



CAYLOR-NICKEL FOUNDATION YMCA

School Aged Childcare

RATES FOR 2018-2019 SCHOOL YEAR

- Daily Before School Care
 - (Includes all unscheduled delays and scheduled days off)
 - **Part Time:** (1-3 days)
 - \$20/week Members
 - \$30/week Program Participants
 - **Full Time:** (4-5 days)
 - \$25/week Members
 - \$35/week Program Participants
- Before and After School Care
 - (Includes all unscheduled delays and scheduled days off)
 - **Part Time Week:** (1-3 days)
 - \$58/week Members
 - \$78/week Program Participants
 - **Part Time Month:** (1-3 days)
 - \$232/month Member
 - 312/month Program Participants
 - **Full Time Week:** (4-5 days)
 - \$70/week Members
 - \$90/week Program Participants
 - **Full Time Month:** (4-5 days)
 - \$280/month Members
 - \$360/month Program Participants
- Delay Care and After School Care
 - (Includes all unscheduled delays and scheduled days off)
 - **Part Time Week:** (1-3 days)
 - \$43/week Members
 - \$53/week Program Participants
 - **Part Time Month:** (1-3 days)
 - \$172/month Members
 - \$212/month Program Participants
 - **Full Time Week:** (4-5 days)
 - \$60/week Members
 - \$70/week Program Participants
 - **Full Time Month:** (4-5 days)
 - \$240/month Members
 - \$280/month Program Participants
- Unscheduled Full Days
 - \$25/day Members, \$28/day program participants
- Break Camps
 - \$25/day, \$28/day program participants
 - \$100/week (4-5 days) members, \$130 program participants



Caylor-Nickel Foundation Family YMCA 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 Caylor-Nickel Foundation Family YMCA 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: _____

Immunization Record

This form must be completed prior to your child's first day of attendance.

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 _____