



# VIGO COUNTY YMCA SACC REGISTRATION FORM

**Please complete all information. Use additional forms for additional children as needed. Forms are also available at [vigocountyyymca.org](http://vigocountyyymca.org)**

## PARTICIPANT INFO

CHILD NAME \_\_\_\_\_ YMCA Youth Member: \_\_\_ Non-Member: \_\_\_

1<sup>st</sup> Child: \_\_\_ Additional Child: \_\_\_ Sibling(s) Attending Program \_\_\_\_\_

D.O.B: \_\_\_/\_\_\_/\_\_\_ Sex: M F Race: \_\_\_\_\_ (optional) Grade: \_\_\_\_\_

School child will attend: \_\_\_\_\_ Teacher: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Primary Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ D. O. B. \_\_\_/\_\_\_/\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Second Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ D. O. B. \_\_\_/\_\_\_/\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## PICKUP INFORMATION

Parent/Guardian(s) listed are authorized to pick up child, unless otherwise noted. You may also authorize only the people named below to pick up your child. Note: For your child's safety, he/she will not be released to anyone else. **All authorized persons must be 16 years of age or older.** No changes to this list will be made unless the parent or legal guardian whose signature appears on the next page requests such changes in writing. One time exceptions can be made if parent provides verbal approval for pick up. Photo identification is required at pick up at all locations. Initial: \_\_\_\_\_

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

## PROMOTION AGREEMENT

Please initial below if the YMCAs of the Wabash Valley, Inc. has your permission to use photographs or videos of your child for YMCA promotional purposes.

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

## HEALTH INFORMATION

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

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of last physical exam: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> ADD/ADHD    | <input type="checkbox"/> Heart Defect/Disease         | <input type="checkbox"/> Hypertension    |
| <input type="checkbox"/> Autism      | <input type="checkbox"/> Bleeding/ Clotting Disorders | <input type="checkbox"/> Tetanus Innoc.* |
| <input type="checkbox"/> Asthma      | <input type="checkbox"/> Diabetes                     | Date: _____                              |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Frequent Ear Infection       |  |

\*If no date is given, the Y will have a tetanus shot administered in case of emergency.

Child is up to date with all immunizations needed for enrollment in school. (Initial) \_\_\_\_\_

Current medications (send prescription in original bottle): \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Special Diet: \_\_\_\_\_

## HOMWORK

A portion of our program is dedicated to providing 15-20 minutes of homework assistance. Families live such a busy lives it is often beneficial for children to get started on homework while at our program. This time is designed to provide children with the opportunity to complete or a least begin homework. We encourage families to check homework and study for tests in addition to this time we provide. Due to the amount of families we serve we cannot check every child's homework or check backpacks for homework. The responsibility lies with the child to be honest if homework was given each day.

**Please initial below if you opt out of our homework assistance portion. Children who opt out of this portion will participate in a quiet activity such as reading, journal, etc.**

Initial: \_\_\_\_\_ Child's name: \_\_\_\_\_

## PARENT/GUARDIAN AUTHORIZATION & SIGNATURE

**PARENT AUTHORIZATION and RELEASE:** My child has medical approval to participate in the activities of the YMCA's of the Wabash Valley, and in my judgment my child is in good health and physical condition and able safely to participate in the activities of the YMCA. My child has my permission to engage in all activities offered by the YMCA except as noted by me in writing. I further understand that neither the YMCA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I promise and agree on behalf of myself, my spouse or partner or other family member not to sue and agree to waive, release, discharge, and hold harmless and indemnify the YMCA, its agents, employees, members and volunteers from all claims, demands, rights and causes of action of any kind, whether arising from my own acts, the acts of my child, or those of the YMCA. I hereby waive all claims for injury or damage, suffered by my child, myself, my spouse, my partner, or other family member in connection with or arising out of the participation of my child in YMCA activities. I certify that my child is amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant.

**CAMP ACTIVITY AND TRANSPORTATION AUTHORIZATION:** I hereby give permission for my child to participate in camp activities and to travel by bus with the YMCA Day Camp staff. I understand that only licensed and qualified personnel will operate any vehicle during Day Camp, and that there will be at least one YMCA Day Camp staff member present at all times. I agree to

release the YMCA, its officers and directors, and the YMCA Day Camp staff from any and all claims of damages, demands or liabilities which may arise as a result of my child's participation in camp activities and bus trips.

**EMERGENCY AUTHORIZATION:** I hereby give permission to the medical personnel selected by the YMCA camp director or designated YMCA staff to order X-rays, routine tests and treatment for me or my child, and, in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director or designated YMCA staff to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for me or my child as named prior. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

**PARENT OR GUARDIAN PERMISSION:** My signature below indicates that I have the legal authority to sign up the child named on this form and that to the best of my knowledge the information on this application form is complete and accurate. I further understand that this is an application and the named child's participation is contingent upon space being available in the program in which I want the child to participate. I also understand that once my registration is confirmed, I must complete payment(s) by the deadlines of said program as outlined prior and that, furthermore, all necessary health, security and waiver forms must be signed and on file with the Y prior to my child attending the program.

\_\_\_\_\_  
Signature of Registering Parent or Legal Guardian

\_\_\_\_\_  
Date

## SCHOOL AGE CHILD CARE RATES:

### Registration Fee:

\$10.00 per child, \$25 per household maximum

### Hours of Operation: M-F

Before School: 6:30am until 8:00am

After School: School release until 6:00pm

### Before School Care:

Weekly Payment (18 weeks)		Full Time (3-5 Days)	Part Time (1-2 Days)
Member	First Child	\$18.00	\$14.00
	Additional	\$15.00	\$12.00
Non-Member	First Child	\$21.00	\$17.00
	Additional	\$18.00	\$14.00
Full Semester Payment		Full Time (3-5 Days)	Part Time (1-2 Days)
Member	First Child	\$305.00	\$237.00
	Additional	\$254.00	\$203.00
Non-Member	First Child	\$355.00	\$288.00
	Additional	\$305.00	\$237.00

### After School Care:

Weekly Payment (18 weeks)		Full Time (3-5 Days)	Part Time (1-2 Days)
Member	First Child	\$31.00	\$19.00
	Additional	\$26.00	\$16.00
Non-Member	First Child	\$36.00	\$22.00
	Additional	\$31.00	\$19.00
Full Semester Payment		Full Time (3-5 Days)	Part Time (1-2 Days)
Member	First Child	\$524.00	\$321.00
	Additional	\$440.00	\$271.00
Non-Member	First Child	\$609.00	\$372.00
	Additional	\$524.00	\$321.00

## PAYMENT AGREEMENT

Child(ren) name(s) and School

\_\_\_\_\_

\_\_\_\_\_

- Before School Care
- After School Care
- Full Time (3-5 days per week)
- Part Time (1-2 days per week)
- One Time prepayment by August 4, 2017
- Weekly payment each Friday prior to week of care

\$\_\_\_\_\_ = Required Registration Fee (check one):

- \$10.00 per child  \$25.00 per household

\$\_\_\_\_\_ = Annual Campaign Donation (optional)

- I would like to help another child attend Y SACC by making a one-time donation.

\$\_\_\_\_\_ = TOTAL PAID Staff Initials \_\_\_\_\_

### Payment Method (check one):

- Visa  MasterCard

Card#: \_\_\_\_\_ Exp. Date: \_\_/\_\_/\_\_

CVV: \_\_\_\_\_

Name on Card (print): \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

### OR

- Checking  Savings

Routing # \_\_\_\_\_

Account # \_\_\_\_\_

Bank Name: \_\_\_\_\_

I authorize the YMCA to debit this account the Friday prior to each week of SACC my child is attending. I (we) understand that if our account draft is unpaid, it will be collected with an additional \$20 fee when funds become available.

Account Holder Signature: \_\_\_\_\_

\* Financial Assistance applications available upon request.

# Accommodation Request Form

## YMCAs of the Wabash Valley

The YMCAs of the Wabash Valley will make every attempt to make reasonable accommodations for members and program participants requesting special assistance. If you have an accommodation request, please complete the Accommodation Request Form and/or contact our Youth Director, who will contact you within 3 business days to discuss the request. In order to reasonably access and benefit from the YMCAs of the Wabash Valley programs, services and activities, please complete the information below to request an accommodation, including requesting alternative formats/communications and modifications of policies and procedures.

*\*The Americans with Disabilities Act (ADA) does not require the YMCA to take any action that would fundamentally alter the nature of its programs or services or impose an undue financial hardship.*

**Date** \_\_\_\_\_ **YMCA Camp Location/School Site** \_\_\_\_\_

**Please Specify the Program/Service/Activity for which you seek accommodation** (e.g. Before School Care, After School Care, Day Camp, School's Out Camp, etc.) **and why the accommodation is needed to participate/attend** (please be as specific as possible).

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1. Does your child have any physical disabilities that need accommodation? **Yes or No.**

If yes, please describe \_\_\_\_\_

2. Does your child have any developmental disabilities, intellectual/cognitive delays, neurological issues, learning disabilities, emotional disorders, or mental health diagnose? **Yes or No.**

If yes, please describe \_\_\_\_\_

3. All things considered, how many leaders will it take at a time to keep your child physically and emotionally safe and comfortable, as well as to ensure your child has fun and benefits from YMCA Child Care? (Circle One)

1 2 3 4

**Contact Information for the person making the accommodation request**

**Name** \_\_\_\_\_ **Email** \_\_\_\_\_

**Daytime Phone** \_\_\_\_\_ **Evening Phone** \_\_\_\_\_

**Please check one:**

· Current Y Member · Current Y Participant · Potential Y Member or Participant

**Thank you. Your request will be forwarded to the appropriate Director.**

**Program Director Response/Action:**

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**\*Program /Senior Program Director send copy to Jessica Wireman\***