



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BEFORE AND AFTER THE SCHOOL BELL

## School-Age Child Care • 2020-2021 BULLITT COUNTY FAMILY YMCA

### Safe, fun and convenient!

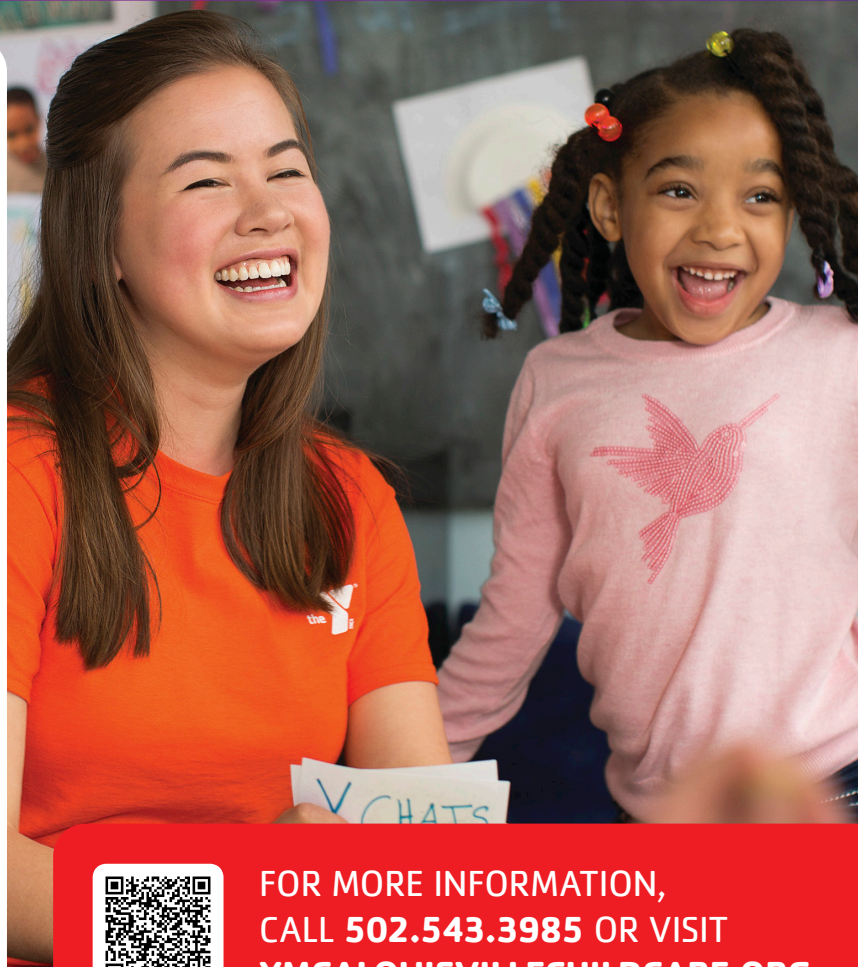
We offer a safe, enriching environment for youth to spend the hours **before and after school**, as **well as full-day programs** when school is out. The Y approaches child care holistically by providing a safe and healthy place to learn foundational skills, develop healthy, trusting relationships and build self-esteem.

- **Affordable child care**
- **Year-round programs**
- **Specially trained and licensed staff**
- **Outdoor and indoor physical activity**

To find pricing and locations near you, visit [ymcalouisvillechildcare.org](http://ymcalouisvillechildcare.org).

The Y is for everyone. We have an open door policy and parental involvement is encouraged. Flexible rates and financial assistance is available.

Register online by **JUNE 1**  
and **PAY NO REGISTRATION FEE**  
with promo code: **JOINUS**



FOR MORE INFORMATION,  
CALL 502.543.3985 OR VISIT  
[YMCALOUISVILLECHILDCARE.ORG](http://YMCALOUISVILLECHILDCARE.ORG)



Located in your child's school or nearby with transportation options



Open from 6 a.m. until the start of school and after school until 6 p.m.



Full day programs from 6 a.m. to 6 p.m. when school is out, including snow days



Licensed child care that meets or exceeds state licensing requirements



Extensive screening and training for all staff, including CPR and First Aid



Healthy eating habits and physical activity encouraged with nutritious snacks provided daily



Reading activities and homework assistance provided



Enriching centers and activities make learning and discovery fun



In partnership with Bullitt County Public Schools

# REGISTER TODAY

Register online at [ymcalouisville.org](http://ymcalouisville.org) by June 1 and pay no registration fee – promo code: JOINUS.

Registration is open all school year and all sites have minimum and maximum enrollment numbers. Please register online at least two business days prior to your child's start date.

Mailed registration forms should be sent to the address below and post-marked one week prior to start date. Or you may submit registration forms to your Site Director.

**Bullitt County Family YMCA**  
**409 Joe B Hall Avenue**  
**Shepherdsville, KY 40165**

If you have additional questions, call 502.543.3985 or visit [ymcalouisvillechildcare.org](http://ymcalouisvillechildcare.org).

WEEKLY RATES 2020-2021 Bullitt County Family YMCA School-Age Child Care Program		
	First Child	Each Additional
<b>3, 4- or 5-day</b> Before School Only After School Only Before & After School	\$69	\$59
	\$69	\$59
	\$80	\$65
<b>1- or 2-day</b> Before School Only After School Only Before & After School	\$39	\$34
	\$39	\$34
	\$50	\$40
Register by <b>JUNE 1</b> and <b>PAY NO REGISTRATION FEE</b> Promo code: <b>JOINUS</b>		
<b>Registration Per Child:</b> From April 15 – June 1: <b>\$15</b> From June 2 – June 30: <b>\$30</b> • After July 1: <b>\$45</b>		
In-service and snow days are included in total number of days attended for the week. In-service and snow day only rate is \$35 for full day care, per child.		

## THE Y. FOR A BETTER UST™

At the Y, we work every day to support those who need us most. Through a gift to our Annual Campaign, you can help people in our community receive the services and support they need to be healthy in spirit, mind and body.



**OUR STAFF KNOW HOW TO SEE AND RESPOND TO CHILD ABUSE.**

## RIDE THE BUS TO US



Transportation options are available between your child's school and our before & after school program. See feeder school list below for details.

## BEFORE AND AFTER SCHOOL SITES

### GRADES K-8

- Cedar Grove Elementary
- Crossroads Elementary
- Freedom Elementary
- Mt. Washington Elementary
- Old Mill Elementary
- Overdale Elementary
- Pleasant Grove Elementary
- Roby Elementary
- Shepherdsville Elementary

Site locations may vary due to consolidations. All sites have minimum and maximum enrollment numbers.

## FEEDER SCHOOLS

Before and after school care is available at the site listed after your child's school.

- **Brooks Elementary:** Freedom Elementary
- **Maryville Elementary:** Overdale Elementary
- **Nichols Elementary:** Shepherdsville Elementary
- **Bernheim Middle:** Cedar Grove Elementary
- **Bullitt Lick Middle:** Shepherdsville Elementary
- **Eastside Middle:** Pleasant Grove Elementary
- **Hebron Middle:** Freedom Elementary
- **Mt. Washington Middle:** Crossroads Elementary
- **Zoneton Middle:** Overdale Elementary

Transportation provided by Bullitt County Public Schools and is subject to change. All sites have minimum and maximum enrollment numbers.

**The Y is for everyone and we offer income-based financial assistance.** We also accept 3-C and other third-party subsidy reimbursements. Valid contracts must be on file with our office prior to the first day of attendance. Y financial assistance may not be available in combination with other child care subsidies.

## PAYMENT OPTIONS

Payments can be made by bank or credit card draft. Automatic draft payments must be set up prior to the first day of attendance. Drafts will occur each Wednesday for the current week, unless otherwise scheduled through our main office.



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# BULLITT COUNTY FAMILY YMCA SCHOOL-AGE CHILD CARE • 2020-2021 SCHOOL YEAR REGISTRATION

Please only list **ONE CHILD PER FORM** and attach a recent **WALLET SIZE PHOTO AND IMMUNIZATION CERTIFICATE**.

Print legibly, complete all fields and **include your registration fee** or register online at [ymcalouisvillechildcare.org](http://ymcalouisvillechildcare.org).

<b>First day child will attend</b>	<b>Email address</b> <small>(To receive important program updates and registration information)</small>
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**CHILD'S INFORMATION**

First name	Middle initial	Last name	Date of birth / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Age
Race <input type="checkbox"/> Caucasian/white <input type="checkbox"/> African American/black <input type="checkbox"/> Multi racial <input type="checkbox"/> Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Other					
Physical conditions/special needs			Medications/allergies		
To better serve your child, please indicate if he/she has been diagnosed with any of the following: <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Convulsions <input type="checkbox"/> Bleeding/Clotting Disorders <input type="checkbox"/> Autism <input type="checkbox"/> Aspergers <input type="checkbox"/> Fragile X <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Tourettes <input type="checkbox"/> Rhett Syndrome <input type="checkbox"/> Down Syndrome <input type="checkbox"/> Chronic Health Problems <input type="checkbox"/> Asthma/Severe Allergies <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart defect/disease <input type="checkbox"/> Other					
Does this child have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>YMCA Child Care Site</b>					
<b>Name of Child's School</b>					
Attendance <input type="checkbox"/> 1-2 Days <input type="checkbox"/> 3-5 Days			Grade in School (2020-2021)		
Participation <input type="checkbox"/> Before-School Care <input type="checkbox"/> After-School Care <input type="checkbox"/> Before- & After-School Care <input type="checkbox"/> In-Service Day Care <input type="checkbox"/> Snow Day Care					

**1<sup>st</sup> PARENT/GUARDIAN**

Name	Relationship to child	Date of birth / /			
Address		City	State	Zip	
Primary phone		Cell phone (for emergency communications)			
Work phone		Employer			

**2<sup>nd</sup> PARENT/GUARDIAN**

Name	Relationship to child	Date of birth / /			
Address		City	State	Zip	
Primary phone	Cell phone	Work phone	Employer		

**METRO UNITED WAY INFORMATION**

School lunch classification <input type="checkbox"/> Free <input type="checkbox"/> Reduced <input type="checkbox"/> Full pay	Ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Veteran status (check any that apply) <input type="checkbox"/> Parent is current active military <input type="checkbox"/> Parent is a veteran <input type="checkbox"/> Neither parent is a veteran <input type="checkbox"/> Unknown	

**INSURANCE INFORMATION**

Health insurance company	Policy number
Name of physician	Physician phone
What is your preferred hospital in the event that your child needs to be transported for medical attention	

**PLEASE LIST ANY ADULT OTHER THAN THE ABOVE THAT MAY BE PICKING UP THIS CHILD OR THAT MAY BE CONTACTED IN AN EMERGENCY.**  
 Anyone picking up your child must be at least 18 years of age or older. A picture ID is required at pick-up.

Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2
Name	Relationship to child	Phone 1	Phone 2

The YMCA has permission for my children to be photographed and/or interviewed for promotional purposes  Yes  No  
 Yes, I would like to make a charitable donation to the Annual Campaign  \$25  \$50  \$100  Other/please contact me  
 Check here if either parent is  YMCA employee  Y financial assistance recipient  3-C recipient

**You must choose one option below to process your registration. Drafts will occur each Wednesday for the current week unless otherwise scheduled through our main office.**

I am currently on draft. Please use the account on file ending in \_\_\_\_\_. **Authorized account holder signature** \_\_\_\_\_

Full payment attached. (Check or money order only)

I am authorizing a NEW bank draft from my checking account and I have attached a voided check.

I would like to pay by credit card. Please contact me for billing information:

Name	
Primary phone	

I have the legal authority to sign up the child named on this form and to the best of my knowledge the information on this application form is complete and accurate. I understand that my application will not be processed unless it includes the full fee or automatic draft authorization. I understand that the YMCA prohibits staff members from being alone with children they meet in YMCA programs outside of the YMCA. This includes but is not limited to baby-sitting, tutoring, sleep-overs, etc. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program or designee to secure emergency medical services, including transportation and medical care. I also give permission for the attending physician to order injections, anesthesia or surgery for this child as named above. I understand that medical and accident insurance is the responsibility of the parent or guardian. If my child attends Bullitt County Public Schools, by signing this form I am giving the YMCA permission to communicate and exchange information with BCPS for the purpose of providing and enhancing services to my child. I understand that this release may be revoked by me at any time by written request.

Signature	Date Signed
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