



YMCA of Greater St. Louis

We build strong kids,
strong families, strong communities

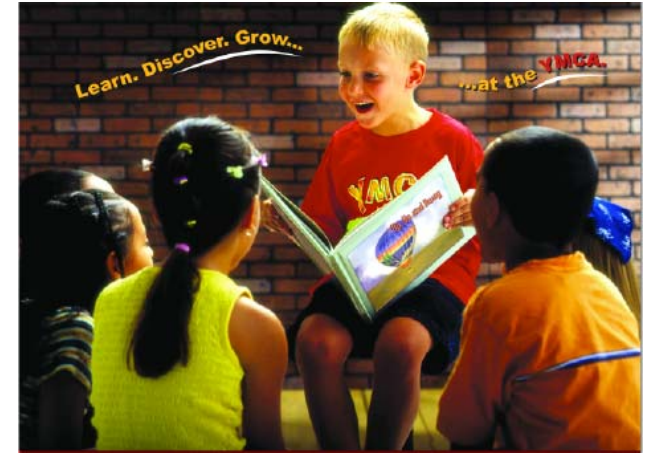
Every Kid is a Y Kid

YMCA School-Age Child Care

_____ School District

Registration 2006 – 2007

_____ *Family YMCA*



YMCA SCHOOL AGE CHILD CARE

Our Philosophy

The YMCA School Age Child Care Program provides a high quality, safe, convenient, recreational environment for children and teens regardless of ability.

1. To provide quality care for children, regardless of socio/economic background.
2. To support and strengthen the family unit.
3. To help children develop to their fullest potential.
4. To deliver the program in a positive YMCA environment of safety, support and care.

The YMCA believes that child care should provide opportunities and experiences that stimulate a child's physical, social, intellectual and emotional development.

The YMCA provides activities that involve parents in their child's development.

The YMCA believes that the program should work in cooperation with the school and other agencies.

The YMCA believes that communication with school personnel is essential to the quality of care your child(ren) receive.

Open communication and collaboration with the school about your child(ren) behavior and individuals needs will be ongoing.

The YMCA program is set up into activity stations with the emphasis on choice. Additional enhancements to compliment the school day are also utilized. The YMCA believes that children learn through play and structured recreational activities.

Our Program

- ❖ State Licensed for grades
- ❖ Conveniently located
- ❖ Opens as early as
- ❖ Closes as late as
- ❖ Trained, caring, professional staff
- ❖ Planned, recreational and enhancement activities focusing on fun, learning and the development of a positive self-image.

2006 – 2007 Program Fees

3 days 4 days 5 days

AM only

PM only

AM/PM

*Rates subject to change

Questions

If you have any questions you can contact _____, Director of Child Care Services at the _____ Family YMCA, 314-_____ or email at _____.

Registration Process

To hold a space for your child(ren) for the YMCA School Age Child Care Program, please return this registration form and the registration fee to the location noted below*. To comply with state licensing regulations additional enrollment forms must be completed before students are admitted to program. **Registration fee is non-refundable and non-transferable.**

Pre-enrollment Dates

Current Enrollees: April 4 - May 2, 2006
 Open Enrollments: May 2, 2006

Registration Fee

\$---- for one child/\$---- for a family if registered by July 31, 2006
 \$---- for one child/\$--- for a family if registering on/after August 1, 2006

Registration Location*

Program Site-until July 5, at Open House or after the first day of school.
 _____ **YMCA**-from July 5 until 1 week before school starts.

Financial Assistance

Financial assistance toward program fees is available for those with a demonstrated financial need. However, we do ask families to complete the Missouri Department of Social Services Family Support Division (Formerly known as DFS) income evaluation process. Families that do not qualify for DFS funding will be considered for financial assistance. Applications are available at the _____ YMCA.

Inclusion Services Available

Our YMCA welcomes participation by people of all abilities. Before and after school child care is available to children with disabilities. **All children diagnosed with a disability will be referred to the Inclusion Services Department.** The YMCA provides a recreational environment for children and teens with and without disabilities through added support staff, when needed to facilitate successful participation in the programs when appropriate. For more information call the Inclusion Services Department at 314-962-5979.

Has your child been diagnosed with: (please check) if checked please note your registration will be forwarded to the YMCA Inclusion Services Department for further registration processing.

- | | | | |
|----------|----------------|---|---------------------|
| ___ ADD | ___ DD | ___ Cerebral Palsy | ___ Down's Syndrome |
| ___ ADHD | ___ PDD | ___ Bipolar Disorder | ___ Other _____ |
| ___ ODD | ___ Autism | ___ Tourette's | |
| ___ OCD | ___ Asberger's | ___ Rett's Syndrome | |
| ___ MR | ___ Fragile X | ___ Chronic Health Problems (additional forms required) | |

Is there a: Custodial Agreement ___ Yes ___ No
 Individual Education Plan ___ Yes ___ No
 Behavioral Management Plan ___ Yes ___ No
 Chronic / Severe Health Condition ___ Yes ___ No
 (Asthma, Diabetic, etc.)

***Must submit a current Individual Education Plan (IEP)/ Behavioral Management Plan (BMP) with your enrollment form.**

You will be contacted by Inclusion Services and/or the YMCA Director of Child Care on the steps in the enrollment process. Enrollment will **NOT** be considered final until all processes have been met.

**YMCA School Age Child Care
 Registration Form
 2006 – 2007 School Year
Please complete one form per child**

Child's Name _____		Date of Birth _____
Address _____		
City _____	State _____	Zip _____
Mother's Name _____	Home Phone _____	Work Phone _____
Employed By _____		
E-mail Address _____		
Father's Name _____	Home Phone _____	Work Phone _____
Employed By _____		
E-mail Address _____		
School Site _____	Grade _____	

Have you, or any member of your immediate family ever participated in any YMCA program?
 _____ Yes _____ No

Is your child is a member of the _____ YMCA? ___ yes ___ no

If yes, please provide Membership # to receive member discount _____

Days
 Attending: ___ M ___ T ___ W ___ Th ___ F

Session: ___ AM ___ PM ___ AM & PM

THIS FORM CANNOT BE ACCEPTED WITHOUT A PARENT OR LEGAL GUARDIAN SIGNATURE. By signing this contract, I understand that I have registered for the above days and times and are therefore responsible for payment of these days each week, whether my child attends or not, as long as my child is enrolled in the School Age Child Care program. I understand that I will receive no credit for missed days. Should I need to change my schedule, I must notify the Site Director one (1) week prior to that change. If my child is absent for 2 weeks without notification, I understand my child will be dropped from the program. I certify that all information provided is complete and correct, to the best of my knowledge.

Parent Signature _____ Date: _____

<u>YMCA USE ONLY</u>	Access # _____
Date _____	Amount Paid _____ Receipt # _____ Initial _____