



**2018-2019 KANDIYOHI YMCA  
AFTERSCHOOL REGISTRATION FORM**  
General and Emergency Pickup Information

- County Childcare Assistance  
 YMCA Financial Assistance must be applied for seperately  
 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](mailto: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: \_\_\_\_\_

**2018-2019 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\*\*

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

\_\_\_\_\_  
(initials) **AUTHORIZATION:** In case of sickness or accident, I hereby give my permission to the medical personnel selected 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.

\_\_\_\_\_  
(initials) **IMMUNIZATION:** I can provide the immunization record and/or records are on file at my child's school. If not, 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

**2018-2019 KANDIYOHI YMCA  
AFTERSCHOOL REGISTRATION FORM-PAGE 3**

Authorization for Emergency Medical Care  
**PARTICIPANT EMERGENCY INFORMATION**

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

**WEEKLY CHILD CARE RATES**

**5 days/wk-  
Before & Afterschool**

**5 days/wk-  
Afterschool Only**

**5 days/wk-  
Before School Only\***

YMCA MEMBER .....  **\$53.00 / week**

**\$43.00 / week**

**\$23.00 / week**

YMCA NON-MEMBER .....  **\$58.00 / week**

**\$48.00 / week**

**\$28.00 / week**

Due to transportation limits, no part-time is offered for Roosevelt or Kennedy Elementary Schools. There is opportunity for ACGC and NLS students. Contact Ryan Scheffler @ 320-222-9622 or [ryans@kandiyymca.org](mailto: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 the severity of the storm. A daily rate of \$25 for members & \$31 for non-members will apply.

**FEES AND PAYMENT POLICIES**

**REGISTRATION FEE (NON-REFUNDABLE)**

A \$30 / child registration fee is required for all program participants. Registration fees must accompany the registration packer. You may send a check or money order, or complete the "Payment Method Authorization Form", to authorize payment of the registration fee.

**LATE PAYMENT FEE:** payments for the week or do the Friday prior. 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 canceled from the afterschool program. **If canceled from the afterschool program due to nonpayment, a re-registration fee of \$30 will be due, if you choose to re-enroll your child.**

**CANCELLATION POLICY:** to withdraw a participant, please contact the program director. A cancellation notice must be filed out two (2) weeks in advance of the effective date. Cancellation notices may be sent via mail, email or give into the YMCAs 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 fee is charged for all nonsufficient fun's and declined credit card charges. Children will not be allowed to attend after school unless payment has been received and recorded by the program director.

**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 enrollment. This information is also available at [www.kandiyymca.org](http://www.kandiyymca.org).

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

X \_\_\_\_\_

X \_\_\_\_\_

Signature of parent/Guardian

Date

**2018-2019 KANDIYOHI YMCA  
AFTERSCHOOL REGISTRATION FORM-PAGE 3**

**Payment Method Authorization Form**

**Child's Name:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_

**AUTOMATIC PAYMENT PLAN:** The Kandiyohi County YMCA offers an automatic payment plan via our accounting software company called DAXKO. Monthly fees are automatically charged to your Financial Institution, Credit Union, or Credit Card Company. There's no additional cost for this program.

**BANK/CREDIT/DEBIT DRAFT AGREEMENT:**

1. I understand that DAXKO has been authorized as an agent on behalf of the Kandiyohi County Area Family YMCA to initiate debit entries against my checking/savings account or a credit/debit card. Also, I acknowledge that the origination of an ACH (Automatic Clearing House) transaction to my account must comply with provisions of United States law.
  2. I understand that DAKXO, 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 child care account weekly.
  3. 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 OR BANK DRAFT/EFT PAYMENT METHOD: should any debit not be honored by my credit card company or Financial Institution for any reason, I understand that I am still responsible for the payment plus a \$30 service charge applied by the YMCA. This is in addition to any service fee my credit card company or my Financial Institution may require.

**DRAFT DATE:** Payments will be withdrawn from accounts on the Friday prior to the week of planned care, unless there is an added day for inclement weather.

**OPTION 1: CREDIT/DEBIT CARD**

VISA     MASTERCARD     AMERICIAN EXPRESS     DISCOVER

**Name of Card/Account Holder:** \_\_\_\_\_ **Cell/Work Phone:** \_\_\_\_\_

**\*Last four (4) digits of Credit Card:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**OPTION 2: BANK DRAFT/EFT**

**Name of Account Holder:** \_\_\_\_\_ **Name of Bank:** \_\_\_\_\_

**\*last four (4) digits of the Bank Account Number** \_\_\_\_\_

**YOUR SECURITY MATTERS:** If this Credit card is on file, the Y will automatically set up your monthly payments. If this card is not on file, you must register at the YMCA to have banking information entered into the system or your card scanned into the system at the front desk.

Authorization I hereby authorize the YMCA to debit above credit card/bank draft/DFT on the dates indicated for my 2018/2019 after school childcare payments in the amount necessary for the program(s) I have selected. 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 from use of the service.

X \_\_\_\_\_  
Signature of parent/Guardian

X \_\_\_\_\_  
Date