

# ENRICHING KIDS INSIDE & OUT

EXERCISE, LEARN,  
AND PLAY AFTER  
THE SCHOOL DAY



Count on the Mendota Area YMCA to make after school care **easy and convenient** by providing our program right in the school. Peace of mind comes from knowing your child is in a safe and nurturing environment.

Lincoln Elementary School 3:00 p.m. -5:30 p.m.

You do not need to be a member to participate.

*If you need financial assistance, scholarships are available and we accept Child Care Assistant Program applications (CCAP) Parent's will need to apply early to be evaluated by the State of Illinois for eligibility.*

Make this transition easier for you & your child by  
having child care right in the school!

**Register today!**



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

For more information contact the Mendota  
Area YMCA at 815.538.2900

## 2021-2022 After School Program Registration

### Child Information (Please Print Legibly)

Name	DOB	Gender	Grade
Address	City	State	Zip

Please check which school your child is attending

- LaSalle Northwest School: Before Care 6:30a – School Starts & After Care until 5:30p  
 Peru Northview School: Before Care 6:30a – School Starts & After Care until 5:30p

### Parent/Guardian #1 (Please Print Legibly)

Full Name	Relation to Child	DOB	
Address	City	State	Zip
Employer Name	Employer Address	Work #	
Home # _____	Cell # _____		

### Parent/Guardian #2 (Please Print Legibly)

Full Name	Relation to Child	DOB	
Address	City	State	Zip
Employer Name	Employer Address	Work #	
Home # _____	Cell # _____		

Please indicate who your child resides with:

- Mother  
 Father  
 Both

## Emergency Contact & Authorized Pick Ups

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Name	Relationship to child	Phone #
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Name	Relationship to child	Phone #
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Name	Relationship to child	Phone #
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## Child's Health Information

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Physician's Name	Address	Phone #
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Insurance Carrier	Policy #
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Physician Restrictions	Allergies	Medications
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## Child's Profile

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Talents	Hobbies/Interests
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Peer Relations	Fears/Apprehensions
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How is anger or frustration expressed?

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Family Discipline practices

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Sibling Names \_\_\_\_\_

## Serving District 289

2021-2022 After Care School Program Billing and Payment Information  
complete one registration per child. Include a registration fee of \$10/per family – Non-refundable.

### Billing Information: (Please Print Legibly)

Full Name	Child's Name	DOB	
Home #	Cell #	Work #	
Address	City	State	Zip
Email Address			

Payment is to be received from the billing party NO later than Friday, the week of attending. For convenience payments are accepted:

- On-Site (School): Cash or Check (Payable to Mendota Area YMCA)
- YMCA Facility: Cash, Check (Payable to Mendota Area YMCA), or Credit Card

If you have questions or concerns, contact YMCA at 815.538.2900

### Billing Agreement

- My child is enrolled in the Mendota Area YMCA After School Program as indicated by my non-refundable registration fee.
- MUST bring a receipt to us for verification of payment.
- I understand checks must be made payable to the Mendota Area YMCA.
- If I need detailed records of my payment history, I can request them from the Illinois Valley YMCA by calling 815.538.2900
- Termination of a bank draft is only by handwritten notification and MUST be turned in by the 10<sup>th</sup> of the month to take immediate effect.
- I understand if payment is NOT received on time, as described above, additional charges may apply.
- Participants with an account in default, for any length of time, will NO longer be able to participate in the program or any other programs/services of the YMCA until the amount in default is paid in full.

My signature acknowledges my understanding of the billing agreement above.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## YMCA/Parent's Responsibility

- The YMCA assumes responsibility for my child's well-being during all attendance. In the case that they YMCA is unable to 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.
- All participants need to be potty trained for the health and safety of the children and staff.
- If I cannot be reached in the event of an emergency, the YMCA is authorized to act for me according to their best judgement. This includes medical care or surgery. I am responsible for the cost of all medical treatment.
- I have provided all information about any special need my child has and will continue to update the YMCA of anything that arises throughout the course of the school year.
- All employees of the YMCA are mandatory reporters on anything that appears as child abuse/neglect.
- Should a child be picked up by someone who appears to be under the influence of drugs, staff has no recourse but to inform the proper authorities.
- Should I fail to pick up my child and the YMCA has failed to contact all of the authorized contacts for pickup after 5:30 to 5:45 pm., there will be a \$5 a minute charge and then the YMCA will contact DCFS and or the Police Officers for assistance.
- I must provide safe transportation to and from the site including check-in/check-out.
- For the safety of your children and increased liability, the Illinois Valley YMCA Before and After School program is requiring that the parent/guardian of each child attending the program MUST bring the child into the school and sign them in for the before school and sign them out when picking them up. Please make extra time available in your schedule for this. NO exceptions.
- The YMCA has permission to use photographs and videos of my child in promotional materials such as brochures, ads, YMCA website, or newspaper releases. I will not be informed or reimbursed.
- Per school's policy, electronics are not allowed.
- Y staff is not responsible for personal items brought to the program.

My signature acknowledges my understanding of the agreement to the above

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# Illinois Valley YMCA Voucher & Refund Policy

## Program Cancellation Information

1. Payment of class fee is required at time of registration in order to secure your enrollment.
2. Certain programs have a separate registration form.
3. Refunds/Credit Vouchers.

## Definitions

**Refund:** The YMCA will send a check for the amount owed to the member/participant.

**Credit Vouchers:** The YMCA will electronically deposit the credit amount into the member/participant's YMCA account (not a bank account).

It can then be redeemed toward any program, product, or service the Illinois Valley YMCA offers.

- a) The YMCA reserves the right to cancel, reschedule, or combine classes that do not have sufficient enrollment. In the event of a canceled class due to lack of enrollment, a full refund or credit will be issued.
- b) A pro-rated refund will only be given if participation ceases due to medical reasons. A note from the doctor will enable one to receive a refund.
- c) There are no credits given for individual classes missed.
- d) No refunds/credits are given on individual classes cancelled due to the weather.
- e) Some programs require a deposit/registration fee that is non-refundable. Participant cancellation in these programs will result in loss of the deposit.
- f) The YMCA will not make up or refund any programs (i.e. swim lessons, aerobic classes, camps, etc.) that fall on a holiday.
- g) For school age care, preschool, and/or camp payments, **NO** refund or vouchers will be given. Example: If you pay for a week of camp/school age care and there is a day missed due to illness, vacation, etc. No refunds/vouchers will be issued for days missed unless there is a medical excuse with a note from your medical provider.

## Program Cancellations

In the event of insufficient enrollment, the YMCA may need to cancel a class. If this occurs, we will contact you and issue a full refund.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please KEEP – for your records**  
**Illinois Valley YMCA Voucher & Refund Policy**

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**Program Cancellations**

In the event of insufficient enrollment, the YMCA may need to cancel a class. If this occurs, we will contact you and issue a full refund.

## Please KEEP – for your records Payment Information

Keep this for your convenience in preparing your weekly payment.  
Available at the YMCA are Payment Envelopes for those who may need them.

Payment is to be received from the billing party NO later than Friday, the week of attending. For convenience, payments are accepted:

- On-Site (School): Cash or Check (Payable to Mendota Area YMCA)
- YMCA Facility: Cash, Check (Payable to Mendota Area), or Credit Card

If you have questions or concerns, contact the YMCA at 815.538.2900

**\*\*Participants with an account in default, for any length of time, will NO longer be able to participate in the program or any other programs/services of the Mendota Area YMCA until the amount in default is paid in full \*\***

***Please be aware that there will be an extra charge after 5:30 until 5:45 of \$5 per minute and if we are not informed that you will be late or we do not know if someone is coming for the child, authorities may need to be called.***

### After Care Cost

Days	1 <sup>st</sup> Child	2 <sup>nd</sup> Child	3 <sup>rd</sup> Child
1	\$13.00	\$10.00	\$7.00
2	\$21.00	\$18.00	\$15.00
3	\$32.00	\$29.00	\$26.00
4	\$38.00	\$35.00	\$32.00
5	\$45.00	\$40.00	\$37.00

If you have any questions, please contact the YMCA at 815.538.2900



## Please Keep – for your records

### YMCA/Parent's Responsibility

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- I have provided all information about any special need my child has and will continue to update the YMCA of anything that arises throughout the course of the school year.
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# 2021-2022 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	\$48	\$40	\$37
4	\$38	\$35	\$32
3	\$32	\$29	\$26
2	\$21	\$18	\$15
1	\$13	\$10	\$7

## 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 _____	<b>Allergies</b>	
Asthma _____	Injury _____	Nuts/Peanuts _____
Special Diet _____	Convulsions _____	Insect Stings _____
Behavior Challenges _____	Diabetes _____	Poison Ivy, etc. _____
Hearing _____	ADD/ADHD _____	Hay Fever _____
Visions _____	Operations _____	Medication _____
Ear Infections _____		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