



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# A GREAT END TO THEIR DAY

YMCA OF VINCENNES  
After School Care/All Day Care

**Financial Assistance  
Available**

**Start Dates:**  
Vincennes Community – August 3  
South Knox – August 8

**New Prices for  
2017-18 School**

**Hours:**  
After School Care  
All Day Care (scheduled vacation days)  
SNOW DAYS (at YMCA only)

After School - 6:00 p.m.  
6:00 a.m. – 6:00 p.m.  
7:00 a.m. – 6:00 p.m.

**All Day Care and Snow Day Care is only available at the YMCA**

**Cost:**  
**Registration Fee** (due before first day of school)  
**Financial Assistance Rate** (After School)

\$15/Financial Assistance/\$30/single; \$50/family  
\$10/day (1 or 2 days) > \$20/week (3 or more days)

**Financial Assistance Rate** (All Day Care)  
**Daily Rates** Member/Non-Member Rate (After School)  
**All Day Care Rates** ASC Member/ Y Member/Non-Member

\$10 per day  
\$10 day/\$15 day  
\$15 day/\$20 day/ \$25 day

**All Day Care** rates apply to all days school is not in session due to snow days or scheduled vacation days.  
We are closed on Christmas Eve/Christmas Day, New Years Eve/New Years Day and Good Friday.

**Payments are due every Friday. Registration fee must be paid before your child first day of school.**

**Payment options:** Cash/Check, Debit/Credit, or EFT draft from checking/savings account. Payments can be made weekly, bi-weekly, or monthly. **Monthly payments** must be made by Debit/Credit or EFT draft and will be **due on the 15<sup>th</sup> of every month.** All payments can be made at ASC desk or at front desk of YMCA.

**Transportation from Vincennes elementary schools and South Knox Elementary**

# Financial Assistance Application Afterschool Care



## APPLICANT INFORMATION

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Email \_\_\_\_\_

If applicant is under 18, Parent/legal guardian: \_\_\_\_\_

## ALL PERSONS LIVING IN HOUSEHOLD

Indicate each family member applying for assistance.

Name:	Current Grade:	DOB:
<input type="radio"/> Child		
<input type="radio"/> Child		
<input type="radio"/> Child		
<input type="radio"/> Child		
<input type="radio"/> Child		
<input type="radio"/> Child		
<input type="radio"/> Other dependent(s)		

**TELL US MORE...** Use this space to include any additional information or extenuating circumstances that were not included on this application. If you need more space, attach an additional sheet of paper.

**I want to be a part of the YMCA of Vincennes because:**

## PROVIDE THE FOLLOWING DOCUMENTS

(required before processing):

<input type="radio"/> <b>I FILED FEDERAL TAXES FOR LAST YEAR</b>  1040 Federal Tax Form for all incomes in household  \$ _____ Total Annual Household Income	<input type="radio"/> <b>I DID NOT FILE FEDERAL TAXES FOR LAST YEAR OR MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR</b>  Documents showing most recent 30 days of income (Including pay stubs or documentation of government assistance)  \$ _____ 30 days income
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I verify that all information submitted is correct, complete and accurate and give the Y my permission to contact my employer or financial provider for income verification. If my situation changes, I agree to notify the Y within 30 days. If I submit false or inaccurate information, or fail to notify the Y within 30 days, I may be terminated from the scholarship program.

**ASC—FOR OFFICE USE ONLY**

Signature of person completing this form

Date

**FOR OFFICE USE ONLY**

Membership Approved YES NO Date \_\_\_\_\_

YMCA \_\_\_\_\_% Applicant \_\_\_\_\_%

# Electronic Funds Transfer Application After School Care



## Authorization Agreement

I hereby authorize the YMCA to initiate electronic fund entries to my:

- Checking
- Savings
- Credit/Debit Card

indicated below, and I authorize the financial institution named below to charge my account.

Financial Institution \_\_\_\_\_

City, State \_\_\_\_\_

### Checking/Savings:

Account Number \_\_\_\_\_

Routing/Transit Number \_\_\_\_\_

### Credit/Debit Card:

Card Type (circle):

\_\_\_\_\_  
     Visa    Mastercard    AMEX    Discover

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

## NOTICE:

**This authorization remains in effect for the entire ASC season or until the Y receives a 15-day written notification to change or cancel.**

**Please mark which program to be charged**

- After School Care
- All Day Care

## Terms and Conditions

1. I understand that if I wish to terminate or change my payment in any way, I must give the YMCA a 15-day written notice.

Account Holder initials \_\_\_\_\_

2. Should any deduction not be honored by my bank for any reason, I realize that I am still responsible for the payment, plus a service charge of no more than \$25 applied by the YMCA. This is in addition to any service fee my bank may make.

Account Holder initials \_\_\_\_\_

3. I understand that it is my responsibility to notify the YMCA in writing should I change my financial institution and or account at any time.

Account Holder initials \_\_\_\_\_

*The YMCA of Vincennes is not responsible for any bank fees associated with your electronic payments.*

Name(s) of Attendee(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Account Holder Name \_\_\_\_\_

Account Holder Address \_\_\_\_\_

Account Holder Signature \_\_\_\_\_

Date \_\_\_\_\_

I (We) request that the following amount be debited for ASC/All Day Care (**check one**):

- Weekly Payments**
- Bi-Weekly Payments**
- Monthly Payments**  
(15th of the Month)

## **Healthy Eating and Physical Activity (HEPA)**

Because of our commitment to healthy kids, our Y has adopted standards to create an environment rich in opportunities for healthy eating and physical activity. At Afterschool Care, we ensure that:

- Children will participate in a mixture of moderate and vigorous activity daily.
- Children will play outdoors whenever possible.
- Digital devices are prohibited except for homework and engaging kids in physical activity.
- Opportunities for parent engagement activities and education focused on healthy eating and physical activity will be made available.
- Water will be available for children at all times.
- Sweetened beverages and fried foods will not be served or allowed to be brought from home.
- Snacks will be served family-style.

# 2017-2018

## YMCA OF VINCENNES

After School Care  
vincennesymca.org

Please indicate the program for which you are registering:  ASC  All Day Care (Snow Days, School Vacation Days)

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**1<sup>st</sup> Child**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender:  M  F Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Need to know Information: \_\_\_\_\_  
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**2<sup>nd</sup> Child**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender:  M  F Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Need to know Information: \_\_\_\_\_  
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**Parent/Guardian Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

**Additional Adult Authorized for Pick-Up**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Parent/Guardian Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_

**Additional Adult Authorized for Pick-Up**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**WAIVER AGREEMENT**

I have the legal authority to sign up my child/children named on this form. I understand that this is an application and the named child's/children's participation is contingent upon space being available in this program. I also understand that once my application is confirmed, I must complete payment by the deadline. I understand that the Y prohibits staff members from being alone with children they meet at Y programs outside the Y. This includes but not limited to babysitting, tutoring, sleepovers, etc. The health history is correct as far as I know and the child/children herein described above have my permission to be transported by bus, engage in all activities and field trips except as notified by me. Failure to comply with the above could result in the loss of childcare space. In the event I cannot be reached in an emergency, I hereby give permission to the director or their designee to secure emergency medical services, including transportation to a physician. I also give permission to the attending physician to order injection, anesthesia or surgery for my child/children as named above. Medical or accident insurance is the responsibility of the parent of guardian. By signing this form I am giving the Y permission to communicate and share information with school personnel for the purpose of providing and enhancing services to my child/children. Pictures taken during care may be used for marketing purposes. I understand this specific release may be revoked at any time by written request. To the best of my knowledge, the information on this form is complete and accurate. I have read and agree to these terms and conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Grade in Fall 2017: \_\_\_\_\_

### CHILD'S HEALTH INFORMATION

Allergies:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please List: _____
Asthma:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please List: _____
Blood Disorder:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please List: _____
Diabetes:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please List: _____
Heart Problems:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please List: _____
Mental Health Concerns:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please List: _____
Musculoskeletal Problems:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please List: _____
Neurological Problems:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please List: _____
Physical Restrictions:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please List: _____
Seizures:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please List: _____
Serious Illness:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please List: _____
Surgery:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please List: _____
Hospitalizations:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Please List: _____

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Health/Accident Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Medications:		
Name: _____	Dosage: _____	Time Administered ___ AM/PM
Name: _____	Dosage: _____	Time Administered ___ AM/PM
Name: _____	Dosage: _____	Time Administered ___ AM/PM
By signing this form you give permission for YMCA Camp Counselors to administer the medications listed above.		
x _____ Parent Signature		_____ Date

### Emergency Treatment Permission

I understand that a minor may not be treated, even in an emergency situation, except when, in the opinion of the attending physician, life is in the balance. Consent of the parent or guardian is necessary for unmarried minors (under 18) except in such cases. Written consent is required for all other treatment. Accordingly, as a parent and/or legal guardian, I do herewith in authorize the treatment of the minor in the event of an emergency, including administration of first aid, as appropriate, and further agree that I will be responsible for payment of any and all medical services rendered. I agree that any person or entity, including any doctor, or healthcare provider, may release a photocopy of this document the same as if it were an original.

X \_\_\_\_\_  
Parent's Signature Date