



**YMCA SAFE N' SOUND  
BEFORE & AFTER SCHOOL CARE  
2024-2025 REGISTRATION**

*Please complete one registration form per child*

**Child Information**

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade (2024-2025 school year): \_\_\_\_\_ School child attends: \_\_\_\_\_

Start Date: \_\_\_\_\_ Name of Sibling(s) in Program: \_\_\_\_\_

**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 \_\_\_\_\_

**Program Registration (check program child will attend and days they will attend)**

**Before Care**

- Monday     Tuesday     Wednesday     Thursday     Friday

**After School Care**

- Monday     Tuesday     Wednesday     Thursday     Friday

**Payment Options for monthly childcare fees (check one)**

- Current automatic deduction (last 4 of card \_\_\_\_ exp. \_\_/\_\_)
- New automatic deduction (please complete draft form)
- Invoices

**Please select primary person responsible for payment:**

- Parent 1 pays Full amount \_\_\_\_\_ (Please write name)
- Parent 2 pays Full amount \_\_\_\_\_ (Please write name)
- Other arrangement (please list) \_\_\_\_\_

**Assessment of Fees**

Total monthly payment      \$ \_\_\_\_\_

First deduction or payment will occur on \_\_\_\_\_ (month) of \_\_\_\_\_ (year)

I understand that the authority shall remain in full force and effect, and the payment plan shall continue each month until May of 2025.

I understand that for cancellation of Childcare dues and fees, I have notified the YMCA of Safe n' Sound at least 15 days prior to my monthly payment date in writing. 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. 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 has the right to cancel my participation in the Childcare draft payment plan if it is 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 there is a \$25 service charge assessed by the YMCA on all returned checks and declined monthly credit card/checking account drafts.

I understand that if I change my Financial Institution and/or change the type of draft account, I need to sign a new authorization agreement.

I acknowledge that I have read this agreement and received a copy.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## YMCA SAFE N' SOUND BEFORE & AFTER SCHOOL CARE 2024-2025 PAYMENT AGREEMENT

We are thrilled that you have chosen to enroll your child for the 24-25 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 15<sup>th</sup> of the month prior to month your child is attending. If you have a balance and a voucher on the account we will use the voucher first and collect the balance if there is one.
  - Example: For the Month of September all payments are due August 15<sup>th</sup>. All fees are paid over 9 months August-April. If you choose to draft via Bank and Credit Card Drafts they will occur on the 1st of the month starting September 1<sup>st</sup> and go through May 1st.

An account is considered past due if payment has not been received by the 16<sup>th</sup> of the month prior to the Child Care. A child will not be able to attend the program beginning on the 1<sup>st</sup> 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 25<sup>th</sup> of the month for the upcoming month.

Example: If payment is not received by August 16<sup>th</sup> your child cannot attend after September 1<sup>st</sup> until payment is made. If the fees are not paid by the August 25<sup>th</sup> 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](mailto: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](http://www.ymcachicago.org)
  - **Pay in person** at the Fry YMCA with check, cash, debit or credit card
  - **Pay over the phone** with debit or credit card 630.585.2207

**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:

- 6:00-6:10 p.m. \$10 late fee per child
- 6:11-6:00 p.m. \$20 late fee per child
- 6:21-6:30 p.m. \$30 late fee per child
- 6:31-6:40 p.m. \$40 late fee per child

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 &/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 5th time that a child is picked up late, the fee will increase to a \$10 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.

After 6:40 p.m., with late fees continuing to occur in 10-minute increments, if unable to contact any responsible guardian, staff will contact emergency services.

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:** \_\_\_\_\_



## YMCA SAFE N' SOUND BEFORE & AFTER SCHOOL CARE 2024-2025 BILLING SCHEDULE

### Bill Payment Information and schedule 2024-2025 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 6th and ends April 6th. We bill in advance for tuition. Bills will be mailed to you after the 6th day of each month.

<u>Program Session</u>	<u>Bill Release Date</u>	<u>Bill Due Date</u>	<u>Draft Date</u>
September	August 7, 2024	August 15, 2024	September 2, 2024
October	September 9, 2024	September 15, 2024	October 1, 2024
November	October 9, 2024	October 15, 2024	November 1, 2024
December	November 9, 2024	November 15, 2024	December 2, 2024
January	December 9, 2024	December 15, 2024	January 1, 2025
February	January 8, 2025	January 15, 2025	February 3, 2025
March	February 10, 2025	February 15, 2025	March 3, 2025
April	March 10, 2025	March 15, 2025	April 1, 2025
May	April 8, 2025	April 15, 2025	May 1, 2025

#### Payments:

Bills are processed **in advance** on the 1st of each month and **are due on the 15th of every month** beginning August 15<sup>th</sup>. 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 1st of each month beginning September 1st. 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 25<sup>th</sup> 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](http://www.ymcachicago.org)
- 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.



**YMCA OF METRO CHICAGO**  
**Participant Emergency Information Packet (2024-2025)**

**PERSONAL INFORMATION**

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

School child attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Primary family email address: \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

**1** Parent/Guardian : \_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_

Address (if different from the child): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Work hours: \_\_\_\_\_ Work phone: \_\_\_\_\_

**2** Parent/Guardian : \_\_\_\_\_ Relation: \_\_\_\_\_ Age: \_\_\_\_\_

Address (if different from the child): \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Cell phone: \_\_\_\_\_ 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 parents/guardians  
 \*Minimum of 2 required

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

**UNAUTHORIZED PICKUP: People who CANNOT pick up your child from YMCA programs:**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

## HEALTH INFORMATION

The following questions are asked so that we may best serve your child in programs. Any information you disclose is confidential to YMCA staff, as needed for your child's participation.

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?

**Please complete the Permission to Dispense Medication form.**

No  Yes, \_\_\_\_\_

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

No  Yes, \_\_\_\_\_

Allergic reaction (describe) \_\_\_\_\_

Treatment \_\_\_\_\_

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

Date of last Tetanus TDap \_\_\_\_\_

If applicable, please complete the following:

If your camper has an IEP or a 504 plan during the school year, you may choose to connect with our Inclusion Department. Doing so creates a partnership to determine and plan for support, including accommodations that may be needed to promote the most successful summer experience for your camper. If you would like to connect, please select "yes" to the accommodation request below. The Inclusion Department can also be reached at [inclusion@ymcachicago.org](mailto:inclusion@ymcachicago.org).

Does your child require an accommodation due to disability in order to participate in programs?  No  Yes

Are there activities that your child should be exempt from due to health reasons? \_\_\_\_\_

Is there anything else we should know? \_\_\_\_\_

## RELEASES

Initials  
\_\_\_\_\_  
Initials  
\_\_\_\_\_  
Initials  
\_\_\_\_\_  
Initials  
\_\_\_\_\_

### MEDICAL RELEASE

I do hereby give my permission for the YMCA of Metropolitan Chicago staff to secure proper medical treatment and care for child/children named below, and further, if deemed appropriate by the YMCA of Metropolitan Chicago staff, to transfer child/ children named below off site by ambulance to secure medical treatment and care.

### 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.

### YMCA BEHAVIOR MANAGEMENT PROCEDURES

My child and I have read and understand the behavior expectations and procedures, found on the YMCA of Metro Chicago website.

### YMCA CHILDCARE POLICIES & PROCEDURES

I/We acknowledge that I have received a copy of and agree to YMCA policies and procedures (via the parent handbook) for the YMCA childcare programs, including but not limited to transportation, program rules, and parent/guardian conduct.

## TALENT RELEASE

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.

ACCEPT

DECLINE

## FACILITY USE WAIVER

**Agreement to the facility use waiver also applies to offsite field trips, if applicable.**

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 to location, whether in-person, remote, or virtual, 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. I agree that I am responsible for the supervision of my minor child/ward while using or observing the premises or any facilities or equipment, or participating in any program affiliated with the YMCA, where the YMCA is not expressly providing direct supervision as part of specific program objectives, of my minor child/ward without respect to location, whether in-person, remote, or virtual. IN CONSIDERATION OF BEING PERMITTED TO UTILIZE THE FACILITIES, SERVICES AND PROGRAMS OF THE YMCA FOR ANY PURPOSE, INCLUDING, BUT NOT 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 PARTICIPATING IN PROGRAMS, CAN INVOLVE MOVEMENT, STRAIN, EXPOSURE TO ILLNESS, OR INFECTION, AND OTHER ELEMENTS THAT CREATE RISK OF SERIOUS INJURY OR DEATH. I HEREBY ASSUME FULL RESPONSIBILITY FOR THE RISK OF BODILY INJURY, ILLNESS, INFECTION, DEATH, PROPERTY DAMAGE, OR ANY OTHER LOSS, regardless of severity, that I or my minor child/ward may sustain from my or 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, 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, its operating centers, their respective Officers, Directors, Managers, Trustees, Members, Volunteers, Employees, agents, or representatives (the "Releasees") and each of them from any and all claims for injuries, illness, damages, or losses that I or my minor child/ward may have or which may accrue to me or my minor child/ward from my and/or my 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, except for any injury, damage or loss that is caused solely by the YMCA's gross negligence.
3. I HEREBY AGREE TO INDEMNIFY AND SAVE 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 except for any loss, liability, damage, or cost that caused solely by the YMCA's gross negligence. I further expressly agree that the foregoing ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and if any portion thereof is deemed or held invalid or unenforceable, it is agreed that the remainder of this agreement shall continue in full legal force and effect.

THIS AGREEMENT APPLIES TO ALL VISITS AND USAGE BY ME OF ANY YMCA FACILITY OR PROPERTY OR PARTICIPATION IN ANY YMCA PROGRAM, WHETHER IN-PERSON, REMOTE OR VIRTUAL WITHOUT RESPECT TO LOCATION.

**I HAVE READ AND VOLUNTARILY SIGNED THIS ASSUMPTION OF RISK, RELEASE, WAIVER AND INDEMNITY AGREEMENT, and further agree that no oral representations, statements or inducements apart from the foregoing written agreement have been made.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

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:

Home 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 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 a minimum of 10 business days prior to my monthly payment date.
My monthly bank/credit card statements 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 need to supply the YMCA with 10 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 \$10 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 / /



## PARENT CONSENT FOR ASSESSMENT

The YMCA of Metropolitan Chicago (the “YMCA”) might survey your child for self-reported data during the program day. We use this data 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 your child’s growth or development. Where possible, the YMCA will use assessments widely utilized in child and youth programming that can provide reliable, valid scores to tell the YMCA more about a child’s development and to evaluate the efficacy of its programs. The results of the assessment will be used to inform how YMCA staff trains and plans to best support your child.

Results will be stored anonymously in the YMCA. Your child's name and other identifying information will never be published, and to the extent shared with third parties for meeting the goals of the YMCA's business objectives, said third parties are held to the same level of confidentiality as the YMCA with regards to your child's name and other identifying information. 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

Research and Evaluation staff and other professionals secured by the YMCA to conduct the assessments.

Signature of parent/legal guardian: \_\_\_\_\_ Date: \_\_\_\_\_