



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

Y CLUB "A Before & After School Enrichment Program" 2018-2019 Registration Form – Washington School District

Our Philosophy

- To provide quality care for children, regardless of socio/economic background.
- To support and strengthen the family unit.
- To help children develop to their fullest potential.
- To deliver the program in a positive YMCA environment of safety, support and care.

The Y Club program provides a high quality, safe, convenient, recreational environment for children regardless of ability.

Open communication and collaboration with the school regarding your child's behavior and individual needs will be ongoing.

The Y Club program centers on Enrichment Zones, which provides children with free and planned choice options. Additional Enhancement Activities are also implemented to compliment the school day. The Y believes that children learn through play and structured recreational activities.

Benefits of the YMCA Program

- State licensed for ages 5 through 12
- Conveniently located at your child's school
- Opens as early as 6 a.m.
- Closes as late as 6 p.m.
- Trained, caring, professional staff
- Planned, recreational and enhancement activities focusing on fun, learning and the development of a positive self-image.

Y Club Sites

Augusta Elementary	Marthasville Elementary
Campbellton Elementary	South Point Elementary
Clearview Elementary	Washington West Elementary
Labadie Elementary	

Financial Assistance

Financial assistance toward program fees is available for those with a demonstrated financial need. However, we do ask families to complete the DSS income evaluation process. Families that do not qualify for state subsidy funding will be considered for YMCA financial assistance. State Child Care Assistance is accepted.

Applications are available at the Four River Family YMCA.

Enrollment Dates

Current Enrollees: April 15-30, 2018.

NEW Enrollees: Begins May 1, 2018 (Current enrollees with Kindergarten siblings will take priority over new enrollees.)

Registration Process

The *non-refundable, non-transferable* registration fee is **\$25 for one child** or **\$35 per household**. To hold a space for your child, please complete this Registration Form and return to the Four Rivers Family YMCA. To guarantee attendance on the first day of school, you must register at least one week prior to that date. Registration is a first come, first serve basis so sign up early as space is limited. To comply with state licensing regulations additional enrollment forms must be completed before students are admitted to the program.

2018 – 2019 Weekly Program Fees

Fees: Must choose a pick up time of 4pm, 5pm, 6pm. There is a minimum of three set days for part time care. Weeks with 3 or less days will be charged as part time.

<u>Member</u>	<u>Full Time</u>	<u>Part Time</u>
4pm	\$23	\$15
5pm	\$38	\$24
6pm	\$53	\$34

<u>Non-Member</u>	<u>Full Time</u>	<u>Part Time</u>
4pm	\$28	\$18
5pm	\$46	\$29
6pm	\$64	\$40

<u>AM Care</u>	<u>Member</u>	<u>Non-Member</u>
	\$15	\$18

*Payable on the 1st or the 15th of each month with credit card draft, or weekly by bank account EFT

*Sibling discount available for Y members.

*Child must be included on Household Membership to receive the member rate.

*Rates subject to change

Membership

The best way to enjoy the Y is to be a member! Being a Y member gives you added discounts to child care cost.

Transfer Fee

A \$25 fee will be charged to change your child's registered session.

Questions

If you have any questions you can contact Melissa Mueller, Child Care Director at 636-239-5704 ext. 263 or email at melissa.mueller@gwrymca.org

Inclusion Services Available

Our YMCA welcomes participation by children of all abilities. The Y provides a recreational environment for children and teens with and without disabilities through added support staff, when needed, to facilitate successful participation in the programs, when appropriate.

Parents/guardians of children with specialized educational documents will be contacted by the Director at the Four Rivers Family YMCA.

You must submit a current IEP/BIP/504 Student Accommodation Plan and complete the Inclusion information forms before program participation is authorized. Enrollment will NOT be considered final until all required processes have been met and reviewed. Although every effort is made to provide reasonable accommodations, there may be instances where a child's needs may exceed the parameters of the scope of our program.



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Please complete one form per child

School Site _____ Requested Start Date _____

Child's Name _____ Gender _____

Address _____ City _____ State _____ Zip Code _____

Date of Birth _____ Grade _____

Parent/Guardian I _____ Cell Phone _____

Home Address _____ Preferred E-mail Address _____

Employed By _____ Work Phone _____

Work Address _____ City _____ State _____ Zip Code _____

Parent/Guardian II _____ Cell Phone _____

Home Address _____ Preferred E-mail Address _____

Employed By _____ Work Phone _____

Work Address _____ City _____ State _____ Zip Code _____

Session:
AM _____ PM _____ AM & PM _____

Days Attending:
M _____ T _____ W _____ Th _____ F _____

Part time must choose three set days.

Pick-Up Time: 4pm _____ 5pm _____ 6pm _____

Is there a:
Chronic / Severe Health Condition Yes _____ No _____
(Asthma, Diabetic, etc.)

Custodial Agreement Yes _____ No _____

**Individual Education Plan Yes _____ No _____

**Behavioral Intervention Plan Yes _____ No _____

**504 Student Accommodation Plan Yes _____ No _____

** You must submit a current IEP/BMP/504 with this registration form and complete the Inclusion Information forms before program participation is authorized. Enrollment will NOT be considered final until **all** required processes have been met. Chronic Health and Custodial Agreements forms must be submitted on the first day of school.

THIS FORM CANNOT BE ACCEPTED WITHOUT A PARENT OR LEGAL GUARDIAN SIGNATURE. By signing this contract, I understand that I have registered for the above session/times and are therefore responsible for payment for each week, whether my child attends or not, as long as my child is enrolled in the Y Club program. I understand I will receive no credit for missed days. Should I need to change my schedule, I must notify the Four Rivers YMCA two weeks prior to that change and will pay a \$25 change fee. If my child is absent for 2 weeks without notification, I understand my child will be dropped from the program. I certify that all information provided is complete and correct, to the best of my knowledge. **I will be held responsible for all policies and procedures listed in the Family Handbook. I understand I can access the Family Handbook through the Four Rivers Family YMCA website or request a hard copy from the service center or at my childcare site.**

Parent Signature _____ Date _____

YMCA USE ONLY

YMCA Member # _____ Non Member # _____ Date _____

Amount Paid _____ Receipt # _____ Staff Initials _____



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Y CLUB ENROLLMENT & HEALTH FORM 2018-2019 School Year
This enrollment packet including the immunization records must be completed in full before any child may attend the program.

This enrollment packet must be completed in full before the child may attend the program.

Child's Name		Sex	Age	Birthdate (MM/DD/YYYY) / /	
Child's Primary Home Address (Street, City, State, Zip)		Home Telephone ()		Guardian with whom child primarily resides	
Center Name					
Center Address (Street, City, State, Zip)		Center Telephone ()		Center Hours	
Parent #1 or Guardian's Name		Cell Phone ()			
Home Address (if different) (Street, City, State, Zip)		Driver's license number and last 4 digits of SS#(required)			
Employed by (or School Attended)	Hours of Employment From to	Business Address (Street, City, State, Zip)			
Business Phone with extension ()	Home Phone ()	E-mail Address			
Parent #2 or Guardian's Name		Cell Phone ()			
Home Address (if different) (Street, City, State, Zip)		Driver's license number and last 4 digits of SS#(required)			
Employed by (or School Attended)	Hours of Employment From to	Business Address (Street, City, State, Zip)			
Business Phone with extension ()	Home Phone ()	E-mail Address			
Family Password:					

Check any or all that may apply:

Does your child have a Custodial Agreement/Parenting Plan _____YES _____NO
(Copy of Court Order Custody Papers Must Be Attached)

Does your child have an Individual Education Plan (IEP)? _____YES* _____NO

Does your child have a Behavior Intervention Plan? _____YES* _____NO

Does your child have a 504 Student Accommodation Form? _____YES* _____NO

***A copy of a current IEP/BIP/504 Student Accommodation Plan must be turned in with the Registration form and you must complete the Inclusion Information packet before program participation is authorized. Enrollment will NOT be considered final until all required processes have been met and reviewed. Although every effort is made to provide reasonable accommodations, there may be instances where a child's needs may exceed the parameters of the scope of our program.**

For Office Use Only

To be completed by site director

Admission Date (first date attended): _____	Days of week enrolled (circle): M T W Th F
Hours per day (check): <input type="checkbox"/> _____AM – start of school <input type="checkbox"/> dismissal – 6:00 PM	
Discharge Date (to remain on-site for one year after discharge) _____	Site Director's Initials: _____

HEALTH REPORT AND HISTORY

ADHD ED Aspergers Cerebral Palsy
 DD ODD OCD Chronic Health Condition
 Other _____
 Not applicable

Additional Forms are required for enrollment of children with chronic/severe health conditions and children with an Individual Education Plan (IEP), Behavior Management Plan (BMP) and/or 504 Student Accommodation Form. Please contact your Child Care Program Director at the YMCA for these forms and procedures.

Use the space below to note any habits, language or special conditions that staff should be aware of:

List any allergies; special medical or physical conditions or problems the YMCA should be aware of, including chronic health problems:

List any special medications for chronic problems and/or restrictions for child's care below:

Medication: Only prescription medication (no over the counter medication) will be administered. If your child will need to take medication during program hours, a Medication Authorization form must be completed and returned to the staff along with the medication. Medication must be in the original container and labeled with your child's name, instructions (including times and amounts for dosage) and the physicians name.

IMMUNIZATION RECORD

A copy of your child's current immunization record completed by your physician must be included with these forms. Our records must be updated annually. The Y Club program does not have access to your child's school records. Therefore, it is the parent's responsibility to obtain a copy of the child's current immunization record prior to the start of the program.

EMERGENCY CARE AND TRANSPORTATION

I understand that every effort will be made to contact me in the case of illness or accident to my child. At that time I will make arrangements for medical care of my child with the physician or hospital of my choice.

If, at any time, due to such circumstances as an injury or sudden illness or other unforeseen emergency, and medical treatment is necessary, I authorize the Gateway Region YMCA to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand that a natural or deliberate disaster or emergency may result in the need for my child to be transported to another location for safety.

I understand that this may involve contacting a doctor, interpreting and carrying out his or her instructions, and transporting my child to a hospital or doctor's office, including the possible use of an ambulance.

If possible, the hospital I prefer my child to be transported to is _____, located at

_____, phone number _____ or the doctor contacted will be

Dr. _____, phone number _____ located at _____.

I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

I understand that if 911 is called and my child is sent to the hospital, the Site Director will notify me, the Child Care Program Director and Executive Director.

Insurance Name	Group #	Policy #
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The YMCA does not provide accident insurance for your child. This will be the responsibility of the parent.

Parent or Legal Guardian Signature: _____ **Date:** _____

AUTHORIZED PICK UP & EMERGENCY CONTACT

List at least two contacts (not including parents or doctors) authorized to be contacted to pick up your child, if you cannot be reached in an emergency situation or if your child is left at the program beyond program hours.

Name of Contact	Relationship To Child	Address (Street, City, State, Zip)	Phone # (during program hours)
1.			
2.			
3.			

We strongly encourage that all authorized individuals carry a photo ID each time the child is picked up from the program due to substitute staff situations. All individuals picking up a child from the site must present a current photo ID until staff is comfortable with recognizing them.

PROGRAM ATTENDANCE

My child will be attending the program during the following sessions: (please circle)

AM	Monday	Tuesday	Wednesday	Thursday	Friday
PM	Monday	Tuesday	Wednesday	Thursday	Friday

At this time my child will not need to leave the Y Club program for any activities.

My child has the permission to leave the program, or arrive late to the program for the following activities:

Name of activity (tutoring, scouts, drama, music lessons, etc.)	Start date of activity (MM/DD/YYYY)	End date of activity (MM/DD/YYYY)
1.	1.	1.
2.	2.	2.
3.	3.	3.
Location of activity (gym, music room, parish center, etc.)	Who will pick child up for activity?	Who will return child to program?
1.	1.	1.
2.	2.	2.
3.	3.	3.
What method of transportation will be used? (walk, bus, etc.)	Time leaving program	Time returning to program
1.	1.	1.
2.	2.	2.
3.	3.	3.
Parent's or Guardian Signature	Date permission granted	
1.		
Parent's or Guardian Signature	Date permission granted	
2.		
Parent's or Guardian Signature	Date permission granted	
3.		

Parent or Legal Guardian Signature: _____	Date: _____
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INDEMNITY AGREEMENT

I hereby waive any claim of liability and will hold harmless the Gateway Region Young Men's Christian Association, its officers, directors, trustees, agents, and employees for any bodily injury to me incurred while I am practicing for, or participating in, any contest or exhibition of an athletic nature sponsored by the YMCA. In addition, I understand that the YMCA is not responsible for my personal property nor is my YMCA membership transferable.

It is understood and agreed that the Gateway Region YMCA reserves the right to take and utilize pictures, likenesses, videos and testimonials of participants for promotional purposes including, but not limited to reports, publications, brochures, emails, our website and other instances of online presence.

I grant the Gateway Region YMCA, its agents and the news media the right to photograph me and/or my family including children and to use the photograph for news and publicity purposes. I agree to my child participating in YMCA programs and that he/she will comply with all rules and regulations. I further agree that I will not hold the YMCA, its directors, officials, agents, employees and volunteers responsible in case of accident or injury. I understand that no accident insurance is provided. I also agree to abide by the Gateway Region YMCA standards and guidelines.

I acknowledge that I am over the age of eighteen (18) years. I acknowledge that I have carefully and completely read and understand the terms contained in this release and waiver legal liability and voluntarily accept and agree to all such terms.

EMERGENCY CLOSURE – EARLY DISMISSAL FORM

Child's Name	Grade	Teacher's Name	School Name
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If the school calls for an early dismissal not previously scheduled in the 2018-2019 school calendar, the Y Club program will be cancelled.

If there is an emergency school closure or unscheduled early dismissal, my child will:

- Ride the school bus home.
- Ride the school bus to a friend's home. *(This is only an option if arranged by parent with the school department of transportation.)*
If so...name of friend: _____
Friend's Parent's Name: _____ Day time phone: (_____) _____
- Parent will pick up child.
If so...Mother/Guardian's name: _____ Day time phone: (_____) _____
Father/Guardian's name: _____ Day time phone: (_____) _____
- Ride home with other adult.
If so...Adult's name: _____ Day time phone: (_____) _____

ANY ONE LISTED ABOVE WHO WILL BE RESPONSIBLE FOR PICKING UP YOUR CHILD MUST ARRIVE AT THE SCHOOL IMMEDIATELY AFTER DISMISSAL. IF A SCHOOL BUS IS AVAILABLE, THE SCHOOL MAY DECIDE TO SEND YOUR CHILD HOME VIA THE BUS.

If there is any change in the above procedure, immediately notify in writing your site director and the **school office**.

I understand that it is my responsibility to ask the school office about their procedure for emergency closure/dismissal. I understand that I will not be contacted by the YMCA. I have discussed these procedures with my child, and my child understands what he/she should do in the event of an emergency school closing or early dismissal.

Parent or Legal Guardian Signature: _____ **Date:** _____

ENROLLMENT AGREEMENT

Please carefully read and sign below.

- I am enrolling my child to participate in the Y Club program for duration of the current school year unless unforeseen events make withdrawal necessary. In that event, I will give written notification to the program director 10 days in advance.
- I understand that I am financially responsible for the services of care regardless if my child actually attends the program, even in the event of illness.
- I understand that my child will not be released to any person not listed on the Enrollment form. In the case of an emergency and someone other than those listed on this enrollment form must pick up, I will contact the Site Director to identify the person picking up my child and they will provide picture ID and family password.
- I understand that my child will not be released to any person who seems to be under the influence of drugs or alcohol.
- I understand that my child must be signed in and out daily by myself or my designee.
- If my child experiences problems in the program, a conference may be arranged between the parent, staff, and program director/coordinator.
- The YMCA reserves the right to terminate child care services if it is determined that the placement is unsatisfactory.
- I understand that in the event that school is cancelled or dismissed early due to unfavorable conditions (such as bad weather, water main break, etc.); the YMCA services will also be cancelled. There is **no refund** for services due to unforeseen school cancellations or unscheduled early dismissals or late starts.
- If I choose to participate in the early dismissal or holiday programs I understand I must register in advance and pay in full.
- I understand early dismissal days and/or holiday programs will be cancelled if enough registrations are not received.
- The YMCA provides a recreational environment for children with and without disabilities through added support staff, when needed to facilitate successful participation into the programs when appropriate.
- The Gateway Region YMCA provides recreational programs which are not staffed by individuals trained to perform invasive medical procedures. In order to protect the health and safety of all children and employees, YMCA employees will not perform such invasive procedures including, but not limited to: administering shots, drawing blood, catheterization, diabetes testing, insertion of suppositories and tube feeding. The medical procedures which employees may not perform will be determined at the sole discretion of the YMCA.
- I understand that the YMCA will communicate and collaborate with the school on an ongoing basis about my child and their individual needs while enrolled in the program.
- I understand the YMCA Inclusion Services Department conducts regular observations of the program.
- The YMCA has the right to deny application for individual or family memberships or participation in programs and to terminate or suspend existing individual or family memberships or participation in all YMCA programs or activities at our sole discretion if actions or behaviors are deemed to be in the best interests of the organization. If a membership or program is terminated or suspended, all fees already paid will be forfeited. The YMCA has sole discretion to reinstate members and participation privileges in YMCA programs and activities.
- I understand that photographs will be taken throughout the Y Club program day. These pictures may be displayed in YMCA brochures, YMCA website or promotional materials. If I do not want my child's picture taken, I understand it is my responsibility to notify the YMCA Child Care office in writing of exclusions.
- I understand that if the YMCA is required to respond (whether to answer, modify, clarify or quash) to a third party subpoena (whether for testimony, documents, appearance, or any combination thereof) or other compulsory legal order or any other process as the result of any legal proceeding of which I or my child is a party or participant, I will be responsible for both promptly reimbursing the YMCA for its reasonable attorney's fees, and the cost of the YMCA's employees' and contractors' time and materials (including, but not limited to copying and document redaction costs) spent responding at the YMCA's then-current hourly rates. I further understand that failure to promptly reimburse the YMCA will result in suspension or termination of child care services under this YMCA Care Program Enrollment Agreement and could result in the YMCA pursuing a legal action against me for collection, and that I will be responsible for paying all costs, including reasonable attorney's fees, incurred by the YMCA for the filing of such action.
- I understand that if any of the information above changes, it is my responsibility to notify both the YMCA branch and the program site director in writing immediately.
- **I have been informed that a copy of the Licensing Rules for Family Day Care Homes/Licensing Rules for Group Child Care Homes/Licensing Rules for Child Day Care Centers in Missouri is available at this facility for review.**
- **I do** **do not** give consent for my child to take part in field trips or excursions with this child care facility under proper supervision. I understand that I will be notified when such trips are planned and that I must give written permission for each trip or excursion.
- **The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.**
- **To my knowledge, my child is in good health, free of conditions that would endanger him/her or other children in care. When my child is ill, it is understood and agreed that they may not be accepted for care or remain in care.**
- **I understand that before the first day of attendance by my child. I will provide proof of completed age-appropriate immunizations or exemption from immunizations.**
- **I have been notified that I may request notice at initial enrollment or anytime there after whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.**
- **I have been informed and have received a copy of the facility's safe sleep policy when enrolling a child less than one (1) year of age.**
- **I do** **do not** give permission for the facility to transport my child.
- **I have received, read, and agree to abide by all the policies, procedures, and fee requirements as outlined in the Parent handbook. I will make all authorized individuals aware of the policies and procedures as stated above and in the Parent handbook.**
- **All information provided at the time of enrollment is complete and accurate. False or incomplete information may lead to termination of services.**

Parent or Legal Guardian Signature: _____

Date: _____