



**2021-2022**

Received Date: \_\_\_\_\_

Time: \_\_\_\_\_

## **Welcome to the 2021-2022 School Year**

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. Registrations are processed in the order in which they are received. We are excited to inform you that our pricing will not increase from this year. Space is limited and you will receive notification if your child is enrolled or placed on a waiting list.**

Your child must have an active membership or community participant 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. **Please note, you must have a paid YMCA membership at the time of registration in order to qualify for the Value Pricing Discount.**

### **NEXT STEPS**

- The YMCA will use the payment method you specified on the Draft Authorization form to process your ***non-refundable registration fee per child.***
- You will receive a confirmation email once the registration is completed. Registrations are processed in the order in which they are received.
- 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.

**Questions about childcare?** Please contact your childcare center director.

**Questions about your registration or billing?** Please email [childcareadmin@ymcagbw.org](mailto:childcareadmin@ymcagbw.org).

**Questions about ePACT?** Please contact ePACT – [help@epactnetwork.com](mailto:help@epactnetwork.com) or 1-855-773-7228 x1

### **Registration Policy Reminders**

- An automatic draft to process tuition payments is required for all participants.
- For weekly payments, the first payment will be processed the Sunday prior to the start of the program and continue to draft each Sunday until the last week of the program. CCW co-pays will draft in accordance with the CCW payment policy.
- If a child is not starting the program within 30 days, four weeks of tuition will be drafted upon registration and applied to the first four weeks of care.
- Registrations are eligible for any one discount. The greatest of the following will be used; sibling, financial assistance or staff.
- 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.
- Please see your parent handbook for a complete list of policies.

# YMCA of Greater Brandywine Child Care Agreement

Brandywine  Jennersville  Kennett  Lionville  Oscar Lasko  Octorara  UMLY  West Chester

## Summary of Services:

**School Age - Fun and safe child care services including age appropriate activities, indoor and outdoor play activities as well as social/emotional development opportunities and snacks. 45 and 90 day childcare service reports are provided. Parents are responsible for lunch on all Y-Days.**

***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: \_\_\_\_\_  Male  Female

Expected Start Date: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of 9/1/21: \_\_\_\_\_

School Age - School Attending: \_\_\_\_\_ Grade as of 9/1/21: \_\_\_\_\_

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: \_\_\_\_\_

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

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address: \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**Type of YMCA Membership (required)**  Full Member (FM) **OR**  Non-Member (*must complete non-member waiver*)

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

Sibling Discount (Only applicable for multiple children enrolled in a single program and applied to the lesser of the tuitions.)

Yes  No

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: \_\_\_\_\_

Sibling's Name(s): \_\_\_\_\_ Program: \_\_\_\_\_

I give permission for my child to participate in swim activities related to the program (when available). <b>Parent Signature:</b> _____	
I give permission to seek medical treatment for my child in the event of an emergency. <b>Parent Signature</b> _____	
I give permission for the YMCA to transport my child for program needs and emergencies. <b>Parent Signature:</b> _____	
I give permission for the YMCA to take my child on walks and trips. <b>Parent Signature:</b> _____	
I give permission for the YMCA to administer minor first aid. <b>Parent Signature:</b> _____	
I received a complete copy of the parent handbook and written program information at the time of enrollment. ( § 3270.121, 3280.121, 3290.121) <b>Parent Signature:</b> _____	
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) <b>Parent Signature:</b> _____	
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. <b>Parent Signature:</b> _____	
Enrollment Parent Signature: _____	Date: _____
Start of School Parent Signature: _____	Date: _____
6 Month Review Parent Signature: _____	Date: _____

**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

# YMCA of Greater Brandywine: Octorara Branch

## School Age Program 2021-2022

Please *circle the program* your child will be attending. Fees are listed as WEEKLY. Payments are made via auto-draft each Sunday 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 Assigned Classroom	Program (Circle)	Days	Fee	Value Pricing Discount with a Membership
	Before Care: 5 Days	Monday - Friday	\$58.00	\$47.00
	Before Care: 3 Days	<b>Circle:</b> M Tu W Thr Fr	\$44.00	\$36.00
	After Care: 5 Days	Monday - Friday	\$83.00	\$68.00
	After Care: 3 Days	<b>Circle:</b> M Tu W Thr Fr	\$67.00	\$55.00
	Before & After Care: 5 Days	Monday - Friday	\$116.00	\$94.00
	Before & After Care: 3 Days	<b>Circle:</b> M Tu W Thr Fr	\$82.00	\$66.00
	Y Day Coverage (Added weekly to tuition)	<b>Care on days school is not in session</b> Guaranteed coverage for the entire school year!	\$10.98	\$10.98

Full Day drop in care: \$50.00, Half Day drop in care: \$35.00. Space is limited, please contact the Director.

**Arrival Time:** \_ \_ : \_ \_ **Departure Time:** \_ \_ : \_ \_

Weekly Fee	\$
-Discount (One per child) Financial Assistance Sibling Discount (10% for each additional child-only applicable for multiple children enrolled in a single program and applied to the lesser of the tuitions.) Staff Discount	-\$
<b>TOTAL WEEKLY FEE</b>	<b>\$</b>

**\$25 Non-refundable registration fee per child is due at the time of registration.**

**If your child is not currently enrolled, four weeks of tuition will be drafted upon registration and applied towards your first four weeks of care. This deposit is non refundable.**

<b>Parent/Guardian Signature:</b>	<b>Date:</b>
<b>Director/Registrar Signature:</b>	<b>Date:</b>
<b>Membership Confirmed: Yes No / Date of Admission:</b>	<b>/ Date of Withdrawal:</b>



**PROGRAM DRAFT AUTHORIZATION FORM - CELC/SACC**

Brandywine  Jennersville  Kennett  Lionville  Oscar Lasko  Octorara  UMLY  West Chester

**Participant's Name(s)**

\_\_\_\_\_  
\_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Address on Account**  Check if address has changed

**Street** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Email** \_\_\_\_\_

**Weekly Payment (Childcare only)**

Weekly draft amount is based on authorized registration and current rates. Childcare drafts on the Sunday 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. \*\*\***

-----The portion below will be detached and shredded. -----

CVV # \_\_\_\_\_



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

Brandywine  Jennersville  Kennett  Lionville  Oscar Lasko  Octorara  UMLY  West Chester

**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:** \_\_\_\_\_