



# 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

PROGRAM:             Kid Zone             Pint Size Pupils

Total cost of program to be drafted: \$ \_\_\_\_\_

Monthly Installment Amount: \$ \_\_\_\_\_

Draft Day of the Month:     15<sup>th</sup>     28<sup>th</sup>

First Draft Day: \_\_\_\_\_            Last Draft Day: \_\_\_\_\_

Use my bank account/credit/debit card ending in: \_\_\_\_\_

- 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 15<sup>th</sup> or 28<sup>th</sup> 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.
- Program fees are evenly divided into monthly installments. Each monthly installment does not represent days participating in the program for that 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 to the program require ten (10) days written notice. Written notification can be submitted via email, fax, mail, or in person by completing a cancellation form. These ten (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 a returned payment, your draft will be re-drafted up to a maximum of two (2) times within the next five (5) business days and you will be charged a \$25 return fee. If the fees have not been electronically collected after five (5) business days, participation in the program will be terminated.

I have read and understand the Electronic Draft Agreement guidelines listed above.

Name of Account Holder (Please Print): \_\_\_\_\_

Signature of Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Staff: \_\_\_\_\_ Date: \_\_\_\_\_ Membership #: \_\_\_\_\_

## GREATER JOLIET AREA YMCA

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