



**Attendance/Registration Form – Malta Elementary – 2014-2015
Kishwaukee Family YMCA - DAP**

Registration and Payment:

- Daily fees may be broken into 2 monthly payments for your convenience
- Fees per day are \$12 per child. You may register a month at a time.
- All payments are due on the 1st and 15th of the month preceding the time in which service is provided (e.g. payment for the 1st-15th of Sept is due Sept 1st)
- 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 2014: _____ Birthday _____ Age _____

Grade enrolled in August 2014: _____ 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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August 2014

Please mark with an X

Monday	Tuesday	Wednesday	Thursday	Friday
		8/27	8/28	8/29

September 2014

Please mark with an X

Monday	Tuesday	Wednesday	Thursday	Friday
9/1 No School (No Program)	9/2	9/3	9/4	9/5
9/8	9/9	9/10	9/11 Early Release (No Program)	9/12
9/15	9/16	9/17	9/18	9/19
9/22	9/23	9/24	9/25	9/26
9/29	9/30			

October 2014

Please mark with an X

Monday	Tuesday	Wednesday	Thursday	Friday
		10/1	10/2	10/3
10/6	10/7	10/8	10/9 Early Release (No Program)	10/10 No School (No Program)
10/13 No School (No Program)	10/14	10/15	10/16	10/17
10/20	10/21	10/22	10/23	10/24
10/27	10/28	10/29	10/30	10/31 Early Release (No Program)

November 2014

Please mark with an X

Monday	Tuesday	Wednesday	Thursday	Friday
11/3	11/4	11/5	11/6 Early Release (No Program)	11/7 No School (No Program)
11/10	11/11 No School (No Program)	11/12	11/13	11/14
11/17	11/18	11/19	11/20	11/21
11/24	11/25	11/26 No School (No Program)	11/27 No School (No Program)	11/28 No School (No Program)

December 2014

Please mark with an X

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 Program)	12/12
12/15	12/16	12/17	12/18	12/19
12/22 No School (No Program)	12/23 No School (No Program)	12/24 No School (No Program)	12/25 No School (No Program)	12/26 No School (No Program)
12/29 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 ½ 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: _____