



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

**Parkview Family YMCA
School Age Childcare
2019-2020 School Year**

Learn Grow Thrive

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

Program Fees

Registration Fee: NONE

Before Care: Members: \$112/month
 Non-members: \$145/month
After Care: Members: \$183/month
 Non-members: \$237/month

Weather Delays: Members: \$12/day
 Non-members: \$15/day

School Day Out/Weather Cancellation: Member: \$29/day
 Non-member: \$40/day

Before and After School Care

Before School Care: 6 A.M.-buses arrive to take students to school

After School Care: End of the school day-6 P.M.

Before Care

Location is at the Parkview Family YMCA for the following schools:

- Eel River
- Hickory Center
- Cedar Canyon
- Perry Hill
- Huntertown
- Oak View

After Care Locations:

- Parkview Family YMCA Site for.....Eel River & Hickory Center
- Cedar Canyon Site for.....Cedar Canyon
- Perry Hill Site for.....Perry Hill
- Oak View Site for.....Oak View
- Arcola Site for.....Arcola
- Huntertown Site for.....Huntertown

Additional Information

-In order for your child to start care an online completed registration packet and the YMCA immunization form must be received by the Parkview Family YMCA no later than 3 business days prior to the day that you wish that your child starts Y Care.

-Payments must be scheduled to withdraw automatically the 1st of every month for that month using either a credit card or a bank account. We will no longer be accepting payment in the form of cash, check, or at the front desk.

-We will be using your credit card to automatically pay off any late fees, lunch fees, School Day Outs, and Weather Delays and/or Cancellations.

Financial Assistance

YMCA Financial Assistance is available upon request for qualified applicants.

Contact Information

Hollissa Estep, Childcare Services Director 260-755-4849 or hollissa_estep@fwymca.org

Parkview Family YMCA Fax: 260-497-7411

Parkview Family YMCA Website: https://www.fwymca.org/parkview_family_yymca.php



YMCA School Age Childcare Program for Northwest Allen County Schools

How to Register:

-You must register online at https://www.fwymca.org/parkview_family_ymca.php The Immunization Page must be filled out by a healthcare provider on our YMCA form. If your child attended Adventure Camp 2018 we do not need another one from you. Your online registration must be received no later than 3 business days prior to your requested start date.

OR

-Come in to the Parkview Family YMCA and stop by the front desk and a Membership Enrollment Specialist will be happy to walk you through the online process.

Thanks! We look forward to serving your family!

Hollissa Estep
Parkview Family YMCA
10001 Dawsons Creek Blvd.
Fort Wayne, IN 46825

THIS FORM MUST BE SIGNED BY A HEALTH CARE PROVIDER

Immunization Record

This form must be completed and submitted before your child's registration is complete.
This form must be updated annually by a health care provider.

Child's full name _____ Birthdate ____/____/____

Parent/Guardian name _____ Phone _____

Hep A					
Hep B					
DtaP/DTP/Td					
Hib					
MMR					
IPV					
Varicella					
PCV/Prevanar					

Date of last Tetanus shot: _____

Child has documented history of Chicken Pox? _____ No _____ Yes If yes, age _____

Parent Comments: (Please indicate religious objections, if any.) _____

Health Care Provider Comments: (Please list immunizations excluded for medical purposes.)

Please check the appropriate response:

___ Child has received age-appropriate immunizations.

___ Child is currently in the process of receiving age-appropriate immunizations.

Signed _____ Date _____
Health Care Provider's Signature (Required)

Printed Name and Title _____

Parent Permission to Medicate

This form must be complete by parent/guardian in order to administer medication to the following student. Routine medications must require a monthly parental initial verification. Over the counter medications require parental initial verification on the day administered.

Child's Name _____ Parent's/Guardian Name _____
 Medication _____ Prescription Number _____
 Times of day medication is to be given _____ A.M. _____ P.M. _____
 Method of giving dosage _____
 Amount of each dosage _____
 Date from _____ to _____ Reason for medication _____
 Allergies _____
 Person designated to administer medication _____
 Parent/Guardian Signature _____ Date _____
 Physician Signature _____ Date _____

Date	Time	Health Problem/Concern	Care Provided	Staff Signature	Verifying Initials