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

Located in your child’s school or nearby with transportation options
Open from 7 a.m. until the start of school and after school until 6 p.m.
Full day programs from 7 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 ymcalouisvillechildcare.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.

YMCA School-Age Child Care Services
2411 Bowman Avenue
Louisville, KY 40217

If you have additional questions, call 502.637.1575 or visit ymcalouisvillechildcare.org.

WEEKLY RATES 2020-2021
Child Enrichment Program

<table>
<thead>
<tr>
<th>First Child</th>
<th>Each Additional</th>
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<tbody>
<tr>
<td>Program Members</td>
<td>Program Members</td>
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<tr>
<td>Y Facility Member/</td>
<td>Y Facility Member/</td>
</tr>
<tr>
<td>Partnership Employee</td>
<td>Partnership Employee</td>
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<tr>
<td>Dependents</td>
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<table>
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<tr>
<th>3, 4- or 5-day</th>
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<tr>
<td>Before School Only</td>
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<table>
<thead>
<tr>
<th>1- or 2-day</th>
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<tbody>
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<td>Before School Only</td>
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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 $31 per day, per child.

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.

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.

CEP SITES & LOCATIONS

Northeast Jefferson County
Bowen Elementary, 1601 Roosevelt Avenue
Chenoweth Elementary, 3622 Brownsboro Road
Dunn Elementary, 2010 Rudy Lane
Field Elementary, 120 Sacred Heart Lane
Greathouse Elementary, 2700 Browns Lane
Hite Elementary, 12408 Old Shelbyville Road
*Joseph E. Stopher Elementary, 14417 Aiken Road
Lowe Elementary, 210 Oxfordshire Lane
Malcolm B. Chancey Jr. Elementary, 4301 Murphy Lane
Middletown Elementary, 218 North Madison Avenue
*Norton Commons Elementary, 10941 Kings Crown Drive
Norton Elementary, 8101 Brownsboro Road
St. Matthews Elementary, 601 Browns Lane
Wildier Elementary, 1913 Herr Lane
Zachary Taylor Elementary, 5620 Westport Road

Southeast Jefferson County
Alex R. Kennedy Elementary, 4515 Taylorsville Road
Audubon Traditional Elementary, 1051 Hess Lane
Bates Elementary, 7601 Bardstown Road
Bloom Elementary, 1627 Lucia Avenue
Blue Lick Elementary, 9801 Blue Lick Road
Fern Creek Elementary, 8815 Ferndale Road
Goldsmith Lane Elementary, 3520 Goldsmith Lane
Hawthorne Elementary, 2301 Clarendon Avenue
*James E. Farmer Elementary, 6405 Gellhaus Lane
Jeffersontown Elementary, 3610 Cedarwood Way
Klondike Elementary, 3807 Klondike Lane
Laukhuf Elementary, 5100 Capewood Drive
Luhr Elementary, 6900 Fegenbush Lane
Smyrna Traditional Elementary, 6401 Outer Loop
*Tully Elementary, 3300 College Drive
Watterson Elementary, 3900 Breckenridge Lane
Wheeler Elementary, 5700 Cynthia Drive

Southwest Jefferson County
Cane Run Elementary, 3951 Cane Run Road
Fairdale Elementary, 10104 Mitchell Hill Road
Frederick Law Olmsted Academy South, 5650 Southern Parkway
Johnstowntown Elementary, 7201 Johnstowntown Road
Kerrick Elementary, 2210 Upper Hunters Trace
McFerran Elementary, 1900 South Seventh Street
Stonestreet Elementary, 10007 Stonestreet Road
Trunnell Elementary, 7609 St. Andrews Church Road

Downtown Jefferson County
*Brandeis Elementary, 2817 West Kentucky Street
Brown School, 546 South First Street
Carter Traditional Elementary, 3600 Bohne Avenue
*Coleridge–Taylor Montessori Elementary, 1115 West Chestnut Street
Foster Elementary, 1401 South 41st Street
*Kennedy Montessori Elementary, 3800 Gibson Lane
Lincoln Elementary Performing Arts School, 930 East Main Street

*Before-and-after school child care for 3- and 4-year olds enrolled in the host school’s tuition-based Pre-K program will be provided at these sites only. Full-day child care is not available for preschoolers.
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

**CHILD’S INFORMATION**

<table>
<thead>
<tr>
<th>First name</th>
<th>Middle initial</th>
<th>Last name</th>
<th>Date of birth</th>
<th>Gender</th>
<th>Age</th>
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- **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

- **Does this child have a 504 plan?**
  - Yes
  - No

**YMCA Child Care Site**

- **Name of Child’s School**
  - Attendance: 1–2 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**

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to child</th>
<th>Date of birth</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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- **Primary phone**
- **Cell phone** (for emergency communications)
- **Work phone**

**2ND PARENT/GUARDIAN**

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<thead>
<tr>
<th>Name</th>
<th>Relationship to child</th>
<th>Date of birth</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</table>

- **Primary phone**
- **Cell phone**
- **Work phone**

**METRO UNITED WAY INFORMATION**

- **School lunch classification**
  - Free
  - Reduced
  - Full pay

- **Ethnicity**
  - Hispanic
  - Non-Hispanic

- **Veteran status**
  - 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to child</th>
<th>Phone 1</th>
<th>Phone 2</th>
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<tr>
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<th>Relationship to child</th>
<th>Phone 1</th>
<th>Phone 2</th>
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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**
- **YMCA family facility member**
- **Financial assistance recipient**
- **3-C recipient**

You must choose one option below to process your registration. Drafts will occur each Wednesday of 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.**

**Signature**

**Date Signed**

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 Jefferson County Public Schools, by signing this form I am giving the YMCA permission to communicate and exchange information with JCPS 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.