

Duneland Family YMCA

School Aged Child Care (SACC)

Expected Start Date: ___/___/___

School Site: Bailly Brummitt Jackson Liberty Yost

Child Information(P1)

First: _____ M.I. _____ Last: _____ D.O.B. ___/___/___

Address: _____ Home Phone: () - _____

City: _____ State: _____ Zip Code: _____

Nickname/Preferred Name: _____ Gender: Male Female

Additional Participants

	First Name	M.I.	Last Name	D.O.B.	Gender
P2				/ /	M / F
P3				/ /	M / F
P4				/ /	M / F

Parent/Guardian Information

Mother/Guardian

E-mail: _____

First: _____ M.I. _____ Last: _____ D.O.B. ___/___/___

Address: _____ Home Phone: () - _____

City: _____ (same as above) State: _____ Zip Code: _____

Occupation: _____ Work Phone () - _____

Employer: _____ Cell Phone: () - _____

Father/Guardian

E-mail: _____

First: _____ M.I. _____ Last: _____ D.O.B. ___/___/___

Address: _____ Home Phone: () - _____

City: _____ (same as above) State: _____ Zip Code: _____

Occupation: _____ Work Phone () - _____

Employer: _____ Cell Phone: () - _____

Attendance Option

Rate	Price	Punch Card
1-3 Days AM & PM	\$47 per week	AM - \$6.00 per day
4-5 Days AM & PM	\$57 per week	PM - \$11.00 per day
4-5 Days AM Only	\$27 per week	*Limit: 60 per school year
4-5 Days PM Only	\$52 per week	*Requirement: Purchased
Bus Wait Rate	\$27 per week	in increments of 5 per child.

Scholarship Recipient

CCDF

Selected Attendance Rate	
P1	
P2	
P3	
P4	

*Mandatory supply fee of \$50 per child per semester. (2 semesters per year)

**Supply fee due 1st day of school & 1st day back to school following Christmas Break

Bank/Credit Card Draft ($\frac{1}{2}$ Off First Registration Fee)

Bank Draft

Bank Name: _____

Account Holder: _____

Account Type: Savings Checking

Account #: _____

Routing #: _____

Credit Card Draft

Card Holder: _____

Credit Card #: _____ - _____ - _____

Card Type: American Express

Discover

Master Card

Visa

Expiration Date: _____ / _____
Mo. Yr.

(Signature)

(Date)

Authorized Pick-Ups (APU)

1. Name: _____ Relation: _____ Home Phone: () - _____

Cell Phone: () - _____

Work Phone: () - _____

2. Name: _____ Relation: _____ Home Phone: () - _____

Cell Phone: () - _____

Work Phone: () - _____

3. Name: _____ Relation: _____ Home Phone: () - _____

Cell Phone: () - _____

Work Phone: () - _____

Emergency Contact Information

1. Name: _____ Relation: _____ Home Phone: () - _____

(same as APU 1)

Cell Phone: () - _____

Work Phone: () - _____

2. Name: _____ Relation: _____ Home Phone: () - _____

(same as APU 2)

Cell Phone: () - _____

Work Phone: () - _____

Medical Information

Medical & Allergy

		Allergies	Medications	Health Concerns
P1				
P2				
P3				
P4				

Medical Contact

Title: Doctor Dentist

Title: Doctor Dentist

First Name: _____

First Name: _____

Last Name: _____

N/A Last Name: _____

Work Phone: () - _____

Work Phone: () - _____

Permission Slip

Brochure

The Duneland Family YMCA is in constant creation of a brochure for area merchants to display in their businesses and hand out to inquiring potential customers. Please indicate whether or not your child may participate in photos for the brochure as well as photos for the local newspapers.

The Duneland Family YMCA

	P1	P2	P3	P4
May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May Not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

use photograph(s) of my child(ren) for advertising outlets.

Movie

My child(ren)

	P1	P2	P3	P4
May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May Not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

have my permission to watch a "G" movie, i.e. Aladdin.

My child(ren)

	P1	P2	P3	P4
May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May Not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

be photographed for the Duneland Family YMCA Preschool News Letter.

Field Trip

My child

Walking Trip				
	P1	P2	P3	P4
May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May Not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

not have my permission to go on walking and bus field trips while in attendance at the Duneland Family YMCA registered child care program.

Bus Trip				
	P1	P2	P3	P4
May	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
May Not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Signature)

(Date)

YMCA OF THE USA

Child Abuse Prevention Training

Form 4 – Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return it to the YMCA. A copy will be filed with your child's records.

I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

I understand that I am not to leave my young child or children* at the YMCA or a program site unless a YMCA staff or volunteer is there to receive and supervise my child.

*Note: Most YMCA's have a policy that define the specific age.

I understand that children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and that I should report this to a supervisor if they do.

I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pick up my child including older siblings or relatives must be listed with the YMCA and of the age required by this YMCA. Any other arrangements must be made by calling the YMCA office to inform them of a change.

I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgment call.

I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.

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.

*Note: It may be appropriate for the YMCA to insert fees or other policy statements that need emphasis at this point.

I have received a copy of the YMCA Youth Program Handbook and Parent Policies and Procedures and will keep it for future reference.

(Parent Signature)

(Date)

Parent's Notice

I understand that the Duneland Family YMCA School Aged Childcare Program(SACC) is not licensed under the laws of Indiana. However, I have been made aware this School Aged Childcare ministry complies with the State of Indiana rules concerning sanitation and fire safety. I understand that it is my responsibility to inform the staff at the Duneland Family YMCA of any changes in my child's health or welfare information. It is also my responsibility to inform the YMCA staff of any change in parental contact information.

This notice excludes the School Aged Childcare Program from all injuries aside from negligence or intentional wrongdoing on the part of the Duneland Family YMCA or an employee of the Duneland Family YMCA. The Duneland Family YMCA abides by the rules of the Duneland School Corporation and is not required to share your child's information.

I understand that no employee of the YMCA is permitted to watch my child(ren) outside of the child care program facility. I also understand that at no time is a YMCA employee allowed to transport my child.

Ending Statement

The policies outlined in the Parent's Handbook allow us to maintain high standards in providing a safe, healthy, and productive SACC environment.

I have read and understand the policies and procedures written in the Duneland Family YMCA SACC Program Handbook. I agree to follow all policies and procedures written in this handbook.

I also understand, that the undersigned, as guarantor and agent of the above mentioned person or entity, do hereby agree to pay all charges the Friday before the time services are rendered. I am aware that neglecting to keep up with payments on my child's account forfeits their spot in the program and it is mandatory for me to compensate the cost of collection and attorney fees. I further agree that any dispute with regard to payment of this debt shall be subject to the laws of the State of Indiana and by my signature, I am submitting myself to the jurisdiction of the courts of Indiana.

I understand my signature confirms that I have read all of the information above and will be in compliance with all of the aforementioned information.

(Print Name)

(Signature)

(Driver's License Number)

(Date)

Copy Drivers License Onto Side

****For Administrative Office Use Only****