



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Y CLUB "A Before & After School Enrichment Program" 2019-2020 Registration Form

Our Philosophy

- To provide quality care for children, regardless of socio/economic background.
- To support and strengthen the family unit.
- To help children develop to their fullest potential.
- To deliver the program in a positive YMCA environment of safety, support and care.
- To ensure and enforce a zero tolerance policy regarding Child Abuse and Neglect

The Y Club program provides a high quality, safe, convenient, recreational environment for children regardless of ability.

The YMCA Program incorporates nine defined components as a way to intentionally foster holistic youth development through a range of activities focused on helping youth achieve, build relationships and feel like they belong, all while having fun!

Open communication and collaboration with the school regarding your child's behavior and individual needs will be ongoing.

Benefits of the YMCA Program

- Serves youth ages 5 through 13
- Conveniently located at your child's school
- Opens as early as 6:30 a.m.
- Closes as late as 6:00 p.m.
- Trained, caring, professional staff
- Planned, recreational and enhancement activities focusing on fun, learning and the development of a positive self-image.

Y Club Sites

Incarnate Word
13416 Olive Blvd
Chesterfield, MO 63017

St. Monica School
12132 Olive Blvd
Creve Coeur, MO 63141

Financial Assistance

Financial assistance toward program fees is available for those with a demonstrated financial need. However, we do ask families to complete the DSS (Missouri)/DCFS (Illinois) income evaluation process. Families that do not qualify for state subsidy funding will be considered for YMCA financial assistance. State Child Care Assistance is accepted. Applications are available at the Chesterfield Family YMCA.

Enrollment Dates

Current Enrollees: April 1–30 2019. NEW Enrollees: Begins May 1, 2019 (Current enrollees with Kindergarten siblings will take priority over new enrollees.)

Registration Process

The non-refundable, non-transferable registration fee is **\$50 for one child** or **\$ 90 per household** through **July 31, 2019**. Effective **August 1, 2019** the registration fee is **\$ 75 for one child** or **\$ 135 per household**. To hold a space for your child, please complete this Registration Form and return to the Chesterfield Family YMCA with your registration fee. **To guarantee attendance on the first day of school, you must register at least one week prior to that date.** Registration is a first come, first serve basis so sign up early as space is limited. To comply with state licensing regulations additional enrollment forms must be completed before students are admitted to the program.

2019 – 2020 Monthly Program Fees

Member

A.M.-\$	5 Day - \$192, 3 Day - \$177
P.M.-\$	5 Day - \$220, 3 Day - \$197
Both-\$	5 Day - \$302, 3 Day - \$277

Non-Member

A.M.-\$	5 Day - \$231, 3 Day - \$203
P.M.-\$	5 Day - \$263, 3 Day - \$233
Both-\$	5 Day - \$348, 3 Day - \$318

*Sibling discount available.

*Child must be included on Household Membership to receive the member rate.

*Rates subject to change

Membership

The best way to enjoy the Y is to be a member! Being a Y member gives you added discounts to childcare cost.

Transfer Fee

A \$25 fee will be charged to change your child's registered session.

Questions

If you have any questions, you can contact Jeff Wilson, Child Care Director at (636)532-6515, ext. 226 or by email at Jeff.Wilson@gwrymca.org

Inclusion Services Available

Our YMCA welcomes participation by children of all abilities. The Y provides a recreational environment for children and teens with and without disabilities through added support staff, when needed, to facilitate successful participation in the programs, when appropriate.

Parents/guardians of children with specialized educational documents will be contacted by the Director at the Chesterfield Family YMCA.

A current IEP/BIP/504 Student Accommodation Plan and completion of the inclusion information forms must be submitted, reviewed and, if applicable, staff hired and trained before program participation is authorized.

Enrollment will NOT be considered final until all required processes have been met. Although every effort is made to provide reasonable accommodation, there may be instances where a child's needs may exceed the parameters of the scope of our program.



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Please complete one form per child

School Site	Requested Start Date _____ M _____ F _____		
Child's Name	Gender _____		
Address _____	City _____	State _____	Zip Code _____
Date of Birth _____	Grade _____		
Parent/Guardian I	Home Phone _____	Cell Phone _____	
Home Address _____	Preferred E-mail Address _____		
Employed By _____	Work Phone _____		
Work Address _____	City _____	State _____	Zip Code _____
Parent/Guardian II	Home Phone _____	Cell Phone _____	
Home Address _____	Preferred E-mail Address _____		
Employed By _____	Work Phone _____		
Work Address _____	City _____	State _____	Zip Code _____

Session: AM _____ PM _____ AM & PM _____	Days Attending: M _____ T _____ W _____ Th _____ F _____
Desired Start Date _____	Payment Options:
Is there a:	
Chronic / Severe Health Condition _____ Yes _____ No (Asthma, Diabetic, etc.)	
Custodial Agreement _____ Yes _____ No	
**Individual Education Plan _____ Yes _____ No	
**Behavioral Intervention Plan _____ Yes _____ No	
**504 Student Accommodation Plan _____ Yes _____ No	
** You must submit a <u>current</u> IEP/BIP/504 with this registration form and <u>complete additional Inclusion Information forms</u> for review-program participation is authorized after review and if applicable staff hired and trained. Enrollment will NOT be considered final until all required processes have been met. Chronic Health and Custodial Agreements forms must be submitted on the first day of school.	

THIS FORM CANNOT BE ACCEPTED WITHOUT A PARENT OR LEGAL GUARDIAN SIGNATURE. By signing this contract, I understand that I have registered for the above session/times and are therefore responsible for payment for each week, whether my child attends or not, as long as my child is enrolled in the Y Club program. I understand I will receive no credit for missed days. Should I need to change my schedule, I must notify the Chesterfield Family YMCA one week prior to that change and will pay a \$25 change fee. If my child is absent for 2 weeks without notification, I understand my child will be dropped from the program. I certify that all information provided is complete and correct, to the best of my knowledge.

I will be held responsible for all policies and procedures listed in the Family Handbook. I understand I can access the Family Handbook through the Chesterfield Family YMCA website or request a hard copy from the service center or at my childcare site.

Parent
Signature _____ **Date** _____

YMCA USE ONLY

YMCA Member# _____ Non Member# _____ Date _____

Amount Paid \$ _____ Receipt # _____ Staff Initials _____