



SCHOOL
GRADE

# Child Care Registration Form 2011-2012 School Year Programs

## PARTICIPANT INFORMATION

Male     Female    Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Age \_\_\_\_\_  
 Child's Name (First, Middle Initial, Last) \_\_\_\_\_  
 Street Address (Child's residence) \_\_\_\_\_    City \_\_\_\_\_    State \_\_\_\_\_    Zip \_\_\_\_\_    Home Phone Number \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Primary Care Parent/Guardian \_\_\_\_\_    Street Address (if different than child's) \_\_\_\_\_    City/State/Zip \_\_\_\_\_  
 Best Contact Phone Number \_\_\_\_\_    Alternate Phone Number \_\_\_\_\_    Employer \_\_\_\_\_    Employer Phone Number \_\_\_\_\_  
 Secondary Care Parent/Guardian \_\_\_\_\_    Street Address (if different than child's) \_\_\_\_\_    City/State/Zip \_\_\_\_\_  
 Best Contact Phone Number \_\_\_\_\_    Alternate Phone Number \_\_\_\_\_    Employer \_\_\_\_\_    Employer Phone Number \_\_\_\_\_  
 Marital Status/Custody Arrangement \_\_\_\_\_    E-Mail Address (By providing an e-mail address, you agree that we may send you electronic newsletters, program updates, and other information. You may access registration online.) \_\_\_\_\_

## EMERGENCY/PICK UP INFORMATION

Please provide complete information for anyone with your permission to pick up your child other than yourself or the above named parent/guardian.

Name	Relationship to child	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## PROGRAM REGISTRATION

**REGISTRATION FEE** \$30/\$50, Waived for Full/Program/AWAY Members

### BASE

- These weekly fees include SOYI Days:*
- YMCA After school \$47
  - Xavier Before school \$13
  - Xavier After school \$36
  - Xavier Before and Afterschool \$46
  - YMCA After school Drop-In \$10
  - Xavier Before school Drop-In \$3
  - Xavier After school Drop-In Wed. Only \$15
  - Xavier After school Drop-In (Ex. Wed) \$10

### SOYI

- Full Day Drop-In \$31
- Half Day Drop-In \$21  
Six hrs. or less

### HOLIDAY CAMPS

- SBCSC Winter Day Camp \$21-\$117
- Xavier Winter Day Camp \$21-\$117
- MISH Winter Day Camp \$21-\$117
- SBCSC/MISH Spring Brk. Day Camp \$21-\$117
- Xavier Spring Break Day Camp \$21-\$117



# CHILD'S MEDICAL INFORMATION

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

## EMERGENCY CONTACT INFORMATION (if the parent/guardian cannot be reached)

Emergency Contact Name \_\_\_\_\_ Relationship to the Child \_\_\_\_\_ Phone Number \_\_\_\_\_ Alt. Phone Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship to the Child \_\_\_\_\_ Phone Number \_\_\_\_\_ Alt. Phone Number \_\_\_\_\_

## MEDICATION AUTHORIZATION

Please list all medications (including over the counter or non-prescription drugs) to be given to your child while in our care. Be sure to send enough medication to last one week at the beginning of each week. Keep all medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Medication #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific time to be given \_\_\_\_\_ Reason for taking \_\_\_\_\_

Medication #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific time to be given \_\_\_\_\_ Reason for taking \_\_\_\_\_

I hereby give permission to the YMCA program staff to administer the above listed medications to my child.

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

## PHYSICIAN CONTACT INFORMATION

Physician or Clinic/Hospital \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

## HEALTH HISTORY

Please list all allergies, such as food, insect bite/sting, poison ivy, environment or other. Describe reaction and management

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

List any medical conditions that may cause restricted activity at the YMCA and special instructions.

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

## HEALTH INSURANCE

Is the child covered by family medical/hospital insurance?  YES  NO **ATTACH COPY OF INSURANCE CARD**

Permission to provide necessary treatment or emergency care: I hereby give permission to the Physical Program Director, or designee, at the time of activity, to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the Physical Program Director, or designee, to secure and administer treatment, including hospitalization for the child named above. I further acknowledge full responsibility for any and all bills incurred in obtaining medical treatment.

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



**FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

---

## **CHILD CARE PROGRAM CONTRACT**

I/We understand and agree to the following:

- A. I am an adult over 18 years of age and my children or dependants wish to participate in the Michiana Family YMCA membership and program activities. I, my spouse, agree to hold free from any and all liability the Michiana Family YMCA and its respective officers, employees, and members and do hereby for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all legal rights to claims for damages which I or my family to us arising out of, or connected with our participation in any of the activities of the Michiana Family YMCA.
- B. I, my spouse, children and dependents, do declare ourselves to be physically sound, to participate in the activities of the Michiana Family YMCA.
- C. I/We understand that a staff member must be aware of my child's arrival and departure and that my child must be signed in and out of the program by an adult for be released to those authorized on the pick-up list. A photo i.d. is required for all.
- D. I/We understand that early drop-off and late pick-up is not acceptable. \$1 per min. fee will be charged.
- E. I/We understand that YMCA Staff Code of Conduct prohibits YMCA Staff from being alone with children they meet in YMCA programs outside of the YMCA. This sleepovers and inviting children Staff are not to transport program children in their personal vehicles. I/We will report suspicious behavior to the Physical Program Director.

**I have read, understand, and agree to abide by all policies. I acknowledge this to be a legal and binding contract.**

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

---

## **Authorization**

Please initial for your agreement.

Initial \_\_\_\_\_ I hereby give permission for my child to participate in scheduled field trips, walking trips and other special events held outside of the YMCA or school home sites.

Initial \_\_\_\_\_ I/We do hereby grant permission for photos of my/our child to be used by the YMCA for promotional and educational purposes.

Initial \_\_\_\_\_ I authorize the release of any behavior or academic information from the contracted schools or appropriate agencies to the YMCA of Michiana Director of Youth Development for behavior plan and/or funding purposes.

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

### **MICHIANA FAMILY YMCA**

1201 Northside Boulevard, South Bend

(P) 574 287 9622 (F) 574 282 3752

(W) www.michianaymca.org



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## ELECTRONIC FUNDS TRANSFER AGREEMENT

Required for all weekly participants

Checking  Savings

Name on Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Bank Account Number:  \_\_\_\_\_  \_\_\_\_\_  
Routing # Account #

OR

Credit Card  Debit Card

Name on Card: \_\_\_\_\_ Card Type: \_\_\_\_\_

Card #: \_\_\_\_\_ 3-Digit Code \_\_\_\_\_ Expiration date: \_\_\_\_\_

## CHECKING, SAVINGS, CREDIT or DEBIT CARD PAYMENT AGREEMENT

Int. \_\_\_\_\_ The Michiana Family YMCA Electronic Funds Transfer will begin on the SATURDAY 12:00AM before the week my child will be attending programming and then every SATURDAY 12:00AM for the weeks registered for. Due to different bank protocols there may be a delay in the payment posting to your account. (The Saturday morning draft allows for Friday bank deposits).

Int. \_\_\_\_\_ The Michiana Family YMCA Youth and Family Electronic Funds Transfer is a continuous payment plan. It is to my complete understanding that if I wish to terminate or change my child care in any way, I must give the Michiana Family YMCA Youth and Family Director a one (1) week written notice prior to my next debit or transaction. If proper notice is not received, I will be responsible for tuition regardless of whether my child attends the program or not.

Int. \_\_\_\_\_ The Michiana Family YMCA may, at their discretion, adjust the weekly rate plan applicable to child care. I understand that I will receive at least a two (2) week notice prior to any new change.

Int. \_\_\_\_\_ Should any child care debit not be honored by my bank or credit card for any reason, I understand that I am still responsible for that payment plus any additional charges incurred for processing. This is in addition to any service fee my bank or credit card company requires.

Int. \_\_\_\_\_ Any participant with a draft return will be contacted by a Youth and Family Representative. The payment process and continuation of child care services will be discussed at this time.

Int. \_\_\_\_\_ Two returned savings or checking account drafts will necessitate a change in payment options that include credit card draft, debit card draft, or payment at the YMCA.

I hereby authorize the Michiana Family YMCA to debit the above account on SATURDAY mornings for the following week that my child is enrolled in B.A.S.E., S.O.Y.I., Winter Adventure Day Camp, and/or Spring Break Adventure Day Camp.

Account Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**MICHIANA FAMILY YMCA**  
1201 Northside Boulevard, South Bend  
(P) 574 287 9622 (F) 574 282 3752  
(W) www.michianaymca.org

**OFFICE USE ONLY**  
**Draft Set-Up**  
Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_