



# 2018-2019 CHILD CARE REGISTRATION PACKET SCHOOL AGE CHILD CARE (SACC)

Registration is a quick method of reserving a space for your child. **To register, parents will need to complete this packet in its entirety and pay the registration fee.** Families registering more than one child will need to fill out a separate *Registration Packet* for **each** student.

Updated: August 9, 2018

Today's Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Effective Start Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

*This is the date your child is officially registered to start the program and fees will begin to be applied! BC schools start date for this year is August 15, 2018.*

Student Information			
Name			
Nickname (if applicable)			
Street Address			
City/State/Zip			
Gender (Circle)	Male   Female	D.O.B.	
Age		Grade	
School Attending			

Parent/Guardian Information		
Name		
D.O.B.		
Street Address		
City/State/Zip		
Phone (Home)		Place a ★ next to the best number to call while your child is in the program.
Phone (Cell)		
Phone (Work)		
Email Address		

*Please print your email address clearly! Email is utilized to send you the child care newsletter, so you keep in the know!*

### Registration Fees

**Registration: \$30 per child or \$50 per family**  
Non-refundable/Non-transferable/Due at the time of registration

### Tuition Rates

Tuition is charged to a credit/debit card on file.  
*Monthly Billing: Charged 1<sup>st</sup> of every month*  
*Weekly Billing: Charged the Friday prior to the week attending*

**Family Discount:** Additional siblings save 10% each!

Immunization Records	
A copy of your child's KY Immunization Certificate must be received prior to the start of the SACC Program. If the document expires during your child's enrollment in the program, you will be responsible for providing a new one.	
<input type="checkbox"/>	My child's immunization record is attached or will be turned in prior to their start of the program.
<input type="checkbox"/>	My child was/is in the <b>CHILD CARE</b> program.

**The YMCA receives funding from many sources to support summer camp scholarships and programming. Providing the following information helps us continue to make a case for support. All information is kept strictly confidential.**

Total number of people in your household? \_\_\_\_

Participant's Race:       White/Caucasian       Black/African-American       American Indian       Hispanic  
(Check only one)       Multi-Racial       Native Hawaiian/Pacific Islander       Asian       Other

Household Income:       Less than \$20,000       \$20,000 - \$30,000       \$30,000 - \$40,000       \$40,000 - \$50,000       \$50,000 +

### Parent Acknowledgements:

- ⊙ All registration fees are due at the time of registration. A valid credit/debit card must be on file for all Child Care payments. I further understand that my credit/debit card information is documented and submitted on a separate form. By signing below I give my permission for the Y to charge my credit/debit card I provided for SACC fees.
- ⊙ My credit/debit card will be charged in full on the billing cycle (monthly or weekly) for the program I have selected on this registration form or according to special arrangements I have documented with the Billing Department. (Monthly billing is charged on the 1<sup>st</sup> of every month / Weekly billing is charged the Friday prior to the week attending.) All registration fees are non-refundable and non-transferable.
- ⊙ I will be charged in full (whether or not my child attends) unless I withdraw my child from a selected program using the *Change of Program Form* and return it no later than two weeks in advance of my child's last day. No verbal or over the phone withdrawals are accepted. (Keep a duplicate copy of the form as a receipt.)
- ⊙ All *Registration paperwork* must be completed in full, including submitting current KY Immunization Certificate, before my child can attend the SACC program.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_



Student's Name: \_\_\_\_\_

**SACC services** are available on site at **R.C. Durr YMCA, Thornwilde Elementary, North Pointe and Florence Elementary**. (Florence Elementary also services **St. Paul**). **NEW** The R.C. Durr YMCA location serves: **Burlington, Immaculate Heart of Mary, Goodridge, Longbranch, Stephens, and Camp Ernst Middle Schools**.

Full payment is due for each month/week, even if students do not attend the program due to absences, vacations, etc. Families will be charged a reduced rate during specific months/weeks, impacted by the Boone County School calendar/schedule.

SACC Programs	Days of Program <i>(Please indicate which days of the week your child will attend)</i>	Time of Program	Circle the program/payment rate you wish to register for!	
			Monthly Flat Rate	Weekly Flat Rate
<i>Students from Burlington, Goodridge, Longbranch, Stephens, North Pointe, and Thornwilde Elementary have the options to register for Before and/or After School SACC services.</i>				
<b>Full Time Before School</b> (4 to 5 Day Program)	Circle the 4 to 5 days your child will attend: M T W TH F <i>Varies</i>	6:30-8:50 a.m.	\$180	\$45
<b>Part Time Before School</b> (1 to 3 Day Program)	Circle the 1 to 3 days your child will attend: M T W TH F <i>Varies</i>	6:30-8:50 a.m.	\$120	\$30
<b>Full Time After School</b> (4 to 5 Day Program)	Circle the 4 to 5 days your child will attend: M T W TH F <i>Varies</i>	3:45-6:00 p.m.	\$220	\$55
<b>Part Time After School</b> (1 to 3 Day Program)	Circle the 1 to 3 days your child will attend: M T W TH F <i>Varies</i>	3:45-6:00 p.m.	\$160	\$40
<b>Full Time Before &amp; After School</b> (4 to 5 Day Program)	Circle the 4 to 5 days your child will attend: M T W TH F <i>Varies</i>	Before: 6:30-8:50 a.m. After: 3:45-6:00 p.m.	\$300	\$75
<b>Part Time Before &amp; After School</b> (1 to 3 Day Program)	Circle the 1 to 3 days your child will attend: M T W TH F <i>Varies</i>	Before: 6:30-8:50 a.m. After: 3:45-6:00 p.m.	\$220	\$55
<i>Students from IHM, Camp Ernst Middle, and Florence Elementary only have the option to register for After School SACC services.</i>				
<b>Full Time IHM &amp; CEM After School</b> (4 to 5 Day Program)	Circle the 4 to 5 days your child will attend: M T W TH F <i>Varies</i>	2:15-6:00 p.m.	\$240	\$60
<b>Part Time IHM &amp; CEM After School</b> (1 to 3 Day Program)	Circle the 1 to 3 days your child will attend: M T W TH F <i>Varies</i>	2:15-6:00 p.m.	\$180	\$45
<b>Full Time Florence &amp; St. Paul After School</b> (4 to 5 Day Program)	Circle the 4 to 5 days your child will attend: M T W TH F <i>Varies</i>	3:00-6:00 p.m.	\$220	\$55
<b>Part Time Florence &amp; St. Paul After School</b> (1 to 3 Day Program)	Circle the 1 to 3 days your child will attend: M T W TH F <i>Varies</i>	3:00-6:00 p.m.	\$160	\$40

**Please Note that parents are responsible for completing transportation information at their child's school.** The Y does not arrange any bus services, changes, etc. with the Boone County Transportation Offices. However, we must work closely with the schools so that we ensure your child is where they need to be, when they need to be there!

**Office Use Only:**

Y Account #: \_\_\_\_\_

Received by: \_\_\_\_\_

Daxko processed: \_\_\_\_\_

Sibling Discount Applied

Receives Scholarship Assistance

Receives State Assistance



# CAMP & CHILD CARE

## Automatic Credit/Debit Card Payment (Mandatory)

Families must pay for registration fees, deposits, and weekly/monthly fees associated with Camp or Child Care automatically through a credit or debit card. Please fill out the payment information below. Once this information has been entered into our system, this form will be shredded. Questions or concerns can be directed to Kate Tyree, Billing Department at: [ktyree@myy.org](mailto:ktyree@myy.org) or by calling 859-334-6513.

Parent Name			
Child(ren) Name(s) <small>Print ALL children's names that payments should be applied to!</small>			
Type of Card	<input type="checkbox"/> Visa	<input type="checkbox"/> Master Card	<input type="checkbox"/> American Express
Card Account #			
Expiration Date (MM/YY)		CSC Code <small>(Credit Verification Code found on back of card)</small>	
Name on Card			
Billing Address <small>(Include City, State, Zip)</small>			
Signature			

**NEVER send your credit/debit card information over a fax or email!**

If you are sending your child's Camp or Child Care Registration Packet electronically, fill out the information above **with the exception of** your card account number and CSC Code. You will then need to call the Billing Department to verbally provide this information.

Your child's registration will not be entered into the system/or your child's space put on hold until your payment information and Registration packet has been secured!

**Kate Tyree, Billing Department  
859-334-6513**



# 2018-2019 Boone County Child Care Registration

<b>Name of Child</b>		<b>D.O.B. (Child)</b>	
<b>School Attending</b>		<b>Height (Child)</b>	
<b>Name of Parent</b>		<b>Weight (Child)</b>	
<b>Parent Email</b>		<b>Attendance</b> <small>Circle days you will attend</small>	M T W Th F

**Program Location**

- Preschool at R.C. Durr Y     Preschool at North Pointe  
 Ext. K at R.C. Durr Y     Ext. K at North Pointe     Ext. K at Thornwilde  
 SACC at R.C. Durr Y     SACC at North Pointe     SACC at Thornwilde     SACC at Florence

**Emergency Contact Information**

- Child lives with:    Both Parents     Mother Only     Father Only     \_\_\_\_\_  
 Marital Status:     Married     Divorced     Separated     Single  
 Additional siblings enrolled in Y Child Care?     No     Yes *(If yes, please list names and programs below)*

Sibling: \_\_\_\_\_ Program: \_\_\_\_\_    Sibling: \_\_\_\_\_ Program: \_\_\_\_\_  
 Sibling: \_\_\_\_\_ Program: \_\_\_\_\_    Sibling: \_\_\_\_\_ Program: \_\_\_\_\_

In the event of an illness/ in the order listed. A minimum of **two contacts must be listed! Adults to be contacted** emergency, the following individuals will be contacted **/authorized to pick up your child must be 18 years of age or older.**

1 <sup>st</sup> Called	This person will be called first. This must be a parent/guardian.
Parent Name	
Address <small>(Including City, State, Zip)</small>	
Home Phone	
Cell Phone	
Employer	
Employer's Phone	

2 <sup>nd</sup> Called	If the main parent/guardian cannot be reached, this person will be the second contacted.
Parent Name	
Address <small>(Including City, State, Zip)</small>	
Home Phone	
Cell Phone	
Employer	
Employer's Phone	

3 <sup>rd</sup> Called	In the event that the 2 <sup>nd</sup> person cannot be reached, this person would be the next to call.
Contact Person	
Relationship to Child	
Address <small>(Including City, State, Zip)</small>	
Home Phone	
Cell Phone	

4 <sup>th</sup> Called	In the event that the 3 <sup>rd</sup> person cannot be reached, this person would be the next to call.
Contact Person	
Relationship to Child	
Address <small>(Including City, State, Zip)</small>	
Home Phone	
Cell Phone	

**Student Pickup Authorization:** A child will be released from a program to individuals able to provide the specific code words designated by a parent. Be sure NOT to share your codes with your children and keep them secure to only those individuals you wish to have access to your child. Please see your *Child Care Handbook* for more detailed information about this system and process.

<b>Pick up Authorization (During pick up, we utilize a "2 Code Word" system)</b>			
Code #1:		Code #2:	
<b>NPE &amp; TES ONLY:</b>	<p><b>Ext. K ONLY</b> students who end their day at 3:40 p.m. have the option of being a parent pick up or bus rider. Please indicate to the right which option you choose for your child.</p> <p>Please note that parents are responsible for completing transportation information at their child's school.</p>	<input type="checkbox"/> 3:40 Bus Rider  <input type="checkbox"/> 3:40 Car Rider	<b>3</b>

### Emergency Medical Authorization

In the event reasonable attempts to contact me or a second individual at the numbers listed in my *Emergency Contact Information* have been unsuccessful, I hereby give my consent for: **(1)** the administration of any treatment by the physician or dentist listed below, or in the event the designated preference is not available, by another licensed physician or dentist; or **(2)** the transfer of the child to the designated preferred hospital listed or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such action, are obtained prior to the performance of the surgery.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

### Medical Preferences and Health History

This section allows you to indicate preferences in doctors/medical facilities and also allows an opportunity to communicate any health history information that can help us ensure a safe and happy experience for your child. Please list any information regarding special medical issues, special dietary needs, allergies, etc. for your child. In order to avoid a delay in your child's enrollment, please fill out all requested information.

<p><b>An Administration of Medication form is available upon request if your child is to take medications during program hours.</b> <b>*Includes Epi Pens, Inhalers, etc.</b></p>		<p><b>Designated Preferred Physician</b></p>	Name:
			Address:
			Phone:
<p><b>Designated Preferred Hospital</b></p>	Name:	<p><b>Designated Preferred Dentist</b></p>	Name:
	Address:		Address:
	Phone:		Phone:

Current Diagnoses		Dietary Modifications	
Current Medications		Allergies (Foods, Meds, Insects, etc.)	
Disabilities/Operations/ Injuries/Chronic Illnesses		Behavioral/Sensory Considerations	

### Student History/Information:

Are there any special circumstances in the family which may be a factor in your child's behavior?	
In what ways would you like your child to develop during his/her participation in our program?	
Please add any additional comments that you feel might help us understand your child better.	

### Permission to Participate Authorization

Indicate below as to what activities that you will provide permission for your child during programming.

- Yes     No    I give my permission for my child to use all of the equipment and participate in all activities in the program.
- Yes     No    The Y can use photographs, film footage, audio or video tape recordings, etc. which may include my child's image or voice for purposes of promoting and interpreting YMCA programs and services to the general public.
- Yes     No    I give my permission for qualified staff to provide routine health/medical care, necessary first aid, or seek emergency medical treatment for my child if necessary.
- Yes     No    My child can participate in any walking excursions near/around the program facility. This includes, but is not limited to, areas of the Boone Woods Park, the Outdoor Garden, playgrounds, etc.

### Acceptance Agreement

By signing and dating below, I acknowledge that I have **access to** and I am **responsible for** reading and **adhering to all** policies, procedures, and guidelines referenced in this *Child Care Registration Packet* (including the next two parent take-home pages) and the *Child Care Handbook* that is accessible online or available upon request. I agree to all terms and conditions and the authorizations I have been presented.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date



**KEEP THIS PAGE FOR YOUR RECORDS!**

**Program Policies and Procedures** Students attending any SACC or Ext. K program or attending Preschool at North Pointe must be potty-trained. Preschool students attending R.C. Durr Y do not have to be potty-trained.

- All Half Day Preschool, Ext. K, and SACC programs will follow the Boone County Public School schedule. Full Day Preschool programs follow the YMCA program calendar.
- We do have a bus agreement with Boone County Transportation. However, **a student can only be issued ONE bus number/bus stop for pick up and ONE bus number/bus stop for drop off!** Students **cannot** have a mix of a.m. and p.m. pick up to get to school or to get home.
  - Parents are responsible for setting up their child's transportation needs through their child's school.
- Under **no circumstances** should my child bring their own toys or electronic devices.
  - Include, but are not limited to: electronic devices/games, video watches, **cell phones**, card games, or other personal items such as nail polish, makeup, etc. The **staff will confiscate the item** and return it to the parent at the end of the day.
- A detailed record of my child(ren)'s arrival and departure will be documented. Child(ren) must be signed in and out of the program with the time noted of their arrival and departure.
  - **This is a state law and must be done every day.**
  - Individuals receiving financial/state assistance are required to participate in additional reporting and documentation.
- All Y programs have a nit free lice policy, which is different from the public-school system. If your child is found with lice or nits/eggs, the child may not attend the program. Student may not return until they have been checked and cleared by the Site Director/Coordinator.
- The program will often enlist special programming from outside resources and non-Y individuals may engage in activities with my child. At no time, under any circumstances, will a child be engaged in said activity without a Y staff member present. (i.e.: Library bus visits, special event visits, off-site field trips, tutoring sessions, etc.)
- I understand that I must review and FULLY complete and submit all requested paperwork prior to the start of the program. **This includes providing a Kentucky Immunization Certificate.**
  - An expiration date must be documented on the certificate. A copy of shot records or out of state records will not be accepted.
- If Boone County Schools are closed, the Y programs operating out of a school building will not be in session. SDO and Snow programs will be available at our R.C. Durr YMCA location.
  - **Snow Day Programs are in no way affiliated with the SDO (Schools Day Out) programs.** Snow Day programs are designed to provide care in the event of unforeseen school closings and SDO programs are designed to provide care in the event of a scheduled closing on the school calendar. They are two separate registration processes and programs.
  - Families must purchase/register for the SDO (School Days Out) program in advance.
  - Families can pre-purchase Snow Day Insurance to guarantee their student a spot in the Snow Day program. Even with insurance, the daily snow rate applies for each day used.
  - Parents can bring their child to the Snow Day program and purchase registration for the day - if space is available.
  - Detailed information about SDO & SNOW DAY programs is found in your Child Care Parent Handbook.

## YMCA Policies

**Your child's safety, privacy, and security is our number one priority!** Our staff goes through extensive training to help ensure the wellbeing of each child in our program. Parents must agree to the following in relationship to their child:

- The YMCA is not responsible for personal property lost, stolen or broken, while participating in the program. Items in the Lost & Found are donated weekly to Goodwill®.
- Students and their families must adhere to the YMCA Code of Conduct. The Y holds both parents and students accountable for the Code of Conduct and may restrict access to any Y programming upon breach of this code.
- You expressly acknowledge on behalf of yourself and your heirs that you assume the risk of any and all injuries and illnesses, which may result from your child's participation in program activities. Parents/Guardians agree to release and discharge the Y, its agents' servants, and employees from any and all claims for injury, death, loss or damage, which a child may suffer as a result of their participation in program activities.
- To meet mandatory reporting responsibilities (i.e.: United Way requirements, state reporting mandates, program evaluations, etc.) information is shared with internal and external identities as part of the process of interpreting YMCA programs.

## Financial Policies and Procedures

- Absences are **not** prorated. If a child will be **absent from the program**, parents must not only call their child's school – they must also **contact their Y Site Coordinator or Director** prior to 9:00 a.m.
- **Full** payment is due for each month/week, even if students do not attend the program due to absences, vacations, etc.
  - Families who register for a program after a new month has started and wish to be on a monthly billing cycle, will be charged at a prorated rate to reflect the child's start date.
  - **Full Day Preschool** students follow the YMCA program calendar. The only discounted month is August.
  - **Half Day Preschool, Ext. K, and SACC** students follow the Boone County School calendar. Families will be charged a reduced rate during specific months/weeks, impacted by the Boone County School calendar/schedule. These include August, December, and April.
- There is a late fee of \$1.00 per minute/per child after the designated pick up time. The person picking up the child will sign the late fee slip to acknowledge charges and the parent's credit/debit card on file will be charged.
- To **change or withdraw** a child from a selected Child Care program, parents must complete a **Change of Program form**. **No** verbal or over the phone withdrawals or changes are accepted. It is recommended to keep a duplicate copy of this form for your records.
  - **Change:** Form must be submitted a minimum of 1 week prior of the affected date.
  - **Withdraw:** Form must be submitted a minimum of 2 weeks prior to the child's last day.
- **A valid credit/debit card must be on file for all Child Care payments.** Credit/debit cards will be charged in full on the billing cycle (monthly or weekly) for the program selected on the *Registration Packet* or according to special arrangements documented with the Billing Department.
  - Monthly billing is charged on the 1<sup>st</sup> of every month for the current month attending.
  - Weekly billing is charged the Friday prior to the week attending.
- If a payment is unable to be processed, parents will be notified and **full payment** for the month/week is expected **prior** to a child's attendance.
  - If payment is not received within 3 business days of its due date, an additional **\$25 late payment fee** will also be added to the overdue payment.
  - The child may **not** return to the program until tuition is received and all balances are paid in full.
- The R.C. Durr YMCA will provide a tax statement that will be mailed out by January 31st for child care payments (including camp) during the previous year.
- Registration will be denied to any individuals who have outstanding Y balances from last year's camp, child care, or from any other YMCA programs. All outstanding balances must be paid in full prior to registration.



# 2018-2019 Child Care SACC (Boone County)

School Age Child Care

Locations: R.C. Durr Y, Thornwilde, North Pointe, and  Florence Elementary

Updated: August 9, 2018

We are so excited that you are interested in Before and/or After School SACC services for your child! Families can customize the program that works for them.

- ☺ **HOLD A SPOT FOR YOUR CHILD!** Families may reserve a spot for their child by submitting: ① *Registration Packet* with registration fee ② KY Immunization Certificate.

## SACC Registration Fee

**Registration Fee: \$30 per child / \$50 per family**

*All fees are due upon registration.*

*Fees are non-refundable and non-transferrable.*

*Monthly Billing: Charged 1<sup>st</sup> of every month*

*Weekly Billing: Charged the Friday prior to the week attending*



## 2018-2019 School Year

The month of August is PRORATED!  
Families will be billed on August 10!

*Monthly: Rates will also be reduced during December (Winter Break) and April (Spring Break).*

*Weekly rates will also be reduced during select weeks, due to the Boone County schools schedule/calendar.*

## ☺ CONVENIENT STATE LICENSED LOCATIONS!

- **R.C. Durr Y**
  - Schools we have transportation agreements with include: Camp Ernst, Burlington, Longbranch, Stephens, and Goodridge. IHM students walk with staff to the R.C. Durr YMCA.
- **Thornwilde Elementary**
- **North Pointe Elementary**
-  ○ **Florence Elementary** *(After School Services Only)*
  - St. Paul has transportation for students to our Florence location! 

## ☺ CUSTOMIZE YOUR SERVICES!

- Full Time: 4 to 5 days.
- Part Time: 1 to 3 days.
- Before School Services: 6:30–Start of school. (Not available for CEM, IHM, or FES)
- After School Services: End of school–6:00 p.m.

## ☺ BREAKFAST AND SNACK PROGRAM INCLUDED!

## ☺ EASY TO BUDGET FLAT RATE BILLING SYSTEM!

- Tuition is charged to a credit/debit card on file.
- We offer weekly or monthly payment options.
- Full payment is due, even if students do not attend the program due to absences, vacations, etc.
- Contact the billing department to discuss special payment arrangements.

## ☺ STATE CHILD CARE ASSISTANCE AND Y SCHOLARSHIPS AVAILABLE TO HELP ELIGIBLE FAMILIES!

- Registration fees are not waived with State or Scholarship Assistance.
- Apply early for State Child Care Assistance and YMCA Scholarship Assistance – funds are limited.
- Contact [benefind](http://www.benefind.org) to determine if eligible or to apply at: 1-855-306-8959 or [www.benefind.ky.gov](http://www.benefind.ky.gov)

## ☺ WE OFFER SDO (SCHOOL DAYS OUT) AND SNOW DAY PROGRAMS AT R.C. DURR Y!

- Registration and payment required in advance.
- Open to all students - if space is available.

**CONFIDENT  
KIDS TODAY,  
ENGAGED ADULTS  
TOMORROW**







## SCHOOL DAYS OUT

**SACC students** must purchase the SDO program if Boone County Schools are closed for the day.

### SDO DAILY PROGRAM FEES

SACC Participants:  
\$25 per day, per child

Non-Program Participants:  
\$35 per day, per child



## SNOW DAY

**SACC** must purchase the Snow Day program if Boone County Schools are closed for the day.

### SNOW DAY PROGRAM FEES

#### **Snow Day Insurance**

\$15 one-time fee, per child

- \* Insurance guarantees a spot for your child. Plus, you only have to fill out registration paperwork once!

#### **Daily Snow Day Rate (Per Day/Per Child)**

SACC Participants: \$25 per day, per child

Non-Program Participants: \$35

- \* **Even if Snow Day Insurance is purchased, families must also pay the daily Snow Day rate for each day used.**

☺ **STAY IN THE KNOW WITH REMIND TEXT ALERTS, FACEBOOK, AND A MONTHLY NEWSLETTER!**

☺ **OUR SACC PROGRAMS HAVE EARNED A 4 OR 5 STARS RATING! (5 is the highest level!)**

- o *Kentucky All Stars* program is Kentucky's voluntary quality rating system for child care providers.
- o *Florence Elementary is NEW for the 2018-2019 school year and is not STARS rated at this time.*

☺ **WE OFFER A WELL-ROUNDED CURRICULUM!**

- o We provide homework assistance
- o 30 minutes of physical activity
- o S.T.E.A.M. (Science, Technology, Engineering, Art & Math) activities
- o STAR Enrichment activities
- o Play. Laugh. Learn. – A SAFE place to have fun, make friends, and grow!

☺ **YOU HAVE QUESTIONS? WE HAVE ANSWERS!** We're here to help!

- o Tami Chapman, Senior Program Director of Family Life      [tchapman@myy.org](mailto:tchapman@myy.org)      859-334-6522
- o Kate Tyree, Billing Department      [ktyree@myy.org](mailto:ktyree@myy.org)      859-334-6513
- o Each site has a Site Coordinator and/or Site Director that is your best resource and contact person with questions, comments, concerns, and updates concerning your child and/or the program. Please refer to your weekly newsletter or the *2018-2019 Child Care Handbook* on who to contact for your specific site/program.

The *2018–2019 Child Care Handbook* is currently available. It includes detailed program information and is a valuable resource for parents concerning specifics to our Child Care programs. It is available online through the [www.myy.org](http://www.myy.org) website (or a hard copy can be made available upon request).