



FOR YOUTH DEVELOPMENT™
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

ANOTHER GREAT SCHOOL YEAR

Child Care Registration



CHRISTIAN COUNTY YMCA

900 McAdam Dr., Taylorville, IL 62568 **P** 217-287-7271 **F** 217-824-2348 **W** www.ccyymca.org

Rates

Rates are for 5 days a week, regardless of child attendance. School's out days are not considered a part of the before and after school programs, and parents must sign up children for these days using registration forms. If a school's out day(s) occur, the before and after school pricing will be adjusted to reflect these change.

Taylorville Child Care Rates:

5 days of Before and After School Child Care

Members	\$67.50 (sibling price = \$60.00)
Non-Members	\$90.00

You will be billed for 5 full days even if attendance is less

Registration Fees

Must be paid at time of registration.
Single child: \$25.00.
Family: \$45.00

Monthly Membership Fees

Youth: \$17.85
Family: \$59.10

*The Joiners Fee will be waived for all school aged childcare participants and families

School's out Days Pricing:

Members: \$27.00 (Siblings: \$22.00)
Non-members: \$39.00

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

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 or has been scheduled.
- 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 15th **and** 28th 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 15th **and** 28th 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 60 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:

Date Billed	Dates included in billing period	Weeks billed
Aug. 28	Aug. 16-27, 2021	2
Sept. 15	Aug. 30-Sept. 10, 2021	2
Sept 28	Sept. 13-24, 2021	2
Oct. 15	Sept. 27-Oct. 15	2
Oct. 28	Oct. 18-29, 2021	2
Nov. 15	Nov. 1-12, 2021	2
Nov. 28	Nov. 15-26, 2021	2
Dec. 15	Nov. 29-Dec. 17, 2021	3
Dec. 28	Dec. 20-31, 2021	2
Jan. 15	Jan. 3-14, 2022	2
Jan. 28	Jan. 17-28, 2022	2
Feb. 15	Jan. 31-Feb. 11, 2022	2
Feb. 28	Feb. 14-25, 2022	2
Mar. 15	Feb. 28-Mar. 11, 2022	2
Mar. 28	Mar. 14-25, 2022	2
Apr. 15	Mar. 28-Apr. 15, 2022	3
Apr. 28	Apr. 18-29, 2022	2
May 15	May 2-13, 2022	2
May 28	May 16-27, 2022	2

Please keep this page for your reference.

School's out Days

August 16, 17, 2021

October 11, 2021

November 11, 2021

November 23, 24 and 26, 2021

December 20, 2021-January 3, 2022

January 17, 2022

February 21, 2022

March 7, 2022

April 11-18, 2022

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. It takes 2 weeks to process a scholarship.

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 for child care.

Child(ren)'s Name: _____



Child Care Payment Method

Taylorville Schools

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

Primary Contact Name: _____

Email: _____ (required)

Primary Phone: _____ Cell Phone: _____

Child Care Program

If your child is only attending certain days, please indicate the days below:

Mon: ___ Tues: ___ Wed: ___ Thurs: ___ Fri: ___

Child care billing is drafted twice a month on 15th and 28th

Please choose either Bank draft or Credit Card draft

Bank draft
 Checking Savings
 Name on account: _____

 Routing #: _____
 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: _____



Taylorville School District

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Christian County Family YMCA
2021-22 School Year Registration

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

Child's last name first name

Birth Date / / Age as of 8/18 School Year 2021-22 Entering grade

School Child attends:

YMCA Member (Membership must be valid at time of registration to receive member child care pricing fees and must remain valid until May 30, 2022)

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

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

1st Emergency Contact Name :

Work Cell Relation to Child:

2nd Emergency Contact Name:

Work Cell Relation to Child:

Pick-Up Authorization

The following people are authorized to pick-up my child from YMCA Child Care Program. 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)**

Name	Relationship	Daytime Phone
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Name	Relationship	Daytime Phone
------	--------------	---------------

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:

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 Coordinator.

Parent/Guardian Signature _____ Date _____

Medical and Medication Authorization Form

Known allergies

Special Health Considerations

Behavioral Problems

Child's doctor and hospital affiliation

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 Coordinator 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:

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.

Acknowledgement

By signing below:

I understand that the child care must be paid for in full. If I am a prepay account, the account must be paid in full before child(ren) can attend and I must notify the billing department about cancellations.

I also acknowledge that I have read the **Parent Handbook** for the 2021-22 School Year 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 communicate 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:** _____



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 thereon, 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:** _____