



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

LatchKey Information

Welcome to the YMCA LatchKey Program. In this packet, you will find information about LatchKey times, drop-off procedures and paperwork that will need to be completed. It is a policy of the YMCA that all families be on automatic withdrawal. Billing operates one week behind. All payments will be scheduled for the Friday of the following week. Families may pay ahead at the YMCA and leave a credit on their account if automatic withdrawal is not an option.

GGB & School Street LatchKey Programs:

Purpose: To provide high quality care, before and after school for all Bradford Area School District students enrolled in Pre-k through 5th grade.

Hours:

Monday-Friday (on days when school is in session) 6:30am-8:40am & 3:45-6:00pm

LatchKey Operates on:

- Early dismissal days
- Days in which students are dismissed early due to weather, emergency, etc.
- 2 hour delays

LatchKey Does Not Operate on:

- Scheduled days off of school
- Snow Days- School is Closed

Rate (per day):

- 1 hour or less: \$6
- 1-3 hours: \$12
- 3+ hours or more: \$18
- There is an additional discount for YMCA Family Membership individuals and for each additional child enrolled.

Please contact Kira Schine at Kiras@twintiersymca.org or at 814-368-1610 for any questions. There is a School Aged Program offered at the main YMCA to provide care on a year-round basis.



LATCHKEY EMERGENCY CONTACT

FOR YOUTH DEVELOPMENT
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| | | |
|---|----------------|----------------------|
| CHILD'S NAME: | | BIRTHDATE: |
| ADDRESS: | | GRADE: |
| PARENT/GUARDIAN NAME: | | PHONE NUMBER: |
| ADDRESS: | | |
| PARENT/GAURDIAN NAME: | | PHONE NUMBER: |
| ADDRESS: | | |
| EMERGENCY CONTACTS AND PERSON(S) TO WHOM CHILD MAY BE RELEASED TO: | | |
| NAME | ADDRESS | PHONE NUMBER: |
| | | |
| | | |
| | | |
| SPECIAL DISABILITES (IF ANY): | | |
| | | |
| ALLERGIES (REACTION): | | |
| | | |
| MEDICAL OR DIETARY INFORMATION: | | |
| | | |
| ADDITIONAL INFORMATION OF SPECIAL NEEDS OF CHILD: | | |
| | | |

PARENT/GAURDIAN SIGNATURE:

DATE:

BRADFORD YMCA
59 Boylston St, Bradford, PA 16701
P 814-368-6101

OLEAN YMCA
1101 Wayne St, Olean, NY 14760
P 716-373-2400

WELLSVILLE YMCA
133 Bolivar Rd, Wellsville, NY 14895
P 585-593-3246



**YMCA OF THE TWIN TIERS
Bank Draft / Credit Card Agreement
CHILD CARE**

(Please initial each)

- The Bank Draft and Credit Card Payment Plan are **continuous** plans.
I understand that the plan will remain in effect until the contract year ends or is terminated or changed.
- It is my complete understanding that if I wish to terminate or change this payment in any way, I **must give the YMCA a 7-day written notice** prior to such change.
- I understand that I am responsible for any payment plus any service charge, applied by the YMCA, if my debit is not honored by my bank account or credit card. This is in addition to any service fee my bank may apply.
- I understand that if I change this account on-line, I am authorizing the YMCA to draft from the new account.

I have read and understand the Bank Draft/Credit Card Agreement as listed above:

X _____
Signature

Date

***Payment is due each Friday for the following week of care, or on the first business day of the month for that month of care.*

BANK DRAFT / CREDIT CARD INFORMATION

**YMCA OF THE TWIN TIERS
Pre-Authorized Debit Authorization**

| | | | |
|--|-------|-----|---|
| Last Name First Name M.I. | | | Day of Draft — Weekly on Friday — Monthly (First Business day) |
| Address | | | Bank Routing No.: _____ (attach voided check) |
| City | State | Zip | Bank Account No.: |
| Bank Name and Address: | | | MasterCard _____ Visa _____ Credit Card No.: _____ Expiration Date: _____ |
| I hereby authorize the YMCA OF THE TWIN TIERS to debit my account indicated above, on the withdrawal date and for the amount indicated to the right X Signature | | | Payment amount each draft: \$ _____ Date |