



# 2020-21 Y-Club Registration

Child's Name \_\_\_\_\_ Grade (Fall 2020) \_\_\_\_\_

School Attending  Ballard  Eastside (After Care Only)  Howard-Ellis  Northside (Before Care Only)  Ring Lardner

Membership Status  Member  Non-Member

Ethnicity  Caucasian  African American  Hispanic  Asian or Pacific Islander  Other

### Price & Cancellation Policy

**After Care** - Averages \$32/week

**Before Care** - \$16/week

*Participants must register for each week needing care. Fees will be drafted the Friday before the week of care.*

### Admission Agreement *Please initial each line*

	<b>POLICIES AND PROCEDURES</b> – 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 <a href="http://www.michigan.gov/michildcare">www.michigan.gov/michildcare</a> .
	<b>PAYMENTS</b> – 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.
	<b>MEDICAL INFORMATION</b> – 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.
	<b>MEDICATIONS</b> – 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.
	<b>CUSTODY</b> – 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.
	<b>PHOTO RELEASE</b> – 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
	<b>YMCA PROGRAM CLOSURES</b> – 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.
	<b>PLAYGROUND USE</b> – 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.
	<b>COVID-19</b> – 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 Greater Michiana, 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.

<b>For Provider Use Only:</b>		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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BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

**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.

LARA is an equal opportunity employer/program.

## Price & Cancellation Policy

**After Care (Dismissal–6:00 PM) - Averages \$32/week**

**Before Care (6:45 AM–Start of School) - \$16/week**

Half days off school are built into the weekly Y-Club pricing structure. For full days off school, we offer Schools Out Ys In (SOYI) for full-day care for an additional fee. See SOYI page for details and registration.

*Participants must register for each week needing care. Fees will be drafted the Friday before the week of care.*

Week of Care	Schools Out, Ys In & Half Days	After Care Cost	After Care Initial for yes	Before Care Cost	Before Care Initial for yes
August 31	No Before & After School Care • See SOYI on page 6 for full-day care options				
September 7	September 7–SOYI	\$24		\$16	
September 14		\$30		\$16	
September 21		\$30		\$16	
September 28	September 28–SOYI	\$24		\$16	
October 5		\$30		\$16	
October 12		\$30		\$16	
October 19		\$30		\$16	
October 26		\$30		\$16	
November 2	Nov. 4&5–½ Day November 6–SOYI	\$48		\$16	
November 9		\$30		\$16	
November 16		\$30		\$16	
November 23	November 25 & 27 SOYI	\$12		\$16	
November 30		\$30		\$16	
December 7		\$30		\$16	
December 14		\$30		\$16	
December 21	No School • Winter Break				
December 28	No School • Winter Break				

January 4		\$30		\$16	
January 11	January 15-½ Day	\$42		\$16	
January 18	January 18-SOYI	\$24		\$16	
January 25		\$30		\$16	
February 1		\$30		\$16	
February 8		\$30		\$16	
February 15	February 15-SOYI	\$24		\$16	
February 22	February 25-½ Day February 26-SOYI	\$36		\$16	
March 1		\$30		\$16	
March 8		\$30		\$16	
March 15		\$30		\$16	
March 22		\$30		\$16	
March 29	April 2-SOYI	\$42		\$16	
April 5	No School • Spring Break				
April 12		\$30		\$16	
April 19	April 23-½ Day	\$42		\$16	
April 26		\$30		\$16	
May 3		\$30		\$16	
May 10		\$30		\$16	
May 17		\$30		\$16	
May 24	May 28-½ Day	\$42		\$16	
May 31		\$24		\$16	
June 7		\$30		\$16	
June 14 & 15	June 14-½ Day June 15-½ Day	\$36		\$16	

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

Half days off school are built into the weekly Y-Club pricing structure. For full days off school, we offer Schools Out Ys In (SOYI) for full-day care for an additional fee. Please register below for SOYI. *Pre-registration required.*

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

### Pricing

**Full Day Pre-Registration**    \$40

Date	Additional Cost	SOYI Care <i>Initial for yes</i>
Monday, August 31	\$40	
Tuesday, September 1	\$40	
Wednesday, September 2	\$40	
Thursday, September 3	\$40	
Friday, September 4	\$40	
Monday, September 28	\$40	
Friday, November 6	\$40	
Wednesday, November 25	\$40	
Friday, November 27	\$40	
Monday, January 18	\$40	
Monday, February 15	\$40	
Monday, February 26	\$40	
Friday, April 2	\$40	

**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 \_\_\_\_\_