



**Attendance/Registration Form – Brooks Elementary – 2013-2014  
Kishwaukee Family YMCA - DAP**

Registration and Payment:

- Daily fees may be broken into 2 monthly payments for your convenience
- Fees per day are \$11 per child. You may register a month at a time.
- All payments are due on the 1<sup>st</sup> and 15<sup>th</sup> of the month preceding the time in which service is provided (e.g. payment for the 1<sup>st</sup>-15<sup>th</sup> of Sept is due Sept 1<sup>st</sup>)
- Kishwaukee Family YMCA accepts payments by cash, personal check, cashier’s check, and 4-C supported payments.

Tuition Penalties/Withdrawal

- Y/DAP will not refund tuition based upon absences due to illness or vacation
- Y/DAP will not refund or credit due to expulsion or suspension from a program
- Y/DAP has the right to suspend or terminate services due to non-payment

Please indicate below the days your child(ren) plan to attend the program.

If you wish to make changes or additions to this calendar, please contact the YMCA: Lesley Feyerherm, Youth Development Director 815.756.9577, x13 lfeyerherm@kishymca.org.

Child name(s) \_\_\_\_\_

Grade enrolled in August 2013: \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Grade enrolled in August 2013: \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Student(s) live with: \_\_\_\_\_

**Parent/Guardian (1)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work \_\_\_\_\_ Work Phone \_\_\_\_\_

**Parent/Guardian (2) (if different than above)**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work \_\_\_\_\_ Work Phone \_\_\_\_\_

**EMERGENCY INFORMATION**

If we are unable to contact Parent/Guardian, who should we call **and to whom may we release your child?**

- 1. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
- 2. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_
- 3. \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Please list any allergies, medication or other important information regarding your child.

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**September 2013**

*Please mark with an X*

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>9/2 No School (No Program)</b>	<b>9/3</b>	<b>9/4</b>	<b>9/5</b>	<b>9/6</b>
<b>9/9</b>	<b>9/10</b>	<b>9/11</b>	<b>9/12</b>	<b>9/13</b>
<b>9/16</b>	<b>9/17</b>	<b>9/18</b>	<b>9/19</b>	<b>9/20</b>
<b>9/23</b>	<b>9/24</b>	<b>9/25</b>	<b>9/26</b>	<b>9/27</b>
<b>9/30</b>				

**October 2013**

*Please mark with an X*

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
	<b>10/1</b>	<b>10/2</b>	<b>10/3</b>	<b>10/4</b>
<b>10/7</b>	<b>10/8</b>	<b>10/9</b>	<b>10/10</b>	<b>10/11 No School (No Program)</b>
<b>10/14 No School (No Program)</b>	<b>10/15</b>	<b>10/16</b>	<b>10/17</b>	<b>10/18</b>
<b>10/21</b>	<b>10/22</b>	<b>10/23</b>	<b>10/24</b>	<b>10/25</b>
<b>10/28</b>	<b>10/29</b>	<b>10/30</b>	<b>10/31</b>	

**November 2013**

*Please mark with an X*

Monday	Tuesday	Wednesday	Thursday	Friday
				11/1 Early Release (No Program)
11/4	11/5	11/6	11/7 Early Release (No Program)	11/8 No School (No Program)
11/11 No School (No Program)	11/12	11/13	11/14	11/15
11/18	11/19	11/20	11/21	11/22
11/25	11/26	11/27 No School (No Program)	11/28 No School (No Program)	11/29

**December 2013**

*Please mark with an X*

Monday	Tuesday	Wednesday	Thursday	Friday
12/2	12/3	12/4	12/5	12/6
12/9	12/10	12/11	12/12	12/13
12/16	12/17	12/18	12/19	12/20
12/23 No School (No Program)	12/24 No School (No Program)	12/25 No School (No Program)	12/26 No School (No Program)	12/27 No School (No Program)
12/30 No School (No Program)	12/31 No School (No Program)			

Total Days: \_\_\_\_\_ x \$11.00 per day (you may pay for 1/2 of the month if preferred)

Total Registraion Fee: \$ \_\_\_\_\_ **Check payable to Kishwaukee YMCA**

*Fill out this portion if paying by credit card:*

Name as it appears on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Type of Card \_\_\_\_\_

Expiration: \_\_\_\_\_ V Code/Security Code (on back of card): \_\_\_\_\_

Signature: \_\_\_\_\_

## AGREEMENT AND RELEASE OF LIABILITY STATEMENTS

I/We certify to the best of my/our knowledge that everything on this form is correct and that the child(ren) listed herein is (are) in good health and without any communicable diseases. He/She has no physical ailments that will prevent normal participation unless specified in the Child Health/Special Information form. He/She has my/our permission to participate in the Kishwaukee Family YMCA activities. I understand that failure to disclose relevant information could result in termination of services.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Medical Consent**

I, the parent/legal guardian of

\_\_\_\_\_ give consent to have my child(ren) receive first aid by after school staff/YMCA staff. I understand that there will be a First Aid/CPR certified staff member available during the program hours. I authorize after school staff to secure emergency treatment for my child(ren). I give consent for those listed as pick-up/emergency contacts to act on my behalf until I am available. I accept responsibility for any and all expenses incurred in securing emergency medical treatment for my child(ren).

After school staff and its agents have my permission to apply sunscreen and insect repellent (if applicable) to my child(ren) as specified by me in writing.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### **Additional Consent:**

I authorize after school staff and agents to take my child(ren) on walking trips, and field trips. I also give permission for my child(ren) to be transported in vehicles owned or leased by District 428.

I give permission for my child(ren) to participate in physical activities such as gym and swimming. I understand that physical activities are a regular part of the program my child(ren) attend(s).

I have read all information regarding the afterschool program and agree to abide by the policies and regulations therein.

Parent/Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_