



PARTICIPANT EMERGENCY INFORMATION PACKET

School/Grade: Brooks Cortland Founders Jefferson Lincoln Little John
 Malta Tyler

PERSONAL INFORMATION (PLEASE PRINT) Grade _____

Name _____ Birthdate _____ Age _____ Gender _____
Address _____ City _____ State _____ Zip _____
Family Email Address _____
Child /lives with: Both Parents Mother Father Other _____

PRIMARY PARENT/GUARDIAN INFO MOTHER FATHER OTHER _____

Parent/Guardian Name _____ Birthdate _____ Gender _____
Address _____ City _____ State _____ Zip _____
Email Address _____ Cell Phone _____
Employer _____ Title _____ Work Phone _____

SECONDARY PARENT/GUARDIAN INFO MOTHER FATHER OTHER _____

Parent/Guardian Name _____ Birthdate _____ Gender _____
Address _____ City _____ State _____ Zip _____
Email Address _____ Cell Phone _____
Employer _____ Title _____ Work Phone _____

ADULTS AUTHORIZED TO PICK-UP/EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN (Minimum 2 Required)

	Name/Age	Relationship	Address	Preferred Phone
1.				
2.				
3.				
4.				
5.				

AUTHORIZED PICK-UP/EMERGENCY PICK-UP: I, _____
authorize the people listed above to pick up my child and be contacted in the event of an emergency. Attempts will be made to reach the parent/legal guardian(s) first.
Initials _____

UNAUTHORIZED PICK-UP: (People who CANNOT pick up your child from Before and After:)

1. Name _____ Relationship _____
2. Name _____ Relationship _____

PARTICIPANT MEDICAL INFO

Please answer the following questions so that we can better serve your child in programs. Any information that you choose to disclose is confidential.

1. While at Before and After Care, are there any health conditions that you would like us to be aware of?

No Yes _____

2. While in Before and After Care, will your child need to take medication?

No Yes _____ *Must fill out Medication Authorization Form

3. While in Before and After Care, are there any allergies we should be aware of?

No Yes _____

Allergic Reaction: _____

Treatment: _____

*Epi-pens require Medication Authorization Forms.

4. Does your child require a modification, due to a disability, in order to participate in Before and After Care?

No Yes Please describe _____

(Questions, please contact Melissa Johnson at mjohnson@kishymca.org.)

5. Are there activities your child should be exempt from due to medical reasons?

No Yes Please list: _____

6. Are all immunizations up to date?

No (Must provide exemption letter.) Yes Date of last Tetanus Shot _____

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? No Yes

If Yes, please indicate carrier or plan name _____ Group # _____

Carrier Address _____ City/State/Zip _____

Name of Insured _____ Relationship to Participant _____

Primary Doctor _____ Phone Number _____

I certify that _____ has been examined by a licensed physician in the past 12 months and is able to participate in the Kishwaukee Family YMCA Before and After Care program. The above medical information is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except noted by examining physician and me.

Parent/Legal Guardian Signature _____ Date _____

PARTICIPANT PERSONAL INFORMATION

Please Describe your child’s social interactions with children of the same age _____

How would you describe your child’s personality? _____

Does your child have any fears we should be aware of? _____

Is there any other information that you would like to share so that we may better understand and work with your child? _____

PARENT AGREEMENT/CONSENT

Please initial on each line 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 Before and After School Staff. I also give permission for my child to be transported in authorized buses for field trips. Parents/Guardians will be informed of all planned field trips.

___ **PHYSICAL ACTIVITIES:** I give permission for my child to participate in physical activities, such as sports and swimming, during the program hours. I understand that physical activity is a regular part of the Before and After School program.

___ **MOVIES:** I give my child permission to view a Director approved G or PG rated movie, though it is not part of the regularly scheduled curriculum.

___ **PHOTO RELEASE:** The Kishwaukee Family YMCA is hereby granted permission to use any individual or group photos/videos showing my child participating in YMCA activities for use in public relations, social media, promotional or advertising purposes. (If no, please contact Heather at hdunker@kishymca.org to have your child placed on the No Photo Release list.)

___ **CUSTODY:** YMCA staff are not trained to review legal documents or court decrees. Decisions regarding authorized pick-up will be governed by the persons listed in this document. All authorized pick-up persons must be 18 years or older, and have a valid picture ID.

___ **YMCA CLOSURES:** I understand that the YMCA will be closed on select holidays listed in the parent handbook. Please see schedule for available School Days Out dates.

___ **CHARACTER CONTRACT:** I have read and understand the YMCA behavior policy. My child and I have read and understand the character contract found in the Parent Handbook.

___ **POLICIES AND PROCEDURES:** I have read and understand and adhere to the policies and procedures contained in the Parent Handbook.

___ **IMMUNIZATION RECORDS:** I certify that my child's immunizations and TB records are current and on file with the school they are attending.

___ **SIGN-IN/PICK-UP:** I understand that I cannot sign-in my child if their registration and payments are not current, and that Program Staff will immediately refer me to contact Kishwaukee Family YMCA Member Services to register and/or make payment. I also understand that After Care ends promptly at 5:30 pm, and I will be charged and additional \$1 every minute I am late picking my child up.

I have read the above statements and fully agree to its terms. I have also received, 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 who I am responsible.

Parent/Legal Guardian Signature _____ Date _____

PAYMENT AGREEMENT

Payment Agreement	
INITIAL	I understand I must pay a one time \$25 registration fee per child
INITIAL	I understand I must pay in full at time of registration or by automatic 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 two weeks in advance through electronic draft. It is my responsibility to notify the YMCA of any changes to my situation or payment plan. Two-week written notice must be provided.
INITIAL	I understand if my payments are past due, I will not be able to register for any further Before and After School dates, Early Release dates or School Days Out dates until my account is in good standing.
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 Youth Development Director to discuss emergency withdrawals, I am responsible for any payments up to the time of notification to withdraw.
INITIAL	I understand that the YMCA will continue to draft outstanding balances until the past due amount is paid in full or payment arrangement has been made.
INITIAL	I understand that if my child attends but was not registered, I will be billed for the attendance PLUS an additional \$5 Late Registration Fee PER OCCURRENCE. .

Weekly Draft Account Information
MUST HAVE CREDIT CARD/DEBIT CARD ON FILE FOR DRAFT

Circle: Visa Mastercard Discover
 Circle: Credit Card Debit Card

Name on Card/Account: _____

Billing Address: _____
State/City/Zip: _____

Last 4 Digits of Card: ____ _ ____ _
Expiration Date: ____ / ____
CSV: ____ _

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

Parent/Legal Gardina Signature _____ **Date** _____



Kishwaukee Family YMCA Before and After School 2019-2020 Calendar & Dates

- **Early Release Dates:** Located at schools beginning at school dismissal. Requires pre-registration and additional fee.
- **Schools Day Out (SDO) Dates:** Located at YMCA. Requires SDO Emergency Info Packet and Registration Form to be completed prior to first attended day and additional fees. SDO is held at YMCA and includes swim time. Participants must bring own snack/lunch and water. No day of registrations permitted.

(M=Member; PP=Program Participant)

Date	Schedule	Separate Registration Required & Fee Amount
Thursday, Aug 15	Early Release Day 12p	At Schools - \$30
Monday, Sept 2	Labor Day-No School	YMCA Closed for Holiday
Thursday, Sept 12	Early Release Day 12p	At Schools - \$30
Friday, Sept 27	No School - Schools Day Out	At YMCA - \$35M/\$40PP
Monday, Oct 14	No School - Schools Day Out	At YMCA- \$35M/\$40PP
Thursday, Oct 24	Early Release Day 12p	At Schools - \$30
Friday, Oct 25	No School - Schools Day Out	At YMCA - \$35M/\$40PP
Thursday, Nov 14	Early Release Day 12p	At Schools - \$30
Wednesday, Nov 27	No School - Schools Day Out	At YMCA - \$35M/\$40PP
Thursday, Nov 28	Thanksgiving - No School	YMCA Closed for Holiday
Friday, Nov 29	No School - Schools Day Out	At YMCA - \$35M/\$40PP
Thursday, Dec 12	Early Release Day 12p	At Schools - \$30
Monday, Dec 23	No School - Schools Day Out	At YMCA - \$35M/\$40PP
Tuesday, Dec 24	No School-Christmas Eve	No Schools Day Out
Wednesday, Dec 25	No School-Christmas Day	YMCA Closed for Holiday
Thursday, Dec 26	No School - Schools Day Out	At YMCA - \$35M/\$40PP
Friday, Dec 27	No School - Schools Day Out	At YMCA - \$35M/\$40PP
Monday, Dec 30	No School - Schools Day Out	At YMCA - \$35M/\$40PP
Tuesday, Dec 31	No School New Years Eve	No Schools Day Out

Date	Schedule	Separate Registration Required & Fee Amount
Wednesday, Jan 1	No School-New Year Day	No Schools Day Out
Thursday, Jan 2	No School - Schools Day Out	At YMCA - \$35M/\$40PP
Friday, Jan 3	No School - Schools Day Out	At YMCA - \$35M/\$40PP
Monday, Jan 20	No School - Schools Day Out	At YMCA - \$35M/\$40PP
Friday, Jan 31	No School - Schools Day Out	At YMCA - \$35M/\$40PP
Thursday, Feb 13	Early Release Day 12p	At Schools - \$30
Monday, Feb 17	No School - Schools Day Out	At YMCA - \$35M/\$40PP
Thursday, Mar 12	Early Release Day 12p	At Schools - \$30
March 23 - 27	No School - Spring Break Camp at YMCA	Daily: \$35M/\$40PP Week: \$160M/\$180PP
Thursday, April 9	Early Release Day 12p	At Schools - \$30
Friday, April 10	No School - Schools Day Out	At YMCA - \$35M/\$40PP
Thursday, May 21	Last Day - Early Release	At Schools - \$30