



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# A GREAT END TO THEIR DAY

## YMCA OF VINCENNES

### After School Care/All Day Care

#### Start Dates:

Vincennes Community – August 6  
South Knox – August 11

#### Hours:

After School Care

All Day Care (scheduled vacation days)

\*SNOW DAYS (at YMCA only) \*

#### Limited Spaces Available Per School.

South Knox 25 Students Max  
Franklin 8 Students Max  
Tecumseh Harrison 8 Students Max  
Vigo and Riley (combined) 9 Students Max

When all spaces are full, registration will be closed. First Come First Serve.

After School - 6:00 p.m.

7:00 a.m. – 6:00 p.m.

8:00 a.m. – 5:30 p.m.

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

#### Cost:

Registration Fee (due before first day of school)  
\$50/family

\$15/Financial Assistance/\$30/single;

Financial Assistance Rate (After School)

\$10/day (1 day only) > \$25/week (2 or more days)

Financial Assistance Rate (All Day Care)

\$10 per day

Daily Rates Member/Non-Member Rate (After School)

\$10 day/\$15 day

All Day Care Rates ASC Member/ Y Member/Non-Member

\$15 day/\$20 day/ \$25 day

All Day Care (Based on VCSC 2020-2021 School Calendar) rates apply to all days school is not in session due to snow days or scheduled vacation days.

We are closed on the following days: Labor Day, Thanksgiving Day and Black Friday, December Christmas Eve/Christmas Day, New Years Eve/New Years Day, Good Friday and May 21, 2021

Payments are due every Friday. Registration fee must be paid before your child first day of school. Payment options include CASH/CHECK, EFT or Credit Card Draft (RECOMMENDED)

Transportation from Vincennes elementary schools and South Knox Elementary

Limited Financial  
Assistance Available

**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. During After School Care, we ensure that: Children will participate in a mixture of moderate and vigorous daily activities. Children will play outside 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 always be available for children. Sweetened beverages and fried foods will not be served and are discouraged to be brought from home. Healthy snacks will be served daily.

Parent Initials: \_\_\_\_\_

**BEHAVIOR POLICY**

**Positive Behavior Management Procedures**

We believe that children are entitled to a pleasant and harmonious environment at our program. The YMCA OF VINCENNES After School Care program cannot serve children who display chronically disruptive behavior. Chronically disruptive behavior is defined as verbal or physical activity which may include but is not limited to the following: behavior that requires constant attention from staff, behavior that inflicts physical or emotional harm on other children, behavior that abuses the staff and/or ignores or disobeys the rules. Behavior that instigates other children to act out in a verbal or physical way. If a child cannot adjust to the program setting and behave appropriately, then the child may be terminated. Reasonable efforts will be made to assist children in adjusting to the program setting.

PHYSICAL VIOLENCE OF ANY KIND IS NOT TOLERATED AND WILL RESULT IN IMMEDIATE SUSPENSION FROM THE PROGRAM.

Parent Initials: \_\_\_\_\_

**WAIVER AND PHOTO AUTHORIZATION**

**Waiver,** In consideration of my participation in the activities of the YMCA OF VINCENNES, I do hereby agree to hold free from any and all liability the YMCA OF VINCENNES, Board Members, representing officers, employees, volunteers and members and do hereby for myself, my heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages or injuries which I may have or which may hereafter accrue to me arising out of or connected with me participating in any of the activities of the YMCA OF VINCENNES. I hereby do declare my child to be physically sound to participate in the activities at the YMCA.

Pictures/videos/audio clips taken during activities at the YMCA OF VINCENNES may be used for marketing purposes. The I understand this specific release may be revoked at any time by written request.

Parent Initials: \_\_\_\_\_

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

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

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First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Gender:  M  F Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Need to know Information: \_\_\_\_\_  
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**2<sup>nd</sup> Child**

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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: \_\_\_\_\_

**PLEASE NOTE: THE YMCA DOES NOT FURNISH ACCIDENT/ILLNESS MEDICAL INSURANCE. MEDICAL BILLS, INCLUDING PRESCRIPTION DRUGS, WILL BE THE RESPONSIBILITY OF THE PARENTS.**

Child's Name: \_\_\_\_\_ Grade in Fall 2020: \_\_\_\_\_

**CHILD'S HEALTH INFORMATION: Please List any medical conditions that we need to be made aware of.**

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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

# After School Care CODE OF CONDUCT AGREEMENT

In order for THE YMCA Summer Camp to be fun and safe, there needs to be rules. It is each child's responsibility to follow the policies listed below. Please review them with your child and sign the bottom of this form.

- **Always follow directions**
- Give turns and share with others
- Solve problems positively
- Be a friend and include and help others
- Keep hands and feet to yourself at all times
- Use polite words in an appropriate voice (NO Inappropriate language or gestures)
- Respect all property
- Care for and encourage one another
- Clean up and keep area neat for others
- No cell phones or any other electronic devices
- **Accept consequences**
- **THERE IS A ZERO TOLERANCE POLICY FOR HITTING AND BULLYING**
- **THERE IS A ZERO TOLERANCE POLICY FOR STEALING**
- **THERE IS A ZERO TOLERANCE POLICY FOR DISREPECTING STAFF**

The above rules/policies are necessary for the program to be a positive environment for all. The rules/policies of the YMCA After School program are to ensure that everyone has a good time and remains safe. If a child has trouble following the above rules/policies, he/she will be referred immediately to the After-School Director. The Director, or selected staff member, reserves the right to suspend a child at any time due to disrespectful behavior (no refunds will be given).

I, \_\_\_\_\_, understand the above points and will follow them to the best of my ability. If I have trouble with any points, I will be referred to the After-School Care Director for disciplinary action.

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

**PLEASE NOTE: THE YMCA DOES NOT FURNISH ACCIDENT/ILLNESS MEDICAL INSURANCE. MEDICAL BILLS, INCLUDING PRESCRIPTION DRUGS, WILL BE THE RESPONSIBILITY OF THE PARENTS.**

# 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 Day Camp season or until the Y receives a 15-day written notification to change or cancel.**

### Y Staff Only

Full-Time

Draft Amount(s): \_\_\_\_\_

## 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 Signature \_\_\_\_\_

Date \_\_\_\_\_

I (We) request that the following amount be debited for After School Care (**check one**):

**weekly payments**

**Bi-Weekly payments**

## YMCA OF VINCENNES

2010 College Avenue, Vincennes IN 47591 P 812 895 9622 F 812 882 3947 W vincennesymca.org

# 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):

**I FILED FEDERAL TAXES FOR LAST YEAR**

1040 Federal Tax Form for all incomes in household

\$ \_\_\_\_\_  
Total Annual Household Income

**I DID NOT FILE FEDERAL TAXES FOR LAST YEAR OR MY HOUSEHOLD INCOME HAS CHANGED SINCE I FILED TAXES FOR LAST YEAR**

Documents showing most recent 30 days of income (Including pay stubs or documentation of government assistance)

\$ \_\_\_\_\_  
30 days income

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.

Signature of person completing this form

Date

### ASC—FOR OFFICE USE ONLY

### FOR OFFICE USE ONLY

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

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