



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

BEFORE & AFTER SCHOOL AGE PROGRAM

2016-2017

Registration Information

**Lincoln District #27 Schools
Chester- East Lincoln
Olympia South
Zion Lutheran**



- ◆ All Before & After School registrations must be completed in full and turned into the YMCA office prior to your child being placed on the roster. There is a 3 business day processing period for each registration/enrollment.
- ◆ Registration begins July 8th, 2016. The program registration fee is \$35 per child. through August 5th , 2016 . Registration fee increases to \$45 per child after August 5th, 2016
- ◆ Program participants must be current year Lincoln Area YMCA members throughout the school year*.
- ◆ All membership fees, registration fees and the first week tuition or co-pays (monthly or weekly) are due at time of registration. (See next page for tuition rate information).
- ◆ Weekly tuition is due by site closing time each Wednesday the week before your child is scheduled to attend (you are always pre-paying). A \$15 late fee per week for non payment of tuition and co-pay is assessed to each account effective Wednesday Sept. 7th and continuing weekly throughout the school year.
- ◆ Any changes to participant attendance schedule will require a new schedule to be completed and signed either in person or by fax at the office and is due by noon the Wednesday prior of intended attendance. Schedule changes require a parent/guardian signature for liability and insurance purposes.
- ◆ As stated and signed on the statement of agreement form, you are required to read the attached parent policy handbook which is provided to help answer questions and to provide knowledge of policies and procedures. Call the office for further clarification.

LOCATIONS:

- ◆ Before School programs will be held at each school provided a minimum of 5 children are enrolled for District #27 schools and CEL. There are no Before School programs offered at Olympia South or Zion Lutheran schools.
- ◆ After School programs will be held at Northwest, Washington-Monroe, Olympia South, CEL* and Zion Lutheran schools
Children from Adams and Central school enrolling in the Y program will be transported by the Y van to Northwest School.
*CEL After School program will be held at CEL provided there are a minimum number of children to fill ten full-time spaces. Otherwise, the Y offers to transport CEL children to attend the Washington-Monroe After School program.
Zion Lutheran After School program must have a minimum number of children enrolled to fill ten full-time spaces in order to operate.
- ◆ **Lincoln Area YMCA will begin operation of the Before & After School programs on the first full day of school.**

District #27 (K-5)	Aug. 22
Chester- East Lincoln	Aug. 22
Olympia South	Aug. 17
Zion Lutheran	Aug. 22

***YMCA Membership** - All participants in Lincoln YMCA school age programs must be current year members. Membership payments are due at the time of enrollment in any Lincoln Area YMCA program. Membership is \$37 per family per year and all memberships run from January 1st through December 31st.

The Lincoln Area YMCA is pleased to have the opportunity to serve you and your family with well structured and affordable year round school age programs for children Pre-K (Adams), & Kindergarten thru 5th grade. Rates beginning Fall 2016 are listed below.

SCHOOL'S OUT FUN DAYS

These are activity days held at the Y Activity Center at 719 Wyatt Ave. on days when school is not in session (Columbus Day, Veteran's Day, Winter/Spring Break, teacher conference days, etc.) More details in the attached parent handbook (page 9).

Hours of operation: 6:30 am to 6:00 pm

Cost \$22 per day, per child (YMCA Member)

Cost: \$25 per day, per child (Non YMCA member)

A \$10 late fee per day per child will be applied for any registrations turned in after the Fun Day monthly registration deadline (two weeks prior/14 days to each Fun Day). All registrations and payments must be submitted by a parent/guardian to the Y office.



BEFORE AND AFTER SCHOOL PROGRAM

YMCA Membership Fee: \$37 Family rate (Before/ After School participants must be current year YMCA members)

Registration Fee: \$35 per child through August 5th 2016 and increases to \$45 per child effective August 6th, 2016.

Times for Before & After School Program

School	Before	After	
District 27	6:30- 8:30 am	3:00- 6:00 pm	Grades K-5
Chester East Lincoln	6:30- 8:15 am	3:00- 6:00 pm	Grades K-5th
Olympia South		2:05- 5:30 pm	Grades K- 6th
Zion Lutheran		3:00 - 6:00 pm	Grades K-6th

Pricing for Before & After School Program

Number of Days	Before	After	Before/After
Full-time (4-5 days/week)	\$25	\$45	\$55
Part-time (3 days/week)	\$20	\$40	\$50
1 day & 2 day rates are not available			

Full-time rates are those charged to participants who attend 4-5 days per week on a regular basis. Part-time rates are those charged to participants who attend 3 days per week on a regular basis.

Participants are enrolled and registered as either full-time (4-5 days per week) or part-time (3 days per week) at the initial time of enrollment, and cannot fluctuate back and forth throughout the school year.

There is no "drop in" enrollment as all participants must be enrolled at least 3 or more days per week consecutively all throughout the school year.

All fees and tuition payment for Before/After School and Fun Days are non-transferable and non-refundable, and are due each week no later than 6 p.m. each Wednesday the week prior to your child attending.

A \$15 late payment fee is added each week as of September 7th, 2016 if payment is not received by Wednesdays at the after school program site by 6:00 pm (closing time) or at the Y office by 5:00 pm (closing time).



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Date begins _____ Weekly Rate \$ _____
 BS _____ AS _____ B&A _____
 M-F _____ or 3 Day _____ Photos _____
 Allergies _____
 Staff Initials _____

Lincoln Area YMCA 2016-2017 Before & After School Registration

Participant and Parent/

Participant's Name: _____ School _____
 Birthdate: _____ Age: _____ Entering Grade: _____ Male / Female
 Street Address: _____ City: _____ State: _____ Zip Code: _____
 Mother's Name: _____ Home Phone: _____
 Cell Phone: _____ E-Mail Address: _____
 Place of Employment and Phone: _____
 Father's Name: _____ Home Phone: _____
 Cell Phone: _____ E-Mail Address: _____
 Father's Address (if different than above): _____
 Place of Employment and Phone: _____

Emergency Contact Information

Emergency Contact Person/ Phone: _____
 Persons other than parent/guardian and emergency contact who may remove child from center: **Local Only**
 Contact person: _____ Phone: _____
 Contact person: _____ Phone: _____

Emergency Medical Information

Are there any allergies or medical conditions our staff needs to be aware of?
 Yes No If yes, please explain: _____
 Preferred Hospital/Physician: _____ Phone: _____
 Insurance Company/ Group/ Expiration Date: _____
 If my child, _____, should become ill or injured at, Lincoln Area YMCA Before and/or After Program, I understand that the facility will: (1) Contact me immediately and (2) Contact the person (s) I have designated if I cannot be reached.
 Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and/ or medical facility are authorized to administer emergency treatment necessary to ensure the health and safety of my child. I will accept responsibility for payment of medical services rendered.
 Parent/ Guardian Signature: _____

Release of Liability

I hereby release the Lincoln Area YMCA and their entire staff members, administration, board members, volunteers, or any other entity involved with the Lincoln Area YMCA from responsibility and liability due to injury and illness that my child or myself may sustain during any of the Lincoln Area YMCA programs and/ or activities.

I will accept responsibility for payment of medical services rendered due to illness or injury that occurs to my child or myself while participating in the Lincoln Area YMCA programs and/ or activities.

Parent/Guardian Signature and Date: _____

Statement of Agreement

I, _____ (registering parent/guardian) of above child(ren), hereby sign that I have/will read the attached Parent Handbook and that I understand and agree to abide by the policies and procedures of the Lincoln Area YMCA Before & After School Program.

(CIRCLE ONE: YES NO) I grant full permission to the Lincoln Area YMCA to use photographs and/ or videotape of my child for use in YMCA publicity publications. Failure to circle will automatically provide for the authorization of photos/ videotapes to be taken and used for publication purposes.

I have received in writing the :

- ◆ discipline policies followed by the Before & After School Program.
- ◆ tuition payment policy and understand and agree to abide by such policy and procedures of the Lincoln Area YMCA. I understand that failure to pay tuition according to due dates will result in my child's registration paperwork being removed and returned to the office until payment is made.
- ◆ vacation, absence, and illness policies and agree to abide by such policies and procedures of the Lincoln Area YMCA.

Parent/Guardian Signature and Date: _____

Transportation Permission

I give permission for the above listed child(ren), a participant in the Lincoln Area YMCA After School Program, to be transported from the school by the Y van to the YMCA Program Site. (Adams & Central School Y program participants will be transferred to Northwest School. CEL Y program participants will be transferred to the Washington-Monroe School if there is not a program offered at CEL school.

Parent/Guardian Signature and Date: _____

Past Due Payments/ NSF Checks

In the event your account is past due, it may be turned over to a collection agency. If your account is not paid in full and this account is turned over to the collection agency and/or attorney, then you agree to be responsible for all reasonable fees necessary for the collection of the delinquent account including, but not limited to, collection agency fees of 50% of the balance due and costs and reasonable attorney's fee of 33% of the balance. Returned checks for insufficient funds will be turned over to the State's Attorney for prosecution.

Parent/Guardian Signature and Date: _____

TELL US: Would you be interested in volunteering at the YMCA? ____ Yes ____ No

How did you hear about this program? _____

Lincoln Area YMCA 604 Broadway, Suite 1 Lincoln, IL 62656
Phone: 217-735-3915 Fax: 217-735-1816 www.lincolnymca.org

BEFORE AND AFTER SCHOOL ATTENDANCE SCHEDULE

Please check the appropriate days below for which you are registering your child. Weekly tuition payments for the days marked below are due each **Wednesday** by closing time prior to the week your child attends the program. There will be no switching or trading of scheduled days. Schedule changes due to adding or dropping before and/or after school program must be made in writing (not over the phone) no later than on the Wednesday prior to the intended attendance schedule. Schedule changes can not include fluctuating attendance schedules week to week between full-time and part-time status.

CHILD'S NAME _____ SCHOOL _____

CIRCLE ONE: **FULL-TIME (4-5 days per week)** **PART-TIME (3 days per week)**

Child is either registered as full-time or part-time (cannot be registered as both) for the school year and tuition is charged according to initial enrollment. There are no "drop-in" enrollments accepted.

PLEASE SELECT THE DAYS BELOW THAT YOUR CHILD WILL ATTEND FOR THE 2016-2017 SCHOOL YEAR:

BEFORE SCHOOL

- ___ Monday
- ___ Tuesday
- ___ Wednesday
- ___ Thursday
- ___ Friday

AFTER SCHOOL

- ___ Monday
- ___ Tuesday
- ___ Wednesday
- ___ Thursday
- ___ Friday



I understand that:

- ◆ I cannot be registered as both full-time and part time. I am registered as either part-time (pay the 3 day per week rate) throughout the school year or I am registered as full-time (pay the weekly 4/5 day rate) throughout the school year.
- ◆ I am required to pay tuition rate each week for the amount of days and times marked above.
- ◆ Participants are required to be registered and paid for each week on a continual weekly basis. There is no allowance for skipped weeks.
- ◆ Weekly tuition amounts are due in full at closing time each Wednesday the week prior to my child attending.
- ◆ A \$15.00 late payment fee per child will apply weekly after Wednesday tuition due dates beginning Sept. 7, 2016.
- ◆ Tuition for Before and After School and Fun Day programs is non-transferable and non-refundable.
- ◆ Program staff can only accept check or money orders.
- ◆ Cash payments must be made at the office during office hours (8:30 a.m. – 5:00 p.m.).
- ◆ I understand that policy is to terminate participation and remove registration and enrollment paperwork from the program site if tuition payments are outstanding of \$50.00 or more.

Parent/Legal Guardian Signature

Date

For Office Use: Total Amount Paid \$ _____ Check/Receipt # _____ Credit Card _____

Registration fee \$ _____ Membership Paid \$ _____ or Member # _____

Subsidy Program _____ Tuition Paid \$ _____ for week(s) _____

Staff Initials _____ Date _____