Safe, fun and convenient!

We offer a safe, enriching environment for youth to spend the hours 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 at the Oldham County Family YMCA with transportation options

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

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.

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.

Oldham County Family YMCA
20 Quality Place
Buckner, KY 40010

If you have additional questions, call 502.222.9358 or visit ymcalouisvillechildcare.org.

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

<table>
<thead>
<tr>
<th></th>
<th>Per Child</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Program Members</td>
</tr>
<tr>
<td>3, 4- or 5-day</td>
<td>$68</td>
</tr>
<tr>
<td>After School Only</td>
<td></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: $20 • From July 1 - July 31: $25
From Aug 1 - Aug 31: $40 • After Sep 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 for full day care, per child.

RIDING THE BUS TO US
Transportation options are available between your child’s school and our after school program. See feeder school list below for details.

OLDHAM COUNTY FAMILY YMCA
SCHOOL-AGE CHILD CARE - GRADES K-5

LOCATION
Oldham County Family YMCA, 20 Quality Place

FEEDER SCHOOLS
Transportation options available for all students attending the following schools:
• Buckner Elementary
• Camden Elementary
• Centerfield Elementary
• Crestwood Elementary
• Kenwood Station Elementary
• LaGrange Elementary

Transportation provided either by school or YMCA bus, depending on location and availability.

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.

FOR MORE INFORMATION, CALL 502.222.9358 OR VISIT 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>Race</th>
<th>Gender</th>
<th>Age</th>
</tr>
</thead>
</table>

- Caucasian/white
- African American/black
- Multi racial
- Asian American
- Native American
- Native Hawaiian/Pacific Islander
- Other

Physical conditions/special needs

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

Grade in School (2020-2021)

Participation

- 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>
<th>Work phone</th>
<th>Employer</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Primary phone</th>
<th>Cell phone (for emergency communications)</th>
</tr>
</thead>
</table>

**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>Work phone</th>
<th>Employer</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Primary phone</th>
<th>Cell phone</th>
<th>Work phone</th>
<th>Employer</th>
</tr>
</thead>
</table>

**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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to child</th>
<th>Phone 1</th>
<th>Phone 2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship to child</th>
<th>Phone 1</th>
<th>Phone 2</th>
</tr>
</thead>
</table>

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
- 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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Primary phone</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date Signed</th>
</tr>
</thead>
</table>