



STATELINE FAMILY YMCA - BEFORE/AFTER SCHOOL CARE 2025/2026 ILLINOIS ENROLLMENT

CHILDS INFORMATION

NAME
(Please Print) _____
First Last Middle Initial

BIRTH DATE _____ [] Stateline Family YMCA Member [] Non Member

PARENT/GUARDIAN INFOMATION

Name
(Please Print) _____
First Last Middle Initial

BIRTH DATE _____ EMAIL _____

ADDRESS _____
City State Zip Code

PHONE # _____
Home/Cell Work Emergency

BEFORE/AFTER SCHOOL SITE

[] Ledgewood [] Prairie Hill [] Rockton Grade [] Roscoe YMCA [] Whitman Post

ENROLLMENT OPTION

* 10% Discount for AM+PM Enrollments, and/or \$10 Discount for each additional child per month.

Monthly Fee:

AM CARE	YMCA Member	General Public	PM CARE	YMCA Member	General Public
[] AM 2-Day (T/TH)	\$84	\$105	[] PM 2-Day (T/TH)	\$103	\$124
[] AM 3-Day (M/W/F)	\$114	\$144	[] PM 3-Day (M/W/F)	\$141	\$172
[] AM 5-Day (M-F)	\$167	\$216	[] PM 5-Day (M-F)	\$212	\$263

START DATE _____

PLEASE CHECK & SIGN BELOW

[] I understand that the non-refundable \$50 registration fee will be drafted at time of registration. This fee must be paid a minimum of 48 hours prior to starting program.

[] I understand that the fees listed are monthly fees and that they will draft automatically on the 1st of each month from September-May.

[] I understand all drafts are non-refundable and that I must inform the program supervisor at the Stateline Family YMCA by the 15th of the month prior to the month the change is needed.

[] I understand that a fee of \$25 will be charged for all returned drafts because of non-sufficient funds, account closing or payment stopped. Two charges of this type will result in an expulsion form the program.

Parent/Guardian Signature

Date



STATELINE FAMILY YMCA CHILDCARE BANK DRAFT AUTHORIZATION

NAME _____
(Please Print) First Last Middle Initial

ADDRESS _____
City State Zip Code

PROGRAM
CHILDS NAME _____

- [] BEFORE/AFTER SCHOOL CARE (Monthly draft occurs on the 1st of the month)
[] GROWING TREE PRESCHOOL (Monthly draft occurs on the 1st of the month)
[] GROWING TREE DAYCARE (Weekly draft occurs every Monday)

DRAFT OPTIONS

[] Use Account On File _____
Last 4 Digits of Account

[] Bank Account Name of Bank _____
Account # _____ Routing # _____

[] Credit Card Name on card _____
Account # _____ Card Type _____
Expiration Date _____ CVC # _____

[] State Assistance Co-Pay Amount _____

- This authorization continues indefinitely and automatically until cancelled by the person signing this authorization. Draft cancellations require a 15 day notice.
- Amount of draft will be determined by elected program and the fee and adjustments defined by the program policy. The draft may be adjusted based on increased fee rates or adjustments as defined by the program policy.
- Each program requires separate authorization forms.
- All drafts are non-refundable
- A fee of \$25 will be charged for all returned drafts because of non-sufficient funds, account closing or payment stopped. Two charges of this type will result in expulsion from the program.

I authorize the Stateline Family YMCA to draft the above named bank or credit card account for payment of membership or program fees. Any change in fees may constitute a change in the draft amount. I understand that the Stateline Family YMCA may initiate a preauthorization to validate the account number and bank transit number listed. I also understand that I am liable for the entire balance plus the processing fee for returned drafts.

Parent/Guardian Signature

Date



STATELINE FAMILY YMCA
SAC ENROLLMENT INFORMATION

CHILD INFORMATION

First Name	MI	Last Name	
Address			
City	Zip Code	Birthdate	Grade

If child has any of the following, please explain:

Medical Problems:

Physical Handicaps:

Restrictions for Play- Outdoors:

Restriction for Play- Indoors:

Allergies:

Fears:

Does Child Regularly Take Medication: [] Yes [] No

If Yes, What Kind of Medication and Directions:

Other Information That May Help in Caring for Child:

PARENT/GUARDIAN INFORMATION

First Name MI Last Name

Home Address

Relation to Child Phone Number

Place of Employment Phone Number Typical Hours

First Name MI Last Name

Home Address

Relation to Child Phone Number

Place of Employment Phone Number Typical Hours

OTHER PERSON(S) TO NOTIFY

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____

Name _____

Phone _____

Relationship _____

Parent/Guardian Signature

Date

STATELINE FAMILY YMCA EMERGENCY CARD

General Information

Childs Name: _____ DOB: _____

Home Adress: _____

Guardian 1: _____ Phone: _____

Guardian 2: _____ Phone: _____

Medical Information

Allergies: _____

Current Medication: _____

Preferred Hospital (if needed): _____

Physician _____ Phone: _____

Parent/Guardian Signature Authorizing Emergency Care:

_____ Date: _____

**In addition to the Guardians listed on the front of this card,
the following people have permission to pick up my child.**

***Please update this cared as needed**

1) _____ Phone: _____

2) _____ Phone: _____

3) _____ Phone: _____

4) _____ Phone: _____

5) _____ Phone: _____

6) _____ Phone: _____

Other information that may be helpful: _____

My child has permission to be photographed by the Y: YES or NO

My child's photo may be used on the Y's social media, website, or
other marketing material: YES or NO

Parent/Guardian Signature:

_____ Date: _____