



**Fort Wayne Community Schools
YMCA Childcare
2017-2018 School Year**

**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

Learn Grow Thrive

At the Y we believe all kids deserve the opportunity to discover who they are and what they can achieve. In our pre-school and before & after school programs, youth are cultivating the values, skills and relationships that lead to positive behaviors, better health, and education achievement.

Before and After School Care

**Before School Care: 6:30 a.m.–start of school day.
After School Care: End of school day–6 p.m.**

Program Site	School(s) served
Arlington	Arlington
Brentwood	Brentwood
Bunche.....	Bunche
Croninger	Croninger
Forest Park.....	Forest Park, Adams
Franke Park.....	Franke Park, Bloomingdale
Haley.....	Haley
Harris.....	Harris, Glenwood
Harrison Hill	Harrison Hill, Fairfield, South Wayne
Holland	Holland
Indian Village.....	Indian Village
Irwin.....	Irwin
Lincoln	Lincoln
Lindley.....	Lindley
Maplewood	Maplewood, Waynedale
Northcrest.....	Northcrest
Price.....	Price
Shambaugh	Shambaugh
St. Joseph Central.....	St. Joseph Central
Towles	Towles
Washington Center.....	Washington Center
Washington.....	Washington, Study
Weisser	Weisser, Abbett, Scott
Whitney Young.....	Whitney Young

Pre-School Care

**Morning pre-school begins at the start of the school day.
Afternoon pre-school dismisses at the end of the school day.**

Program Site	Schools Served
Harrison Hill.....	Harrison Hill, Abbett, Fairfield, Indian Village, Maplewood, Scott, South Wayne, Waynedale
Bunche.....	Bunche Montessori
Whitney Young	Whitney Young

***Before & after care for Pre-K students is only available at Harrison Hill, Bunche, and Whitney Young.
CCDF is not available at Pre-school locations. YMCA financial assistance is available.***

Program Fees

Before Care: \$39 weekly
 After Care: \$66 weekly
 Before & After Care: \$79 weekly
 Before & After Care: \$284 monthly

Pre-school: \$58 weekly
 Pre-school & Before Care: \$74 weekly
 Pre-school & After Care: \$95 weekly
 Pre-school, Before & After Care: \$105 weekly
 Pre-school, Before & After Care: \$378 monthly

Two hour delay only: \$14 School closing only \$26

Before & after care for Pre-K students is only available at Harrison Hill, Bunche, and Whitney Young.

Additional Information

- ◆ Weekly fees include 2hr delays and school closings at no additional charge. Monthly fees include 2hr delays, school closings, and Break Camps (Winter & Spring) at no additional charge.
- ◆ All day care is available on school closing days from 6:30 a.m.–6 p.m. at Harrison Hill, Washington, Harris, and Holland.
- ◆ In order for your child to start care on the first day of school a completed registration packet must be received at the Child Care Branch no later than August 4.

Financial Assistance: We accept CCDF vouchers at all locations except Bunche and Whitney Young. YMCA Financial Assistance is available for qualified applicants.

Contact Information: Ann Conroy @ 449-8464 or Stacy Gilbert @ 449-8266; Fax: 449-4776; YMCA web site: www.fwymca.org

YMCA School-Age Child Care Program—Fort Wayne Community Schools

How To Register

- Print a registration packet (Registration Form, Health Form, Immunization Form, Payment Contract, and Parent Handbook Acknowledgement) from the YMCA website: www.fwymca.org. Complete all forms and return them to the Child Care Services Branch no later than August 4 in order for your child to start the first day of school.
- Call the YMCA Child Care Services Branch to have a registration packet sent to you via mail, email, or fax. You may call Ann @ 449-8464 or Stacy @ 449-8266. Complete all forms and return them to the Child Care Services Branch no later than August 4 in order for your child to start the first day of school.
- Come into the YMCA Child Care Services Branch offices located at 1117 S. Clinton Street to pick up a registration packet. Complete all forms and return them to the Child Care Services Branch no later than August 4 in order for your child to start the first day of school.

Please mail or drop off your completed registration packet to:

**Ann Conroy
YMCA Child Care Services Branch
1117 S. Clinton St.
Ft. Wayne, IN 46802**

Current Resident or:

Non-Profit Org.
U.S. Postage
PAID
Fort Wayne, IN
Permit No. 429

Fort Wayne Community Schools
YMCA School-Age Childcare
1117 S. Clinton Street • Fort Wayne, IN 46802



YMCA School-Age Childcare
2017-2018 School Year Checklist

Please use this checklist to help guide you through the registration process. Do not turn in your child's registration packet until you have done the following:

Registration Form:

_____ Complete with at least two Authorized Pick Up/Emergency Contacts

_____ Sign and date

Health Form:

_____ Complete all questions that pertain to your child

Registration Policy & Release of Liability Form:

_____ Print child's name; parent/guardian name

_____ Sign and date

Payment Contract:

_____ Choose a payment option, sign and date
The preferred method of payment is automatic draft

Completed packets must be turned into the Child Care Office at 1117 S. Clinton Street. Office hours are 8 am-4 pm Monday-Friday. We also have a 24/7 drop-box for your convenience.

All registrations must be approved by office staff before your child can start the program. Incomplete forms will not be accepted.

Please remember the registration cut-off date is August 4, 2017 if you are planning for your child to start the first day of school.



REGISTRATION FORM

**FOR YOUTH DEVELOPMENT
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CHILD'S INFORMATION

This form must be returned in order to register your child. Please inform us of any changes in information as they occur.

Name: _____
(first) (middle) (last)

Birthdate: ____/____/____ Grade: _____ Gender: male female Race: _____

Address: _____ City: _____ Zip: _____

School attending: _____ Site attending: _____

Check all that apply:

- Before Care After Care A.M. Pre-K P.M. Pre-K 2 hour delays Closings/cancellations

Date child will begin attending program: _____ Days of week child will attend: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____ Birthdate: ____/____/____

Relation to child: _____ Email: _____

Address: _____ City: _____ Zip: _____

Place of employment: _____ Work phone: _____

Home phone: _____ Cell phone: _____

Parent/Guardian Name: _____ Birthdate: ____/____/____

Relation to child: _____ Email: _____

Address: _____ City: _____ Zip: _____

Place of employment: _____ Work phone: _____

Home phone: _____ Cell phone: _____

- Parent's Marital Status:** Married Single Divorced Mother remarried Father remarried

Please state custody arrangements and provide court documentation.

AUTHORIZED PICK UP/ EMERGENCY CONTACTS (Must be 18 years or older)

I hereby give my consent for the following individuals to pick up my child from the YMCA childcare program. I understand that the YMCA of Greater Fort Wayne and the Child Care Services Branch are not responsible for my child once they have been signed out of the childcare program.

In an emergency situation, the YMCA will always try to contact the parent(s)/guardian(s) first. In case the parent(s)/guardian(s) cannot be reached, we will contact the following emergency contacts. Please list at least two emergency contacts in order of preference for contact.

Authorized Pick Up: Mother Father Guardian(s)

Individuals other than parent(s) or guardian(s):

Name: _____

Name: _____

Relation to child: _____

Relation to child: _____

Hm #: _____

Hm #: _____

Cell #: _____

Cell #: _____

Wk #: _____

Wk#: _____

- Authorized Pick Up
- Emergency Contact

- Authorized Pick Up
- Emergency Contact

Name: _____

Name: _____

Relation to child: _____

Relation to child: _____

Hm #: _____

Hm #: _____

Cell #: _____

Cell #: _____

Wk #: _____

Wk#: _____

- Authorized Pick Up
- Emergency Contact

- Authorized Pick Up
- Emergency Contact

For office use only:

_____ Approved to begin program

Staff signature _____

Date _____

Does your child use a hearing aid or other device to communicate? _____

Socialization			
Number Accordingly: 0-Never 1-Sometimes 2-Often			
___ Interacts with others	___ Prefers independent play	___ Prefers quiet play	___ Cooperates with others
___ Initiates conversation	___ Prefers playing with peers	___ Prefers active play	___ Ease of transition between activities

How can we assist your child in socializing with others? _____

Behaviors Staff Should Be Aware of		
Number Frequency: 0-Never 1-Daily 2-Weekly 3-Monthly		
___ Touches Others Without Permission	___ Harms Others (hitting, biting, kicking)	___ Screaming
___ Negative Verbal Outbursts to Self	___ Harms Property ___ Self-harming	___ Defiant
___ Negative Verbal Outbursts to Others	___ Flight Risk (runs away from the group without warning)	___ Bullies Others

How does your child express frustration or anger? _____

Is your child afraid of anything in particular? _____

What sensory issues (stimulation) is your child sensitive to? _____

Is there anything that may consistently upset or trigger negative behaviors from your child? What is the behavior?

Are there any major changes in the last six months (births, deaths, divorce, moves) or special situation that might impact your child's behavior? _____

What techniques work to calm your child? _____

Are there any positive reinforcements or motivators that work well for your child? _____

Are there any other behavior/emotional concerns or solutions staff should be aware of so we can help your child succeed in the program? _____

Any specific activities to be encouraged? _____

Restricted? _____

How can we best serve your child's needs? _____

Family Physician: _____ Phone: _____

Medical Insurance Carrier: _____ Policy # _____



YMCA Child Care Services Branch Registration Policy and Release of Liability Agreement

I understand that my child cannot attend YMCA childcare programs until all required forms are turned in to the YMCA Child Care Services Branch and you have been contacted stating your child may begin the program .

- My child has permission to participate in the YMCA childcare activities. Basic first aid and emergency treatment are authorized.
- I recognize and acknowledge that there are certain risks of physical injury and agree to assume full risk of injuries, damages or loss which said participant may sustain as a result of participating in any and all activities connected with or associated with such program .
- I authorize the YMCA to arrange emergency transportation for my child should it be deemed necessary by the YMCA staff.
- I certify that the health history provided is correct to the best of my knowledge and the child herein described has permission to engage in all prescribed activities except as noted.
- I hereby give permission to the physician selected by the director to order x-rays, routine tests, and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child.
- I give the YMCA permission, without limitation or obligation, to use photography, video or audio recordings of my child participating in YMCA programs for the promotion or interpretation of the YMCA.
- I hereby give my consent for the individuals I listed in the registration process to pick up my child from the YMCA childcare program . I understand that the YMCA of Greater Ft. Wayne and childcare programs are not responsible for my child once they have been signed out of the childcare program .
- I acknowledge that I have received, read, and understand the policies, including the discipline policies, and procedures outlined in the Parent Handbook. I am in agreement with the conditions outlined and will abide by the same. I understand that policies may have changed from previous years. *Please be sure to read thoroughly as there are important policies, guidelines, and information in the handbook.

Child's name: _____ Date: _____
Please Print

Parent/Guardian name: _____
Please Print

Parent/Guardian signature: _____



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Payment Contract FWCS 2017-2018

Child's Name: _____

Parent/Guardian Name: _____

My child will be attending under the following contract option:

Before School Care:

_____ Weekly rate of \$39.00 per week

After School Care:

_____ Weekly rate of \$66.00 per week

Before & After School Care:

_____ Weekly rate of \$79.00 per week

Before & After School Care:

_____ Monthly rate of \$284 (Sept-May)
(Automatic Draft only for monthly option)

Pre-K:

_____ Weekly rate of \$58.00

Pre-K & Before School Care:

_____ Weekly rate of \$74.00

Pre-K & After School Care

_____ Weekly rate of \$95.00

Pre-K & Before & After School Care:

_____ Weekly rate of \$105.00

Pre-K & Before & After School Care:

_____ Monthly rate of \$378.00 (Sept-May)
(Automatic Draft only for monthly option)

My child will only be attending on:

_____ 2 hr delays (\$14.00)

_____ school cancellations (\$26.00)

Site attending _____

Weekly and monthly contract options include two hour delays and school cancellations at no additional charge. Monthly contract options also include Winter Break Camp and Spring Break Camp at no additional charge.

Please choose your payment method. Remember that monthly contracts must pay with automatic draft.

I will be paying by automatic draft. Please read and initial:

_____ I give authority to the YMCA of Greater Ft. Wayne to draw on the account listed below for my childcare payments.

_____ I understand my account will be drafted on Monday for weekly fees or the first of the month for monthly fees.

_____ Changes to account information, including credit card expiration date, must be received by the YMCA no later than the Monday prior to payment date when the changes need to be effective.

_____ I authorize my bank to honor preauthorized EFT or credit card charges against my account. I understand that if my draft is returned for any reason I will be charged a \$15.00 processing fee.

_____ I understand that this account will be drafted for childcare fees unless written request for cancellation of draft is provided to the YMCA Child Care Services Branch.

Credit Card / Bank Information

____ VISA ____ MasterCard ____ American Express ____ Discover ____ EFT Bank Draft

Credit Card or Bank Account Number

9 Digit Routing Number (Bank Draft Only)

Person on Bank Account/Card (Please Print)

Card Expiration Date (Credit Card Only)

I am unable to pay by automatic draft. I will be paying by:

____ Check* ____ Money Order ____ Cash ____ Automatic Bill Pay ____ Online

*Returned checks will be charged a \$15.00 NSF fee.

I understand that all weekly program fees are due on Monday and all monthly program fees are due on the first of the month. Fees will not be pro-rated due to illness, personal vacation, scheduled school cancellations, weather cancellations, suspension from school, or suspension from the childcare program. Weekly and monthly contract options include two hour delays and school cancellations at no additional charge. Monthly contract options also include Winter Break Camp and Spring Break Camp at no additional charge.

Signature

Date