

**Stateline Family YMCA Registration
S.A.C. 2010/2011**

Child's Name: _____ Date of Birth: _____

Street Address: _____ City: _____ Zip: _____

Home Phone #: _____ School Attending: _____ Grade: _____
2010/2011 school year

Please check all that apply

My child will be attending the following school age center:

- Prairie Hill AM Care Prairie Hill PM Care Prairie Hill AM & PM Care
 Rockton Grade Whitman Post Shirland

My child will be attending on the following days:

- Mondays Tuesdays Wednesdays Thursdays Fridays Will Vary
-

PERSONAL INFORMATION

**Please use the space below to tell us a little about your child, habits, interests, dislikes, etc.
If your child has any allergies, medical, or other conditions please describe below.**

PARENT/GUARDIAN INFORMATION

Father's Name: _____ **Email:** _____

Place of Employment: _____ **Work #:** _____ **Cell #:** _____

Mother's Name: _____ **Email:** _____

Place of Employment: _____ **Work #:** _____ **Cell #:** _____

FOR OFFICE USE ONLY

Enrollment Fee: \$50 individual \$80 Family

Amount Paid: _____ **Date:** _____ **Receipt #** _____

Cash Credit Card Check # _____

Emergency Card Received YES **Staff Initials:** _____ **Date:** _____

Handbook Distributed YES **Staff Initials:** _____ **Date:** _____

Stateline Family YMCA Registration S.A.C. 2010/2011

The following individuals may pick up my child or be contacted in case of emergency. (Please make sure all spaces are filled in.) Children will be released only to those names listed. **You must list individuals who will be available to be reached by phone in case of an emergency.** They should be prepared to show picture ID when picking up your child.

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Is there anyone who **may not** come in contact with your child by way of legal order?

Name: _____ Name: _____

Please attach copy of the current legal order for proof

In consideration of my child's participation in YMCA School Age Center Program, I agree to the following:

- **I understand that monthly fees are due by the 5th of each month.**
(For example: December's payment must be received by December 5, 2010.)
- **If my payment is not paid by the 5th of the month** I will be assessed a \$25 late fee per participant.
- **If my payment is not paid by the 10th of the month**, the Stateline Family YMCA will discharge the participant(s) from the program. In order to continue services, re-registration must occur.
- **Payments will not be accepted at the S.A.C. program sites.** I understand my payment may be mailed or brought in to Stateline Family YMCA, 9901 Main Street, Roscoe, IL 61073 or made online at www.StatelineFamilyYMCA.org.
- **I agree to pick-up my child by 6:00pm or earlier** and in the event my child is not picked up by 6:00pm, a fee of \$1 for every minute thereafter will be charged. Payment must be made directly to the staff prior to continuation of services. **After 6:15pm, the local authorities will be called.** In the event of continued late payments or late pick-up of my child, the Stateline Family YMCA reserves the right to remove my child from the program.
- **I have read the Parent's Manual for the School Age Center program.** I agree to adhere to the policies and procedures set forth.
- **I understand the Stateline Family YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities.**

Parent/Guardian Signature

Date

**Stateline Family YMCA Registration
S.A.C. 2010/2011**

Hospital Preference

In the event of injury, I hereby authorize the emergency medical authorities 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 costs incurred for such medical care or treatment. In case of an emergency, I request my child be transported to _____ hospital.

Parent/Guardian Signature

Date

Immunization Records

My child is up to date on all immunizations as required by the school district. If asked, I will provide proof of all immunizations my child has received.

Parent/Guardian Signature

Date

Photography Release Form

Throughout the year, photographs are taken for craft projects, newsletters, etc. By signing below, you are authorizing the Stateline Family YMCA to photograph your child while participating in the School Age Center sponsored activities.

Parent/Guardian Signature

Date

Medication

Please use the chart below to inform us of any medication your child may be taking. This information is necessary for medical personnel in case of an emergency.

Medication	Dosage	When is medication administered?		
		Home	School	Y Care

If your child will need to have medication administered to him/her during our care, please fill out the Medical Authorization Form on the back of this page. Medication will only be administered if this form has been completed and medication is in its original container.
