

LICKING COUNTY FAMILY YMCA

Y SCHOOL AGE™

We build strong kids, strong families, strong communities.



REGISTRATION PACKET

The Licking County Family YMCA is dedicated to providing high-quality, affordable before and after school programs. As the nation's largest provider of child care programs, the YMCA offers family-centered, value-based programs that nurture a child's healthy development. Our Before and After school programs are a safe, stimulating environment where children have the opportunity to grow socially, physically, creatively and emotionally. Our qualified and experienced staff develops a variety of fun and enriching activities. Staff members are partners with parents, working together to help build strong kids, strong families and strong communities.

Before and after school programs are available beginning at 7:00am until school begins and from the end of the school day until 6:30pm.

Licking County Family YMCA Western Branch

**355 West Broad Street
Pataskala, OH 43062
740-964-6522**

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



LICKING COUNTY FAMILY YMCA WESTERN BRANCH

355 W. Broad Street, Pataskala, OH 43062
Phone: 740-964-6522 Fax: 740-964-6533

Start Date	/ /
Membership Exp	/ /
Security Deposit	\$
Weekly Fee	\$

2010-2011 School Age Care

- FULL MEMBER ASSOCIATE MEMBER ODJFS CoPay \$

Child's Last Name (Please print) _____ First _____ MI _____

Home Phone _____ Parent's Work Phone _____

Street Address _____

Cell Phone - Mom _____ Cell Phone - Dad _____

City _____ State _____ Zip Code _____

Date of Birth _____ Female Male

E-mail Address for Parent _____

School Attending _____

CARE OPTIONS:

- BEFORE SCHOOL ONLY
- AFTER SCHOOL ONLY
- BOTH BEFORE & AFTER SCHOOL

	<u>2010-2011 Weekly Fees</u>	
	Full Member	Associate Member
Before	\$45	\$65
After	\$45	\$65
Both	\$80	\$120

Please Note: Child Care for kindergarten students is only available prior to morning kindergarten or following afternoon kindergarten.

PAYMENT METHOD:

- WEEKLY PAYMENTS *(using cash, check or credit card in person, over the phone or online)*
- ODJFS Monthly Co-pay \$ _____ (Minimum of 7 hours of care each week required)

SPONSOR:

I agree to pay my child's weekly fees no later than the **Thursday prior to each week of care provided, or by the 5th of each month for ODJFS co-pays.** I understand a late fee of \$10 may be assessed if payment is not made on time. I understand that returned checks for insufficient funds or declined credit cards are assessed a \$20 processing fee. I also understand that a two-week, advance written notice must be given prior to withdrawing my child from any YMCA child care program. _____
Initial

I understand that the YMCA School Age Child Care program follows the schedule of the school district and any time the school is closed, the School Age Child Care program will also be closed. This includes regularly scheduled days off, as well as unscheduled calamity days. Please note that the YMCA School Age Child Care program does not reimburse for calamity days. _____
Initial

I understand that in order to participate in the School Age Child Care program at the YMCA, my child must be either a Full Member or an Associate member of the Licking County Family YMCA. This membership is separate from the School Age program and it does not automatically terminate at the end of the school year or when the child is withdrawn from the program. If you choose the Full Member, monthly draft option you will be required to notify the membership staff if you wish to terminate this membership. Please refer to the membership enrollment form for additional information regarding memberships. _____
Initial

Signature _____ Date _____



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YMCA SCHOOL-AGE PERMISSIONS

The YMCA has my permission to use photographs of my child in promotional materials and brochures.

Signature of Parent or Guardian

Date

The following people have my permission to pick up my child:

Name

Relationship to Child

Phone Number

Name	Relationship to Child	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have received and reviewed a copy of the YMCA's School Age Child Care Parent Handbook.

Signature of Parent or Guardian

Date