



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

**Parkview Family YMCA
Before and After School Enrichment (Y Care)
2024-2025 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: \$105.00/month
Non-members: \$126.00/month
After Care: Members: \$314.00/month
Non-members: \$378.00/month

Weather Delays: Included for FREE if enrolled in Y Care through Parkview (NACS) and registered for separately (limited spots available)

Weather Cancellations: Members: \$27/day
Non-members: \$33/day
Must be registered for separately (limited spots available)

School Day Outs (Scheduled Days off of School for NACS):
FREE if enrolled in Y Care through Parkview (NACS)
*Parents must register kids separately to be able to attend these (limited spots available)

Winter and Spring Break Camps (follows NACS schedule, kids do not need to be enrolled in Y Care to attend, but must be registered (limited spots available)):
Members: \$37/day
Non-members: \$43/day
*Parents must register kids separately to be able to attend these.

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
- Aspen Meadows

After Care Locations:

Parkview Family YMCA Site for.....
Eel River, Hickory Center, & Aspen Meadow
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

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



Additional Information

- In order for your child to start Y 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 start 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 be using your credit card to automatically pay off any late fees, lunch fees, Camp fees, or Cancellations, etc.

Financial Assistance

YMCA Financial Assistance is available upon request for qualified applicants.

YMCA Before and After School Enrichment (Y Care) 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. 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 _____

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|--------------|--|--|--|--|--|
| 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 _____

