



## 2020-2021 RANDOLPH COUNTY YMCA

### KIDS CLUB REGISTRATION FORM

#### General and Emergency Pickup Information

To comply with State Licensing laws, all sections of this form must be completed before we can accept any child for care.

For registration questions, please contact Jessica Adams, After School Director at: 765-584-9622 or rcykidsclub@gmail.com

#### Kids Club Registration:

##### Please Select School -

- ◇ Randolph Central School Corporation
- ◇ Randolph Eastern School Corporation
- ◇ Randolph Southern School Corporation
- ◇ Monroe Central School Corporation

#### CHILD INFORMATION:

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Circle One: Boy Girl Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_ Grade: \_\_\_\_

Child Ethnicity: Hispanic Other Child Race: White Black Asian American Indian Hawaiian/Pacific Islander

#### PRIMARY PARENT/GUARDIAN INFORMATION

\*\*Person listed as Primary Guardian will be the sole person authorized to request changes to information and/or cancellation of care\*\*

Primary Parent/Guardian: {Mother} {Father} {Other: \_\_\_\_\_} Authorized to Pick Up: {Yes} {No}

Parent/Guardian First Name: \_\_\_\_\_ Parent/Guardian Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

If you do NOT wish to receive occasional text messages from the Y, please check this box: Opt Out

#### SECONDARY PARENT/GUARDIAN INFORMATION

☐ Please check box if secondary parent is authorized to make changes to childcare account.

Primary Parent/Guardian: {Mother} {Father} {Other: \_\_\_\_\_} Authorized to Pick Up: {Yes} {No}

Parent/Guardian First Name: \_\_\_\_\_ Parent/Guardian Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

If you do NOT wish to receive occasional text messages from the Y, please check this box: Opt Out

#### EMERGENCY CONTACT/AUTHORIZED PICK-UPS

**\*\* Must list at least ONE emergency contact other than parents listed above.\*\***

**Local person other than those listed above to contact in case of emergency if parent/guardian cannot be reached:** (The individual authorized to pick up your child must be at least 16 years of age & possess a valid state-issued ID.)

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Authorization for Emergency Medical Care**

In the event reasonable attempts to contact parents or guardians have been unsuccessful, I hereby give my consent for the administration of any treatment deemed necessary by Dr. \_\_\_\_\_, or in the event the designated Physician is not available, by another licensed Physician, and the transfer of the child to:

☐ St. Vincent Randolph Hospital 473 E Greenville Ave, Winchester IN 47374 765.584.0004

☐ IU Ball Memorial Hospital 2401 W University Ave, Muncie, IN 47303 765.747.3111

☐ Reid Hospital 1100 Reid Parkway, Richmond, IN 47374 765.983.3000

☐ Wayne Hospital 835 Sweitzer St, Greenville, OH 45331 937.548.1141

Other (Please provide name and full address of hospital):

Or any other hospital reasonably accessible. This authorization does not cover major surgery, unless the medical opinions of two licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

**Doctor Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Dentist Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

In order to best meet your child's needs, we require that you list any special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information of which the staff should be aware of:

Health Issues:

---

---

---

Hearing or Vision Problems: \_\_\_\_\_

Allergies: \_\_\_\_\_

---

Medications: \_\_\_\_\_

---

Any concerns about child's development: \_\_\_\_\_

Group Play Experience or Previous Pre-school/Child Care: \_\_\_\_\_

Siblings: \_\_\_\_\_

List any language, other than English used in the home: \_\_\_\_\_

PLEASE SIGN TO INDICATE THAT YOU HAVE RECEIVED AND UNDERSTAND THE ABOVE EMERGENCY INFORMATION STATEMENT:

X \_\_\_\_\_

Signature of Parent/Guardian

X \_\_\_\_\_

Date



**PARENTAL PERMISSION & CONSENT FORM** \*\*Please provide your initials acknowledging each item below\*\*

\_\_\_\_\_  
(initials) **Publicity Permission:** (Event-Randolph County Y & Childcare) I grant the Randolph County Y & Childcare the right to take photographs of me and my family in connection with the above identified event. I authorize Randolph County Y & Childcare its assigns and transferees use and publish the same in print and/or electronically. I agree that the Randolph County Y & Childcare may use photographs of me or pictures that I have taken, with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content. I also agree to any photos that were taken previous to the date on the contract.

\_\_\_\_\_  
(initials) **Field Trip & Activities Permission:** I give permission for my child to participate in Field Trips with the YMCA Childcare program. I understand that he/she will be traveling by bus van and/or car. I give permission for my child to participate in all scheduled activities. I will not hold the Randolph County YMCA, its employees or volunteers responsible for any accident, injury or mishap that may occur during any of the activities. I also give permission for the Randolph County Y outdoor track, in the Y gym, or working in the community garden. If the children go to the gym or on a walk they will always have sufficient staff supervision. We are required to get written permission because these areas are outside of out licensed space.

\_\_\_\_\_  
(initials) **Sunscreen Permission Form:** Soaking up the sun's rays used to be considered healthy before we learned about the dangers of ultraviolet rays. These invisible rays, known as ultraviolet-A (UVA) and ultraviolet-B (UVB), cause suntan, sunburn, and skin damage. There is not "safe" UV light. Protecting young people from the sun is especially important as most of our lifetime exposure comes before the age of 20. YMCA children spend a great deal of time in the outdoors and are thereby exposed to the sun's harmful rays. Since it is our commitment to promote healthy spirits, minds, and bodies, we have made the following policies in this regard:

- For children and staff will wear sunscreen with an SPF of at least 15 on all exposed skin, including lips, any time we are outside.
- Parents or legal guardians will be responsible for providing their children with sunscreen (in a sealed container).
- Please note, your child will have the sunscreen applied for them by the childcare staff. Please explain this to your child.

**PARENT AND PARTICIPATION STATEMENT OF AGREEMENT**

- I understand that I may not leave my child at the YMCA unless there is a YMCA staff present.
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid state issued photo ID's and who are over the age of 16 can be authorized to pick up the child.
- I understand that the YMCA is mandated by Indiana Law to report any suspected cases of child abuse or neglect.
- I understand that my child may be removed from a YMCA program for any other following reasons.
  1. Failure to pay program fees by designated deadlines.
  2. Inappropriate behavior of a child/parent that endangers anyone involved with the YMCA.
  3. Failure to observe any of the conditions listed in the Parent Handbook.

PLEASE SIGN TO INDICATE THAT YOU HAVE RECEIVED AND UNDERSTAND THE ABOVE PARENTAL PERMISSION AND CONSENT INFORMATION AS WELL AS PARENT AND PARTICIPATION STATEMENT OF AGREEMENT:

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

X \_\_\_\_\_  
Date



## Fees and Payment Guidelines

## WEEKLY KIDS CLUB RATES

## RANDOLPH CENTRAL SCHOOL CORPORATION

	Part Time (2 Days or Less)	Full Time (3 days or more)
Before School Only	\$15/per child	\$20/per child
After School Only	\$20/per child	\$30/per child
Before & After School	\$30/per child	\$45/per child

## RANDOLPH EASTERN SCHOOL CORPORATION

	Part Time (2 Days or Less)	Full Time (3 days or more)
After School Only	\$20/per child	\$30/per child

## RANDOLPH SOUTHERN SCHOOL CORPORATION

	Part Time (2 Days or Less)	Full Time (3 days or more)
After School Only	\$20/per child	\$30/per child

## MONROE CENTRAL SCHOOL CORPORATION

	Part Time (2 Days or Less)	Full Time (3 days or more)
After School Only	\$20/per child	\$30/per child

## FEES AND PAYMENT POLICIES

## REGISTRATION FEE - Non-refundable

A \$30.00/child registration fee is due at time of registration and yearly thereafter at the beginning of the each school year in August.

## LATE PAYMENT POLICY

Weekly fees are due the Friday before, in advance of service. If you are unable to pay the fees due at that time, you must get permission from the Executive Director of the YMCA for late payment. If no payment arrangement is made and fees are two or more weeks behind, the child will not be able to attend until fees are caught up. Fees not paid when the child leaves as well as those fees that are a month behind will be sent to collections or small claims court.

## EXTENDED HOURS AND LATE PICK-UP FEES

We close at 5:30pm each day. It can be difficult for young children when they stay at the child care longer than they are used to and it can mean that teachers have to work unscheduled overtime. A late fee of \$5.00 for each five minutes will be charged when a child is picked up after 5:35pm. If you pick up your child past 5:35pm, the late pick-up fees will be billed on your statement for that week.

## NSF PAYMENTS

A \$11.00 fee is charged for all returned checks. A \$4.00 fee is charged for all returned bank drafts.

Please mark the type of care you require for your child: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

PLEASE SIGN TO INDICATE THAT YOU HAVE RECEIVED AND UNDERSTAND THE FEES AND PAYMENTS GUIDELINES AND POLICIES AND WISH TO ENROLL YOUR CHILD IN THE RANDOLPH COUNTY YMCA Kids Club:

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

X \_\_\_\_\_  
Date