



STATELINE FAMILY YMCA

ILLINOIS BEFORE/AFTER SCHOOL 2026-2027

PARTICIPANT INFORMATION

Use full legal names for all parties.

Child's First Name: _____ MI _____ Last Name: _____
 Birth Date: _____ Gender: _____
 Address: _____
 Phone: _____ Email: _____

PUT AN "X" IN EACH APPLICABLE BOX: Select enrollment 2-day (T/TH), 3-day (M/W/F) or 5-day (M-F)

REGISTRATION TYPE						
Y-CARE- LOCATION	AM 2-DAY (T/TH)	AM 3-Day (M/W/F)	AM 5-Day (M-F)	PM 2-Day (T/TH)	PM 3-Day (M/W/F)	PM 5-Day (M-F)
KINNIKINNICK PM CARE (4 TH -5 TH GRADE)				[]	[]	[]
LEDGEWOOD AM CARE (K-5 TH GRADE) PM CARE (K-3 RD GRADE)	[]	[]	[]	[]	[]	[]
PRAIRIE HILL AM CARE (K-6 TH GRADE) PM CARE (K-6 TH GRADE)	[]	[]	[]	[]	[]	[]
ROCKTON GRADE PM CARE (K-2 ND GRADE)				[]	[]	[]
ROSCOE YMCA PM CARE (K-6 TH GRADE)				[]	[]	[]
WHITMAN POST PM CARE (3 RD -5 TH GRADE)				[]	[]	[]

A \$50 non-refundable registration fee is required per child at time of enrollment. To receive the member rate, the child must be a Stateline Family YMCA member at time of registration and during program time.

MONTHLY FEE (Draft occurs on the 1 st of each month, excluding Aug)	2-Day (T/TH)		3-Day (M/W/F)		5-Day (M-F)	
	YMCA Member	Non Member	YMCA Member	Non Member	YMCA Member	Non Member
AM CARE	\$86	\$108	\$118	\$148	\$176	\$226
PM CARE	\$106	\$128	\$146	\$180	\$224	\$278
REGISTRATION (One Time Fee)	\$50	\$50	\$50	\$50	\$50	\$50

PRO-RATED MONTHLY FEE	2-Day (T/TH)		3-Day (M/W/F)		5-Day (M-F)	
	YMCA Member	Non Member	YMCA Member	Non Member	YMCA Member	Non Member
AM CARE - AUGUST	\$54	\$68	\$74	\$93	\$110	\$142
AM CARE - DECEMBER	\$65	\$81	\$89	\$111	\$132	\$170
PM CARE - AUGUST	\$67	\$80	\$92	\$113	\$140	\$174
PM CARE - DECEMBER	\$80	\$96	\$110	\$135	\$168	\$209

BEFORE/AFTER SCHOOL DISCOUNTS

- 2nd Child Discount available for each additional child enrolled in Stateline Family YMCA before/after school programs. \$10 Per month for each additional child.
- 10% Before/After school program fee discount if child is enrolled in both AM and PM care.
- Financial Assistance is available for before/after school programs, you are required to complete the financial assistance application, and provide additional documentation as stated on the FA application.

CHECK & SIGN BELOW

- I understand that the non-refundable \$50 registration fee will draft at time of enrollment.
- I understand that all schedule/payment changes need to be made by the 15th of the month prior to the change request and that I must notify Ruthie at RLeavy@statelineymca.org of the requested change.
- I understand that I am responsible for all program fees, even if my child does not attend.
- I understand that my before/after school care fee will draft on the 1st of each month (September-May) and that my August payment will draft on 8/14/26.
- I understand that the YMCA pro-rates the fee the months of August and December, all other months (September- May).
- I understand that my child will automatically be withdrawn from the 26/27 before/after school programs at the end of the 26/27 school year, and that I will need to register for the following school year if my child needs care.
- I understand that if school cancels or releases early, YMCA before/after school care programs will be cancelled.
- I understand that I will be charged an additional fee if I arrive late for child pick-up.
 \$15/child if I arrive after 6PM \$30/child if I arrive after 6:15PM
 \$45/child if I arrive after 6:30PM \$60/child if I arrive after 6:45PM
- I understand that if late pick-up occurs more than 2x my child could be removed from program.
- I understand that if the YMCA can not reach any of the authorized individuals listed on my registration paperwork after 6:15PM, the police will be called for child abandonment.
- I authorize the Stateline Family YMCA to auto draft my before/after school program fees.
 Uses banking information on file (last 4#'s) _____
 I will notify and update my banking information for the auto-draft (in-person/phone)
- I understand that my account will be charged a \$25 processing fee for each returned payment.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

PARTICIPANT INFORMATION

Child's First Name: _____ MI _____ Last Name: _____
 Birth Date: _____
 Child's Grade Level: _____ School Attending: _____
 Swim Level: _____

(1) Parent/Guardian Information:

First Name: _____ MI _____ Last Name: _____
 DOB _____ Gender _____ Relationship to Child _____
 Phone: Cell _____ Work _____ Employer _____
 Address _____ City _____ State _____ Zip Code _____
 Email Address _____

(2) Parent/Guardian Information:

First Name: _____ MI _____ Last Name: _____
 DOB _____ Gender _____ Relationship to Child _____
 Phone: Cell _____ Work _____ Employer _____
 Address _____ City _____ State _____ Zip Code _____
 Email Address _____

Medical and Behavior Information				Additional Information (Specific Allergies, Dietary Needs, Triggers)	
Has your child been diagnosed or treated for the following: (Mark all that apply)					
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Allergies:	<input type="checkbox"/>	ADD/ADHS
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Food	<input type="checkbox"/>	ODD
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Environmental	<input type="checkbox"/>	Autism Spectrum
<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	Insect	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Depression	<input type="checkbox"/>	Dietary Needs		
Physician's Name _____					
Physician's Phone _____					
Hospital of Choice _____					
Emergency Contact (In the event that parent/guardian can not be reached)			Name		Phone
Secondary Emergency Contact			Name		Phone

ADDITIONAL AUTHORIZED INDIVIDUALS FOR PICK-UP (outside those listed above)			
A- Name and Relationship to Camper	Contact Phone #	Email	Place of Employment and Work Phone #
B- Name and Relationship to Camper:	Contact Phone #	Email	Place of Employment and Work Phone #

TYPICAL TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Drop Off (AM ONLY)					
Pick Up (PM ONLY)					

Additional Information

Social and Emotional Needs

Fears or Phobias (e.g, spiders, heights, darkness): _____ _____ _____ _____	Behavioral Triggers (situations, sounds, environments): _____ _____ _____ _____	Coping Strategies (techniques to calm down): _____ _____ _____ _____	Social Skills (e.g., shy, outgoing): _____ _____ _____ _____
---	---	--	---

Developmental Considerations

Developmental Delays (any known concerns): _____ _____ _____ _____	Special Interests or Hobbies: _____ _____ _____ _____
---	---

Behavioral Information

Behavioral Concerns (specific behaviors to monitor):

Reward Systems (ways to encourage positive behavior):

Parental Insights

Parent Concerns: _____ _____ _____ _____	Preferred Communication (best way to communicate w/ you): _____ _____ _____ _____	Cultural or Family Traditions (any relevant practices): _____ _____ _____ _____
--	---	---

Additional Notes (additional information to help Y staff):

Parent/Guardian Signature	Date
---------------------------	------