



2010 –2011 BEFORE & AFTER SCHOOL CHILD CARE PROGRAM

Registration Packet



YSCHOOL AGETM
We build strong kids, strong families, strong communities.

Financial Assistance is available through the Y Assist Program.

2010/2011 Before & After School Child Care Sites

School Site	District	Center Service Area	
*Howbert	11	DFC	
West	11	DFC	Offers after care only
STAR Academy	11	DFC	
Buena Vista	11	DFC	Offers after care only
Turman	2	SFC	
Fountain Valley Y	8	FVY	
Manitou	14	DFC	
Gold Camp	12	DFC	
Pinon	12	DFC	
McAuliffe	11	DFC	
Trailblazer	11	DFC	
Banning Lewis Ranch Academy	49	BFC	
Wolford	20	TLC	

**Indicates new site for the 2010-2011 school year*

2010-2011 Before and After-School Program Registration Checklist

Name of staff processing: _____

All steps in the registration process must be complete prior to your child's first day in the Before and After School Program.

- _____ Child Information Form Completed
 - _____ At least 3 contacts provided (1 parent and 2 emergency contacts, or 2 parents and one emergency contact)
 - _____ Health History Completed (If none apply, please write N/A)
 - _____ Parent Signature on the back
- _____ Payment Options Paperwork completed
 - _____ One payment Option Selected & Completed
- _____ Immunization Records (We need updated immunization records)
- _____ Child's Schedule (Please update as necessary)
- _____ First month's payment in full (The draft will take place during your child's second month in the program.)
- _____ Required insurance information. Check here if you do not have insurance.

If you have any questions about the registration process, please contact the YMCA Association Childcare Office at 329-7229 or email sacc@ppymca.org.

Staff signature: _____ Date: _____

****Registrations will not be accepted without the first month's payment. All items listed above must be complete and submitted to the Association Child Care Services Office.**

YMCA of the Pikes Peak Region

Before and After School Registration Form 2010-2011

START DATE:

Please check the program that you are registering for:

- Before School Only
 After School Only
 Before and After School

Please check the plan you will be using:

- Standard Plan
 Part Time
 Drop-In

CHILD:

Name: _____ Birthdate: _____ Sex: _____ Age: _____

School: _____ Grade: _____ Teacher: _____

1st PARENT/GUARDIAN:

Name: _____ Authorized to Pick Up: Yes No

Address: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell/Pager: _____

Email: _____ Please do not contact me by email.

Company/Employer Name: _____ Work Phone#: _____

2nd PARENT/GUARDIAN:

Name: _____ Authorized to Pick Up: Yes No

Address: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell/Pager: _____

Email: _____

Company/Employer Name: _____ Work Phone#: _____

EMERGENCY CONTACT/AUTHORIZED PICK-UP:

Please list anyone allowed to pick-up your child. Identification by photo ID may be required at any time.

Name: _____

Phone#: _____ Second Phone#: _____ Relationship to Child: _____

Name: _____

Phone#: _____ Second Phone#: _____ Relationship to Child: _____

ADDITIONAL INFORMATION: Please take the time to answer the questions below to help the YMCA determine the needs of your child and family. You are not obligated to answer, but we would appreciate any information you are willing to provide.

1. How does your child get along with other children?
2. Does your child have any fears?
3. What would you like your child to gain from his/her experience in the Before and After School Program?
4. Any special instructions?

IMMUNIZATIONS: A current copy of your child's immunization records is required for registration.

HEALTH HISTORY: (Write Yes or No & give approximate dates; write N/A if not applicable)

ALLERGIES:

Frequent ear infections _____	Chicken Pox _____	Hay Fever _____
Heart defect/disease _____	Measles _____	Ivy Poisoning _____
Convulsions _____	German Measles _____	Insect Stings _____
Diabetes _____	Mumps _____	Penicillin _____
Bleeding/Clotting disorders _____	Mononucleosis _____	Asthma _____
High Blood Pressure _____	Epilepsy _____	Foods _____
ADD _____	ADHD _____	Other: _____

Disability or chronic or recurring illness: _____

Operations or serious injuries (dates): _____

Dietary modifications: _____

Current medication: _____

My child may participate in all YMCA activities except: _____

Physician: _____ Phone #: _____

Address: _____ Don't have a current doctor please use closest available: _____

Preferred Hospital: _____ Closest Available: _____

Dentist: _____ Phone #: _____

Address: _____ Don't have a current dentist please use closest available: _____

Required Insurance Information: If child is not insured by parents/guardian, please indicate name of person child is insured by: _____ My child does not have insurance.

Insurance Company: _____ **Policy/Group #:** _____

I would like information on obtaining affordable health insurance for my child.

PARENT/GUARDIAN AUTHORIZATION: I understand that my insurance policy is considered as primary coverage and that the YMCA's is secondary. I understand that before I submit a claim to the YMCA's insurance company, I must first submit a claim to my company. A statement of allowed expenses from insurer should be given to the YMCA as soon as possible. This health history is correct so far as I know and the person herein described has permission to engage in all prescribed child care activities including field trips except as noted above. The undersigned hereby agree to hold harmless and indemnify the YMCA of the Pikes Peak Region and/or any of its employees and/or volunteers from and against any claims, demands, liability, costs of suit, damages, loss, and/or judgments in connection with any use of the YMCA properties.

EMERGENCY AUTHORIZATION: I hereby give permission to the medical personnel selected by the YMCA staff to order x-rays, routine tests, and treatment for my child, and in the event I cannot be reached in an emergency, I hereby give permission to transport, to hospitalize, to secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. I accept financial responsibility if such treatment is necessary. I understand that this consent does not waive or diminish my rights.

SUNSCREEN RELEASE: I, hereby give permission for the staff of the YMCA of the Pikes Peak Region, to provide SPF30 sunscreen for my child to self – administer while participating in the YMCA programs. I understand that any prescription/over the counter medication must be given to the YMCA staff upon arrival to the program. I also understand that a Medication Release Form must be filled out and signed by a doctor each time I bring a medication to the program. **I understand that, at no time, may any child have any sunscreen of any type in their possession.** Time will be set aside for children to self-administer sunscreen twice daily and additionally when necessary. The YMCA is very concerned about dehydration and sunburns at camp. Please provide a water bottle with you child's name and one bottle of sunscreen for kids, SPF 30 with your child's name to be given to the staff on the first day in the program.

TRANSPORTATION AUTHORIZATION: I hereby give permission to the YMCA to transport my child on YMCA provided transportation which includes buses, vans, and walking.

Signature of Parent/Guardian

Date

YMCA of the Pikes Peak Region
Payment Options for Before & After School Childcare Program
2010-2011

Child's Name _____

Account # (office use): _____ ID# (office use): _____

Please choose one of the following options for payment and complete that section.

- Automatic Bank Withdrawal** (Complete the Automatic Payments Section)
- Automatic Credit Card Payments** (Complete the Automatic Payments Section)
- Drop-In Usage Agreement** (Complete the Drop-In Section on the back)

Automatic Payments

Authorized Withdrawal Amount/Month: \$ _____ x _____ (# of installments) = _____ rate / year.
DEBIT WILL BE MADE ON THE 15TH OF EACH MONTH (Or the next business day if the 15th falls on a weekend or holiday)

<p>Automatic Bank Withdrawal</p> <p>Name of Account Holder: _____</p> <p>Routing Number: _____</p> <p>Account Number: _____</p> <p>Bank Name: _____</p> <p>Bank Address: _____</p> <p>Attach a voided check</p>

OR

<p>Automatic Credit Card Payments</p> <p>Circle One: VISA MASTERCARD DISCOVER AMEX</p> <p>Card Number: _____</p> <p>Expiration date: _____</p> <p>Name as it appears on the card: _____</p> <p>Attach an imprint of your credit card</p>

Authority to draw pre-authorized debits for payment – through a Monthly Credit Card Charge or ABW:

I hereby give authority to the above-stated bank/credit card company to honor pre-authorized debits on my bank account/credit card company by the YMCA of the Pikes Peak Region. I understand that as each payment becomes due, the YMCA will send a pre-authorized debit to my bank/credit card company and that this is the valid notice given of payment due. When the bank/credit card company honors the debit by charging my account, such debit shall constitute my receipt for the payment. Should any pre-authorized debit not be honored by my bank or credit card, a collection agency will attempt to collect twice. There will be a \$20.00 processing fee for this service. If collection is unsuccessful, I understand that I am responsible for making the payment directly to the YMCA. I understand that a \$20.00 processing fee will be due and payable at this time. Non-payment of a returned debit will result in program termination. If at any time there is to be a change, it is to be submitted in WRITING to the YMCA by no later than the 9th of any given month.

Authorization to honor debits drawn by the YMCA of the Pikes Peak Region:

As a convenience to me, I hereby request and authorize you (my bank/credit card company) to pay and charge to my account debits drawn on my account by and payable to the order of the Pikes Peak YMCA, Colorado Springs, provided there are sufficient funds (In the case of a bank draft) in said account to pay the same upon presentation. I agree the rights of the bank/credit card company in respect to each such debit shall be the same as if it were a debit to my account personally signed by me. This authority is to remain in effect until revoked by me in writing, and until you actually receive such notice. I agree that the bank/credit card company shall be fully protected in honoring any such debit.

I further agree that if any such debit be dishonored, whether with or without cause and whether intentionally or inadvertently, my bank/credit card company shall be under no liability whatsoever even though such dishonor may result in program termination.

Name (please print)

Signature of account holder

Date

Drop-In Payment Agreement

I agree to pay the Drop-In fees at the time I drop my child off at the YMCA Before and After School Childcare Program or School's Out Day Program. If my child attends the After School Program only, I will pay the Drop-In fees when I pick my child up. If at any time, there is a balance exceeding \$100 on my account, I understand that my child may not return to the program until that balance is paid in full. I understand that any past due balance will be assessed a \$10 late fee.

The Drop-In Fees are as follows:

	Member	Non-Member
Before or After	\$15.00	\$25.00
Before & After	\$30.00	\$45.00
School's Out Day	\$40.00	\$55.00

Name (please print)

Signature

Date

About Payment Installments

Please note that payments are made on the 15th of the month. There are 9 equal monthly payments, made August through April, for all plans. Payments are installments toward the year of childcare that your plan includes.

If you are registering late into the program, your number of installments may vary. The first payment should be a full payment. Any necessary prorating will take place on the second month's billing.

Should you have any questions regarding the YMCA Before and After School Program's payment structure, please contact the Association Childcare Office at 719-329-7229.

YMCA of the Pikes Peak Region
Before & After School Programs 2010-2011
Parent statement of Understanding

Child(ren) Name(s): _____

Please read the following information carefully. You and/or your child will be held accountable for the following policies:

1. I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff member is there to receive and supervise my child.
2. I understand that my child will not be allowed to leave the program with an unauthorized person or staff. Any person authorized to pick up my child must be listed with the YMCA Association Childcare Office.
3. Should I, or another authorized person, arrive to pick up my child with the appearance of being under the influence of alcohol or drugs; I am aware that YMCA staff, for the child's safety, may contact the proper authorities.
4. I understand that the YMCA is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
5. I understand that I will be charged late fees as detailed in the parent handbook should I fail to pick up my child by the scheduled end of the program.
6. I understand that YMCA staff are not allowed to baby-sit or transport children at any time outside of YMCA programs.
7. I understand that my child may be removed from a YMCA program for failure to pay tuition fees in a timely manner.
8. I understand that my child's photograph may be used for promotional purposes.
9. I have read and understand the rules, guidelines, procedures and policies described in the YMCA Association Childcare Office Parent Handbook and Childcare Policies.
10. I understand that participation in the program may be terminated for verbal abuse to any YMCA staff member by me or my child and that a refund will not be granted for involuntary termination.
11. 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 the Pikes Peak Regions Association Childcare Office **WRITTEN NOTICE 14 days** prior to my child's last day in the program using the change form included in this packet. If proper notice is not received, I will be held responsible for tuition regardless of whether my child attends or not.
12. The YMCA of the Pikes Peak Region Board of Directors may, at their discretion, adjust the monthly rate plan applicable to child care. I understand that I will receive at least a four week notice prior to any such change.
13. Should any debit not be honored by my bank or credit card company for any reason, I understand that I am still responsible for that payment and an additional \$20.00 service charge applied by the YMCA. This is in addition to any service fee my credit card company or bank may require.
14. If my bank or credit card account number is changed, I understand that I must complete a new payment authorization form no later than the 9th of the month.
15. I have received, read, and agree to follow the rules, guidelines, procedures, and policies described in the Parent Handbook.

I have read, understand, and agree to all of the statements above.

Parent Signature

Date



Child's Name: _____ Phone Number: _____

Parent's Name: _____ E-Mail Address: _____

Type of Change: Parent/Guardian Information Program Payment Option
 Emergency Contacts

For Parent/Guardian Information Changes

Please list all changes to be made: _____

For Program Changes:

Current Plan: _____

Program: Before / After / B&A

Location: _____

Change to:

New Plan: _____

Program: Before / After / B&A

Location: _____

Effective Date: _____ **New Program Fee:** \$ _____

Any change in program fees will require a new Payment Option Form before the change can be made.

For Payment Changes:

Complete a new Payment Option Form and attach. This form must be complete and a voided check must be included for all ABW drafts.

For Additional Emergency Contacts:

Name: _____ ADD REMOVE

Phone: _____ Alt. Phone: _____

Name: _____ ADD REMOVE

Phone: _____ Alt. Phone: _____

For Program Cancellation:

As of (date) _____, my child (name) _____

will no longer attend the YMCA School-Age Child Care program at (school) _____

I realize that this notice must be in writing 14 days prior to the last day of care. Any changes that are made must be done before the 9th of any given month in order to stop automatic draft.

Reason for cancellation: _____

Parent Signature

Date

Office Use Only

Date Received: _____ Date Processed: _____ Staff Initials: _____

All Fees Collected: Refund Processed \$ _____ Credit Processed \$ _____

**YMCA of the Pikes Peak Region
Attendance Schedule
Before & After School Childcare Program
2010-2011**

Child's Name: _____

My Child will attend the YMCA Before & After School Program on the following days:
(Please circle the days that your child will attend)

AM Monday Tuesday Wednesday Thursday Friday

PM Monday Tuesday Wednesday Thursday Friday

Please list any activities or clubs that your child participates in:

Activity	Day(s)	Time	Location	Who will pick up child?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please update this form as necessary throughout the year as your child's schedule changes.