



2019-20 Before/After School Care Application Form

Site Location: 340 W. Main St (Old Elementary Building)

Contact & General Information: Alaina Rickabaugh, Program Director

Email: pcelatchkey@unioncountyyymca.org, (937) 303-2266

Submit Application : Rachel Likens, Childcare Director Email: rlikens@unioncountyyymca.org

Students Name: _____

Parent/Guardian Name(s) _____

Phone Number () _____ Home or Cell

Address _____

Email Address _____

(Communication over the summer will be in the form of email)

Grade Entering (please circle) K 1 2 3 4

Before and After School Operating Hours: 6:30-8:30 am & 3:30-6:00 pm

Please indicate your scheduling needs below

Full-Time (3-5 days week)

AM-\$51, PM-\$66, AM/PM-\$83

_____ Morning M T W Th F

_____ Afternoon M T W Th F

Part-Time (1-2 days week)

AM-\$33, PM-\$42, AM/PM-\$51

_____ Morning M T W Th F

_____ Afternoon M T W Th F

Application fee due at time of registration

Application Fee : \$25.00 New Students \$15.00 Returning Students

Visa Mastercard American Express Discover Check# _____ Use on File _____

Name on Card: _____

Card#: _____ Expiration Date: _____

OFFICE USE ONLY

Application Received By: _____ Date Received: _____ Application # _____

Payment Processing

Date: _____ Amount Pd: _____ Processed by: _____