

**2019-2020 Kandiyohi County Area Family 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 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 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 as it requires the participation of all parties. If your child's behavior becomes an ongoing problem, the behavior contract will be issued. Example 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 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

Child's Name: _____

Child's Name: _____

WEEKLY CHILD CARE RATES

	5 days / week Before & After School	5 days / week After School Only	5 days / week Before School Only
YMCA MEMBER	<input type="checkbox"/> \$54.00 / week	<input type="checkbox"/> \$44.00 / week	<input type="checkbox"/> \$24.00 / week
YMCA NON-MEMBER	<input type="checkbox"/> \$64.00 / week	<input type="checkbox"/> \$54.00 / week	<input type="checkbox"/> \$34.00 / week
SCHOOLS OUT DAYS	<input type="checkbox"/> \$27 / day (Member)	<input type="checkbox"/> \$36 / day (Non-Member)	

Due to transportation limits, no part-time is offered for this program. On non-school days, care will be offered as a separate program called School's Out and participants interested in this care option must be pre-register. Inclement weather care will be offered unless the YMCA is closed due to the severity of the storm. A daily rate of \$27 for members & \$36 for non-members will apply for both School's Out days and Inclement weather closings.

FEEES AND PAYMENT POLICIES

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 written 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, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT:

X _____
Signature of parent/Guardian

X _____
Date

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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