

**Golden Corridor Family YMCA- Gilberts Elementary  
After School Achievement Academy  
Parent Packet Checklist 2018-2019**



**Child's/Family Name:** \_\_\_\_\_

<u>Required Information</u>	<u>Completed</u>
<b>Registration Form</b>	_____
<b>Bank Draft Form</b>	_____
<b>Emergency Information/Pick-Up Form</b>	_____
<b>Release and Waiver of Liability&amp; Indemnity Agreement</b>	_____
<b>Medical Form with Current Physical and Immunizations (per child)</b>	_____
<b>Character Contract signed by each child</b>	_____
<b>Parent Handbook Acknowledgment</b>	_____

**(\* All paperwork must be completed and at the YMCA upon registration.)**

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Starting Date: \_\_\_\_\_  
Discharge Date: \_\_\_\_\_



**Golden Corridor Family YMCA- Gilberts Elementary**  
**Registration Form –After School Program**  
**2018-2019**

Child's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

2<sup>nd</sup> Child's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

3<sup>rd</sup> Child's Name: \_\_\_\_\_

Birth date: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Parent/Guardian #1 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Parent/Guardian #2 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please circle which days your child(ren) will attend:

M T W R F

1<sup>st</sup> Child- Siblings receive a 10% discount.

5 Days – Member \$225/mo and Non-member \$235/mo.

4 Days - Member \$180/mo and Non-Member \$190/mo.

3 Days - Member \$147/mo and Non-Member \$157/mo.

2 Days – Member \$117/mo and Non-Member \$127/mo.

Effective 2018-2019 the fees for the following months will be adjusted to accommodate less weeks in attendance; August, November, December, January, and March.

Registration fee: \$25(one-time fee per child). The first payment will be charged on the first day of school and all future payments will be made on the 1st of every month going forward. (This is also a change for the 2018-2019 school year) ½ Days of School are included in the monthly rate.

I have received and read the policies of the Golden Corridor Family YMCA After School Care Parent Handbook. I understand and agree to follow these policies. Failure to follow these policies may result in termination of the after school services.

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

# Golden Corridor Family YMCA- Gilberts Elementary After School Achievement Academy Emergency Information Form

**ALLERGIES-List all known Medication Allergies (List)**

\_\_\_\_\_

**Food Allergies (List)**

\_\_\_\_\_

\_\_\_\_\_

**Describe Reaction and management of the reaction**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Allergies (List)** – include insect stings, hay fever, asthma, animal dander, etc.

**Does your child take any medications regularly? Yes or No If yes please list: (If your child requires medications during afterschool hours please request a medication distribution form)**

**Does your child have any medical/behavior disorders (i.e. Autism, Diabetes, ADHD)?**

**Are there any problems that may confront your child while in the program (i.e. Homesickness, Anxiety, Loss)?**

## **IMPORTANT: THIS BOX MUST BE COMPLETED FOR ATTENDANCE**

I do hereby give permission for the Golden Corridor Family YMCA to transfer child named above off the YMCA property for the purpose of medical care or program activities as deemed appropriate by the Director and in the event I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Director, to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

**Signature of Parent/Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

***If either guardian cannot be reached in an emergency, please notify:***

1. **Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

2. **Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Note: If your child is exempt from medical care on religious grounds please provide a plan for access to services of a certified practitioner.**



# Golden Corridor Family YMCA After School Achievement Academy Youth Program Pick Up/Drop Off Information



**IMPORTANT: MUST BE COMPLETED FOR ATTENDANCE**

I, \_\_\_\_\_ authorize the following people to pick up my child and be contacted in the e of an emergency from the Golden Corridor Family YMCA. In doing so, I relieve the Golden Corridor Famil YMCA, its centers and employees of all responsibility for my child after he/she has been released from the program. *Attempts will be made to reach the parent/legal guardian first.*

## Additional people who are authorized to pick up my child (Identification will be required):

1.) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

2.) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

3.) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_

4.) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Work Phone (\_\_\_\_\_) \_\_\_\_\_



Member's Last Name	First Name	Center Number	Member Number

Draft for: (Check all that apply)

- Membership  
  Group Exercise  
  Contribution  
  Program\* (please list) \_\_\_\_\_

**Automatic Deduction from Financial Institution Account**

I hereby authorize the Prairie Valley Family YMCA and the financial institution designated below to begin automatic deductions from the account designated below in the amount of my monthly dues and fees.

Financial Institution: \_\_\_\_\_ Address: \_\_\_\_\_  
 Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

I understand that my monthly bank statement will typically show the amount and date payment was made to the YMCA. I understand that I am responsible for ensuring that the account designated above has sufficient available funds on my automatic draft date to allow for the automatic deduction of my payment.

**Automatic Charge to Credit Card Account**

I hereby authorize the YMCA to begin automatic charges to my credit card account designated below in the amount of my monthly dues and fees.

Choose One:

- Master Card  
  Visa  
  Discover Card  
  American Express

Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ 3 digit code: \_\_\_\_\_

I understand that if I receive a replacement or new credit card for the credit card account designated above, I must provide the YMCA with the new credit card information. I understand that if I fail to provide the YMCA with the new information, the YMCA may continue to charge the credit card account designated above provided that the YMCA obtains authorization from the appropriate payment authorization service.

**Automatic Deductions and Automatic Charges**

I understand that the amount of the initial deduction or initial charge will be \$ \_\_\_\_\_, the first deduction will occur on \_\_\_\_\_ and my automatic deduction or automatic charge will occur on 1st day of each month, or the first business day thereafter.

This authority is to remain in effect and regular automatic deductions or regular automatic charges shall continue until one of the following is done:

- A.) I have stopped by the membership office of my YMCA at least 15 calendar days prior to my monthly payment date and have completed a cancellation request form. Initials \_\_\_\_\_  
 B.) The YMCA or my financial institution has sent me written notice of the termination of the agreement.

I understand that my automatic deduction or charge is continuous. I understand that I will receive written notice in advance of any change in the date of my automatic deduction, automatic charge or any change in the amount due. I understand that the YMCA will pursue collection of payment due until payment is made or is sent to a collection agency.

I am liable for any uncollected payment and for any fees or penalties imposed by the YMCA or, if applicable, my financial institution related to any uncollected payment.

I understand at the time of termination of this arrangement for any reason I must make other arrangements for payment of my membership dues and fees or return to the membership office of my YMCA any outstanding membership cards related to my membership.

All membership fees are non refundable and non transferable.

\* Automatic Deductions or Automatic Charges will stop at the completion of the program session and must be re-established the following session.

\_\_\_\_\_  
Print Name of Account Holder

\_\_\_\_\_  
Signature of Account Holder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff member draft was processed by

\_\_\_\_\_  
Date



# Golden Corridor Family YMCA Release and Waiver of Liability and Indemnity Agreement

I agree to follow all rules and regulations of the Golden Corridor YMCA while in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, and understand and agree that I may be expelled at any time, with no refund of any monies paid, for failure to abide by such rules and regulations. IN CONSIDERATION OF 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 AS TO LOCATION, I HEREBY AGREE TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, 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 or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore 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 or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
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 or such children 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 UNDERSTANDS THAT ACTIVITIES AT THE FACILITY OR ELSEWHERE, INCLUDING USE OF EQUIPMENT AND PARTICIPATION IN PROGRAMS, CAN INVOLVE MOVEMENT, STRAIN AND OTHER ELEMENTS THAT CREATE RISK OF SERIOUS INJURY OR DEATH. I ALSO UNDERSTAND THAT PROGRAM ACTIVITIES MAY INCLUDE FIELD TRIPS TO LOCATIONS OUTSIDE THE YMCA PREMISES, AS DESCRIBED IN DETAIL IN THE PROGRAM MATERIALS, AND THAT PUBLIC OR PRIVATE TRANSPORTATION MAY BE UTILIZED TO TRANSPORT PARTICIPANTS TO AND FROM THESE FIELD TRIP LOCATIONS. I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE OR LOSS, regardless of severity, that I or my minor child/ward may sustain from my or my minor child/ward's presence in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, or while being transported to and from field trip locations outside the YMCA premises, except for any injury, damage or loss that is caused solely by the YMCA's gross negligence.
4. THE UNDERSIGNED HEREBY GIVES PERMISSION for the Golden Corridor Family YMCA, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in Golden Corridor Family YMCA activities in the future YMCA promotional purposes, without additional release or authorization.

THE UNDERSIGNED further expressly agrees that the foregoing 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 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.

Signature of applicant/parent \_\_\_\_\_ Date \_\_\_\_\_  
Print name of applicant \_\_\_\_\_  
Print names of child(ren) in program \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Home phone \_\_\_\_\_



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Achievement Academy Program Waivers & Handbook Receipt

As a participant of the Achievement Academy Program, I understand that any child who, after attempts have been made to meet the child's individual needs, demonstrates inability to benefit from group-centered care, as offered by our facility, may be discharged from the Achievement Academy Program.

Parent  
Signature: \_\_\_\_\_

Many sports, activities, and programs have inherent elements of danger. As a parent of a child enrolled in YMCA child care programs, I understand that my child's participation in YMCA activities, regardless of location, is at my own risk. In the event I cannot be reached in an emergency, I hereby give my permission to the emergency physician to hospitalize, secure proper medical assistance, and to order the necessary treatment for my child/children.

Parent  
Signature: \_\_\_\_\_

On occasion, pictures or video may be taken by authorized YMCA staff for benefit of promoting YMCA programs to the public or local businesses OR as a means of monitoring or improving the program.

Agree \_\_\_\_\_ Disagree \_\_\_\_\_

As a parent of a child in YMCA child care programs, I understand that the After School Achievement Academy Program closes at 6:00 pm for Gilberts and 6:30 for HBT/Lily Lake. If my child is picked up after 6:00 pm, I understand that a fee of \$20.00 is assessed for the first 10 minutes, or portion thereof, and an additional \$1.00 per minute thereafter will accrue and be charged to my monthly bill. Further, I understand that three (3) late pick-ups may result in discharge from the program.

Parent  
Signature: \_\_\_\_\_

I have received and read the policies of the Taylor Family YMCA Child Care Program parent Handbook. I understand and agree to follow these policies. Failure to follow these policies may result in termination of Childcare service.

Parent  
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Taylor Family YMCA Achievement Academy  
Program  
PARENT HANDBOOK ACKNOWLEDGEMENT  
FORM**



I have received a copy of the 2018-2019 YMCA Achievement Academy Program Handbook and will adhere to all policies within it.

**THIS FORM MUST BE SUBMITTED WITH MY CHILD'S REGISTRATION for his/her registration to be complete.**

Parent/Guardian Signature: \_\_\_\_\_

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

Child(ren)'s First & Last Name in the Achievement Academy Program:

\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

YMCA School Age Director: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_ Copy placed in child's file

