



YMCA Afterschool Registration 2014-15
Kishwaukee Family YMCA

Please select child's school:

Brooks Lincoln Founders Malta Littlejohn Tyler Jefferson

Child's Name:	Date of Birth: __/__/____ Gender: Male or Female	Age:	Grade in Fall 2014:
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 #:	

Additional Authorized Pick Up (other than parents):

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



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<u>Health History</u>	<u>Authorization for Medical Treatment</u>
<p>Allergies and Special Conditions Please check all that apply to your child:</p> <p> <input type="checkbox"/> Ear Infections <input type="checkbox"/> Heart Defect/Disease <input type="checkbox"/> Convulsions <input type="checkbox"/> Diabetes (onset) <input type="checkbox"/> Bleeding/Clotting <input type="checkbox"/> Epilepsy (onset) <input type="checkbox"/> Tonsillitis <input type="checkbox"/> Hay Fever <input type="checkbox"/> Insect Allergy <input type="checkbox"/> Poison Ivy Allergy <input type="checkbox"/> Seizures <input type="checkbox"/> Asthma <input type="checkbox"/> Migraines <input type="checkbox"/> Food Allergy (list below) <input type="checkbox"/> Skin Rashes <input type="checkbox"/> ADD/ADHD </p> <p>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.</p> <p>_____</p> <p>_____</p> <p>Medications being taken *Please list any medications your child is taking:</p> <p>_____</p> <p>*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.</p>	<p>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.</p> <p>Name of Licensed Physician: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone Number: _____</p> <p>Preferred Hospital: _____</p> <p>Street Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Parent Signature: _____ Date: _____</p> <p>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.</p> <p>Parent Signature: _____ Date: _____</p>

Admission Agreement

INITIAL	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.
INITIAL	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.
INITIAL	Movies: I give permission for my child to view a Director approved G movie, though it is not part of regularly scheduled lesson plans.
INITIAL	Policies and Procedures: I have received and have read a copy of the YMCA Afterschool Parent Handbook and understand all policies and procedures therein.
INITIAL	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.
INITIAL	Hours of Care: I understand that I will be charged an additional \$1.00 every minute I am late after close of site.
INITIAL	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.
INITIAL	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.
INITIAL	Behavior Policy: I have read and understand the YMCA Afterschool Behavior Policy.
INITIAL	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.
INITIAL	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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Revised 5/27/2014

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: _____

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: _____

Revised 5/27/2014



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WEEKLY DRAFT PAYMENT SCHEDULE

Program Site:	Participant Name:
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Afterschool Dates:	Due Date:	Afterschool Dates:	Due Date:
December 1 st -14 th	December 1 st	March 15 th -31 st	March 15 th
December 15 th -31 st	December 15 th	April 1 st -14 th	April 1 st
January 1 st -14 th	January 1 st	April 15 th -30 th	April 15 th
January 15 th -31 st	January 15 th	May 1 st -14 th	May 1 st
February 1 st -14 th	February 1 st	May 15 th -31 st	May 15 th
February 15 th -28 th	February 15 th	June 1 st -15 th	June 1 st

Payment due dates are based on the weeks District #428 is in session, excludes Thanksgiving Break, Winter Break & Spring Break. The YMCA Afterschool Program will not operate on half days. We are operating No School, No Problem at the Kishwaukee Family YMCA on days off of school.

YMCA Afterschool Program will be closed on the following dates:

- Thursday November 27, 2014
- Thursday, December 11th
- Wednesday December 24, 2014
- Thursday December 25, 2014
- Thursday January 1, 2015
- Monday, January 19, 2015
- Thursday, February 12, 2015
- Thursday, March 12, 2015
- Friday, April 10, 2015
- Thursday, April 16, 2015
- Thursday, May 14, 2015
- Monday May 25, 2015

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

No School, No Problem dates at the Kishwaukee YMCA

- December 22, 23, 26, 29, 30
- January 2, 19
- February 13,16
- March 30, 31
- April 1,2,3,6

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



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Child's Name: _____

Please select your child school

- Lincoln Little John Brooks Founders
 Jefferson Tyler Malta

December 2014 - Please mark with an X attendance days.

Monday	Tuesday	Wednesday	Thursday	Friday
12/1	12/2	12/3	12/4	12/5
12/8	12/9	12/10	12/11 EARLY RELEASE - NO AFTERSCHOOL	12/12
12/15	12/16	12/17	12/18	12/19
12/22 - Winter Break No School, No Problem at the Y	12/23 - Winter Break No School, No Problem at the Y	12/24 - Winter Break No Afterschool	12/25 Christmas Day YMCA Closed	12/26 - Winter Break No School, No Problem at the Y
12/29 - Winter Break No School, No Problem at the Y	12/30 - Winter Break No School, No Problem at the Y	12/31 - Winter Break No School, No Problem at the Y		

January 2015 - Please mark with an X attendance days.

Monday	Tuesday	Wednesday	Thursday	Friday
			1/1 Winter Break NO AFTERSCHOOL	1/2 Winter Break No School, No Problem at the Y
1/5	1/6	1/7	1/8	1/9
1/12	1/13	1/14	1/15 EARLY RELEASE NO AFTERSCHOOL	1/16
1/19 Martin Luther King Jr. Day No School, No Problem at the Y	1/20	1/21	1/22	1/23
1/26	1/27	1/28	1/29	1/30

February 2014 - Please mark with an X on attendance days.

Monday	Tuesday	Wednesday	Thursday	Friday
2/2	2/3	2/4	2/5	2/6
2/9	2/10	2/11	2/12 EARLY RELEASE DAY - NO AFTERSCHOOL	2/13 NO SCHOOL No School, No Problem at the Y
2/16 NO SCHOOL No school No Problem at the Y	2/17	2/18	2/19	2/20
2/23	2/24	2/25	2/26	2/27



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March 2015 – Please mark with an X on attendance days.

Monday	Tuesday	Wednesday	Thursday	Friday
3/2	3/3	3/4	3/5	3/6
3/9	3/10	3/11	3/12 EARLY RELEASE DAY – No Afterschool	3/13
3/16	3/17	3/18	3/19	3/20
3/23	3/24	3/25	3/26	3/27
3/30- EARLY RELEASE DAY	3/31- NO SCHOOL SPRING BREAK No School, No Problem at the Y			

April 2014 - Please mark with an X attendance days.

Monday	Tuesday	Wednesday	Thursday	Friday
		4/1 SPRING BREAK No School, No Problem at the Y	4/2 SPRING BREAK No School, No Problem at the Y	4/3 SPRING BREAK No School, No Problem at the Y
4/6 SPRING BREAK No School, No Problem at the Y	4/7	4/8	4/9	4/10 EARLY RELEASE DAY – NO AFTERSCHOOL
4/13	4/14	4/15	4/16 EARLY RELEASE DAY – NO AFTERSCHOOL	4/17 NO SCHOOL No School, No Problem at the Y
4/20	4/21	4/22	4/23	4/24
4/27	4/28	4/29	4/30	

May 2015 – Please mark with an X attendance days.

Monday	Tuesday	Wednesday	Thursday	Friday
				5/1
5/4	5/5	5/6	5/7	5/8
5/11	5/12	5/13	5/14 EARLY RELEASE NO AFTERSCHOOL	5/15
5/18	5/19	5/20	5/21	5/22
5/25 NO SCHOOL Memorial Day – YMCA Closed	5/26	5/27	5/28	5/29

June 2015 – Please mark with an X attendance days.

Monday	Tuesday	Wednesday	Thursday	Friday
6/1	6/2	6/3	6/4	6/5