



Kankakee YMCA Child Care Center

REGISTRATION PACKET

Enrollment Checklist

Revised August 2024

All forms must be completed before your child will be registered

Items Included in this Registration Packet	PARENT INITIALS	STAFF INITIALS
Enrollment Form – Completed, Signed & Dated		
Service Agreement		
Parent Handbook – Signed & Dated		
Summary of Licensing Standards for Day Care Centers – Signed & Dated		
Automatic Bank Draft Authorization		
Enrollment Agreement – Signed & Dated		
Medication Authorization – Signed & Dated (If Applicable)		
Liability Waiver – Signed & Dated		
Photo/Video Release – Signed & Dated		
Attendance Policy – Signed & Dated		
Items for you to keep		
<i>Menu</i>	<i>School Supply List</i>	<i>DCFS Licensing Standards</i>
<i>Calendar</i>	<i>Parent Handbook</i>	
Items you need to bring with you		
Health Examination – Within six months, signed and dated by a Doctor, Current Immunizations, TB test or Dr's note, lead screen test or Dr's note		
Original Certified (Stamped) Birth Certificate – We will make a copy		
Non-Refundable Registration Fee: \$50 per family		

Staff Use Only:

Rec'd Date: ____ / ____ / ____

Rec'd Time: ____ : ____ AM / PM



Kankakee YMCA Child Care Center

Please provide all requested information. To comply with State laws
all sections of this form must be completed before we can accept any child
for care.

Date Enrolled:
Start Date:

CHILD'S INFORMATION

Child's Name:	D.O.B.:	Age:	
Street Address:	City:	State:	Phone:
Resides With:	Gender: Male Female	Ethnicity:	

PARENT/LEGAL GUARDIAN INFORMATION

Name:	Name:		
Relation to Child:	D.O.B.:	Relation to Child:	D.O.B.:
Address: (If different than child's)		Address: (If different than child's)	
Street Address:		Street Address:	
City/Zip:		City/Zip:	
Driver's License #:		Driver's License #:	
E-mail:		E-mail:	
Home #:		Home #:	
Work # w/ext.:		Work # w/ext.:	
Employer:		Employer:	
Employer Address:		Employer Address:	
Hours of Employment:		Hours of Employment:	
Authorized to pick-up child* ☐ YES ☐ NO		Authorized to pick-up child* ☐ YES ☐ NO	

*When a parent is NOT authorized to pick up, we MUST have a copy of court documentation.

In case of divorce or legal separation are you:

☐ Sole Custodial Parent ☐ Residential Custodial Parent ☐ Non Residential Custodial Parent

☐ Legal Guardian

Please provide copies of court documentation

ADULTS AUTHORIZED TO PICK UP CHILD AND/OR TO BE CONTACTED IN CASE OF EMERGENCY

Please fill out completely

Name:	D.O.B.	Name:	D.O.B.
Address:		Address:	
Relation to Child:		Relation to Child:	
Work #:		Work #:	
Phone #:		Phone #:	
E-mail:		E-mail:	
Name:	D.O.B.	Name:	D.O.B.
Address:		Address:	
Relation to Child:		Relation to Child:	
Work #:		Work #:	
Phone #:		Phone #:	
E-mail:		E-mail:	
Name:	D.O.B.	Name:	D.O.B.
Address:		Address:	
Relation to Child:		Relation to Child:	
Work #:		Work #:	
Phone #:		Phone #:	
E-mail:		E-mail:	

In case of emergency, if someone other than the individuals listed above are going to pick up your child from the program, call the Child Care Director immediately. The Director will ask you for your driver's license number to verify your identity over phone.

ALL INDIVIDUALS PICKING UP A CHILD FROM THE SITE MUST PRESENT A VALID PHOTO ID.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

☐ My child HAS a regular physician. Below is the information for my physician, hospital preferences.

☐ My child DOES NOT HAVE a regular physician. We use any doctor on duty at the hospital listed below

Name of Physician:

Address:

Phone:

Hospital Preference:

Address:

Phone:

Is your child covered under any medical insurance policy? ☐ YES ☐ NO

Insurance Co.:

Group#:

Policy Holder's Name:

Policy#:

In the event that I cannot be reached to make arrangements for emergency medical attention emergency services will be called to my child's location and my child may be transferred to the nearest hospital.

SPECIAL CONCERNS/NEEDS

The YMCA believes that each child in our care is a unique individual with special needs. Help us to provide the best care for your child by providing us as much information as possible. We strongly encourage you to meet with the director and visit the program prior to enrolling your child.

Please give information about special concerns and needs including (but not limited to): allergies, existing illness, previous serious illness and/or injuries, disabilities, hospitalizations in the past 12 months, long-term health problems, continuous use medication, etc. Please write N/A if none apply to your child.

Please explain if there are certain situations that may cause your child difficulty. How can we best work with you and/or your child to help in these situations? Does your child have any limitations or require any special provisions?

Does your child require any special accommodations?

☐ YES ☐ NO

(If yes, please contact the Day Care Director)



Program Attendance Information

Please list the hours your child will be in care (no more than 10)

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Payment Options	Member Pricing	Prospective Member Pricing
Infant/Toddler (6 weeks– 23 months)	\$320/week	\$340/week
2 yr. old (24-35 months)	\$255/week	\$275/week
Preschool (3-5 yr. old)	\$215/week	\$235/week

\$50 Enrollment fee per family

10% off Multiple Children (Includes all YMCA Childcare: Infant-12yr. old)

Tuition free vacation—1 week per calendar year

CCR&R Accepted (Need help applying? Ask us how!)

Weekly payments will be paid on Thursdays via automatic bank draft from a checking/savings account or debit/credit card

Kankakee YMCA Child Care Center

Automatic Bank Draft Authorization

Child(ren's) Name(s): _____

Program Enrollment Date: ____/____/____

Program Start Date: ____/____/____

Please circle one of the following:

Weekly Dues	Infant/Toddler	2 yr. old	Preschool
Y Member	\$320	\$255	\$215
Prospective Member	\$340	\$275	\$235

Payment Method:
(Please Circle One)

Checking Account

Credit/Debit Card

Savings Account

Checking or Savings Account: Routing # _____ Account # _____

Debit/Credit Card: Card #: _____ Expiration Date: ____/____

-Electronic Fund Transfer is the only payment option for The Kankakee YMCA Child Care Center.

Automatic Bank Draft Authorization

I authorize the Kankakee Area YMCA to present an automatic draft, as outlined above, against my account for my Kankakee YMCA Child Care fees according to the payment option that I have chosen above. I understand that I may withdraw from the program and cancel the bank draft with a written notice completed at least 10 business days prior to draft.

I also understand that if the draft is returned unpaid, I will be charged a service fee of \$30.00 (for insufficient funds) or \$10 (for all other return reasons) and the draft will be presented again for payment.

Signature: _____

Print Name: _____ Date: ____/____/____

For Office Use Only:

☐ Registered

☐ Scheduled

☐ Registration Fee & First Payment Paid

YMCA Child Care Center Program Enrollment Agreement

Please read carefully and sign below

-  I understand that if unforeseen events make withdrawal from the program necessary, I will give written notification to the Child Care Director 10 days in advance.
-  I understand that I am financially responsible for the services provided regardless of my child's attendance, even in the event of illness.
-  I understand that if I receive financial assistance through CCR&R my child must be in attendance at least 70% of the month (i.e., 14/20 days). Failure to meet this requirement will result in payment out of pocket to cover unattended days.
-  I understand that my child will not be released to any person(s) not listed on the enrollment form. In case of any emergency, an emergency release plan will be followed.
-  I understand that my child will not be released to any person(s) who seem(s) to be under the influence of drugs or alcohol.
-  I understand that my child must be signed in and out daily by myself or my designee (as listed on the enrollment form).
-  If my child is experiencing problems in the program, a conference will be arranged between the parent, staff and Day Care Director and the discipline policy will be implemented.
-  The YMCA reserves the right to terminate child care services if it is determined the placement is unsatisfactory.
-  All information provided at the time of enrollment is complete and accurate. Any false or inaccurate information may lead to termination of services.
-  I understand that if any changes are made to the above information, it is my responsibility to give written notification to the Child Care Director.
-  I have received, read and agree to abide by all policies, procedures and fee requirements as outlined in the parent handbook. I will also make my authorized pickup person(s) aware of the policies and procedures.
-  I do give consent for my child to take part in field trips or excursions with this child care facility under proper supervision. ☐ YES ☐ NO
-  I understand I will be notified when such trips are planned and that I must give written permission for each field trip or excursion.
-  When my child is ill, it is understood and agreed that he/she may not be accepted for care.
-  I have received a copy of the Licensing Standards for Day Care Centers in Illinois.
-  I understand that I will be notified at once in case of accident or illness to my child and I will make arrangements for medical care of my child with the physicians or hospital of my choice.
-  If 911 is called and the child is sent to the hospital the Kankakee YMCA Child Care Center Staff will notify the parents and Day Care Director as soon as possible.

Parent or Legal Guardian Signature: _____ **Date:** _____

[illegible]

Kankakee Area YMCA

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT



Participants Name: _____ Program: Kankakee YMCA Child Care Center

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releasees 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.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED also gives permission to the YMCA to use, without limitations or obligation; photographs, video images, or tape recordings, which may include image or voice for purposes of promoting or interpreting YMCA programs.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE

I HAVE READ THIS RELEASE

_____/_____/_____
Date

Participant's Signature

_____/_____/_____
Date

Parent or Guardian's Signature
(if participant is legally a minor)



YMCA PHOTO/AUDIO VISUAL/NARRATIVE RELEASE

I am 18 years of age or older and, if not, my parent or legal guardian has also provided their consent by signing below.

Consent & License. For my participation in activities to be conducted by the Kankakee Area YMCA and collaborating third parties, I consent, now and for all time, to the making, reproduction, editing, broadcasting or rebroadcasting of:

video film or footage of me,
sound track recordings of me
photo reproductions of me
any narrative account of my experience

My consent includes a perpetual license to the Y and collaborating third-parties for the use of the above materials for publication, display, sale or exhibition in promotions, advertising, education and commercial uses. Use includes reproductions in any form and media currently existing or later conceived, adaptations and/or revisions, throughout the world in perpetuity.

I understand and agree there may be no additional compensation for this license, and I will not make any claim for payment of any kind from the Y or collaborating third-parties. I may, or may not be, identified in such licensed uses; however, my name will not be used to endorse any particular products or services.

Ownership, Confidentiality, and Shared Use. With respect to any of the above uses, I further agree:

All works shall belong to Kankakee Area YMCA;
The Y has no duty of confidentiality regarding any licensed uses;
Kankakee Area YMCA shall exclusively own all known or later existing rights to the uses throughout the world;
The Y and collaborating third-parties may use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account for any purpose without additional compensation to me.

Release from Liability. I agree that my consent is irrevocable. I hereby release and discharge The Y and collaborating third-parties, from any and all claims, actions, lawsuits or demands of any kind arising out of my consent, license grants, uses, or the shared uses of any works or materials referenced herein.

Signature: _____

Date: _____

Printed Name: _____

Age: _____

Address: _____

I am the parent or legal guardian of _____ I hereby consent and grant the licenses detailed in the foregoing on behalf of my minor child.

Signature of parent or legal guardian: _____

Printed name: _____



Attendance, Late Fee & Pick-up Policies

Drop off/ Pick up at Kankakee Area Child Care Center

Parents/Guardians/Authorized persons must come into the Center to sign their child/children in or out before leaving the YMCA Child Care Center. This is a good time for teachers and parents to touch base and to assure the safety of the child/children.

Late Fee/Daily Tardiness

There will be a late fee if your child is not picked up by 6:00pm. The fee is \$5.00 for the first ten (10) minutes and after 6:10pm \$1.00 per minute per family for every minute you are late. The late fee serves as a means to cover staff expenses associated with late pick-up. We will begin calling emergency contacts to pick up children remaining after 6:30pm. The Late Policy will be strictly enforced.

Failure to Pick-up Child

In the event that you or someone else fails to pick up your child, the following will happen:

1. All phone numbers we have on file for your child will be called. Please make sure any contact numbers are up-to-date so that we can reach you and/or other authorized persons in case of an emergency!
2. If no contact can be made at those numbers, we will continually assure the child that everything is okay. We will only communicate with parents/guardians about any late pick-ups to ensure your child does not feel responsible in any way.
3. We will notify the Child Care Director and the CEO to determine the appropriate next steps, which may include calling police and/or social services. I have read and hereby agree to the policy stated above.

Guidance and Discipline Policy

The philosophy of the program is based on respect to all. We relate to children on an individual basis. At times, discipline procedures may become necessary. Effective discipline permits a child to learn appropriate behavior through consequences. The Kankakee YMCA Childcare tries to set limits, help children understand rules, and give clear definitions of acceptable and unacceptable behavior. Our center does enforce a three-strike policy. However, your child will receive additional warnings before being given a strike. These actions include time-outs no longer than one minute for each year of your child's age or writing a letter explaining his or her actions to parent.

Strikes will automatically be given to children for the following reasons: Fist fighting of any kind, verbal, or physical abuse to teacher, stealing, destruction of program property, profanity of any kind, and exposing oneself or exhibiting inappropriate sexual behaviors to other children.

A child who exhibits behavior deemed inappropriate or disruptive to the program more than twice in one day will be disciplined according to the following guidelines:

First Incident:

Child will be given a 5 minute time out.

Second Incident:

Child will be given a 7 minute time out.

Third Incident:

Parents will be contacted and notified that any additional incidents will result in dismissal for the day.

Fourth Incident:

Parents will be contacted, and child will be dismissed for the remainder of the day.

Signature

Date

I have read and hereby agree to the terms in this contract. I understand and I am aware of all the policies and procedures of the Kankakee YMCA Child Care Center and have received the Parent Handbook.

_____ Parent/Guardian Signature

_____ Date

_____ Email for Communication

Child(ren)'s Name(s):

Please sign below when you have been given your copy of the DCFS Licensing Standards

CFS 5&1
Rev. 12/2000

State of Illinois
Illinois Department of Children and Family Services

VERIFICATION OF RECEIPT

I/WE, _____
Please Print Name(s)

parent(s) of _____, hereby certify that I/we have
Name(s) of Child(ren)
received a copy of a summary of licensing standards printed by the Illinois Department of Children and Family Services.

Signature of Parent

Date

Signature of Parent

Date

THIS COMPLETED FORM IS TO BE PLACED IN EACH CHILD'S FILE AT THE DAY CARE FACILITY.