

School Name _____

2010-2011

YMCA of Southwest Illinois- CMT Branch – SCHOOL AGE CHILD CARE ENROLLMENT FORMS

This enrollment packet must be filled in and completed in full before any child may attend the program.

Child's personal information

| | | | | | | |
|--------------------------------------------------------|--------------------------------|--------------------------------------------------------|-----|--------------------------------------------|-------|------|
| Child's Name | | Sex | Age | Birthdate / / | Grade | Race |
| Child's Primary Home Address - Street | | Home Telephone () | | Guardian with whom child primarily resides | | |
| City, State, Zip | | Sex | Age | Birthdate / / | Grade | Race |
| 2nd Child's Name | | Child's Primary Home Address -Street | | | | |
| City, State, Zip | | Home Telephone () | | Guardian with whom child primarily resides | | |
| Mother's or Guardian's Name | | Home Telephone () | | | | |
| Home Address (if different) - Street | | City, State, Zip | | | | |
| Employed by (or School Attended) | Hours of Employment From to | Business Address (Street, City, State, Zip) | | | | |
| Business Phone with extension () | Cell Phone () | E-mail Address | | | | |
| Mother's/Guardian's driver's license number (required) | | Father's/Guardian's driver's license number (required) | | | | |
| Father's or Guardian's Name | | Home Telephone () | | | | |
| Home Address (if different) - Street | | City, State, Zip | | | | |
| Employed by (or School Attended) | Hours of Employment From to | Business Address (Street, City, State, Zip) | | | | |
| Business Phone with extension () | Cell Phone () | E-mail Address | | | | |
| If there is shared custody please share arrangements* | | | | | | |

*** Copy of Court Order Custody Decree Must Be Attached**

Parent or Legal Guardian Signature: _____

Date: _____

For Office Use Only

To be completed by site director

Admission Date (first date attended): _____

Days of week enrolled (circle): M T W Th F

Hours per day (check):

AM PM

_____ Site Director's Initials: _____

Discharge Date (to remain on-site for one year after discharge)

_____ Site Director's Initials: _____



PROGRAM ATTENDANCE INFORMATION

My child will be attending the program during the following sessions: (please circle or highlight)

| | | | | | |
|----|--------|---------|-----------|----------|--------|
| AM | Monday | Tuesday | Wednesday | Thursday | Friday |
| PM | Monday | Tuesday | Wednesday | Thursday | Friday |

My child has the permission to leave the program, or arrive early to the program for the following activities. Activities may include: Spanish, Basketball, Drama, tutoring, etc.

EMERGENCY CONTACTS & PERSONS AUTHORIZED TO TAKE CHILD FROM THE SCHOOL AGE CHILD CARE PROGRAM

List two contacts (not including doctors or parents listed above) authorized to be notified if parent cannot be reached due to a medical emergency, or if the child is left at the program beyond program hours. Provide two persons authorized to take child from the program.

| Name of Contact | Relationship | Address (Street, City, State, Zip) | Telephone during program hours |
|----------------------------|--------------|------------------------------------|--------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| Name of Authorized Pick-Up | Relationship | Address (Street, City, State, Zip) | Telephone during program hours |
| | | | |
| | | | |
| | | | |
| | | | |

ALL INDIVIDUALS PICKING A CHILD UP FROM THE SITE MUST PRESENT A CURRENT FORM OF PHOTO ID. This will be required until the site staff is familiar with you. However, substitute staff is necessary at times, therefore, we strongly encourage that all authorized individuals carry a photo ID each time the child is picked up from the program.

I have read, understand, and agree to abide by the pick up policy as stated above. I will make all authorized individuals aware of the policies and procedures as stated above and in the parent handbook.

Parent or Legal Guardian Signature: _____

Date: _____



YMCA School Age Child Care Program Enrollment Agreement

Please carefully read and sign below.

- I understand that I am committing myself to participation in the School Age Child Care program for the current school year unless unforeseen events make withdrawal necessary. In that event, I will give written notification to the program director 15 days in advance.
- I understand that I am financially responsible for the services of care regardless if my child actually attends the program, even in the event of illness.
- I understand that my child will not be released to any person(s) not listed on the enrollment form. In case of an emergency an emergency release plan will be followed.
- I understand that my child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.
- I understand that my child must be signed in and out daily by myself or my designee (as listed on the enrollment form).
- If my child is experiencing problems in the program, a conference will be arranged between the parent, staff, and program director.
- The YMCA reserves the right to terminate child care services if it is determined the placement is unsatisfactory.
- I understand that in the event that school is cancelled or dismissed early due to unfavorable conditions (such as bad weather or a water main break); the YMCA services will also be canceled. There is no refund for services due to unforeseen school cancellations or unscheduled early dismissals.
- I understand that in the event my child(ren) should become ill or injured at the YMCA School Age Program, I understand that the YMCA staff will contact me immediately. If I am not available, the YMCA will contact the person(s) I have designated and authorized.
- I understand if the YMCA staff is unable to reach myself or the person(s) designated, they are authorized to arrange for immediate emergency treatment. The medical facility is authorized to administer medical treatment necessary to ensure the health and safety of my child.
- **All information provided at the time of enrollment is complete and accurate.**
- **False or incomplete information may lead to termination of services.**
- **I have received, read, and agree to abide by all the policies, procedures, and fee requirements as outlined in the parent handbook.**
- I understand with the school that the YMCA will communicate and collaborate on an ongoing basis about my child(ren) and their individual needs while enrolled in the program.

Parent or Legal Guardian Signature: _____

Date: _____

SPECIAL NOTES

Payments: Please check the method of payment you will be using for the current school year.

- Weekly
- CHASI

- Budget Billing
- YMCA Financial Assistance
- Bank Draft

Medication: Only prescription medication (no over the counter medication) will be administered. If your child will need to take medication during program hours, a Medication Authorization form must be completed. The Medication Authorization form includes space for the staff to record the administration of the medicine. Medicine must be given to a staff member by the parent. Do not send medications with the child. All medications must be kept by the staff in the locked medicine box. Children are not permitted to keep medications in their book bags or pockets.

Release of Liability/Participation:

I hereby certify that the child(ren) is in normal health and capable of participating safely in the YMCA School Age Child Care Program. I understand the YMCA of Southwest Illinois does not carry health or accident insurance on its members or participants. All expenses incurred in the treatment of illness or injuries will be the responsibility of the participant and his/her own insurance carrier. With this in mind, **I give my child(ren) permission to participate.** I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the YMCA allowing me to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA of Southwest Illinois, its Board of Directors, and the Staff members from all liability for any injury loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its staff, directors, members, and guests. I have read and am voluntarily agreeing to this authorization and release and I am willing to assume any risk associated with my participation in all activities provided by the YMCA of Southwest Illinois.

Parent/Legal Guardian Signature _____

Date _____

