



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Stephens Family YMCA

2020-2021 After School Child Care Program Enrollment Contract

2501 Field South Drive Champaign, IL 61822, 217-239-2811

This form must be filled out completely. Please check all appropriate boxes and sign the bottom of this contract. Complete one contract per child being enrolled in program.

Child's Name _____ Birthdate ____/____/____

Address _____

City _____ State _____ Zip _____ Phone _____

YMCA Member Yes No Email _____

Father's Name _____ Business Phone _____

Mother's Name _____ Business Phone _____

School Name _____ Teacher's Name _____

Child's Grade _____ Date Starting in this program ____/____/____

The rates appearing below are **monthly** rates. Payment for After School Child Care is **scheduled and drafted** on the 1st of every month. After School Child Care begins at the end of the school day and children must be picked up by 6 pm. All changes to registration must be submitted to the Youth Director before the 1st of the month.

Check how often child will be attending:

- 3 days/week \$215
- 4 days/week \$230
- 5 days/week \$240
- Each additional child will be \$185 per month

Check the days attending the After School program:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

Parent/ Guardian Signature

Date

YMCA SCHOOL AGE CHILD CARE ENROLLMENT INFORMATION
(Please complete one for each child enrolling in the program)

CHILD/STUDENT INFORMATION

Child's Name _____ Enrollment Date ___/___/_____
Birthdate ___/___/_____
Circle: Male Female
Home Address _____

School your child attends _____
Age _____ Grade _____ Teacher _____

PARENT/GUARDIAN INFORMATION

MOTHER/GUARDIAN _____
Address _____
Home Phone _____ Work Phone _____ Cell Phone _____
Employer/Address: _____

Normal Work Hours _____

FATHER/ GUARDIAN _____
Address _____
Home Phone _____ Work Phone _____ Cell Phone _____
Employer/Address: _____

Normal Work Hours _____

Pick-Up Authorization

The following people are authorized to pick-up my child from Y After School Child Care Program. I understand that the people listed below are required to show identification if requested and that staff will verify their permission to pick-up my child with this form if needed.

(Parents please include your names if applicable)

Name	Relationship	Daytime Phone
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Name	Relationship	Daytime Phone
------	--------------	---------------

Name	Relationship	Daytime Phone
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Name	Relationship	Daytime Phone
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Name	Relationship	Daytime Phone
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If applicable, legal custody of child is retained by:

If applicable, my child is not authorized to be picked up by the following person(s) for reasons pertaining to custody or other legal matters:

Name	Relationship
------	--------------

Name	Relationship
------	--------------

I attest that the above information is correct to my knowledge and I understand that I am responsible for submitting any changes to the above information in writing to the Youth Director.

Parent/Guardian Signature _____

Date _____

Medical and Medication Authorization Form

Parent or legal guardian must complete and sign this form and document any changes to original medication on this form.

Known allergies

Special Health Considerations

Behavioral Problems

Child's doctor and hospital affiliation

All medications must be given directly to the After School Site Coordinator for safe storage. Medications are not allowed to be kept or stored by a child in the After School Child Care program.

YMCA staff will keep a record of the receipt and administration of any medication; parents have access to these records upon request at any time. YMCA staff is not allowed to administer medication unless it is in its original container with all original labels attached.

Name of medication(s) taken:

(1) _____ at _____ AM/PM

(2) _____ at _____ AM/PM

Prescribed dosage regarding this medication and/or any special instructions:

I, _____, give YMCA staff permission to administer the above-mentioned medications to my child at the designated time. I understand that if anything changes in regards to this medication I am responsible for informing the YMCA staff in writing.

Please Sign in here if your child *does not* require any type of medication/or specific help.

Name

Date

After School Child Care Bank Draft Authorization

I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for my monthly after school payments. It is understood that to change such draft I must notify the YMCA in writing the Monday at noon prior to the desired cancelled draft. When the bank honors the draft by charging my account, such drafts constitute as my receipt for payment. I understand that I will not receive any end of the year statement for a tax purposes therefore I must track this information on my own. Should any draft not be honored by said bank, it is understood that full payment plus a \$25 NSF fee is to be paid immediately to the YMCA and until this is done my child may not attend the YMCA after school program. If, at any time, my bank information changes, I must notify the YMCA business office by Monday at noon prior to the week this change will take place. This should be done by completing the bank draft authorization form again. My after school draft will take place on the 1st day of the month. A voided check or savings account information is required with all bank draft applications.

_____ Checking/Savings Account Draft

____ attached voided check or deposit slip

_____ Credit Card Draft

__ Visa __ Discover __ MasterCard

Last 4 Digits _____ Expiration Date _____

_____ Print name of draftee

_____ Signature of draftee

_____ Date

For office use only:

This form is to be sent to the business office then to the child care office to be kept in the child's file.

Cancelled bank draft _____ Canceled in Daxko _____
Date/ staff Date/ staff



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Child's Name _____

Parent/Guardian's Name _____

Parent/Guardian's Name _____

Date _____

WAIVER

I understand the Stephens Family YMCA assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports programs, the use of any equipment, exercise, or any other activities or programs. I acknowledge that I assume the risk for any and all injuries and illnesses, which may result from my child's participation in these activities. I hereby release and discharge the Stephens Family YMCA, its agents, servants, and employees from any and all claims for injury, illnesses, death, loss or damage, which my child may suffer as a result of his/her participation in these activities.

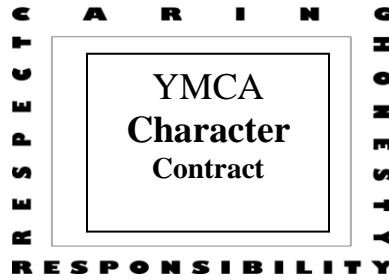
PHOTOGRAPHS

Occasionally, the YMCA takes photos of our program participants and members enjoying programs, special events, or facilities. These photographs are for YMCA publications, brochures, advertisements, or Web pages. Photographs are used at the discretion of the YMCA and become its sole property. By acceptance of membership or by registration in a program, members and guest members give their permission to the YMCA to use without limit and obligation, photographs, film footage, or tape recordings, which may include their image or voice for purposes of promoting the YMCA. **If you do not wish to have your photo or your child's photo used**, please contact the Youth Director at (217) 239-2811.

I, _____ have received the 2020-2021 Parent Handbook for the Y After School Program. I agree that it is my responsibility to read and adhere to the policies and procedures of the Y After School Program. I have read and understand the Y Child Care Program's guidance and discipline policies.

Parent/Guardian Signature

Date



Child's Last / First Name _____ Age _____

The goal of our After School program is to provide an atmosphere for children to develop a variety of new and known skills while building relationships and enjoying healthy activities. Throughout the year we continue with our Character Development Mission to develop Respect, Responsibility, Caring, and Honesty among our students. This Character Contract is for you to read, discuss, and initial together as a family.

_____ **Appropriate Conversation** – Student's discussions will remain appropriate at all times. Any conversations of inappropriate topics or using words that contribute to demeaning conversations about other participants or staff will not be allowed.

_____ **Appropriate Language** – Students will use caring and respectful language and must refrain from using obscene language or gestures for any reason.

_____ **Appropriate Play** – Students are asked not to engage in any horseplay with each other or with a staff member. No one will be allowed to hit, kick, push or display any type of aggressive behavior. Appropriate words will be used to settle our differences. Students will keep their hands and feet to themselves.

_____ **Respect** – When asked to do or not to do something, the student needs to show respect and follow directions the first time they are given. This is for the safety of all children. Students are expected to speak to staff & other children with respect.

_____ **Caring** - It is important to use and care for equipment, toys and games properly so that other children can enjoy them after us. The students will also be asked to show respect to the property of the YMCA, the School, other children, and of the YMCA staff.

_____ **Responsibility** – Students are responsible for all of their personal belongings. They must remain within eyesight of the staff at all times. Our number one goal is for students to be safe and have fun.

_____ **Honesty** – Students and staff alike will be asked to be honest and build trusting relationships while at the After School program.