



GENEVA FAMILY YMCA
SCHOOL AGE CHILDCARE PROGRAM
2020 - 2021

ALL INFORMATION MUST BE COMPLETED/RETURNED BEFORE ATTENDING THE PROGRAM

Child's Name: _____

Birth date ____/____/____

School Grade 2020 -2021: _____

Program (Circle all the Apply) Before School After School

School (circle one): North St. West St. St. Stephens

Home Address: _____

Mother's full name: _____ Phone #: _____

Email address: _____

Place of Employment: _____ Work #: _____

Father's full name: _____ Phone #: _____

Email address: _____

Place of Employment: _____ Work #: _____

If parents cannot be reached, please contact:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Doctors Name _____ Phone # _____

Insurance Company _____ Policy # _____

Name of Primary Policy Holder _____

GENEVA FAMILY YMCA

2020 School Age Child Care Program Waivers

____ I understand that participants assume all risk of injury arising out of his/her presence on the premise of the YMCA and its program premises. The participant's use of the YMCA's equipment or facilities and my participation in Y activities, whether on Y premises or another location, for myself and my heirs and assigns hereby waiver, release, and agree to hold free from all claims for damages the YMCA and its officers, directors, members, employees or agents. I understand the risks and dangers involved in participating in programs and activities of the YMCA.

____ The health history is correct to the best of my knowledge and participation herein described has my permission to engage in all prescribed activities except as noted by me. The participant is physically capable of participating in such programs and agrees not to participate in any activity that may injure participants or others.

____ I give permission for my child to participate in the field trips taken by the YMCA School Age Child Care program. I understand that I will be given prior notice. I hereby authorize the Geneva Family YMCA to provide transportation for my child via bus or by foot on various field trips, administer first aid (if needed) and transport to nearest hospital.

____ In the event of an emergency, I authorize the Child Care Director/Preschool Teacher/Camp Director or his/her designee to act for me according to his/her best judgement in a situation requiring medical or surgical treatment and/or transportation to a medical facility. I understand that I will be notified prior to any medical treatment of my child whenever possible. If prior notification of medical treatment is not possible, I will be contacted at the earliest possible time. I agree to be responsible for any medical bill resulting from illness or injury during my child's attendance in the above program.

____ In an emergency, I authorize the physician selected by the program to take the necessary action for the best interest of my child.

____ I give permission for my child to participate in swim while participating at the Geneva YMCA programs.

____ I give permission for my child to use hand sanitizer with at least 60% alcohol

____ I hereby authorize The Geneva Family YMCA, to take photographs, videotape, or digital recordings of the participant and to use these in any and all media. I further consent that the participants name and identity may be revealed therein or by descriptive text or commentary. I waive any rights, claims, or interest I may have to control the use of the participants identity of likeness in whatever media used and understand that there will be no financial or other remuneration for recording me either for initial or subsequent transmission or playback.

Name of Participant (Please Print)

Parent / Guardian Signature (if under 18 years of age)

HEALTH HISTORY

Circle all that apply:

Ear Infections

Allergies

Learning Problems

Rheumatic Fever

Hay Fever

Behavior Problems

Convulsions

Poison Ivy, etc.

Foods

Diabetes

Penicillin

Chicken Pox

Mumps

Other Drugs

Insect Bites

Please FAX Immunization Records to the Y at 315-789-4259

Operations or serious injuries: _____

Chronic or recurring illness: _____

Other diseases or details of above: _____

What medications does your child currently take: _____

Recommendations & Restrictions while in School Age Childcare Programs

Special diet _____

Swimming/ strenuous activity _____

Other _____

Additional information, concerns or comments:

Child Pick Up Authorization Form

Child's Name: _____

Birth date ____/____/____ **School Grade 2020 -2021:** _____

Home Address: _____

I give permission for my child to be released from the YMCA program to the people listed below at any time. I understand YMCA staff will require these people to present Photo ID before releasing my child.

1. Print Name _____

Phone _____

Address _____

2. Print Name _____

Phone _____

Address _____

3. Print Name _____

Phone _____

Address _____

4. Print Name _____

Phone _____

Address _____

5. Print Name _____

Phone _____

Address _____

- I will notify the Y immediately of any changes to this form.
- It is my responsibility to arrange for my child to be picked up from the program prior to closing. If my child is not picked up on time and attempts to contact me have failed, another authorized person will be contacted. If all attempts to contact an authorized person to pick up my child have failed, the YMCA staff will contact the Geneva Police Department and/or Child Protective Services.
- 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 will not release the child and the police will be contacted.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF THE AGREEMENT ABOVE

Parent Guardian Signature

Date



GENEVA FAMILY YMCA

CHILD CARE BILLING FORM 2020-2021

(To be completed by Parent/Guardian)

BILLING PARTY INFORMATION (PLEASE PRINT CLEARLY)

Child's Name _____

Primary

Parent Name _____

Parent share _____

Address _____

City State Zip _____

Home/Cell _____

Work _____

Secondary

Parent Name _____

Parent share _____

Address _____

City State Zip _____

Home/Cell _____

Work _____

Afterschool: Member \$175.00/ month

Before School: Member \$125.00/ month

Kids Club: Member \$30.00/ day

BILLING METHOD

- ☐ I will pay the YMCA monthly
- ☐ Please mail a bill to DSS (must attach official "Note of Decision") Case # _____
- ☐ Please draft the account # below
 - ☐ American Express Account # _____ - _____ - _____ - _____
 - ☐ Discover Card Expiration date _____ / _____
 - ☐ MasterCard 3-digit security code _____
 - ☐ Visa

Credit Card or Bank Draft

Checking Account

Bank Account # _____ Routing # _____

(Attach voided check)

Bank Name _____

Account Holder's Name _____

Parent/Guardian Agreement

- Payments are due to the YMCA by the 1st of each month.
- Payments not received on or by the 5th are subject to a \$10.00 late fee.
- The YMCA requires 2 weeks' notice for termination of care. I am responsible for full payment of these 2 weeks of care.
- If payment is not received, the YMCA will send me to a collection agency for further action.
- If bank draft is rejected 2 times, I must choose another option for payments.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE

Parent or Guardian Signature

Date