



**Safe N' Sound
2017-2018 School Year
Registration Form**

Please print your Child's information clearly. Use one form per child.

Last Name	First Name	School	Grade
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Before School
 After School
 Both AM and PM Program

Start Date: _____

Birth Certificate

Please note in order to register a copy of your student's birth certificate is required at the time of enrollment, along with the completed State of Illinois DHS Medical Form.

Ethnicity (Please check the box)-Optional

Pacific Islander
 Native American
 Asian
 Hispanic
 African American
 Caucasian
 Bi-Racial

Please let us know of any special observances _____

Name of Sibling(s) in Program: _____

Please select primary person responsible for payment:

- Mom pays Full amount**
- Dad pays Full amount**
- Other arrangement(please list)** _____

Registration: I understand that the registration fee is non-refundable. If for any reason my child is dropped from the Safe 'n Sound Program, I will need to re-register my child and that registration fee will be subject to availability.

Monthly Payments: I understand that monthly payments are due on the 15th of the month prior for Child Care for the following month. Payments must be made for my child to attend.

2-Week Notice- I understand that if I drop my child from the program and don't provide a 2 week notice, I will be responsible for paying those 2 weeks.



2017-2018 Y Safe 'n Sound Payment Agreement

We are thrilled that you have chosen to enroll your child for the 17-18 school year at Safe 'n Sound! To ensure proper communication, we have outlined our policy related to Safe 'n Sound payments. If you have questions please feel free to contact us at 630.585.2207.

PLEASE READ CAREFULLY

1. A \$125.00 registration fee is due at the time of registration.
2. **Registration Fees are non-refundable.**
3. All Payments are due on the 15th of the month prior to month your child is attending.
 - Example: For the Month of September all payments are due August 15th. All fees are paid over 9 months August-April. All payments including Bank and Credit Card Drafts occur on the 15th of the month prior to Child Care.

An account is considered past due if payment has not been received by the 16th of the month prior to Child Care. A child will not be able to attend the program beginning on the 1st of the month if payment has not been received for that month. ***Past due fee** of \$25 will be assessed if payments are not paid by the 25th of the month for the upcoming month.

 - Example: If payment is not received by August 16th your child cannot attend after September 1st until payment is made. If the fees are not paid by the August 25th you will be assessed a \$25 past due fee. In order to stay active in the program your fees have to be current or you may risk losing your spot in the program.
4. If you wish to cancel your child's enrollment in the program, 2 weeks' paid notice is required and we must have it in writing by email at sns@ymcachicago.org.
5. There are no credits or refunds for missed days.
6. **Payment Options:** Payments cannot be made on site at individual schools
 - **Bank draft:** If you are interested in drafting a Draft Authorization needs to be completely **annually**. Please contact the office at 630-585-2207 to receive a Draft Authorization form.
 - **On-Line Payments** - visit www.ymcachicago.org/sns
 - **Pay in person** at any Naperville YMCA with check, cash, debit or credit card
 - **Pay over the phone** with debit or credit card 630.585.2207

Mail check: Safe 'n Sound 31W290 Schoger Dr., Naperville, IL. 60564

Late Pick-Up Fee-Children enrolled for Y safe and sound must be picked up by 6:00 p.m. Late fees are as follows:

TIME OF LATE PICK-UP (please check reflecting above time)	AMOUNT TO BE CHARGED
<input type="checkbox"/> UP TO 10 MINUTES	\$5.00
<input type="checkbox"/> UP TO 15 MINUTES	\$10.00
<input type="checkbox"/> UP TO 20 MINUTES	\$15.00
<input type="checkbox"/> UP TO 25 MINUTES	\$20.00
<input type="checkbox"/> UP TO 30 MINUTES	\$25.00
<input type="checkbox"/> UP TO 35 MINUTES	\$30.00
<input type="checkbox"/> UP TO 40 MINUTES	\$35.00
<input type="checkbox"/> UP TO 45 MINUTES	\$40.00
<input type="checkbox"/> UP TO 50 MINUTES	\$45.00
<input type="checkbox"/> UP TO 55 MINUTES	\$50.00
<input type="checkbox"/> UP TO 60 MINUTES	\$55.00
<input type="checkbox"/> 5 or more times late picking up (Flat rate charge in addition to the late fee above for each additional offense)	\$10.00

Late fees cannot be paid at the site. You will receive notification by email of the amount owed. Late fees must be paid before attending future weeks.

If you will be late picking up, please contact our office on 630-585-2207 and/or arrange for an alternative pick up to pick up your child if necessary. This, however, will not excuse the parent from paying the appropriate late fee. After the fifth time that a child is picked up late, the fee will increase to a \$10.00 flat rate and include the late fee above. If a child is still at the site at 6:30 p.m. we reserve the right to notify the proper authorities.

7. I have read and understand the above statements. I fully understand my responsibility for payment of my child's enrollment fees. I also understand that my child may be released from the program if I have not met my financial obligations. Please read, sign, and date this form. Return this form along with your child's registration information.

Child's Name: _____

School Site: _____

Parent's Signature: _____

Date: _____



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

**YMCA of Metro Chicago
PARTICIPANT EMERGENCY INFORMATION PACKET**

PERSONAL INFORMATION PLEASE PRINT

Child's name: _____ Birthdate: _____ Age: _____ Gender: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Family e-mail address: _____
 School Name: _____ Grade: _____

Parent/Guardian#1: _____ Relationship: _____ Age: _____ Cell phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Employer: _____ Title: _____ Work hours: _____ Work phone: _____
 Parent/Guardian#2: _____ Relationship: _____ Age: _____ Cell phone: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Employer: _____ Title: _____ Work hours: _____ Work phone: _____
 _____ Child lives with: Both Parents Mother Father Other _____

ADULTS AUTHORIZED TO PICK-UP MY CHILD/EMERGENCY CONTACTS OTHER THAN PARENT/GUARDIAN

(minimum of 2 are required)

	Name/Age	Relationship	Address	Preferred Phone
1.				
2.				
3.				
4.				
5.				
6.				

UNAUTHORIZED PICK-UP: People who CANNOT pick up your child from YMCA Session program:

1. Name _____ Relationship: _____
 2. Name _____ Relationship: _____

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. Initials _____

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No
 If yes, indicate carrier or plan name _____ Group # _____
 Doctor name _____ Phone number _____ Carrier address _____
 City/State/Zip _____ Name of insured _____ Relationship to participant _____

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?

No Yes, _____

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

No Yes, _____

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

No Yes, _____

Allergic reaction (describe) _____

Treatment _____

Does your child require a modification, due to disability, in order to participate?

No 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? _____

Are all immunizations up to date?

No (please provide exemption letter) Yes Date of last Tetanus _____

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 _____

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

How would you describe your child's personality? _____

SWIMMING ABILITY

Non Swimmer Fair Swimmer Good Swimmer

Does your child have any fears that we should be aware of? _____

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

YMCA CHARACTER CONTRACT

At Y day camp, it is our goal to create an exciting and safe learning environment for everyone to have an unforgettable summer of fun! We ask everyone at camp to agree to certain safety and behavioral guidelines so all of our participants are able to have an enjoyable summer camp experience. As a family, please read, discuss and sign the Character Contract together.

BE KIND

Children will not be allowed to discuss inappropriate topics or contribute to demeaning conversations about other children or staff.

One way I will be kind is to _____

(please have your child share how they will be kind at camp- ie. sharing, smiling etc.)

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 use appropriate and productive words to settle our differences and keep our hands and feet to ourselves.

One way I will be safe is to _____

(please have your child share how they will be safe at camp- ie. keeping their hands to themselves, using walking feet etc.)

YMCA CHARACTER CONTRACT

BE HONEST

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

I will be honest when _____

(Please have child your child share an example of when they will be honest- ie. when they get out in tag, when they make a mistake etc.)

BE RESPECTFUL

At the Y we listen to each other, follow directions and use appropriate language/communication.

One way I will be respectful is to _____

(please have your child share how they will be respectful at camp- ie. following directions, use appropriate language etc.)

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.

I have fun when I am: _____

(please have your child share what they like to do to have fun!)

If this contract is broken or if there is a conflict/interaction that involves strong feelings or serious negative behavior the following steps will be taken.

Step 1: YMCA staff will talk with campers in order to acknowledge feelings, gather information and create a plan to repair any harm that has been caused. This will be documented in the behavior log.

Step 2: If negative behavior persists or the plan to repair harm is not followed, parents will be asked to come to the program as a partner to discuss the issues and work toward a solution together with their child and YMCA staff. A written plan will be created and signed by parent, youth and staff.

Step 3: YMCA staff will monitor behavior closely and provide regular feedback to the camper and his/her parents.

Step 4: If the problem persists or camper does not follow the plan created and agreed upon, the parent may be contacted immediately to pick up their child from camp. The following morning, parents, staff and child will meet to discuss any additional supports that the child might need to be successful in the program.

Step 5: If the prior interventions are not successful AND youth behavior is impacting the physical or emotional safety of themselves, Y staff or other campers an alternative placement will be discussed and the child may be dismissed from the program for the remainder of session.

*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.

I have read and understand the expectations in the character contract to ensure a safe summer for all!

Camper Signature _____

Parent Signature _____

Y Staff Signature _____

YMCA PARENT HANDBOOK

I/We have read and understand and adhere to the policies and procedures set forth in the Parent 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: _____

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:

Parent/Guardian Signature _____ Date _____

Staff Signature _____ Date _____

Program Staff: Please return to Learning and Evaluation at lande@ymcachicago.org

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 of Parent/Legal Guardian _____

AUTHORIZATION FOR SUNSCREEN

By signing this form, 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 spray sunscreen that I provide, labeled with my child's name.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date _____ Daytime Phone Number _____



State of Illinois Certificate of Child Health Examination

FOR USE IN DCFS LICENSED CHILD CARE FACILITIES
CFS 600
Rev 2/2013



Student's Name			Birth Date	Sex	Race/Ethnicity	School /Grade Level/ID#
Last	First	Middle	Month/Day/Year			
Address			Parent/Guardian		Telephone # Home	
Street	City	Zip Code			Work	

IMMUNIZATIONS: To be completed by health care provider. Note the mo/da/yr for every dose administered. The day and month is required if you cannot determine if the vaccine was given *after* the minimum interval or age. **If a specific vaccine is medically contraindicated, a separate written statement must be attached explaining the medical reason for the contraindication.**

Vaccine / Dose	1 MO DA YR			2 MO DA YR			3 MO DA YR			4 MO DA YR			5 MO DA YR			6 MO DA YR		
	DTP or DTaP																	
Tdap; Td or Pediatric DT (Check specific type)	<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT			<input type="checkbox"/> Tdap <input type="checkbox"/> Td <input type="checkbox"/> DT		
Polio (Check specific type)	<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV			<input type="checkbox"/> IPV <input type="checkbox"/> OPV		
Hib Haemophilus influenza type b																		
Hepatitis B (HB)																		
Varicella (Chickenpox)										COMMENTS:								
MMR Combined Measles Mumps. Rubella																		
Single Antigen Vaccines	Measles			Rubella			Mumps											
Pneumococcal Conjugate																		
Other/Specify Meningococcal, Hepatitis A, HPV, Influenza																		

Health care provider (MD, DO, APN, PA, school health professional, health official) verifying above immunization history must sign below. If adding dates to the above immunization history section, put your initials by date(s) and sign here.)

Signature	Title	Date
Signature	Title	Date

ALTERNATIVE PROOF OF IMMUNITY

1. Clinical diagnosis is acceptable if verified by physician. *(All measles cases diagnosed on or after July 1, 2002, must be confirmed by laboratory evidence.)

*MEASLES (Rubeola) MO DA YR MUMPS MO DA YR VARICELLA MO DA YR Physician's Signature

2. History of varicella (chickenpox) disease is acceptable if verified by health care provider, school health professional or health official.
Person signing below is verifying that the parent/guardian's description of varicella disease history is indicative of past infection and is accepting such history as documentation of disease.

Date of Disease	Signature	Title	Date
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3. Laboratory confirmation (check one) Measles Mumps Rubella Hepatitis B Varicella
Lab Results Date MO DA YR (Attach copy of lab result)

VISION AND HEARING SCREENING BY IDPH CERTIFIED SCREENING TECHNICIAN													
Date													Code: P = Pass F = Fail U = Unable to test R = Referred G/C = Glasses/Contacts
Age/Grade													
	R	L	R	L	R	L	R	L	R	L	R	L	
Vision													
Hearing													

Last First Middle	Birth Date Month/Day/ Year	Sex	School	Grade Level/ ID
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HEALTH HISTORY TO BE COMPLETED AND SIGNED BY PARENT/GUARDIAN AND VERIFIED BY HEALTH CARE PROVIDER

ALLERGIES (Food, drug, insect, other)			MEDICATION (List all prescribed or taken on a regular basis.)		
Diagnosis of asthma?	Yes	No	Loss of function of one of paired organs? (eye/ear/kidney/testicle)	Yes	No
Child wakes during night coughing?	Yes	No	Hospitalizations? When? What for?	Yes	No
Birth defects?	Yes	No	Surgery? (List all.) When? What for?	Yes	No
Developmental delay?	Yes	No	Serious injury or illness?	Yes	No
Blood disorders? Hemophilia, Sickle Cell, Other? Explain.	Yes	No	TB skin test positive (past/present)?	Yes*	No
Diabetes?	Yes	No	TB disease (past or present)?	Yes*	No
Head injury/Concussion/Passed out?	Yes	No	Tobacco use (type, frequency)?	Yes	No
Seizures? What are they like?	Yes	No	Alcohol/Drug use?	Yes	No
Heart problem/Shortness of breath?	Yes	No	Family history of sudden death before age 50? (Cause?)	Yes	No
Heart murmur/High blood pressure?	Yes	No	Dental <input type="checkbox"/> Braces <input type="checkbox"/> Bridge <input type="checkbox"/> Plate <input type="checkbox"/> Other		
Dizziness or chest pain with exercise?	Yes	No	Information may be shared with appropriate personnel for health and educational purposes.		
Eye/Vision problems? _____ Glasses <input type="checkbox"/> Contacts <input type="checkbox"/> Last exam by eye doctor _____ Other concerns? (crossed eye, drooping lids, squinting, difficulty reading)			Parent/Guardian Signature	Date	
Ear/Hearing problems?	Yes	No			
Bone/Joint problem/injury/scoliosis?	Yes	No			

PHYSICAL EXAMINATION REQUIREMENTS Entire section below to be completed by MD/DO/APN/PA
HEAD CIRCUMFERENCE if < 2-3 years old **HEIGHT** **WEIGHT** **BMI** **B/P**

DIABETES SCREENING (NOT REQUIRED FOR DAY CARE) BMI>85% age/sex Yes No And any two of the following: **Family History** Yes No
Ethnic Minority Yes No **Signs of Insulin Resistance** (hypertension, dyslipidemia, polycystic ovarian syndrome, acanthosis nigricans) Yes No **At Risk** Yes No

LEAD RISK QUESTIONNAIRE Required for children age 6 months through 6 years enrolled in licensed or public school operated day care, preschool, nursery school and/or kindergarten. (Blood test required if resides in Chicago or high risk zip code.)

Questionnaire Administered? Yes No **Blood Test Indicated?** Yes No **Blood Test Date** **Result**

TB SKIN OR BLOOD TEST Recommended only for children in high-risk groups including children immunosuppressed due to HIV infection or other conditions, frequent travel to or born in high prevalence countries or those exposed to adults in high-risk categories. See CDC guidelines. **No test needed** **Test performed**

Skin Test: Date Read / / **Result: Positive** **Negative** **mm** _____

Blood Test: Date Reported / / **Result: Positive** **Negative** **Value** _____

LAB TESTS (Recommended)	Date	Results	Date	Results
Hemoglobin or Hematocrit			Sickle Cell (when indicated)	
Urinalysis			Developmental Screening Tool	

SYSTEM REVIEW	Normal	Comments/Follow-up/Needs	Normal	Comments/Follow-up/Needs
Skin			Endocrine	
Ears			Gastrointestinal	
Eyes		Amblyopia Yes <input type="checkbox"/> No <input type="checkbox"/>	Genito-Urinary	LMP
Nose			Neurological	
Throat			Musculoskeletal	
Mouth/Dental			Spinal Exam	
Cardiovascular/HTN			Nutritional status	
Respiratory		<input type="checkbox"/> Diagnosis of Asthma	Mental Health	
Currently Prescribed Asthma Medication: <input type="checkbox"/> Quick-relief medication (e.g. Short Acting Beta Agonist) <input type="checkbox"/> Controller medication (e.g. inhaled corticosteroid)			Other	

NEEDS/MODIFICATIONS required in the school setting **DIETARY** Needs/Restrictions

SPECIAL INSTRUCTIONS/DEVICES e.g. safety glasses, glass eye, chest protector for arrhythmia, pacemaker, prosthetic device, dental bridge, false teeth, athletic support/cup

MENTAL HEALTH/OTHER Is there anything else the school should know about this student?
 If you would like to discuss this student's health with school or school health personnel, check title: Nurse Teacher Counselor Principal

EMERGENCY ACTION needed while at school due to child's health condition (e.g. seizures, asthma, insect sting, food, peanut allergy, bleeding problem, diabetes, heart problem)?
 Yes No If yes, please describe.

On the basis of the examination on this day, I approve this child's participation in _____ (If No or Modified please attach explanation.)

PHYSICAL EDUCATION Yes No Modified **INTERSCHOLASTIC SPORTS** Yes No Limited

Print Name _____ (MD,DO, APN, PA) Signature _____ Date _____

Address _____ Phone _____

(Complete Both Sides)

OFFICE USE ONLY

Member's Last Name

Member's First Name

Center Initials

Member Number

Account Holder Name

THE YMCA OF METROPOLITAN CHICAGO 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 Membership Dues and 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 FROM MY CHECKING OR SAVINGS ACCOUNT:

Financial Institution: _____ Savings Checking Attach voided check

Financial Institution Routing Number (9 digit number at the bottom of checking or savings deposit slip): _____

Account number (this is the order in which the numbers appear on the check): _____

Financial Institution Address: _____

City: _____ State: _____ Zip: _____

FOR AUTOMATIC PAYMENTS USING MY CREDIT OR DEBIT CARD:

Charge my Credit/Debit Card: Visa Discover Mastercard Amex

Account Number: _____

Security code (last three digits located on back of credit card): _____ Expiration Date: _____
(or four digits located on front of Amex)

Name as it appears on card: _____

I understand that my monthly bank/credit card statement should show the amount and 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 understand that I may be required to attach a voided check or savings deposit slip to insure the accuracy of the account number and my financial institution identification transit/routing number if authorizing automatic debit.

AUTOMATIC DEDUCTIONS AND AUTOMATIC CHARGES

I understand that the amount of the draft charge for my Membership Dues and Fees each month will be \$ _____ (A).

The first draft of first charge will occur on _____ (month) 1st or 15th (circle one). 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.

This authority shall remain in full force and effect, and the Payment Plan shall continue until:

1. For cancellation of Membership Dues and Fees, I have stopped by the Membership Office of my YMCA at least 5 business days (excluding weekends and holidays) prior to my monthly payment date and have completed the Cancellation Request Form (a certified letter received by the Membership Office of my YMCA at least 5 business days prior to my monthly payment date is also acceptable for canceling this authority and the Payment Plan);
2. The YMCA or my Financial Institution has provided me written notice of termination of the Payment Plan.

- I understand that my membership will continue to draft until I cancel the membership. *We do not monitor usage. It is your responsibility to cancel at least 5 business days (excluding weekends and holidays) prior to my monthly payment date.
- I understand that I will receive written notice in advance of any change in the date of the Payment Plan or for any change in the amount due, and I authorize the YMCA to use such changed date or amount after the written notice is sent to me, unless I cancel this authority and the Payment Plan as provided above (#1). I understand that it is my responsibility to update my contact information when there is a change of name, address or financial institution or account.
- I understand that the YMCA of Metropolitan Chicago has the right to cancel my participation in the membership draft payment plan if it unable to collect any payment due, and that I am liable for any uncollected payments and for any fees or penalties imposed by the YMCA or by my Financial Institution.
- I understand that at the time of cancellation of the membership draft payment plan, for any reason, I must make other arrangements for payment of my Membership Dues and Fees or the YMCA will cancel my membership and I must return all membership cards. I understand that I am still responsible for all uncollected payments and for any fees or penalties imposed by the YMCA and will not be allowed to renew my membership until all such payments and fees are paid.
- I understand there is a \$25 service charge assessed by the YMCA on all returned checks and declined monthly credit/checking account drafts.
- I understand that if I change my Financial Institution and/or change the type of draft account, I need to come in and sign a new Authorization Agreement.
- I acknowledge that I have read this agreement and received a copy.

Printed Name of Account Holder

Signature of Account Holder

Date



Bill Payment Information and schedule
2017-2018 School year

We are asking that all payments are made prior to the program session. Fees have been determined by spreading the total cost of the program into nine equal monthly installments based on about 180 days of school. Therefore, the monthly payment amount is always the same no matter how many program days occur in a month. Billing begins August 7th and ends April 5th. We bill in advance for tuition. Bills will be mailed to you after the 5th day of each month.

<u>Program Session</u>	<u>Bill Release Date</u>	<u>Bill Due Date</u>
September	August 7, 2017	August 15, 2017
October	September 5, 2017	September 15, 2017
November	October 5, 2017	October 16, 2017
December	November 6, 2017	November 17, 2017
January	December 5, 2017	December 15, 2017
February	January 5, 2018	January 15, 2018
March	February 6, 2018	February 15, 2018
April	March 6, 2018	March 15, 2018
May	April 5, 2018	April 16, 2018

Payments:

Bills are processed **in advance** on the 1st of each month and **are due on the 15th of every month** beginning August 15th. Example - August bill is for September service and is due August 15th. Nine equal monthly payments are billed. Last bill will be in April for May. Credit card and checking account drafts are available and the draft occurs on the 15th of each month beginning August 15th. A Draft Authorization form is included in this packet.

An account is considered past due if payment has not been received by the due date as noted on the bill schedule. If a past due exists after the 25th of the month for the month ahead you will be charged a \$25 past due late charge, the child will not be able to participate in the program beginning the first of the month if the account is not paid.

Any non-sufficient fund checks or returned bank or credit card payments will result in a \$25.00 charge per check or return.

Payment options:

- Pay in person check, cash debit or credit card, at any YMCA
- Pay over the phone with a debit or credit card
- Pay online by visiting www.ymcachicago.org/sns Click on "Quick Links" then click on "Make Payment", Log In and go to my account and view balances
- Mail check to: 31W290 Schoger Dr. Naperville, IL 60564
- Sign up for auto draft via credit card, checking or savings account
- Payments cannot be made on site at individual schools for those centers that have off site locations.