Indian Boundary YMCA
Camper Check-off List
Summer Camp 2020

Camper Name: __________________________________________

Age: ________  DOB: _____________  Grade Entering: _____________

Required Documents

___ 2020 Registration Form
___ Participant Emergency Information Packet
___ Parent Handbook Acknowledgement
___ Talent Release
___ Facility/ Field Trip Agreement
___ Character Contract
___ Behavior Report
___ Pick Up Agreement/ Late Pick Up
___ Parent Communication
___ Payment Agreement
___ Auto Draft

*Please make sure all documents/forms are completed, all documents MUST be returned before your camper starts any YMCA summer program*

Parent / Guardian Signature: ___________________________ Date: ______

Director’s / Coordinator’s Signature: ______________________ Date: ______

For office use only:

___ Unauthorized pick-up
___ File Copied
___ Medical concern
___ No Talent Release
## Indian Boundary YMCA Summer Camp 2020 Registration Form

### Child Name: __________________________ Age: __________

### Family Email: ________________________________________

### Member Number: ____________________________

#### Week 1: June 8-12
**Required $25.00 Deposit at time of registration**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Days</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Camp</td>
<td>M T W T H F</td>
<td>K - 6th grade</td>
</tr>
<tr>
<td>Academic Camp</td>
<td>M - F</td>
<td>2nd - 6th grade</td>
</tr>
<tr>
<td>Teen Escape</td>
<td>M T W T H F</td>
<td>7th -10th grade</td>
</tr>
<tr>
<td>Full Day Sports (JR)</td>
<td>M - F</td>
<td>K-2nd grade</td>
</tr>
<tr>
<td>Full Day Sports (SR)</td>
<td>M - F</td>
<td>3rd -6th grade</td>
</tr>
</tbody>
</table>

**Paid in full at time of registration**

No Classes on Wednesdays

- **Soccer (SR)** 5-8 yrs
- **Full Day Adventure Camp** Paid in full at time of registration
- **Animal Care Camp** M-F 7-12 yrs

#### Week 2: June 15-19
**Required $25.00 Deposit at time of registration**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Days</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Camp</td>
<td>M T W T H F</td>
<td>K - 6th grade</td>
</tr>
<tr>
<td>Academic Camp</td>
<td>M - F</td>
<td>2nd -6th grade</td>
</tr>
<tr>
<td>Teen Escape</td>
<td>M T W T H F</td>
<td>7th -10th grade</td>
</tr>
<tr>
<td>Full Day Sports (JR)</td>
<td>M - F</td>
<td>K-2nd grade</td>
</tr>
<tr>
<td>Full Day Sports (SR)</td>
<td>M - F</td>
<td>3rd -6th grade</td>
</tr>
</tbody>
</table>

Paid in full at time of registration

No classes on Wednesdays

- **Soccer (SR)** 9-12 yrs
- **Full Day Adventure Camp** Paid in full at time of registration
- **Movie Making Camp** M-F 8-11 yrs

#### Week 3: June 22-26
**Required $25.00 Deposit at time of registration**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Days</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Camp</td>
<td>M T W TH</td>
<td>K - 6th grade</td>
</tr>
<tr>
<td>Academic Camp</td>
<td>M - F</td>
<td>2nd - 6th grade</td>
</tr>
<tr>
<td>Teen Escape</td>
<td>M T W TH F</td>
<td>7th -10th grade</td>
</tr>
<tr>
<td>Full Day Sports (JR)</td>
<td>M - F</td>
<td>K-2nd grade</td>
</tr>
<tr>
<td>Full Day Sports (SR)</td>
<td>M - F</td>
<td>3rd -6th grade</td>
</tr>
</tbody>
</table>

Paid in full at time of registration

No Classes on Wednesdays

- **Soccer (JR)** 5-8 yrs
- **Full Day Adventure Camp** Paid in full at time of registration
- **Animal Care Camp** M-F 7-12 yrs

#### Week 4: June 29 - July 3
**Required $25.00 Deposit at time of registration**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Days</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Camp</td>
<td>M T W T H F</td>
<td>K - 6th grade</td>
</tr>
<tr>
<td>Academic Camp</td>
<td>M - F</td>
<td>2nd -6th grade</td>
</tr>
<tr>
<td>Teen Escape</td>
<td>M T W T H F</td>
<td>7th -10th grade</td>
</tr>
<tr>
<td>Full Day Sports (JR)</td>
<td>M - F</td>
<td>K-2nd grade</td>
</tr>
<tr>
<td>Full Day Sports (SR)</td>
<td>M - F</td>
<td>3rd -6th grade</td>
</tr>
</tbody>
</table>

Paid in full at time of registration

No Classes on Wednesdays

- **Basketball (SR)** 5-8 yrs
- **Full Day Adventure Camp** Paid in full at time of registration
- **Lego Learners Camp** M-F 5-8 yrs
- **Lego Master Crafters Camp** M-F 9-11 yrs

#### Week 5: July 6-10
**Required $25.00 Deposit at time of registration**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Days</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Camp</td>
<td>M T W T H F</td>
<td>K - 6th grade</td>
</tr>
<tr>
<td>Academic Camp</td>
<td>M - F</td>
<td>2nd - 6th grade</td>
</tr>
<tr>
<td>Teen Escape</td>
<td>M T W T H F</td>
<td>7th -10th grade</td>
</tr>
<tr>
<td>Full Day Sports (JR)</td>
<td>M - F</td>
<td>K-2nd grade</td>
</tr>
<tr>
<td>Full Day Sports (SR)</td>
<td>M - F</td>
<td>3rd -6th grade</td>
</tr>
</tbody>
</table>

Paid in full at time of registration

No Classes on Wednesday

- **Dodgeball (SR)** 9-12 yrs
- **Full Day Adventure Camp** Paid in full at time of registration
- **Science Camp** M-F 8-11 yrs

#### Week 6: July 13-17
**Required $25.00 Deposit at time of registration**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Days</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Camp</td>
<td>M T W T H F</td>
<td>K - 6th grade</td>
</tr>
<tr>
<td>Academic Camp</td>
<td>M - F</td>
<td>2nd -6th grade</td>
</tr>
<tr>
<td>Teen Escape</td>
<td>M T W T H F</td>
<td>7th -10th grade</td>
</tr>
<tr>
<td>Full Day Sports (JR)</td>
<td>M - F</td>
<td>K-2nd grade</td>
</tr>
<tr>
<td>Full Day Sports (SR)</td>
<td>M - F</td>
<td>3rd -6th grade</td>
</tr>
</tbody>
</table>

Paid in full at time of registration

No Classes on Wednesdays

- **Basketball (SR)** 9-12 yrs
- **Full Day Adventure Camp** Paid in full at time of registration
- **Summer Cooking Camp** M-F 8-11 yrs

#### Week 7: July 20-24
**Required $25.00 Deposit at time of registration**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Days</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Camp</td>
<td>M T W T H F</td>
<td>K - 6th grade</td>
</tr>
<tr>
<td>Academic Camp</td>
<td>M - F</td>
<td>2nd - 6th grade</td>
</tr>
<tr>
<td>Teen Escape</td>
<td>M T W T H F</td>
<td>7th -10th grade</td>
</tr>
<tr>
<td>Full Day Sports (JR)</td>
<td>M - F</td>
<td>K-2nd grade</td>
</tr>
<tr>
<td>Full Day Sports (SR)</td>
<td>M - F</td>
<td>3rd -6th grade</td>
</tr>
</tbody>
</table>

Paid in full at time of registration

No Classes on Wednesdays

- **Soccer (JR)** 5-8 yrs
- **Full Day Adventure Camp** Paid in full at time of registration
- **Animal Care Camp** M-F 7-12 yrs
- **Creative Arts Camp** M-F 6-11 yrs

#### Week 8: July 27-31
**Required $25.00 Deposit at time of registration**

<table>
<thead>
<tr>
<th>Activity</th>
<th>Days</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Traditional Camp</td>
<td>M T W T H F</td>
<td>K - 6th grade</td>
</tr>
<tr>
<td>Academic Camp</td>
<td>M - F</td>
<td>2nd -6th grade</td>
</tr>
<tr>
<td>Teen Escape</td>
<td>M T W T H F</td>
<td>7th -10th grade</td>
</tr>
<tr>
<td>Full Day Sports (JR)</td>
<td>M - F</td>
<td>K-2nd grade</td>
</tr>
<tr>
<td>Full Day Sports (SR)</td>
<td>M - F</td>
<td>3rd -6th grade</td>
</tr>
</tbody>
</table>

Paid in full at time of registration

No Classes on Wednesdays

- **Basketball (JR)** 5-8 yrs

---

**No Classes on Wednesdays**

- **Soccer (JR)** 5-8 yrs
- **Movie Making Camp** M-F 8-11 yrs
- **Dodgeball (SR)** 9-12 yrs
- **Full Day Adventure Camp** Paid in full at time of registration
- **Science Camp** M-F 8-11 yrs
- **Dodgeball (SR)** 9-12 yrs
- **Full Day Adventure Camp** Paid in full at time of registration
- **Summer Cooking Camp** M-F 8-11 yrs
- **Basketball (SR)** 5-8 yrs
Week 9: August 3–7
Required $25.00 Deposit at time of registration

- Traditional Camp
  M T W TH F
  K – 6th grade

- Academic Camp
  M – F
  2nd – 6th grade

- Teen Escape
  M T W TH F
  7th – 10th grade

- Full Day Sports (JR)
  M– F
  K-2nd grade

- Full Day Sports (SR)
  M– F
  3rd – 6th grade

Paid in full at time of registration

No Classes on Wednesday

Full Day Adventure Camp
Paid in full at time of registration

__ LITTLEBITS Camp
M– F
8–11 yrs

Parent Signature: ________________________________ Date: ________________________________

Family Email Address: ________________________________

Date Registration received ________________________________

Staff member processing registration ______________

Week 10: August 10–14
Required $25.00 Deposit at time of registration

- Traditional Camp
  M T W TH F
  K – 6th grade

- Academic Camp
  M – F
  2nd – 6th grade

- Teen Escape
  M T W TH F
  7th – 10th Grade

- Full Day Sports (JR)
  M – F
  K-2nd grade

- Full Day Sports (SR)
  M – F
  3rd – 6th grade

Americans with Disabilities Act Compliance

In accordance with the Americans with Disabilities Act, The YMCA of Metropolitan Chicago does not discriminate against persons with disabilities. The YMCA will make every effort to include members with disabilities in its programs, and will work together with the parent or caregiver to determine what reasonable modifications will be effective for the member with a disability.

For more information about the YMCA Inclusion process, contact inclusion@ymca.org.
YMCA OF METRO CHICAGO
PARTICIPANT EMERGENCY INFORMATION PACKET (CAMP)

PERSONAL INFORMATION
Child's name: ________________________ Birthdate: ______ Age: ______ Gender: ______
Address: ____________________________ City: __________ State: ______ Zip: __________
School child attends: _________________ Grade: _______ (upcoming school-year)

Parent/Guardian #1: _________________ Relationship: ___________ Cell phone: ___________
Address: ____________________________ City: __________ State: ______ Zip: __________
Employer: ____________________________ Title: ___________ Work hours: ___________ Work phone: ___________
Email: ________________________________

Parent/Guardian #2: _________________ Relationship: ___________ Cell phone: ___________
Address: ____________________________ City: __________ State: ______ Zip: __________
Employer: ____________________________ Title: ___________ Work hours: ___________ Work phone: ___________
Email: ________________________________

Child lives with: □ Both Parents □ Mother □ Father □ Other ________________

ADULTS AUTHORIZED TO PICK-UP MY CHILD/EMERGENCY CONTACTS OTHER THAN PARENTS/GUARDIANS
(Minimum of 2 are required – must be age 18 or over)

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship</th>
<th>Address</th>
<th>Preferred Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

AUTHORIZED PICK-UP/EMERGENCY PICK-UP: I, ________________________________, authorize the people listed above to pick up my child and be contacted in the event of an emergency from the ________________________________ YMCA. In doing so, I relieve the YMCA of Metropolitan Chicago, its centers and employees of all responsibility for my child after he/she has been released from the program. Attempts will be made to reach the parent/legal guardian first. __________

UNAUTHORIZED PICK-UP: People who CANNOT pick up your child from YMCA program:
1. Name: ________________________ Relationship: _____________
2. Name: ________________________ Relationship: _____________

INSURANCE INFORMATION
Is the participant covered by family medical/hospital insurance? □ No □ Yes, carrier/plan name: __________________
Group # __________________ Name of insured: __________________ Relationship to participant: ____________
Doctor Name: ____________________ Phone: __________________
The following questions are asked so that we may best serve your child in programs. Any information that you choose to disclose is confidential.

While in program, are there any health conditions that you would like us to be aware of?
- Yes, ___________________________________________________________________________

While in program, will your child need to take medication?
- Yes, ___________________________________________________________________________

*If yes, please fill out Permission To Dispense Medication form

While in program, are there allergies that we should be aware of?
- Yes, ___________________________________________________________________________

Allergic reaction (describe): ___________________________________________________________________________

Treatment: ___________________________________________________________________________

Does your child require a modification, due to disability, in order to participate?
- Yes, (If you have any questions, please contact inclusion@ymcachicago.org)

Are there activities that your child should be exempt from due to health reasons?
- Yes, ___________________________________________________________________________

Are all immunizations up to date?
- Yes, No (please provide exemption letter)

Date of last Tetanus (TDAP): ______________

Please describe your child's interactions with children of the same age: ___________________________________________________________________________

How would you describe your child's personality?
_____________________________________________________________________________________

Does your child have any fears that we should be aware of?
- Yes, ___________________________________________________________________________

Is there any other information that you would like to share so that we may better understand and work with your child?
- Yes, ___________________________________________________________________________

**SWIMMING ABILITY**

- Non-swimmer
- Fair-swimmer
- Good-swimmer

**MEDICAL RELEASE**

I do hereby give permission for the YMCA of Metropolitan Chicago staff to transfer child named above off property for the purpose of medical care as deemed appropriate by the Director and in the event that I cannot be reached in an EMERGENCY, I hereby give my permission to the physician selected by the Director, to hospitalize, to secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. **Initials** __________

**YMCA PROGRAM HANDBOOK**

I/We have read and understand and adhere to the policies and procedures set forth in the Program Handbook. **Initials** __________

**YMCA CHARACTER PLEDGE & CONTRACT**

My child and I have read and understand the character pledge and contract found in the Program Handbook. **Initials** __________
TALENT RELEASE FORM
In consideration of my participation in activities to be conducted and/or sponsored by the YMCA, the receipt and sufficiency of which is hereby acknowledged, I hereby freely and without restraint consent to and grant the YMCA of Metropolitan Chicago and its agents, successors, licensees, assigns, and affiliated entities (collectively, the "YMCA") the right to publish, print, photograph, videotape, record or otherwise reproduce my voice, appearance, opinions, statements, biographical information, name, place of residence (city and state) and other personal information concerning me, to own all the results thereof as a work for hire for copyright purposes, and to exhibit, display distribute, transmit and/or otherwise exploit any and all such reproductions containing my voice, opinions, statements, appearance, and/or other contributions, altered as the YMCA may see fit, in any and all media now or hereafter known, including without limitation by means of internet, email, still photography, billboard, radio, television, video, soundtrack recordings, printing, merchandising, public displays, exhibitions, and in advertising and/or publicity in connection therewith, and the right to use my name, city and state of residence in any connection with any of the foregoing. The rights granted by me hereunder are granted for the entire universe and shall inure in perpetuity and no further compensation shall be payable to me at any time in connection there with.

I hereby release the YMCA from any and all claims and demands arising out of or in connection with the uses stated above, including without limitation any and all claims for libel, slander, invasion of privacy, infringement of my right of publicity, defamation, copyright or trademark violation, and any other personal and/or proprietary rights, and I agree that I shall not now or in the future assert or maintain any such claim against the YMCA with respect to the subject matter herein.

The release shall be governed by Illinois law without regard to its conflict of laws principles.

Signature of parent/legal guardian: __________________________          Date: ____________
Printed name parent/legal guardian: ________________________________

FACILITY USER/FIELD TRIP AGREEMENT
I agree to follow all rules and regulations of the YMCA of Metropolitan Chicago ("YMCA") while in, upon or about the premises or while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA without respect as to location, and understand and agree that I may be expelled at any time, with no refund of any monies paid, for failure to abide by such rules and regulations.

IN CONSIDERATION OF BEING PERMITTED TO UTILIZE THE FACILITIES, SERVICES AND PROGRAMS OF THE YMCA FOR ANY PURPOSE, INCLUDING BUT NO LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA WITHOUT RESPECT AS TO LOCATION, I HEREBY AGREE TO THE FOLLOWING:

1. I UNDERSTAND THAT ACTIVITIES AT THE FACILITY OR ELSEWHERE, INCLUDING USE OF EQUIPMENT AND PARTICIPATION IN PROGRAMS, CAN INVOLVE MOVEMENT, STRAIN AND OTHER ELEMENTS THAT CREATE RISK OF SERIOUS INJURY OR DEATH. I ALSO UNDERSTAND THAT PROGRAM ACTIVITIES INCLUDE FIELD TRIPS TO LOCATIONS OUTSIDE THE YMCA PREMISES, AS DESCRIBED IN DETAIL IN THE PROGRAM MATERIALS, AND THAT PUBLIC OR PRIVATE TRANSPORTATION MAY BE UTILIZED TO TRANSPORT PARTICIPANTS TO AND FROM THESE FIELD TRIP LOCATIONS. I HEREBY ASSUME FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE OR LOSS, REGARDLESS OF SEVERITY, THAT I OR MY MINOR CHILD/WARD MAY SUSTAIN FROM MY OR MY MINOR CHILD/WARD’S PRESENCE IN, UPON OR ABOUT THE PREMISES OR WHILE USING OR OBSERVING THE PREMISES OR ANY FACILITIES OR EQUIPMENT, OR PARTICIPATING IN ANY PROGRAM AFFILIATED WITH THE YMCA WITHOUT RESPECT AS TO LOCATION, OR WHILE BEING TRANSPORTED TO AND FROM FIELD TRIP LOCATIONS OUTSIDE THE YMCA PREMISES, EXCEPT FOR ANY INJURY DAMAGE OR LOSS THAT IS CAUSED SOLELY BY THE YMCA’S GROSS NEGLIGENCE.

2. I, FOR MYSELF, ANY PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN, HEREBY FULLY RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE THE YMCA OR METROPOLITAN CHICAGO, ITS OPERATING CENTERS, THEIR RESPECTIVE OFFICERS, DIRECTORS, BOARD OF MANAGERS, TRUSTEES, MEMBERS, VOLUNTEERS, EMPLOYEES OR AGENTS (THE "RELEASEES") AND EACH OF THEM FROM ANY AND ALL CLAIMS FOR INJURIES, DAMAGE OR LOSS THAT I OR MY MINOR CHILD/WARD MAY INCUR WHETHER IN, UPON OR ABOUT THE PREMISES OR WHILE USING OR OBSERVING THE PREMISES OR ANY FACILITIES OR EQUIPMENT, OR PARTICIPATING IN ANY PROGRAM AFFILIATED WITH THE YMCA PREMISES, EXCEPT FOR ANY INJURY DAMAGE OR LOSS THAT IS CAUSED SOLELY BY THE YMCA’S GROSS NEGLIGENCE.

3. I HEREBY AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES AND EACH OF THEM FROM ANY LOSS, LIABILITY, DAMAGE OR COST THEY MAY INCUR FROM MY OR MY MINOR CHILD/WARD’S PRESENCE IN, UPON OR ABOUT THE PREMISES OR WHILE USING OR OBSERVING THE PREMISES OR ANY FACILITIES OR EQUIPMENT, OR PARTICIPATING IN ANY PROGRAM AFFILIATED WITH THE YMCA WITHOUT RESPECT AS TO LOCATION, OR WHILE BEING TRANSPORTED TO AND FROM FIELD TRIP LOCATIONS OUTSIDE THE YMCA PREMISES, EXCEPT FOR ANY LOSS, LIABILITY, DAMAGE OR COST THAT IS CAUSED BY THE YMCA’S GROSS NEGLIGENCE.

I further expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and if any portion thereof is held invalid, it is agreed that the remaining Agreement shall, notwithstanding, continue in full legal force and effect.

THIS AGREEMENT APPLIES TO ALL PAST, PRESENT AND FUTURE VISITS AND USES BY ME TO ANY YMCA FACILITY OR PROPERTY.

I HAVE READ AND VOLUNTARILY SIGNED THIS FACILITY USE/FIELD TRIP AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE AGREEMENT. THIS AGREEMENT CONTAINS A WAIVER AND RELEASE.

Signature of parent/legal guardian: __________________________          Date: ____________
Printed name parent/legal guardian: ________________________________

AUTHORIZATION FOR SUNSCREEN
I acknowledge that I will sufficiently apply sunscreen to all of my child’s exposed skin, and agree that YMCA of Metropolitan Chicago staff may reapply the sunscreen that I provide, labeled with my child’s name.

Signature of parent/legal guardian: __________________________          Date: ____________
PARENT CONSENT FOR ASSESSMENT
The YMCA of Metropolitan Chicago ("YMCA" or "we") is asking to collect assessments (i.e. surveys) from your child during the program day. We use these measures to evaluate how our programs currently serve the academic and social needs of your child and to plan ways to continue nurturing their development. Assessments often happen in the beginning and the end of the programming session, this way we can measure the growth of your child's development. The results of the assessment will be used to inform how YMCA staff trains and plans to best support your child.
We will use assessments widely utilized in child and youth programming that can provide reliable, valid scores to tell us more about a child's development across our mission anchors: Academic Readiness, Character Development, Violence Prevention, and Fitness and Healthy Living.

To allow your child to participate in the assessment, please fill in the form below. Results will be stored anonymously with the YMCA. Your child’s name and any other identifying information will never be shared with parties outside the YMCA or published with information identifying your child. Results will not impact your child’s participation or enrollment in YMCA programs.

Thank you for your participation!

I (print your name) __________________________, the parent/guardian of (print child’s name) __________________________ give my consent to YMCA’s Learning and Evaluation staff and other professionals secured by the YMCA to conduct the assessments.

What is your child’s ethnicity?

☐ White  ☐ Black or African American  ☐ Hispanic/Latino  ☐ American Indian or Alaska Native  ☐ Asian
☐ Native Hawaiian or Pacific Islander  ☐ Other ________________  ☐ I prefer not to answer

Signature of parent/legal guardian: ____________________________ Date: __________
YMCA of Metropolitan Chicago Character Contract

It is our goal to create an exciting and safe learning environment for all. We ask everyone to agree to the following safety and behavioral guidelines so all of our participants are able to have an enjoyable experience. As a family, please read and discuss this Character Contract together.

BE CARING
At the Y we are expected to be considerate and kind through our words and actions.

BE HONEST
At the Y we tell the truth and are able to be our genuine self.

BE RESPECTFUL
At the Y we listen to each other, follow directions and use appropriate language and communication. We treat others the way we would like to be treated.

BE RESPONSIBLE
At the Y we do what is right. We take care of our belongings and are considerate of the belongings of others.

BE SAFE
At the Y we maintain an emotionally and physically safe environment. We stay with our group and follow staff's directions. We use equipment and materials in the way they are intended to be used. We keep our hands and bodies to ourselves.

HAVE FUN
At the Y we are open to new experiences! We try new things and make new friends! We have fun in ways that do not harm others physically or emotionally.

*We reserve the right to dismiss your child from the program immediately in extreme circumstances where physical, emotional or other harm is occurring or may occur to themselves, other children, staff or members.

Signature: ___________________________ Date: ____________
**SAMPLE**

<table>
<thead>
<tr>
<th>YMCA OF METRO CHICAGO PARTICIPANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>BEHAVIOR REPORT</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CHILD'S NAME &amp; AGE</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROGRAM/CLASS</td>
<td>TIME</td>
</tr>
</tbody>
</table>

Dear Parent/Guardian,

In our programs, our top priority is to provide a safe and enriching experience for all children. To do this, we must work together to develop the best plan for each individual child. In order to ensure this nurturing and safe environment, we cannot continue to serve children who repeatedly display disruptive behavior. Disruptive behavior is defined as verbal or physical conduct which may include, but is not limited to:

1. Behavior that requires constant attention from the staff
2. Inflicts physical or emotional harm to self and others
3. Ignores or disobeys the program expectations for acceptable behavior

Our goal is to work together with both the child and family to address and modify any behavior concerns; however, if a child cannot display appropriate behavior, then he/she may be removed from the program.

**Today, your child did not make a good choice by:**

- Not following directions and which resulted/may result in harm to your child or others
- Being untruthful and which resulted/may result in harm to your child or others
- Rejecting staff authority
- Displaying physical aggression – kicking, hitting, biting, spitting, throwing objects, destroying property, etc.
- Displaying verbal aggression – inappropriate language, verbal threats, name calling, etc.
- Leaving assigned area
- Other: explain

**III. Specific Description of Incident: (names of other participants are kept confidential)**

| 1st Behavior Report: Parent, Staff and Participant |
| 2nd Behavior Report: Participant Behavior |
| Action Plan |
| 3rd Behavior Report: |
| Suspension 4th Behavior |
| Report: Expulsion |

Suspension Required?  
Yes  
No

**Name/Phone:**

**YMCA Staff Signature:**  
**Date:**

**Parent/Guardian Signature:**  
**Date:**

*The YMCA of Metro Chicago reserves the right to dismiss your child from the program immediately in extreme circumstances where physical, emotional or other harm is occurring or may occur to themselves, other children, staff or members.*
Pick- Up Agreement

The following agreement is made between ___________________________ and Indian Boundary Child Care Program for the pick-up of their child/children ___________________________ from the child care program.

I/ We agree to pick up the above named child/children before 5 minutes after Camp end every day he/she are in child care.

If I/we fail to pick up our child/children by the appointed time I/we understand that a late fee of $1.00 per minute late fee, which needs to be paid within 24 hour of the incident.

Indian Boundary will make every attempt to contact you and your designated emergency contacts. If we are not able to reach you or the emergency contact within one hour, the Downers Grove Police Department along with the Department of Children and Family Services will be called to take responsibility for the child.

Indian Boundary will continue normal responsibilities for the child/children’s protection and well-being and agrees not to discuss your tardiness in arriving with your child/children beyond reassuring them that you or someone known to them will be there soon to pick them up.

Parents/Guardians agree to advise the Indian Boundary Child Care Program immediately of any changes regarding their personal contact information, including addresses and phone numbers for home, work and cell phone. Parents/Guardians also agree to provide immediate notice to the provider of and changes for their emergency contact persons.

___________________________  ___________________________
Parent/ Guardian                   Date

___________________________  ___________________________
Childcare Director / Coordinator     Date
Email Communication

We will do our best to provide you and your family with up to date and accurate communications through our email distribution systems. In order to provide this information we would need your accurate email for our records. Your email will also be used by administration to get in touch with you if necessary.

Please print clearly:

Childs Name:________________________ Program:____________
Childs Name:________________________ Program:____________
Childs Name:________________________ Program:____________
Childs Name:________________________ Program:____________

1. Parent/Guardian Name:__________________________________________
   Email Address:__________________________________________________

2. Parent/Guardian Name:__________________________________________
   Email Address:__________________________________________________

Please Email my child(ren) communication to:

_____ Parent 1
_____ Parent 2

The main contact in our computer system for my family should be:

_____ Parent 1
_____ Parent 2

Please make sure to keep all of your information accurate with the Membership Desk.
YMCA of Metro Chicago
2020 Summer Camp Payment Agreement

We are thrilled that you have chosen to enroll your child for Summer Camp 2020! To ensure proper communication, we have outlined our policy related to summer camp payments.

PLEASE READ CAREFULLY

1. The deposit you pay per week is due at the time of registration to reserve the week(s) you wish to enroll your child.
2. Deposits are non-refundable and non-transferrable.
3. Payments for camp are due on or before the Wednesday prior to the start of the camp week. You are also welcome to pay the camp balance anytime prior to the due date.

Our preferred method of payment is auto draft. If you prefer auto draft please look at the draft schedule printed below.

| Week 1 & Week 2 | Draft date 6/1/2020 |
| Week 3 & Week 4 | Draft date 6/15/2020 |
| Week 5 & Week 6 | Draft date 7/1/2020 |
| Week 7 & Week 8 & Week 9 | Draft date 7/15/2020 |
| Week 10 | Draft date 8/1/2020 |

4. Bills not paid by the due dates will be subject to a late fee. If campers still have outstanding fees on the Monday of the week of camp, children will not be allowed to attend camp until balances are paid.
5. To receive the member rate for summer camp, your child must be a current YMCA member from the date of registration through the last day that your child is enrolled in a program.
6. There are NO CREDITS or REFUNDS for missed days.
7. If you are applying for Financial Assistance through AFC and are not approved before the first day of camp, you will be responsible for paying the full price until approval is received. Regardless of your approval status, you are required to put a deposit down at the time of registration for each child for each week of camp. This money will be applied toward your total monthly payment fees. After you have shown proof of your third party acceptance, you are responsible for paying the parent assigned co-pay for each week. IN ADDITION to the differential. The differential is the daily cost of our program less the daily rate paid by AFC.
8. Children MUST attend camp 80% of the time or they will be removed from the program.
9. Payment Options: Bank Draft your camp fee, Pay in person by check, cash, debit or credit card or pay over the phone using a credit or debit card.

I have read and understand the above statements. I fully understand my responsibility for payment of my child’s camp fees. I also understand that my child may be released from the camp program if I have not met my financial obligations. The YMCA reserves the right to turnover unpaid balances over 90 days past–due to outside collection sources.

Please read, sign, and date this form. Return this form along with your camper’s registration information.

Camper Name

Parent’s Signature ___________________ Date________________

This Page Intentionally Left Blank.
YMCA of Metro Chicago
DRAFT FORM - CHILDCARE PROGRAMS

OFFICE USE
Participant Last Name  Participant First Name  Center Initials  Member Number  Account Holder Name

AUTHORIZATION AGREEMENT FOR THE AUTOMATIC PAYMENT PLAN
This payment plan (the "Payment Plan") is provided at NO EXTRA CHARGE to you.

AUTOMATIC DEDUCTION FROM FINANCIAL INSTITUTION
I hereby authorize the YMCA of Metropolitan Chicago ("YMCA") and the Financial Institution designated below to begin automatic deductions from the account designated below in the amount of my monthly Childcare Fees as set forth below. I acknowledge that the organization of deductions from my account must comply with provisions of U.S. law.

☐ FOR AUTOMATIC PAYMENTS USING MY CREDIT OR DEBIT CARD
Charge my Credit/Debit Card  ☐ Visa  ☐ Discover  ☐ Mastercard  ☐ Amex  Last Four Digits of Account Number  ☐ ☐ ☐ ☐
Expiration Date  ☐ Security Code  ☐ Name as it appears on card  ☐

☐ FOR AUTOMATIC PAYMENTS FROM MY CHECKING OR SAVINGS ACCOUNT
Financial Institution  ☐ Savings  ☐ Checking
Financial Institution Routing Number (9 digit number at the bottom of checking or savings deposit slip)
Account Number
Financial Institution Address

CHILD INFORMATION
Child's name:  Grade:  Age:  Gender:  Date of Birth:

Child's name:  Grade:  Age:  Gender:  Date of Birth:

Child's name:  Grade:  Age:  Gender:  Date of Birth:

None Address:  ☐ Cell Phone:
Name of Parent/Guardian:  Family Email Address:  ☐ School:

AUTOMATIC DEDUCTIONS AND AUTOMATIC CHARGES
Monthly Fee Before Care: $  ☐ Monthly Fee After Care: $  TOTAL MONTHLY DRAFT CHARGE: $
The first draft of first charge will occur on the 1st or 15th (circle one) of ☐ (month)  ☐ (year). The deduction or charge will occur on this day of each month or the first business day thereafter and the subsequent automatic deductions or automatic charges will occur on the same cycle.

I UNDERSTAND...
• I can cancel my program registration at any time by notifying the YMCA in person, by fax, by postal mail or by email with confirmation of receipt at least 6 business days prior to my monthly payment date. Initials
• My monthly bank/credit card statement should show the amount and due date payment was made to the YMCA. I understand that I am responsible for ensuring that the account designated above has sufficient funds/credit on my automatic payment due date to allow for the automatic deduction/charge of my payment.
• I need to supply the YMCA with 5 business days notice of any changes I would like made to my account.
• I will receive written notice from the YMCA in advance of any changes to the date of my payments or the amount due, and I authorize the YMCA to use such changed dates or amounts after the written notice is sent to me, unless I cancel or change my payment plan using one of the methods listed above with proper notice.
• I am responsible for making sure my contact information is up-to-date, including any changes in my name, address, financial institution or account information.
• I will need to complete a new Draft Form if I would like changes to my financial institution or account information.
• The YMCA has the right to cancel my child's participation in the childcare program if it is unable to collect payment due, and that I am liable for any uncollected payments, fees or penalties imposed by the YMCA or my financial institution.
• If my childcare program draft is canceled for any reason, I must make arrangements to pay any outstanding balance due, fees or penalties by the YMCA and my family will not be allowed to register for program until those balances are paid.
• The YMCA will charge a $25 service charge for any returned checks and any denied attempts to draft from my credit/checking account.
• My financial institution may provide the YMCA with updated account information including account number and expiration date. I authorize to allow my membership payment to continue.
By signing my name below, I agree that I have read, understand and accept these terms and will receive a copy for my reference
Printed Name of Account Holder  Signature  Date / /
Staff Signature entering into CCC  Date / /