

PROGRAM REGISTRATION

Please select the programs you would like to register your child for.

Registration Fee: \$25/1 Participant \$50/2+ Participants

Before Care (6:30am - 7:40am) After Care (2:45pm - 6:00pm)

Type of Service	1 Participant Weekly Rate	2 Participants Weekly Rate	3+ Participants Weekly Rate
<input type="checkbox"/> Before Care	<input type="checkbox"/> \$5	<input type="checkbox"/> \$7	<input type="checkbox"/> \$10
<input type="checkbox"/> After Care	<input type="checkbox"/> \$50	<input type="checkbox"/> \$75	<input type="checkbox"/> \$100
<input type="checkbox"/> Before and After Care	<input type="checkbox"/> \$55	<input type="checkbox"/> \$82	<input type="checkbox"/> \$110
<input type="checkbox"/> Drop-In After Care	<input type="checkbox"/> \$15 daily per participant		
<input type="checkbox"/> Drop-In Before Care	<input type="checkbox"/> \$5 daily per participant		

Holiday Day Camps

Fall Break Camp \$70

November 27-29 (No camp 11/28)

Winter Break Camp

December 23 - January 3

(No camp 12/25 or 1/1; 12/24 camp ends at 2:00pm)

Week 1 (\$140)

Week 2 (\$140)

Spring Break Camp \$175

April 6-10

Note: YMCA of Michiana is closed Labor Day, September 2nd, and Memorial Day, May 25th

School's Out Y's In (SOYI) (6:30am - 6pm)

(Held at YMCA of Michiana)

September 20, 2019

October 25, 2019

January 20, 2020

February 17, 2020

March 6, 2020

March 27, 2020

SOYI Fees

\$35 daily rate per participant

REGISTRATION ONLINE AT
michianaymca.org/stanthony

WAIVERS: I understand payment will BEGIN processing on the Wednesday 12:00AM BEFORE the week my child will be attending programming and then every Wednesday 12:00AM for the remaining time my child is registered. (Due to different bank protocols there may be a delay in the payment posting to your account.) Payments are a continuous payment plan. It is to my complete understanding that if I wish to terminate our engagement in any way, I must give the DIRECTOR OF YOUTH DEVELOPMENT a one (1) week written notice prior to my next debit or transaction. A 50% refund will be issued. If proper notice is not received, I will be responsible for tuition regardless of whether my child attends the program or not. See Cancellation policy in the Parent Handbook. Should any payment not be honored by my bank for any reason, I understand that I am still responsible for that payment plus any additional charges incurred for processing. This is in addition to any service fee my bank requires. Any participant with a draft return will be contacted by a staff member of the YMCA OF MICHIANA. The payment process and continuation of services will be discussed at this time. Two returned savings or checking account drafts will necessitate a change in payment options that include credit card draft, debit card draft, or payment at a YMCA of Michiana Branch Location.

I hereby authorize the YMCA of Michiana to debit the above account on the scheduled due dates the duration of the 2019-2020 school year.

Initial Here: _____

CANCELLATION POLICY

No fee will be charged to cancel weeks before August 16th, 2019. Cancellation of weeks after 8/16/19 will result in half of your weekly fee payment will be returned per canceled week with a written request to the Director of Youth Development one week prior to that transaction.

Initial Here: _____

SIGNATURE

Parent signature: _____ Date: _____



ST. ANTHONY DE PADUA CATHOLIC SCHOOL

REGISTRATION FORM

2019-2020 BEFORE & AFTER SCHOOL • WINTER & SPRING BREAK CAMPS • SOYI

YMCA OF MICHIANA

TEL: 574.287.9622 FAX: 574.282.3752 WEB: michianaymca.org

1201 Northside Blvd, South Bend, IN 46615

Please print legibly and complete ALL sections

PARTICIPANT INFORMATION:

Name (First and Last) _____ Gender: _____ DOB: _____

Grade: _____ Siblings In Programs: _____

Parent/Guardian Information

ACCOUNT HOLDER/PARENT/GUARDIAN 1

Name (First and Last) _____ DOB: _____ Work: _____

E-mail Address: _____ Best Contact Number: _____

Address: _____ City/State/Zip: _____

Second Contact #: _____ Work Phone: _____ Custodial Parent: _____

Relationship to child: _____

PARENT/GUARDIAN 2

Name (First and Last) _____ DOB: _____ Work: _____

E-mail Address: _____ Best Contact Number: _____

Address: _____ City/State/Zip: _____

Second Contact #: _____ Work Phone: _____ Custodial Parent: _____

Relationship to child: _____

EMERGENCY CONTACTS AND AUTHORIZED PICK-UP PERSONS

Name	Name	Name
Relation to Student	Relation to Student	Relation to Student
DOB	DOB	DOB
Cell Phone:	Cell Phone:	Cell Phone:

HEALTH HISTORY

List any allergies or medical conditions that we should know about and how we should treat an incident.

MEDICATION

All medication must be in the original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Med #1 _____ Dosage _____ Specific time taken _____ Reason for taking _____

Med #1 _____ Dosage _____ Specific time taken _____ Reason for taking _____

MEDICAL CONSENT

I hereby give permission to the YMCA to administer the above listed medications to my child. I hereby give permission to the YMCA OF MICHIANA, INC., to secure and administer medical treatment, including hospitalization, for my child. I further acknowledge full responsibility for any and all bills incurred in obtaining medical treatment. This form may be photocopied. Initial: _____

BEHAVIOR POLICY

Positive Behavior Management Procedures

We believe that children are entitled to a pleasant and harmonious environment at our program. The YMCA OF MICHIANA Before and After School & Summer Day Camp programs cannot serve children who display chronically disruptive behavior. Chronically disruptive behavior is defined as verbal or physical activity which may include, but is not limited to the following: behavior that requires constant attention from staff, behavior that inflicts physical or emotional harm on other children, behavior that abuses the staff and/or ignores or disobeys the rules. Behavior that instigates other children to act out in a verbal or physical way. If a child cannot adjust to the program setting and behave appropriately, then the child may be terminated. Reasonable efforts will be made to assist children in adjusting to the program setting.

PHYSICAL VIOLENCE OF ANY KIND IS NOT TOLERATED AND CAN RESULT IN IMMEDIATE SUSPENSION FROM THE PROGRAM.

Initial Here: _____

PHOTO AUTHORIZATION

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below. For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) , I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services. I further agree to the following: Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities; Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties; YMCA of the USA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me. I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Initial Here: _____

Parent/Guardian Contract

1) I am an adult over 18 years of age and my children or dependents wish to participate in the YMCA OF MICHIANA membership and program activities. I, my spouse, children, and dependents do hereby agree to hold free from any and all liability the YMCA OF MICHIANA and its respective officers, employees, and members and do hereby for myself, my heirs, executors, and administrators, waive, release, and forever discharge any and all legal rights to claims for damages which I or my family may have or which may hereafter occur to us arising out of, or connected with our participation in any of the activities of the YMCA OF MICHIANA. 2) I declare that my child is physically sound to participate in the activities of the YMCA OF MICHIANA Summer Day Camp. 3) I do hereby understand the Y's Payment, Cancellation and Refund Policy. I am financially responsible for each week marked on this registration form. Half of my weekly fee payment will be returned per canceled week with a written notice to the Director of Youth Development one week prior to that debit or transaction. If a program is cancelled due to low participation a full refund will be issued. 4) Some camp activities are held off-site. If a camp-wide field trip is planned, all campers and camp staff will be in attendance. I understand that I must drop-off my child by the designated time in order for my child to participate in camp during that scheduled field trip time. 5) I have completed the required registration information with accuracy. I understand that all required documents must be placed on file at the Y before my child attends Summer Day Camp. This includes payment information as I understand that camp fees are automatically pulled from an account I have given on file. 6) I understand that any behavior from myself, or any other adult that I have granted to have interactions with YMCA staff on my behalf, or behavior from my child that is deemed disrespectful or unsafe to the program can result in removal of my child from YMCA programming. 7) I understand that the YMCA of Michiana has a zero tolerance policy for any violent or threatening behavior from any adult or participant in the program. This will result in immediate removal from the program.

Initial Here: _____

OFFICE USE ONLY

Staff Initials _____ Date: _____