



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

2011-2012

**\*The Family YMCA iCARE Wednesdays Program\***

Child's Name \_\_\_\_\_ Male Female (Circle)  
School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Child's Address \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Email address \_\_\_\_\_ Email Address \_\_\_\_\_  
Place of Work \_\_\_\_\_ Place of Work \_\_\_\_\_  
Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
Cell/Other \_\_\_\_\_ Cell/Other \_\_\_\_\_

I understand that I must provide documentation of legal status to The Family YMCA if custody of my child is in dispute.

Does your child have any known allergies? Y N If yes, please list: \_\_\_\_\_  
Does your child have any medical/mental/physical condition(s)? Y N If yes, please list: \_\_\_\_\_  
Does your child currently take medication? Y N If yes, please list: \_\_\_\_\_  
Does your child participate in a special education program? Y N If yes, please list: \_\_\_\_\_

\*Child's Doctor \_\_\_\_\_ *REQUIRED* \_\_\_\_\_ Phone \_\_\_\_\_ *REQUIRED* \_\_\_\_\_  
\*Child's Dentist \_\_\_\_\_ *REQUIRED* \_\_\_\_\_ Phone \_\_\_\_\_ *REQUIRED* \_\_\_\_\_

**EMERGENCY CONTACTS:**

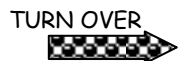
(Other than parents, also authorized to pick up my child. 3 contacts **MUST** be listed.) **ID required for pick-up.**

\*Name \_\_\_\_\_ *REQUIRED* \_\_\_\_\_ Phone \_\_\_\_\_ *REQUIRED* \_\_\_\_\_  
\*Name \_\_\_\_\_ *REQUIRED* \_\_\_\_\_ Phone \_\_\_\_\_ *REQUIRED* \_\_\_\_\_  
\*Name \_\_\_\_\_ *REQUIRED* \_\_\_\_\_ Phone \_\_\_\_\_ *REQUIRED* \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_

**LIABILITY WAIVER, EMERGENCY MEDICAL AUTHORIZATION, MEDICAL TRANSPORTATION, FIELD TRIP,  
PHOTOGRAPH PERMISSION AND DISCIPLINE POLICIES**

On behalf of this minor child, enrolled in The Family YMCA iCARE Wednesdays Program, I hereby release The Family YMCA, staff and volunteers from all liability relative to participation in the program. I hereby give my permission to The Family YMCA staff to obtain emergency medical care and transportation for my child should the need arise. I understand that I am responsible for any expense incurred for such care. I understand that activities will periodically take place away from the usual program site. **I give permission for my child to participate in field trips and off-site activities.** I understand that the iCARE Wednesdays Program is considered a public venue therefore my child's photograph could possibly be taken and may be used by the media, for internal publicity, and on the Y's website which will not have the child's name included. I have received a copy of the current parent handbook and I understand I am responsible for knowing all policies stated in the handbook, I accept such, including the discipline policies.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



# THE FAMILY YMCA iCare Wednesdays Program

*Parent, please initial small shaded boxes to indicate you have read and understand the statements.*

(Initial)

In keeping with our mandate of building strong kids and families and to maintain safe and comfortable facilities, convicted or registered sex offenders are excluded from membership and program participation at The Family YMCA, and offenders shall not enter into YMCA property or loiter in the vicinity of YMCA programs and activities.

## FEE AGREEMENT

I hereby agree to accept full responsibility for all fees required for my child(ren) to attend the YMCA iCare Wednesdays Program.

I understand that all billing is done by an Electronic funds transfer (EFT). The set amount will be withdrawn from my account on the 1<sup>st</sup> of the month for iCare Wednesdays covering that month. I understand that all returned payments are subject to a \$5 processing fee and payments rejected for insufficient funds or a closed account may also be assessed a \$25 NSF fee.

I understand that drop-ins will be accommodated **ONLY** if there is space available **AND** if the space is paid for in advance. I understand that drop in days are non-transferable or refundable.

iCare charges have been adjusted so that the monthly payments will reflect slightly more for months with 5 Wednesdays (September), and slightly less for months with 3 Wednesdays (November & December).

In the event that I default on my payments, I understand that my child will be disenrolled from the program and that I will be responsible for any cost of collection.

I understand that the YMCA **DOES NOT ISSUE TAX STATEMENTS**, so all parents must keep track of information if it is needed. There will be a \$25 bookkeeping fee to print out all individual receipts for an entire school year.

I understand that if I pick up my child between 5:31-5:35pm, I will be charged a late pick up fee of \$10. If I pick my child up between 5:36-5:45pm, I will be charged a \$20 late pick up fee. If I pick up my child between 5:46-6:00pm, I will be charged a late pick up fee of \$30. This fee is per child and will continue in 15 minute increments at the rate of \$30 per 15 minutes until the child is picked up. I understand that late pick-up fees will be automatically charged to my EFT on file within one week of the infraction.

**\*\*SPECIAL PAYMENT ARRANGEMENTS MAY BE AVAILABLE BY SPEAKING WITH THE PROGRAM INSTRUCTORS\*\***

## ATTENDANCE/WITHDRAWAL POLICY

I understand that I must call in my child's absence to the YMCA office (662-3100).

I understand that 2 weeks notice is required to terminate enrollment. I understand that I must fill out an exit survey at the YMCA. Unpaid balances must be cleared before my child's last day at the program.

I understand that there are no refunds for absences due to sickness, vacations, mishaps or holidays. PROGRAMS DO NOT OPERATE ON SCHOOL HOLIDAYS, DURING SCHOOL VACATIONS, or SCHOOL SNOW DAYS.

I UNDERSTAND THAT THE YMCA RESERVES THE RIGHT TO DISENROLL, WITHOUT REFUND, ANY CHILD WHO POSES A CONSTANT DISCIPLINARY PROBLEM, JEOPARDIZES THE SAFETY OF HIM/HERSELF OR ANY CHILDREN IN THE PROGRAM OR WHO IS OTHERWISE DISRUPTIVE TO THE PROGRAM.

## PARENT HANDBOOK

Upon registration, I received a copy of the iCare Wednesdays Program policies and procedures. I understand that I am responsible for knowing the material contained within the handbook, and I accept the policies and conditions within.

**PARENT OR GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

*Confidentiality Statement: This form will be kept available for staff information for 1 year. Parents who desire confidentiality on any matter must request special actions from the iCare Wednesdays Director, who will inform staff of new procedures.*