



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Campanelli YMCA KASPER BEFORE & AFTER SCHOOL REGISTRATION 2020-21

REGISTRATION DEADLINE:
AUGUST 1, 2020

Program begins Monday, August 17, 2020

- Pay non-refundable registration fee:
Individual - \$45 Family - \$75
- Please complete this entire packet and return to the YMCA
- All registration forms in this packet must be completed and signed for registration to be processed

Registration for Current Participants:

June 8, 2020

General Public Registration:

June 15, 2020



Start Date: _____ Director Approval: _____ Date: _____

CAMPANELLI YMCA
KASPER Before & After School Registration 2020-2021

Child's First Name	Child's Last Name	Birth Date	Grade

Child's Street Address	City, State, Zip

Please Circle	Please Circle Program Time & Days	Please Circle Program Location
Boy Girl M T <u>AM</u> W TH F M T <u>PM</u> W TH F M T <u>AM/PM</u> W TH F	Anne Fox Churchill Einstein H. Highlands Link Stevenson	

Non-Refundable Registration Fee: Individual: \$45 Family: \$75
 We bill the 1st of every month. **Make checks payable to Campanelli YMCA**

Are you currently receiving Action for Children Assistance?
☐ Yes ☐ No

KASPER Before & After School Program - Please check appropriate box

2 Day Monthly Rate	3 Day Monthly Rate	4 Day Monthly Rate	5 Day Monthly Rate
<u>AM Only</u> <u>PM Only</u> M <input type="checkbox"/> \$81.50 <input type="checkbox"/> \$116.25 Non-M <input type="checkbox"/> \$86.50 <input type="checkbox"/> \$121.25 Both AM/PM: <input type="checkbox"/> \$178.50	<u>AM Only</u> <u>PM Only</u> M <input type="checkbox"/> \$116.25 <input type="checkbox"/> \$162.25 Non-M <input type="checkbox"/> \$121.25 <input type="checkbox"/> \$167.25 Both AM/PM: <input type="checkbox"/> \$241.50	<u>AM Only</u> <u>PM Only</u> M <input type="checkbox"/> \$122.25 <input type="checkbox"/> \$214.75 Non-M <input type="checkbox"/> \$127.25 <input type="checkbox"/> \$219.75 Both AM/PM: <input type="checkbox"/> \$294	<u>AM Only</u> <u>PM Only</u> M <input type="checkbox"/> \$145.25 <input type="checkbox"/> \$238.00 Non-M <input type="checkbox"/> \$150.50 <input type="checkbox"/> \$243.00 Both AM/PM: <input type="checkbox"/> \$357

Parent/Guardian Contact Information & Pick Up Authorization	Parent/Guardian Contact Information & Pick Up Authorization	Child's Doctor & Allergy Information
First Name _____ Last Name _____ Birth Date _____ Address _____ <small>(write SAME if address is same as above)</small> City _____ State, Zip _____ Cell Number (_____) _____ Work Number (_____) _____ Email _____ Parent of Record Signature: _____ <small>"Parent of Record" has authority to make changes, request payment information, or request copies of registration paperwork.</small>	First Name _____ Last Name _____ Birth Date _____ Address _____ <small>(write SAME if address is same as above)</small> City _____ State, Zip _____ Cell Number (_____) _____ Work Number (_____) _____ Email _____ Parent of Record Signature: _____ <small>"Parent of Record" has authority to make changes, request payment information, or request copies of registration paperwork.</small>	Name _____ Address _____ City _____ State, Zip _____ Phone (_____) _____ <div style="border: 1px dashed black; padding: 10px; margin-top: 10px;"> IMPORTANT: Please indicate any allergies: </div>

Emergency Contacts/Authorized Pick Up Information

First Name _____ Last Name _____ Relationship to child _____ Home Phone (_____) _____ Cell Number (_____) _____ Work Number (_____) _____	First Name _____ Last Name _____ Relationship to child _____ Home Phone (_____) _____ Cell Number (_____) _____ Work Number (_____) _____	First Name _____ Last Name _____ Relationship to child _____ Home Phone (_____) _____ Cell Number (_____) _____ Work Number (_____) _____
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Campanelli YMCA

KASPER EMERGENCY MEDICAL TREATMENT

Child's Name: _____

Child's Physician's Name: _____ Phone: _____

Physician's Address: _____ City: _____ State: _____ Zip: _____

Allergies (Food, environmental, etc.):

Yes___ No___ If yes, please describe:

Will Your Child Require Medication During Our Program?:

Yes___ No___ If yes, please describe:

Please note: You must fill out the Medication Dispensing Authorization Form if your child will be taking medication while in the KASPER program.

Does Your Child Have a Medical Diagnosis?: Yes___ No___ If yes, please describe:

Parent Authorization: In the event I cannot be reached in an emergency, I hereby give my permission to the emergency physician to hospitalize, secure proper medical assistance and to order the necessary treatment for my child or children.

Parent/Guardian Signature: _____



CAMPANELLI YMCA MEDICATION DISPENSING AUTHORIZATION FORM KASPER 2020-2021 PROGRAM

This form MUST be completed for all medication or when medication changes.

BACKGROUND INFORMATION:

Participant's Name: _____ Age: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Parent's/Guardian's Name(s): _____
Daytime Phone: _____ Other Phone: _____
Program Name: _____
Doctor's Name: _____ Phone: _____

MEDICATION INFORMATION:

Medication Name: _____ Exp. Date: _____ Today's Date: _____
Quantity Supplied: _____ Dose: _____ Time: _____
Dispensing and Storage Instructions: _____

I understand that it is my responsibility to give the medication directly to program staff with full instructions in an unopened individual dosage containers, unopened non-prescription medication containers, or in original prescription bottles.

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the YMCA if any changes in the dispensing of medication change.

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

Parent/Guardian Signature: _____ Date: _____

RETURNING MEDICATION TO FAMILY:

Date Returned: _____ YMCA Staff Signature: _____
Parent/Guardian Signature: _____

Campanelli YMCA

KASPER INTAKE FORM

(To be reviewed by School Age Program staff prior to child beginning program)

1. Our child care programs are centered around group-based care, and as such do not provide a one-on-one aide. Do you feel this will be adequate for your child's physical/behavioral needs? Yes___ No___

If no, please describe what you feel your child's needs may be within our program:

2. Are there any behaviors you are aware that your child may need special assistance from staff in areas such as reminders to use the restroom, using appropriate language, using appropriate problem solving skills, etc.? Yes___ No___

Please describe

3. Does your child need any special equipment for our program (special table, wheelchair ramp, etc.)? Yes___ No___

Please describe

4. Does your child require any special accommodations that would help your child within our program? Yes___ No___

Please describe

5. Is there anything else you would like us to help your child be successful in our program?



Director Approval: _____

Campanelli YMCA KASPER 2020-2021 Program Automatic Payment Contract

Print Child's Name: _____ Name of School: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

The Campanelli YMCA offers two different types of automatic payment plans called Electronic Funds Transfer (EFT) and Charge Account Draft (CAD).

Your signature will confirm that you have read and understand the following:

- I understand that my monthly KASPER payment will be automatically withdrawn on the 1st of every month from my checking account or charged on my credit card, beginning August 1, 2020 through April 1, 2021.
- I understand that I must provide a two week written notice before my automatic payment can be cancelled or changed.
- I understand that the YMCA automatic payment plans are continuous and will remain in effect until I cancel or change my payment preference in writing or until the KASPER 2020-21 Program ends.
- I understand that the Campanelli YMCA may, at their discretion, adjust the monthly rate associated with KASPER, provided they announce any rate change 30-days in advance.
- I understand that I am responsible for making funds available for each and every payment while I am enrolled in KASPER. I also understand that I will incur a **\$20.00 service charge fee** for any payment declined by my bank or credit card provider.
- I understand that the Campanelli YMCA reserves the right to cancel my child's participation in KASPER after 1 month of insufficient funds or stopped payments.
- I understand Campanelli YMCA will automatically re-submit any declined credit card or NSF checks.

MONTHLY KASPER FEES

	2 Day Rate		3 Day Rate		4 Day Rate		5 Day Rate	
	AM Only	PM Only	AM Only	PM Only	AM Only	PM Only	AM Only	PM Only
Y Member:	<input type="checkbox"/> \$81.50	<input type="checkbox"/> \$116.25	<input type="checkbox"/> \$116.25	<input type="checkbox"/> \$162.25	<input type="checkbox"/> \$122.25	<input type="checkbox"/> \$214.75	<input type="checkbox"/> \$145.25	<input type="checkbox"/> \$238
Non-Member:	<input type="checkbox"/> \$86.50	<input type="checkbox"/> \$121.25	<input type="checkbox"/> \$121.25	<input type="checkbox"/> \$167.25	<input type="checkbox"/> \$127.25	<input type="checkbox"/> \$219.75	<input type="checkbox"/> \$150.50	<input type="checkbox"/> \$243
Discount for Both AM & PM Care:	<input type="checkbox"/> \$178.50		<input type="checkbox"/> \$241.50		<input type="checkbox"/> \$294		<input type="checkbox"/> \$357	

PAYMENT INFORMATION

Monthly Draft: \$ _____

Please select a payment option below:

_____ EFT - VOIDED Personal Check # _____ (Attached)

_____ CAD - Please circle: Visa MasterCard Discover American Express

Credit Card #: _____ Exp. Date: _____ CVV: _____

Print Name (as it appears on card): _____

Monthly Withdrawal Amount: \$ _____ Withdrawal Start Date: _____

I hereby authorize the Campanelli YMCA to withdraw my monthly KASPER fees stated in the amount above from the designated credit card or bank account.

Please Print Authorized Name: _____ **Date:** _____**Authorized Signature:** _____ **Date:** _____



Campanelli YMCA
KASPER Before & After School Program
WAIVER, RELEASE, INDEMNITY & HOLD HARMLESS

We, the undersigned parents/guardians of _____, a student in Community Consolidated School District 54 (the "School District"), hereby give our full permission for the Student to participate in programs, including without limitation the Kids' After School Program with Enrichment and Recreation (KASPER), conducted by the Campanelli YMCA (the "YMCA") in facilities and/or schools owned by the School District. We understand that this is a voluntary activity, and is solely provided, supervised and sponsored by the Campanelli YMCA and not by the school District. Further, we acknowledge that the School District has no responsibility for such activity and that the School District will not provide supervision and is in no way affiliated with the Campanelli YMCA or the Campanelli YMCA KASPER Program.

For and in consideration of the School District permitting the Student to participate in programs conducted by the Campanelli YMCA, we hereby waive, release and warrant that we shall not bring any claim, by lawsuit or otherwise, against the School District, its Board of Education or its members, officers, employees, agents and volunteers directly or on behalf of the Student or any other persons in connection with the Students participation in programs conducted by the Campanelli YMCA.

We further agree to indemnify and hold harmless the School District, its Board of Education and its members, officers, employees, agents and volunteers (the Indemnitees") from any claim, loss or expense whatsoever, including without limitation reasonable attorneys' fees, brought against or connection with the Student's participation in programs conducted by the Campanelli YMCA, or as a result of the Student's acts or omissions in connection with this participation, or arising out of a claim directly or indirectly related to this participation brought by any other person and arising out of a claim directly or indirectly related to this participation brought by any other person and arising out of a claim directly or indirectly related to this participation brought by another person and arising out of the Student's acts or omissions.

Child's Name: _____ KASPER Program Site: _____

Child's Name: _____ Parent/Guardian: _____

Please Print

Child's Name: _____ Signature: _____

Child's Name: _____ Date: _____

2020-2021 KASPER PARENT HANDBOOK RECEIPT & WAIVER

As a participant of the KASPER Program, I understand that any child who, after attempts have been made to meet the child's individual needs, demonstrates inability to benefit from group-centered care, as offered by our facility, may be discharged from the KASPER Program.

Parent Initial: _____

Many sports, activities, and programs have inherent elements of danger. As a parent of a child enrolled in YMCA child care programs, I understand that my child's participation in YMCA activities, regardless of location, is at my own risk. In the event I cannot be reached in an emergency, I hereby give my permission to the emergency physician to hospitalize, secure proper medical assistance, and to order the necessary treatment for my child/children.

Parent Initial: _____

On occasion, pictures or video may be taken by authorized YMCA staff for benefit of promoting YMCA programs to the public or local businesses OR as a means of monitoring or improving the program.

Parent Initial: _____

As a parent of a child in YMCA child care programs, I understand that the KASPER Program closes at 6:00 pm. If my child is picked up after 6:00 pm, I understand that a fee of \$15.00 is assessed for the first 10 minutes, **or portion thereof**, and an additional \$1.00 per minute thereafter will accrue and be charged to my monthly bill. Further, I understand that three (3) late pick-ups may result in discharge from the program.

Parent Initial: _____

The YMCA asks that all adults abide by appropriate rules of conduct. Please be mindful of the YMCA's character code of conduct to enable **CARING, SHARING, RESPECT, and RESPONSIBILITY**. **The following behaviors are NOT allowed:**

- Being disrespectful
- Physical abuse/verbal abuse of any kind
- Under the influence of alcohol/drugs
- Loitering
- Smoking on site
- Confronting/correcting other children enrolled in the program
- Confronting other parents in the program

Please note all YMCA staff are carefully screened and background checked to care for your children. Program parents may not loiter and are expected to sign out their child and leave. The YMCA's first responsibility is the safety of every child.

Parent Initial: _____



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RECEIPT OF KASPER PARENT HANDBOOK

I have read and received the policies of the Campanelli YMCA 2020-2021 KASPER Program Handbook. I understand and agree to follow these policies. Failure to follow these policies may result in termination of the child care service.

Parent/Guardian PRINTED Name: _____

Parent/Guardian Signature: _____ Date: _____

Child(ren)'s First & Last Name in the KASPER Program:

1. _____

2. _____

3. _____

4. _____