



SCHOOL
GRADE

# School Year Programming Registration Form

## 2017-2018 School Year Programs

(Before and Afterschool, Spring Break Camp, Winter Break Camp, School's Out Y's In days)

**Completion of this form will enroll your child into our Before and After School program at your child's school location.**

### PARTICIPANT INFORMATION

Male     Female    Birthdate \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Age \_\_\_\_\_  
 Child's Name (First, Middle Initial, Last)

Street Address (Child's residence)    City    State    Zip    Home Phone Number

### PARENT/GUARDIAN INFORMATION

Primary Care Parent/Guardian    Street Address (if different than child's)    City/State    Zip    Birthdate

Best Contact Phone Number    Alternate Phone Number    Employer    Employer Phone Number

Secondary Care Parent/Guardian    Street Address (if different than child's)    City/State    Zip    Birthdate

Best Contact Phone Number    Alternate Phone Number    Employer    Employer Phone Number

Marital Status/Custody Arrangement    E-Mail Address - Confirmation of enrollment and communication is done via e-mail

### EMERGENCY/PICK UP INFORMATION

Please provide complete information for anyone with your permission to pick up your child other than yourself or the above named parent/guardian.

Name	Relationship to child	Address	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### PROGRAM REGISTRATION:

#### Before and After School

These weekly fees include SOYI Days:

- YMCA Afterschool \$50/\$60
- Xavier Before School \$20/\$30
- Xavier Afterschool \$40/\$50
- Xavier Before and After School \$50/\$60

- YMCA Afterschool Drop-In \$12
- Xavier Before School Drop-In \$5
- Xavier Afterschool Drop-In Wed. Only \$17/\$27
- Xavier Afterschool Drop-In (Ex. Wed) \$12

#### School's Out Y's In

- Drop-In Fee: \$40

#### HOLIDAY DAY CAMPS

- Spring Brk. Day Camp \$22-\$160  
April 3<sup>rd</sup> - 7<sup>th</sup>, 2017
- Winter Day Camp \$22-\$150  
Dec. 26 - Jan. 6<sup>th</sup>, 2017



# CHILD'S MEDICAL INFORMATION

Child's Name \_\_\_\_\_

## MEDICATION AUTHORIZATION

Please list all medications (including over the counter or non-prescription drugs) to be given to your child while in our care. Be sure to send enough medication to last one week at the beginning of each week. Keep all medications in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Medication #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific time to be given \_\_\_\_\_ Reason for taking \_\_\_\_\_

Medication #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific time to be given \_\_\_\_\_ Reason for taking \_\_\_\_\_

I hereby give permission to the YMCA program staff to administer the above listed medications to my child.

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

## PHYSICIAN CONTACT INFORMATION

Physician or Clinic/Hospital \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

## HEALTH HISTORY

Please list all allergies, such as food, insect bite/sting, poison ivy, environment or other. Describe reaction and management

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

List any medical conditions that may cause restricted activity at the YMCA and special instructions.

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

## HEALTH INSURANCE

Is the child covered by family medical/hospital insurance?  YES  NO **ATTACH COPY OF INSURANCE CARD**

Permission to provide necessary treatment or emergency care: I hereby give permission to the Program Director, or designee, at the time of activity, to order x-rays, routine tests, treatment, to release any records necessary for insurance purposes, and to provide or arrange necessary related transportation for me or my child. In the event I cannot be reached in an emergency, I hereby give permission to the Program Director, or designee, to secure and administer treatment, including hospitalization for the child named above. I further acknowledge full responsibility for any and all bills incurred in obtaining medical treatment.

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



**FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**

---

## **CHILD CARE PROGRAM CONTRACT**

I/We understand and agree to the following:

- A. I am an adult over 18 years of age and my children or dependent's wish to participate in the YMCA OF MICHIANA program activities. I, agree to hold free from any and all liability the YMCA of Michiana, Inc. and its respective officers, employees, and members and do hereby for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all legal rights to claims for damages which I or my family to us arising out of, or connected with our participation in any of the activities of the YMCA of Michiana.
- B. I declare my children and dependents to be physically sound, to participate in the activities of the YMCA of Michiana, Inc.
- C. I/We understand that a staff member must be aware of my child's arrival and departure and that my child must be signed in and out of the program by an adult for be released to those authorized on the pick-up list. A photo i.d. is required for all.
- D. I/We understand that **early drop-off and late pick-up is not acceptable. \$1 per min. fee will be charged.**
- E. I/We understand that YMCA Staff Code of Conduct prohibits YMCA Staff from being alone with children they meet in YMCA programs outside of the YMCA. This includes sleepovers and inviting children anywhere off-site. Staff is not to transport program children in their personal vehicles. I/We will report suspicious behavior to the Director of Youth Development.

### **Authorization:**

I hereby give permission for my child to participate in scheduled field trips, walking trips and other special events held outside of the YMCA or school home sites.

I/We do hereby grant permission for photos of my/our child to be used by the YMCA for promotional and educational purposes.

I authorize the release of any behavior or academic information from the contracted schools or appropriate agencies to the YMCA of Michiana Youth Development Coordinator for behavior plan and/or funding purposes.

**I have read, understand, and agree to abide by all policies.**

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

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_



FOR YOUTH DEVELOPMENT™  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## ELECTRONIC FUNDS TRANSFER AGREEMENT

Required for all weekly participants

**REGISTRATION WILL NOT BE COMPLETED UNTIL PAYMENT ARRANGEMENTS HAVE BEEN MADE.**

Checking    Savings

Name on Account: \_\_\_\_\_ Bank Name: \_\_\_\_\_

Bank Account Number:  \_\_\_\_\_  \_\_\_\_\_  \_\_\_\_\_  
Routing # Account #

OR

\_\_\_\_\_ I have put a card on file with the YMCA.

## CHECKING, SAVINGS, CREDIT or DEBIT CARD PAYMENT AGREEMENT

Int. \_\_\_\_\_ The YMCA of Michiana, Inc. Electronic Funds Transfer will begin on the SATURDAY 12:00AM before the week my child will be attending programming and then every SATURDAY 12:00AM for the weeks registered for. Due to different bank protocols there may be a delay in the payment posting to your account. (The Saturday morning draft allows for Friday bank deposits).

Int. \_\_\_\_\_ The YMCA of Michiana, Inc. Youth Development Electronic Funds Transfer is a **continuous payment plan**. It is to my complete understanding that if I wish to terminate or change my child care in any way, I must give the YMCA of Michiana, Inc. Youth Development Director a one (1) week written notice prior to my next debit or transaction. If proper notice is not received, I will be responsible for tuition regardless of whether my child attends the program or not.

Int. \_\_\_\_\_ The YMCA of Michiana, Inc. may, at their discretion, adjust the weekly rate plan applicable to child care. I understand that I will receive at least a two (2) week notice prior to any new change.

Int. \_\_\_\_\_ Should any child care debit not be honored by my bank or credit card for any reason, I understand that I am still responsible for that payment plus any additional charges incurred for processing. This is in addition to any service fee my bank or credit card company requires. There will also be a late fee of \$5 for every week that a payment goes unpaid.

Int. \_\_\_\_\_ Any participant with a draft return will be contacted by a Youth Development Representative. The payment process and continuation of child care services will be discussed at this time.

Int. \_\_\_\_\_ Two returned savings or checking account drafts will necessitate a change in payment options that include credit card draft, debit card draft, or payment at the YMCA.

Int. \_\_\_\_\_ Any unpaid balance of more than 1 week of tuition will require removal of child from programming until balance is paid and current. Any balance of more than 1 week that is not paid within 30 days of return date will be sent to collections.

I hereby authorize the Michiana Family YMCA to debit the above account on SATURDAY mornings for the following week that my child is enrolled in Before and After School, S.O.Y.I., Winter Day Camp, and/or Spring Break Day Camp.

Account Holder's Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**YMCA of Michiana, Inc.**  
1201 Northside Boulevard, South Bend  
205 W. Edison Rd, Mishawaka  
(P) 574 287 9622 (F) 574 282 3752  
(W) [www.michianaymca.org](http://www.michianaymca.org)  
7.26.16

**OFFICE USE ONLY**  
**Draft Set-Up**  
Staff Initials: \_\_\_\_\_ Date: \_\_\_\_\_

# BEHAVIOR POLICY

## YMCA of Michiana, Inc.

### Positive Behavior Management Procedures

We believe that children are entitled to a pleasant and harmonious environment at our program. The MICHIANA FAMILY YMCA Before and After School & Summer Day Camp programs cannot serve children who display chronically disruptive behavior. Chronically disruptive behavior is defined as verbal or physical activity which may include, but is not limited to the following:

- behavior that requires constant attention from staff
- behavior that inflicts physical or emotional harm on other children
- behavior that abuses the staff and/or ignores or disobeys the rules

If a child cannot adjust to the program setting and behave appropriately, then the child may be terminated.

Reasonable efforts will be made to assist children in adjusting to the program setting.

### YMCA House Rules:

- Speak for yourself
- Listen to others
- Use put-ups
- Care for others, the property, and yourself.
- Be honest
- Show respect for all
- Be responsible for yourself
- Do unto others as you would have them do unto you

Other rules will include the basic school/playground rules and any risk management policies at an individual site.

### Disruptive behavior will be dealt with in the following manner.

1. One clear warning. "Personal Time" or a "cool\*" is mandatory. The time limit is determined by the children in order for him/her to cool off and think about his/her actions.
2. If the inappropriate behavior continues or he/she cannot regain control of him/herself, a behavior report will be written and discussed with the parent.
3. If child receives three written behavior-related incident reports in any school year, the child will be suspended at the end of the day of the third report for one week. During the first week of suspension, the parents, Site Director, and Program Director will meet in a conference setting in order to determine conditions for reinstatement. The parent is responsible for making an appointment. If an agreement cannot be reached, reinstatement will be denied at this time.
4. If the child is reinstated in the program and receives a fourth behavior-related incident report, the Program Director will suspend the child immediately. If necessary, the parents will be notified to come and get the child. Upon the fourth report, the child will be terminated without the right for reinstatement.
5. Parental misconduct towards staff and/or the program, such as threats, harassment, swearing, or pick-up violations, may result in your child being terminated from the program.
6. If the severity of the problem is great enough after the first incident, suspension from the program will be effective immediately without following the above steps once the site director consults with the program director. The Program Director will notify the parents.

**PHYSICAL VIOLENCE OF ANY KIND IS NOT TOLERATED AND WILL RESULT IN IMMEDIATE SUSPENSION FROM THE PROGRAM.**

I have read and understood the behavior policy. I also understand what is expected of me and my camper.

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

\_\_\_\_\_  
Date