



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## **Y CLUB "A Before & After School Enrichment Program" 2019-2020 Registration Form**

### **Our Philosophy**

- To provide quality care for children, regardless of socio/economic background.
- To support and strengthen the family unit.
- To help children develop to their fullest potential.
- To deliver the program in a positive YMCA environment of safety, support and care.
- To ensure and enforce a zero tolerance policy regarding Child Abuse and Neglect

The Y Club program provides a high quality, safe, convenient, recreational environment for children regardless of ability.

The YMCA Program incorporates nine defined components as a way to intentionally foster holistic youth development through a range of activities focused on helping youth achieve, build relationships and feel like they belong, all while having fun!

Open communication and collaboration with the school regarding your child's behavior and individual needs will be ongoing.

### **Benefits of the YMCA Program**

- Serves youth ages 5 through 12
- Conveniently located at your child's school
- Opens as early as 6:30 a.m.
- Closes as late as 6:00 p.m.
- Trained, caring, professional staff
- Planned, recreational and enhancement activities focusing on fun, learning and the development of a positive self-image.

### **Y Club Sites**

Blackhurst Elementary  
Coverdell Elementary  
Harris Elementary  
Jefferson Intermediate  
Lincoln Elementary  
Monroe Elementary  
Null Elementary  
St. Cletus Parish School

### **Financial Assistance**

Financial assistance toward program fees is available for those with a demonstrated financial need. However, we do ask families to complete the DSS (Missouri)/DCFS (Illinois) income evaluation process. Families that do not qualify for state subsidy funding will be considered for YMCA financial assistance. State Child Care Assistance is accepted.

Applications are available at the St. Charles County Family YMCA

## **Enrollment Dates**

Current Enrollees: April 1–30 2019. NEW Enrollees: Begins May 1, 2019 (Current enrollees with Kindergarten siblings will take priority over new enrollees.)

## **Registration Process**

The *non-refundable, non-transferable* registration fee is **\$60 for one child** or **\$ 60 per household** through **July 31, 2019**. Effective **August 1, 2019** the registration fee is **\$ 60 for one child** or **\$60 per household**. To hold a space for your child, please complete this Registration Form and return to the St. Charles County Family YMCA with your registration fee. **To guarantee attendance on the first day of school, you must register at least one week prior to that date.** Registration is a first come, first serve basis so sign up early as space is limited. To comply with state licensing regulations additional enrollment forms must be completed before students are admitted to the program.

### **2019 – 2020 Weekly Program Fees**

<b>Member</b>	<b>4-5 days</b>	<b>1-3 Days</b>
A.M or P.M.	\$48.00	\$33.00
Both	\$63.00	\$43.00

<b>NonMember</b>	<b>4-5 days</b>	<b>1-3 Days</b>
A.M or P.M	\$65.00	\$48.00
Both	\$85.00	\$60.00

\*Sibling discount available.

\*Child must be included on Household Membership to receive the member rate.

\*Rates subject to change

### **Membership**

The best way to enjoy the Y is to be a member! Being a Y member gives you added discounts to child care cost.

### **Transfer Fee**

A \$25 fee will be charged to change your child's registered session.

### **Questions**

If you have any questions you can contact Ashley Rosner, Child Care Director at 636-928-1928# ext. #307 or by email as ashley.rosner@gwymca.

### **Inclusion Services Available**

Our YMCA welcomes participation by children of all abilities. The Y provides a recreational environment for children and teens with and without disabilities through added support staff, when needed, to facilitate successful participation in the programs, when appropriate.

**Parents/guardians of children with specialized educational documents will be contacted by the Director at the St. Charles County Family YMCA.**

**A current IEP/BIP/504 Student Accommodation Plan and completion of the inclusion information forms must be submitted, reviewed and, if applicable, staff hired and trained before program participation is authorized.**

**Enrollment will NOT be considered final until all required processes have been met. Although every effort is made to provide reasonable accommodation, there may be instances where a child's needs may exceed the parameters of the scope of our program.**



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**Y CLUB "A Before & After School Enrichment Program" 2019-2020 Registration Form**  
*Please complete one form per child*

<b>School Site</b>	<b>Requested Start Date</b>		
		M_____F_____	
<b>Child's Name</b>	Gender		
Address	City	State	Zip Code
Date of Birth	Grade		
<b>Parent/Guardian I</b>	Home Phone	Cell Phone	
Home Address	Preferred E-mail Address		
Employed By	Work Phone		
Work Address	City	State	Zip Code
<b>Parent/Guardian II</b>	Home Phone	Cell Phone	
Home Address	Preferred E-mail Address		
Employed By	Work Phone		
Work Address	City	State	Zip Code

**Session:** AM\_\_\_\_\_ PM\_\_\_\_\_ AM & PM\_\_\_\_\_      **Days Attending:** M\_\_\_\_T\_\_\_\_W\_\_\_\_ Th\_\_\_\_F\_\_\_\_\_

Desired Start Date \_\_\_\_\_      Payment Options:

Is there a:

Chronic / Severe Health Condition (Asthma, Diabetic, etc.)	_____Yes	_____No
Custodial Agreement	Yes	No
**Individual Education Plan	Yes	No
**Behavioral Intervention Plan	Yes	No
**504 Student Accommodation Plan	Yes	No

**\*\* You must submit a current IEP/BIP/504 with this registration form and complete additional Inclusion Information forms for review-program participation is authorized after review and if applicable staff hired and trained. Enrollment will NOT be considered final until **all** required processes have been met. Chronic Health and Custodial Agreements forms must be submitted on the first day of school.**

**THIS FORM CANNOT BE ACCEPTED WITHOUT A PARENT OR LEGAL GUARDIAN SIGNATURE.** By signing this contract, I understand that I have registered for the above session/times and are therefore responsible for payment for each week, whether my child attends or not, as long as my child is enrolled in the Y Club program. I understand I will receive no credit for missed days. Should I need to change my schedule, I must notify the **St. Charles County Family YMCA** one week prior to that change and will pay a \$25 change fee. If my child is absent for 2 weeks without notification, I understand my child will be dropped from the program. I certify that all information provided is complete and correct, to the best of my knowledge.

**I will be held responsible for all policies and procedures listed in the Family Handbook. I understand I can access the Family Handbook through the St. Charles County Family YMCA website or request a hard copy from the service center or at my childcare site.**

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**YMCA USE ONLY**

YMCA Member# \_\_\_\_\_ Non Member# \_\_\_\_\_ Date \_\_\_\_\_

Amount Paid \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Staff Initials \_\_\_\_\_





### Y CLUB ENROLLMENT & HEALTH FORM 2019-2020 School Year

*This enrollment packet including the immunization records must be completed in full before any child may attend the program.*

*This enrollment packet must be completed in full before the child may attend the program. Use "N/A" if need to leave blank.*

Child's Name		Sex	Age	Birthdate (MM/DD/YYYY) / /	
Child's Primary Home Address (Street, City, State, Zip)			Home Telephone ( )		Guardian with whom child primarily resides
Center Name					
Center Address (Street, City, State, Zip)			Center Telephone ( )		Center Hours
Parent/ Guardian's Name I			Home Telephone ( )		
Home Address (Street, City, State, Zip)			Parent/ Guardian I driver's license number and last 4 digits of SS#(required)		
Employed by (or School Attended)		Hours of Employment From to		Business Address (Street, City, State, Zip)	
Business Phone with extension ( )		Cell Phone ( )		E-mail Address	
Parent/ Guardian's Name II			Home Telephone ( )		
Home Address (Street, City, State, Zip)			I Parent/ Guardian II license number and last 4 digits of SS#(required)		
Employed by (or School Attended)		Hours of Employment From to		Business Address (Street, City, State, Zip)	
Business Phone with extension ( )		Cell Phone ( )		E-mail Address	
Family Password:					

Check any or all that may apply:

Does your child have a Custodial Agreement/Parenting Plan  
**(Copy of Court Order Custody Papers Must Be Attached)** \_\_\_\_\_ YES\* \_\_\_\_\_ NO

Does your child have an Individual Education Plan (IEP)? \_\_\_\_\_ YES\* \_\_\_\_\_ NO

Does your child have a Behavior Management? \_\_\_\_\_ YES\* \_\_\_\_\_ NO

Does your child have a 504 Student Accommodation Form? \_\_\_\_\_ YES\* \_\_\_\_\_ NO

**\*A copy of a current IEP/BMP/504 Student Accommodation Plan must be turned in with the Registration form and you must complete the Inclusion Information packet before program participation is authorized. Enrollment will NOT be considered final until all required processes have been met and reviewed. Although every effort is made to provide reasonable accommodations, there may be instances where a child's needs may exceed the parameters of the scope of our program.**

For Office Use Only

To be completed by site director

Admission Date (first date attended): _____
Days of week enrolled (circle): M T W Th F
Hours per day (check): ___AM – start of school
<input type="checkbox"/> dismissal – 6:00 PM
Discharge Date (to remain on-site for one year after discharge)
_____ Site Director's Initials: _____

## HEALTH REPORT AND HISTORY

Has your child been diagnosed with the following:

ADD       ID       Autism       Down Syndrome  
 ADHD       ED       Asperger's       Cerebral Palsy  
 DD       ODD       OCD       Chronic Health Condition  
 Other \_\_\_\_\_  
 Not applicable

Additional Forms are required for enrollment of children with chronic/severe health conditions and children with an Individual Education Plan (IEP), Behavior Management Plan (BMP) and /or 504 Student Accommodation Form. Please contact your child Care Program Director at the YMCA for these forms and procedures.

Use the space below to note any habits, language or special conditions that staff should be aware of:

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List any allergies; special medical or physical conditions or problems the YMCA should be aware of, including chronic health problems:

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List any special medications for chronic problems and/or restrictions for child's care below:

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**Medication: Only prescription medication (no over the counter medication) will be administered. If your child will need to take medication during program hours, a Medication Authorization form must be completed and returned to the staff along with the medication. Medication must be in the original container and labeled with your child's name, instructions (including times and amounts for dosage) and the physicians name.**

## IMMUNIZATION RECORD

A copy of your child's current immunization record completed by our physician must be included with these forms. However, our records must be updated annually. The Y Club program does not have access to your child's school records. Therefore, it is the parent's responsibility to obtain a copy of the child's current immunization record prior to the start of the program.

## EMERGENCY CARE AND TRANSPORTATION

I understand that every effort will be made to contact me in the case of illness or accident to my child. At that time I will make arrangements for medical care of my child with the physician or hospital of my choice.

If, at any time, due to such circumstances as an injury or sudden illness or other unforeseen emergency, and medical treatment is necessary, I authorize the Gateway Region YMCA to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand that a natural or deliberate disaster or emergency may result in the need for my child to be transported to another location for safety.

I understand that this may involve contacting a doctor, interpreting and carrying out his or her instructions, and transporting my child to a hospital or doctor's office, including the possible use of an ambulance.

If possible, the hospital I prefer my child to be transported to is \_\_\_\_\_, located at \_\_\_\_\_, phone number \_\_\_\_\_ or the doctor contacted will be Dr. \_\_\_\_\_, phone number \_\_\_\_\_ located at \_\_\_\_\_. I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

I understand that if 911 is called and my child is sent to the hospital, the Site Director will notify me, the Child Care Program Director and Executive Director.

Insurance Name	Group #	Policy #
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**The YMCA does not provide accident insurance for your child. This will be the responsibility of the parent.**

Parent or Legal Guardian Signature:

Date:

## AUTHORIZED PICK UP & EMERGENCY CONTACT

List at least two contacts (not including parents or doctors) authorized to be contacted to pick up your child, if you cannot be reached in an emergency situation or if your child is left at the program beyond program hours.

Name of Contact	Relationship To Child	Address (Street, City, State, Zip)	Phone # (during program hours)
1.			
2.			
3.			

We strongly encourage that all authorized individuals carry a photo ID each time the child is picked up from the program due to substitute staff situations. All individuals picking up a child from the site must present a current photo ID until staff is comfortable with recognizing them.

## PROGRAM ATTENDANCE

My child will be attending the program during the following sessions: (please circle)

AM	Monday	Tuesday	Wednesday	Thursday	Friday
PM	Monday	Tuesday	Wednesday	Thursday	Friday

At this time my child will not need to leave the Y Club program for any activities.

My child has the permission to leave the program, or arrive late to the program for the following activities:

Name of activity (tutoring, scouts, drama, music lessons, etc.)	Start date of activity (MM/DD/YYYY)	End date of activity (MM/DD/YYYY)
1.	1.	1.
2.	2.	2.
3.	3.	3.
Location of activity (gym, music room, parish center, etc.)	Who will pick child up for activity?	Who will return child to program?
1.	1.	1.
2.	2.	2.
3.	3.	3.
What method of transportation will be used? (walk, bus, etc.)	Time leaving program	Time returning to program
1.	1.	1.
2.	2.	2.
3.	3.	3.
Parent's or Guardian Signature	Date permission granted	
1.		
Parent's or Guardian Signature	Date permission granted	
2.		
Parent's or Guardian Signature	Date permission granted	
3.		

**Parent or Legal Guardian  
Signature:**

**Date:**

**INDEMNITY AGREEMENT**

I hereby waive any claim of liability and will hold harmless the Young Men's Christian Association of Greater St. Louis, its officers, directors, trustees, agents, and employees for any bodily injury to me incurred while I am practicing for, or participating in, any contest or exhibition of an athletic nature sponsored by the YMCA. In addition, I understand that the YMCA is not responsible for my personal property nor is my YMCA membership transferable.

It is understood and agreed that the Gateway Region YMCA reserves the right to take and utilize pictures, likenesses, videos and testimonials of participants for promotional purposes including, but not limited to reports, publications, brochures, emails, our website and other instances of online presence.

I grant the Gateway Region YMCA, its agents and the news media the right to photograph me and/or my family including children and to use the photograph for news and publicity purposes. I agree to my child participating in YMCA programs and that he/she will comply with all rules and regulations. I further agree that I will not hold the YMCA, its directors, officials, agents, employees and volunteers responsible in case of accident or injury. I understand that no accident insurance is provided. I also agree to abide by the Gateway Region YMCA standards and guidelines.

I acknowledge that I am over the age of eighteen (18) years. I acknowledge that I have carefully and completely read and understand the terms contained in this release and waiver legal liability and voluntarily accept and agree to all such terms.

**Parent or Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## EMERGENCY CLOSURE – EARLY DISMISSAL FORM

Child's Name:

Grade:

Teacher's Name:

School Name:

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**If the school calls for an early dismissal not previously scheduled in the 2018-2019 school calendar, the Y Club program will be cancelled.**

If there is an emergency school closure or unscheduled early dismissal, my child will:

- Ride the school bus home.
- Ride the school bus to a friend's home. *(This is only an option if arranged by parent with the school department of transportation.)*  
If so...name of friend: \_\_\_\_\_  
Friend's Parent's Name: \_\_\_\_\_ Day time phone: ( \_\_\_\_\_ ) \_\_\_\_\_
- Parent will pick up child.  
If so...Mother/Guardian's name: \_\_\_\_\_ Day time phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
Father/Guardian's name: \_\_\_\_\_ Day time phone: ( \_\_\_\_\_ ) \_\_\_\_\_
- Ride home with other adult.  
If so...Adult's name: \_\_\_\_\_ Day time phone: ( \_\_\_\_\_ ) \_\_\_\_\_

ANY ONE LISTED ABOVE WHO WILL BE RESPONSIBLE FOR PICKING UP YOUR CHILD MUST ARRIVE AT THE SCHOOL IMMEDIATELY AFTER DISMISSAL. IF A SCHOOL BUS IS AVAILABLE, THE SCHOOL MAY DECIDE TO SEND YOUR CHILD HOME VIA THE BUS.

If there is any change in the above procedure, immediately notify in writing your site director and the **school office**.

I understand that it is my responsibility to ask the school office about their procedure for emergency closure/dismissal. I understand that I will not be contacted by the YMCA. I have discussed these procedures with my child, and my child understands what he/she should do in the event of an emergency school closing or early dismissal.

Parent or Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ENROLLMENT AGREEMENT

Please carefully read and sign below.

- I understand that I am committing my child to participation in the Y Club program for the duration of the current school year unless unforeseen events make withdrawal necessary. In that event, I will give written notification to the program director 10 days in advance.
- I understand that I am financially responsible for the services of care regardless if my child actually attends the program, even in the event of illness.
- I understand that my child will not be released to any person not listed on the Enrollment form. In the case of an emergency and someone other than those listed on this Enrollment form must pick up, I will contact the Site Director to identify the person picking up my child and they will provide picture ID and family password.
- I understand that my child will not be released to any person who seems to be under the influence of drugs or alcohol.
- I understand that my child must be signed in and out daily by myself or my designee.
- If my child is experiencing problems in the program, a conference may be arranged between the parent, staff, and program director/coordinator.
- The YMCA reserves the right to terminate child care services if it is determined that the placement is unsatisfactory.
- I understand that in the event that school is cancelled or dismissed early due to unfavorable conditions (such as bad weather, water main break, etc.); the YMCA services will also be cancelled. There is **no refund** for services due to unforeseen school cancellations or unscheduled early dismissals or late starts.
- If I choose to participate in the early dismissal or holiday programs I understand that I must register in advance and pay in full.
- I understand that care for early dismissal days and/or holiday program will be cancelled if enough registrations are not received 7 days in advance.
- The YMCA provides a recreational environment for children with and without disabilities through added support staff, when needed to facilitate successful participation into the programs when appropriate.
- The Gateway Region YMCA provides recreational programs which are not staffed by individuals trained to perform invasive medical procedures. In order to protect the health and safety of all children and employees, YMCA employees will not perform such invasive procedures including, but not limited to: administering shots, drawing blood, catheterization, diabetes testing, insertion of suppositories and tube feeding. The medical procedures which employees may not perform will be determined at the sole discretion of the YMCA.
- I understand that the YMCA will communicate and collaborate with the school on an ongoing basis about my child and their individual needs while enrolled in the program.
- The YMCA has the right to deny application for individual or family memberships or participation in programs and to terminate or suspend existing individual or family memberships or participation in all YMCA programs or activities at our sole discretion if actions or behaviors are not deemed to be in the best interests of the organization. If a membership or program is terminated or suspended, all fees already paid will be forfeited. The YMCA has sole discretion to reinstate members and participation privileges in YMCA programs and activities.
- I understand that photographs will be taken throughout the Y Club program day. These pictures may be displayed in YMCA brochures, YMCA website or promotional materials. If I do not want my child's picture taken, I understand it is my responsibility to notify the YMCA Child Care office in writing of exclusions.
- I understand that if the YMCA is required to respond (whether to answer, modify, clarify or quash) to a third party subpoena (whether for testimony, documents, appearance, or any combination thereof) or other compulsory legal order or any other process as the result of any legal proceeding of which I or my child is a party or participant, I will be responsible for both promptly reimbursing the YMCA for its reasonable attorney's fees, and the cost of the YMCA's employees' and contractors' time and materials (including, but not limited to copying and document redaction costs) spent responding at the YMCA's then-current hourly rates. I further understand that failure to promptly reimburse the YMCA will result in suspension or termination of child care services under this YMCA Care Program Enrollment Agreement and could result in the YMCA pursuing a legal action against me for collection, and that I will be responsible for paying all costs, including reasonable attorney's fees, incurred by the YMCA for the filing of such action.
- I understand that if any of the information above changes, it is my responsibility to notify both the YMCA branch and the program site director in writing immediately.
- I warrant that the rights granted herein do not conflict with my existing commitments on my part.
- **I have been informed that a copy of the Licensing Rules for Family Day Care Homes/Licensing Rules for Group Child Care Homes/Licensing Rules for Child Day Care Centers in Missouri is available at this facility for review.**
- I do  do not give consent for my child to take part in field trips or excursions with this child care facility under proper supervision. I understand that I will be notified when such trips are planned and that I must give written permission for each trip or excursion.
- **The provider and I have agreed on a plan for continuing communication regarding my child's development, behavior, etc.**
- **To my knowledge, my child is in good health, free of conditions that would endanger him/her or other children in care. When my child is ill, it is understood and agreed that they may not be accepted for care or remain in care.**
- **I understand that before the first day of attendance by my child. I will provide proof completed age-appropriate immunizations or exemption from immunizations.**
- I do  do not give permission for the facility to transport my child.
- **I have received, read, and agree to abide by all the policies, procedures, and fee requirements as outlined in the Parent handbook. I will make all authorized individuals aware of the policies and procedures as stated above and in the Parent handbook.**
- **All information provided at the time of enrollment is complete and accurate. False or incomplete information may lead to termination of services.**

Parent or Legal Guardian  
Signature:

Date:



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## AMMENDMENT TO YMCA FAMILY HANDBOOK AND CHILD CARE LICENSING FORM

### NOTICE TO PARENTS REGARDING IMMUNIZATIONS

In accordance with Section 210.003.7, RSMo. The parent or guardian of a child enrolled in or attending a state licensed child care program may request notice of whether there are any children enrolled at our facility with an immunization exemption on file. If you would like to request this information, please contact, your YMCA Director and the information will be provided to you. ***Please note, the name or names of individual children are confidential and will not be released. Our response will be limited to whether or not there are children enrolled at our facility with an immunization exemption on file.***

#### Missouri Department of Health and Senior Services- Sections for Child Care Regulation:

On, August 28, 2015, a new law regarding immunizations went into effect. Section 210.003.7, RSMo. states, "All public, private and parochial day care centers, preschools and nursery schools shall notify the parent or guardian of each child at the time of initial enrollment in or attendance at the facility that the parent or guardian may request notice of whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed. Beginning December 1, 2015, all public, private, and parochial day care centers, preschools, and nursery schools shall notify the parent or guardian of each child currently enrolled in or attending the facility that the parent or guardian may request notice of whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed. Any public, private, or parochial day care center, preschool, or nursery school shall notify the parent or guardian of a child enrolled in or attending the facility, upon request, of whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed."

I have read and understand that I may request information regarding Immunization Exemptions at my child's YMCA child care program.

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

\_\_\_\_\_  
Date

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

\*\*Place in child's file

