



FAMILY YMCA OF MARION & POLK COUNTIES

2018-2019 School-Age Enrichment

FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Before you return your registration packet, please be sure your registration packet includes:

- Enrollment Form: Please complete front and back, sign and date. A complete packet must be submitted for each child registering for Y Care.
- Payment Authorization Form: All participants are required to make their monthly payment via automatic bank draft. You can choose to draft directly from your bank account (provide a check) or from a credit or debit card scanned at the time of registration (Visa, MasterCard, American Express, or Discover).
- Afterschool is a come and go program: Your child may come and go at any time before closure
- \$45 Registration Fee: The registration fee is due at the time of registration. Registrations without the required fee cannot be processed.
- Option 3 Youth Sports Pass: Please complete the Youth Sports Pass Agreement. All Option 3 children are permitted to participate in most YMCA Youth Sports at no additional cost!
- Please make sure you have either read the Parent Handbook online, or asked for a paper copy.
- We try to spend as much time as possible outside, please complete the Sunscreen Permission Form

All forms in enrollment packet must be completed and submitted at time of registration.

FOR FAMILIES WITH DHS CHILD CARE SUBSIDY: A current Childcare Authorization from DHS must be on file with the Family YMCA of Marion & Polk Counties at the time of registration for DHS fees to be accepted. Please fill out all attached paperwork with the Youth Development Office Coordinator.

FINANCIAL ASSISTANCE: The Family YMCA of Marion and Polk Counties is committed to helping people become the best they can be. We strive to keep the Y accessible to everyone regardless of their ability to pay. With the support and generosity of our donors through our Annual Campaign, we assist everyone who qualifies.



Don't forget to "Like" and follow us on social media to receive important updates!

HAVE QUESTIONS? PLEASE FEEL FREE TO CALL OR VISIT:

Family YMCA of Marion & Polk Counties
685 Court Street, NE
Salem, OR 97301

(P) 503 581 9622 ext. 788

(E) ffisher@theyonline.org



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Enrichment Program Site: (sites are subject to change) AM & PM: Auburn Brush College Cummings Four Corners Hallman Henry Hill Downtown YMCA PM ONLY: St. Marys (Mt. Angel) Robert Frost (Silver Falls)	OPTION: 1 2 3			5 Days		4 Days
	AM: Mon.	AM: Tues.	AM: Wed.	AM: Thurs.	AM: Fri	
	PM: Mon.	PM: Tues.	PM: Wed.	PM: Thurs.	PM: Fri	

Child's Name: _____ Date to Start Care: _____ Transport: to: _____

School: _____ Grade: _____ Male/Female: _____ Date of Birth: _____

Address: _____ City: _____ Zip: _____

Child lives with: Both Parents: _____ Mother: _____ Father: _____ Other: _____

Parent/Guardian: _____ Home Phone: _____ Cell Phone: _____ **Auth. to Pick Up? Y N***

Employer: _____ Work Phone: _____ Email: _____

Parent/Guardian: _____ Home Phone: _____ Cell Phone: _____ **Auth. to Pick Up? Y N***

Employer: _____ Work Phone: _____ Email: _____

Other Parent/Guardian: _____ Home Phone: _____ Cell Phone: _____ **Auth. to Pick Up? Y N***

Employer: _____ Work Phone: _____ Relationship to Child: _____

* APPROPRIATE COURT DOCUMENTS MUST BE IN PLACE AND A COPY MUST BE PROVIDED TO DENY PARENT ACCESS.

Emergency contact other than parents: _____ Relationship to Child: _____

Address: _____ Home Phone: _____ Cell Phone: _____ **Auth. to Pick Up? Y N***

LIST ALL NAMES OTHER THAN ABOVE WHO ARE AUTHORIZED TO PICK UP YOUR CHILD (YOU MUST LIST AT LEAST ONE):

Name: _____ Phone#: _____ Relationship to Child: _____

Name: _____ Phone#: _____ Relationship to Child: _____

CHILD'S HEALTH INFORMATION

You MUST provide the name of a doctor or clinic to be contacted for medical emergencies.

Physician/Clinic Name: _____ Phone #: _____

Dentist/Clinic Name: _____ Phone #: _____

PLEASE EXPLAIN IF YOUR CHILD HAS A KNOWN HISTORY OF THE FOLLOWING:

Bee Sting Reactions (if yes, an emergency kit must be provided): _____

Seizures/Convulsions: _____ Diabetes: _____ Respiratory: _____

Allergies/Food Allergies: _____

Current Medications: _____

Any Limitations on Activities: _____

Any other information our staff should be aware of: _____

YMCA Branch Staff: (INITIAL)				YMCA Youth Development Coordinator: (INITIAL)			
_____ Reg.	_____ Draft Agreement	_____ Immun.	_____ Drop In	_____ Daxko	_____ Draft	_____ FA	_____ Site Copy



FAMILY YMCA OF MARION & POLK COUNTIES
 2018-2019 School-Age Enrichment
PARENT/GUARDIAN AGREEMENT

FOR YOUTH DEVELOPMENT®
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 FOR SOCIAL RESPONSIBILITY

I AGREE TO PAY THE: MONTHLY RATE or COPAYMENT OF: \$ _____

I UNDERSTAND AND ACKNOWLEDGE THE FOLLOWING: (PLEASE INITIAL EACH LINE.)

_____ I understand that as the registering party, I am ultimately responsible for payment of childcare fees.

_____ **TWO WEEKS WRITTEN NOTICE** to the Y Youth Development Office is required when cancelling or changing my child's schedule of care. Notice may not be given at the Y-Care site or classroom.

_____ I understand that all refund requests will be reviewed and processed within 30 business days.

_____ I am aware that the only prorated months of childcare are September and June. I understand I will be billed for the full month of March (if applicable) and that Spring and Winter Break Camps are available for an additional fee, if I registered my child for Option 1.

_____ I must submit new enrollment paperwork each school year my child is in care.

_____ **My account will be assessed a \$20.00 late fee** if paid after the 5th of the month unless an alternate arrangement has been made with the Youth Development Office Coordinator.

_____ I understand that I am responsible for the first month's payment at the time of registration unless I register at least 5 days prior to the 1st or the 15th of the month and a draft is scheduled.

_____ I will adhere to all Y policies stated within the Parent Handbook (a copy of the Handbook can be provided by request and is available at www.theYonline.org).

_____ My child may be served 1% milk.

_____ My child may participate in swimming and wading activities.

_____ **DHS ONLY:** I understand that any and all changes will be communicated by DHS directly to me. I also understand that it is my responsibility to communicate these changes to the Youth Development Office prior to these changes taking effect. I am ultimately responsible for the full cost of my child's care upon expiration or loss of DHS coverage. I have filled out, and agree to the DHS billing worksheet.

WAIVER AND RELEASE FROM LIABILITY

MEDICAL TREATMENT: In the event my child as named above is injured or becomes seriously ill and I cannot be reached, I authorize YMCA staff or volunteers to seek and authorize any and all hospital, medical, dental and surgical treatment deemed advisable by the circumstances. I understand any of the foregoing care will be at my expense. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

INSURANCE: I understand that the YMCA does not provide any accident or health insurance for its members or participants and I further understand it is my responsibility to provide such coverage.

PROPERTY LOSS: I understand that the YMCA is not responsible for personal property lost, damaged or stolen while using YMCA facilities, including parking lots, or participating in YMCA programs.

PHOTOGRAPH PERMISSION: I give permission for the YMCA to use, without limitation or obligation, photographs, art work, film footage or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs.

PARTICIPATION: I authorize the YMCA to share any pertinent information concerning my child with the school staff. I give permission for my child to participate in all planned activities, field trips and overnights, with the understanding that competent leadership will be provided. I acknowledge that I have received a parent packet and a copy of the discipline procedures. I understand the importance of reading the provided material and understanding their contents. I understand that I am ultimately responsible for payment of child care fees and must have written approval for state-pay program or Y financial assistance.

ACCEPTANCE: This release is given for myself and on behalf of the minor members of my family listed. I acknowledge the conditions for enrollment stated above. If any portions of this release are held to be invalid, I agree that the remaining terms shall continue to be in full legal force and effect. I have read, or have had read to me, and voluntarily sign this release.

Afterschool is a come and go program: Your child may come and go at any time before closure

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____



FAMILY YMCA OF MARION & POLK COUNTIES

2018-2019 School-Age Enrichment

DROP-IN POLICY AGREEMENT

FOR YOUTH DEVELOPMENT®
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FOR SOCIAL RESPONSIBILITY

This document explains the policies and the procedures that we require all participants to abide by:

Please review and sign this agreement as an acknowledgement of the program policy, even if you are not currently registering for the Drop-In Program.

- Participants in the Drop-In Program follow the same registration procedures as full-time participants. Registration requires a \$45 registration fee, and a complete registration packet (excluding the Draft Authorization form).
- Drop-In care may only be used if there is space available. You must call the Youth Development Office at least **one business day** in advance of your desired care date to secure a spot for your child. (503) 399-2753
- A Drop-In ticket must be turned in to the Y-Care site at the time of care. Drop-In tickets can be purchased at the Downtown YMCA or other branch locations during normal office hours. Drop-In tickets cannot be purchased over the weekend.
- If you fail to provide a drop-in ticket on the day of care, we will issue a replacement ticket at the site and charge your account the price of the ticket plus an additional \$2 convenience fee. When the Youth Development Office receives the attendance the following week, the missing ticket charge(s) will be added to your account. You will then be notified with the total balance that is due within 5 days.
- Different tickets must be purchased for ½ days of care and full days of care.
- AM only schedule: Y Care is provided at no additional cost on early dismissal days until the time your child is normally dismissed from school. If the child remains in Y Care past the time school is normally released, a PM coupon is required.
- PM only schedule: Y Care is provided at no additional cost on late start days as long as the child is signed in at or after the time school normally begins. In-Service and Early Release days are included in your PM schedule.

Please call the Youth Development Office (503) 399-2753 if you have questions or if you need a phone number for one of our sites.

By signing this document I agree to the policies and procedures listed above and acknowledge that I am financially responsible for any charges that may accrue from my child’s attendance.

Signature of Parent or Guardian _____ Date _____

Child’s Name _____



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PARENT HANDBOOK ACKNOWLEDGEMENT

I, the undersigned, acknowledge that I have received a copy of the School Age Parent Handbook by either going online (www.theYonline.org) or by requesting a paper copy, from the Family YMCA of Marion and Polk Counties. While I understand that the Parent Handbook is neither a contract nor a legal document, I recognize that it is my responsibility to read and understand the policies, provisions, and procedures contained in the Parent Handbook.

In addition, I understand that the contents of the Parent Handbook are subject to change. I acknowledge that the Parent Handbook will be revised in accordance with the rules or regulations of state, federal, and accrediting entities, best practices for child care service providers, or at the discretion of Vice President of Youth Development. I recognize that any such revisions will supersede, modify, or eliminate the current contents of the Parent Handbook.

I acknowledge that it is my responsibility to stay informed of policy and procedure revisions to the Parent Handbook, which will be posted on the YMCA's web site at <http://theyonline.org/programs-services/childcare/>. In the event I do not have internet access, I understand that I can obtain a hard copy of the updated Parent Handbook upon request to the Youth Development Office Coordinator.

Moreover, I recognize that it is my responsibility to contact the Site Director for any questions I might have about the contents of the Parent Handbook now and in the future.

Guardian Name (Print)

Guardian Signature

Date

Date Hard copy of Parent Handbook Provided: _____

Youth Development Representative – Signature: _____

Child Registered in Program: _____



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BILLING AGREEMENT DEPARTMENT OF HUMAN SERVICES (DHS)

BEFORE STARTING CARE:

1. Provide a copy of the DHS verification letter from your caseworker. This letter will list your benefit start date, estimated co-pay amount, and estimated authorized hours of care.
2. Complete Child Care Payment Worksheet – This worksheet will allow us to determine your minimum monthly payment.
3. Complete Childcare Registration Form.

The amount of money DHS will pay varies from family to family. Your co-pay is based on your income and family size. The co-pay is on your verification letter, and on your monthly billing statement. When it comes to covering your cost of childcare you must keep the following in mind:

- DHS Payment: Based on hours your child attends care.
- From the Parent Co-Pay: DHS determines your family’s share of cost – based on your family’s income and size. You pay the YMCA the co-pay.
- From the Parent Overage: The difference between what DHS pays and the Y charges.

EXAMPLE:

You enroll your child in five-day a week care	MONTHLY YMCA CHARGE: \$835
DHS Maximum Rate limit	subtract DHS PAYMENT: \$728
Difference between what the Y charges and DHS Payment	SUBTOTAL: \$107
Your Co-Pay	add: \$136
YOUR MINIMUM MONTHLY PAYMENT	TOTAL: \$243

This number is a monthly estimate as it is determined by the number of hours your child attends. This is the minimum you would have to pay monthly.

By signing this document you acknowledge that you are responsible for your DHS co-pay and the difference in what DHS will cover and what we charge. In filling out the worksheet on the back of this form, you acknowledge and understand what your monthly minimum payment will be for childcare. This amount may increase, and you are responsible for the total amount, if your child does not attend the hours prescribed by DHS.

Name: _____

Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

CASE WORKER NAME: _____ PHONE: _____



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Child Care Payment Worksheet

Fill out this worksheet to get an estimate of a family's child care costs.

Step 1:

Write down the total amount you charge for the month.

(If you charge by the hour, multiply the hourly charge by the number of hours to get the monthly charge.)

Monthly Charge \$ _____

Step 2:

Subtract the Department of Human Services (DHS) maximum rate limit. The DHS maximum rate limits can be found in the Child Care Provider Guide (DHS 7492) and the Parent's Guide to Child Care (DHS 7478).

(Be sure to use the rate in the column for the number of hours authorized by DHS.)

Subtract DHS Payment \$ _____

Subtotal:

This is the difference between what you charge and what DHS pays. If you charge less than DHS pays, put "0" on this line.

Subtotal \$ _____

Step 3:

Add the family's co-pay amount printed on the billing form to the subtotal. If the family doesn't have a co-pay, put "0" on this line.

Add Co-pay \$ _____

This number is an estimate of the amount you will need to collect from the family.

YOUR TOTAL \$ _____

Call your local Child Care Resource and Referral (CCR&R) agency or the Direct Pay Unit (DPU) with questions about this worksheet.



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PAYMENT AUTHORIZATION FORM

PROGRAM (Complete if requesting scheduled payments)			MEMBERSHIP (Complete if revising current draft info)		
Participant's Name: _____			Primary Member's Name: _____		
First Name	M.I.	Last Name	First Name	M.I.	Last Name
Indicate Choice(s):			Type of Change:		
<input type="checkbox"/> School-Age Enrichment Program or Early Childhood Ed. Center (select payment date) <input type="checkbox"/> Once per month (1 st) OR <input type="checkbox"/> Twice per month (1 st and 15 th)			<input type="checkbox"/> Change Payment Option <input type="checkbox"/> YES (complete payment option section below) OR <input type="checkbox"/> NO		
<input type="checkbox"/> Camp Greider <input type="checkbox"/> Camp Silver Creek <input type="checkbox"/> Club (processes 10 days prior to start of camp)			<input type="checkbox"/> Change Payment Date <input type="checkbox"/> 1 st of each month OR <input type="checkbox"/> 15 th of each month		
<input type="checkbox"/> Other _____ (processes on due date of the program segment)					
PAYMENT OPTIONS (Select One)					
<input type="checkbox"/> Electronic Funds Transfer (Checking or Savings Account)					
Name on Account: (Please print)					
Bank Name:			Routing Number:		
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			Account Number		
<input type="checkbox"/> Recurring Debit or Credit Card Charge					
Name on Card: (Please print)					
Type: <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Discover		Card Number:		Expiration Date:	
Card Billing Address:					
_____		_____		_____	
Street		City		State Zip Code	

I hereby authorize a monthly electronic funds transfer or debit/credit card charge on or after the date specified above. The YMCA may charge collection fees for any declined transactions and will make multiple attempts to collect funds for returned debit/credit card charges. I further understand and agree to the following:

- Transfers/charges will continue until I give written notice to change or terminate them. The frequency and occurrence of visits/usage has no bearing on fees. Scheduled program payments continue until registration ends.
- I will **provide a minimum of 15 days written notice for childcare and 30 days notice for membership**, prior to my next scheduled draft, to cancel this authorization. If I fail to provide adequate notice, I will draft one additional time before the cancellation takes effect and that payment is non-refundable.
- I am responsible for notifying the YMCA of changes in my account number and expiration date. However, the YMCA may attempt to roll forward credit card expiration dates, where possible.
- I understand that rates are subject to change and as a result the amount transferred/charged may change. The YMCA will notify me in advance of increases in my fees by mail or email. I am responsible for notifying the YMCA if my address or email changes.
- It is my responsibility to bring any billing discrepancies to the YMCA's attention within 60 days after they are processed by my financial institution. After 60 days, I waive my right to dispute such discrepancies.

Signature of Account Holder: _____ Date: _____



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PERMISSION TO APPLY SUNSCREEN TO CHILD

Child's Name: _____

As the parent or guardian of the above child, I recognize that too much sunlight may increase my child's risk of getting skin cancer someday. Therefore, I give my permission for a YMCA Staff member to apply a sunscreen product of SPF-15 or higher to my child, as specified below, when he or she will be playing outside, especially during the months of March through October and between the daily times of 10 a.m. and 4 p.m. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose and bare shoulders, arms, and legs. I have checked all applicable information regarding the type and use of sunscreen for my child:

I do not know of any allergies my child has to sunscreen.

Staff may use the sunscreen of their choice following the directions or recommendations printed on the bottle.

I have provided the following brand/type of sunscreen for use on my child: _____

My child is allergic to some sunscreens. Please use only the following brand(s) of sunscreen:

For medical or other reasons, please do not apply sunscreen to the following areas of my child's body:

Parent/Guardian Full Name (print): _____

Parent/Guardian Signature: _____ Date: _____



FAMILY YMCA OF MARION & POLK COUNTIES
2018/2019 SCHOOL-AGE ENRICHMENT PROGRAM

FOR YOUTH DEVELOPMENT®
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YOUTH SPORTS PASS AGREEMENT

At the Family YMCA of Marion & Polk County, children enrolled in Option 3 receive a Youth Sports Pass, which gives the child FREE* access to the following Youth Sports:

- Volleyball
- Basketball
- T-ball
- Track
- Soccer
- Flag-Football

*Additional Uniform Fees may apply.

In order to qualify for FREE SPORTS your childcare payments must be kept in good standing and current throughout the sport season. Failure to keep your childcare payments in good standing or cancelation of your childcare, will result in a full non-member sports fee for each child enrolled, regardless of your child's continuation in the sport. If you choose to cancel prior to the end of the school year, please return the Youth Sports Pass to the Youth Development Office.

By signing this document I agree to the policies and procedures listed above and acknowledge that I am financially responsible for any charges that may accrue.

Name of Parent or Guardian (Please print): _____

Signature of Parent or Guardian: _____ Date _____



