

YMCA of Cecil County, Inc.
Before & AfterSchool Program
Leeds Elementary School

2010-2011 School Year

Registration Information

Hours of Care: *BeforeSchool -*
 Monday thru Friday
 6:30 am - @ 8:30 am (until bus arrives)

AfterSchool -
 Monday, Tuesday, Thursday, Friday
 (from bus arrival) @ 4:00 pm - 6:00 pm
 Wednesday
 (from bus arrival) @ 2:30 pm - 6:00 pm

Fees: 10 monthly installments of \$220.00, **due before or on the 15th** of each month

How to Register:

This Program is open to all students attending Leeds Elementary School, who reside in that school's busing district. Enrollment is limited by licensing requirements, and is therefore extended on a "first come-first serve" basis.

*A non-refundable/non-transferable Registration Fee of \$25.00 per child and a \$50.00 Deposit per child is required, which will be deducted from the 1st months payment with each child's completed registration form. **Registration begins April 1st at the YMCA.***

SPECIAL NOTES:

- Child Care cannot be arranged on an hourly basis.
- There is a 10% discount for siblings.
- Fees are based upon the number of days that school is in session and pro-rated over ten (10) monthly payments. There is no reduction in fees for scheduled and/or emergency school closings.
- If additional hours of care are provided by staff, parents will be charged accordingly.
- Parents may be eligible for free or reduced child care fees from the Cecil County Department of Social Services (purchase of Care Program).

Any further questions or concerns please call the YMCA @ 410-398-2333 ext. 16 and ask for Elizabeth Pumpaly.

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REGISTRATION FORM

Please fill out this form completely, attach a \$25.00 non-refundable/non-transferable Registration Fee per child and a \$50.00 deposit that is applied toward total amount due. Please forward both to:

YMCA Before & After School Program
25 YMCA Boulevard
Elkton, MD 21921

<i>Child's Last Name</i>	<i>Child's First Name</i>	<i>Grade (Fall '10) [circle one]</i>
_____	_____	K 1 2 3 4 5
_____	_____	K 1 2 3 4 5
_____	_____	K 1 2 3 4 5

Parent/Guardian Names:

Child's Mailing Address:

Daytime Phone:

Evening Phone:

Parent/Guardian Employer:

Does your child require a lower child/staff ratio than Maryland State Childcare Licensing requires?
(15 children/1 adult) Yes No (if "Yes", we will contact you prior to processing your registration)