



SCHOOL'S OUT

General and Emergency Pick-up Information

County Child Care Assistance
 YMCA Financial Assistance must be applied for separately
 YMCA Member

AFTERSCHOOL REGISTRATION CHECKLIST

General and Emergency Pick-up 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 kristib@kandiyymca.org

Child Information:

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

Check box if child has no special needs or illnesses

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: _____

Child (1) Date of Birth: _____

Grade (2019-2020): _____

Gender: Boy Girl

School Name: _____

Program Start Date: _____

Child (1) Race

- White
- Black
- Asian
- Latino/Hispanic
- American Indian

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

Check box if child has no special needs or illnesses

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: _____

Child (2) Date of Birth: _____

Grade (2019-2020): _____

Gender: Boy Girl

School Name: _____

Program Start Date: _____

Child (2) Race

- White
- Black
- Asian
- Latino/Hispanic
- American Indian

PRIMARY PARENT/GUARDIAN INFORMATION

Primary Parent/Guardian: First Name: _____

Mother Last Name: _____

Father Cell # _____

Grandparent Work # _____

Other Home # _____

Home Address: _____

City: _____

State _____ Zip _____

Email: _____

SECONDARY PARENT/GUARDIAN INFORMATION

Secondary Parent/Guardian: First Name: _____

Mother Last Name: _____

Father Cell # _____

Grandparent Work # _____

Other Home # _____

Home Address: _____

City: _____

State _____ Zip _____

Email: _____

EMERGENCY CONTACT/AUTHORIZED PICK-UPS: Must list at least one emergency contact other than the parent/guardian listed above. This must be a 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: _____

Address: _____

City/State/Zip: _____

Emergency Contact (2) Name: _____

Address: _____

City/State/Zip: _____

Emergency Contact (3) Name: _____

Address: _____

City/State/Zip: _____

Cell Phone: _____

Work Phone: _____

Other Phone: _____

Cell Phone: _____

Work Phone: _____

Other Phone: _____

Cell Phone: _____

Work Phone: _____

Other Phone: _____

**2019-2020 Kandiyohi County Area Family YMCA
SCHOOLS OUT 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 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 of his/her physician.
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 perform 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 employees can be held responsible in the event of accident or accidental death
Initials

SIGN-IN & SIGN OUT: Parents must use the pre-assigned 4 digit code to sign children in/out on site. This code serves as your digital signature and should only be used by the parent and not given to other authorized pick-up individuals. Children may not sign themselves in or out. Children will be signed out by the staff if the primary or secondary parent is not there to pick-up.
Initials

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

Name of School: _____ Address: _____

PARENT AND PARTICIPATION STATEMENT OF AGREEMENT

- I understand that I may not leave my child(ren) at the YMCA location unless there is a YMCA staff member present.
- I understand that my child(ren) will not be allowed to leave the program with an unauthorized person or staff member.
- Only adults with a valid state issued photo ID, who are over the age of 16, can be authorized to pick up the child(ren).
- I understand that the YMCA is mandated by law to report any suspected cases of child abuse or neglect.
- I understand that the YMCA staff may not babysit, transport, or care for children other than during YMCA program hours.
- I understand that my child(ren) may be removed from a YMCA program for any of the following reasons:
 - Failure to pay program fees by designated deadlines.
 - Inappropriate behavior of a child/parent that endangers anyone involved with the YMCA including staff, YMCA volunteers, children in the program, or members.
 - Failure to observe any of the conditions listed in the parent handbook.
 - 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 programs
 - Swimming/water activities, viewing of PG rated films, travel on YMCA arranged transportation, participating in Afterschool activities including field trips and 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, 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 as it requires the participation of all parties. If your child's behavior becomes an ongoing problem, the behavior contract will be issued. 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 that 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 County Area Family YMCA's Parent and Participant Statement of Agreement and agree to the terms listed above.

X _____
Signature of Parent/Guardian

X _____
Date

**2019-2020 Kandiyohi County Area Family YMCA
SCHOOLS OUT REGISTRATION FORM- PAGE 3**

Fees, Payment, Guidelines & Waivers

Child's Name: _____

Child's Name: _____

WEEKLY CHILD CARE RATES

MEMBER RATE

NON-MEMBER RATE

SCHOOLS OUT DAYS \$27 / day (Member) \$36 / day (Non-Member)

PLANNED SCHOOLS OUT DAYS (Willmar Public Schools Calendar) Check all

- | | | | | | | |
|---|--|--|--|---|---|---|
| <input type="checkbox"/> October 16 th | <input type="checkbox"/> December 23 rd | <input type="checkbox"/> January 2 nd | <input type="checkbox"/> February 14 th | <input type="checkbox"/> March 23 rd | <input type="checkbox"/> March 27 th | <input type="checkbox"/> April 10 th |
| <input type="checkbox"/> October 17 th | <input type="checkbox"/> December 26 th | <input type="checkbox"/> January 3 rd | <input type="checkbox"/> February 17 th | <input type="checkbox"/> March 24 th | | |
| <input type="checkbox"/> October 18 th | <input type="checkbox"/> December 27 th | | | <input type="checkbox"/> March 25 th | | |
| | <input type="checkbox"/> December 30 th | | | <input type="checkbox"/> March 26 th | | |

REGISTRATION FEE (NON-REFUNDABLE)

A \$30 / child registration fee is required for all program participants. 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.

PROGRAM PAYMENTS: Payments for the week are due the Friday prior to the week of care. Payments not made via Automatic Funds Transfers, (cash, check or money order) need to be approved by the Program Director and are subject to late payment fees. Payments are considered late if they are received after Monday of the week the care is provided.

CANCELLATION POLICY: To withdraw a participant a two (2) weeks notice is required

DECLINED PAYMENTS: A \$25 fee is charged for all declined payments. Children will not be allowed to attend the Afterschool Program unless payment has been received and recorded.

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, employees, 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(ren)'s enrollment. This information is also available at 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

**2019-2020 Kandiyohi County Area Family YMCA
AFTERSCHOOL REGISTRATION FORM- PAGE 4**

Payment Method Authorization Form

Child's Name: _____

Child's Name: _____

AUTOMATIC PAYMENT PLAN: The Kandiyohi County YMCA offers an automatic payment plan, where weekly fees are automatically charged to your Financial Institution, Credit Union, or Credit Card Company. Payments are due Friday prior to the week of care and the payment will be withdrawn from the account listed.

BANK/CREDIT/DEBIT DRAFT AGREEMENT:

1. I understand that the Kandiyohi County Area Family YMCA will be processing electronic funds transfers. Debit to your account will be presented in your bank statements as "Kandiyohi County Area Family YMCA" and these funds will be electronically transferred to the YMCA and posted to your child care account weekly.
2. 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 \$25 service charge applied by the YMCA. This is in addition to any service fee my credit card company or my Financial Institution may require.
3. Additional information regarding data privacy can be found at <http://www.kandiyymca.org/join-y#membership> under enrollment/joining fee, click on the tab labeled, "download external privacy notice".

DRAFT DATE: Payments will be withdrawn from accounts on the Friday prior to the week of planned care, additional days such as; School's Out days, late starts, or inclement weather postponements will be drafted separately.

OPTION 1: CREDIT/DEBIT CARD

VISA MASTERCARD AMERICAN 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 YMCA 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/EFT on the dates as indicated for my 2018/2019 Afterschool Child Care 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