



**FOR YOUTH DEVELOPMENT™**  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# ROLL INTO SUMMER

## Child Care Camp Registration



**CHRISTIAN COUNTY YMCA**

900 McAdam Dr., Taylorville, IL 62568 **P** 217-287-7271 **F** 217-824-2348 **W** [www.ccyymca.org](http://www.ccyymca.org)

# Rates

Due to the requirements of the Governor's Restore Illinois plan and resulting capacity limitations; participants will be required to pay for all weeks of camp regardless of attendance.

## 5 Days/Week

### \*YMCA Member

- First child \$150.00
- Each Additional Child \$130.00

Nonmember \$225/Child

**\*Christian County YMCA membership must be valid at time of registration to receive member rates and must remain valid until last day of camp attendance.**

**A YMCA summer membership is available to non members for \$90 for the camp season.**

# BILLING

## Registration Fee:

- \$25 per individual/\$45 per family
- Must be paid at time of registering child for program. Registration can be added to the draft schedule.
- Children will not be able to attend the program until the registration fee is paid in full.
- Scholarship and Third party subsidy does not apply to registration fees.

## Payment Options:

1. Bank Draft
2. Credit Card Draft

## Bank Draft Accounts:

- Drafted bi-monthly on the 15<sup>th</sup> **and** 28<sup>th</sup> of each month.
- No surcharges are taken out.
- Returned drafts will incur an additional \$25.00 NSF charged.

## Credit/Debit Accounts:

- Drafted bi-monthly on the 15<sup>th</sup> **and** 28<sup>th</sup> of each month.
- A 3% surcharge will be added to debit and credit card drafts.
- Returned drafts will incur an additional \$25.00 NFS charge.

**Collections:**

Accounts over 30 days past due will be turned over to Credit Collection Partners. The Y is unable to make changes to accounts after they have been submitted to Credit Collection Partners. You will be responsible for past due balances plus the collection fees charged by Credit Collection Partners.

**Billing Dates:**

<b>Date Billed</b>	<b>Dates included in billing period</b>	<b>Weeks billed</b>
June 15, 2020	June 8-19, 2020	2
June 28, 2020	June 22-July 3, 2020	2
July 15, 2020	July 6-17, 2020	2
July 28, 2020	July 20-31, 2020	2
August 15, 2020	August 3-14, 2020	2

**Please keep this page for your reference.**

## **Financial Assistance and Third Party Assistance**

It is the goal of the Y that no one be denied the benefit of a membership or program participation due to financial limitations. Financial Aid applications are available at the front desk to apply for financial assistance. Registration fees are not discounted with financial assistance and must be paid at time of registration.

### **YMCA Financial Assistance**

Financial Assistance for this program will be limited to those that have already been approved. We will contact you if there is any change in the amount of subsidy available.

### **Third Party Financial Assistance**

The Y also accepts payment from Illinois State Funded Agencies. You will need to contact a case worker to start this process.

- DCFS: 217-824-9649
- Community Child Care Connection: 217-525-2805
  - Applications are available at the front desk, but it is your responsibility to submit the application.
- Work Force: 217-824-4838
  - Parent must be a full time student.

If third party only pays for part of the days, then you are responsible for the remaining balance for your child care.

If you choose to participate in the program while your application is being processed, you must pay the registration and child care fees until approved (a credit will be applied to your account for the difference if your application is approved.)

**Families cannot receive both State Funded Agency Assistance and YMCA Financial Assistance to pay for child care programs at the same time but YMCA Financial assistance can be applied to membership while receiving State Funded assistance.**



Child(ren)'s Name: \_\_\_\_\_

## Child Care Payment Method

**Main contact for billing purposes** (If your information changes, you will need to let the member services staff know.)

Primary Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Draft:** (twice a month on 15<sup>th</sup> and 28<sup>th</sup>)

**Bank draft**

- Checking
- Savings

Financial Institution:

\_\_\_\_\_

Name on account:

\_\_\_\_\_

**ATTACH VOIDED CHECK**

**Credit/Debit Card**

Card #: \_\_\_\_\_

Card Type: \_\_\_\_\_ Exp.: \_\_\_\_\_

Name on card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

(zip) \_\_\_\_\_

**3% surcharge added**

I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for my child care payments. It is understood that to change such draft I must talk to the CCYMCA Child Care Billing Department. When the bank honors the draft by charging my account, such drafts constitute as my receipt for payment. Should any draft not be honored by said bank, it is understood that full payment plus a \$25 NSF fee is to be paid immediately to the YMCA and until this is done my child may not attend any child care programs. If at any time my bank information changes I must notify the YMCA business office by Monday at noon prior to the week this change will take place. This should be done by completing the bank draft authorization form again. A voided check or savings account information is required with all bank draft applications.

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

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



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### Christian County Family YMCA 2020 Day Camp Registration

\* Are either of the child(ren's) parent/guardian currently considered an essential worker? \_\_Yes \_\_No

If so: Name \_\_\_\_\_ Employer \_\_\_\_\_

What time will you : Drop off \_\_\_\_\_ Pick Up \_\_\_\_\_

Please use one form per child; copy forms as needed. PLEASE PRINT CLEARLY.

Children will be placed into cohorts of 10 kids according to age, siblings will be kept together.

Child's last name \_\_\_\_\_ first name \_\_\_\_\_

Birth Date \_\_\_ / \_\_\_ / \_\_\_ Age as of 6/1 \_\_\_\_\_ School Year 2020-21 Entering grade \_\_\_\_\_

YMCA Member (Membership must be valid at time of registration to receive member child care fees and must remain valid until August 15, 2020)

Child's residential address

\_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child resides with:  Both parents  Mother  Father  Guardian/Other

Mother's/Guardian's name \_\_\_\_\_ Email: \_\_\_\_\_

**\*One email address is required as it is our main mode of communication\***

Work ☎ \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell ☎ \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home ☎ \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Father's/Guardian's name \_\_\_\_\_ Email: \_\_\_\_\_

Work ☎ \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell ☎ \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home ☎ \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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### Emergency Form

 First call goes to the parents. If parent's can't be reached, then...

1<sup>st</sup> Emergency Contact Name : \_\_\_\_\_

Work ☎ \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell ☎ \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relation to Child: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact Name: \_\_\_\_\_

Work ☎ \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell ☎ \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Relation to Child: \_\_\_\_\_

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## Pick-Up Authorization

The following people are authorized to pick-up my child from YMCA Day Camp. I understand that the people listed below are required to show identification each day and that staff will verify their permission to pick-up my child with this form if needed. **(IMPORTANT: Parents please include your names if applicable)**

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Name	Relationship	Daytime Phone
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Name	Relationship	Daytime Phone
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Name	Relationship	Daytime Phone
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Name	Relationship	Daytime Phone
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If applicable, legal custody of child is retained by: \_\_\_\_\_

If applicable, my child is not authorized to be picked up by the following person(s) for reasons pertaining to custody or other legal matters:

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Name	Relationship
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I attest that the above information is correct to my knowledge and I understand that I am responsible for submitting any changes to the above information in writing to the YMCA Child Care Director.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical and Medication Authorization Form

Known allergies

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Special Health Considerations

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Behavioral Problems

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Child's doctor and hospital affiliation

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## Medical and Medication Authorization Form Continued

Parent or legal guardian must complete and sign this form and document any changes to original medication on this form.

All medications must be given directly to the YMCA Child Care Director for safe storage. Medications are not allowed to be kept or stored by a child.

YMCA staff will keep a record of the receipt and administration of any medication. Parents have access to these records upon request at any time. YMCA staff is not allowed to administer medication unless it is in its original container with all original labels attached.

### Name of medication(s) taken:

(1) \_\_\_\_\_ at \_\_\_\_\_ AM/PM

(2) \_\_\_\_\_ at \_\_\_\_\_ AM/PM

**Please Sign in here if my child  
*doesn't* require any type of  
medication/or specific help.**

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**Date**

### Prescribed dosage regarding this medication or special instructions:

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I, \_\_\_\_\_, give YMCA staff permission to administer the above-mentioned medications to my child at the designated time. I understand that if anything changes in regards to this medication I am responsible for informing the YMCA staff in writing.

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## Acknowledgement

By signing below:

I understand that the child care must be paid for in full. If I am a prepay account the, the account must be paid in full preceding Friday and I must notify the billing department about cancellations.

I also acknowledge that I have read the **Parent Handbook** and agree to abide by the policies set therein.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date





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## Injury Information & Waivers

Name of Family Physician: \_\_\_\_\_  
Clinic/Hospital: \_\_\_\_\_  
Clinic Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Date of Last Exam: \_\_\_\_\_  
Insurance Carrier: \_\_\_\_\_

Dentist/Orthodontist: \_\_\_\_\_  
Phone: \_\_\_\_\_

Special Needs - Health, Physical, Diet, Educational, special instructions, or the staff awareness:

\_\_\_\_\_

Allergies: \_\_\_\_\_  
Other Afflictions: \_\_\_\_\_  
Current Medications (Prescriptions only): \_\_\_\_\_  
\_\_\_\_\_

### Emergency Medical Authorization

I hereby give permission to the medical personnel selected by the directors/coordinators to order x-rays, routine test and treatment for my child. In the event I am not able to communication or cannot be reached in an emergency, secure proper treatment for, and order injections and/or anesthesia and/or surgery for me or my child as named above. I will be fully responsible or any costs of such treatment, even if I am not covered by insurance. I give permission to program staff to administer immediate first aid to my child when injured.

**Parent Signature:** \_\_\_\_\_

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

I give the Y staff permission to apply sunscreen on my child.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### **Promotional Agreement**

The Christian County YMCA and its funding partners have my permission to use photographs of my child(ren) in YMCA promotional materials.

Please Circle:                      **Yes**                      **No**

### **Release & Waiver of Liability & Indemnity Agreement**

In consideration of being permitted to utilize the facilities, services and programs of the Y for any purpose, including but not limited to observation or use of the facilities, equipment, or participation in any program affiliated with the Y, without respect to location, the undersigned hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Y 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 reasonable suited for the purpose of such observations, use or participation. In further consideration of being permitted to enter the Y for any purpose, including but not limited to observation or use of facilities, equipment or participation in any program affiliated with the Y without respect to location, the undersigned hereby agrees to the following:

- The undersigned hereby releases, waives, discharges and covenants not to sue the Y or its staff, from all liability to the undersigned, 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, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon or about the premises or any facilities or equipment therein, or participating in any program affiliated with the y, without respect to location.
- The undersigned hereby agrees to indemnify, save and hold harmless the release and each of the from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Y premises or in any way observing or using any facilities or equipment of the Y or participating in any program affiliated with the Y whether caused by the negligence of the releases or otherwise.
- The undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage due to negligence of releases or otherwise while in, about or upon the premise of the Y and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Y.
- The undersigned further expressly agrees that the forgoing 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 force and effect.
- The undersigned has read and voluntarily signs the release and waiver of liability agreement, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

I have read this release:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CHRISTIAN COUNTY YMCA**

900 McAdam Dr., Taylorville, IL 62568 P 217-287-7271 F 217-824-2348 WWW.CCYMCA.ORG

**Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. The Christian County YMCA has put in place preventative measures to reduce the spread of COVID-19; however, **the Christian County YMCA cannot guarantee that you will not become infected with COVID-19.** Further, participation could increase your risk of contracting COVID-19.

**READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH**

\_\_\_ INITIALS By signing this agreement, **I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death.** I understand that the risk of becoming exposed to or infected by COVID-19 at the Christian County YMCA may result from the actions, omissions, or negligence of myself and others, including, but not limited to the Christian County YMCA’s employees, volunteers, and program participants and their families.

\_\_\_ INITIALS **I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at the Christian County YMCA.** On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless the Christian County YMCA, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Christian County YMCA, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at the Christian County YMCA.

\_\_\_ INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

\_\_\_ INITIALS In the event that I file a lawsuit, I agree to do so in the state where the Christian County YMCA is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

\_\_\_ INITIALS **By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.**

\_\_\_ INITIALS **I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing.** Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understood this document and I agree to be bound by its terms.**

\_\_\_ INITIALS If I have signed a separate general waiver of liability connected to my participation at the Christian County YMCA, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

\_\_\_ INITIALS *I agree that I will practice safe social distancing and clean hygiene during my participation at The Christian County YMCA.*

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Date \_\_\_\_\_

**Parent or Guardian Additional Agreement  
(Must be completed by participants under 18 years of age)**

In consideration of \_\_\_\_\_ (PRINT minor’s names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**\*Remember, the child’s parent/guardian must supply child’s mask daily.**