



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

2011–2012 BEFORE & AFTER SCHOOL PROGRAM

Serving Districts: 2, 8, 11, 12, 14, 20, 49

Registration Packet



School Age Child Care
www.ppymca.org/child-care

Financial Assistance is available through the Y Assist Program.

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BEFORE & AFTER SCHOOL CHILDCARE PROGRAM 2011-2012

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CHILD CARE SITES

BEFORE & AFTER SCHOOL CHILDCARE PROGRAM 2011-2012

School Site	District
Howbert	11
STAR Academy	11
Fountain Valley Y	8
Manitou	14
Gold Camp	12
Pinon	12
Trailblazer	11
Banning Lewis Ranch Academy	49
Wolford	20

PROGRAM REGISTRATION

BEFORE & AFTER SCHOOL CHILDCARE PROGRAM 2011-2012

Name of staff processing: _____
(Please Print)

All steps in the registration process must be complete prior to your child's first day in the Before and After School Program.

- _____ Child Information Form Completed
 - _____ At least 3 contacts provided (1 parent and 2 emergency contacts, or 2 parents and an emergency contact.)
 - _____ Health History completed (if none apply, please write N/A.)
 - _____ Parent Signature on the Back
- _____ Payment Options Paperwork completed
 - _____ One payment Option Selected & Completed
- _____ Immunization Records (We need updated immunization records.)
- _____ Child's Schedule (Please update as necessary)
- _____ First month's payment in full (The draft will take place during your child's second month in the program.)
- _____ Required insurance information. Check here if you do not have insurance.

If you have any questions about the registration process, please contact the YMCA Association Childcare Office at 719 329 7280 or e-mail sacc@ppymca.org.

Staff signature: _____ **Date:** _____

****Registration will not be accepted without the first month's payment. All items listed above must be complete and submitted to the Association Child Care Services Office.**

REGISTRATION FORM

BEFORE & AFTER SCHOOL CHILDCARE PROGRAM 2011-2012

START DATE: _____

Please check the program that you are registering for:

- Before School Only
 After School Only
 Before and After School

Please check the plan you will be using:

- Standard Plus
 Standard Plan
 Part Time
 Drop-In

CHILD:

Name: _____ Address: _____

Birthdate: _____ Sex: _____ Age: _____

School: _____ Grade: _____ Teacher: _____

1st PARENT/GUARDIAN:

Name: _____ Authorized to Pick Up: Yes No

Address: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell: _____

E-mail: _____ Please do not contact me by e-mail.

Company/Employer Name: _____ Work Phone#: _____

Address: _____

2nd PARENT/GUARDIAN:

Name: _____ Authorized to Pick Up: Yes No

Address: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell: _____

E-mail: _____ Please do not contact me by e-mail.

Company/Employer Name: _____ Work Phone#: _____

Best Contact: _____ Phone #: _____

EMERGENCY CONTACT/AUTHORIZED PICK-UP:

Please list anyone allowed to pick-up your child. Identification by photo ID may be required at any time.

Name: _____ Address: _____

Phone#: _____ Second Phone#: _____ Relationship to Child: _____

Name: _____ Address: _____

Phone#: _____ Second Phone#: _____ Relationship to Child: _____

ADDITIONAL INFORMATION: Please take the time to answer the questions below to help the YMCA determine the needs of your child and family. You are not obligated to answer, but we would appreciate any information you are willing to provide.

1. How does your child get along with other children?
2. Does your child have any fears?
3. What would you like your child to gain from his/her experience in the Before and After School Program?
4. Any special instructions?

IMMUNIZATIONS: A current copy of your child's immunization records is required for registration.

HEALTH HISTORY: (Write Yes or No & give approximate dates; write N/A if not applicable)

Frequent ear infections	_____	Chicken Pox	_____	Hay Fever	_____
Heart defect/disease	_____	Measles	_____	Ivy Poisoning	_____
Convulsions	_____	German Measles	_____	Insect Stings	_____
Diabetes	_____	Mumps	_____	Penicillin	_____
Bleeding/Clotting disorders	_____	Mononucleosis	_____	Asthma	_____
High Blood Pressure	_____	Epilepsy	_____	Foods	_____
ADD	_____	ADHD	_____	Other:	_____

Allergies: _____

Disability or chronic or recurring illness: _____

Operations or serious injuries (dates): _____

Dietary modifications: _____

Current medication: _____

My child may participate in all YMCA activities except: _____

Physician: _____ Phone #: _____

Address: _____ Don't have a current doctor please use closest available: _____

Dentist: _____ Phone #: _____

Address: _____ Don't have a current dentist please use closest available: _____

Preferred Hospital: _____ Phone #: _____

Address: _____ Closest Available: _____

Required Insurance Information: If child is not insured by parents/guardian, please indicate name of person child is insured by: _____ My child does not have insurance.

Insurance Company: _____ **Policy/Group #:** _____

I would like information on obtaining affordable health insurance for my child.

PARENT/GUARDIAN AUTHORIZATION: I understand that my insurance policy is considered as primary coverage and that the YMCA's is secondary. I understand that before I submit a claim to the YMCA's insurance company, I must first submit a claim to my company. A statement of allowed expenses from insurer should be given to the YMCA as soon as possible. This health history is correct so far as I know and the person herein described has permission to engage in all prescribed child care activities including field trips except as noted above. The undersigned hereby agree to hold harmless and indemnify the YMCA of the Pikes Peak Region and/or any of its employees and/or volunteers from and against any claims, demands, liability, costs of suit, damages, loss, and/or judgments in connection with any use of the YMCA properties.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the YMCA staff to order x-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to transport, to hospitalize, to secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I accept financial responsibility if such treatment is necessary. I understand that this consent does not waive or diminish my rights.

SUNSCREEN RELEASE: I hereby give permission for the staff of the YMCA of the Pikes Peak Region, to provide SPF30 sunscreen for my child to self-administer while participating in the YMCA programs. I understand that any prescription/over the counter medication must be given to the YMCA staff upon arrival to the program. I also understand that a Medication Release Form must be filled out and signed by a doctor each time I bring a medication to the program. **I understand that, at no time, may any child have any sunscreen of any type in their possession.** Time will be set aside for children to self-administer sunscreen twice daily and additionally when necessary. The YMCA is very concerned about dehydration and sunburns at camp. Please provide a water bottle with you child's name and one bottle of sunscreen for kids, SPF 30 with your child's name to be given to the staff on the first day in the program.

TRANSPORTATION AUTHORIZATION: I hereby give permission to the YMCA to transport my child on YMCA provided transportation which includes buses, vans, and walking.

Signature of Parent/Guardian

Date

PAYMENT OPTIONS

BEFORE & AFTER SCHOOL CHILDCARE PROGRAM 2011-2012

Child's Name: _____

Account#(office use): _____ ID#(office use): _____

Please choose one of the following options for payment and complete that section.

- Automatic Bank Withdrawal** (Complete the Automatic Payments Section)
- Automatic Credit Card Payments** (Complete the Automatic Payments Section)
- Drop-In Usage Agreement** (Complete the Drop-In Section on the back)

Automatic Payments

Authorized Withdrawal Amount/Month: \$ _____ x _____ (# of installments) = _____ rate/year.

DEBIT WILL BE MADE ON THE 1st OF EACH MONTH (Or the next business day if the 1st falls on a weekend or holiday)

Automatic Bank Withdrawal

Name of Account Holder: _____

Routing Number: _____

Account Number: _____

Bank Name: _____

Bank Address: _____

Attach a voided check

OR

Automatic Credit Card Payments

Circle One:

VISA MASTERCARD DISCOVER AMEX

Card Number: _____

Expiration Date: _____

Name as it appears on the card: _____

Attach an imprint of your credit Card

Authority to draw pre-authorized debits for payment – through a Monthly Credit Card Charge or ABW:

I hereby give authority to the above-stated bank/credit card company to honor pre-authorized debits on my bank account/credit card company by the YMCA of the Pikes Peak Region. I understand that as each payment becomes due, the YMCA will send a preauthorized debit to my bank/credit card company and that this is the valid notice given of payment due. When the bank/credit card company honors the debit by charging my account, such debit shall constitute my receipt for the payment. Should any preauthorized debit not be honored by my bank or credit card, a collection agency will attempt to collect twice. There will be a \$20.00 processing fee for this service. If collection is unsuccessful, I understand that I am responsible for making the payment directly to the YMCA. I understand that a \$20.00 processing fee will be due and payable at this time. Non-payment of a returned debit will result in program termination. If at any time there is to be a change, it is to be submitted in WRITING to the YMCA by no later than the 26th of any given month.

Authorization to honor debits drawn by the YMCA of the Pikes Peak Region:

As a convenience to me, I hereby request and authorize you (my bank/credit card company) to pay and charge to my account debits drawn on my account by and payable to the order of the YMCA of the Pikes Peak Region, Colorado Springs, provided there are sufficient funds (In the case of a bank draft) in said account to pay the same upon presentation. I agree the rights of the bank/credit card company in respect to each such debit shall be the same as if it were a debit to my account personally signed by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that the bank/credit card company shall be fully protected in honoring any such debit.

I further agree that if any such debit be dishonored, whether with or without cause and whether intentionally or inadvertently, my bank/credit card company shall be under no liability whatsoever even though such dishonor may result in program termination.

Name (please print)

Signature of account holder

Date

DROP-IN PAYMENT AGREEMENT

I agree to pay the Drop-In fees at the time I drop my child off at the YMCA Before and After School Childcare Program or School's Out Day Program. If my child attends the After School Program only, I will pay the Drop-In fees when I pick my child up. If at any time, there is a balance exceeding \$100 on my account, I understand that my child may not return to the program until that balance is paid in full. I understand that any past due balance will be assessed a \$10 late fee.

The Drop-In Fees are as follows:

	Member	Non-Member
Before or After	\$15.00	\$25.00
Before & After	\$30.00	\$45.00
School's Out Day	\$40.00	\$55.00

Name (please print)

Signature of account holder

Date

ABOUT PAYMENT INSTALLMENTS

*There is an annual registration fee for the YMCA Before and After School program. \$20 for the first child; \$10 for each additional child. Registration fees are non-refundable and non-transferable. Member rates will be given upon verification of membership. Membership must remain current in order to receive the member rate for child care. Refunds will not be given for unused days.

*For your convenience program rates are calculated and spread over the school calendar. See payment schedule for your site.

Banning Lewis Ranch Academy
Fountain Valley YMCA
Gold Camp Elementary School
Howbert Elementary School
Manitou Springs Elementary
Pinon Valley Elementary
Star Academy
Trailblazer Elementary
Wolford Elementary

- Fees are based on schedule not attendance.
- Payments are due on or before the first of the month.
- Payments are accepted via Automatic Bank Draft or Credit Card Draft.
- Payments will not be accepted on site.
- All changes must be submitted in writing to the YMCA no later than the 26th of any given month.

Financial Assistance is available through the Y Assist Program.
Authorized CCCAP provider at some locations. Please check our website for locations.

The YMCA supports families in their efforts to maintain the health and well-being of their children. If you or a family you know needs assistance securing health insurance for child, YMCA staff are here to help; for questions or enrollment assistance contact us at 719 329 7280.

PARENT STATEMENT OF UNDERSTANDING BEFORE & AFTER SCHOOL CHILDCARE PROGRAM 2011-2012

Child(ren) Name(s): _____

Please read the following information carefully. You and/or your child will be held accountable for the following policies:

1. I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff member is there to receive and supervise my child.
2. I understand that my child will not be allowed to leave the program with an unauthorized person or staff. Any person authorized to pick up my child must be listed with the YMCA Association Childcare Office.
3. Should I, or another authorized person, arrive to pick up my child with the appearance of being under the influence of alcohol or drugs; I am aware that YMCA staff, for the child's safety, may contact the proper authorities.
4. I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
5. I understand that I will be charged late fees as detailed in the parent handbook should I fail to pick up my child by the scheduled end of the program.
6. I understand that YMCA staff are not allowed to baby-sit or transport children at any time outside of YMCA programs.
7. I understand that my child may be removed from a YMCA program for failure to pay tuition fees in a timely manner.
8. I understand that my child's photograph may be used for promotional purposes.
9. I have read and understand the rules, guidelines, procedures and policies described in the YMCA Association Childcare Office Parent Handbook and Childcare Policies.
10. I understand that participation in the program may be terminated for verbal abuse to any YMCA staff member by me or my child and that a refund will not be granted for involuntary termination.
11. It is to my complete understanding that if I wish to terminate or change my child care in any way, I must give the YMCA of the Pikes Peak Region's Association Childcare Office WRITTEN NOTICE prior to the 26th of the month using the change form included in this packet. If proper notice is not received, I will be held responsible for tuition regardless of whether my child attends or not.
12. The YMCA of the Pikes Peak Region Board of Directors may, at their discretion, adjust the monthly rate plan applicable to child care. I understand that I will receive at least four weeks notice prior to any such change.
13. Should any debit not be honored by my bank or credit card company for any reason, I understand that I am still responsible for that payment and an additional \$20.00 service charge applied by the YMCA. This is in addition to any service fee my credit card company or bank may require.
14. If my bank or credit card account number is changed, I understand that I must complete a new payment authorization form no later than the 26th of the month.
15. I have received, read, and agree to follow the rules, guidelines, procedures, and policies described in the Parent Handbook.

I have read, understand, and agree to all of the statements above.

Parent Signature

Date

CHANGE FORM

BEFORE & AFTER SCHOOL CHILDCARE PROGRAM 2011-2012

Child's Name: _____ Phone Number: _____

Parent's Name: _____ E-mail Address: _____

Type of Change: Parent/Guardian Information Program Cancellation
 Payment Option Emergency Contacts

For Parent/Guardian Information Changes

Please list all changes to be made: _____

For Program Changes:

Current Plan: _____

Program: Before / After / Before & After

Location: _____

Change to:

New Plan: _____

Program: Before / After / Before & After

Location: _____

Effective Date: _____ New Program Fee: \$ _____

Any change in program fees will require a new Payment Option Form before the change can be made.

For Payment Changes:

Complete a new Payment Option Form and attach. This form must be complete, and a voided check must be included for all Automatic Bank Withdrawal drafts.

For Additional Emergency Contacts:

Name: _____ ADD REMOVE

Phone: _____ Alternate Phone: _____

Name: _____ ADD REMOVE

Phone: _____ Alternate Phone: _____

For Program Cancellation:

As of (date) _____, my child (name) _____

will no longer attend the YMCA School-Age Child Care program at (school) _____

I realize that this notice must be in writing prior to the 26th of the month. Any changes that are made must be done before the 26th of any given month in order to stop automatic draft.

Reason for cancellation: _____

Parent Signature

Date

.....
Office Use Only

Date Received: _____ Date Processed: _____ Staff Initials: _____

All Fees Collected: Refund Processed \$ _____ Credit Processed \$ _____

ATTENDANCE SCHEDULE

BEFORE & AFTER SCHOOL CHILDCARE PROGRAM 2011-2012

Child's Name: _____

My Child will attend the YMCA Before & After School Program on the following days:
(Please circle the days that your child will attend)

AM	Monday	Tuesday	Wednesday	Thursday	Friday
PM	Monday	Tuesday	Wednesday	Thursday	Friday

Please list any activities or clubs that your child participates in:

Activity	Day(s)	Time	Location	Who will pick up child?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please update this form as necessary throughout the year as your child's schedule changes.

SNOW POLICIES

BEFORE & AFTER SCHOOL CHILDCARE PROGRAM 2011-2012

Fountain — District 8

The YMCA Before Care program begins at 6am at the Fountain Valley YMCA. If school has not been put on a delay or has not been cancelled before 6am we will open for our Before School program. If the following situations occur, please follow the proper procedure. If you have any questions with the policy, please contact your site director or call the YMCA Child Care Office at 719 329 7280.

- If school is on delayed start: The YMCA program will offer care on a delayed start at 8am. The YMCA will open for After School Care at the regular scheduled time and will close at 6pm.
- If school is cancelled: The YMCA program will open at the Fountain Valley YMCA at 8am and will close at 6pm.
- If school is cancelled while your child is in school: The YMCA program will not offer care.
- In any of the above situations the YMCA reserves the right to cancel the program due to hazardous road conditions. Our main concern is for the safety of your children, your family, and our staff.

Manitou — District 14

The YMCA Before Care program begins at 6:30am at Manitou Elementary. If school has not been put on a delay or has not been cancelled before 6:30am we will open for our Before School program. If the following situations occur, please follow the proper procedure. If you have any questions with the policy, please contact your site director or call the YMCA Child Care Office at 719 329 7280.

- If school is on delayed start: The YMCA program will offer care on a delayed start at 8:30am. The YMCA will open for After School Care at the regular scheduled time and will close at 6pm.
- If school is cancelled: The YMCA program will open at the Downtown YMCA at 8:30am and will close at 6pm.
- If school is cancelled while your child is in school: The YMCA program will not offer care.
- In any of the above situations the YMCA reserves the right to cancel the program due to hazardous road conditions. Our main concern is for the safety of your children, your family, and our staff.

Gold Camp/Pinon Valley — District 12

The YMCA Before Care program begins at 6:30am at Gold Camp Elementary and Pinon Valley Elementary. If school has not been put on a delay or has not been cancelled before 6:30am we will open for our Before School program. If the following situations occur, please follow the proper procedure. If you have any questions with the policy, please contact your site director or call the YMCA Child Care Office at 719 329 7280.

- If school is on delayed start: The YMCA program will offer care on a delayed start at 8:30am. The YMCA will open for After School Care at the regular scheduled time and will close at 6pm.
- If school is cancelled: The YMCA program will open at the Downtown YMCA at 8:30am and will close at 6pm.
- If school is cancelled while your child is in school: The YMCA program will not offer care.
- In any of the above situations the YMCA reserves the right to cancel the program due to hazardous road conditions. Our main concern is for the safety of your children, your family, and our staff.

SNOW POLICIES

BEFORE & AFTER SCHOOL CHILDCARE PROGRAM 2011-2012

Trailblazer, Howbert and STAR Academy – District 11

The YMCA Before Care program begins at 6:30am. If school has not been put on a delay or has not been cancelled before 6:30am we will open for our Before School program. If the following situations occur, please follow the proper procedure. If you have any questions with the policy, please contact your site director or call the YMCA Child Care Office at 719 329 7280.

- If school is on delayed start: The YMCA program will offer care on a delayed start at 8:30am. The YMCA will open for After School Care at the regular scheduled time and will close at 6pm.
- If school is cancelled: The YMCA program will open at the Downtown YMCA at 8:30am and will close at 6pm.
- If school is cancelled while your child is in school: The YMCA program will not offer care.
- In any of the above situations the YMCA reserves the right to cancel the program due to hazardous road conditions. Our main concern is for the safety of your children, your family, and our staff.

Banning Lewis Ranch – District 49

The YMCA Before Care program begins at 6am at Banning Lewis Ranch Academy. If school has not been put on a delay or has not been cancelled before 6am we will open for our Before School program. If the following situations occur, please follow the proper procedure. If you have any questions with the policy, please contact your site director or call the YMCA Child Care Office at 709 329 7280.

- If school is on delayed start: The YMCA program will offer care on a delayed start at 8am. The YMCA will open for After School Care at the regular scheduled time and will close at 6pm.
- If school is cancelled: The YMCA program will open at the Briargate YMCA at 8am and will close at 6pm.
- If school is cancelled while your child is in school: The YMCA program will not offer care.
- In any of the above situations the YMCA reserves the right to cancel the program due to hazardous road conditions. Our main concern is for the safety of your children, your family, and our staff.

Edith Wolford Elementary – District 20

The YMCA Before Care program begins at 6:30am at Edith Wolford Elementary. If school has not been put on a delay or has not been cancelled before 6:30am we will open for our Before School program. If the following situations occur, please follow the proper procedure. If you have any questions with the policy, please contact your site director or call the YMCA Child Care Office at 719 329 7280.

- If school is on delayed start: The YMCA program will offer care on a delayed start at 8:30am. The YMCA will open for After School Care at the regular scheduled time and will close at 6pm.
- If school is cancelled: The YMCA program will open at the Briargate YMCA at 8:30am and will close at 6pm. Please see Site Director for details.
- If school is cancelled while your child is in school: The YMCA program will not offer care.
- In any of the above situations the YMCA reserves the right to cancel the program due to hazardous road conditions. Our main concern is for the safety of your children, your family, and our staff.

PAYMENT SCHEDULE – SCHOOL DISTRICTS 2, 8, 11, 12, 20

BEFORE & AFTER SCHOOL CHILDCARE PROGRAM 2011-2012

Standard Plus	August		September-April		May	
	Member	Non-Member	Member	Non-Member	Member	Non-Member
Before	\$146.00	\$162.00	\$292.00	\$324.00	\$146.00	\$162.00
After	\$161.00	\$178.50	\$322.00	\$357.00	\$161.00	\$178.50
Before & After	\$191.00	\$207.00	\$382.00	\$414.00	\$191.00	\$207.00
Standard						
Before	\$120.00	\$130.00	\$240.00	\$260.00	\$120.00	\$130.00
After	\$135.00	\$146.50	\$270.00	\$293.00	\$135.00	\$146.50
Before & After	\$165.00	\$175.00	\$330.00	\$350.00	\$165.00	\$175.00
Part Time						
Before	\$52.00	\$58.00	\$104.00	\$116.00	\$52.00	\$58.00
After	\$58.00	\$65.00	\$116.00	\$130.00	\$58.00	\$65.00
Before & After	\$92.00	\$98.00	\$184.00	\$196.00	\$92.00	\$98.00

Child Care Sites For School Districts 2, 8, 11, 12, 20:

- Howbert Elementary School
- Fountain Valley
- Gold Camp Elementary School
- Pinon Valley Elementary
- Trailblazer Elementary
- Wolford Elementary

PAYMENT SCHEDULE – SCHOOL DISTRICT 14

BEFORE & AFTER SCHOOL CHILDCARE PROGRAM 2011-2012

September-May

Standard Plus	Member	Non-Member
Before	\$292.00	\$324.00
After	\$322.00	\$357.00
Before & After	\$382.00	\$414.00
Standard		
Before	\$240.00	\$260.00
After	\$270.00	\$293.00
Before & After	\$330.00	\$350.00
Part Time		
Before	\$104.00	\$116.00
After	\$116.00	\$130.00
Before & After	\$184.00	\$196.00

Child Care Sites For School District 14:

- Manitou Springs Elementary

PAYMENT SCHEDULE – BANNING LEWIS AND STAR ACADEMY BEFORE & AFTER SCHOOL CHILDCARE PROGRAM 2011-2012

	August		September-May		June	
Standard Plus	Member	Non-Member	Member	Non-Member	Member	Non-Member
Before	\$219.00	\$243.00	\$292.00	\$324.00	\$73.00	\$81.00
After	\$241.50	\$267.75	\$322.00	\$357.00	\$80.50	\$89.25
Before & After	\$286.50	\$310.50	\$382.00	\$414.00	\$95.50	\$103.50
Standard						
Before	\$180.00	\$195.00	\$240.00	\$260.00	\$60.00	\$65.00
After	\$202.50	\$219.75	\$270.00	\$293.00	\$67.50	\$73.25
Before & After	\$247.50	\$262.50	\$330.00	\$350.00	\$82.50	\$87.50
Part Time						
Before	\$78.00	\$87.00	\$104.00	\$116.00	\$26.00	\$29.00
After	\$87.00	\$97.50	\$116.00	\$130.00	\$29.00	\$32.50
Before & After	\$138.00	\$147.00	\$184.00	\$196.00	\$46.00	\$49.00

Child Care Sites For School District 11 and 49:

- Banning Lewis Ranch Academy
- Star Academy