



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

# FOX VALLEY FAMILY YMCA 2020-21 SAFE PROGRAM



## 2020-2021 BEFORE & AFTER & FULL DAY CARE ENROLLMENT FOX VALLEY FAMILY YMCA

Child's Name \_\_\_\_\_ Grade 2020/21 \_\_\_\_\_ School \_\_\_\_\_

Birthday \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade 2020/21 \_\_\_\_\_ School \_\_\_\_\_

Birthday \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade 2020/21 \_\_\_\_\_ School \_\_\_\_\_

Birthday \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Phone #1 \_\_\_\_\_

Child lives with:  Both Parents  Mom  Dad  Other \_\_\_\_\_

SAFE Start Date \_\_\_\_\_

Do you currently have a family membership?  yes  no

**STAFF ONLY**

Received by \_\_\_\_\_

Date \_\_\_\_\_

Payment Received

yes  no

## INFORMATION ON PARENT(S) / GUARDIAN(S)

Parent / Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Authorized to release child to:  Yes  No Phone 1 \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Authorized to release child to:  Yes  No Phone 1 \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent / Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Authorized to release child to:  Yes  No Phone 1 \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

## ADDITIONAL PICKUPS

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Authorized to release child to:  Yes  No

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred Method of Contact:  Work Phone  Home Phone  Cell Phone

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Authorized to release child to:  Yes  No

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Preferred Method of Contact:  Work Phone  Home Phone  Cell Phone

## PHYSICIANS INFORMATION

Authorized Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Preferred Clinic / Hospital \_\_\_\_\_ Health Insurance Company \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Policy or Group Number \_\_\_\_\_

## PRIVACY DISCLOSURE

All information collected from children and parents will not be disclosed for any reason except for purposes legally permissible or directly related to the administrative function of the Before & After School program. When determined that it is appropriate to dispose of certain records, the Y will destroy them in one of the following ways.

1. Recycle non-confidential paper records.
2. Shred or otherwise render unreadable confidential paper records.
3. Erase or destroy electronically stored data.

**CHILD HEALTH INFORMATION**

**Child #1 Name** \_\_\_\_\_ Gender  M  F

Does your child have any allergies?  Yes  No      Epi-pen required?  Yes  No

If yes, please explain allergy and reaction: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any disability, chronic or recurring illness or conditions, i.e. asthma, diabetes, etc?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_  **Medical Authorization form has been completed. (if meds are needed)**

My child has the following special needs (i.e., ADD, Autism, etc): \_\_\_\_\_

Special Services received: \_\_\_\_\_

My child has an assigned paraprofessional during school  Yes  No

The following accommodations may be required to most effectively meet my child's needs in the SAFE Program:

\_\_\_\_\_  
.....

**Child #2 Name** \_\_\_\_\_ Gender  M  F

Does your child have any allergies?  Yes  No      Epi-pen required?  Yes  No

If yes, please explain allergy and reaction: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any disability, chronic or recurring illness or conditions, i.e. asthma, diabetes, etc?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_  **Medical Authorization form has been completed. (if meds are needed)**

My child has the following special needs (i.e., ADD, Autism, etc): \_\_\_\_\_

Special Services received: \_\_\_\_\_

My child has an assigned paraprofessional during school  Yes  No

The following accommodations may be required to most effectively meet my child's needs in the SAFE Program:

\_\_\_\_\_  
.....

**Child #3 Name** \_\_\_\_\_ Gender  M  F

Does your child have any allergies?  Yes  No      Epi-pen required?  Yes  No

If yes, please explain allergy and reaction: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any disability, chronic or recurring illness or conditions, i.e. asthma, diabetes, etc?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Current Medications: \_\_\_\_\_  **Medical Authorization form has been completed. (if meds are needed)**

My child has the following special needs (i.e., ADD, Autism, etc): \_\_\_\_\_

Special Services received: \_\_\_\_\_

My child has an assigned paraprofessional during school  Yes  No

The following accommodations may be required to most effectively meet my child's needs in the SAFE Program:

\_\_\_\_\_

## ACTIVITY DAYS & CAMPS

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Activity Days & Camps have been suspended indefinitely.

\_\_\_\_\_  
PARENT/GUARDIAN INITIALS

## LATE PICK-UP

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I/We understand that in the event of a late pick-up the Fox Valley Family YMCA has the authorization to charge an additional \$1.00 per child, per minute past 6:00pm. I also understand that this fee will be charged to my next scheduled draft. Habitual late pick-ups will result in an increase in cost per minute charge.

\_\_\_\_\_  
PARENT/GUARDIAN INITIALS

## MEMBERSHIP

---

SAFE participants receive a FREE youth membership during their SAFE attendance. Students with active family memberships will receive the discounted price of \$47 for a family membership from school start to end OR as long as your child is actively enrolled in SAFE. If you are interested in a new family membership, please see the front desk to take advantage of a maximum \$25 savings per month on a family membership for the duration of SAFE enrollment.

\_\_\_\_\_  
PARENT/GUARDIAN INITIALS

## EARLY DISMISSAL

---

On early release days, SAFE staff will be at the site and ready to receive the SAFE students upon dismissal. Only children who are regularly scheduled on early attendance days will be able to attend.

\_\_\_\_\_  
PARENT/GUARDIAN INITIALS

## DROP IN DAYS

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All drop-in days are temporarily suspended.

\_\_\_\_\_  
PARENT/GUARDIAN INITIALS

## RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

(as listed in the YMCA membership form)

I/We agree to the Y's Release and Waiver of Liability and Indemnity Agreement in its full form found at [www.foxvalleymca.org](http://www.foxvalleymca.org).

\_\_\_\_\_  
PARENT/GUARDIAN INITIALS

## LICENSE EXEMPT PROGRAM

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I/We understand that the Y's SAFE Program is a license exempt program therefore not licensed by DCFS. However, policies and procedures have been set by the Y in an effort to adhere to DCFS licensing standards where applicable.

\_\_\_\_\_  
PARENT/GUARDIAN INITIALS

# FOX VALLEY FAMILY YMCA - LOCATION & SCHEDULE

CHILD #1 NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

S.A.F.E.	AM CARE	PM CARE (ON-SITE AT SCHOOL)	BOTH AM & PM	E-CAMP & CARE (LOCATED AT PLANO OR SANDWICH)
MONDAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TUESDAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WEDNESDAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
THURSDAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FRIDAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD #2 NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

S.A.F.E.	AM CARE	PM CARE (ON-SITE AT SCHOOL)	BOTH AM & PM	E-CAMP & CARE (LOCATED AT PLANO OR SANDWICH)
MONDAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TUESDAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WEDNESDAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
THURSDAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FRIDAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD #3 NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

S.A.F.E.	AM CARE	PM CARE (ON-SITE AT SCHOOL)	BOTH AM & PM	E-CAMP & CARE (LOCATED AT PLANO OR SANDWICH)
MONDAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TUESDAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
WEDNESDAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
THURSDAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FRIDAY	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# FOX VALLEY FAMILY YMCA – SAFE BANK DRAFT AUTHORIZATION FORM

For Office Use Only  
FUND TIME #

PARENT / GUARDIAN TO COMPLETE ALL INFORMATION AND SIGN.

Today's Date \_\_\_ / \_\_\_ / \_\_\_ First Day (date) Attending \_\_\_ / \_\_\_ / \_\_\_

Child's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

\$50 registration fee, \$25 for each consecutive child. Registration fees will be added to the bank draft for week one of enrollment.

## BEFORE & AFTER SCHOOL CARE

### NEWARK – PLANO – SANDWICH – SOMONAUK

NUMBER OF DAYS	WEEKLY RATE
2 AM Days	\$38
2 PM Days	\$43
2 AM & PM Days	\$59

### YORKVILLE

NUMBER OF DAYS	WEEKLY RATE
1-3 AM Days	\$40
4-5 AM Days	\$65
1-3 PM Days	\$45
4-5 PM Days	\$71
1-3 AM & PM Days	\$61
4-5 AM & PM Days	\$99

## FULL DAY CARE

NUMBER OF DAYS	WEEKLY RATE
2 Days	\$95
3 Days	\$125
5 Days	\$200

All payments must be made via draft. If a payment is declined or returned a \$15 service fee will be assessed and payment must be made within five business days. If payment is not made within five business days, it will result in termination from the program. Additionally, there is a \$15 service fee for each return. Pricing is subject to change. Partial week refunds will not be given.

\_\_\_\_\_  
PARENT/GUARDIAN INITIALS

## ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I authorize my bank to honor pre-authorized EFT's (electronic funds transfer) drawn by the Fox Valley YMCA for membership, programs and/or contributions. I understand that my deduction is continuous and may be terminated by me upon written request and must be received 5 business days prior to my draft date. If for any reason a check or draft is returned to the YMCA, I understand that I am responsible for bringing my account up to date and paying a service fee per returned check or draft. The return of a bank draft check to the YMCA will result in suspension of the program privileges and/or membership until my account is current. The YMCA reserves the right to process an outstanding balance with the bank draft information provided at the time of enrollment. This includes declines, late fees, and any other outstanding balances after leaving the program.

I understand that it is my responsibility to notify the YMCA of any change of address or EFT account information, change of classes or cancellations within 5 business days of the draft date.

INITIALS \_\_\_\_\_

## CREDIT/DEBIT

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_ / \_\_\_ / \_\_\_ Card Type \_\_\_\_\_

Signature \_\_\_\_\_ Name on Card \_\_\_\_\_

OFFICE USE ONLY:

DATE APPLIED

800 RECORD

BANK DRAFT

SPREADSHEET

COMPLETED BY INITIALS

# KEEP THIS FOR YOUR RECORDS

## ACTIVITY DAYS & CAMPS

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Please detach the bottom portion of this sheet to give to your child's teacher as a notification of SAFE enrollment. Your child's teacher will then know to bring your child to the SAFE program where staff will be waiting. We also encourage you to email your child's teacher.

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# TEACHER NOTIFICATION OF SAFE ENROLLMENT

PLEASE GIVE TO YOUR CHILD'S TEACHER

Student Name \_\_\_\_\_

## ATTENDANCE SCHEDULE

Before Only       After Only       Before & After

Days Attending SAFE:  M    TU    W    TH    F (Check all that apply)

