



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## YMCA of Madison County Kidscape Program

Thank you for your interest in our before and after school child care program. In order for your child to be enrolled in the program, the following will need to be met:

1. A parent or guardian must complete and sign all the necessary application forms for each child enrolling in the program.
2. A non-refundable registration fee of \$30 must be paid for each child enrolled.

Once all of the above have been met, your child may attend YMCA Kidscape!

<p>Please indicate your child's school:</p> <p>___ Alexandria Elementary ___ Alexandria Intermediate* ___ Anderson Elementary ___ APA (PM Only) ___ Edgewood ___ Erskine ___ Eastside** ___ Holy Cross North (St. Mary) (PM only) ___ Killbuck ___ Southview ___ Tenth St. ___ Valley Grove</p>	<p>(FOR STAFF USE ONLY )</p> <p><input type="checkbox"/> Application forms- completed/signed <input type="checkbox"/> Bank Draft Form-completed/signed <input type="checkbox"/> Registration fees- paid (attach receipt)</p> <p>Staff initials _____ Date _____</p>
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\*Aftercare pickup for Alexandria Intermediate will be at the elementary school

\*\*Eastside before and after for 1<sup>st</sup> – 2<sup>nd</sup> Grade for full school year. 3<sup>rd</sup>–5<sup>th</sup> Grade until August 13<sup>th</sup>.



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Child's Name: _____ Sex: M F		
Last	First	
M. I.		
Home Phone: _____	Email: _____	
Birthdate: ____/____/____	Grade: _____	
	School: _____	
Address: _____		
City: _____	State: _____ Zip Code: _____	
Demographic Information (required for grant funding):		
Number in Household (including all adults): _____	Number of Children in Household: _____	
Number of Children in the Kidscape Program: _____	Female-Headed Household? Y N	
Race: Caucasian African American Hispanic Asian/Pacific Islander Am. Indian/Alaskan Native Other: _____		
Parent(s) or guardian(s) with whom the child lives:		
Father's Name: _____	Mother's Name: _____	
Father's Employer: _____	Mother's Employer: _____	
Work Phone: _____	Work Phone: _____	
Cell Phone: _____	Cell Phone: _____	
Siblings: Name _____ Age : _____		
Name _____ Age : _____		
Name _____ Age : _____		
<b>The following individuals may also pick up my child or be contacted in case of an emergency. Children will be released only to those names listed. YOU MUST LIST PERSONS WHO WILL BE AVAILABLE TO BE REACHED BY PHONE. They should be prepared to show a picture ID when picking up your child.</b>		
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Parent/Guardian Signature: _____ Date: _____		

<input type="checkbox"/> YMCA Member	<input type="checkbox"/> Program Participant
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Anyone registering for our Kidscape program must have a checking account, savings account, or credit card on file. Accounts will be drafted each week on Monday (if Monday is a holiday, drafts will occur the following business day). All billing information is kept confidential. Receipts will be sent each week via email if one is provided. Place an X beside the program you will be using most often (we understand this may change). Regardless of what you choose below, you will be billed based on your child's attendance. For example, if you choose a 3-5 day option below, but bring your child only 2 times during a given week, then you will be billed for the 2 day option.

<b>AM Only</b>	<b>PM Only</b>	<b>AM and PM</b>
_____ 1-2 days/ \$20 members	_____ 1-2 days/ \$25 members	_____ 1-2 days/ \$40 members
_____ 1-2 days/ \$25 program participant	_____ 1-2 days/ \$30 program participant	_____ 1-2 days/ \$45 program participant
_____ 3-5 days/ \$30 members	_____ 3-5 days/ \$35 members	_____ 3-5 days/ \$60 members
_____ 3-5 days/ \$35 program participant	_____ 3-5 days/ \$40 program participant	_____ 3-5 days/ \$65 program participant

**School Employees receive 50% off! Please include picture of school staff ID to YMCA staff member during time of registration, or attach a copy to the back of this form.**



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## Medical Information/Emergency Medical Authorization

The information on this form is not a part of our program acceptance process, but is gathered information to assist us in identifying appropriate care for your child. Any changes in the information on this form should be provided to the YMCA immediately. Please complete ALL information so that we can be aware of your child's needs.

Had/does the participant:	YES	NO	Comments:
Had any recent injury, illness or infectious disease?			
Have a chronic recurring illness/condition?			
Ever been hospitalized and/or had surgery?			
Have frequent headaches?			
Ever had a head injury and/or been knocked unconscious?			
Wear glasses or contacts?			
Have frequent ear infections and/or hearing problems?			
Have seizures?			
Been diagnosed with a heart condition?			
Ever had back or joint problems?			
Have diabetes?			
Have asthma?			
Had emotional difficulties for which professional help was sought?			
Take medication? If so, please list:			
Have any medication allergies? If so, please list:			
Have any food allergies? If so, please list:			
Have any other allergies? If so, please list:			

In the event of an illness or injury to my child, I hereby authorize the Madison County YMCA to provide or cause to provide such medical care and treatment to my child as may be necessary and appropriate. I understand that I am solely responsible for all cost incurred for such medical care or treatment.



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I, \_\_\_\_\_ give permission to the staff of the YMCA of Madison County to contact the listed doctor after attempts made to contact me by phone have been unsuccessful.

Name of Physician: \_\_\_\_\_

Address/Phone number: \_\_\_\_\_

\_\_\_\_\_

In case of hospitalization, the preferred Anderson IN hospital choice

is: \_\_\_\_\_

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



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**PARENTS STATEMENT OF UNDERSTANDING – PLEASE READ EACH ITEM LISTED BELOW AND SIGN**

- I agree to pay a nonrefundable registration fee at the time of registration, or during the billing period by the YMCA at the end of each week.
- I agree that I will pick up my child no later than 6:00pm. I understand that it is my responsibility to provide alternative arrangements for picking up my child if I am unavailable. I understand that in the event my child is not picked up by 6:00p.m., I will be charged a fee of \$10.00 for the first 5 minutes (until 6:05 pm), then \$1.00 for every minute thereafter. After 6:10pm, my emergency contact will be called.
- I understand that my child is to be signed in (AM) and out (PM) each and every day and that I am not to leave with my child until a YMCA staff or volunteer receives my signature.
- 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 must be listed with the YMCA on this form and present picture ID.
- 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.
- 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.
- I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program.
- I understand that in the event of continued NSF payments, late pickup of my child, or for any other good cause, the Anderson YMCA reserves the right to remove my child from the program.
- I understand if I am not the parent of the registered child, I am to provide the YMCA with court documentation stating that I am the legal guardian and I am authorized to make medical decisions on behalf of the child
- I understand that my child must follow and abide by the discipline system adopted by the YMCA. Failure to do so may result in the child being removed from the program by the YMCA.

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

**CHILD PERMISSION FORM – PLEASE READ EACH ITEM LISTED BELOW AND SIGN**

- I hereby grant permission for my child to leave and to be transported to and from the YMCA premises for the purpose of participating in scheduled activities and planned field trips.
- I hereby give permission to the YMCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings, which may include my child's image or voice for the purpose of promoting or interpreting YMCA programs and activities.
- I hereby release, waive, and covenant not to sue the YMCA, its successors and assigns, and its directors, officers, employees, and agents from any claims, demands, damages, losses and causes of action arising or resulting from any injury to my child or loss or damage to his or her property that may occur while child is in or upon the premises of the YMCA or using any of its facilities, services or equipment, or participation in any YMCA program or activity.
- I hereby indemnify and hold harmless the YMCA and its directors, officers, employees, and agents from all loss, liability, damage, or cost they may incur due to my child's presence in or upon the premises of the YMCA or use of its facilities, services, or equipment, or participation in any YMCA program or activity.

**I have read the release and waiver, I understand it, and I agree to it voluntarily.**

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



## Kidscape Discipline/Guidance Policy

It is important that a child's development is nurtured through caring, patience and understanding. However, while caring for your children, we may have to respond to misbehavior. Hitting, kicking, spitting, hostile verbal behavior and other behaviors which will hurt another child are not permitted.

In response to these behaviors, we will not:

- Threaten or bribe
- Physically punish, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliate or isolate

In response to misbehavior, we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcing rules
- Use positive language to explain desired behavior
- Speak calmly while getting down to your child's level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than one minute per year of your child's age, if necessary

If your child's behavior is very disruptive or harmful to himself or other children, we will write an incident report and discuss the issue with you privately. Any child whose needs obviously cannot be met or whose behavior is a detriment to other children and/or the staff at the YMCA, can be dismissed from child care with no refund. If more than three incident reports are written per school year, you may be asked to make other child care arrangements.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

Additional techniques to be used with my child:

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



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## Kidscape Homework Agreement

The YMCA before and after school child care program makes every effort to assist you child with daily homework. Focused, quiet homework time is available for a minimum of 30 minutes each day.

Given the wide range of ages, abilities, and parental expectations that we serve in our program, we will not force a child or demand that they spend longer on their homework than the scheduled time each day. Our program is designed to offer a variety of enrichment daily. We understand that certain families may request more than 30 minutes of homework time. By completing this agreement, you are indicating which option you would like for your child.

\_\_\_\_\_ 30 minutes of homework time

\_\_\_\_\_ Allow homework time until all homework is completed

By signing this agreement, you and your child also understand that your child is responsible for keeping track of their homework each day and notifying staff when they have homework to complete or need help to do so outside of homework time.

Signature of Child \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_





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## ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

### YMCA Kidscape (Before & After Care)

1. I understand that this is a continuous agreement and will remain in effect until I terminate the agreement by written notice or until the end of the school year, whichever comes first.
2. I understand that if I wish to pay by alternate methods on any given week, I will provide written notice to the YMCA by no later than Wednesday of that week.
3. Should any deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than \$25 applied by the YMCA. This is in addition to any service fee my bank may charge. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and/or account at any time.
4. I understand that my account will be charged weekly, with the amount determined by the number of days my child utilizes YMCA Kidscape.
5. I hereby authorize the YMCA to initiate electronic fund entries to the bank account or credit/debit card listed below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

Bank's Routing Number \_\_\_\_\_

Checking Account Number \_\_\_\_\_

Bank Name \_\_\_\_\_

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

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Name on Card: \_\_\_\_\_

Credit/Debit Card Number \_\_\_\_\_ Expiration \_\_\_\_\_

CVV Number (3 digits on back of card, by signature line) \_\_\_\_\_

Type (Circle):    Visa                      Mastercard                      Discover                      American Express