



2021-22

# Before/After School Care Application Form



Contact Information & Submit Application

Rachel Likens-Childcare Director Email: rlikens@unioncountyyymca.org

Phone: (937) 303-2266

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**

**Site Location: 580 S Chillicothe St, Plain City (Elementary Building)**

Operating Hours: 6:30-8:30 am & 3:30-6:00 pm

Please select your scheduling needs below:

**Full-time (3-5 days week)**

- \_\_\_\_\_ Morning Only (\$55)
- \_\_\_\_\_ Afternoon Only (\$70)
- \_\_\_\_\_ Morning & Afternoon (\$90)

**Part-time (1-2 days week)**

- \_\_\_\_\_ Morning Only (\$35)
- \_\_\_\_\_ Afternoon Only (\$45)
- \_\_\_\_\_ Morning & Afternoon (\$60)

**Application Fee: \$30 (Non-Refundable)**

OFFICE USE ONLY

Application Received By: \_\_\_\_\_ Date Received: \_\_\_\_\_ Application # \_\_\_\_\_