



2011-2012 Before & After School Program Registration (K-6)

Cole Center Family YMCA • 700 Garden Street, Kendallville, IN 46755 • 260.347.9622 • www.coleymca.net

Child's Information: Please print clearly with complete information. School: _____ Grade Fall '11: _____

Child's Name: _____ Male Female Date of Birth: _____ Shirt Size: _____
 Parent/Guardian Name(s): _____ Home#: _____ Day#: _____ Cell#: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Preferred method of contact: day cell home email Email: _____
 Child(ren) lives with Both Other _____ Payment/Enrollment Contact: _____
 Is either Parent/Guardian a Cole Y Staff member? Yes No Full-time Part-time

Emergency Contact & Release (other than parent/guardian):

Please list the full name, complete address, and phone number(s) of those to whom the Cole Center Family YMCA may release your child for pick up and emergency purposes. **You must list at least 2 contacts. Include any friends who may be used in a carpool situation and babysitters/nannies who may pick up.**

Name: _____ Relationship: _____
 Address: _____ Home Phone: _____ Cell Phone: _____
 Name: _____ Relationship: _____
 Address: _____ Home Phone: _____ Cell Phone: _____
 Name: _____ Relationship: _____
 Address: _____ Home Phone: _____ Cell Phone: _____

The following may NOT pick up my child(ren):

Name: _____ Relationship: _____ Address: _____

Session Registration and Payment Information:

Monthly Installment Plan	School Site-Based Programs			On-Site at the Cole YMCA MUST BE CURRENT COLE Y MEMBER, STUDENT Y BUS TAG REQUIRED FOR BACKPACK				
	Wolf Lake	Albion	Rome City	Avilla Bus #	North Side Bus #	South Side Bus #	Wayne Ctr Bus #	St. Mary's Bus #
AM CARE 1-3 Days/Wk \$44 month	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AM CARE 4-5 Days/Wk \$72 month	N/A	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM CARE 1-3 Days/Wk \$75 month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PM CARE 4-5 Days/Wk \$126 month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EARLY BIRD REGISTRATION FEE (June 15 - Aug 1) <input type="checkbox"/> \$20 Per Family <input type="checkbox"/> Free Gift			ON-TIME REGISTRATION FEE <input type="checkbox"/> \$25 Per Family			LATE REGISTRATION FEE (Less than 5 days prior to student's start) <input type="checkbox"/> \$30 Per Family		
FINANCIAL ASSISTANCE* as awarded through Cole YMCA Scholarship Program *Not applicable to special program, meal, field trip, registration or late fees.								<input type="checkbox"/> _____ % applied towards monthly installment payments.
TOTAL AM/PM CARE REGISTRATION EXPENSES:				FOR COMPLETION BY Y STAFF ONLY				
Registration Fee: \$ _____				PAYMENT INFORMATION:				
Pro-rated first month installment: \$ _____				<input type="checkbox"/> Credit Card <input type="checkbox"/> Cash				
Scholarship Applied: \$ _____				<input type="checkbox"/> Check <input type="checkbox"/> Bank Draft				
Total Amount Due at Registration:				Amt Paid: \$ _____ Date: _____ Registered By: _____				
(Registration fee + pro-rated 1 st month payment due at the time of registration.)				Form Checked for:				
Monthly Installment Payment Amount:				<input type="checkbox"/> Information Complete <input type="checkbox"/> Sessions marked correctly				
(Installment payments are due on the first Friday of each month. Late payments will be assessed a \$10 fee per month.)				<input type="checkbox"/> Health Form <input type="checkbox"/> Signatures				
				<input type="checkbox"/> Contact details updated in Daxco initials: _____ Date: _____				

A one-time registration fee and full payment of pro-rated first month of care are due at the time of registration. Credit card payments are accepted over the phone or in person. All registration forms must be submitted to the Cole Center Family YMCA 5 days prior to session start date. Failure to submit forms & payment may result in an additional \$15/\$25 late registration fee. Participants with past-due balances &/or incomplete registration forms will not be eligible for this program. Communication of cancellation from program must be received at least 10 days prior to payment due date. Failure to notify the program director prior to removal from program may result in the assessment of monthly installment fees.

Child's Name: _____ Grade Fall 2011: _____ DOB: _____

Important: Has this participant been exposed to any communicable disease during the three weeks prior to program attendance?
_____ Yes _____ No (If yes, state type of exposure: _____)

HEALTH HISTORY: (Check, giving approximate dates)

- Ear Infections Allergies Diseases Rheumatic Fever Convulsion Diabetes Asthma Hay Fever
 Ivy Poisoning Lice/nits Chicken Pox Measles Mumps Behavioral Concerns

Dates: _____

Other Contagious Illnesses: _____

Other Past Illnesses: _____

Operations or Serious Injuries (Dates): _____

Chronic or Recurring Illness: _____

Any specific activities to be encouraged? _____

Conditions that require activity to be restricted? _____

Permissions for all program activities unless otherwise noted by Doctor: _____

Swim Ability: _____

Drug/Food Allergies _____

Name of dentist/orthodontist _____ Phone _____

Name of child's physician _____ Phone _____

Do you carry family medical/hospital insurance? _____ If so, please indicate:

Carrier _____ Policy or Group # _____

Appliance(s) worn (glasses, contacts, mouth guard etc.): _____

Medication taken: _____

Other Suggestions from Parent/Guardian _____

Please read carefully each of the following authorization and permission statements; initial & sign in the spaces below to indicate your acknowledgement and acceptance of the outlined terms and conditions.

RELEASE AUTHORIZATION: I authorize the Cole Center Family YMCA to release my child(ren) to the person(s) listed above. I also give consent to those listed above to act on my behalf in an emergency in the event that I cannot be reached. I understand that my child(ren) will not be allowed to leave the program with an unauthorized person. Additionally, any authorized person picking up my child(ren), including parents, must present a valid picture I.D. Should an authorized person arrive to pick up my child(ren) that appears to be under the influence of alcohol or drugs, the staff will report this person to the police. I understand that YMCA staff and volunteers are not allowed to babysit children at any time outside of the YMCA Program or transport children in their own vehicles. The YMCA will take immediate disciplinary action toward staff and volunteers if a violation is discovered.

PARENT AUTHORIZATION: I hereby do declare my child(ren) to be physically sound, having medical approval to participate in the activities of the Cole Center Family YMCA. This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted. I further understand that neither the YMCA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child(ren) is/are amenable to discipline and free from habits or attitudes, which would make him/her an undesirable participant. I have studied the brochure and registration information and understand the contents thereof.

SPECIAL ACTIVITY AND TRANSPORTATION AUTHORIZATION: I hereby give permission for my child(ren) to participate in special activities and to travel by bus with the YMCA Staff & Volunteers. I understand that only licensed and qualified personnel will operate any vehicle & that there will be at least one staff member present at all times. I agree to release the Cole Center Family YMCA, its officers and directors, and the Y Staff from any and all claims of damages, demands or liabilities which may arise as a result of my child(ren)'s participation in special activities and bus trips.

EMERGENCY AUTHORIZATION: I understand that YMCA Staff are trained in the basics of first aid and CPR and give consent to have my child receive first aid from YMCA Staff. I authorize the Cole Center Family YMCA to secure emergency medical treatment for my child, if necessary, provided that every effort to reach me is made as the nature of the emergency permits. I hereby give permission to the medical personnel selected by the program director to order X-rays, routine tests and treatment for me or my child(ren), and, in the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the program director to hospitalize, secure proper treatment for, and order injection(s) and/or anesthesia and/or surgery for me or my child(ren) as named above. I accept responsibility for any/all expenses incurred in securing emergency treatment for my child, even if not covered by insurance. I also agree to waive any claims against the YMCA, its members, staff, and volunteers for injuries or damages that may result from the conduct of other persons including participants in YMCA Programs. I understand the YMCA does not cover health and medical expenses and I agree to pay any that may occur.

PARENT OR GUARDIAN PERMISSION: My signature below indicates that I have the legal authority to register the child(ren) named on this form and that to the best of my knowledge the information on this registration form is complete and accurate. I further understand that I must complete payment(s) by the deadlines of said program(s) as contained in the brochure and that, furthermore, all necessary health, security and waiver forms must be signed and on file with the Y prior to my child(ren) attending the program(s). Failure to comply with the above could result in the loss of the program space and/or late fee service charges.

Parent/Guardian Signature: _____ **Date:** _____

PARENT STATEMENT OF UNDERSTANDING: I have read and understand the policies listed below:

- I understand that, when my child(ren) arrives in the morning, I may not leave my child(ren) at the program site unless I have signed in with a YMCA Staff Person.
- I grant permission for my child(ren) to participate in all planned program activities including, trips by motor vehicle, away from the YMCA program site.
- I give permission to photocopy all forms.
- I also give my permission to the YMCA to use all photos, videos, voice, and images taken of the applicant for purposes, which the YMCA may deem appropriate.
 - Check here if you do not want your child's image used in promotional material
- I understand that I am responsible for following the policies and procedures outlined in the specific program guidelines including parent manuals when one exists. If I fail to meet my obligation to the program policies, the YMCA reserves the right to suspend my child(ren)'s participation in the program.
- I understand YMCA Staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the YMCA is not responsible for lost, damaged, or stolen articles.
- I understand that the deposit is not refundable or transferable and that failure to pay all fees, including late fees, for services rendered may result in termination of services. In the case of divorce, the custodial parent is responsible for all payments.
- I understand program fees are NOT refundable. Classes missed due to weather, holidays, acts of God, choice of party, or disruptive behavior may not be made up, credited, or refunded.

Parent/Guardian Signature: _____ **Date:** _____