

# Stateline Family YMCA – School Age Childcare

## Child Information

Child's Name _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address _____	Birthdate _____
City, State, Zip _____	Age _____
Home Phone _____	Grade Level _____

## Parent/Guardian Information

<u>Parent/Guardian #1</u>	<u>Parent/Guardian #2</u>
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Cell Phone: _____	Cell Phone: _____
Work Phone: _____	Work Phone: _____
Employer: _____	Employer: _____
Email: _____	Email: _____

## Emergency Contacts (Two contacts other than parent/guardian)

<u>Emergency Contact #1</u>	<u>Emergency Contact #2</u>
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Phone #: _____	Phone #: _____

## Medical and Behavior Questions to help us provide the best care possible

- Has your child been diagnosed or treated for the following:
- Asthma
  - Allergies
  - Special Dietary Needs
  - Diabetes
  - Seizures
  - Allergies to Insect Stings
  - ADD/ADHD
  - Other \_\_\_\_\_

Physician's Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_

Please provide details for any of the above checked boxes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## After School Schedule

### Before School Care

My child will be attending the Before School Care:

- FULL-TIME     PART-TIME    Site: \_\_\_\_\_

My child will be attending on the following days:

- Mondays     Tuesdays     Wednesdays     Thursday     Fridays     Will Vary \_\_\_\_\_

### After School Care

My child will be attending the After School Care:

- FULL-TIME     PART-TIME    Site: \_\_\_\_\_

My child will be attending on the following days:

- Mondays     Tuesdays     Wednesdays     Thursday     Fridays     Will Vary \_\_\_\_\_

Before/After School Registration

**Photography Release Form**

Throughout the year, photographs are taken for craft projects, newsletters, etc. By signing below, you are authorizing the Stateline Family YMCA to photograph your child while participating in the School Age Center sponsored activities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**In consideration of my child's participation in YMCA Before/After School Enrichment Program, I agree to the following:**

- I understand that monthly fees will be deducted from my account on the 1st of each month. If I wish to change the account my payment will be deducted from I must do so by the 15<sup>th</sup> of the previous month.
- I agree to pick-up my child by 6:00pm or earlier and in the event my child is not picked up by 6:00pm, a fee of \$15 will be charged between 6:00 and 6:15pm and a fee of \$30 will be charged if picked up between 6:15 and 6:30pm. Payment must be made at the Stateline Family YMCA prior to continuation of services. After 6:30pm, the local authorities will be called. In the event of continued late payments or late pick-up of my child, the Stateline Family YMCA reserves the right to remove my child from the program.
- I have read the Parent Guide for the After School Enrichment Program. I agree to adhere to the policies and procedures set forth. Parent Guide can be viewed and printed online at [www.statelineymca.org](http://www.statelineymca.org)
- I understand that the program staff will do their best to provide the highest quality of care for my child but if the staff have disciplinary problems, the program staff will do the following: try to redirect your child, positively reinforce your child, meet with the child one on one to set up a plan, contact school teachers, and talk with parents. If the child still is having disciplinary problems, the program staff will contact the Program Director to meet with the parents to come up with a disciplinary plan. If your child physically puts their hands on another child in the program in an aggressive manner, depending on severity that child could be withdrawn from the program.
- I understand if I want to withdraw my child(ren) from the program I must complete the program withdrawal form at the Stateline Family YMCA at a minimum of 15 days prior to the beginning of the month you wish to withdraw from. Failure to do so will result in the full amount withdrawn from the account on the 1<sup>st</sup>.
- I understand the Stateline Family YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Additional Authorized People**

**Allowed to pick-up my child other than Parent/Guardian(s) listed above**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

-----  
Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

-----  
Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # \_\_\_\_\_

## Getting To Know You Form

### Child Information

Thank you for letting your child spend time with us. Our goal is to help each child learn, grow and thrive. We'd like to start off by asking you to tell us a little about your child that we can share with our staff:

Child's Name (Nickname): \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Birthday: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Sibling(s) Age and Name(s): \_\_\_\_\_

### Academic Success

What would you like to see your child work on in homework during the afterschool program?

What types of materials does your child like to read or like to hear when read to?

Does your child enjoy science, math or technology?

Please indicate what kind of extra help or support your child may need:

In regard to academic success, what goals do you have for your child during the afterschool program?

### Personal/Social Development

How would you describe your child in a couple of words?

How does your child play or interact with other children?

How does your child react and adjust to new situations and new people?

Does your child go to adults when in need of assistance?

How do you describe your child's temperament?

### Healthy Active Living

In regard to healthy active living, what goals do you have for your child during the afterschool program?

## Interests and Favorite Activities

Please put a check mark next to the activities below in which your child participates/enjoys:

### Team Sports

- Basketball    Baseball/Softball    Dance    Football    Gymnastics  
 Hockey    Soccer    Other \_\_\_\_\_

### Youth Skills

- Jumps rope with ease    Likes to run    Can "bat" a ball  
 Throws a ball    Catches a ball    Can hop scotch  
 Has tumbling skills    Skips/Gallops    Kicks a ball

### Expressive Art

- Music    Storytelling    Singing    Dancing to music

### Crafts and Construction

- Painting    Drawing    Designing    Repairing    Building    Inventing

### Table Activities

- Puzzles    Strategy Games    Card Games  
 Legos    Board Games    Other \_\_\_\_\_

What new skills or interests would your child like to develop?


## Additional Information

What else would you like us to know about your child?

In order to best serve your child and meet their individual needs, is your child receiving any special services at school or in the community that we should be aware of?

If you would like to talk to staff about your child, please feel free to call and arrange a time when we can have a conference. Please remember, we are happy to talk to you any time during the year when you have a questions or concern. We do not schedule parent conferences at a set time during the year in deference to the many demands on your time as a working parent with a child involved in school, the school-age program and other activities. It's extremely important, however, that we keep in close communication with each other.

Thank you,



**Jennifer McClone**  
Regional Before/After School Director  
Stateline Family YMCA



STATELINE FAMILY YMCA
AFTERSCHOOL ENRICHMENT ENROLLMENT FORM

Child's Name (please print) Last First Middle Initial

Child's Birth Date Member Non-Member

Parent Name (please print) Last First Middle Initial

Parent Email Parent Birth Date

Address City State Zip Code

Contact Phone Numbers Home Cell Emergency

Afterschool Enrichment Site:

Rockton Whitman Post Shirland Prairie Hill Todd
Powers Robinson Beloit(YMCA) Roscoe (YMCA)

Enrollment Level:

- Full time PM care Part time PM care
Full time AM care Part time AM care
Full time AM & PM care Part time AM & PM care

Name of School in which your child will be bussed from to attend the After School Enrichment Program if enrolling at the Beloit or Roscoe YMCA site:

Start Date

I understand that before my child can attend I must pay my registration fee 48 hours before my child can attend. I further understand that my account will be drafted on the first of the month for my child's monthly fee. 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. All drafts are non-refundable. I must let the YMCA know by the 15th of the prior month if my child is leaving the program for any reason so the draft can be stopped.

I further understand my non-refundable registration fee will be drafted from my account when my registration is processed by the Stateline Family YMCA. \$35 individual \$60 family

I have read and understand the Stateline Family YMCA Afterschool Enrichment Policy

Parent/Guardian Signature Date

Afterschool Director Signature Date

Program Specialist Date

For Office Use:



STATELINE FAMILY YMCA  
BANK OR CREDIT CARD DRAFT AUTHORIZATION

Name (please print) \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_  
City State Zip Code

**Program:**  
Before/Afterschool Enrichment Program (Monthly draft occurs on the first of the Month) Child's Name \_\_\_\_\_

**Draft Options**

[ ] Checking Account Bank Name \_\_\_\_\_  
Account # \_\_\_\_\_ Bank Routing # \_\_\_\_\_

[ ] Savings Account Bank Name \_\_\_\_\_  
Account # \_\_\_\_\_ Bank Routing # \_\_\_\_\_

[ ] Credit Card Name on Card \_\_\_\_\_  
Account # \_\_\_\_\_ Card Type \_\_\_\_\_  
(Mastercard or Visa)  
Expiration Date \_\_\_\_\_ CID# \_\_\_\_\_

- 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.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date