



GREATER JOLIET AREA YMCA 2018-2019 KID ZONE REGISTRATION FORM

C.W. Avery Family YMCA Galowich Family YMCA Smith Family YMCA

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CHILD'S INFORMATION Please print clearly with complete information.

Name _____ Date of Birth _____ Age _____ Male Female
Address _____ City _____ State _____ Zip _____
Home Telephone _____ Grade (Fall 2018) _____ School _____

PARENT/GUARDIAN INFORMATION

Parent /Guardian 1 Name _____ Male Female Preferred Method of Contact _____
E-mail Address _____ Cell Phone _____ Work Phone _____
Parent /Guardian 2 Name _____ Male Female Preferred Method of Contact _____
E-mail Address _____ Cell Phone _____ Work Phone _____

Child resides with: Both Parents Parent 1 Parent 2 Guardian Other _____

EMERGENCY CONTACTS & RELEASE

Name(s) and Phone Number(s) of person(s) OTHER THAN PARENTS, over 16 years of age, allowed to pick up your child.
(Please note: only individuals listed on this form may pick up your child from Kid Zone.)

Name _____ Cell _____ Relationship _____
Name _____ Cell _____ Relationship _____
Name _____ Cell _____ Relationship _____
Name _____ Cell _____ Relationship _____

MEDICAL INFORMATION Please print clearly with complete information.

The YMCA takes your child's safety very seriously. All medical information must be completed and no line is to be left blank.

Please let us know of any important medical information that will allow us to better serve your child.

Will your child need to take any prescription medications while attending the YMCA's Kid Zone program? Yes No

If yes, please request a medical authorization form. Please return the completed form and medication in its original prescribed container with your child's name on it on the first day that he/she attend Kid Zone.

Allergies: Does your child does have any allergies? Yes No
Please put N/A if your child does not have any allergies.

Food/Medication/Other _____

Does your child require an Epi-pen? Yes No
If yes, you must provide the Y with an Epi-pen to be kept at your child's Kid Zone site during their enrollment in the program. The Epi-pen must be accompanied with a current prescription and a doctor's note.

Does your child require an Inhaler? Yes No
If yes, you must provide the Y with an Inhaler to be kept at your child's Kid Zone site during their enrollment in the program. The Inhaler must be accompanied with a current prescription and a doctor's note.

Restrictions: Specific activities that are restricted for health reasons.

PARENT STATEMENT OF UNDERSTANDING

I, _____, have read & understand the policies listed below:

I certify the applicant is capable of participating in this program. I understand that YMCA Staff are trained in the basics of first aid and CPR and give consent to have my child receive first aid from YMCA Staff. I authorize the Greater Joliet Area YMCA to secure emergency medical treatment for my child, if necessary, provided that an effort to reach me is made as the nature of the emergency permits. I accept responsibility for any/all expenses incurred in securing emergency treatment for my child. I also agree to waive any claims against the YMCA, its members, staff and volunteers for injuries or damages that may result from the conduct from other persons including participants in YMCA Programs. I understand the YMCA does not cover health and medical expenses and I agree to pay any that may occur.

I authorize the Greater Joliet Area YMCA to release my child(ren) to the person(s) listed above. I also give consent to those listed above to act on my behalf in an emergency in the event that I cannot be reached. I understand that my child(ren) will not be allowed to leave the program with an unauthorized person. Additionally, any authorized person picking up my child(ren), including parents, must present a valid picture I.D. Should an authorized person arrive to pick up my child(ren) that appears to be under the influence of alcohol or drugs, the staff will report this person to the police. I understand that YMCA staff and volunteers are not allowed to babysit children at any time outside of the YMCA Program or transport children in their own vehicles. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.

- I have received a copy of the Parent Handbook, and I agree to all the terms and conditions.
- I understand that when my child(ren) arrives in the morning, I may not leave my child(ren) at the program site unless I have signed in with a YMCA Staff Person.
- I grant permission for my child(ren) to participate in all planned program activities, including trips by motor vehicle away from the YMCA program site.
- I give permission to photocopy all forms.
- I also give my permission to the YMCA to use all photos, videos, voice and images taken of the applicant for purposes, which the YMCA may deem appropriate.
- I understand that I am responsible for following the policies and procedures outlined in the specific program guidelines, including parent manuals when one exists. If I fail to meet my obligation to the program policies, the YMCA reserves the right to suspend my child(ren)'s participation in the program.
- I understand YMCA Staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the YMCA is not responsible for lost, damaged or stolen articles. I understand that the deposit is not refundable or transferable and that failure to pay all fees, including late fees, for services rendered may result in termination of services. In the case of divorce, the custodial parent is responsible for all payments.
- I understand program fees are NOT refundable. Classes missed due to weather, holidays, acts of God, choice of party or disruptive behavior cannot be made up, credited or refunded. (See the program brochure for the complete refund policy.)

Parent/Guardian Signature _____

Date _____

KID ZONE REGISTRATION

1. Please select one of the following enrollment options.

1-2 Days

- Before School Only
- After School Only
- Before and After School

3-5 Days

- Before School Only
- After School Only
- Before and After School

2. Please select your child's school.

C.W. Avery Family YMCA

Serving: Plainfield District 202

- Central Elementary
- Charles Reed Elementary
- Creekside Elementary
- Crystal Lawns Elementary
(Bused to and from Grand Prairie)
- Eagle Pointe Elementary
- Elizabeth Eichelberger Elementary
- Freedom Elementary
- Grand Prairie Elementary
- Lakewood Falls Elementary
- Liberty Elementary
- Lincoln Elementary
- Meadow View Elementary
- Ridge Elementary
- River View Elementary
- Thomas Jefferson Elementary
- Walker's Grove Elementary
- Wesmere Elementary

Galowich Family YMCA

Serving: Joliet District 86, Troy District 30-C, Minooka CCSD 201 and Rockdale District 84

- Aux Sable Elementary
- Carl Sandburg Elementary
- Farragut Elementary
- Jones Elementary
- Minooka Elementary
- Minooka Intermediate
(After School Care only)
- Pershing Elementary
- Rockdale Elementary
- St. Jude Catholic School
(After School Care only)
- Taft Elementary
- Thigpen Elementary
- Thomas Jefferson Elementary
- Troy—Craughwell Elementary
- Troy—Cronin Elementary
- Troy—Heritage Trail Elementary
- Troy—Hofer Elementary
- Troy—Shorewood Elementary
- Walnut Trails Elementary
- William B. Orenic Intermediate
(After School Care only)

Smith Family YMCA

Serving: Fairmont District 89, Joliet District 86, Laraway CCSD 70C, Elwood CCSD 203, New Lenox School District 122 and Union District 81

- Culbertson Elementary
- Cunningham Elementary
- Eisenhower Academy
- Elwood School (After School Care only)
- Fairmont School
- Forest Park Individual Education School
(After School Care only)
- Gompers Junior High
- Keith Elementary
- Laraway Elementary
- Marshall Elementary (After School Care only)
- Oak Valley Early Childhood Center
- Oster-Oakview School (After School Care only)
- Sanchez Elementary
- Singleton Elementary
- Spencer Trail
- Thompson Instructional Center
- Union School (After School Care only)
- Washington Junior High
- Woodland Elementary

CHANGE THEIR FUTURE

Help provide another child much-needed before and after school care through the YMCA's Kid Zone program by making a tax deductible gift to the YMCA's Scholarship Fund.

I wish to make a single gift of: \$ 20 \$ 50 \$ 100 Other \$ _____

Please bank draft using payment information on file. \$ _____ total over _____ months.

I am unable to make a gift at this time.

PAYMENT OPTIONS

Monthly Kid Zone Rates

1-2 Days

Before School Only

Facility Member \$105

Community Member \$140

After School Only

Facility Member \$150

Community Member \$185

Before and After School

Facility Member \$195

Community Member \$230

3-5 Days

Before School Only

Facility Member \$245

Community Member \$280

After School Only

Facility Member \$290

Community Member \$325

Before and After School

Facility Member \$330

Community Member \$365

OFFICE USE ONLY

First Day of

Kid Zone Attendance

Fees

Registration Fee

\$ 45 (per family)

First Kid Zone Payment

\$ _____

Membership Fee (if applicable)

\$ _____

Total Paid at Registration

\$ _____

Kid Zone Draft Date

Membership Information

Primary Member _____

Membership Type _____

Membership ID # _____

Special Payment Instructions _____

A \$45 non-refundable registration fee per family and YMCA membership fee (if applicable) are due upon registering. Ten installment payments will be paid monthly beginning in August via automatic withdrawal from a checking account or debit/credit card. If families register after the start of the school year, the first monthly installment will be collected at the time of registration. Participants may start attending Kid Zone four business days after the day registration is completed.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ELECTRONIC DRAFT AUTHORIZATION

Participant Name(s): (Please Print): _____

Program:

- Kid Zone
- K-Kids
- Pint Size Pupils

Start Date: ____ / ____ / ____

\$45 Registration Fee Paid: Y / N / Promo (circle one)

| | |
|---|---|
| Monthly Draft Amount: \$ _____ from account ending in: _____ Draft Day of the Month: <input type="checkbox"/> 1 st <input type="checkbox"/> 15 th First Draft Day: _____ Last Draft Day: _____ | <i>Office Use Only</i> <input type="checkbox"/> Drafts Set Date: ____ - ____ - ____ Staff Initials _____ |
|---|---|

| | |
|---|--|
| DHS STATUS: (CCAP Recipients only) (proof of status required – (alert on account counts as proof)) | |
| <input type="checkbox"/> Approved with \$: _____ Co-pay for _____ days with _____ as the provider <input type="checkbox"/> Pending COP – Date submitted to CCR&R: ____ / ____ / ____ <input type="checkbox"/> Pending REDO – Date submitted to CCR&R: ____ / ____ / ____ <input type="checkbox"/> Pending NEW – Date submitted to CCR&R: ____ / ____ / ____ <input type="checkbox"/> Denied – Date of Denial: _____ | <i>Office Use Only</i> \$ _____ Assumed Co-pay _____ % Y Scholarship Awarded |

- A check or credit card bearing the name and account number of the person whose account the fees will be deducted from must be provided.
- Your monthly draft is automatically withdrawn from your checking account or credit card on the 1st or 15th of the month. It is your responsibility to keep the YMCA informed of any changes to your drafting account number or name. Any changes to your drafting account must be received at least ten (10) days prior to the draft date.
- An administrative fee of \$25 may be charged for more than two (2) changes in attendance per duration of the program.
- Program fees are evenly divided into monthly installments. Each monthly installment does not represent days participating in the program for the particular month. The first installment is due at registration. Once each month, for the duration of the program, your account will be drafted for the remaining balance.
- Any cancellations or changes to the program require ten (10) days written notice. Written notification can be submitted via email to Brooke Hall at bhall@jolietymca.org, via fax at 815-726-3968, or via U.S. mail or in person by filling out a cancellation/change letter. These 10 days are included as part of your program enrollment days and are calculated as part of your program cost. Cancellation of a program draft does not automatically cancel membership. Request both if desired.
- If you should have an NSF (non-sufficient funds) return on your account, your draft will be re-drafted up to a maximum of two times within the next 30 days and you will be charged a \$25 return fee. If the fees have not been electronically collected after 30 days, your fees will be payable at the branch. If not paid, participation in the program may be suspended or terminated.
- I have read and understand the Electronic Draft Agreement guidelines listed above.

Parent/Guardian Name: (Please Print): _____ Unit Number: _____

Parent/Guardian Signature: _____ Date: _____

Staff: _____ Date: _____

ACCOMMODATION REQUEST FORM

Greater Joliet Area YMCA



The Greater Joliet Area YMCA 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 below and email it to your Program Director or Executive Director. A Y staff team member will be in contact with you within 2 business days to discuss the request.

In order to reasonably access and benefit from the Greater Joliet Area YMCA's 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, Day Off School, etc.) and why the accommodation is needed to participate/attend (please be as specific as possible):

Contact Information for the person making the accommodation request:

Name _____ Email _____

Daytime Phone _____ Evening Phone _____

Date this form is completed: _____

Please check one: Current Y Member Current Y Participant Potential Y Member or Participant

Thank you. Your request will be reviewed and you will hear from Y staff within 2 business days from date received to YMCA staff (not date listed above). Again, thank you.

YMCA In-Office

Program Director/Executive Director Response/Action:

BEHAVIOR GUIDANCE POLICY

Greater Joliet Area YMCA



Our top priority is to provide a safe and enriching experience for all children. To do this, we must work together to develop the best plan for each individual child. In order to ensure this positive environment, we may not be able to serve children who repeatedly display disruptive behavior. Disruptive behavior is defined as verbal or physical conduct which requires constant attention from the staff including, but is not limited to: hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child or staff member, and attempting to leave the program space.

In response to these behaviors, we will not use:

- Threats or bribes
- Physical punishment, even if requested by the parent
- Deprivation of food or other basic needs
- Humiliation or isolation

In response to misbehavior, we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while bending down to your child's eye level
- Give clear choices
- Redirect your child to a new activity

YMCA Program Expectations

- Speak for yourself
- Listen to others
- Use put-ups; not put-downs
- Care for others, the property, and yourself
- Be honest
- Show respect for all
- Be responsible for yourself
- Do unto others as you would have them do unto you

Our goal is to work together with the child and family, as well as the school personnel when deemed necessary, to address and modify any behavior concerns; however, if a child cannot display appropriate behavior, then he/she may be removed from the program. A child may receive up to three written behavior reports; after a third written report is received, the child may be removed from the program until a parent conference is held. The parent conference may include the parent/guardian, program director, site staff and the child. The child may be allowed to return to the program after the parent conference and a behavior guidance plan is developed. If a child receives a fourth written warning we may ask the family to make alternative child care arrangements for the remainder of the current school year or camp season. Please note that all behavior management plans are based on the individual child and situation and we reserve the right to adapt procedures accordingly.

Occasionally, despite program modifications and efforts to accommodate children, it may be determined that YMCA programs are unable to meet the needs of a child. If a child's participation poses a significant risk to the health or safety of self or others, which CANNOT be lessened by modifications in policies, practices or procedures or the provision of services, a child may be removed from the program.

As a parent/guardian, you may have some concerns or wish to offer suggestions on the lines below. If so, we may modify the plan below with agreed upon suggestions. (Please attach more documentation if needed)

Child's Name: _____ Date of Birth: _____

School/Program/Camp Attending: _____

Parent/Guardian Signature: _____ Date: _____