



# YMCA Afterschool Registration 2015-16

Kishwaukee Family YMCA

**Please select child's school:**

Brooks   Lincoln   Founders   Malta   Littlejohn   Tyler   Jefferson

|   |   |   |                     |
|---|---|---|---------------------|
| Child's Name:   | Date of Birth: __/__/____<br>Gender: Male or Female | Age:  | Grade in Fall 2014: |
| Child's Address:  | City/State/Zip:                                     | Ethnicity:<br><input type="checkbox"/> Caucasian <input type="checkbox"/> African American<br><input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander<br><input type="checkbox"/> Other: _____ |                     |
| How did you hear about the YMCA? <input type="checkbox"/> Afterschool Site <input type="checkbox"/> YMCA Flyer/Postcard<br><input type="checkbox"/> YMCA Website <input type="checkbox"/> YMCA Email <input type="checkbox"/> Internet (Facebook, Twitter, etc)<br><input type="checkbox"/> Family/Friend Referral: _____ |   |   |                     |

**Primary Parent/Guardian Contact Information**    MOTHER    FATHER    OTHER: \_\_\_\_\_

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

### Allergies and Special Conditions

Please check all that apply to your child:

- |  |  |                                      |   |
|--|--|--------------------------------------|---|
| <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          |  |                                      |   |

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: \_\_\_\_\_

## Admission Agreement



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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 \_\_\_\_\_

### 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 |
|---------|--|



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|         |   |
|---------|---|
|         | 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 <sup>st</sup> and 15 <sup>th</sup> 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.  |

|  |                        |
|--|------------------------|
| <b><u>Weekly Draft Account Information</u></b>                                     |                        |
| <b>CREDIT CARD/DEBIT CARD/PRE-PAID CARD DRAFT</b>                                  |                        |
| 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: \_\_\_\_\_

**WEEKLY DRAFT PAYMENT SCHEDULE**

|                      |                          |
|----------------------|--------------------------|
| <b>Program Site:</b> | <b>Participant Name:</b> |
|----------------------|--------------------------|



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| <b>Afterschool Dates:</b>                    | <b>Due Date:</b>           | <b>Afterschool Dates:</b>                   | <b>Due Date:</b>          |
|--|----------------------------|---|---------------------------|
| August 26 <sup>st</sup> -31 <sup>th</sup>    | August 1 <sup>st</sup>     | February 1 <sup>st</sup> -15 <sup>th</sup>  | January 15 <sup>th</sup>  |
| September 1 <sup>st</sup> -15 <sup>th</sup>  | August 15 <sup>th</sup>    | February 16 <sup>th</sup> -29 <sup>th</sup> | February 1 <sup>st</sup>  |
| September 16 <sup>th</sup> -30 <sup>th</sup> | September 1 <sup>st</sup>  | March 1 <sup>st</sup> -15 <sup>th</sup>     | February 15 <sup>th</sup> |
| October 1 <sup>st</sup> -15 <sup>th</sup>    | September 15 <sup>th</sup> | March 16 <sup>th</sup> -31 <sup>st</sup>    | March 1 <sup>st</sup>     |
| October 16 <sup>th</sup> -31 <sup>th</sup>   | October 1 <sup>st</sup>    | April 1 <sup>st</sup> -15 <sup>th</sup>     | March 15 <sup>th</sup>    |
| November 1 <sup>st</sup> -15 <sup>th</sup>   | October 15 <sup>th</sup>   | April 16 <sup>th</sup> -30 <sup>th</sup>    | April 1 <sup>st</sup>     |
| November 16 <sup>st</sup> -30 <sup>th</sup>  | November 1 <sup>st</sup>   | May 1 <sup>st</sup> -15 <sup>th</sup>       | April 15 <sup>th</sup>    |
| December 1 <sup>st</sup> -15 <sup>th</sup>   | November 15 <sup>th</sup>  | May 16 <sup>th</sup> -31 <sup>st</sup>      | May 1 <sup>st</sup>       |
| December 16 <sup>th</sup> -30 <sup>th</sup>  | December 1 <sup>st</sup>   | June 1 <sup>st</sup> -TBD                   | May 15 <sup>th</sup>      |
| January 1 <sup>st</sup> -15 <sup>th</sup>    | December 15 <sup>th</sup>  |   |                           |
| January 16 <sup>th</sup> -31 <sup>st</sup>   | January 1 <sup>st</sup>    |   |                           |

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 operate on half days based on enrollment. We are operating No School, No Problem at the Kishwaukee Family YMCA on days off of school.

**No School, No Problem dates at the Kishwaukee YMCA**

- Friday, October 9<sup>th</sup>
- Monday, October 12<sup>th</sup>
- Friday, November 6<sup>th</sup>
- Wednesday, November 11<sup>th</sup>
- Friday, November 27<sup>th</sup>
- Monday through Wednesday, December 21<sup>st</sup>-23<sup>rd</sup>
- Monday through Wednesday, December 28<sup>th</sup> -30<sup>st</sup>
- Monday, January 18<sup>th</sup>
- Friday, February 12<sup>th</sup>
- Friday – Friday, March 25<sup>th</sup>-31<sup>st</sup> and April 1<sup>st</sup>
- Friday, April 15<sup>th</sup>

**\*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:**

- Thursday, November 26<sup>th</sup>
- Thursday, December 24<sup>th</sup>
- Friday, December 25<sup>th</sup>
- Friday, January 1<sup>st</sup>

New offer for this school year! Programming on Early Release Days. Days we will provide service (based on enrollment):



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- **Thursday, September 17<sup>th</sup>**
- **Thursday, October 8<sup>th</sup>**
- **Friday, October 30<sup>th</sup>**
- **Thursday, November 5<sup>th</sup>**
- **Thursday, December 10<sup>th</sup>**
- **Thursday, January 14<sup>th</sup>**
- **Thursday, February 11<sup>th</sup>**
- **Thursday, March 10<sup>th</sup>**
- **Friday, April 8<sup>th</sup>**
- **Thursday, April 14<sup>th</sup>**
- **Thursday, May 12<sup>th</sup>**

**\*\* Please note registration for No School No Problem and Early Release After School Programming are separate fees**

**Child's Name:** \_\_\_\_\_

**Please select your child school**



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\_\_\_ Lincoln      \_\_\_ Little John      \_\_\_ Brooks      \_\_\_ Founders  
\_\_\_ Jefferson      \_\_\_ Tyler      \_\_\_ Malta

Indicate Any No School No Problem and Early Release Days desired as well

**August/September 2015 - Please mark with an X attendance days.**

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| 8/24   | 8/25    | 8/26      | 8/27     | 8/28   |
| 8/31   | 9/1     | 9/2       | 9/3      | 9/4    |
| 9/7    | 9/8     | 9/9       | 9/10     | 9/11   |
| 9/14   | 9/15    | 9/16      | 9/17     | 9/18   |
| 9/21   | 9/22    | 9/23      | 9/24     | 9/25   |
| 9/28   | 9/29    | 9/30      |          |        |

**October 2015 - Please mark with an X attendance days.**

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
|        |         |           | 10/1     | 10/2   |
| 10/5   | 10/6    | 10/7      | 10/8     | 10/9   |
| 10/12  | 10/13   | 10/14     | 10/15    | 10/16  |
| 10/19  | 10/20   | 10/21     | 10/22    | 10/23  |
| 10/26  | 10/27   | 10/28     | 10/29    | 10/30  |

**November 2015 - Please mark with an X on attendance days.**

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| 11/2   | 11/3    | 11/4      | 11/5     | 11/6   |
| 11/9   | 11/10   | 11/11     | 11/12    | 11/13  |
| 11/16  | 11/17   | 11/18     | 11/19    | 11/20  |
| 11/23  | 11/24   | 11/25     | 11/26    | 11/27  |
| 11/30  |         |           |          |        |

**December 2015 - Please mark with an X on attendance days.**

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
|        | 12/1    | 12/2      | 12/3     | 12/4   |
| 12/7   | 12/8    | 12/9      | 12/10    | 12/11  |
| 12/14  | 12/15   | 12/16     | 12/17    | 12/18  |
| 12/21  | 12/22   | 12/23     | 12/24    | 12/25  |
| 12/28  | 12/29   | 12/30     | 12/31    |        |

**January 2016 - Please mark with an X attendance days.**

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
|        |         |           |          | 1/1    |



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|      |      |      |      |      |
|------|------|------|------|------|
| 1/4  | 1/5  | 1/6  | 1/7  | 1/8  |
| 1/11 | 1/12 | 1/13 | 1/14 | 1/15 |
| 1/18 | 1/19 | 1/20 | 1/21 | 1/22 |
| 1/25 | 1/26 | 1/27 | 1/28 | 1/29 |

## February 2016 – Please mark with an X attendance days.

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| 2/1    | 2/2     | 2/3       | 2/4      | 2/5    |
| 2/8    | 2/9     | 2/10      | 2/11     | 2/12   |
| 2/15   | 2/16    | 2/17      | 2/18     | 2/19   |
| 2/22   | 2/23    | 2/24      | 2/25     | 2/26   |
| 2/29   |         |           |          |        |

## March 2016 – Please mark with an X attendance days.

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
|        | 3/1     | 3/2       | 3/3      | 3/4    |
| 3/7    | 3/8     | 3/9       | 3/10     | 3/11   |
| 3/14   | 3/15    | 3/16      | 3/17     | 3/18   |
| 3/21   | 3/22    | 3/23      | 3/24     | 3/25   |
| 3/28   | 3/29    | 3/30      | 3/31     |        |

## April 2016 - Please mark with an X attendance days.

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
|        |         |           |          | 4/1    |
| 4/4    | 4/5     | 4/6       | 4/7      | 4/8    |
| 4/11   | 4/12    | 4/13      | 4/14     | 4/15   |
| 4/18   | 4/19    | 4/20      | 4/21     | 4/22   |
| 4/25   | 4/26    | 4/27      | 4/28     | 4/29   |

## May 2016 - Please mark with an X attendance days.

| Monday | Tuesday | Wednesday | Thursday | Friday |
|--------|---------|-----------|----------|--------|
| 5/2    | 5/3     | 5/4       | 5/5      | 5/6    |
| 5/9    | 5/10    | 5/11      | 5/12     | 5/13   |
| 5/16   | 5/17    | 5/18      | 5/19     | 5/20   |
| 5/23   | 5/24    | 5/25      | 5/26     | 5/27   |
| 5/30   | 5/31    |           |          |        |





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