



Out of School Learning & Camp Shorwau Registration Form

Child Information P1(*P1 is participant one, P2 is participant two, etc.) **Expected Start Date:** ____ / ____ / ____

First: _____ M.I. _____ Last: _____

Nickname: _____ D.O.B. ____ / ____ / ____ Gender: Male Female

Address: _____ City: _____ State: ____ Zip Code: _____

Additional Participants					
	First Name	M.I.	Last Name	D.O.B.	Gender
P2	Nickname: _____			/ /	M / F
P3	Nickname: _____			/ /	M / F

Parent/Guardian 1(will be responsible for all charges and fees; first to be contact in the event of any situation)

First: _____ M.I. _____ Last: _____

Relationship to Participant: _____

D.O.B. ____ / ____ / ____ Gender: Male Female Email: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Work Phone: (____) _____ - _____ Employer/Occupation: _____

Please check if address is the same as participant

Address: _____ City: _____ State: ____ Zip Code: _____

Parent/Guardian 2

First: _____ M.I. _____ Last: _____

Relationship to Participant: _____

D.O.B. ____ / ____ / ____ Gender: Male Female Email: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Work Phone: (____) _____ - _____ Employer/Occupation: _____

Please check if address is the same as participant

Address: _____ City: _____ State: ____ Zip Code: _____

Authorized Pick-Ups (APU)Parents automatically entered as APUs**

1. Name: _____ Relation: _____ Home Phone: (____) _____ - _____

Contact in an emergency?

Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

2. Name: _____ Relation: _____ Home Phone: (____) _____ - _____

Contact in an emergency?

Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

3. Name: _____ Relation: _____ Home Phone: (____) _____ - _____

Contact in an emergency?

Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Medical Information

The following information allows our staff to provide your child with quality care according to their individual needs.

	<i>Allergies</i> (Seasonal, food, pet, eczema, etc.)	<i>Medications</i> (doctor's note required, if taken during attendance)	<i>Other</i> (behavioral, developmental, etc)
P1			
P2			
P3			

Medical Contacts

Doctor's Name: _____ Dentist's Name: _____

Office Phone: _____ Office Phone: _____

Payment Options

- Deadline for your child to be added to attendance is at 6:00 pm the WEDNESDAY prior to the week you wish to attend.
- Advance Payment sheets not received by the deadline will be subject to a \$10 late fee per child unless stated for the rest of the year.
- Payments will be drafted each Monday of the current week of care with our convenient electronic draft system.
- Additional child in the same family will receive 10% off the lower weekly tuition rate.
- Any form of payment returned from the bank as unpaid will be subject to a \$30 NSF Fee.
- No Credits: except for Hospitalization or Death in immediate Family. Credits will not be issued to accounts with balances due. The credit will be applied toward the balance.
- School Aged Annual Supply Fee \$150 (\$75 billed each August and January)
- Summer Camp Registration Fee \$50
- If you have questions about billing, you can email billing@dunelandymca.org.

Bank/Credit Card Draft

Bank Draft

Bank Name: _____

Account Holder: _____

Account Type: Savings Checking

Account #: _____

Routing #: _____

Credit Card Draft

Card Holder: _____

Credit Card #: _____ - _____ - _____

Card Type: American Express

Discover

Master Card

Visa

Expiration Date: _____ / _____ CID: _____
Mo. Yr.

(Signature)

(Date)

Demographic Information:

The following questions are geared towards the sponsor of the registering participant. This information is used for grant writing purposes only.

What is your age?

- 25 or under
- 26-40
- 41-55
- 56 or older

What is your primary language?

- Arabic
- English
- Spanish

Other:

How would you classify your ethnicity?

- Asian
- African American
- Native American
- Hispanic
- Caucasian

Other:

What is your current marital status?

- Divorced
- Living with another
- Married
- Separated
- Single
- Widowed

Other:

What is your current household income?

- Under \$10,000
- \$10,000-\$20,000
- \$20,000-\$30,000
- \$30,000-\$40,000
- \$40,000-\$50,000
- \$50,000-\$100,000
- \$100,000 and up

What is your religious background?

- Christian
- Jewish
- Buddhist
- Hindu
- Islam
- Interfaith

Other:

How did you hear about our childcare facility?

Online

- Newspaper
- Flyer
- Radio
- Friend/Family member
- Current participant

If so, who? _____

Other:

Permissions

I give permission to allow my child(ren) photo (including: first and last name) to be used in any Duneland Family YMCA media outlet (examples: newsletters, newspapers, yearbooks, brochure, Facebook etc.)

Yes No

I give permission to allow my child(ren) to eat foods made within YMCA programs.

Yes No

I give permission to allow my child(ren) to go on alternate field trips due to inclement weather.

Yes No

I give permission to allow my child(ren) to watch a "PG" movies.

Yes No (If no, your child will be given an alternate activity in the event a movie is included in the program activities)

I give permission for any prescription or non-prescription medications to be administered to my child(ren) provided a doctor's note is on file.

Yes No

I authorize the Duneland Family YMCA Childcare to act on my behalf in the event my child(ren) requires emergency medical treatment if I cannot be reached. I hereby authorize the calling of your physician listed on file, or if not available, another licensed physician at my expense to provide whatever emergency medical or surgical treatment is necessary.

Yes No

I give permission to allow my child(ren) to go on walking and bus field trips while in attendance. (If no parents will need to make alternate arrangements when field trips are included in the program activities)

Yes No

I give permission to allow my child(ren) to be administrated the Swim Test Approval for the deep end of the swimming pool.

Yes No

I give permission to allow my child(ren) to go swimming.

Yes No

I give permission to allow my child(ren) to participate in water activities.

Yes No

Parent Signature

Date

YMCA OF THE USA

Child Abuse Prevention Training

Form 4 – Parent Statement of Understanding

The following information is important for the safety and protection of your child. Please read the information, sign this form, and return it to the YMCA. A copy will be filed with your child's records.

I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside the YMCA program. Immediate disciplinary action will be taken by the YMCA toward staff and volunteers if a violation is discovered.

I understand that I am not to leave my young child or children* at the YMCA or a program site unless a YMCA staff or volunteer is there to receive and supervise my child.

*Note: Most YMCA's have a policy that define the specific age.

I understand that children should not receive excessive gifts (e.g., TV, video games, jewelry) from YMCA staff or volunteers, and that I should report this to a supervisor if they do.

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 including older siblings or relatives must be listed with the YMCA and of the age required by this YMCA. Any other arrangements must be made by calling the YMCA office to inform them of a change.

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. Please do not put staff in a position where they have to make this judgment call.

I understand that I can help ensure my child's safety by taking an active interest in his or her YMCA experience. I too will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.

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.

*Note: It may be appropriate for the YMCA to insert fees or other policy statements that need emphasis at this point.

I have received a copy of the YMCA Youth Program Handbook and Parent Policies and Procedures and will keep it for future reference.

(Parent Signature)

(Date)

I understand that the Duneland Family YMCA School Aged Childcare Program(SACC) and Summer Camp is not licensed under the laws of Indiana. However, I have been made aware this School Aged Childcare and Summer Camp complies with the State of Indiana rules concerning sanitation and fire safety. I understand that it is my responsibility to inform the staff at the Duneland Family YMCA of any changes in my child’s health or welfare information. It is also my responsibility to inform the YMCA staff of any change in parental contact information.

This notice excludes the School Aged Childcare Program and Summer Camp from all injuries aside from negligence or intentional wrongdoing on the part of the Duneland Family YMCA or an employee of the Duneland Family YMCA. The Duneland Family YMCA abides by the rules of the Duneland School Corporation and is not required to share your child’s information.

I understand that no employee of the YMCA is permitted to watch my child(ren) outside of the child care program facility. I also understand that at no time is a YMCA employee allowed to transport my child.

Ending Statement

The policies outlined in the Parent’s Handbook allow us to maintain high standards in providing a safe, healthy, and productive SACC and Summer Camp environment.

I have read and understand the policies and procedures written in the Duneland Family YMCA SACC or Summer Camp Program Handbook. I agree to follow all policies and procedures written in this handbook. I, also, understand that any and all of the admission policies and procedures may change at any time at eh sole discretion of the Duneland Family YMCA, with or without prior notice to all participants.

I also understand, that the undersigned, as guarantor and agent of the above mentioned person or entity, do hereby agree to pay all charges the Monday morning before the time services are rendered. I am aware that neglecting to keep up with payments on my child’s account forfeits their spot in the program and it is mandatory for me to compensate the cost of collection and attorney fees. I further agree that any dispute with regard to payment of this debt shall be subject to the laws of the State of Indiana and by my signature; I am submitting myself to the jurisdiction of the courts of Indiana.

I understand my signature confirms that I have read all of the information above and will be in compliance with all of the aforementioned information.

(Student Name)

(Parent Name)

(Parent Signature)

(Date)

(Driver’s License Number)

Discipline/Guidance Policy

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

In response to these behaviors we will not use:

- threats or bribes
- physical punishment, even if requested by the parent
- deprive your child of food or other basic needs
- utilize food as a reward
- humiliation or isolation
- The word bad or while redirecting ex. "you are making bad choices." We will use "you are making poor or sad choices."

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 bending down to your child's eye level
- give clear choices
- redirect your child to a new activity
- for children ages 2 years and up, move your child to a time-out area for no longer than one minute per year of your child's age, if necessary

If a child's behavior is very disruptive or harmful to himself or others, a confidential meeting will be scheduled with the parent's. The meeting will result in a behavior modification plan. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issue, you may be asked to make other child care arrangements or referred to an outside agency for professional assistance.

As a parent, you may have some concerns or wish to offer suggestions. Parents are more than welcome to make suggestions (in writing) and we will be happy to attempt to implement the suggestions as long as they are within the guidelines of this policy and do not required more than reasonable amount of one on one time.

Note: Our program serves children of all abilities, ages 6 weeks-Kindergarten, discipline/guidance techniques will be modified as needed using developmentally appropriate communications according to each child's needs/ability.

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Child's Name _____ Date of Birth _____

Parent/Guardian Signature #1 _____ Parent/Guardian Printed Name #1 _____ Date _____

Parent/Guardian Signature #2 _____ Parent/Guardian Printed Name #2 _____ Date _____

Transportation Policy
Consent for Child Care Program Activities

Name of Program: Duneland Family YMCA Camp Shorwau

Address of Program: 215 Roosevelt St., Chesterton IN 46304

Name of Child: _____

Parent/Legal guardian consent is given for the items below: (please initial)

Activities take place frequently at the following locations around the facility property:

Inside the facility; gym, community room, racquet ball courts, fitness room, and teen center

Green space outdoors around the facility Facility pool

Walking Trips are taken to the following locations:

_____ Walking trips to the following locations will be taken throughout summer (If several trips see attached list please see attached list)

Location: Coffee Creek Park, downtown Chesterton Park, Candy store, fire station, Chesterton Middle School, Library, ice cream shop, and Designer Desserts.

Motor Vehicle Transportation

_____ Trips by motor vehicle transportation are provided by the Duneland Community School Corporation Bus service for children ages 3 years and up. (If several trips see attached list please see attached list)

Location: _____ Date: _____

Time depart: _____ Time return: _____

Please list special needs of the child that need to be taken into consideration for the trip:

Parent/Legal Guardian Signature

Parent/Legal Guardian Printed Name

Date