



**McGaw YMCA
Project Y 2011-2012
Registration Packet**

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

Student's Name: _____
 Nickname: _____ Date of Birth: ___/___/___ Gender: Male Female
 School: _____ Grade in Sept. 2011: _____ Requested Start Month: _____
 Parent or Guardian's Name: _____
 Home Address: _____ City: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 Email: _____ Other Phone/Cell: _____
 Relationship to Child: _____

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 the United Way.

Ethnicity:
 African American Asian Caucasian Latino Multiracial Native American Other _____

Program Selection

Cost

- Project Y \$140/Month (drafted on the first business day of each month)
- Transportation* \$25/Month (*transportation is optional and only available to Chute and Haven)

YMCA Membership (required for program)

Current Membership Status: McGaw YMCA Family Member McGaw YMCA Youth Member
 Purchasing or Renewing*: Youth Annual Membership - New (\$261) or Renew (\$216)

**Annual memberships can be paid monthly. Please stop by the Front Desk at the McGaw YMCA for more information.*

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

Scholarship

Check here to apply for financial assistance (please submit a copy of your most recent Federal 1040 form)

Payment Information:

First month's payment is due at registration. Please fill out the section below for your payment. **Automatic monthly payment via a checking account or credit card is required for this program.**

Payment: Total \$ _____ Check (Payable to the McGaw YMCA) Visa MC Discover AMEX
 Card #: _____ Exp. date: _____ Billing ZIP: _____
 Name on CC: _____

Office Use Only:

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

McGaw YMCA Monthly Program Tuition
Checking Account/Credit Card Draft Agreement

This agreement authorizes the McGaw YMCA to charge your bank account or credit card monthly for program fees. **A voided check must be attached to this form if using a checking account.**

Participant Information:

Child's Name: _____ Program: _____

Parent/Guardian's Name: _____

Address: _____ City, State, and ZIP: _____

Home Phone: _____ Alternate Phone: _____

Do you need a monthly receipt with the YMCA's tax ID: Yes No

The McGaw YMCA is a 501(c)(3) charitable organization. Please consider a tax-deductible contribution to support child-care for families who cannot afford to pay full price and check the appropriate box below. Contributions will be processed each month at the same time as your program payment.

\$5/month (supports one class per session for a child)

\$50/month (supports membership for a single parent family)

\$15/month (supports a youth membership)

Other monthly amount: \$ _____

\$30/month (supports two youth memberships)

One time donation of \$ _____

Payment options:

Credit Card

Card Type: Visa MasterCard Discover American Express

Card Number: _____ Exp. Date: _____

Name on Card: _____ Billing ZIP: _____

Checking Account (must attach a voided check)

Account Type: Checking Savings

Name on Account: _____ Bank's Name: _____

Account Number: _____

I authorize the McGaw YMCA to debit the balance due on my YMCA account from the listed bank or credit card information on or around the 1st of each month. I understand that bank holidays may delay the draft.

I agree to abide by all policies listed in the registration packet.

I understand that it is the responsibility of the drafted party to maintain sufficient funds to cover all drafts as well as to inform the McGaw YMCA of any changes in account information. If drafts are refused for any reason, a \$25 fee will be charged and payment by cash or money order must reach the YMCA's registration office within 48 hours of notification. Failure to make this payment will result in discontinuation of services.

I agree to the terms and conditions of the withdrawal of funds from my checking account or credit card for program fees. I understand that this draft will continue until the end of the program or receipt of my cancellation in writing.

Draftee's Signature: _____ Date: _____

Personal/Family Information and Required Waivers

Academic Information

Does your teen receive special services? Yes No

If yes, please explain: _____

Special services teacher's name(s) _____

Subject(s) needed to work on: _____

Is your teen 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 your teen or from removing him/her from the program? Yes No

Are there any home factors that might help us understand your teen'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 teen's strengths and challenges:

Please tell us about your teen's personality and interests:

Please describe any situations in which your teen tends to become tense, angry, and/or scared. How does your teen show these emotions?

What is the best way to motivate and support your teen?

Personal/Family Information and Required Waivers Cont'd

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

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

Please check your teen's swimming ability:

- NON-SWIMMER (my teen cannot swim)
- SOME SWIMMING ABILITIES (my teen can swim, but is not advanced)
- ADVANCED SWIMMER (my teen 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 will be charged automatically on the first business day of each month. I understand that it is my responsibility to update my payment information if a change occurs. I understand that there will be a service fee charged for returned EFT charges. 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 day.

Parent Initials _____

Cancellation/Refund Policy:

I understand that I must give written notice of cancellation by the 20th of the current month to avoid charges for next month's programming. I also understand that there will be no refund of program fees.

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 Project Y 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 _____

Personal/Family Information and Required Waivers Cont'd

Field Trip Consent:

I 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 _____

McGaw YMCA Waiver of Liability Form

I certify that I am aware that the participant is taking certain risks by participating in activities at McGaw YMCA, including field trips, outdoor activities, swimming, and physical activities.

I understand that during participation in these activities one may be exposed to physically challenging situations including, but not limited to, risks and dangers inherent in the activity itself, exposure to forces of nature, or motor vehicle travel.

I understand that, although McGaw YMCA has taken precautions to provide proper organization, supervision, instruction and equipment for each activity, it is impossible for McGaw YMCA to guarantee absolute safety. I understand that I share responsibility for the safety of the participant and assume that responsibility.

I hereby **assume all risks and dangers and will hold harmless to the fullest extent permitted by law** the McGaw YMCA, their respective officers, agents, and employees, and all groups and persons connected herewith, from all actions, causes of actions, suits, and any claims, demands, and liabilities whatsoever, both in law and equity, and or any of their respective officers, agents, and employees, in connection with participating activities.

The participant agrees to comply with all instructions and directions of the responsible McGaw YMCA staff persons or designated outside experts during his or her participation.

The parties agree all disputes and claims regarding the terms of his agreement and arising from the participant's experience at McGaw YMCA, including any claims for personal injury occurring at McGaw YMCA or any of the locations to which participants travel on program-related activities, will be brought exclusively in the courts of the state of Illinois and will be governed by the laws of Illinois.

The terms hereof shall be binding on my executors, heirs, administrators, and assignees, and shall server as an assumption of risk and general release for the participant while enrolled at McGaw YMCA and participating activities.

Parent Initials _____

I, by my initials above and my signature below, understand and agree to the policies concerning: Waiver and Photo Release; Payment/Attendance; Cancellation/Refund Policy; Consent to Release/Exchange Information; Field Trip; and McGaw YMCA Waiver of Liability. 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 McGaw YMCA's Project Y program. I agree to abide by all policies set forth by the McGaw YMCA.

Parent Signature

____/____/____
Date

Please return all paperwork to: McGaw YMCA, 1000 Grove St, Evanston, IL 60201, Attn: Program Support.

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? Does your child have an epipen that they carry with them all day?

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.

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 Signature _____ **Date** _____

McGaw YMCA-Project Y
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 the McGaw YMCA. 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: _____

Please check one of the following:

My child **does not** have my permission to sign themselves out of the program (recommended)

My child has my expressed permission to sign themselves out of the program at any time

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

3. 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: _____ |

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, and 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 peoples' 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.

Untolerated 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 and incident report, or written reprimand to be signed by a 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 _____