



FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## CHAMPAIGN COUNTY YMCA After School Childcare Program Contract

707 N. Country Fair Dr. Champaign, IL 61821 217-239-2812

This form must be filled out completely. Please check all appropriate boxes and sign the bottom of this contract. Complete one contract per child.

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_  
YMCA Member  Yes  No Email \_\_\_\_\_  
Father's Name \_\_\_\_\_ Business Phone \_\_\_\_\_ ext. \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Business Phone \_\_\_\_\_ ext. \_\_\_\_\_  
School Name \_\_\_\_\_ Date Starting in this program \_\_\_\_/\_\_\_\_/\_\_\_\_  
Teacher's Name \_\_\_\_\_

The rates appearing below are **monthly** rates. After School Child Care is **drafted** on a monthly basis. After School Child Care begins at the end of the school day and children must be picked up by 6 pm.

**Circle the days attending the  
After School program:**

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday

**Circle how often child will  
be attending:**

- 5 days/week \$180
- 4 days/ week \$165
- 3 days/ week \$150

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

\_\_\_\_\_  
Date

# YMCA SCHOOL AGE CHILD CARE ENROLLMENT RECORD

*(Please complete one for each child enrolling in the program)*

Child's Name \_\_\_\_\_ Enrollment Date \_\_\_/\_\_\_/\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_ Circle: Male Female

Address \_\_\_\_\_

School your child attends \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_

## **PARENT/GUARDIAN INFORMATION**

### **MOTHER/GUARDIAN** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Employer/Address \_\_\_\_\_

Work Hours \_\_\_\_\_

### **FATHER/GUARDIAN** \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Employer/Address \_\_\_\_\_

Work Hours \_\_\_\_\_

### PERSON(S) AUTHORIZED TO PICK-UP CHILD FROM CHILD CARE SITE

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

After School Child Care Bank Draft Authorization

I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for my monthly after school payments. It is understood that to change such draft I must notify the YMCA in writing the Monday at noon prior to the desired cancelled draft. When the bank honors the draft by charging my account, such drafts constitute as my receipt for payment. I understand that I will not receive any end of the year statement for taxes purposes therefore I must track this information on my own. Should any draft not be honored by said bank, it is understood that full payment plus a \$25 NSF fee is to be paid immediately to the YMCA and until this is done my child may not attend the YMCA after school program. If at any time my bank information changes I must notify the YMCA business office by Monday at noon prior to the week this change will take place. This should be done by completing the bank draft authorization form again. My after school draft will take place on the 1st day of the month. A voided check or savings account information is required with all bank draft applications.

(circle one) Checking/Savings draft or Credit Card draft

\_\_\_\_\_  
Print name of draftee Signature of draftee Date

\_\_\_\_\_  
Name of Bank

\_\_\_\_\_  
Route/Transit # Account #

\_\_\_\_\_  
Credit card account # Expiration Date

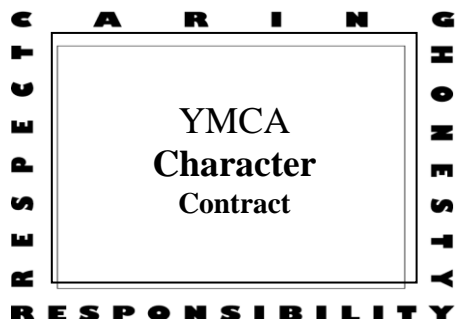
Signature of Draftee \_\_\_\_\_ Date \_\_\_\_\_

For office use only:

This form is to be sent to the business office then to the child care office to be kept in the child's file.

Canceled bank draft \_\_\_\_\_ Canceled in Daxko \_\_\_\_\_  
Date/ staff Date/ staff

Child's Last/First Name \_\_\_\_\_ Age \_\_\_\_\_



The goal of our After School Child Care program is to provide an atmosphere for children to develop a variety of satisfying skills and relationships, while enjoying healthy activities. Throughout the year we continue with our Character Development mission to develop Respect, Responsibility, Caring, and Honesty among our campers. As a family, please read, discuss, and initial this Character Contract TOGETHER.

\_\_\_\_ **Appropriate Conversation** – Children will not be allowed to discuss inappropriate topics or contribute to demeaning conversations about other participants or staff.

\_\_\_\_ **Appropriate Language** – Children must refrain from using obscene language or gestures for any reason.

\_\_\_\_ **Respect** – When asked to do or not to do something, a child needs to follow directions the first time given. This is for the safety of all children. Please speak to staff & other children with respect.

\_\_\_\_ **Play** – Participants are asked not to engage in any horseplay with each other or with a counselor. No one will be allowed to hit, kick, push or display any type of aggressive behavior. We will use appropriate words to settle our differences. We keep our hands and feet to ourselves.

\_\_\_\_ **Responsibility** – All children need to remain with their group and within eyesight of their counselor. This applies while we are here at the after school site and on off-site field trips. We want children to be safe at all times.

\_\_\_\_ **Caring** – It is important to use and care for equipment, toys and games properly so that other children can enjoy them. We will care for the property of the YMCA, of other children and of the YMCA staff.



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I, \_\_\_\_\_ have received the 2011-2012 Parent Handbook for the Y Child Care Program. I agree that it is my responsibility to read and adhere to the policies and procedures of the Y Child Care Program. I have read and understand the Y Child Care Program's guidance and discipline policies.

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

\_\_\_\_\_  
Date

## **WAIVER**

I understand the Champaign County YMCA assumes no responsibility for injuries or illnesses which my child may sustain as a result of his/her physical condition or resulting from his/her participation in any athletic activities, sports programs, the use of any equipment, exercise, or any other activities or programs. I acknowledge that I assume the risk for any and all injuries and illnesses, which may result from my child's participation in these activities. I hereby release and discharge the Champaign County YMCA, its agents, servants, and employees from any and all claims for injury, illnesses, death, loss or damage, which my child may suffer as a result of his/her participation in these activities.

## **PHOTOGRAPHS**

Occasionally, the YMCA takes photos of our program participants and members enjoying programs, special events, or facilities. These photographs are for YMCA publications, brochures, advertisements, or Web pages. Photographs are used at the discretion of the YMCA and become its sole property. By acceptance of membership or by registration in a program, members and guest members give their permission to the YMCA to use without limit and obligation, photographs, film footage, or tape recordings, which may include their image or voice for purposes of promoting the YMCA. **If you do not wish to have your photo or your child's photo used**, please contact the Youth and Family Director at (217) 239-2812.

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

Parent/Guardian's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Date \_\_\_\_\_