



2015 - 2016 PUTNAM COUNTY YMCA SACC REGISTRATION FORM

Please complete all information. Use additional forms for more children as needed.

Forms are also available at claycountnymca.org

PARTICIPANT INFO

CHILD NAME _____ YMCA Member: ___ Non-Member: ___

1st Child: ___ Additional Child: ___ Sibling(s) Attending Program _____

D.O.B: ___/___/___ Sex: M F Race (optional): _____ SACC Site ___ Ridpath ___ Bainbridge

Grade: ___ Schoolchild will attend: _____ Teacher: _____

PARENT/GUARDIAN INFORMATION

Primary Contact Name: _____ Relationship: _____ D. O. B. ___/___/___

Mailing Address: _____ City: _____ St: _____ Zip: _____

Primary Phone: _____ Work Phone: _____ Alternate Phone: _____

Email Address: _____

Second Contact Name: _____ Relationship: _____ D. O. B. ___/___/___

Mailing Address: _____ City: _____ St: _____ Zip: _____

Primary Phone: _____ Work Phone: _____ Alternate Phone: _____

Email Address: _____

PICKUP INFORMATION

Parent/Guardian(s) listed are authorized to pick up child, unless otherwise noted. You may also authorize only the people named below to pick up your child. Note: For your child's safety, he/she will not be released to anyone else. All authorized persons must be 16 years of age or older. No changes to this list will be made unless the parent or legal guardian whose signature appears above requests such changes in writing. One time exceptions can be made if parent provides verbal approval for pick up.

Photo identification is required at pick up at all locations. Initial: _____

1. Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

2. Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

PROMOTION AGREEMENT (INITIAL ONLY TO OPT OUT)

Please initial below if the YMCAs of the Wabash Valley, Inc. **DOES NOT** have your permission to use photographs or videos of your child for YMCA promotional purposes.

Initial: _____ Child's Name: _____

HEALTH INFORMATION

Child's Name: _____

Family Physician: _____

Phone: _____ Date of last physical exam: _____

Insurance Carrier: _____

Policy #: _____

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Bleeding/ Clotting Disorders | <input type="checkbox"/> Tetanus Innoc.* |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | Date: _____ |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Frequent Ear Infection | |

*If no date is given, the Y will have a tetanus shot administered in case of emergency.

Child is up to date with all immunizations needed for enrollment in school. (Initial) _____

Current medications (send prescription in original bottle): _____

Any known allergies: _____

Special Diet: _____

HOMework

A portion of our program is dedicated to providing 15-20 minutes of homework assistance. Families live such a busy lifestyle these days it is often beneficial for children to get a jump start on homework while at our program. This time is designed to provide children with the opportunity to complete or a least begin homework. We encourage families to check homework and study for tests in addition to this time we provide. Due to the amount of families we serve we cannot check every child's homework or check backpacks for homework. The responsibility lies with the child to be honest if homework was given each day.

Please initial below if you opt out of our homework assistance portion. Children who opt out of this portion will participate in a quiet activity such as reading, journal, etc.

Initial: _____ Child's name: _____

PARENT/GUARDIAN AUTHORIZATION & SIGNATURE

PARENT AUTHORIZATION and RELEASE: My child has medical approval to participate in the activities of the YMCA's of the Wabash Valley, and in my judgment my child is in good health and physical condition and able safely to participate in the activities of the YMCA. My child has my permission to engage in all activities offered by the YMCA except as noted by me in writing. I further understand that neither the YMCA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I promise and agree on behalf of myself, my spouse or partner or other family member not to sue and agree to waive, release, discharge, and hold harmless and indemnify the YMCA, its agents, employees, members and volunteers from all claims, demands, rights and causes of action of any kind, whether arising from my own acts, the acts of my child, or those of the YMCA. I hereby waive all claims for injury or damage, suffered by my child, myself, my spouse, my partner, or other family member in connection with or arising out of the participation of my child in YMCA activities. I certify that my child is amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant.

PROGRAM ACTIVITY AND TRANSPORTATION AUTHORIZATION: I hereby give permission for my child to participate in camp activities and to travel by bus with the YMCA staff. I understand that only licensed and qualified personnel will operate any vehicle during the YMCA program, and that there will be at least one YMCA staff member present at all times. I agree to

release the YMCA, its officers and directors, and the YMCA staff from any and all claims of damages, demands or liabilities which may arise as a result of my child's participation in camp activities and bus trips.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the YMCA Site Director or designated YMCA staff to order X-rays, routine tests and treatment for me or my child, and, in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director or designated YMCA staff to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for me or my child as named prior. I will be fully responsible for any costs of such treatment, even if not covered by insurance.

PARENT OR GUARDIAN PERMISSION: My signature below indicates that I have the legal authority to sign up the child named on this form and that to the best of my knowledge the information on this application form is complete and accurate. I further understand that this is an application and the named child's participation is contingent upon space being available in the program in which I want the child to participate. I also understand that once my registration is confirmed, I must complete payment(s) by the deadlines of said program as outlined prior and that, furthermore, all necessary health, security and waiver forms must be signed and on file with the Y prior to my child attending the program.

Signature of Registering Parent or Legal Guardian

Date

SACC RATES

Weekly Pay		Full Time (3-5 Days)	Part Time (1-2 Days)
Member	First Child	\$30	\$18
	Additional	\$25	\$15
Non-Member	First Child	\$35	\$21
	Additional	\$30	\$18
Monthly Pay			
Member	First Child	\$105	\$63
	Additional	\$87	\$52
Non-Member	First Child	\$122	\$74
	Additional	\$105	\$63
Semester Full Pay			
Member	First Child	\$508	\$305
	Additional	\$423	\$254
Non-Member	First Child	\$592	\$355
	Additional	\$508	\$305

PAYMENT AGREEMENT

Child(ren) name(s)

- Full Time (3-5 days per week)
- Part Time (1-2 days per week)
- One Time prepayment by August 5th, 2015
- 5 Monthly installments due the first of each month
- Weekly payment each Friday prior to week of care

\$ _____ = Required Registration Fee (check one):

- \$10 per child (non-refundable)
- \$25 per household max (non-refundable)

\$ _____ = Annual Campaign Donation (optional)

- I would like to help another child attend Y youth programming by making a one-time donation.

\$ _____ = TOTAL PAID Staff Initials _____

* Financial Assistance applications available upon request. Contact the YMCA (812) 442-6761

Payment Method (check one):

- VISA MasterCard

Card#: _____ Exp. Date: __/__/__

Name on Card (print): _____

Card Holder Signature: _____

- Checking Savings

Routing # _____

Account # _____

Bank Name : _____

I authorize the YMCA to debit this account the Friday prior to each week of care my child is attending. I (we) understand that if our account draft is unpaid, it will be collected with an additional \$20 fee when funds become available.

Account Holder Signature: _____

If these payment options do not fit your needs contact the YMCA or your Site Director of additional options.

**Clay County YMCA
225 East Kruzan St.
Brazil, IN. 47834**



After School Fun Facts:

What does the YMCA SACC program offer?

- **Did you know that at the YMCA after school program we offer healthy snacks, free play, STEM activities, drama, arts and crafts, organized play, homework assistance and much more!**

What if your child care needs change?

- **Requests to child care attendance must be made in writing the Wednesday prior to the week of care in order for fees to be waived. Failure to do so will result in fees being applied to account. Families who utilize the full pay or monthly pay option do not have the ability to waive weeks of care.**

How do I pay for child care?

- **The easiest way for payments is to sign up for EFT or Credit Card deductions. If this does not meet your needs please contact your Site Director to set up payment arrangements.**

What are the hours of the after school program?

- **We operate Monday–Friday after school until 6 pm. Families who arrive after 6 pm will be subject to a late fee.**