



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

BEFORE & AFTER SCHOOL AGE PROGRAM

2017-2018



Registration Information

Lincoln District #27 Schools (K-5)

Chester- East Lincoln (K-5)

Olympia South Elementary (K-5)

- ◆ 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 5th, 2017. The program registration fee is \$35 per child. through August 4th, 2017. Registration fee increases to \$45 per child after August 4th, 2017. Tuition Rates per each week are listed on page 2.
- ◆ Program participants must be current year Lincoln Area YMCA members throughout the school year*.
- ◆ All membership fees, registration fees, the first week tuition, or monthly co-pay are all due at time of registration.
- ◆ Each week's tuition payment is due by site closing time (6 pm) each MONDAY the week before your child is scheduled to attend (you are always pre-paying one week ahead).
- ◆ A \$15 late fee per week for non payment of tuition and/or co-pay is assessed to each account beginning Monday Sept. 4th and will continue weekly throughout the school year, if tuition is not paid by site closing time (6 pm) each Monday.
- ◆ Any changes to participant attendance schedule will require a new schedule to be completed and signed either in person, or sent by email or fax to the office and is due by noon on the MONDAY prior to the week of intended attendance. Schedule changes require a parent/guardian signature for liability/insurance purposes. Email: schoolage@lincolnymca.org or Fax: 217-735-1816.
- ◆ As stated on the signed statement of agreement form, you are required to read the attached parent policy handbook which provides answers to most questions and knowledge of policies and procedures. Call the office for further clarification: 735-3915.

LOCATIONS:

- ◆ **Before School programs** will be held at each school provided a minimum of 5 children are enrolled for District #27 schools. There is not a Before School program offered at Olympia South or CEL schools.
- ◆ **After School programs** will be held at Northwest, Washington-Monroe, Olympia South schools:
Adams and Central school children will be transported by the Y van and taken to Northwest School for their after School program.
CEL children will be transported by the Y van for an after school program that will be held at Washington Monroe School provided there is a minimum of 6 children from CEL that are enrolled into the program. On days when Wash-Monroe is not in session but CEL is in session, CEL children will be transported to the Y Activity Center on Wyatt Ave. for their after school.
- ◆ **Lincoln Area YMCA will begin operation of the Before /After School programs on the first full day of school.**

District #27 (K-5)
Chester- East Lincoln
Olympia South

Aug. 21 (3:00 pm dismissal)
Aug. 21 (1:30 pm dismissal)
Aug. 16 (2:25 pm dismissal)

***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 for 2017 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).

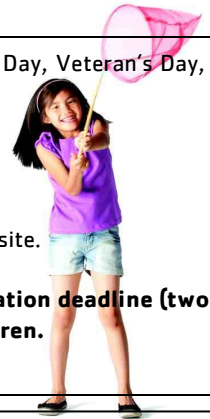
Hours of operation: 6:30 am to 6:00 pm

Cost \$20 per day, per child (YMCA Member) \$25 per day, per child (Non YMCA member)

Payment must accompany registration paper or it will be return mailed without processing.

Fun Day registrations must be submitted to the Y office—Y staff does not accept program registrations at the program site.

A \$5 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). NO EXCEPTIONS and this applies to cash pay and state-subsidized children.



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 4th 2017

\$45 per child beginning August 5th, 2017.

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	n/a	3:00- 6:00 pm Grades K-5th
Olympia South	n/a	2:15- 5:30 pm Grades K- 5th

Weekly Cost for Before & After School Program

Number of Days	Before	After	Before/After
Full-time (4-5 days/week)	\$25	\$45	\$53
Part-time (3 days/week)	\$20	\$40	\$48

1 day & 2 day rates are not available

Full-time rates are charged weekly to participants who have registered to attend 4-5 days per week on a regular basis.

Part-time rates are charged weekly to participants who have registered to attend 3 days per week on a regular basis.

Participants register as either full-time (4-5 days/week) or part-time (3 days/week) at the initial time of enrollment, and cannot fluctuate back & forth through the 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 MONDAY the week prior to the child attending.

A \$15 late payment fee will be charged beginning Sept. 4th and continuing through the school year for each week that tuition is paid past the MONDAY due date.

Parents are requested to call the Y office if they have questions regarding their tuition accounts or tuition due statements that may be sent to the program site.



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

Lincoln Area YMCA 2017-2018 Before & After School Registration

Participant and Parent Information

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

EMAIL ADDRESS MUST BE PROVIDED TO ASSIST WITH NECESSARY NOTIFICATIONS FROM OUR Y OFFICE

Emergency Contact Information

Emergency Contact Person/ Phone: _____
 Persons other than parent/guardian and emergency contact who may remove child from center:
 Name: _____ Phone: _____
 Name: _____ 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 am the registering parent/guardian of above child(ren), and hereby sign that I have/will read the attached Parent Handbook and that I understand and agree to the policies and procedures of the Lincoln Area YMCA Before & After School Program.

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

I have received a copy of the Y Parent Handbook (attached) and will review and acknowledge the :

- ◆ Discipline policies followed by the Before & After School Program.
- ◆ Tuition payment policy and understand and agree to such policies 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 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 or to the Y Activity Center on Wyatt on the days that Wash-Monroe is not in session.

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:

How did you hear about this program? _____

Would you be interested in volunteering at the YMCA for sport programs? ___ Yes ___ No

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 **MONDAY** 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 days or dropping before and/or after school program must be in writing (email, faxed, or in person) no later than on the **MONDAY** prior to the intended attendance schedule change. Schedule changes cannot fluctuate week to week between full-time and part-time status.

CHILD'S NAME _____ SCHOOL: _____

PARENT EMAIL: _____ PHONE: _____

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 2017-2018 SCHOOL YEAR:

BEFORE SCHOOL

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

AFTER SCHOOL

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

WEEKLY RATE DUE EACH MONDAY IS \$ _____



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 rate each week) throughout the school year or I am registered as full-time (pay the weekly 4/5 day rate each week) 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 for any reason . Rates are determined and factor into account that there is no extra charge for early dismissals.
- ◆ Weekly tuition amounts are due in full at closing time each **MONDAY** the week prior to my child attending.
- ◆ Effective on **MONDAY**, Sept. 4, 2017 and continuing through the year, a \$15.00 late payment fee will be applied to the tuition account if the weekly tuition amount is not paid each **MONDAY** at site closing time (6 pm) the week prior to the child attending.
- ◆ 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 am – 4:30 pm).
- ◆ I understand that Y policy is to terminate participation in the program 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 \$ _____ (new) OR must record current year Member # _____

Tuition Paid \$ _____ for week(s) _____ Subsidy Co-Pay Paid \$ _____ (___ CCP ___ DCFS ___ CYFS)

Staff Initials _____ Date _____

PLEASE MAKE COPY FOR PARENT