Child's Name: _____

Enrollment Date: _____/_____/_____

Please circle school attending below

Bonfield	Bradley East	Bradley West	LeVasseur
Kennedy	Liberty	Shabbona	St. George

Kankakee Area YMCA

Before & After School Child Care

2026-2027 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| Photo/Audio Visual/Narrative Release (*1 per family*) Electronic Signature		
Medication Authorization (Form provided upon request)		
Signed Attendance, Late Fee & Pick-up Policy (*1 per family*) Electronic Signature		
Signed Y-Kids Behavior & Expectations (*1 per child*)		
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

Staff Use Only:

Rec'd Date: _____/_____/_____

Rec'd Time: _____:_____ AM / PM

2026-2027

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 Youth Director at the YMCA for these forms and procedures.

Check any or all that apply to your child:

- ☐ Chronic/Severe Health Condition (Asthma, Diabetes, etc.)
- ☐ Individual Education Plan (IEP)
- ☐ Behavior Management Plan
- ☐ Custodial Agreement

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. The staff must keep all medications 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 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 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 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 Youth 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 the cost is included in their monthly fee.) I understand there is a required minimum attendance of 12 children for school sites to run the program and for a School Out Day to run.
- I understand that care for early dismissal days and/or holidays may be cancelled if enough registrations are not received 5 days in advance.
- I understand that if I receive CCRR assistance, I must follow the attendance policy, and if I do not, I risk the removal of my child in the program.
- 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 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 childcare 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 understand that The Kankakee Area YMCA's Y-Kids program operates under a License-Exempt status as recognized by the Illinois Department of Children and Family Services (DCFS). While we follow the YMCA's internal safety, health, and program standards that meet or exceed DCFS guidelines, our program is not DCFS-licensed.
- I understand that I will be notified at once in case of an 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.
- I understand that the YMCA operates its programs in facilities designated as <u>No Weapons / No Guns Allowed</u> areas in accordance with Illinois state law and DCFS regulations for license-exempt childcare programs.
- If 911 is called and the child is sent to the hospital, the SACC Site Staff will notify the parents & the 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: _____

PLEASE COMPLETE THE SECTION BELOW.

Child's Name	Grade	Teacher's Name	School's Name

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 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: _____

Kankakee Area YMCA Before & After School Child Care

Automatic Bank Draft

Child(ren's) Name(s): _____ Y-kid's Site: _____

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

Payment Options: (Please Circle Choices-*See payment options on insert for draft amounts*)

Weekly	**Full Time:**	**AM**	**PM**	**AM/PM**	**Draft Amount: $_____**
-Automatic bank draft occurs the Thursday prior to the week of service. -Weekly participants must pay the additional $40(member)/$50(prospective member) fee for School's Out Days -Weekly participants receive a 10% discount for additional children (does not apply for CCR&R)					
Monthly	**Member: $360/month**		**Non-Member: $460/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 (does not apply for CCR&R) -Monthly participants pay NO additional fee for School's Out Days or Remote Learning Days					

Payment Method:	Credit Card	Debit Card

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 $30.00 or $10.00/$15.00 (depending on return type) **and the draft will be presented again for payment.**

Signature: _____ Date: _____/_____/_____

Print Name: _____

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

Before & After School Behavior Guidelines & Expectations

At the Kankakee Area YMCA, we strive to provide a **safe, inclusive, and fun environment** for all participants. To ensure a positive experience, all children and families must understand and follow the guidelines below.

🎒 Personal Belongings & Electronics

Participants may **not** bring personal items from home, including but not limited to:

❌ Electronic devices (phones, tablets, gaming systems, etc.)
❌ Sharp objects, weapons, firearms, explosives
❌ Toys, trading cards, or other non-essential items

The YMCA is not responsible for lost, stolen, or damaged items. Staff may confiscate prohibited items.

⭐ Behavior Expectations

Participants are expected to demonstrate the **YMCA Core Values**:

- 💙 *Caring*
- 🤝 *Honesty*
- ❤️ *Respect*
- 💪 *Responsibility*
- 🙏 *Faith*

✅ Participant Conduct

✔ Treat fellow participants, staff, and property with respect
✔ Follow directions from staff the first time they are given
✔ Stay with the group and ask permission before leaving an area
✔ Use appropriate language and kind words
✔ Participate in activities with a positive attitude
✔ Practice self-control and problem-solving

🚫 Unacceptable Behavior

❌ Bullying, verbal outbursts, or physical aggression (hitting, kicking, biting, spitting, scratching)
❌ Running away or refusing to follow instructions
❌ Destruction of property or stealing
❌ Threatening, intimidating, or disrespecting staff or others
❌ Any actions that pose a danger to self or others

🛠️ Behavior Management & Discipline Process

We use **positive reinforcement** whenever possible. When discipline is required, staff follow a **progressive system** to ensure fairness and consistency:

1️⃣ **Redirection & Reminder** – Staff will guide the child toward better choices and peaceful solutions.
2️⃣ **Removal from Activity** – If behavior continues, child may be removed from the activity for a short period (up to 10 minutes).
3️⃣ **Behavior Report & Parent Notification** – Continued issues will be documented and require a parent signature.
4️⃣ **Parent Conference & Behavior Agreement** – If behavior persists, a formal meeting and signed agreement may be required.

⚠️ Consequences for Severe or Repeated Behavior Issues

⛔ Suspension from Activities – Loss of privileges (e.g., gym or free time)
⛔ Temporary Suspension from Program – 1 to 5 days depending on severity
⛔ Expulsion – If behavior continues to be harmful or unsafe, the child may be removed from the program without refund

💬 *If your child is suspended from school, they may not attend the Y-Kids program during that time.*

✍️ Parent/Guardian Agreement

By signing below, I acknowledge that I have read and reviewed the Y-Kids Behavior Expectations with my child. We understand and agree to follow the policies above and know the list is not exclusive and is an overview of the handbook, and more details can be found there.

Child's Name: _____

Parent/Guardian Signature: _____

Date: _____