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.

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

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
REGISTER TODAY

Register online at 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.

<table>
<thead>
<tr>
<th>WEEKLY RATES 2020–2021</th>
<th>Bullitt County Family YMCA</th>
<th>School-Age Child Care Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>First Child</td>
<td>Each Additional</td>
</tr>
<tr>
<td>3, 4- or 5-day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before School Only</td>
<td>$69</td>
<td>$59</td>
</tr>
<tr>
<td>After School Only</td>
<td>$69</td>
<td>$59</td>
</tr>
<tr>
<td>Before &amp; After School</td>
<td>$80</td>
<td>$65</td>
</tr>
<tr>
<td>1- or 2-day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before School Only</td>
<td>$39</td>
<td>$34</td>
</tr>
<tr>
<td>After School Only</td>
<td>$39</td>
<td>$34</td>
</tr>
<tr>
<td>Before &amp; After School</td>
<td>$50</td>
<td>$40</td>
</tr>
</tbody>
</table>

Register by JUNE 1 and PAY NO REGISTRATION FEE
Promo code: JOINUS

Registration Per Child: From April 15 - June 1: $15
From June 2 - June 30: $30 → After July 1: $45

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 US™

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.

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.

FOR MORE INFORMATION, CALL 502.543.3985 OR VISIT YMCALOUISVILLECHILDCARE.ORG
CHILD’S INFORMATION

First name  Middle initial  Last name  Date of birth  /  /  Gender  M  F  Age
Race  □ Caucasian/white  □ African American/black  □ Multi racial  □ Asian American  □ Native American  □ Native Hawaiian/Pacific Islander  □ 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:
□ ADD/ADHD  □ Convulsions  □ Bleeding/Clotting Disorders  □ Autism  □ Aspergers  □ Fragile X  □ Cerebral Palsy  □ Bipolar Disorder  □ Tourettes  □ Rhett Syndrome  □ Down Syndrome  □ Chronic Health Problems  □ Asthma/Severe Allergies  □ Diabetes  □ Heart defect/disease  □ Other

Race  □ Caucasian/white  □ African American/black  □ Multi racial  □ Asian American  □ Native American  □ Native Hawaiian/Pacific Islander  □ 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:
□ ADD/ADHD  □ Convulsions  □ Bleeding/Clotting Disorders  □ Autism  □ Aspergers  □ Fragile X  □ Cerebral Palsy  □ Bipolar Disorder  □ Tourettes  □ Rhett Syndrome  □ Down Syndrome  □ Chronic Health Problems  □ Asthma/Severe Allergies  □ Diabetes  □ Heart defect/disease  □ Other

Does this child have an IEP?  □ Yes  □ No

YMCA Child Care Site

Name of Child’s School
Attendance  □ 1-2 Days  □ 3-5 Days
Grade in School (2020-2021)
Participation  □ Before-School Care  □ After-School Care  □ Before- & After-School Care  □ In-Service Day Care  □ Snow Day Care

1ST PARENT/GUARDIAN

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

2nd 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  □ Free  □ Reduced  □ Full pay
Ethnicity  □ Hispanic  □ Non-Hispanic
Veteran status (check any that apply)  □ Parent is current active military  □ Parent is a veteran  □ Neither parent is a veteran  □ 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