



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 5

South Knox – August 10

Hours:

After School Care (ASC)

All Day Care (scheduled vacation days)

***SNOW DAYS (at YMCA only) ***

After School – 6:00 p.m.

7:00 a.m. – 6:00 p.m.

8:00 a.m. – 5:30 p.m.

Limited Spaces Available Per School.

South Knox 30 Students Max

Franklin 11 Students Max

Tecumseh Harrison 5 Students Max

Riley (5) and Vigo (5) 10 Students Max

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

Cost:

Registration Fee: \$20 per child Financial Assistance/\$30 single; \$50/family

Financial Assistance Rate (ASC): \$10 for 1 day; \$25 for 2+ days

Financial Assistance Rate (ADC): \$10 per day

Daily Rates (Member/Non-member): \$10 day/\$15 day

All Day Care Rates (ASC/Member/Non-Member): \$15 day/\$20 day/\$25 day

All Day Care (ADC) is based on VCSC and SK 2021-22 School Calendar. ADC 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, Christmas Eve/Christmas Day, New Years Eve/New Years Day, Good Friday.

Payments are due every Friday. Payments can be made weekly, bi-weekly, or monthly. Registration fee must be paid before your child first day of school. A form of payment (Credit Card or EFT) is required to be on file for payments.

Transportation from Vincennes Elementary Schools and South Knox Elementary

Limited Financial Assistance Available

2021-2022

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)

1st Child

FirstName: _____ Last: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Gender: M F Age: _____ School: _____ Grade: _____ Teacher: _____

Need to know Information: _____

2nd Child

FirstName: _____ Last: _____ Birthdate: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Gender: M F Age: _____ School: _____ Grade: _____ Teacher: _____

Need to know Information: _____

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 2021: _____

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

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

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

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 _____%

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

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. I understand this specific release may be revoked at any time by written request.

Parent Initials: _____

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.

2021-2022 Rate

All payments are due on Friday at the end of the week served. Please make sure you have a form of payment on file for payments. Payments can be made weekly, bi-weekly, or monthly.

After School Care Rates

Member Rates
\$10/day

Non-Member Rates
\$15/day

Financial Assistance Rate (must apply)
\$10 for one (1) day of attendance
\$25 for 2+ days of attendance

All Day Care Rates

Snow days, scheduled school vacation days

After School Care Participants Rate
\$15/day

Regular Member Rate
\$20/day

Non-Member Rate
\$25/day

One time Registration Fee

Single child	\$30
Family	\$50
Financial Assistance	\$20

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