

Southdale YMCA School Age Care Registration *2009 – 2010*

For Richfield Intermediate Students Grades 3 – 5

Before and After-School Care

We build STRONG KIDS, strong families, strong communities.

The YMCA has been providing trusted, quality child care for over 50 years. We strive to offer the best child care with a strong curriculum based on the four core values of caring, honesty, respect and responsibility. We enhance your child's development with enrichment opportunities and healthy lifestyle choices.

YMCA School Age Care: Grades 3 – 5

At the YMCA we create safe, structured environments under the supervision of caring adult staff who will be role models for your child. Our program is both recreational and educational, designed to meet the various needs of growing children. **Our curriculum** offers enriching activities in areas such as: arts and humanities, science, service learning, health & fitness, homework support, literacy, character development and conflict resolution. Your child will be provided activity choices where they can make friends, learn, play and thrive. Each week has a different theme.

After Care

The Southdale YMCA at Richfield Intermediate provides After Care for children who attend Richfield Intermediate School. Safety is our top priority. In the afternoon, students walk from class to the School Age Care program and parents/guardians must sign them out at pick up time. **This program is conveniently located at Richfield Intermediate School.**

YMCA School Release Day Program: Grades 3 – 5

When school is out the Y is in! Join us for fun-filled days of swimming, sports, arts & crafts, games, cooking projects and awesome field trips. Your child will enjoy a variety of theme based activities geared towards individual interests and grade levels. Sign up for 1 day or the whole release day week. A separate registration form is required for sign up and can be downloaded at ymcatwincities.org.

Registration – Space is limited, so register early!

Register online at ymcatwincities.org or complete the attached registration and health history form and mail it to the YMCA Business Center, 2125 East Hennepin Avenue, Minneapolis, MN 55413-0524. **Please include a \$35 registration fee for each child.** You may authorize weekly automatic electronic fund transfer (EFT) on your registration. Important information is provided in the Parent Handbook, available online at ymcatwincities.org or call 612-230-9622 for a copy.

Child Care Assistance Programs

If you receive assistance through the county or other agency, a current 'Authorization of Service' must be on file with the Business Center. Your child can begin only after this information is received. The YMCA will also need the name and phone number of your case worker before enrollment is accepted. Please include this on the registration form.

Personal Pricing Plan

The YMCA welcomes those who wish to participate and annually raises funds to help make that possible. Personal Pricing Plan is supported in part by contributions from Y Partners and other donors, and provides scholarships and subsidies for qualifying applicants within our available resources. Please let us know if we may serve you or your family in this way. Download an application at ymcatwincities.org or call 612-230-9622.

YSCHOOL AGE™



Fees and Billing Contract

There is a \$35 nonrefundable registration fee per child. Registration fee is required when submitting the Personal Pricing Plan. **Each child must register for a minimum of two session per week.** Fees are due one week prior to the start of the session. **Please see Parent Handbook for billing information, available online at ymcatwincities.org or call 612-230-9622.**

After-School Program Session Fees

2 sessions:	\$19.50
3 sessions:	\$29.25
4 sessions:	\$39.00
5 sessions:	\$48.75

School-Release Days:

The total charge for a Release Day is \$35.

The cost will increase to \$45 for late registrations. Please choose your days carefully as fees are nonrefundable.

Program Dates

September 8, 2009 – June 11, 2010.

Program Hours (Monday - Friday)

After-School Care: End of School – 6:00 p.m.

School-Release Day and Holiday Care: 6:30 a.m. – 6:00 p.m.

YMCA School-Age Care will be closed on the following days:
Labor Day, Thanksgiving Day and the day after, Christmas Eve
Christmas Day, New Year's Eve, New Year's Day, and
Memorial Day.

Location

Richfield Intermediate School

7020 12th Avenue South
Richfield, MN 55423

For more information please call: 612-716-1406.

YMCA Summer Programs

The YMCA offers a variety of fun and enriching summer programs. **Summer Power** is popular School Age Care program featuring flexible schedules, theme weeks and awesome field trip adventures. **Sports, Day Camp** and **Camp** opportunities are also available. Learn more at ymcatwincities.org.



Southdale YMCA • Richfield Intermediate School Age Care Registration 2009 – 2010

Please use one form per child and print neatly. Remember to enclose your \$35 Registration fee. Register online at ymcatwincities.org or return this completed form with parental/guardian signature to YMCA Business Center • 2125 E. Hennepin Ave. • Mpls, MN 55413 • Fax 612-465-0559

Location: Richfield Intermediate School

Child's name (please print) _____ Female Male

Home phone (_____) _____ E-mail _____

Address _____ City _____ State _____ Zip _____

Birthdate ____/____/____ Grade in Fall 2009 _____ School in Fall 2009 _____

Parent/Guardian* _____ Birthdate ____/____/____ Home phone (_____) _____

Work phone (_____) _____ Cell phone/pager (_____) _____

Parent/Guardian* _____ Birthdate ____/____/____ Home phone (_____) _____

Work phone (_____) _____ Cell phone/pager (_____) _____

Child resides with Mother Father Both Other _____

* Parent's/Guardian's address if different from child's _____

Contracted schedule needed each week: (minimum of 2 sessions a week)

Start date ____/____/____

After-School Care M T W TH F

Subsidy Provider Information: A current "Authorization of Service" must be on file before your child's registration will be accepted.

Our family currently receives subsidy from: County Third Party Agency Other _____

Agency/County Worker's Name _____ Phone Number _____

Case # Required _____ Paperwork submitted to County/Agency: Yes No

Third Party Agency Name: _____ Third Party Member #: _____

Payment Information: Please note, Registrations will not be processed without \$35 Registration Fee.

Check Enclosed Amount: \$ _____ I would like a split payment option between both parents/guardians.

Weekly EFT Authorization Please charge: \$35 Registration Fee \$35 Registration Fee now, plus weekly program fee. \$35 Registration Fee now, plus weekly program fee and School Release Day fee.

Name on Card _____ Card Number: _____ Exp Date: _____

I agree to pay above total amount according to card issuer agreement. **X**

Emergency Contacts & Pick-Up Authorization

The Parent/Guardian is authorizing the following people to be an emergency contact and authorized pick up for the child named above:

1. Name _____

Relationship to child _____

Phone: Day (_____) _____ Evening (_____) _____

2. Name _____

Relationship to child _____

Phone: Day (_____) _____ Evening (_____) _____

3. Name _____

Relationship to child _____

Phone: Day (_____) _____ Evening (_____) _____

Family Doctor _____

Phone (_____) _____

Family Dentist _____

Phone (_____) _____

Do you carry family medical/hospital insurance? Yes No

Carrier _____

Policy/Group # _____

Has child had any of the following, and if so, please explain:

Operations or serious injuries
(date/s) _____

Chronic or recurring illnesses _____

Allergies or Asthma _____

Dietary restriction/s _____

Special needs _____

Is the child taking any medications? Yes No

If yes, what kind and why: _____

If medication needs to be administered during the program, a Medication Permission Form must be completed. Call the YMCA for this form, or pick it up at your site.

Status of child's vision, hearing, and speech _____

Does your child have a communicable disease or condition which may prove to be a risk to others? Yes No

If yes, please comment: _____

Other significant information about your child's behavior that would be helpful to know: _____

MONTH, DATE AND YEAR OF MOST RECENT IMMUNIZATIONS:

DPT	_____	Polio	_____
Measles	_____	Mumps	_____
Rubella	_____	HIB	_____
Tetanus	_____		_____

Waiver of Liability

I understand that The Young Men's Christian Association of Metropolitan Minneapolis assumes no responsibility for injuries or illnesses which my minor child may sustain as a result of any physical condition or resulting from participation in any summer program activities or experiences. I expressly acknowledge on behalf of my minor child and heirs that I assume the risk for any and all injuries and illnesses which may result from my minor child's participation in these activities. If my child requires use and administration of an epi-pen, it is my responsibility to ensure that the epi-pen is on my child or within their personal belongings every day of the program. If YMCA staff is required to administer and use the epi-pen, I agree to forever release and discharge the YMCA and it's directors, officers, and employees from any and all liability arising out of or resulting from use or administration of the epi-pen. I give my permission for the YMCA to administer sunscreen as needed. I hereby release and discharge the YMCA to it's directors, officers, employees and volunteers from any and all claims for accidents, injuries, death, loss or damage which I or my minor child may suffer as a result of participating in these activities.

Parent/Guardian Authorization

1. In the event that my child needs immediate medical attention for injuries received while participating in a YMCA program, I authorize the YMCA staff to give my child reasonable first aid, and to arrange transport of my child to a health care facility for emergency services as needed.

2. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. The YMCA receives medical information on campers/participants that may need to be shared with medical providers.

3. My child has my permission to be transported by the YMCA as needed for field trips, inclement weather, or late pick up. I also give my permission to participate in walking field trips.

4. I hereby acknowledge that the YMCA will assume that either parent of the child may pick up the child at any time during the program unless there is pertinent court documentation on file at the YMCA that indicates otherwise.

5. I hereby release all pictures of my child taken by the YMCA for promotional purposes and programming materials including the YMCA website.

Parent/Guardian Signature _____ Date ____/____/____