



GREATER JOLIET AREA YMCA 2019-2020 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 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

2. Please select your child's school.

C.W. Avery Family YMCA

OFF-SITE SCHOOLS

(Program held at school)

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 YNMC

ON-SITE SCHOOLS

(Bussed to/from the Galowich Family YMCA)

Joliet Public Schools District 86

- Farragut Elementary School
- Jefferson Elementary School
- Pershing Elementary School
- Taft Elementary School
- Thigpen Elementary School

Troy Community Consolidated School District 30-C

- Craughwell Elementary School
- Cronin Elementary School
- Heritage Trail Elementary School
- Hofer Elementary School
- Shorewood Elementary School
- William B. Orenic Intermediate (After School Care only)

Rockdale School District 84

- Rockdale Elementary School

OFF-SITE SCHOOLS

(Program held at school)

Joliet Public Schools District 86

- Sandburg Elementary School

Minooka CCSD #201

- Aux Sable Elementary School
- Jones Elementary School
- Minooka Elementary School
- Minooka Intermediate School (After School Care only)
- Walnut Trails Elementary School

Smith Family YMCA

ON-SITE SCHOOLS

(Bussed to/from the Smith Family YMCA)

Elwood Community Consolidated School District 203

- Elwood School (After School Care only)

Joliet Public Schools District 86

- Culbertson Elementary School
- Eisenhower Academy
- Gompers Junior High School
- Marshall Elementary School
- Sanchez Elementary School
- Singleton Elementary School (Before School Care only)
- Thompson Instructional Center
- Washington Junior High School

Laraway Community Consolidated School District 70C

- Laraway Elementary School Union School District 81
- Union School (After School Care only)

OFF-SITE SCHOOLS

(Program held at school)

Joliet Public Schools District 86

- Cunningham Elementary School
- Edna Keith Elementary School
- Forest Park Individual Education School (After School Care only)
- Singleton Elementary School (After School Care only)
- Woodland Elementary School

Fairmont School District 89

- Fairmont 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 \$120

Community Member \$155

After School Only

Facility Member \$160

Community Member \$195

Before and After School

Facility Member \$205

Community Member \$240

3-5 Days

Before School Only

Facility Member \$250

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

KID ZONE ELECTRONIC DRAFT AUTHORIZATION

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

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

Monthly Draft Amount: \$_____ from account ending in: _____ 1st Installment (if applicable for late starts) \$_____ Paid: Y / N 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 _____
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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>Director Use Only</i> \$_____ Assumed Co-pay _____% Y Scholarship Awarded
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- 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 Membership Manager, Aracely Rubio at arubio@jolietyymca.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): _____ Member ID #: _____

Parent/Guardian Signature: _____ Date: _____

Staff: _____ Date: _____