

A Foundation for Learning

Illinois Valley YMCA Before and After School Safe Haven



**MENDOTA AREA Y
AFTER SCHOOL PROGRAM**



2018-2019 After School Program Billing and Payment Information

Complete one registration form per child. A registration fee of \$10 per family is due at registration. **FEES ARE NON-REFUNDABLE**

BILLING PARTY INFORMATION

Billing Name _____ Child Name _____
Home Phone _____ Cell Phone _____ Work Phone _____
Address _____ City _____ State _____ Zip _____

Payments **MUST BE** made by Friday or the Monday following the week attended. Payments can be made at the YMCA or the ASP site. If paid at the YMCA, present receipt to after school staff so they can mark you paid. **All checks should be made to the Mendota Area YMCA**

Sign up for automatic draft from a checking or savings account for monthly payments throughout the school year and the \$10 registration fee will be waived.

Please contact Carmen @
815.223.7904 x 36

PARENT/GUARDIAN BILLING AGREEMENT

I understand:

- My child is enrolled in the Mendota Area YMCA After Care School Program as indicated by my enclosed non-refundable registration fee
- Bank draft payments will be drafted monthly on the 15th after the month of service. If you want to draft please contact Carmen Turigliatti at the Peru Y at 815-223-7904 ext 36.
- Payments not received by the last day of the prior month of service will result in my child's suspension from the program until full payment is received
- All changes in my child's schedule of care must be made 48 hours in advance
- The YMCA requires 2 weeks written notice of termination of care. I am responsible for full payment of these 2 weeks of care
- Termination of ASC bank draft is to be a handwritten notification and turned in by the 10th of the month
- Payments must be made by the Friday or the Monday following the week the child attends after school care. Payments can be made @ the Mendota Area YMCA or ASC Site. Checks must be made payable to the Mendota Area YMCA. If payment is made at Y, must present receipt to ASC staff so they can mark you paid.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE

PARENT/GUARDIAN SIGNATURE

PARENT/GUARDIAN PRINTED NAME

DATE

2018-2019 After School Program Registration

CHILD INFORMATION

Child Name _____ Gender: M F
Address _____ City _____ State _____ Zip _____
School Name _____ Date of Birth _____ Age _____ Grade _____
This will be my first time attending the Before and After School Program Yes No Start Date _____

Parent/Guardian 1 Information

Relation to Child _____
First Name _____
Last Name _____
Place of Employment _____
Date of Birth _____
Address _____
City _____ State _____ Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
Email _____

Parents/Guardian 2 Information

Relation to Child _____
First Name _____
Last Name _____
Place of Employment _____
Date of Birth _____
Address _____
City _____ State _____ Zip _____
Home Phone _____
Work Phone _____
Cell Phone _____
Email _____

Child lives with : (please check) Parent/Guardian 1 and Parent/Guardian 2 Parent/Guardian 1 Parent/Guardian 2

EMERGENCY CONTACT/AUTHORIZED PICK UPS

Must list emergency contact in addition to parent/guardian. Contacts listed are authorized to pick up child. Please indicate if phone number is a home, work or cell number.

EMERGENCY CONTACT

Name _____ Relationship _____ Phone _____ Phone _____

AUTHORIZED PICK UPS

Name _____ Relationship _____ Phone _____ Phone _____

Name _____ Relationship _____ Phone _____ Phone _____

I consent to the enrollment of the child listed above in this facility and have been advised and read all of the policies regarding administration of medications, fees, transportation and the services provided by the facility.

- The YMCA assumes responsibility for my child's well being during the hours of operation in which my child attends the program. In the case that the YMCA cannot reach a parent/guardian, the emergency contact listed above has permission to make decisions regarding the care of my child, including permission to pick up my child from the YMCA program in case of emergency or dismissal from the YMCA.
- In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgement in an emergency requiring medical care or surgery. The physician selected may hospitalize, secure proper treatment for, order injection, anesthesia or surgery for my child.
- I am responsible for the cost of all medical treatment care
- I have provided information on my child's special needs (allergies, diet, disabilities and/or medical information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. I agree to review and update this information whenever a change occurs and at least once every six months
- The information on this form is complete and accurate. I have provided the YMCA with all of the necessary information to properly care for my child's needs
- I must notify the YMCA staff immediately of any changes on this form
- The YMCA's responsibility for my child begins when the child has reached the program and checked in with YMCA staff. My child is responsible for walking from the bus or classroom to the YMCA program. It is my responsibility to arrange for any necessary transportation with the school my child attends. It is my responsibility to notify the YMCA staff if my child will be absent from the program.
- It is my responsibility to arrange for my child to be picked up from the program before closing. If my child is not picked up on time and attempts to contact me have failed, another authorized person will be contacted. If all attempts to contact authorized person to pick up my child have failed, the YMCA staff will contact DCFS and/or police officials for assistance.
- Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact police
- YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program
- The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect the appropriate authorities for investigation
- The YMCA has permission to use photographs and videos of my child in promotional materials such as brochures, ads, YMCA website or newspaper releases. The United Way may also use these photo/videos in publications and promotional pieces. I will not be informed or reimbursed for such photographs.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE

Parent/Guardian Signature _____

Parent/Guardian Printed Name _____

Date _____

2018-2019 After School Program Registration and Health Form

After School Information.....

Location: Lincoln Elementary New Gymnasium

Time: After School until 5:30pm

Transfer buses available from Blackstone and Northbrook

Grades: Kindergarten-5th Grade

After School # of Days	Cost per 1 Child	Cost for 2nd Child	Cost for 3rd Child
5	\$35	\$18	\$18
4	\$29	\$15	\$15
3	\$23	\$12	\$12
2	\$17	\$9	\$9
1	\$10	\$5	\$5

HEALTH INFORMATION

Medical History (required by law)

Check here if child is taking prescribed or over the counter medication. Please list all medication(s) _____

I understand that I must complete a child care medications form and it must be signed by child's physician for them to participate and for any medication to be administered during the program.

Health History (check all that are applicable)

Physician's Restrictions

Asthma _____ Injury _____
 Special Diet _____ Convulsions _____
 Behavior Challenges _____ Diabetes _____
 Hearing _____ ADD/ADHD _____
 Visions _____ Operations _____
 Ear Infections _____

Allergies

Nuts/Peanuts _____
 Insect Stings _____
 Poison Ivy, etc. _____
 Hay Fever _____
 Medication _____
 Foods (supply list) _____
 Other (please list) _____

Physician's Name _____ Phone _____ Allergies _____

Insurance Carrier _____ Policy Holder Name _____ Policy Number _____

CHILD PROFILE

The following information will help us to better understand your child and his/her needs:

Special Talents _____

Hobbies _____

Special Interests _____

Peer Relations _____

Fears/Apprehensions _____

What helps your child handle transitions? _____

Special services received through school _____

External stress factors _____

How is anger or frustration expressed? _____

Previous child care programs and why he/she left _____

Custody Orders (attach documentation) _____

Family discipline practices _____

SIBLING INFORMATION

Name	Age	Date of Birth	Currently Enrolled in Y Programs
			Y N
			Y N
			Y N
			Y N
			Y N