



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## FOX VALLEY FAMILY YMCA 2017-2018 SAFE PROGRAM



## 2017-2018 BEFORE & AFTER SCHOOL ENROLLMENT FOX VALLEY FAMILY YMCA 3875 Eldamain Rd., Plano, IL | 630-552-4100

Child's Name \_\_\_\_\_ Gender:  Male  Female Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

Phone # \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_ Grade in Fall 2017 \_\_\_\_\_ SAFE Start Date \_\_\_\_\_

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

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

---

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

Authorized to release child to:  Yes  No Place of Employment \_\_\_\_\_

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

Preferred Method of Contact:  Work Phone  Home Phone  Cell Phone

Marital Status:  Married  Divorced  Single  Separated

---

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

Authorized to release child to:  Yes  No Place of Employment \_\_\_\_\_

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

Preferred Method of Contact:  Work Phone  Home Phone  Cell Phone

Marital Status:  Married  Divorced  Single  Separated

## EMERGENCY CONTACT / 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

## CHILD HEALTH INFORMATION

---

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

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

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

Authorized Dentist \_\_\_\_\_ Dentist's Phone \_\_\_\_\_

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: \_\_\_\_\_

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

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

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

---

## PROGRAM POLICIES AND AUTHORIZATIONS

---

This page contains a summary of the various sections of the parent handbook with which you have been provided. The information contained above and herein is complete and correct, and that the referenced youth is able to engage in all activities except where limitations have been noted.

Please read and sign after the following list of policies and authorizations:

- The Fox Valley Family YMCA agrees to provide child care Monday–Friday from 6:30am until school starts and from school dismissal to 6:00pm. This care includes breakfast and an afternoon snack.
- I understand that the YMCA's supervision for my youth begins when my child arrives at the SAFE site and is checked in by the YMCA personnel.
- I understand that the YMCA's responsibility for my child ends when an authorized adult or myself has signed out my child from the YMCA program.
- I understand that I am not to leave my child at the SAFE site unless released to a YMCA staff person who is there to receive and supervise my child.
- I understand that I have the right to visit the YMCA program at any time to observe the program and my child's participation in the program.
- The YMCA agrees to keep parent/guardian informed of any incidents, including; illness, injuries, exposure to communicable diseases.
- I give permission for the YMCA to administer basic first aid, and in the event of an emergency, to secure a physician for emergency medical treatment for my child. I understand that a conscious effort will be made to contact the parent/guardian before seeking treatment. I understand and accept that this expense is my responsibility, as the YMCA does not carry accident insurance for participants. I understand it is my responsibility to carry primary accident insurance.
- I give permission for the YMCA to contact the emergency contacts listed in the event they are unable to reach the parent/guardian.
- I understand that my child must be signed in/out and escorted in/out of the program daily, by an adult over the age of 18.
- I understand the YMCA will only release my child to the parents/guardians and contacts listed on this form. I understand that I must provide in writing, authorization for my child to be picked up by someone other than the individuals listed on this form.
- I understand that before any medication is dispensed to my child, I must provide written authorization, which must include: date, child's name, name of medication, prescription number, if any; dosage, date and time to be dispensed and parent/guardian signature. All medication must be in its original container. The YMCA staff will keep a written verification log of date, time, and staff member who administer the medication and any reactions to the medication.
- I acknowledge it is my responsibility to keep the YMCA advised of any changes to my child's enrollment form to include but not limited to; addresses and phone numbers of all individuals, change in work location, family doctor, allergies and other health information. I agree to provide this information to the YMCA at the time of the changes.
- I understand that it is mine and my child's responsibility to know and abide by all policies and procedures included in the Parent Handbook and that I have received a copy of this document.
- I understand that failure to pay my SAFE payments promptly will result in removal from the program and my balance may be sent to a collections agency. If this occurs, I understand that I am responsible for coordinating alternate care for my child.
- I understand that my child may be photographed, video taped and/or recorded by YMCA staff or their representatives and used in their general publicity materials.
  - « If you do not agree to having your child photographed by YMCA staff or their representatives, please check this box  and initial \_\_\_\_\_
- I understand that my child will participate in character development activities.
- I understand that the YMCA staff and volunteers are not allowed to baby-sit, socialize or transport children at any time outside of the YMCA program. (YMCA will take immediate staff and volunteer disciplinary action if a violation occurs.)
- I understand that the YMCA is mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation.
- I understand that neither the YMCA nor its representatives can be held responsible in the event of an accident, injury, or accidental death. I understand that all precautions will be taken to ensure the safety and health of my youth.
- I understand that the YMCA and staff employed by the YMCA will not become involved in any custodial disputes between parent/guardian. If YMCA documents are requested, the court must request them. The staff's responsibility is to provide a safe environment for children.
- I understand that the YMCA may terminate my child's enrollment for any of the following reasons:
  - Parent/Guardians are late picking up child after program ends.
  - Non-payment, late payment or NSF payment of fees.
  - Failure to adhere to the sign in/sign out policies.
  - Contact and emergency contact information is incorrect and/or not update.
  - Child leaving the YMCA program without being signed out by authorized adult.
  - Behavior that is continually disruptive or dangerous to self and/or others.
  - Behavior that is destructive to property and/or refusal to replace said property.
  - Any single incident that is deemed by the YMCA to be harmful, dangerous, or disruptive.
  - Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or persons associated to the child (family member, friend, relative, etc.).

Agreement to adhere to the Policies/Procedures and expectations: I acknowledge the above referenced youth, and I have read and discussed the established policies and procedures and behavioral expectations as stated in the Parent/Youth Packet. Further, we agree to abide by these policies and procedures and behavioral expectations and understand that failure to do so could result in dismissal from the program.

By initialing the policies and authorization statements above and signing below, I acknowledge that I have read and understand the policies/guidelines and agree to abide by them.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

(as listed in the YMCA membership form)

In consideration of being permitted to utilize the facilities, services, and programs of the YMCA for any purpose including but not limited, to observation or use of facilities or equipment, or participation in any off site program affiliated with the YMCA, the undersigned hereby agrees to the following:

I am an adult over 18 years of age and wish to participate in the Fox Valley Family YMCA activities. In addition, I give my children permission to participate in the Fox Valley Family YMCA activities. I understand that even when every reasonable precaution is taken, accidents can sometimes happen. Therefore, in exchange for the YMCA allowing me to participate in YMCA activities, I understand and expressly acknowledge that I release the Fox Valley Family YMCA and its staff members, directors, volunteers, board members, guests and members from all liability for any injury, loss, or damage connected in any way whatsoever to my (or my children's) participation in the YMCA activities, whether on or off YMCA premises. I understand that this release includes any claim based on negligence, action or inaction of the Fox Valley Family YMCA, its staff, directors, volunteers, board members, guests and members. This frees the YMCA and its agents from all liability to the undersigned or such children and/or other family members for any loss or damage, and any claim or demands on account of injury to the person, or property, or the result of death of the undersigned or such children and/or family members whether cause by negligence of the YMCA or its agents. This includes activities when the undersigned or such children are participating in YMCA programs, whether at the YMCA, off site or in any way using any YMCA equipment or structures. This also releases the YMCA and its agents from all liability to the undersigned and such children for any loss or damage, claim or demands on account of injury or death to those using any part of the YMCA for basic membership use, whether at the YMCA or off site. I hereby assume full responsibility for risk of bodily injury, death, or property damage to the undersigned or such children. I understand that the YMCA is not responsible for personal property lost or stolen while members and or program participants are using YMCA facilities or are on YMCA premises, either on site or off site. I also authorize the YMCA to perform any and all background checks on myself or my family as stated by the fair credit report. I have read and am voluntarily signing this waiver. I understand that Annual Memberships are non-refundable. I give permission to the Fox Valley Family YMCA to use limitation and obligation, photographs, film footage, or tape recordings which may include my image or voice for purposes of promoting or interpreting YMCA programs or membership.

**Thank you for participating in our 2017–2018 Before & After School program. We are looking forward to a great school year!**

ACCEPTANCE: The undersigned further expressly agrees that the foregoing RELEASE and WAIVER and INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the laws of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## LATE PICK-UPS

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 6:05pm. I also understand that this fee will be charged to my YMCA account. Three or more late pick-ups may result in termination in participation in program.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

## TRAVEL

I authorize my child to participate in walking trips and SAFE activities, including field trips, and travel on YMCA arranged transportation on special occasions.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



**2017–2018 BEFORE & AFTER SCHOOL ENROLLMENT**

**FOX VALLEY FAMILY YMCA**

**3875 Eldamain Rd., Plano, IL | 630-552-4100**

**[WWW.FOXVALLEYYMCA.ORG](http://WWW.FOXVALLEYYMCA.ORG)**

# FOX VALLEY FAMILY YMCA – SAFE BANK DRAFT AUTHORIZATION FORM

## PARENT / GUARDIAN TO COMPLETE ALL INFORMATION AND SIGN.

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

Parent / Guardian Name \_\_\_\_\_ Child's Name \_\_\_\_\_

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

## PROGRAM DRAFTS

SCHOOL \_\_\_\_\_

SAFE OPTIONS (choose one)

Before Only       After Only       Before & After

SAFE OPTIONS (choose one)

Full Time (4-5 days)     Part Time (1-3 days)

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

DRAFT OPTIONS (choose one)

Semi-Monthly (processed the 1st & 15th)     Monthly (processed the 1st)

DRAFT AMOUNT \$ \_\_\_\_\_

Monthly/Semi-Monthly payments

MONTHLY PAYMENT FEES (circle one)

AM 3 Days: \$120      AM 5 Days: \$200

PM 3 Days: \$132      PM 5 Days: \$220

Both 3 Days: \$180      Both 5 Days: \$300

Credit Card or Checking Auto Drafts:  
1st of the month from September to June 1

SEMI-MONTHLY PAYMENT FEES (circle one)

AM 3 Days: \$60      AM 5 Days: \$100

PM 3 Days: \$66      PM 5 Days: \$110

Both 3 Days: \$90      Both 5 Days: \$150

Credit Card or Checking Auto Drafts:  
1st and 15th of the month from September to May 15

## 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 10 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.

All rates are subject to change within 30 days with written notice. 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 10 business days of the draft date.

INITIALS \_\_\_\_\_

Bank Name \_\_\_\_\_ Routing/Transaction Number \_\_\_\_\_ Account Number \_\_\_\_\_

(Choose one)  Checking     Savings     Credit     Debit    Name on Account \_\_\_\_\_

Total Draft Amount \$ \_\_\_\_\_ Date of 1st Draft \_\_\_\_\_

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

Signature \_\_\_\_\_

Yes, I would like to donate to the Fox Valley Family YMCA's Annual Campaign in the amount of \$ \_\_\_\_\_

Signature \_\_\_\_\_

YMCA TO COMPLETE:

ENTERED INTO SYSTEM

STAFF ACCEPTING FORM

DATE TURNED IN

DIRECTOR APPROVAL

ATTACH DRAFT INFO



## 2017-2018 BEFORE & AFTER SCHOOL ENROLLMENT

FOX VALLEY FAMILY YMCA

3875 Eldamain Rd., Plano, IL | 630-552-4100

WWW.FOXVALLEYYMCA.ORG

# FOX VALLEY FAMILY YMCA MEMBERSHIP DRAFT AUTHORIZATION FORM

Before and After School (SAFE) participants receive a FREE Youth Membership during their SAFE attendance. Please complete this form to receive your free membership.

Today's Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Name \_\_\_\_\_ Parent / Guardian Name \_\_\_\_\_

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

Phone (\_\_\_\_) \_\_\_\_-\_\_\_\_ Email \_\_\_\_\_

Child's Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Would like the free Youth Membership during SAFE.**

**Currently has an active Youth Membership.**

The membership will continue while in SAFE, but the parent will not be charged. Your youth membership will not draft from 9/1/17 - 5/15/18. Your draft will return to the full rate on 6/15/18, unless a change is requested in writing.

**Currently is part of an active Family Membership.**

You are eligible for a discounted family rate. Your family membership will draft at the rate of \$44.00 from 9/1/17 - 5/15/18. Your draft will return to the full rate on 6/15/18, unless a change is requested in writing.

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 10 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.

All rates are subject to change within 30 days with written notice. 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 10 business days of the draft date.

INITIALS \_\_\_\_\_

Bank Name \_\_\_\_\_ Routing/Transaction Number \_\_\_\_\_ Account Number \_\_\_\_\_

(Choose one)  Checking  Savings  Credit  Debit Name on Account \_\_\_\_\_

Total Draft Amount \$ \_\_\_\_\_ Date of 1st Draft \_\_\_\_\_

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

Signature \_\_\_\_\_

YMCA TO COMPLETE:

ENTERED INTO SYSTEM

STAFF ACCEPTING FORM

DATE TURNED IN

DIRECTOR APPROVAL

ATTACH DRAFT INFO



2017-2018 BEFORE & AFTER SCHOOL ENROLLMENT  
FOX VALLEY FAMILY YMCA  
3875 Eldamain Rd., Plano, IL | 630-552-4100

WWW.FOXVALLEYYMCA.ORG