



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Richmond Family YMCA

Richmond Community Schools at Charles

Welcome to the Richmond Family YMCA! Thank you for your interest in the After School Child Care Program, also known as Y-Care. For your child to be enrolled in the program the following items will need to be met:

1. A parent or guardian must complete and sign all the necessary application forms for each child enrolling in the program. Parent/Guardian must then complete any and all on-line forms.
2. The immunization form must be **turned in by the participant's doctor**. (This can be faxed to the office at 765-962-7506)
3. A non-refundable registration of \$20 per child/\$30 per family is due at sign-up. **(This fee can be paid via cash or check at the main office, or EFT on file.)**

You may return this packet to the YMCA main office, or emailed to ryang@richmondfamilyymca.org

-----FOR STAFF USE ONLY-----	
<input type="checkbox"/>	Information Form Signed
<input type="checkbox"/>	Discipline & Disease Policy Signed
<input type="checkbox"/>	Medical Form Completed
<input type="checkbox"/>	Immunization Records from Doctor
<input type="checkbox"/>	Registration Fees Paid
<input type="checkbox"/>	EFT Form Signed
Parent Handbook available upon request	
Staff Initials _____	Date _____

****Please return this to The Richmond Family YMCA main office 1215 S J St, Richmond, IN 47374****

The Richmond Family YMCA

2023-24 Y-Care RCS Registration Form

Y Member

Non Member

E-mail: _____

Child's Name _____ Sex ____ Home Phone _____

Address _____ City _____ State ____ Zip _____

Birth Date ___/___/___ Age ____ Grade (entering) ____ School _____

Father's Name _____ Phone _____

Employer _____ Phone _____

Mother's Name _____ Phone _____

Employer _____ Phone _____

Siblings: Name _____ Age ____ Name _____ Age ____

 Name _____ Age ____ Name _____ Age ____

The following individuals MAY pick up my child or be contacted in case of an emergency (Please fill in completely) Children will be released ONLY to those names listed. YOU MUST LIST PEOPLE WHO WILL BE AVAILABLE VIA PHONE. They should be prepared to show ID when picking up the child. Additions MUST BE MADE IN WRITING to the Director.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

_____ / _____ / _____

Parent/Guardian Signature **Date**

Please use an "X" beside the program you will be using.

Sibling Discount is \$5 after the first child.

____ **FULL TIME** - 4+ Days a week
 \$55 - Non Member \$45 - Y Members

____ **PART TIME** - 1-3 Days a week
 \$45 - Non Member \$35 - Y Members

*An Electronic Funds Transfer Form (EFT) **MUST** be filled out in order to attend the program. You will be invoiced on Friday's based on the weeks attendance for you to review, and then charged on Monday, unless a holiday, then it will be done the next business day.

Allergies & Restrictions

Medication Allergies

Food Allergies

Restrictions (Details & Process)

PARENTS STATEMENT OF UNDERSTANDING - PLEASE READ EACH ITEM LISTED BELOW AND SIGN

- I agree to pay a nonrefundable registration fee.
- I understand that I must pay by automatic withdrawal each week and will fill out the form necessary to make that happen. However, if I become two weeks behind in payments, I will be charged a \$10 late fee and my child will not be able to attend until my balance is paid in full.
- Should a childcare payment not be honored by the bank for any reason, parents will be responsible for payment, plus a service charge of no more than \$10 applied by the YMCA. It will be the responsibility of the parent to notify the YMCA should a change in the bank or credit/debit card expires.
- I understand that the After-School fees are based on 3 and 5 day services and care will not be prorated.
- I agree that I will pick up my child by 6:00p.m. or earlier and I understand that it is my responsibility to provide alternative arrangements for picking up my child if I am unavailable. I understand that in the event my child is not picked up by 6:00p.m., I will be charged a fee of \$10.00 for the first 5 minutes (until 6:05 pm), then \$1.00 for every minute thereafter. After 6:10p.m. my emergency contact will be called.
- I understand that the YMCA will allow for time to work on homework each day if the child has it.
- I understand that my child is to be signed out each and every day and that I am not to leave with my child until a YMCA staff or volunteer receives my signature.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person authorized to pickup my child must be listed with the YMCA on this form and present picture ID.
- 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.
- 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.
- I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program.
- I understand that in the event of continued late payments, late pickup of my child, or for any other good cause, the Richmond Family YMCA reserves the right to remove my child from the program.
- I understand if I am not the parent of the registered child, I am to provide the YMCA with court documentation stating that I am the legal guardian and I am authorized to make medical decisions on behalf of the child
- I understand that my child must follow and abide by the discipline system adopted by the YMCA. Failure to do so may result in the child being removed from the program by the YMCA

Signature: _____ Date: __/__/__

CHILD PERMISSION FORM - PLEASE READ EACH ITEM LISTED BELOW AND SIGN

- I hereby grant permission for my child to leave and to be transported to and from the YMCA premises for the purpose of participating in scheduled daily activities and planned field trips.
- I hereby give permission to the YMCA to use indefinitely, without limitation or obligation, photographs, film footage, or tape recordings, which may include my child's image or voice for the purpose of promoting or interpreting YMCA programs and activities.
- I hereby release, waive, and covenant not to sue the YMCA, its successors and assigns, and its directors, officers, employees, and agents from any claims, demands, damages, losses and causes of action arising or resulting from any injury to my child or loss or damage to his or her property that may occur while child is in or upon the premises of the YMCA or using any of its facilities, services or equipment, or participation in any YMCA program or activity.
- I hereby indemnify and hold harmless the YMCA and its directors, officers, employees, and agents from all loss, liability, damage, or cost they may incur due to my child's presence in or upon the premises of the YMCA or use of its facilities, services, or equipment, or participation in any YMCA program or activity.

I have read the release and waiver, I understand it, and I agree to it voluntarily.

Parent/Guardian Signature

Date

Optional Information

The Richmond Family YMCA receives financial support from the United Way. To better report the diversity of our programs, we ask that you supply us with the following information. Please note, this section is completely optional.

	Below \$10,000			African- American
	\$10,000 - \$14,999			Asian
	\$15,000 - \$19,999			Native American
	\$20,000 - \$29,999			White
	\$30,000 - \$59,999			Bi-Racial
	\$60,000 - \$124,000			Other
	\$125.00 and over			

Richmond Family YMCA

Discipline & Guidance Policy

It is very important that a child's development is nurtured through caring, patience, and understanding. However, while caring for your child(ren), we may have to respond to your child's misbehavior. Hitting, kicking, spitting, hostile verbal actions and other behaviors which could hurt another child are not permitted.

In responses to these behaviors, we will not use:

- Threats or bribes
- Physical punishment, even if requested by a parent
- Deprive your child of food or basic needs
- Humiliation or isolation

In response to misbehavior, we will:

- Respect your child
- Establish clear rules
- Be consistent in enforcement of rules
- Use positive language
- Speak calmly, and meet your child's eye level
- Give clear choices
- Redirect your child appropriately
- Move your child to a "time out" seat/area for no longer than 1 minute, per year old

If your child's behavior is very disruptive or harmful to themselves or other children, we will discuss the issue with you privately. If the situation can be resolved, the child may remain enrolled. If we are unable to resolve the issues, you may be asked to make other child care arrangements.

As a parent, you may have concerns or want to offer suggestions. Use the lines below to do so, and if we deem it necessary, we may modify the above plan with agreed upon suggestions.

Communicable Disease Policy

The health and safety of our children and staff is our top priority. To mitigate the spread of this virus in the community, we would like to communicate some important policies with you.

As instructed by the Family and Social Services Administration, the following policies will be in effect.

At pickup and drop off, a YMCA staff member will bring your child(ren) to the door to meet you, having you sign your child(ren) out on the attendance sheet.

If a child presents a temperature over 100.4 Fahrenheit, you will be asked to take your child home, or to come pick your child up within 20 minutes.

Children will be asked to remain home until they are fever/diarrhea/vomit free for 24 hours without the use of medications.

In the event of a positive COVID case, parents will be notified by phone/email from the YMCA office or by Staff on site.

The Health Department will be notified of any communicable diseases as outlined on the communicable disease chart.

As always, we will promote proper handwashing, and follow up with proper cleaning and sanitizing for our sites.

Please contact your Site Director, or After School Director with any questions you may have.

Parent Signature: _____ Date: ___/___/___

Richmond Family YMCA
After School Child Care Program (Y-Care)
2021-2022 School Year
Medical Information/Emergency Medical Authorization

The information on this form is not a part of our program acceptance process but is gathered information to assist us in identifying appropriate care for your child. Any changes in the information on this form should be provided to the Richmond Family immediately. Please complete ALL information so that we can be aware of your child's needs.

- | Has / does the participant: | Yes | No |
|--|-----|----|
| 1. Had a recent injury, illness, or infectious disease? | | |
| 2. Had a chronic or reoccurring illness/condition? | | |
| 3. Ever been hospitalized? | | |
| 4. Ever had surgery? | | |
| 5. Frequent headaches? | | |
| 6. Head injury? | | |
| 7. Knocked unconscious? | | |
| 8. Wear glasses, contacts, or protective eye wear? | | |
| 9. Frequent ear infections? | | |
| 10. Passed out during or after exercise? | | |
| 11. Ever been dizzy during or after exercise? | | |
| 12. Ever had seizures? | | |
| 13. Ever had chest pain during or after exercise? | | |
| 14. Ever had high blood pressure? | | |
| 15. Diagnosed with a heart murmur? | | |
| 16. Ever had back problem/pain? | | |
| 17. Ever had joint problems? | | |
| 18. Will you need to bring an orthodontic appliance to camp? | | |
| 19. Had or have any skin issues/conditions? | | |
| 20. Have Diabetes? | | |
| 21. Have asthma? | | |
| 22. Mononucleosis in the last 12 months? | | |
| 23. Trouble with diarrhea/constipation? | | |
| 24. Sleepwalking? | | |
| 25. History of bed wetting? | | |
| 26. Had an eating disorder? | | |
| 27. Emotional issues that you sought professional help for? | | |

In the event of an illness or injury to my child, I hereby authorize the Richmond Family YMCA to provide or cause 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 cost incurred for such medical care or treatment.

My permission is granted to call the following doctors (in order by name) after attempts made to contact me by telephone have been unsuccessful. I hereby release the Richmond Family YMCA from any claim arising out of the doctor's actions.

Doctor's Name: _____ Telephone: _____
Address: _____

Insurance Information:

Is the participant covered by family medical / hospital insured? Yes No

Signature of Parent or Guardian: _____

Printed Name: _____



RICHMOND FAMILY YMCA YCARE APPLICATION FOR ELECTRONIC FUNDS TRANSFER

What is the YMCA - YCARE electronic transfer plan?

The program provides a way to budget your annual YMCA - YCARE fees on a weekly basis. With your authorization, the YCARE fees are deducted weekly from an account of your choosing.

What are the benefits of such a program?

Convenience: You save time and costs. With our automatic electronic transfer, there are no checks to write, or cash to remember every week.

Continuous Care Use: Your childcare will not be interrupted unless you decide to discontinue your participation.

No additional fees: There is no extra charge for using the YMCA's electronic fund transfer payment plan and you will never be charged a late fee.

Authorization Agreement (Please Print)

I hereby authorize the Richmond Family YMCA to initiate electronic fund entries to my:

- Checking**
- Savings**
- Credit Card (Visa, Mastercard)**
- Debit Card (Visa, Mastercard)**
- Other: _____**

as indicated, and I authorize the financial institution named below to debit my account.

Checking/Savings Information

Financial Institution: _____
City/State: _____
Routing Number: _____
Account Number: _____
Name on Account: _____

Credit/Debit Card Information

Type of Card: _____
Card Number: _____
Expiration: _____
Name on Card: _____

This authorization remains in effect until the Richmond Family YMCA has received a minimum of 14 days notification of my desire to discontinue my care or make other payment arrangements.

Signature: _____

Date: _____

Terms & Conditions

1. I understand that debits will be initiated for posting on Monday of each week, or on the subsequent business day if a holiday occurs.

Initial: ____

2. I understand that if I wish to terminate my YCARE or change my care payment, I must give a YMCA a minimum 14-day notice.

Initial: ____

3. Should any YCARE fee deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than \$15 applied by the YMCA. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and/or account at any time.

Initial: ____

For Office Use Only

YCARE Student Name:

Beginning Draft Date:
