



**McGaw YMCA
Foster Reading Center 2011-2012
Registration Packet**

Student Information (to be completed by parent or guardian – print clearly)

Last Name: _____ First Name: _____

Nickname: _____ Gender: Male Female

School: _____ Grade in Sept. 2011: _____ Date of Birth: ___/___/___

(Foster Reading Center is for youth in K-2nd Grade)

Parent or Guardian's Name: _____ Relationship to Child: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____ Other Phone/Cell: _____

If your child has a sibling in the program please list sibling's name: _____

<p>This information is helpful to us in making sure that our services are reaching all our local communities and that we are delivering our services fairly to everyone who needs them. This information is also important to United Way.</p>				
<u>Ethnicity:</u>				
<input type="checkbox"/> African American	<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian	<input type="checkbox"/> Latino	<input type="checkbox"/> Multiracial
<input type="checkbox"/> Native American	<input type="checkbox"/> Other _____			
<u>Primary Language</u>				
<input type="checkbox"/> English	<input type="checkbox"/> Spanish	<input type="checkbox"/> Other: _____		

YMCA Membership

Is the student a McGaw YMCA member? Yes No

What programs has he/she been involved in, past and present? _____

If no, is student interested in McGaw YMCA membership? Yes No

Payment Information:

The cost of the Foster Reading Center Program is \$40 per month. First month's payment is due at registration. Please fill out the section below for your payment.

Check here if interested in learning about financial assistance

Check here if you would like to have your remaining monthly fees deducted via automatic draft (please attach a voided check or provide a credit card number below).

Method of Payment: Check (*Payable to the McGaw YMCA*) Visa MC Discover AMEX

Credit Card #: _____ Exp date: _____

Name on CC: _____ Billing Zip: _____

Office Use Only:

Date: _____ Paid: _____ Staff: _____ Start Day: _____

Academic Information

School: _____

Teacher's Name: _____

Does your child receive special services? Yes No

If yes, please explain: _____

Special services teacher's name(s) _____

Subject(s) needed to work on: _____

Is your child currently in therapy, counseling or other support services? Yes No

(If so, where and why?)

Family Background

Marital status of parents:

Married Domestic Partners Divorced Separated Single Parent

Is there a court order that limits either parent from visiting this child or from removing him/her from the Center? Yes No

Are there any home factors that might help us understand your child's family life? Consider issues such as recent move, births, illnesses, divorce, separation, or any unusual circumstances.

What is the primary language spoken at home? _____

Are there any additional languages spoken? _____

Please tell us about your child's strengths and challenges:

Please tell us about your child's personality and interests?

Please describe any situations in which your child tends to become tense, angry, scared, etc. How does your child show these emotions?

(Please complete next page)

What is the best way to help calm your child?

How often do you read to your child? _____

Does your child have experience with water/swimming? Yes No

Does your child enjoy being in the water or have any fears associated with water? Yes No

Please check your child's swimming ability:

- NON-SWIMMER (my child can not swim)
- SOME SWIMMING ABILITIES (my child can swim, but is not advanced)
- ADVANCED SWIMMER (my child is a proficient swimmer)

PLEASE READ THE FOLLOWING CAREFULLY AND INITIAL AFTER EACH SECTION:

Photo Release/Waiver:

I hereby assume all risks and dangers and will hold harmless McGaw YMCA and their respective offices, agencies, and employees from all actions, causes of actions, suits, and any claims, demands, and liabilities whatsoever, both in law and equity, in connection with participating activity. I have accepted responsibility for verifying that my child(ren) has no physical or psychological problems that would prohibit participation in this program. I agree to comply with all instructions and directions of the McGaw YMCA staff, including volunteer leaders, during my child's participation. As well, YMCA classes and events may be photographed or videotaped for promotional purposes. Anyone wishing to be excluded should tell the photographer/videographer.

Parent Initials _____

Payment and Attendance Policy:

I understand that there will be no proration of fees for school holidays or school days missed by the student. Payments are due by the 20th of the prior month of programming (example: payment for October is due by September 20). **If payment is not received by the last business day of the prior month, then my child will not be allowed to attend until payment has been made for the current month.** As well, if my child needs to leave early, I will either provide a written note or pick him/her up in person. I will take responsibility for making sure my child gets home safely after each session.

Parent Initials _____

Consent to Release/Exchange Information:

I agree to release my child's report cards and interim reports from my child's teacher to the Foster Reading Center Staff. Report cards will be provided within the first week of being issued. I (we) authorize the following specified agencies/individuals:

- District 65
- Other _____

To release and/or exchange with McGaw YMCA staff information from students records/files including, but not limited to the following documents:

- School Attendance
- Grades

This authorization will expire on _____ (one year from the date of authorization). I/we may cancel this authorization at any time by written request. Also, I/we have the right to inspect and copy the information to be released/exchanged. No person or agency to which this information is released/exchanged may re-disclose the information.

Parent Initials _____

(Please complete other side)

Medical Consent:

I, the parent/legal guardian of _____ give consent to have my child receive first aid by McGaw YMCA staff. I understand that the center staff receives training in the basics of first aid and CPR. I authorize the McGaw YMCA to secure emergency medical treatment for my child. I give consent for those listed as pick-up/emergency contacts to act on my behalf until I am available. I accept responsibility for any and all expenses incurred in securing emergency medical treatment for my child.

Parent Initials _____

Medication Consent:

I authorize the McGaw YMCA, staff and agents, to administer medication (over the counter and prescribed) to my child as specified in the physician’s written instructions. The McGaw YMCA has my permission to apply sunscreen, insect repellent, lotion to my child as specified by me in writing.

Parent Initials _____

Activity/Field Trip Consent:

give permission for my child to participate in physical activities such as gym and swimming. I understand that physical activities are a regular part of the program my child attends. I also authorize the McGaw YMCA staff to take my child on walking trips, excursions, and field trips. I authorize for my child to be transported in any vehicle owned or leased by the McGaw YMCA.

Parent Initials _____

Emergency Contact/Authorized Pick-Up:

Listed below are the names of adults who have my permission to be contacted in case of emergency or in the event that I cannot be reached for any reason. The adults listed below also have my permission to pick up my child if I am unable to.

- | | |
|----------------|--------------------------------|
| 1. Name: _____ | Relationship to Student: _____ |
| Phone: _____ | Cell Phone: _____ |
| 2. Name: _____ | Relationship to Student: _____ |
| Phone: _____ | Cell Phone: _____ |
| 3. Name: _____ | Relationship to Student: _____ |
| Phone: _____ | Cell Phone: _____ |

Parent Initials _____

I, by my initials above and my signature below, understand and agree to the policies concerning: Waiver and Photo Release; Payment/Attendance; Consent to Release/Exchange Information; Medical, Medication; Field Trips/Physical Activity; and Emergency Contact/Authorized Pick-Up. I also agree to the policies and procedures set forth within this registration packet.

Lastly, I hereby consent for my child, _____, to participate in the Foster Reading Center Program. I agree to abide by all policies set forth by the McGaw YMCA.

_____	____/____/____
Parent Signature	Date

Please return all paperwork to: Foster Reading Center at Family Focus, 2010 Dewey Ave, 2nd Floor or McGaw YMCA, 1000 Grove St, Evanston, IL 60201, Attn: Program Support. Parent will receive confirmation of registration from the site director.

Allergies and Medication

I, _____, parent/guardian of
_____, give permission to the McGaw YMCA staff to administer
the below listed medication to my child. I read the parent handbook and understand all policies and
procedures for administering medication.

Medication	Dosage	When it Should be Given

What kind of allergies does your child have?

What are the necessary steps you take at home when allergies persist?

What would you like the McGaw YMCA staff to do in case your child has an allergic reaction?

Parent Signature _____ Date _____

Parents must make arrangements with child's school
for District bus transportation to Family Focus

McGaw YMCA-Foster Reading Center
Independent Arrival and Departure Agreement

Name of Child _____

Birth Date _____

1. Arrival at the McGaw YMCA

Time your child is expected to arrive: _____

My child will arrive via District 65 school bus at approximately: _____

My child has permission to walk/ take public transportation/ bicycle (circle all that apply) to Family Focus. If walking or biking, please provide a street-by-street description of the route your child will take:

2. Departure from the McGaw YMCA

Time your child is expected to leave: _____

Children in Foster Reading Center cannot sign themselves out. It is preferred that they be signed-out by an adult, but at a minimum your child must have a walking partner. Walking partners must be listed and approved by guardian. My child has permission to walk/ take public transportation/ bicycle (circle all that apply) from the Family Focus to home. If walking or biking, please provide a street-by-street description of the route your child will take:

Parent/Guardian Signature _____ Date _____

Parents are responsible for completing a revised agreement should there be any changes to this plan. The McGaw YMCA is not responsible for children once they are signed out of its programs.

Parent/Guardian Signature _____ Date _____

**McGaw YMCA
Youth Development
Core Values Agreement**

I, _____, (print parent/guardian's name) and my child
, _____, (print child's name on line) agree with the following goals and
guidelines:

The McGaw YMCA strives to provide programs that enrich the spirit, mind and body of youth in a safe, healthy and productive environment. Staff and all participants will exhibit the core values of RESPECT, CARING, HONESTY & RESPONSIBILITY. The attitudes and behaviors that support the core values are essential to the development of a positive atmosphere in all McGaw YMCA activities.

- Respect other people's physical well being.
- Respect the spirit and mind of other people with supportive, positive words.
- Respect the rules of the McGaw YMCA and staff that teach the rules.
- Respect the property of the McGaw YMCA, all members and guests

When not accompanied by a parent or guardian youth members and participants should stay in only those areas supervised by YMCA staff.

Non-tolerated behavior includes the following and will be subject to an immediate response and contact of a parent or guardian and possible suspension from YMCA or YMCA program:

- Fighting, inappropriate touching, threatening behavior or physical harassment
- Disrespecting staff or members
- Language containing offensive content, sexual or racial harassment, and bullying
- Theft or vandalism of any kind
- Use of illegal substances. The McGaw YMCA reserves the right to search personal belongings if there is suspicion of illegal substances or activities while at the Y or participating in Y programs

Positive guidance by staff should help McGaw YMCA youth correct any offending behavior on their own. If a youth is having trouble controlling or correcting behavior, and depending on the severity of the violation, it may result in one or a combination of the following actions:

- Verbal warning & incident report, or written reprimand to be signed by parent.
- Parent called and member suspended from all Y activities for a specific time period.
- Conference scheduled with child, parent, staff and/or Director of Programs.
- Revocation of McGaw YMCA membership*

****In this event, membership and/or program fees are non-refundable***

Signature of parent/legal guardian

Signature of Youth member

Today's Date _____

Grade _____

School _____

Date of Birth _____