

# YMCA AFTER SCHOOL CARE

Is your child a Y member? Y N

CHILD

Are you applying for CCRS? Y N

First Name

Last Name

Date of Birth

Gender

## PARENT/GUARDIAN (1) (Required)

Full Name \_\_\_\_\_

DOB \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Address/ City/ State/ Zip Code: \_\_\_\_\_

Employer \_\_\_\_\_

Employer Phone # \_\_\_\_\_

## PARENT/GUARDIAN (2)

Full Name \_\_\_\_\_

DOB \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Address/ City/ State/ Zip Code: \_\_\_\_\_

Employer \_\_\_\_\_

Employer Phone # \_\_\_\_\_

## EMERGENCY NOTIFICATION INFO (Required)

In case of an emergency, if after both primary guardians cannot be reached, please list two additional people who can be contacted and would be authorized to pick up your child. Photo ID required.

1. Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone # \_\_\_\_\_ Relation \_\_\_\_\_

2. Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone # \_\_\_\_\_ Relation \_\_\_\_\_

## ALTERNATE PICK UP INFORMATION

Please list up to four additional people who are authorized to pick up your child at any time. Photo ID required.

1. Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone # \_\_\_\_\_ Relation \_\_\_\_\_

2. Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone # \_\_\_\_\_ Relation \_\_\_\_\_

3. Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone # \_\_\_\_\_ Relation \_\_\_\_\_

4. Name \_\_\_\_\_ DOB \_\_\_\_\_

Phone # \_\_\_\_\_ Relation \_\_\_\_\_

## TEXT ALERTS

I would like to receive text alerts for the YMCA After School Program: Y / N

Phone: \_\_\_\_\_

## HEALTH HISTORY

Child's Race: \_\_\_\_\_

List any current allergies: \_\_\_\_\_

List any current dietary restrictions: \_\_\_\_\_

May the YMCA staff apply and/or give bug repellent to your child? Y N

May the YMCA staff apply and/or give sunscreen to your child? Y N

Describe any current illnesses, developmental delays and/or medical conditions the YMCA should know about:

List any current medications (prescription and over the counter):

Will you be sending the above medicine with your child? Y N

\*If medicine needs to be administered by staff, a request for dispensing medicine form must be completed.

Reasons for the above medications: \_\_\_\_\_

## FAMILY HOSPITAL INFORMATION:

In the event of an emergency, where would you prefer your child to receive treatment:

\_\_\_\_\_ Decatur Memorial Hospital

\_\_\_\_\_ HSHS St. Mary's Hospital

## PERMISSION TO TREAT:

I hereby give permission to the medical personnel selected by the YMCA Director to provide routine health care; to administer medications; to order X-rays, routine test, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/or my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the YMCA Director to secure and administer treatment, including hospitalization for the

Signed \_\_\_\_\_ Date \_\_\_\_\_

## CHILD'S PHOTO RELEASE

\_\_\_\_\_ I Authorize \_\_\_\_\_ I Do Not Authorize

My child to be photographed during his/her attendance at the Decatur Family YMCA. This consent releases all personnel of the YMCA liability. This consent gives permission for photographs to be used in publicity for the Decatur Family YMCA.

## SCHOOL INFORMATION

My child attends: ☐ Decatur Public School District 61

☐ Maroa-Forsyth School District

If DPS 61, name of school: \_\_\_\_\_

# YMCA AFTER SCHOOL CARE

## YMCA CONSENT FORM:

The undersigned, in my individual capacity as parent or guardian, confirm the following statements and give consent for my child to participate in the following stated activities. I understand that if at any time my child cannot participate in the listed activities, it is my obligation to notify, in writing, the YMCA Staff in advance.

- I have read the Decatur Family YMCA School Age Child Care Parent Handbook.
- I understand my child will be swimming while he/she is in the care of Decatur Family YMCA. I authorize YMCA staff to take my child on walking trips, special excursions, and to nearby public park facilities.
- I authorize my child to ride as a passenger in vehicles used by Decatur Family YMCA. I understand the YMCA is not responsible for my child until they board the YMCA bus and are signed into the program or dropped off at the School Age Care site by a public school bus and is signed into the program.
- I have read and understand the YMCA Discipline Policy.
- The YMCA acknowledges some school district bus routes may cause children to be on the bus in excess of half an hour. The YMCA does not have control of these routes or the time it takes for the district to drop off at the YMCA site.
- The YMCA is responsible for picking up and dropping off children that are not bussed by the school district. The Y consent form extends to their time on the bus and any other activities the child may participate in while in the YMCA's care.
- In my individual capacity as a parent or guardian of a child participating in the YMCA School Age Child Care program, I understand that participation in this program involves certain risks—including but not limited to: personal injury and property damage arising from equipment & activities or other actions from other participants. In consideration of these services provided and understanding the stated risks, I personally and on behalf of my child release Decatur Family YMCA and its staff, agents, volunteers and all other persons having any affiliation with the YMCA from all liability and claims arising from any occurrence or accident while my child participates in Decatur Family YMCA School Age Child Care programs.
- I understand that Decatur Family YMCA will have religious based activities and it is optional for my child to participate.
- I authorize Decatur Family YMCA staff to secure EMERGENCY CARE for my child when I cannot be immediately reached at the time of the emergency. I will be responsible for all medical charges incurred.
- I authorize YMCA staff to perform basic first aid covered in the Red Cross First Aid class. This includes but is not limited to: burns, bruises, cuts, nose bleeds, broken bones or fractures, and CPR.
- I understand that any belonging my child brings to the program is not the responsibility of the staff and any lost, stolen, or damaged items are the responsibility of the child or parent to replace.
- Children and their families are responsible for any damage or cost associated with their child's behavior.
- I understand if my child is throwing up, has a temperature over 100 degrees, diarrhea, pink eye, strep throat, has live ring worm, displays any signs/symptoms of COVID-19 or any contagious illness they will be asked to leave the program until they are without the above symptoms for 24 hours.

Parent/Guardian Signature:

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Date:

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# YMCA AFTER SCHOOL CARE

## FINANCIAL AGREEMENT

Dear Parents/Guardians,

It is important for Decatur Family YMCA to maintain a balanced financial position to ensure its ability to provide your child with quality care and engaging youth activities. In order to achieve the stated outcome, Decatur Family YMCA must have your commitment to adhere to the following agreement:

- I understand a non-refundable \$ 40.00 registration fee must be paid in order to secure a place for my child. I understand the stated registration fee is NOT deducted from my child's tuition.
- I understand tuition is paid on a weekly basis and all payments are to be received by the YMCA prior to the date of attendance. No credits or refunds are issued on payments if my child has an unscheduled absence.
- I understand Decatur Family YMCA requires an Authorized Payment Agreement to be completed at registration. This form of payment may be used for fees related to care and any ancillary charges (i.e. field trips).
- I understand tuition is due for all days for which my child is registered, regardless of attendance. Refunds cannot be given for missed time due to illnesses, personal days off, holidays, vacations.
- I understand that if my payment is more than 2 weeks late, my child may be withdrawn from the program until my payments are caught up. There will be no credit for days missed due to non-payment for children who return.
- I understand I will be charged a \$20.00 return payment fee for any checks returned for any reason.
- I understand one-week's written notice is required by the childcare office to withdraw my child(ren) or tuition will be due for that week.
- Every Friday, accounts with an outstanding balance will be assessed a service charge of \$5.00.
- I understand that there will be a \$1.00 service charge for every minute my child is picked up past closing (5:30 pm) to be assessed beginning at 5:35.
- I understand that if I am applying for government subsidy assistance, the YMCA will charge a fee of \$75.00 per week while my contract with the subsidy agency is pending, for up to 10 business days. When approval has been received, I must pay the monthly co-payment established by the subsidy unit of my choice, PLUS the difference between the amount that the YMCA is reimbursed for and the full tuition amount. The account will be credited for any tuition fees you have paid prior to approval, which the YMCA is reimbursed for. I also understand that if I choose to use a subsidy program that reimburses me instead of the Y directly, I must pay the Y the full tuition amount. In the event of cancellation or changes in my subsidy payments, I am solely and immediately responsible for the full tuition and/or pay payments due to cancellation or changes.
- In the event that my account is past due, it may be turned over to a collection agency. If my account is not paid in full and turned over to a collection agency and/or an attorney, I agree to be responsible for all reasonable fees necessary for the collection of my delinquent account including but not limited to: collection agency fees of 50% of the balance due and costs & reasonable attorney fees of 33% of the balance.

I agree to the terms and conditions of the Decatur Family YMCA Child Care Financial Agreement and wish to enroll my child into the Decatur Family YMCA School Age Care Program.

Parent/Guardian Signature:

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Date:

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Parent/Guardian Signature:

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Date:

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# YMCA AFTER SCHOOL CARE

## YMCA DISCIPLINE POLICY

In order to provide all children in our program the safe, positive, and enjoyable learning environment they deserve, we will be using a discipline plan that utilizes the following steps:

- Step 1:** The teacher will give specific instructions for the child
- Step 2:** The child will be given a reminder with a redirection consequence if instructions are not followed. The consequence will not be a time-out, but a move from the current situation to another area.
- Step 3:** The teacher will follow through by redirecting the child to an alternative activity. If the child continues with inappropriate behavior, he/she will be placed in time-out.
- Step 4:** The length of the time out is determined by the child's age: one minute for every year of age.
- Step 5:** If the behavior continues over an extended period, the director will ask the parents to attend Parent/Teacher/Director conference.

At any time, Decatur Family YMCA may waive the disciplinary procedure and reserves the right to discharge any student without notice for misconduct.

Praise and recognition of good behavior is utilized throughout your child's day.

**Conflict Resolution:** When children are having difficulties with each other, the staff will give the children involved reasonable opportunities to resolve their differences. The staff will mediate with the children and supply them with problem solving techniques that will help them deal with difficult situations.

**Bus Referrals:** Safe and appropriate behavior must be followed at all times while riding on all YMCA and district school buses. Bus drivers need to have their full attention on the road. If a child is misbehaving while on the bus, they will receive a warning. If the behavior continues, they will receive a bus referral notice and parents will be notified. Children who receive a third bus referral in a 60-day period will be suspended from riding the bus for three (3) attendance days and a parent/teacher conference will be scheduled. For our After School Program, parents may provide alternate transportation to and from our program. Refunds will not be given for days missed due to suspensions.

**Bathroom Accidents & Withholding of Food:** Children will not be disciplined for bathroom accidents while in our care and the use of the bathroom will not be used as a form of punishment. The withholding of food or treats will not be used as a form of discipline. However, if a child is using inappropriate behavior, they will be moved to a table away from the group.

**Severe Clause:** Our goal is to reach all children so everyone can participate in a happy, healthy environment. However, should a child be out of control or, in the judgment of the staff, jeopardizing the safety of the other children or him/her, he/she will be taken out of the group immediately, and a phone call will be made to the parent or guardian to have the child picked up as soon as possible. After a conference with the staff, the child may return to the program. If negative behavior continues, a parent/teacher conference will be set to elicit your help. If it is deemed that your child is unable to behave appropriately in our program or that parents are unwilling to be involved in the correction of the inappropriate behavior, you will be asked to withdraw your child from the program. If asked to withdraw your child, we will do our best to assist you in finding alternate care arrangements.

**I have read and understand the above Discipline Policy.**

Parent/Guardian Signature:

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Date:

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DECATUR FAMILY YMCA  
SCHOOL AGE CARE  
AUTHORIZATION AGREEMENT FOR PREAUTHORIZED PAYMENTS

Print Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Credit/Debit Card Information:**

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVC: \_\_\_\_\_

Card Type: ☐ Visa ☐ MC ☐ Disc.

**Checking/Saving Account:**

☐ Checking (please attach copy of a Void Check/Deposit Slip) ☐ Savings

Bank Name: \_\_\_\_\_ Account Number: \_\_\_\_\_

Bank Transit/ABA Number: \_\_\_\_\_

**Draft the:** Amount of: \$ \_\_\_\_\_ Program Type of: \_\_\_\_\_ Start Date of: \_\_\_\_\_

☐ Weekly, every Friday ☐ Once/month on the 1<sup>st</sup> ☐ Twice/month on the 1<sup>st</sup> & 15<sup>th</sup>

**Please add \$ \_\_\_\_\_ to my weekly draft for the 2022 Find Your Y Annual Campaign.**

I hereby authorize the Decatur Family YMCA to initiate drafts or any adjustments for any entries in error to credit and/or debit my above indicated account. I acknowledge that the origination of ACH transaction to my account must comply with the provisions of U.S. law.

It is also agreed that:

Please initial boxes

- ☐ 1. The YMCA Preauthorized Plan is a continuous plan. My payment will continue until I withdraw my child from the program.
- ☐ 2. The YMCA shall incur no liability if the balance in the bank account is insufficient to cover draft or for any reason was uncollectible. **There is a \$20.00 service charge for each returned bank draft or credit card draft.**
- ☐ 3. I understand that it is my responsibility to **notify the YMCA in writing** should I change my account or financial institution at any time.
- ☐ 4. Activity fees, late pickup, and late payment fees will be added to my weekly tuition charge. Activity fees will be posted prior to the activity. If I want to pay for my field trip fees another way, I must do so before my draft.
- ☐ 5. **My weekly tuition rate may change with advance written notice from the YMCA.**
- ☐ 6. My tuition will be drafted as designated above. **I must give information for any changes regarding my draft before the subsequent draft date.**

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

**For Office Uses:**

Children's Names: \_\_\_\_\_ Split of Funds: \_\_\_\_\_ Initials: \_\_\_\_\_