

**SCOTT COUNTY FAMILY YMCA SCHOOL-AGE CHILD CARE • 2018-19 SCHOOL YEAR REGISTRATION FORM**  
**Print legibly, complete all fields and include your registration fee. Register online at scfy.org**

First day child will attend \_\_\_\_\_ Email address \_\_\_\_\_ Text me at \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth / / \_\_\_\_\_ Gender  M  F Age \_\_\_\_\_

Race  Caucasian/White  African American/Black  Multi racial  Asian American  Native American  Native Hawaiian/Pacific Islander  Other

Physical conditions/special needs \_\_\_\_\_ Medications/allergies \_\_\_\_\_

To better serve your child, please indicate if he/she has been diagnosed with any of the following:

ADD/ADHD  Convulsions  Bleeding/Clotting Disorders  Autism  Aspergers  Fragile X  Cerebral Palsy  Bipolar Disorder  Tourettes

Rhett Syndrome  Down Syndrome  Chronic Health Problems  Asthma/Severe Allergies  Diabetes  Heart defect/disease  Other

Does this child have an IEP?  Yes  No

YMCA Child Care Site \_\_\_\_\_

Name of Child's School \_\_\_\_\_

**1ST PARENT/GUARDIAN**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Date of Birth / / \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell (for emergency communications) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

**2ND PARENT/GUARDIAN**

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Date of Birth / / \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ Cell (for emergency communications) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

School Lunch classification  Free  Reduced  Full Pay \_\_\_\_\_ Ethnicity  Hispanic  Non-Hispanic

**INSURANCE INFORMATION**

Health Insurance company \_\_\_\_\_ Policy number \_\_\_\_\_

Name of physician \_\_\_\_\_ Physician phone \_\_\_\_\_

**PLEASE LIST ANY ADULT OTHER THAN THE ABOVE THAT MAY BE PICKING UP THIS CHILD OR THAT MAY BE CONTACTED IN CASE OF AN EMERGENCY.**  
 Anyone picking up your child must be 18 years of age or older. A picture ID is required at pick-up.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

The YMCA has permission for my child to be photographed and/or interviewed for promotional purposes  Yes  No

Yes! I would like to make a charitable donation to the Annual Campaign  \$10  \$25  \$50  \$100  Other/please contact me

Check here if either parent is  YMCA employee  Y financial assistance recipient

**WAIVER**

I have the legal authority to sign up the child named on this form and to the best of my knowledge the information on this application form is complete and accurate. I understand that my application will not be processed unless it includes the full registration fee. I understand that the YMCA prohibits staff members from being alone with children they meet in YMCA programs outside of the YMCA. This includes but is not limited to baby-sitting, tutoring, sleep-overs, etc. In the event I cannot be reached in an emergency, I hereby give permission to the director of the program or designee to secure emergency medical services, including transportation and medical care. I also give permission for the attending physician to order injections, anaesthesia or surgery for the child as named above. I understand that medical and accident insurance is the responsibility of the parent or guardian. By signing this form, I am giving the YMCA permission to communicate and exchange information with school personnel for the purpose of providing and enhancing services to my child. I also authorize my child to be transported by bus and engage in activities and field trips, except as noted by me. I understand that this release may be revoked by me at any time by written request. I am aware there is a Parent Packet with more detail on policies/procedures available to me. I have read and agree to these terms and conditions.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_



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

#### **PROGRAM DATES**

August 13, 2018-May 31, 2019  
until 6:00 p.m. with the following  
exceptions:

- Week of Thanksgiving
- Teacher Professional  
Development Days
- Weather Emergencies

#### **SCHOOL SITES**

Scottsburg Elementary  
Johnson Elementary  
Lexington Elementary  
Vienna-Finley Elementary

#### **FEES**

**Registration Fee**  
\$20/child

#### **Y Family Membership**

First Child - \$35/week  
Second Child - \$25/week

#### **Program Members**

First Child - \$40/week  
Second Child - \$30/week

All fees are due the Friday before  
the week child will attend. A  
\$5 late fee will be charged for  
payments not received on Friday.

Financial Assistance is available  
for qualifying families.

#### **QUESTIONS? CONTACT:**

Tony Stidham  
Child Care Director  
Phone: 812.752.9622  
Email: [tstidham@scfy.org](mailto:tstidham@scfy.org)

**SCOTT COUNTY FAMILY YMCA**  
805 W Community Way  
Scottsburg, IN 47170

812.752.9622

[scfy.org](http://scfy.org)



# BUILDING BRIGHTER FUTURES

## **After School Care** **SCOTT COUNTY FAMILY YMCA**

At the Y, we know that learning and fun don't stop when the school day ends. Each day our caring and energetic staff will provide academic enrichment activities in the areas of:

- STEM
- Arts
- Music
- Literacy

Children will also benefit from fun and exciting physical activities to encourage a love of physical fitness. This is a program where children grow in spirit, mind and body during non-school hours!

We've been offering quality child care in Scott County for six years, and we're excited for your child to experience our outstanding curriculum for the upcoming school year. Our program offers a safe and friendly environment where elementary age children can make new friends, enjoy fun activities, get homework assistance and much more.

Children should be picked up at their school no later than 6:00 p.m. by a parent or guardian listed on the registration form. Photo ID will be required to pick up your child. A late fee of \$10 for the first 15 minutes and then \$1 per minute will be charged for late pick up. Please notify the Y if a situation arises that will force you to be late to pick up your child.

The YMCA After School program will follow the SCSD2 parent handbook.