**Registration for WLCFYMCA 2025-26 PRESCHOOL
At Pathfinders
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.

	Program Type	Hours/Days	YMCA Member Price	Non Member Price
	5 day YMCA fulltime care	7:00 AM-6:00 PM Monday-Friday	\$232.00/weekly	\$262.00/weekly
	4 day YMCA AM only care	8:15-11:00 AM (M-TH)	\$91.00/weekly	\$132.00/weekly

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

	5 day Licking Heights with YMCA wrap care	7:00 AM-6:00 PM Monday-Friday	\$232.00/weekly	\$262.00/weekly
	4 day Licking Heights PS with YMCA wrap care	7:00 AM-6:00 PM 4 days a week only (M-TH)	\$198.00/weekly	\$226.00/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:
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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 www.bvfymca.org , payment due weekly by end of day Monday. Payment instructions will be emailed.
<input type="checkbox"/>	PFCC Approved and weekly copayment amount is \$ _____. An automatic payment form and a PFCC contract are required.

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 one-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 \$10 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.

Office use only:

Registration Processed Date: _____ Initials: _____