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 staff
- Outdoor and indoor physical activity

To find pricing and locations near you, visit ymcalouisvillechildcare.org.

The Y is for everyone. 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 812.206.0688 OR VISIT YMCALOUISVILLECHILDCARE.ORG
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.

Floyd County Family YMCA
33 State Street
New Albany, IN 47150

If you have additional questions, call 812.206.0688 or visit ymcalouisvillechildcare.org.

FLOYD COUNTY FAMILY YMCA
SCHOOL-AGE CHILD CARE – GRADES K-8

LOCATIONS
• Fairmont Elementary (p.m. only)
• Floyds Knobs Elementary
• Georgetown Elementary
• Grant Line Elementary
• Greenville Elementary
• Green Valley Elementary (p.m. only)
• Hazelwood Middle School (held at Mt. Tabor Elementary)
• Highland Hills Middle School
• Mount Tabor Elementary
• S. Ellen Jones Elementary
• Slate Run Elementary
• Scribner Middle School (a.m. at Scribner and p.m. at Grant Line)

All sites have minimum and maximum enrollment numbers. When minimums are not met, we will work with New Albany/Floyd County schools on transportation or the site may have to be closed.

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.

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WEEKLY RATES 2020-2021
Floyd County Family YMCA
School-Age Child Care Program

<table>
<thead>
<tr>
<th></th>
<th>First Child</th>
<th>Each Additional</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Program Members</td>
<td>Y Facility Member/Partnership Employee Dependents</td>
</tr>
<tr>
<td>3, 4- or 5-day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before School Only</td>
<td>$45</td>
<td>$35</td>
</tr>
<tr>
<td>After School Only</td>
<td>$65</td>
<td>$55</td>
</tr>
<tr>
<td>Before &amp; After School</td>
<td>$75</td>
<td>$65</td>
</tr>
<tr>
<td>1- or 2-day</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Before School Only</td>
<td>$24</td>
<td>$19</td>
</tr>
<tr>
<td>After School Only</td>
<td>$31</td>
<td>$26</td>
</tr>
<tr>
<td>Before &amp; After School</td>
<td>$41</td>
<td>$36</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: $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 $37 per day, per child for Program Members and $32 per day, per child for Facility Members.

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 is for everyone and we offer income-based financial assistance.

OUR STAFF KNOW HOW TO SEE AND RESPOND TO CHILD ABUSE.
**FLOYD COUNTY FAMILY YMCA SCHOOL-AGE CHILD CARE • 2020-2021 SCHOOL YEAR REGISTRATION FORM**

Print legibly, complete all fields and include your registration fee or register online at ymcalouisvillechildcare.org

<table>
<thead>
<tr>
<th>First day child will attend</th>
<th>Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>(To receive important program updates and registration information)</td>
<td></td>
</tr>
</tbody>
</table>

### 1ST 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>Race</th>
<th>Physical conditions/special needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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
- 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

---

### 2ND 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>Race</th>
<th>Physical conditions/special needs</th>
</tr>
</thead>
<tbody>
<tr>
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- Tourettes
- Down Syndrome
- Chronic Health Problems
- Asthma/Severe Allergies
- Diabetes
- Heart defect/disease
- Other

Does this child have an IEP? □ Yes □ No

---

### 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>
<th>Primary phone</th>
<th>Phone 1</th>
<th>Phone 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Work phone**

**Employer**

---

### 2ND 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>
<th>Phone 1</th>
<th>Phone 2</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Health insurance company</th>
<th>Policy number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of physician</td>
<td>Physician phone</td>
</tr>
</tbody>
</table>

---

**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>Date of birth</th>
<th>Phone 1</th>
<th>Phone 2</th>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Address**

**City**

**State**

**Zip**

**Primary phone**

**Cell phone**

**Work phone**

**Employer**

---

**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.**

<table>
<thead>
<tr>
<th>Yes</th>
<th>I would like to make a charitable donation to the Annual Campaign</th>
<th>$25</th>
<th>$50</th>
<th>$100</th>
<th>Other/please contact me</th>
</tr>
</thead>
</table>

Check here if either parent is □ YMCA employee □ Y financial assistance recipient

---

**The YMCA has permission for my children to be photographed and/or interviewed for promotional purposes.**

- Yes □ No

**Check here if either parent is a YMCA employee □ Y financial assistance recipient.**

---

**You are 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**

---

1. I have the legal authority to sign up the children 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 the child/ren as named above. I understand that medical and accident insurance is the responsibility of the parent or guardian. By signing this form, I am giving the YMCA permission to use, reproduce, incorporate, or otherwise use the name and/or likeness of the child/ren as named above for the purpose of promoting the YMCA. I understand that these releases may be revoked by me at any time by written request. I am aware there is a Parent Packet with more detail on policies/procedures available to me. I have read and agree to these terms and conditions.