



MORRIS COMMUNITY YMCA 2019-2020 KID ZONE REGISTRATION FORM

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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 2019) _____ 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, 16 years of age and older, 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. Please put N/A if your child does not have any restrictions.

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

MORRIS COMMUNITY YMCA

Serving: Morris Elementary School District 54 and Saratoga CCSD 60C

2. Please select your child's school.

White Oak Elementary School

Saratoga Elementary School

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 \$54

Community Member \$67

After School Only

Facility Member \$98

Community Member \$111

Before and After School

Facility Member \$118

Community Member \$131

3-5 Days

Before School Only

Facility Member \$120

Community Member \$152

After School Only

Facility Member \$230

Community Member \$262

Before and After School

Facility Member \$280

Community Member \$309

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.