



YMCA DeKalb Middle School Afterschool Registration 2016-17

Kishwaukee Family YMCA

Please select child's school:

- Clinton Rosette Middle School Huntley Middle School

Child's Name:	Date of Birth: ____/____/____ Gender: Male or Female	Age:	Grade in Fall 2016:
Child's Address:	City/State/Zip:	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____	
How did you hear about the YMCA? <input type="checkbox"/> Afterschool Site <input type="checkbox"/> YMCA Flyer/Postcard <input type="checkbox"/> YMCA Website <input type="checkbox"/> YMCA Email <input type="checkbox"/> Internet (Facebook, Twitter, etc) <input type="checkbox"/> Family/Friend Referral:			

Primary Parent/Guardian Contact Information MOTHER FATHER OTHER:

Primary Parent/Guardian Name:		Date of Birth: ____/____/____ Gender: Male or Female	Cell#: Home#:
Home Address (if different from child):	City/State/Zip:	Preferred Method of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All	
Employer:	Custodial Parent: <input type="checkbox"/> YES <input type="checkbox"/> NO May the Y release to non custodial Parent?: <input type="checkbox"/> YES <input type="checkbox"/> NO	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____	
Work#:			
Email Address:			

Secondary Parent/Guardian Contact Information MOTHER FATHER OTHER:

Secondary Parent/Guardian Name:		Date of Birth: ____/____/____ Gender: Male or Female	Cell#: Home#:
Home Address (if different from child):	City/State/Zip:	Preferred Method of Communication: <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> All	
Employer:	Custodial Parent: <input type="checkbox"/> YES <input type="checkbox"/> NO	Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other: _____	
Work#:			
Email Address:			

Emergency Contact/Authorized Pick Up (other than parents):

Name:	Home Address:	City/State/Zip:
Relationship to Child:	Phone #:	



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Additional Authorized Pick Up (other than parents):

Name:	Phone#:	Relationship to Child:
Name:	Phone#:	Relationship to Child:
Name:	Phone#:	Relationship to Child:

Brief Medical History

Allergies and Special Conditions

Please check all that apply to your child:

- Ear Infections Heart Defect/Disease Convulsions Diabetes (onset)
 Bleeding/Clotting Epilepsy (onset) Tonsillitis Hay Fever
 Insect Allergy Poison Ivy Allergy Seizures Asthma
 Migraines Food Allergy (list below) Skin Rashes
 ADD/ADHD

In the space below, please list any SPECIAL CONSIDERATIONS relevant to your child not listed above such as: previous illness, injuries in the past 12 months, activity restrictions, developmental age, allergies (food or medication), chronic health concerns, etc.

Medications being taken

***Please list any medications your child is taking:**

*All medications must include a medication form on file, be prescribed by a doctor and delivered to the Afterschool Program in its original bottle. We do not administer over the counter medications. Rescue Medications can be carried by Afterschool Participant with the prescribing doctor's written permission

. In the event that I cannot be reached to make arrangements for medical treatment, I authorize YMCA Staff to administer first aid/or transport to the nearest hospital or emergency care facility.

Name of Licensed Physician: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____

Preferred Hospital: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____

Parent Signature: _____ Date: _____

I certify that _____ has been examined by a licensed physician in the past 12 months, is able to participate in the YMCA Afterschool Program. The Health History is correct as far as I know, and the person herein described has permission to engage in all prescribed activities and fieldtrips, except as noted by the examining physician and me.

Parent Signature: _____ Date: _____



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Admission Agreement

Please initial on the lines below to indicate you have read and agree to each statement.

_____ **Transportation:** I give permission for my child to go on walking trips and field trips with afterschool staff. I also give my permission for my child to be transported in an authorized vehicles owned or operated by District #428 for events, field trips or to the YMCA Afterschool Program location. Parent/Guardian will be informed of all planned field trips.

_____ **Physical Activities:** I give permission for my child/children to participate in physical activities such as the gym and water activities during program hours at predetermined time. I understand that physical activities are a regular part of the program my child attend.

_____ **Movies:** I give permission for my child to view a Director approved G movie, though it is not part of regularly scheduled lesson plans.

_____ **Policies and Procedures:** I have received and have read a copy of the YMCA Afterschool Parent Handbook and understand all policies and procedures therein.

_____ **Immunization Hearing & Vision Screening:** I certify that my child's current immunization records and TB test (if applicable) can be located at the school my child is currently attending.

_____ **Hours of Care:** I understand that I will be charged an additional \$1.00 every minute I am late after close of site.

_____ **Custody:** YMCA staff is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document. **NO PERSON UNDER THE AGE OF 18 MAY PICK UP A CHILD WITHOUT A SIGNED AFFIDAVIT ON FILE.**

_____ **Photo Release:** The YMCA is hereby granted permission to use any individual or group photograph and/or videotape showing my child in YMCA activities for use in public relations, promotional or advertising purposes.

_____ **Behavior Policy:** I have read and understand the YMCA Afterschool Behavior Policy.

_____ **Absences:** I understand that it is my responsibility to notify the YMCA by 1pm daily if my child will not attend the program that day.

_____ **YMCA Program Closures:** I understand that the YMCA will be closed on select holidays and care may be available at an additional cost.

I have read the **Admission Agreement** and fully agree to its terms. I have also read and accept the **policies and procedures** listed in the parent handbook and stated within this agreement. By my signature, and of my free will, I do hereby agree to indemnify and save harmless the Kishwaukee Family YMCA from any and all claims or demands, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to who I am responsible.

Primary Parent/Guardian Signature: _____ Date _____



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Payment Agreement

INITIAL	I understand I must pay in full at time of registration or by draft and I will be charged on the due dates listed on the payment schedule. If my payment is returned due to insufficient funds, I am responsible for all fees incurred and will owe a return fee of \$25.00 per item to the YMCA. I understand that if I exit the program that my last draft will include all past due and remaining balances.
INITIAL	I understand payments are due on the 1 st and 15 th of every month for Afterschool Program. It is my responsibility to notify the YMCA of any changes to my situation or payment plan.
INITIAL	I understand if my payments are one draft behind I will be dis-enrolled from the YMCA Afterschool Program.
INITIAL	I agree to give a two week written notice to the YMCA if I plan to exit the program. I will complete a cancellation form at this time. If I fail to give a two week written notice, or contact the Program Director to discuss emergency withdrawals, I am responsible for any payments up to the time of notification to withdraw.
INITIAL	I understand if I cancel the YMCA Afterschool Program and my account has a past due balance, the balance will be drafted at the time of cancellation.
INITIAL	I understand the YMCA will continue to draft outstanding balances until the past due amount is paid in full.

Weekly Draft Account Information

CREDIT CARD/DEBIT CARD/PRE-PAID CARD DRAFT

Circle: Visa Master Card American Express Discover

Circle: CREDIT CARD DEBIT CARD PRE-PAID CARD

Last 4 digits of Card Number (Full number if we do not have one on file): _____

Exp. Date: ____ / ____

Name on Card/Account: _____

Billing Address: _____

I have read and understand the YMCA Payment Agreement; I accept my payment plan and agree to abide by all of the policies in place. I understand that failure to uphold my payment arrangement will result in my child being suspended from the program and that my Kishwaukee Family YMCA program privileges will also be suspended until my account is in good standing.

Primary Parent/Guardian Signature: _____ Date: _____



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Dates To Know

No School, No Problem dates at the Kishwaukee Family YMCA- Separate Registration Required

- Friday, October 7th
- Monday, October 10th
- Friday, November 4th
- Friday, November 11th
- Friday, November 25th
- Wednesday through Friday, December 21st-23rd
- Monday through Friday, December 26th -30st
- Monday through Tuesday, January 2nd-3rd
- Monday, January 16th
- Friday, February 17th
- Monday, February 20th
- Monday through Friday, March 27th-31st
- Friday, April 7th
- Friday, April 14th

*Bad Weather Make-up Date; the YMCA Afterschool Program will be open if school is in session.

The program will also run on snow or cold weather days when DeKalb and Sycamore cancel school.

Dates the YMCA will not provide service:

- **Monday, September 6th**
- **Wednesday, November 23rd**
- **Thursday, November 24th**
- **Monday, May 29th**

Early Release Days. Days we will provide service (based on enrollment): **\$25 per day.**

- **Thursday, September 8th**
- **Thursday, October 13th**
- **Thursday, November 3th**
- **Thursday, December 8th**
- **Thursday, January 12th**
- **Thursday, February 9th**
- **Thursday, March 9th**
- **Friday, April 6th**
- **Thursday, May 11th**

Child's Name: _____



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Please select your child school

CRMS

Huntley

August/September 2016 - Please mark with an X attendance days including Early Release. (NSNP requires a separate registration)

Monday	Tuesday	Wednesday	Thursday	Friday
		8/24	8/25	8/26
8/29	8/30	8/31	9/1	9/2
9/5 NO PROGRAM	9/6	9/7	9/8 Early Release \$25	9/9
9/12	9/13	9/14	9/15	9/16
9/19	9/20	9/21	9/22	9/23
9/26	9/27	9/28	9/29	9/30

October 2016 – Please mark with an X attendance days.

Monday	Tuesday	Wednesday	Thursday	Friday
10/3	10/4	10/5	10/6	10/7 NSNP- Separate Registration
10/10 NSNP- Separate Registration	10/11	10/12	10/13 Early Release \$25	10/14
10/17	10/18	10/19	10/20	10/21
10/24	10/25	10/26	10/27	10/28
10/31				

November 2016 - Please mark with an X on attendance days.

Monday	Tuesday	Wednesday	Thursday	Friday
	11/1	11/2	11/3 Early Release \$25	11/4 NSNP- Separate Registration
11/7	11/8	11/9	11/10	11/11 NSNP- Separate Registration
11/14	11/15	11/16	11/17	11/18
11/21	11/22	11/23 NO PROGRAM	11/24 NO PROGRAM	11/25 NSNP- Separate Registration
11/28	11/29	11/30		

December 2016 – Please mark with an X on attendance days.

Monday	Tuesday	Wednesday	Thursday	Friday
			12/1	12/2
12/5	12/6	12/7	12/8 Early Release \$25	12/9
12/12	12/13	12/14	12/15	12/16
12/19	12/20	12/21 NSNP- Separate Registration	12/22 NSNP- Separate Registration	12/23 NSNP- Separate Registration
12/26 NSNP- Separate Registration	12/27 NSNP- Separate Registration	12/28 NSNP- Separate Registration	12/29 NSNP- Separate Registration	12/30 NSNP- Separate Registration



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January 2017 - Please mark with an X attendance days.

Monday	Tuesday	Wednesday	Thursday	Friday
1/2 NSNP- Separate Registration	1/3 NSNP- Separate Registration	1/4	1/5	1/6
1/9	1/10	1/11	1/12 Early Release \$25	1/13
1/16 NSNP- Separate Registration	1/17	1/18	1/19	1/20
1/23	1/24	1/25	1/26	1/27
1/30	1/31			

February 2017 - Please mark with an X attendance days.

Monday	Tuesday	Wednesday	Thursday	Friday
		2/1	2/2	2/3
2/6	2/7	2/8	2/9 Early Release \$25	2/10
2/13	2/14	2/15	2/16	2/17 NSNP- Separate Registration
2/20 NSNP- Separate Registration	2/21	2/22	2/23	2/24
2/27	2/28			

March 2017 - Please mark with an X attendance days.

Monday	Tuesday	Wednesday	Thursday	Friday
		3/1	3/2	3/3
3/6	3/7	3/8	3/9 Early Release \$25	3/10
3/13	3/14	3/15	3/16	3/17
3/20	3/21	3/22	3/23	3/24
3/27 NSNP- Separate Registration	3/28 NSNP- Separate Registration	3/29 NSNP- Separate Registration	3/30 NSNP- Separate Registration	3/31 NSNP- Separate Registration

April 2017 - Please mark with an X attendance days.

Monday	Tuesday	Wednesday	Thursday	Friday
4/3	4/4	4/5	4/6 Early Release \$25	4/7 NSNP- Separate Registration
4/10	4/11	4/12	4/13	4/14 NSNP- Separate Registration
4/17	4/18	4/19	4/20	4/21
4/24	4/25	4/26	4/27	4/28

May/June 2017 - Please mark with an X attendance days.

Monday	Tuesday	Wednesday	Thursday	Friday
5/1	5/2	5/3	5/4	5/5
5/8	5/9	5/10	5/11 Early Release \$25	5/12
5/15	5/16	5/17	5/18	5/19
5/22	5/23	5/24	5/25	5/26
5/29 NO PROGRAM	5/30	5/31	6/1	6/2