



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## 2020-2021 YMCA of Madison County Kidscape Program

Thank you for your interest in our before and after school child care program. In order for your child to be enrolled in the program, the following 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.
2. A non-refundable registration fee of \$30 for members or \$40 for non-members must be paid for each child enrolled.

<p><b>Please Indicate your child's school</b></p> <p>Alexandria Elementary <input type="checkbox"/></p> <p>Alexandria Intermediate (bused to Elementary) <input type="checkbox"/></p> <p>Anderson Elementary <input type="checkbox"/></p> <p>Anderson Intermediate <input type="checkbox"/></p> <p>APA Elementary (AM&amp;PM) <input type="checkbox"/></p> <p>Edgewood <input type="checkbox"/></p> <p>Elwood Community Schools <input type="checkbox"/></p> <p>Erskine <input type="checkbox"/></p> <p>Eastside <input type="checkbox"/></p> <p>Holy Cross North <input type="checkbox"/> ( St. Mary) (PM Only)</p> <p>Tenth St. <input type="checkbox"/></p> <p>Valley Grove <input type="checkbox"/></p>	<p><b>(FOR STAFF USE ONLY)</b></p> <p>Application forms – completed/signed <input type="checkbox"/></p> <p>Bank Draft Form – completed/signed <input type="checkbox"/></p> <p>Registration fees – paid ( attach receipt) <input type="checkbox"/></p>
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\*\* Morning drop off/Afternoon pickup for Alexandria Intermediate is at the elementary school.

**Elwood Family YMCA**  
A Branch of the Madison County YMCA  
1620 Main Street, Elwood, IN 46036  
765.522.9808

**Anderson Family YMCA**  
A Branch of the Madison County YMCA  
28 W. 12<sup>th</sup> Street Anderson, IN 46016  
765.644.7796



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Anyone registering for our Kidscape program must have a checking account, savings account or credit card on file. Accounts will be drafted each week on Monday (if Monday is a holiday, drafts will occur the following business day). All billing information is kept confidential. Receipts will be sent each week via email if one is provided. Place an X beside the program you will be using most often (we understand this may change). Regardless of what you choose below, you will be billed based on your child's attendance. For example, if you choose a 3-5 day option below, but bring your child only 2 times during a given week, then you will be billed for the 2 day option.

AM Only	PM Only	AM and PM Only
1-2 days/ \$20 members	1-2 days/ \$25 members	1-2 days/ \$40 members
1-2 days/ \$25 non members	1-2 days/ \$30 non members	1-2 days/ \$45 non members
3-5 days/ \$30 members	3-5 days/ \$35 members	3-5 days/ \$60 members
3-5 days/ \$35 non members	3-5 days/ \$40 non members	3-5 days/ \$65 non members

**School Employees receive 50% off! Please include picture of school staff ID to YMCA staff member during time of registration, or attach a copy to the back of this form.**

### School Drop off & Pick Up Times

Elwood Elementary School ( Site @ the Elwood YMCA)

Alexandria Community Schools:  
 Before Care: 6:00am – School Begins/Breakfast  
 Aftercare: School Ends – 6:00pm

Anderson Community Schools:  
 Before Care: 6:30am- School Begins/Breakfast  
 Aftercare: School Ends – 6:00pm

Anderson Prep Academy  
 Before Care: 6:00am- School Begins/Breakfast (Elementary only)  
 After Care: School Ends – 6:00pm (Pre-Academy & Elementary)

Elwood Elementary School (Site @ the Elwood YMCA)  
 Before Care: 6:00am- School Bus Arrives  
 Aftercare: School End-6:00pm

Holy Cross North (Formerly St. Mary)  
 After Care: School Ends – 6:00pm

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Child's Name: _____ Sex: M F		
Last	First	M. I.
Home Phone: _____	Email: _____	
Birthday: ____/____/____	Grade: _____	School: _____
Address: _____ _____		
City: _____ State: _____ Zip Code: _____		
Demographic Information (required for grant funding):		
Number in Household (including all adults): _____	Number of Children in Household: _____	
Number of Children in the Kidscape Program: _____	Female-Headed Household? Y N	
Race: Caucasian African American Hispanic Asian/Pacific Islander Am. Indian/Alaskan Native Other: _____		
Parent(s) or guardian(s) with whom the child lives:		
Father's Name: _____	DOB: _____	Mother's Name: _____
Father's Employer: _____		Mother's Employer: _____
Work Phone: _____		Work Phone: _____
Cell Phone: _____		Cell Phone: _____
Siblings: Name _____ Age : _____		
Name _____ Age : _____		
Name _____ Age : _____		
<b>The following individuals may also pick up my child or be contacted in case of an emergency. Children will be released only to those names listed. YOU MUST LIST PERSONS WHO WILL BE AVAILABLE TO BE REACHED BY PHONE. They should be prepared to show a picture ID when picking up your child.</b>		
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
Name: _____	Relationship: _____	Phone: _____
<b>Urgent Relevant Information (Restricted pickups, etc):</b>  _____		
Parent/Guardian Signature: _____ Date: _____		

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

- I agree to pay a nonrefundable registration fee at the time of registration, or during the billing period by the YMCA at the end of each week,
- I agree that I will pick up my child no later than 6:00pm. 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 6:00pm., I will be charged a fee of \$10.00 for the first 5 minutes (until 6:05pm), then \$1.00 for every minute thereafter. After 6:10pm my emergency contact will be called.
- 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 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 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 in the event of continued NSF payments, late pick up of my child, or for any other good cause, the Anderson 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 MCA. Failure to do so may result in the child being removed from the program by the YMCA.

Signature of Parent/Guardian: \_\_\_\_\_ 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 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 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 the child is in or upon the premises of the YMCA or using any of its facilities, service or equipment or participation in any YMCA program or activity.
- I hereby indemnify and hold harmless the YMCA and its directors, officers, employee’s 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 waiver, I understand it, and I agree to it voluntarily.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

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## Kidscape Discipline/Guidance Policy

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

In response to these behaviors we will not:

- Threaten or bribe
- Physically punish, even if requested by the parent
- Deprive your child of food or other basic needs
- Humiliate or isolate

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 getting down to your child’s level
- Give clear choices
- Redirect your child to a new activity
- Move your child to a time-out chair for no longer than 1 minute per year of your child’s age, if necessary.

If your child’s behavior is disruptive or harmful to himself or other children, we will write an incident report and discuss the issue with you privately. Any child whose needs cannot be met or whose behavior is a detriment to other children and/or the staff at the YMCA, can be dismissed from child care with no refund. If more than three incident reports are written per school year, you may be asked to make other child care arrangements. Removal from the program prior to three incident reports is up to the discretion of the Youth Development Director.

As a parent, you may have some concerns or wish to offer suggestions. Using the lines below, we may modify the above plan with agreed upon suggestions.

Additional techniques to be used with my child:

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Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



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## 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 YMCA immediately. Please complete ALL information so that we can be aware of your child's needs. The YMCA respects everyone's right to privacy, this information will not be shared, and only YMCA staff and the adult registering the child(ren) will have access to this information.

Had/does the participant	Yes	No	Comments:
Any recent injury, illness or infectious disease			
Chronic recurring illness/condition			
Have frequent headaches			
Ever had a head injury or been knocked unconscious			
Wear glasses or contacts			
Have frequent ear infections and/or hearing problems			
Suffer from or had a seizure			
Ever had back or joint problems			
Have diabetes			
Been diagnosed with a heart condition			
Have asthma			
Emotional difficulties for which professional help was sought			
Take medication? If so please list			
Have any medication allergies? If so please list			
Food allergies? If so please list			
Any other allergies? If so please list			

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## ELECTRONIC FUNDS TRANSFER AUTHORIZATION AGREEMENT

### YMCA KIDSCAPE ( BEFORE & AFTER CARE)

1. I understand that this is a continuous agreement and will remain in effect until I terminate the agreement by written notice or until the end of the school year, whichever comes first.
2. I understand that if I wish to pay by alternate methods on any given week, I will provide written notice to the YMCA by no later than Wednesday of that week.
3. Should any deduction not be honored by my bank for any reason, I realize that I am still responsible for the fee my bank may charge. 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.
4. I understand that my account will be charged weekly, with the amount determined by the number of days my child utilizes the YMCA kidscape program.
5. I hereby authorize the YMCA to initiate electronic fund entries to the bank account or credit/debit card listed below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Child's name: \_\_\_\_\_ School: \_\_\_\_\_

Bank's Routing Number: \_\_\_\_\_

Checking Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

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

-Or-

Name on Card: \_\_\_\_\_

Credit/Debit Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

CVV Number ( 3 digit on back of card, by signature line): \_\_\_\_\_

Type (Circle)    Visa                      Mastercard                      Discover                      American Express

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