



FOR YOUTH DEVELOPMENT®  
 FOR HEALTHY LIVING  
 FOR SOCIAL RESPONSIBILITY

**FOX VALLEY FAMILY YMCA  
 2018-2019 SAFE PROGRAM**



**2018-2019 BEFORE & AFTER SCHOOL ENROLLMENT  
 FOX VALLEY FAMILY YMCA  
 3875 Eldmain Rd., Plano, IL | 630-552-4100**

Child's Name \_\_\_\_\_ Grade 2018/2019 \_\_\_\_\_ School \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade 2018/2019 \_\_\_\_\_ School \_\_\_\_\_

Child's Name \_\_\_\_\_ Grade 2018/2019 \_\_\_\_\_ School \_\_\_\_\_

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

Email \_\_\_\_\_

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

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

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

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 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

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 \_\_\_\_\_

## CHILD HEALTH INFORMATION

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

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, Lactose Intolerance, 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 Birthdate \_\_\_\_\_

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, Lactose Intolerance, 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 Birthdate \_\_\_\_\_

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, Lactose Intolerance, 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:

# RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

(as listed in the YMCA membership form)

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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.

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

**Thank you for participating in our 2018-2019 Before & After School program. We are looking forward to a great school year!**

## LATE PICK-UPS

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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 6:05pm. 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

# 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ID NUMBER \_\_\_\_\_

## PROGRAM DRAFTS

SCHOOL \_\_\_\_\_

### SAFE OPTIONS (choose one)

Before Only       After Only       Before & After

### SAFE OPTIONS (choose one)

4-5 days       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

Shared payment  Yes    No If yes, name \_\_\_\_\_

(Lack of payment from either party can result in child's removal from program.)

### MONTHLY PAYMENT FEES (circle one)

AM 3 Days: \$130      AM 5 Days: \$212

PM 3 Days: \$140      PM 5 Days: \$232

Both 3 Days: \$190      Both 5 Days: \$320

Credit Card or Checking Auto Drafts:

1st of the month from September to June 1

### SEMI-MONTHLY PAYMENT FEES (circle one)

AM 3 Days: \$65      AM 5 Days: \$106

PM 3 Days: \$70      PM 5 Days: \$116

Both 3 Days: \$95      Both 5 Days: \$160

Credit Card or Checking Auto Drafts:

1st and 15th of the month from September to May 15

DHS Approval  Yes    No    Pending

Co Pay Amount \$ \_\_\_\_\_

## 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:

800 RECORD UPDATED

DATE OF UPDATE

INITIALS

DHS APPROVAL LETTER

MISC.

# FOX VALLEY FAMILY YMCA

## MEMBERSHIP DRAFT AUTHORIZATION FORM

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

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

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

**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 \$44.50 from 9/15/18 - 5/15/19.

Your draft will return to the full rate on 6/15/19, unless a change is requested in writing.

**If you are interested in a new Family Membership, please see the front desk to take advantage of a maximum \$20.50 savings per month on a Family Membership while enrolled in the S.A.F.E. program.**

INITIALS \_\_\_\_\_