



Child's Name: _____

School Site: Kennedy

Je-Neir

Shepard

Enrollment Date: ____/____/____

King











Bradley West

Bradley East

Kankakee Area YMCA Before & After School Child Care 2019-2020 Enrollment Packet Checklist

All forms must be completed before your child will be registered for Before & After School Child Care.

This page to be completed by Parent & YMCA staff.

| Required Documents | Parent Initials | Y Staff initials |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------|
|  Completed Registration Form (1 per child) | | |
|  Signed Bank Draft Authorization (1 per family) | | |
|  Signed Parent Handbook Acknowledgement (1 per family) Electronic Signature | | |
|  Signed Liability Waiver (1 per family) Electronic Signature | | |
|  Signed Summary of Licensing Standards for Day Care Centers (1 per family) | | |
|  Medication Authorization (Form provided upon request) | | |
|  Signed Attendance, Late Fee & Pick-up Policy (1 per family) Electronic Signature | | |
|  Original Birth Certificate (for each child) (The Y will copy) | | |
|  Health Information (for each child) (Most recent school physical may be used, even if more than 6 months old. There must be a doctor's signature, immunizations and lead/TB screenings on the submitted form) | | |
|  Custody Agreement/Court Order (If Applicable) | | |

YMCA Mission

To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

Kankakee Area YMCA • 1075 N. Kennedy Drive • Kankakee, IL 60901

815-933-1741 • www.k3ymca.org





2019-2020

Kankakee Area YMCA School Age Child Care Enrollment Form

This enrollment packet must be completed before any child may attend the program

| | | | | |
|---------------------------------------------------------|---------------------|----------------------------------------------------|---------------------------------------------|----------------------------------|
| Child's Name | | Gender | Age | Birthdate (MM/DD/YYYY) |
| Child's Primary Home Address (Street, City, State, Zip) | | Home Telephone () | | Guardian (w/ whom child resides) |
| School Name | | Grade | | Teacher's Name & Room # |
| Mother's or Guardian's Name | | D.O.B. | Cell Phone () | |
| Home Address (if different) (Street, City, State, Zip) | | If shared custody, describe custodial information* | | |
| Employer | Hours of Employment | | Business Address (Street, City, State, Zip) | |
| Business Phone () | | Mother's Driver's License Number (REQUIRED) | | |
| E-Mail Address | | | | |
| Father's or Guardian's Name | | D.O.B. | Cell Phone () | |
| Home Address (if different) (Street, City, State, Zip) | | If shared custody, describe custodial information* | | |
| Employer | Hours of Employment | | Business Address (Street, City, State, Zip) | |
| Business Phone () | | Father's Driver's License Number (REQUIRED) | | |
| E-Mail Address | | | | |



Health Report and Comments on Child's Development For School Age Child Care

Child's Health History and Current Health Problems

List any allergies, special medical or physical conditions or problems the YMCA should be aware of, including chronic health problems:

List any special medications for chronic problems and/or restrictions for child's care:

Use the space below to note any habits, language or special conditions that the school age child care staff should be aware of:

*Additional forms are required for enrollment of children with chronic/severe health conditions and children with Individual Education Plans (IEP) and/or Behavior Management Plans (BMP). Please contact the Sr. Program Director at the YMCA for these forms and procedures.

Medication

Only prescription medication (no over-the-counter medication) will be administered. If your child will need to take medication during program hours, a Medication Authorization Form must be completed. The Medication Authorization form includes space for the staff to record the administration of the medicine. Do not send medications with the child. Medicine must be handed to a staff member by the parent. All medications must be kept by the staff in the locked medicine box. Children are not permitted to keep medications in their book bags or pockets.

PRESCRIPTION MEDICATION MUST BE IN THE ORIGINAL CONTAINER AND LABELED WITH THE CHILD'S NAME, INSTRUCTIONS, INCLUDING TIMES AND AMOUNTS FOR DOSAGES AND THE PHYSICIAN'S NAME.

To my knowledge, my child is in good health, free of disabilities that would endanger him/her or other children in the Y School Age Child Care program.

Parent or Legal Guardian Signature: _____ Date: _____

Program Attendance Information

My child will be attending the program during the following times/days (please circle):

| | | | | | |
|-----------|---------------|----------------|------------------|-----------------|---------------|
| AM | Monday | Tuesday | Wednesday | Thursday | Friday |
| PM | Monday | Tuesday | Wednesday | Thursday | Friday |

My child has my permission to leave the program or arrive late to the program for the following activities:

| | | |
|-----------|-------------|----------|
| Activity: | Start Time: | Date(s): |
|-----------|-------------|----------|

Please notify a SACC site staff member of any changes throughout the school year.

Emergency Contacts Authorized Pickup List

| Name of Contact | D.O.B. | Relationship to Child | Home Address | Telephone |
|-----------------|--------|-----------------------|--------------|-----------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

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















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

Parent or Legal Guardian Signature: _____ Date: _____




YMCA School Age Child Care 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 Sr. Program 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 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 seems 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 Sr. Program 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.
-  I understand that in the event that school is cancelled or dismissed early due to unfavorable conditions (such as bad weather, water main break, etc.), the YMCA services may also be cancelled. There is no refund for services due to unforeseen school cancellations or unscheduled early dismissals.
-  If I choose for my child to participate in the School's Out Days, I understand that I must register and pay in advance. (Families enrolled in monthly full time care will need to register but cost is included in their monthly fee).
-  I understand that care for early dismissal days and/or holidays may be cancelled if enough registrations are not received 5 days in advance.
-  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 the YMCA will communicate and collaborate with the school on an ongoing basis about my child(ren) and their individual needs while enrolled in the program.
-  I understand that if any changes are made to the above information, it is my responsibility to give written notification to both the YMCA Sr. Program Director and my child's School Age Child Care site staff.
-  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.

Parent or Legal Guardian Signature: _____ Date: _____


Permissions & Agreements

 I grant the YMCA, its agents and the news media the right to photograph for promotional or news purposes.


Yes No

 I grant the Kankakee Area YMCA, its agents and the news media the right to record our voices or note our comments to use for promotional purposes or for television, newspaper, magazine or radio news stories.


Yes No


 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 SACC Site Staff will notify the parents & the Sr. Program Director as soon as possible.

If I cannot be reached to make necessary arrangements or in a critical emergency requiring medical care, I hereby authorize the YMCA to contact:

| | | |
|---------------------------------------------------|--------------|---------------|
| Doctor/Clinic Name | Address | Telephone |
| Hospital (may be determined by medical personnel) | Address | Telephone |
| Insurance Name | Group Number | Policy Number |

**THE YMCA DOES NOT PROVIDE ACCIDENT INSURANCE FOR YOUR CHILD.
THIS IS THE RESPONSIBILITY OF THE PARENT.**

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



| | | | |
|--------------|-------|----------------|---------------|
| Child's Name | Grade | Teacher's Name | School's Name |
|--------------|-------|----------------|---------------|

Please complete the section below.

If there is an emergency school closure or unscheduled early dismissal, my child will:






Ride the school bus home: This must be pre-arranged with your child's school

Parent will pick-up child:

| | |
|-------------------------|------------|
| Mother/Guardian's Name: | Day Phone: |
| Father/Guardian's Name | Day Phone: |

Ride home with another adult:

| | |
|-------------------------------|------------|
| Alternate Adult Pick up Name: | Day Phone: |
|-------------------------------|------------|

-  If there is any change in the above procedure please notify our Sr. Program Director and your child's school office at once. This notification must be in writing.
-  I understand that it is my responsibility to ask the school office about their procedure for emergency closure/dismissal.
-  In the event of a school emergency closure/dismissal I understand that I will not be contacted by the YMCA.
-  I have discussed the above procedures with my child.
-  I understand this information will be duplicated and shared with my child's school office.

Parent or Legal Guardian Signature: _____ Date: _____

CFS 581
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.





Kankakee Area YMCA Before & After School Child Care Automatic Bank Draft

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

Program Enrollment Date: ___/___/_____ Program Start Date: ___/___/_____

Payment Options: (Please Circle Choices--see payment options on reverse side for draft amounts)

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------------|---------------------------------------|
| Weekly | Full Time 3/4 Days 1/2 Days | AM PM AM/PM | Draft Amount: \$_____ |
| -Automatic bank draft occurs the Thursday prior to the week of service. -Weekly participants must pay the additional \$26.00 fee for School's Out Days -Weekly participants receive a 10% discount for additional children | | | |
| Monthly | Member: \$240/month | Non-Member: \$260/month | CCR&R Co-pay \$_____/month |
| -Fund Transfer occurs on the first of the month of service. -Monthly participants receive a 10% discount for additional children -Monthly participants pay NO additional fee for School's Out Days | | | |

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 Before & After School Child Care program.
-Weekly participants are responsible for registering to attend any School's Out Day prior to the date of service and for payment of the required fee. School's Out Day fees will not be automatically deducted.

Automatic Bank Draft Authorization

I authorize the Kankakee Area YMCA to present an automatic draft, as outlined above, against my account for my Before & After School 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 I choose the part-time option, I can cancel specific weeks of service with a written notice completed at least 10 business days prior to the draft.

I also understand that if the draft is returned unpaid, I will be charged a service fee of \$25.00 and the draft will be presented again for payment.

Signature: _____ Date: ___/___/_____

Print Name: _____

For Office Use Only: Registered Scheduled Registration Fee & First Payment Paid



