



2020-21 Y-Club Registration

Child's Name _____ Grade (Fall 2020) _____

School Attending Roosevelt Hollywood Stewart Membership Status Member Non-Member

Ethnicity Caucasian African American Hispanic Asian or Pacific Islander Other

Price & Cancellation Policy

There is a nonrefundable \$50/child or \$75/family deposit. Enrollment is on a full-time basis with payments due monthly. Fees draft on the 19th of each month. If registering after August 19, 2020, deposit and first month's fees will be due at registration.

Before Care (6:45-7:50 AM) Member: \$112 Non-Member: \$136

After Care (Dismissal-6:00 PM) Member: \$170 Non-Member: \$202

Both Before & After Care Member: \$254 Non-Member: \$304

Admission Agreement *Please initial each line*

POLICIES AND PROCEDURES	I have reviewed or will access the Y-Club Afterschool Parent Handbook online, including the discipline policy, and understand all policies and procedures therein. I further understand that the center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans. The notebook will be available to parents for review during regular business hours. Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website at www.michigan.gov/michildcare .
PAYMENTS	I understand that payments that are more than one draft behind will result in your child being removed from Y-Club. It is required to have an EFT on file in order to register for the program.
MEDICAL INFORMATION	I certify that my child is in good health with activity restrictions noted and the documentation of physical examination and immunizations are up-to-date and in accordance with the public schools health requirements are on file at my child's school.
MEDICATIONS	I understand that a Medication Form is required to be completed and signed by a parent/guardian should my child need any medication administered during the program. I further understand that we allow the self-carry of Emergency Medications ONLY for children diagnosed with asthma or other relevant conditions. Self-carry is only permitted with the prescribing physician's written permission.
CUSTODY	YMCA requires a legal document or court decree, otherwise decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document.
PHOTO RELEASE	The YMCA is hereby granted permission to use any individual or group photograph and/or videotape showing my child in YMCA activities for use in public relations, promotional or advertising purposes
YMCA PROGRAM CLOSURES	I understand that Y-Club After School Program only operates on normal school days based on your child's Public School's schedule. Extended Day & Kids Day Off options are available to select sites at the Y for scheduled half and full days off. I further understand, during inclement weather, the YMCA will not refund or pro-rate the monthly fee.
PLAYGROUND USE	I understand that this program uses the playground available at our school site locations, which meets the safety standards set by the State of Michigan for public schools.
COVID-19	I understand it is my responsibility to provide a mask for my child to comply with the state requirements according to the Governor's office and state reopening plan. I also understand the health risks.

I have read the **Admission Agreement** and fully agree to its terms. I have also read and accept the Policies and Procedures listed in the parent handbook and stated within this agreement. I also agree to keep all information as it relates to this paperwork, up to date for the safety of my child. By signing, I hereby release the YMCA of Southwest Michigan, its officers and employees from responsibility of personal injury or personal property damage associated with the program or its property. I consent to full understanding and knowledge of inherent risks and voluntarily accept responsibility for any such occurrence not related to gross negligence.

Parent/Guardian Signature _____ Date _____

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State Zip Code
Parent/Legal Guardian's Name		Home Phone ()	Parent/Legal Guardian's Name (Optional)	
Home Address (if not child's address)		Cell Phone ()	Home Address (if not child's address)	
City	State	Zip Code	City	State Zip Code
Email Address (optional)			Email Address	
Employer Name		Work Phone ()	Employer Name	
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()	
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)				

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	()	()
2.	()	()
3.	()	()

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	()	2.	()
3.	()	4.	()

Parent/Legal Guardian Initials:

_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian _____ Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials

LARA is an equal opportunity employer/program.	AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.
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MEDICATION PERMISSION AND INSTRUCTIONS
CHILD CARE HOMES AND CENTERS
 Department of Licensing and Regulatory Affairs
 Bureau of Community and Health Systems
 Child Care Licensing Division

If you are giving or applying any medication to a child in care, the following must be completed by the parent for **each** medication. An interruption in medication will require a new permission form.

TO BE COMPLETED BY PARENT

I give my permission for _____ to give or apply the medication
 (Caregiver, Facility)
 _____, to my child _____, as follows:
 (Specify, prescribed medication/over the counter product) (Child's Name)

DIRECTIONS:

1. Date to Begin Giving Medication	2. Date to Stop Medication
3. Times Medication is to be Given	4. Amount (dosage) of Medication Each Time Given
5. Storage of Medication	
6. Other Directions, if Any	
Signature of Parent	Date

TO BE COMPLETED BY THE CAREGIVER GIVING THE MEDICATION:

DATE	TIME	AMOUNT GIVEN	CAREGIVER'S NAME	CAREGIVER'S SIGNATURE

It is recommended this form be reviewed with the parent every 3 months if the medication is ongoing.

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Schools Out, Ys In (SOYI) *Formerly Kids Day Off*

For scheduled school days off, such as teacher development days, conferences, and some holidays, your child can enjoy programming at the YMCA! SOYI will be held at the Benton Harbor-St. Joseph YMCA. A \$20 charge will be incurred if you are enrolled but do not attend. Please bring a swimsuit, gym gear, and lunch. *Pre-registration required.*

Pricing

Full Day Pre-Registration \$40

Half Day Pre-Registration \$25

Date	Full/Half Day	Additional Cost	SOYI Care <i>Initial for yes</i>
October 15	½ Day	\$25	
October 16	½ Day	\$25	
November 6	½ Day	\$25	
November 19	½ Day	\$25	
November 25	Full Day	\$40	
January 18	Full Day	\$40	
January 21	½ Day	\$25	
January 22	½ Day	\$25	
February 4	½ Day	\$25	
February 12	½ Day	\$25	
February 15	Full Day	\$40	
March 18	½ Day	\$25	
March 19	½ Day	\$25	
April 1	½ Day	\$25	
April 2	Full Day	\$40	
May 7	½ Day	\$25	
June 9	½ Day	\$25	
June 10	½ Day	\$25	

Billing Information

Bank Draft - Voided Check or Bank Verification Needed

Checking Savings

Account Holder(s) _____

Routing Number _____

Last 4 digits of account number _____

Credit/Debit

Visa Master Card Discover

Card Holder _____

Card Number _____ - _____ - _____ - _____

Expiration Date _____ / _____

Amount per draft \$ _____ Day _____ Date _____ (on or around)

Draft Schedule Weekly Bi-Weekly Monthly

Billing Contact if different from primary member

Name _____ Phone _____

Electronic Funds Transfer Agreement (please initial each line)

By initialing each paragraph and signing this EFT Agreement I/we are allowing the YMCA of Greater Michiana ("YMCA") to electronically withdraw or otherwise electronically access and obtain funds to pay recurring membership charges using the payment method(s) and source(s) selected above. I/we understand and agree that the YMCA will electronically withdraw or otherwise electronically access and obtain funds for recurring charges on the 10th day of each month, or shortly thereafter, and immediately for one-time charges for programs fees.

_____ I/we represent and warrant that the billing information provided above is accurate. I/we understand and agree that I/we shall hold harmless and indemnify the YMCA for any liability imposed upon or expense incurred by the YMCA for breach of this representation and warranty.

_____ I/we are responsible to provide written cancellation or change requests for my/our membership charges prior to the first day of the month it is to take effect. The YMCA will not automatically terminate membership or refund membership charges because of non-use of the YMCA facilities or services.

_____ I/we are responsible for payment of all amounts incurred for membership charges or program fees while my our membership is active or if my/our cancellation request is provided after the 1st of the month.

_____ The YMCA has the right to adjust my/our membership charges after providing 60-day written notice.

_____ The YMCA will attempt to collect declined membership charges from a credit/debit card up to 3 times. A \$15 late fee will be applied and your membership will be suspended if not paid by the end of the month for which the charges are incurred.

_____ Non-sufficient funds available from electronically accessed checking/savings accounts will have a \$15 NSF fee added and returned checks will have a \$20 NSF fee. In either case, your membership will be suspended if not paid by the end of the month for which the charges are incurred

_____ If my/our membership is inactive for more than 30 days, I/we may be subject to pay a join fee when reactivating.

I agree to the above terms and authorize the YMCA of Greater Michiana to use the account listed for my membership, program fees, and donations.

Signature _____ Date _____

Signature _____ Date _____