



2017-2018 KANDIYOHI YMCA AFTERSCHOOL REGISTRATION FORM

General and Emergency Pickup Information

County
Childcare
Assistance

YMCA Financial
Assistance must be
applied for separately

YMCA
Member

AFTERSCHOOL REGISTRATION CHECKLIST

- General and Emergency Pickup Information
- Authorization for Emergency Medical Care
- Fees & Payment Guidelines & Waivers
- Payment Method Authorization Form

To comply with safety policies, all sections of this form must be completed before we can accept any child for care.

PLEASE PRINT

For registration questions, please contact the YMCA at:
320-222-9622 or ryans@kandiyymca.org

CHILD INFORMATION:

School Name: _____ Afterschool Start Date: _____

Child (1) First Name: _____ Last Name: _____

Circle One: BOY GIRL

Date of Birth: ___/___/___

Grade (2017-2018): _____

CHILD (1) Race WHITE BLACK ASIAN LATINO/HISPANIC AMERICAN INDIAN

In order to best meet your child's needs, we require that you list any special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware: Check Box if child has NO SPECIAL NEEDS or ILLNESSES

Child (2) First Name: _____ Last Name: _____

Circle One: BOY GIRL

Date of Birth: ___/___/___

Grade 2017-2018: _____

CHILD (2) Race WHITE BLACK ASIAN LATINO/HISPANIC AMERICAN INDIAN

In order to best meet your child's needs, we require that you list any special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware: Check Box if child has NO SPECIAL NEEDS or ILLNESSES

PRIMARY PARENT/GUARDIAN INFORMATION

Person listed as Primary Guardian will be the sole person authorized to request changes to information and/or cancellation of care

Primary Parent/Guardian: {Mother} {Father}

Authorized to Pick up: {Yes} {No}

Parent/Guardian First Name: _____

Parent/Guardian Last Name: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Home Phone: _____ Work Phone: _____

SECONDARY PARENT/GUARDIAN INFORMATION

Please check box if secondary parent is authorized to make changes to childcare account

Secondary Parent/Guardian: {Mother} {Father}

Authorized to Pick up: {Yes} {No}

Parent/Guardian First Name: _____

Parent/Guardian Last Name: _____

Email: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Home Phone: _____ Work Phone: _____

EMERGENCY CONTACT/AUTHORIZED PICK-UPS

MUST LIST AT LEAST ONE EMERGENCY CONTACT OTHER THAN THE PARENTS LISTED ABOVE

LOCAL PERSON OTHER THAN THOSE LISTED ABOVE TO CONTACT IN CASE OF EMERGENCY IF PARENT/LEGAL GUARDIAN CANNOT BE REACHED: (The individual authorized to pick up your child must be at least 16 years of age & possess a valid state-issued ID.)

Emergency Contact (1) Name: _____

Cell Phone: _____

Address: _____

City/State/Zip: _____

Work Phone: _____

Other phone: _____

Emergency Contact (2) Name: _____

Cell Phone: _____

Address: _____

City/State/Zip: _____

Work Phone: _____

Other phone: _____

**2017-2018 KANDIYOHI YMCA
AFTERSCHOOL REGISTRATION FORM-PAGE 2**

Authorization for Emergency Medical Care

PARTICIPANT EMERGENCY INFORMATION:

Child's Name: _____
Child's Name: _____

Physician Name: _____ **Address:** _____ **Phone:** _____

To comply with safety procedures, a preferred physician and hospital must be listed. In the event that the parent/guardian cannot be reached to make arrangements for emergency medical attention, I hereby authorize the YMCA Program Staff to take my child(ren) to the closest emergency care facility.

PARENTAL CONSENT **Please provide your initials acknowledging each item below**

_____ **CONSENT FOR TREATMENT:** I give consent for any and all necessary treatment when my child(ren) is in the care
(initials) of his physician or hospital.

_____ **AUTHORIZATION:** In case of sickness or accident, I hereby give my permission to the medical personnel selected
(initials) by the YMCA to order and/or preform any medical attention deemed necessary, if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither the YMCA nor its workers can be held responsible in the event of accident or accidental death.

_____ **IMMUNIZATION:** I can provide the immunization record and/or records are on file at my child's school. If not,
(initials) please provide a copy of your child's immunization upon registration. All required immunizations and/or immunizations and/or tuberculosis tests are current.

Name of School: _____ Address: _____ Phone: _____

PARENT AND PARTICIPATION STATEMENT OF AGREEMENT

- I understand that I may not leave my child at the YMCA location unless there is a YMCA staff member present.
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid state issued photo ID's who are over the age of 16 can be authorized to pick up the child.
- I understand that the YMCA is mandated by law to report any suspected cases of child abuse or neglect.
- I understand that the Y staff may not baby-sit, transport, or care for children other than during Y program hours.
- I understand that my child may be removed from a YMCA program for any of the following reasons:
 1. Failure to pay program fees by designated deadlines
 2. Inappropriate behavior of a child/parent that endangers anyone involved with the YMCA
 3. Inappropriate behavior towards YMCA staff, children in the program or members
 4. Failure to observe any of the conditions listed in the Parent Handbook
 5. Custodial issues which cannot be resolved by parents or legal guardians
- I authorize for my child(ren) to participate in the following activities while enrolled in YMCA Program:
 1. Swimming/Water Activities
 2. View PG rated film
 3. Participate in Afterschool Activities including Field Trips
 4. Travel on YMCA arranged transportation
 5. Participate in photos or videos for YMCA publications

Behavior Policy: Good behavior is important to everyone in daily life. Certain behaviors are expected from the children involved in the YMCA Afterschool program, and following rules promotes a good learning experience that is safe and secure. When a child ignores or disregards rules, everyone's experience is diminished. A Behavior Contract is the first formal step to help solve rule violations. The Behavior Contract involves parents, child, and staff and it requires the participation of all parties. If your child's behavior becomes an ongoing problem, then a Behavior Contract will be issued. A sample contract is available at the Afterschool site. Failure to correct behavior may result in suspension or dismissal. Please note that not all of the steps of a Behavior Contract will be taken every time a child breaks a YMCA rule. Disciplinary action will be determined for each child based on the severity of the action. Violence or issues which compromise the safety of the YMCA staff or participants will not be tolerated and can result in immediate suspension or expulsion from the program.

PLEASE SIGN TO INDICATE THAT YOU HAVE RECEIVED THE KANDIYOHI YMCA'S PARENT AND PARTICIPANT STATEMENT OF AGREEMENT AND AGREE TO THE TERMS LISTED ABOVE:

X _____
Signature of Parent/Guardian

X _____
Date



**2017-2018 KANDIYOHI YMCA
AFTERSCHOOL REGISTRATION FORM-PAGE 3**
Fees and Payment Guidelines and Waivers

Child's Name: _____

Child's Name: _____

WEEKLY CHILD CARE RATES

	<u>5 days Week Afterschool Only</u>	<u>5 Day Before and Afterschool</u>	<u>Before-school Only *</u>
YMCA Member	<input type="checkbox"/> \$41/wk	<input type="checkbox"/> \$51/wk	<input type="checkbox"/> \$21/wk
Non-Member	<input type="checkbox"/> \$46/wk	<input type="checkbox"/> \$56/wk	<input type="checkbox"/> \$26/wk

Due to transportation limits, no part-time is offered for Roosevelt or Kennedy Elementary Schools. There is opportunity for ACGC and NLS students. Contact staff at ryans@kandiyymca.org for more information.

Non-school days for holiday programs must be pre-registered prior (see rates in YMCA brochure). Inclement weather care will be offered unless the YMCA is closed due to severity of the storm. A daily rate of \$25 members/\$31 for non-members will apply.

FEES AND PAYMENT POLICIES

REGISTRATION FEE-Non-refundable

A \$30.00/child registration fee is due for all program participants on or after May 15, 2017. Registration fees must accompany the registration packet. You may send a check or money order, or complete the "Payment Method Authorization Form", to authorize payment of the registration fee. **Register before May 15 and pay a registration fee of only \$15/child!**

LATE PAYMENT FEE: Payments for the week are due the Friday prior. A payment is considered late if it is received after Monday of the week care is given. A \$10 late fee will be charged for all late payments. In the case that you are unable to pay fees on the Friday prior, call the Program Director ahead of time in order to make a payment arrangement. If an overdue balance is not reconciled by the week after a late payment, the Participant will be cancelled from Afterschool. **If cancelled from afterschool program due to non-payment, a re-registration fee of \$30 will be due if you choose to re-enroll your participant.**

CANCELLATION POLICY: To withdraw a Participant, please contact the Program Director. A cancellation notice must be filled out two (2) weeks in advance of the effective date. Cancellation notices may be sent via mail, email or given to the YMCA's front desk staff. A \$25 cancellation fee will be charged if notice of cancellation is received less than two (2) weeks prior to the effective date.

NSF PAYMENTS: A \$30.00 fee is charged for all non-sufficient funds and declined credit card charges. Children will not be allowed to attend Afterschool unless payment has been received and recorded by the Program Director.

WAIVER, RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT:

Waiver, Release, Indemnification and Hold Harmless Agreement: I understand that YMCA activities have inherent risks and in consideration for membership at the YMCA and participation in YMCA programs I hereby assume all risks and hazards incident to my participation in all YMCA activities, due to the negligence of the YMCA or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA, including volunteer service. I further waive, release, absolve, indemnify and agree to hold harmless the YMCA, the organizers, volunteers, supervisors, officers, directors, participants, coaches, referees, as well as, persons or parents transporting participants to and from activities from any claims or injury sustained during my use of the YMCA property or participation in programs.

Large Group Format: I understand that, due to the large group format of our program, the YMCA is unable to provide one-on-one care for any child except on an intermittent basis. Such instances include: injuries, immediate disciplinary issues, and certain personal care needs customarily provided to other children. I UNDERSTAND THAT I WILL RECEIVE A COPY OF THE YMCA PARENT HANDBOOK ON OR BEFORE THE FIRST DAY OF MY CHILD'S ENROLLMENT. THIS INFORMATION IS ALSO AVAILABLE AT www.kandiyymca.org.

PLEASE SIGN TO INDICATE THAT YOU HAVE RECEIVED THE KANDIYOHI YMCA'S FEES AND PAYMENT GUIDELINES AND WAIVER, RELEASE, INDEMNIFICATION AND HOLD HARMLES AGREEMENT:

X _____
Signature of Parent/Guardian

X _____
Date



**2017-2018 KANDIYOHI YMCA-
AFTERSCHOOL REGISTRATION FORM-PAGE 4**
Payment Method Authorization Form

Child's Name: _____
Child's Name: _____

Automatic Payment Plan: The KANDIYOHI YMCA offers an automatic payment plan via our accounting software company called DAXKO. Monthly fees are automatically charged to Bank, Credit Union, or Credit Card Company. There's no additional cost for this program.

Bank/Credit/Debit Draft Agreement:

- I understand that Daxko has been authorized as an agent on behalf of THE YMCA to initiate debit entries against my Checking/ Savings Account or Credit/Debit Card. Also, I acknowledge that the origination of ACH (Automatic Clearing House) transactions to my account must comply with the provisions of United States Law.
- I understand that Daxko, a U.S. corporation, will be processing electronic funds transfers. Debit to your account will be presented in your bank statements as "Daxko" and these funds will be electronically transferred to the YMCA and posted to your childcare account weekly.
- The YMCA, Board of Directors and/or management may, at their discretion, adjust the rate plan applicable to childcare programs at any time. I understand that I will receive at least a 30 day notification prior to any such change.
 - When using the credit/debit card payment method: Should any debit not be honored by my credit card company for any reason, I understand that I am still responsible for the payment plus a \$30.00 service charge applied by the YMCA. This is in addition to any service fee my credit card company may require.
 - When using the bank draft/EFT method: Should any debit not be honored by my bank/EFT account for any reason, I understand that I am still responsible for the payment, plus a \$30.00 service charge applied by the YMCA. This is in addition to my service fee my bank company may require.

DRAFT DATE: Please note that drafts will go in the Friday prior to the week of planned care.

OPTION 1: CREDIT/DEBIT CARD:

Visa **Master Card** **Discover**

Name of Card/Account Holder: _____ Cell/Work Phone: _____

*Last four digits of Credit Card: _____ Exp. Date: _____

YOUR SECURITY MATTERS:

*If this credit card is on file, the Y will automatically set up your monthly payments. If this credit card is NOT on file, you must register at the YMCA to have it entered into the system. If the card number is not already on file at the YMCA, it must be scanned into the system at the front desk.

OPTION 2: BANK DRAFT/EFT: ****Please include a voided check with this form**** (This needs 10 business days to authorize before we could use this account. Please note that the EFT/Check account cannot be used as a form of payment after the payment due date.)

Name of Account Holder: _____ Name of Bank: _____

Bank Routing/Transit Number: _____ Bank Account Number: _____

Authorization: I hereby authorize the YMCA to debit the above credit card/bank draft/EFT on the dates indicated for my 2017-2018 Afterschool Care payments in the amount of _____. I understand that I am being enrolled in the automatic payment plan as described above and agree to any and all fees that may incur use of this service.

X _____ X _____
Signature of Parent/Guardian Date