



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# CHILDREN'S CENTER ENROLLMENT APPLICATION

Preferred start date: \_\_\_\_\_

## PERSONAL AND FAMILY INFORMATION

Child's Name: \_\_\_\_\_  Male  Female  Non Binary Date of Birth or Due Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Home Phone: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Parent/Guardian #1 Name \_\_\_\_\_ Parent/Guardian #1 Date of Birth \_\_\_\_\_

Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian #2 Name \_\_\_\_\_ Parent/Guardian #2 Date of Birth \_\_\_\_\_

Cell Phone \_\_\_\_\_ Carrier \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email \_\_\_\_\_

Who may we contact regarding payment and enrollment issues? \_\_\_\_\_ Preferred Method of Contact \_\_\_\_\_

Is either Parent/Guardian a McGaw YMCA staff member?  Full-time  Part-time Supervisor: \_\_\_\_\_

My child has a sibling enrolled in a Children's Center program. Sibling's name: \_\_\_\_\_ Program Name: \_\_\_\_\_

## NORTHWESTERN FAMILIES

What is your affiliation with NU?  Faculty  Full-time Staff  Part-time Staff  Full-time Student  Part-time Student

NU ID #: \_\_\_\_\_ Dept: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

## YMCA MEMBERSHIP

Current Membership Status:  McGaw YMCA Member  Non-member

To purchase or renew a McGaw YMCA automatic monthly membership, please check:  Youth \$31/month  Family \$111/month

To receive the monthly member tuition, your child must hold a McGaw YMCA membership.

## ENROLLMENT – Application Fee \$100 new children, \$50 returning

### Early Childhood

Full Day Programs, September – August, 7am – 6:15pm:  Infant  Toddler  Two's  Three's  Preschool

Part Day Programs, September – May, 9am – 12pm:  Two's MWF  Two's T/Th  Three's M-F  Preschool M-F

Explorers Program, September – May, 12pm – 2pm:  Three's/Fours MWF  
No additional Enrollment Fee for Explorers, \$250 per month for members

Explorers Program – Spanish, September – May, 12pm – 2pm:  Three's/Fours T/Th  
No additional Enrollment Fee for Explorers, \$250 per month for members

### School Age

School's Out:  Part Time – Up to 3 Days/Week  Full Time – Up to 5 Days/Week  
 Plus Holidays  Plus Super Holidays (All School Holidays and Holiday Camps)

School's Out 3 Day Weekly Choice:  Monday  Tuesday  Wednesday  Thursday  Friday

Look out for separate enrollment applications for Spring and Winter Break Camps, if registering individually, and Enrichments

REFERRAL My family was referred to your program by: \_\_\_\_\_

## PAYMENT

### Information

Total Amount Due: \$ \_\_\_\_\_ Method of Payment:  Check  American Express  Discover  Visa  MC

Credit Card ACCT # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_ Billing Zip: \_\_\_\_\_

I am applying for a scholarship. If you wish to apply, please include an application and your most recent 1040.

I am approved for the Child Care Assistance Program or DCFS Assistance. Please include your approval letter with this form.

## ADDITIONAL INFORMATION ON THE NEXT PAGES REQUIRED

### Enrollment and Payment Policies

- I understand that my application fee is not refundable or transferable. Application fees are not applied towards tuition.
- I understand that I must give 30 days' written notice to the registration staff at the Children's Center if I wish to cancel out of a program and will be responsible for tuition for those 30 days. I will also be charged a \$100 cancellation fee, which may be waived with proof of job loss or relocation.
- I understand that tuition is due on the first of every month. Payments can be drafted from a checking account or credit card.
- I agree to provide the Children's Center with all required forms at least two business days before my child's start date. Without required paperwork, my child may be excluded from programming.
- I understand that I am responsible for following the policies and procedures outlined in the specific program guidelines including parent manuals. If I fail to meet my obligation to the program policies, the YMCA reserves the right to suspend my child(ren)'s participation in the program.
- I understand YMCA Staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand the YMCA is not responsible for lost, damaged, or stolen articles.
- I understand that failure to pay all fees, including late fees, for services rendered may result in termination of services. In the case of divorce, the registering parent is responsible for all payments.
- I understand program tuition and fees are NOT refundable. Classes missed due to weather, holidays, choice of party, disruptive behavior may not be made up, credited, or refunded.

I have read and understood these requirements and instructions:

Parent/Guardian Name (Please Print) \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please help us know your child before enrollment. We require additional documentation for any of the information listed below as it helps us support the health and well-being of your child.**

Please check if your child has any of the following and please include copies with your application:

- Individualized Family Support Plan (IFSP)
- Individualized Education Plan (IEP)
- 504 Medical Plan
- Working with private therapy provider
- Other: \_\_\_\_\_

Does your child suffer from any chronic medical conditions or require medications? If so, please list:

Does your child have any food allergies or need food substitutions? (i.e. vegetarian) If so, please list:

While we are fully committed to supporting every family we may be unable to accommodate every need based on available resources. Please contact our Children's Center at 847.475.8580 to discuss possible options **prior** to registration.

---

### Grant Information

Please select the information below so that we can accurately report diversity in our programs. This allows us to seek out additional grants and fundraising opportunities. **Information is completely confidential.** This is not required, but is greatly appreciated.

My child is eligible for Free/Reduced Lunch:  Yes  No

Number in Household \_\_\_\_\_

Which best describes your family's annual income?

- \$0 - \$14,999
- \$15,000 - \$29,999
- \$30,000 - \$49,999
- \$50,000 - \$74,999
- \$75,000 - \$99,999
- \$100,000 - \$149,999
- \$150,000 and higher

I identify my child as:

- Ethnic data –  Hispanic or Latino  Not Hispanic or Latino
- Racial data –  Asian American  Black or African American  Multiracial
- Mark one or more  White  American Indian or Alaskan Native  Other that apply.  Native Hawaiian or Pacific Islander

Which language does your family speak at home?

- Chinese
- English
- French
- German
- Hebrew
- Hindi
- Italian
- Japanese
- Other \_\_\_\_\_
- Korean
- Russian
- Spanish
- Tagalog

# Member/Program Participant Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION FOR PROGRAMS AND ACTIVITIES of the YMCA for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

In accordance with the McGaw YMCA's compliance with child safety best practices, everyone who enters the McGaw YMCA premises (age 18 and older) will be checked against the National Sex Offender Database using their name and date of birth, as it is provided on their state issued ID. Convicted sex offenders will not be permitted to enter McGaw facilities, hold memberships, participate in programs, or live in the residence.

IN FURTHER, CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA and all branches thereof, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned or such children whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.

2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releasees or otherwise.

3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILTIIY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

## I HAVE READ AND UNDERSTAND THIS DOCUMENT AND RELEASE.

Date      /      /      PRINTED MEMBER/PARTICIPANT NAME: \_\_\_\_\_

MEMBER/PARTICIPANT SIGNATURE (guardian if under 18): \_\_\_\_\_

NAME OF CHILDREN IN PROGRAM: \_\_\_\_\_

For Staff use only:  
Staff Received \_\_\_\_\_

Time/Date Stamp here

Staff Processed \_\_\_\_\_  Enrolled or  Waitlisted  Letter  
Classroom \_\_\_\_\_