



YMCA of Greater Brandywine Student Learning Center

We hope you are as excited as we are! Thank you for being an important member of our YMCA of GREATER Brandywine family. We are grateful for the privilege of helping your child to grow, develop and reach their full potential!

Please complete the following registration packet and return it as soon as possible to your childcare director. You may enroll by registering online (highly recommended to secure your spot) or by submitting the attached paperwork. If you register online, this paperwork will still need to be submitted as our Student Learning Center is a state licensed program. Registrations are processed in the order in which they are received. Space is limited and you will receive notification if your child is enrolled or placed on a waiting list. This is a full time, Monday-Friday program.

Your family/child must have a Y account at the time you submit your registration or a spot will not be reserved. You may [create](#) or [access](#) your account online or contact member services for assistance. A membership is not required to enroll.

NEXT STEPS

- The YMCA will use the payment method you specified on the Draft Authorization form to process your child's enrollment and immediately draft the two week deposit that will be applied to your child's first two weeks of care. Deposits are non-refundable.
- You will receive a confirmation email once the registration is completed.
- You will receive an email from ePACT requesting the most up-to-date emergency contact and health history information. ePACT is a secure, electronic emergency network that we use to collect medical details, emergency contact information and waivers. If you already have an account for any YGBW program, you may simply reconfirm and/or update your information. ePACT will need to be completed prior to your first day of care and reconfirmed every six months thereafter. Your [DHS child health report](#) submission is required by uploading it to ePACT or submitting it to your childcare director.

Questions about Student Learning Centers? Please contact your branch childcare center director.

Questions about your registration or billing?

Please email childcareadmin@ymcagbw.org or call 610-643-9622 ext. 2190

Questions about ePACT? Please contact ePACT – help@epactnetwork.com or 1-855-773-7228 x1

Registration Policy Reminders

- An automatic draft to process tuition payments is required for all participants.
- Weekly payments are drafted on Sunday, **two weeks prior to the start week of care**, and will continue to draft each Sunday. If applicable, CCW co-pays will draft in accordance with the CCW payment policy.
- Registrations are eligible for any one discount. The greatest of the following will be used; financial assistance or staff. Sibling discounts do not apply to Student Learning Centers.
- Financial Assistance - Please contact childcareadmin@ymcagbw.org to see if you may qualify.
- A [DHS child health report](#) is required including the date of your child's most recent physical and immunization record. Failure to return the form may result in cancellation of your registration.
- To withdraw your child from the program, a 15 day written notice to your childcare director is required.
- Additional program information may be found on our [website](#). Please see your parent handbook for a complete list of policies.

YMCA of Greater Brandywine Student Learning Center Agreement

Brandywine Jennersville Kennett Lionville Oscar Lasko Octorara UMLY

Summary of Services:

School Age - Fun and safe child care services including student learning centers, academic support, age appropriate activities, indoor and outdoor play activities as well as social/emotional development opportunities. 45 and 90 day childcare service reports are provided. Parents are responsible for lunch and snacks unless otherwise specified by the center.

***Please see the parent handbook for further details.
55 PA CODE CHAPTERS 3270.123 & 181(c); 3280.123 & 181(c), 3290.123 & 181(c)***

Child's Name: _____ Birth Date: ____/____/____ Male Female

Expected Start Date: _____ Age as of 9/1/20: _____ Grade as of 9/1/20: _____

School District: _____ School Attending: _____ Teacher: _____

Virtual Learning - Web based through school district **Cyber School - Full time online instruction**

Home Address: _____
Street Address
City
State / Zip

Primary Phone #: _____ Primary Email: _____

Parent/Legal Guardian Name (1): _____ Cell #: _____

YES **NO** May this child be released to above guardian

Parent/Legal Guardian Name (2): _____ Cell #: _____

YES **NO** May this child be released to above guardian

Child Lives With: _____

IS THERE A CUSTODY AGREEMENT? **YES** **NO** If yes, you MUST provide a copy of the agreement to the Program Director.

Emergency Contact: (Person(s) also need to be indicated in ePACT.)

Name: _____ Cell #: _____

Address: _____

Name: _____ Cell #: _____

Address: _____

I give permission for my child to participate in swim activities related to the program (when available). Parent Signature: _____	
I give permission to seek medical treatment for my child in the event of an emergency. Parent Signature _____	
I give permission for the YMCA to transport my child for program needs and emergencies. Parent Signature: _____	
I give permission for the YMCA to take my child on walks and trips. Parent Signature: _____	
I give permission for the YMCA to administer minor first aid. Parent Signature: _____	
Enrollment Parent Signature: _____	Date: _____
Start of School Parent Signature: _____	Date: _____
6 Month Review Parent Signature: _____	Date: _____

YMCA of Greater Brandywine: Student Learning Center 2020-2021

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Please *circle the program* your child will be attending. Fees are listed as WEEKLY. Payments are made via auto-draft each Sunday, **two weeks prior to care**. Late tuition fee is 10% of the weekly tuition and assessed on Mondays. I understand I have until YMCA closing (or 11:59pm online) on Sundays to pay my account.

Office Use	Program (Circle)	Days	Time	Fee
	Student Learning Center	Monday - Friday	7:30am - 3:30pm	\$215.00
	After Care	Monday - Friday	3:30pm - 6:00pm	\$55.00

Arrival Time: __ __ : __ __

Departure Time: __ __ : __ __

Weekly Fee	\$
-Discount (One per child) Financial Assistance/Staff	-\$
TOTAL WEEKLY FEE	\$

Do you qualify for a reduced rate? (One discount per child)

Chester County Assistance (CCW) Yes No

YMCA Financial Assistance (CCW application required. A copy of the determination letter is needed before YMCA Financial Assistance can be applied.) Yes No

YMCA Employee Discount Yes No

Do you have a sibling(s) registered in the same or another program?

Sibling's Name(s): _____ Program: _____

Person(s) Designated By Parent To Whom Child May Be Released: (Person(s) also need to be indicated in ePACT.)

Name: _____ Cell #: _____

Address: _____

Name: _____ Cell #: _____

Address: _____

I received a complete copy of the parent handbook and written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121) **Parent Signature:**

I agree to update the emergency contact/parental consent form information whenever there are changes or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124) **Parent Signature:**

I also understand that a child health report is due at the beginning of the school year for my child. If it is not received before the first day of school, then my child may be removed from the program. **Parent Signature:**

Parent/Guardian Signature: _____ **Date:** _____

6 Month Review Parent/Guardian Signature: _____ **Date:** _____

Director/Registrar Signature: _____ **Date:** _____

Membership Confirmed: Yes No / Date of Admission: / Date of Withdrawal:

**YMCA of Greater Brandywine
GETTING TO KNOW YOU FORM**

Child's Name: _____

Parent/Guardian: We can work more effectively with your child at the YMCA if we know as much about him/her as possible. Please fill out the information below. Feel free to make an appointment with the Program Director if you have concerns you would like to further discuss.

Well-liked nickname: _____

Age at beginning of the program: _____

Child lives with: _____

Grade at beginning of the program: _____

Does your child have siblings attending YMCA programming at the same time? Yes No

If yes, Name (s) & Age(s)

What areas of your child's life would you hope to see developed at the YMCA?

What do you consider his/her strengths and challenges?

Does your child require any modifications in YMCA policies, practices or procedures or auxiliary aids and services in order to allow your child to fully participate in our programs? Yes No

If yes, please explain: _____

(Our ADA Compliance Officer will follow up with you to discuss any requests.)

After reviewing the stakeholders from the Parent Handbook, are you interested in adding anyone else to the list?

Please note any additional information the Program Director should know about your child to better serve your goals for your child. Such information may include, but is not limited to, information about your child's personality, disposition, social skills, and forms of behavior modification used at home as well as hobbies, interests and preferred activities etc.

Do you wish to schedule a conference with the staff at the child care center to discuss this information any further?

Yes No



**PROGRAM DRAFT AUTHORIZATION FORM
Student Learning Center**

Brandywine Jennersville Kennett Lionville Oscar Lasko Octorara UMLY

Participant's Name(s)

Home Phone _____

Cell Phone _____

Address on Account Check if address has changed

Street _____

City, State, Zip _____

Email _____

Weekly Payment

Weekly draft amount is based on authorized registration and current rates. **Tuition drafts every Sunday, two weeks prior to care.**

Weekly Draft Amount

\$ _____

I understand this automatic payment authorization is continuous until the end of the program. I understand I am responsible for submitting account changes in writing 7 business days before a draft. I understand I am responsible for reviewing my bank/credit card statement to ensure a draft has been stopped following my written notice. No refunds or credits are given. I understand I am responsible for fees if the YMCA is unable to debit my account because of account changes or insufficient funds. Returned drafts incur a \$20 service charge. Pricing is subject to change with 30 days written notice. I have read and understand the terms of this agreement. I authorize my bank to honor pre-verified and/or verified weekly automatic YMCA program fees and other authorized charges.

Print Payer Name _____

Payer Signature _____ **Date** _____

Credit or Debit Card

Credit Card listed must be saved under the signing payer on this authorization.

___ VISA ___ MASTERCARD ___ AMEX ___ DISCOVER

Card # ___ ___ ___ ___ **(last 4 digits only)**

***** Please provide your full credit card number to member services or update your credit card via your Y account online. *****



**YMCA of Greater Brandywine Release Form
(CCW Applicants ONLY)**

Brandywine Jennersville Kennett Lionville Oscar Lasko Octorara UMLY

Provider Name: _____ YMCA

Provider ID/School Site Number: _____

Provider Contact & Phone Number: Courtney Jeffers, 610-380-9622 x2405

Parent/Caretaker's Name: _____

Child(ren) Name: _____

Caseworker: _____

I authorize Child Care Information Services (CCIS) of Chester County to disclose information regarding my eligibility status with the YMCA of Greater Brandywine.

Parent/Caretaker's Signature: _____ **Date:** _____

CCIS Use Only

Record #: _____

CCW Enrollment Begin Date: _____ **CCW Enrollment End Date:** _____