



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA OF THE PIKES PEAK REGION
Before & After School Childcare Program 2016-2017

CHILD CARE SITES

District 11

- Academy for Advanced & Creative Learning
- Audubon Elementary
- Howbert Elementary
- James Irwin Charter Academy
- Midland Elementary
- Patrick Henry Elementary
- Trailblazer Elementary
- Westside Community Center
- Serving West Elementary, Buena Vista Elementary
and Midland Elementary

District 12

- Gold Camp Elementary
- Pinon Valley Elementary
- Skyway Elementary

District 14

- Manitou Springs Elementary

District 20

- The da Vinci Academy
- Edith Wolford Elementary

District 49

- Rocky Mountain Classical Academy

District 38

- Bear Creek Elementary
- Kilmer Elementary
- Lewis Palmer Elementary
- Palmer Lake Elementary
- Praire Winds Elementary

Charter

- Global Village Academy

INDEX

Registration Form2

Registration Form continued.....3

Payment Options4

Drop-In Payment Agreement.....5

About Payment Installments5

Parent Statement of Understanding6

Attendance Schedule.....7

Payment Schedule - School Districts 11, 12, 14, 20, 49.....8

Immunization Form.....9



REGISTRATION FORM

SCHOOL: _____

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:

- Drop-In
- Standard Plan
- Part Time

CHILD:

Name: _____ Address: _____

Birthdate: _____ Sex: _____ Age: _____

School: _____ Grade: _____ Teacher: _____

1st PARENT/GUARDIAN:

Name: _____ Authorized to Pick Up: Yes No

Address: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell: _____

Email: _____ Please do not contact me by email.

Company/Employer Name: _____ Work Phone#: _____

Address: _____

2nd PARENT/GUARDIAN:

Name: _____ Authorized to Pick Up: Yes No

Address: _____

City: _____ State: _____ Zip: _____

Home Phone#: _____ Cell: _____

Email: _____ Please do not contact me by email.

Company/Employer Name: _____ Work Phone#: _____

Best Contact: _____ 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: _____ Address: _____

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

Name: _____ Address: _____

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)

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:	_____

Allergies: _____

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: _____

Dentist: _____ Phone#: _____

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

Preferred Hospital: _____ Phone#: _____

Address: _____ 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 SPF 30 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.

PHOTO RELEASE: I understand that my child's photograph may be used for promotional purposes.

Signature of Parent/Guardian _____

Date _____



PAYMENT OPTIONS

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 ALWAYS BE MADE ON THE 1st OF EACH MONTH.

We accept cash, check, money order or credit card.

Monthly payment plans can be arranged. A \$20 service fee will be added to any returned checks.

Automatic Bank Withdrawal

Bank Draft

Bank Name _____

Last Four Digits # _____

OR

Automatic Credit Card Payments

Credit Card Draft

Credit Card

Visa Amex Discover

Master Card Other

Last Four Digits # _____

Signature: _____

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 preauthorized 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 preauthorized debit not be honored by my bank or credit card, the YMCA 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. 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 5 days before the draft date of the 1st of the 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 YMCA of the Pikes Peak Region, 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.

Please see ppymca.org for Drop-In Fees and information.

Name (please print)

Signature of account holder

Date

ABOUT PAYMENT INSTALLMENTS

*There is an annual registration fee for the YMCA Before and After School program. \$20 for the first child; \$10 for each additional child. Registration fees are non-refundable and non-transferable. Member rates will be given upon verification of membership. Membership must remain current in order to receive the member rate for child care. Refunds will not be given for unused days.

*For your convenience program rates are calculated and spread over the school calendar. See payment schedule for your site on ppymca.org.

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Skyway Elementary

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Manitou Springs Elementary

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The da Vinci Academy
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Rocky Mountain Classical Academy

Charter

Global Village Academy

District 38

Bear Creek Elementary
Kilmer Elementary
Lewis Palmer Elementary
Palmer Lake Elementary
Prairie Winds Elementary

- Fees are based on schedule not attendance.
- Payments are accepted via Automatic Bank Draft or Credit Card Draft.
- Payments will not be accepted on site.
- All changes must be submitted in writing to the YMCA 5 days before draft date of the 1st of the month.

Financial Assistance is available through the Y Assist Program.
Authorized CCCAP provider at some locations. Please check our website for locations.

The YMCA supports families in their efforts to maintain the health and well-being of their children. If you or a family you know needs assistance securing health insurance for child, YMCA staff are here to help; for questions or enrollment assistance please contact your local Y.



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 Region's Association Childcare Office WRITTEN NOTICE 5 days before the draft date of the 1st of the month 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 four weeks 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 5 days before the draft date of the 1st 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



ATTENDANCE SCHEDULE

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.



COLORADO LAW REQUIRES THAT THIS FORM BE COMPLETED FOR EACH STUDENT ATTENDING COLORADO SCHOOLS

Name _____ Date of Birth _____

Parent/Guardian _____

COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION

Vaccine		Enter the month, day and year each immunization was given					
Hep B	Hepatitis B						
DTaP	Diphtheria, Tetanus, Pertussis (pediatric)						
DT	Diphtheria, Tetanus (pediatric)						
Tdap	Tetanus, Diphtheria, Pertussis						
Td	Tetanus, Diphtheria						
Hib	<i>Haemophilus influenzae</i> type b						
IPV/OPV	Polio						
PCV	Pneumococcal Conjugate						
MMR	Measles, Mumps, Rubella						
Varicella	Chickenpox					Healthcare Provider Documentation Date _____	Lab Verification Date _____
Vaccines recorded below this line are recommended. Recording of dates is encouraged.							
HPV	Human Papillomavirus						
Rota	Rotavirus						
MCV4/MPSV4	Meningococcal						
Hep A	Hepatitis A						
TIV/LAIV	Influenza						
Other							

THIS SECTION CAN BE COMPLETED BY CHILD CARE/SCHOOL/HEALTH CARE PROVIDER

- A) Child Care Up to Date**
Up to date through 6 months of age for Colorado School Immunization Requirements _____ Update Signature _____ Date _____
- B) Child Care Up to Date**
Up to date through 18 months of age for Colorado School Immunization Requirements _____ Update Signature _____ Date _____
- C) Child Care/Pre-school/Pre-K***
Up to date for Child Care/Pre-School/Pre-K for Colorado School Immunization Requirements _____ Update Signature _____ Date _____
- D) Complete for K–5th Grade**
Up to date for K–5th Grade for Colorado School Immunization Requirements _____ Update Signature _____ Date _____

* If age 4 years and fulfills Requirements for Pre-School & Kindergarten, check BOTH Boxes C and D.

HAS MET ALL IMMUNIZATION REQUIREMENTS FOR COLORADO SCHOOLS (6TH GRADE OR HIGHER)

Signed _____ Title _____ Date _____
(Physician, nurse, or school health authority)

STATEMENT OF EXEMPTION TO IMMUNIZATION LAW (DECLARACIÓN RESPECTO A LAS EXENCIONES DE LA LEY DE VACUNACIÓN)

IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND TO QUARANTINE. SI SE PRESENTA UN BROTE DE LA ENFERMEDAD, ES POSIBLE QUE A LAS PERSONAS EXENTAS SE LES PONGA EN CUARENTENA O SE LES EXCLUYA DE LA ESCUELA.

MEDICAL EXEMPTION: The physical condition of the above named person is such that immunization would endanger life or health or is medically contraindicated due to other medical conditions.
EXENCIÓN POR RAZONES MÉDICAS: El estado de salud de la persona arriba citada es tal que la vacunación significa un riesgo para su salud o incluso su vida; o bien, las vacunas están contraindicadas debido a otros problemas de salud.

Signed (Firma) _____ Date (Fecha) _____
Physician (Médico) _____
Medical exemption to the following vaccine(s):
La exención por razones médicas aplica a la(s) siguiente(s) vacuna(s):

- Hep B DTaP Tdap Hib IPV PCV MMR VAR

RELIGIOUS EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.
EXENCIÓN POR MOTIVOS RELIGIOSOS: El padre o tutor de la persona arriba citada, o la persona misma, pertenece a una religión que se opone a la inmunización.

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)
Religious exemption to the following vaccine(s):
Exención por motivos religiosos de la(s) siguiente(s) vacuna(s):

- Hep B DTaP Tdap Hib IPV PCV MMR VAR

PERSONAL EXEMPTION: Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.
EXENCIÓN POR CREENCIAS PERSONALES: Las creencias personales del padre o tutor de la persona arriba citada, o la persona misma, se oponen a la inmunización.

Signed (Firma) _____ Date (Fecha) _____
Parent, guardian, emancipated student/consenting minor
(Padre, tutor, estudiante emancipado o consentimiento del menor)
Personal exemption to the following vaccine(s):
Exención por creencias personales de la(s) siguiente(s) vacuna(s):

- Hep B DTaP Tdap Hib IPV PCV MMR VAR