



KINDERGARTEN ROUND UP 2018-2019

CHECKLIST

Please ensure that you have ALL of the required forms and documentation listed below. Your child will not be registered and permitted to begin the program until all of the necessary paperwork and the required \$35 deposit have been submitted.

- _____ **Kindergarten Round Up Enrollment Packet**
- _____ **2018-2019 Draft Authorization Form**
- _____ **DCFS Certificate of Health Exam Form (with up-to-date immunizations)**
- _____ **Copy of Birth Certificate (new DCFS requirement)**



KINDERGARTEN ROUND UP

2018/2019 ENROLLMENT/EMERGENCY INFORMATION FORMS

(Please Print)

I requested the following placement at my child's school: AM Kindergarten PM Kindergarten

Start Date: _____ School: _____ Grade '18-'19: _____ Birthdate: _____

Child's Name: _____

Gender (circle one): M F Race/Ethnicity: Asian Hispanic Black White Other _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Child lives with: Both Parents Mother Father Other _____

Mother/Guardian: _____ First Contact Second Contact

Business Name & Address: _____

Work Hours: _____ Work Phone: _____ ext. _____

Cell Phone: _____ Email: _____
This e-mail will be used to send receipts and important program information.

Father/Guardian: _____ First Contact Second Contact

Business Name & Address: _____

Work Hours: _____ Work Phone: _____ ext. _____

Cell Phone: _____ Email: _____
This e-mail will be used to send receipts and important program information.

Siblings: name _____ age _____ name _____ age _____

Emergency Contacts (Other Than Parent/Guardian) and Persons Authorized to Pick Up My Child

I, _____, authorize the YMCA to release my child to the following persons when I am unavailable. I understand that I must inform the Kindergarten Round Up program office of any changes to this list. They must show valid photo I.D. Please provide at least one emergency contact.

Name	City	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Monthly Payments – I understand that monthly payments are due on the 1st of each month by automatic draft payment. Payments must be made on time in order for my child to attend the Kindergarten Round Up program.

Enrollment Changes – I understand that changes to enrollment will only be made on the first of the month, and must be submitted and approved by the 25th of the prior month (before the draft).

Signature of Parent/Guardian _____

HEALTH HISTORY/TREATMENT REQUIREMENTS

Please list any allergies (including food) your child has, associated symptoms and severity, and required treatment. _____

What special aids, devices or medication does your child require during the program hours? Please follow up with the Director for additional medication forms.

Describe any of your child's current health conditions that require medical attention, treatment, or special restrictions or considerations while at Kindergarten Round Up.

SOCIAL CHARACTERISTICS

How would you describe your child's personality? (i.e. aggressive, friendly, shy, withdrawn, sociable, etc.) _____

What types of food does your child like? _____

What does your child enjoy doing? _____

What is your child's swimming ability? _____

Please list any specific special needs your child has that we should be aware of to better understand and work with your child.

Does your child have any fears that we should be aware of? (i.e. storms, dogs, etc.) _____

How does your child behave when angry or upset? _____

What is the best way to make him/her feel better? _____

In what ways can we work together to help your child in such areas as sharing, speaking, accepting corrections, assertiveness, listening or following directions?

Explain any events in your child's life that have been particularly upsetting. _____

SPECIAL NEEDS: The Y welcomes families and children with special circumstances. We request you schedule an individual meeting with the program director before registering to develop the best plan for your child. We will then be able to determine together if the program is suitable for the child.

Parent/guardian assumes all risks of injury arising out of his or her presence on or about the premises or at another location, use or intended use of equipment and facilities, or his or her participation in the activities of the B.R. Ryall YMCA, an Illinois chartered not for profit corporation and does hereby for himself, herself, heirs, executors and administrators waive, release, and agree to hold free from all claims for damages the B.R. Ryall YMCA, and its respective officers, directors, Trustees, Board of Directors, members, employees, or agents.

Signature of Parent /Guardian



CONSENT/RELEASE FORM

KINDERGARTEN ROUND UP

Emergency Care

I hereby authorize the staff of the Kindergarten Round Up program of the B.R. Ryall YMCA to secure emergency medical care for my child _____ when I cannot be immediately reached at the time of emergency. I will be responsible for the emergency medical charges upon receipt of the statement. _____ is our preferred doctor/clinic/hospital. Please advise medical personnel that I carry the following medical insurance plan: _____, policy # _____.

Signature of Parent/Guardian _____ Date _____
Child's Doctor _____ Phone _____

Emergency First Aid

The only first aid measures offered at the program are as follows: Bump or bruise - apply ice as needed; cut or scratch - clean with soap and water, bandage; nose bleed - apply pressure. If further care is needed, we will notify a parent/guardian.

Signature of Parent/Guardian _____ Date _____

Communication between Y Staff and School Staff

I understand that sometimes issues may arise that can impact my child's day, and that it is beneficial for Y staff to communicate with school staff regarding issues, injuries, etc. that occur during the course of the day. Therefore, I grant permission for Y staff to speak with school staff when in the best interest of my child to ensure his/her needs are met and addressed.

Signature of Parent/Guardian _____ Date _____

Mandatory Reporting

I understand that YMCA staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.

Signature of Parent/Guardian _____ Date _____

Transportation, Trips, Excursions and Public Park Facilities

I authorize my child to ride as a passenger in the vehicles owned by the B.R. Ryall YMCA or in rented buses operated by a contracted third party for the purpose of transportation to and from school, short trips and excursions. I also authorize the representatives of the Kindergarten Round Up program of the B.R. Ryall YMCA to take my child on walking trips, special excursions, and to nearby park facilities. I understand that all such trips are under the supervision of YMCA staff members and that health and safety precautions are taken.

Signature of Parent/Guardian _____ Date _____

Photographs and Video

I authorize that the B.R. Ryall YMCA has my permission to photograph or videotape my/our child for purposes of program promotion or publicity.

Signature of Parent/Guardian _____ Date _____



PARENT STATEMENT OF UNDERSTANDING FOR KINDERGARTEN ROUND UP

For the protection of your child, please read, sign and return this form to the Kindergarten Round Up Office before your child begins attending the program.

- I understand that Kindergarten Round Up staff and volunteers are not allowed to babysit children at any time outside of the YMCA program. The Y will take immediate disciplinary action toward staff and volunteers if a violation is discovered.
- I understand that my child may ride as a passenger in the vehicles owned by the B.R. Ryall YMCA or in a rented bus for the purpose of transportation to and from school, short trips and excursions.
- I understand that I am not to leave my child at the Kindergarten Round Up program unless I have signed in with a Kindergarten Round Up staff person.
- I understand that I am to pick my child up at or before 6 p.m. If I am late, a \$1 late fee per minute will be charged.
- I understand that my child will not be allowed to leave the program with an unauthorized person. Any person picking up my child must have been authorized by a parent/guardian and must present a valid picture I.D.
- I understand that should an authorized person arrive to pick up my child and appears to be under the influence of alcohol or drugs, the staff will report this person to the police.
- I understand that only a court order of protection will prohibit a non-custodial parent from picking up his/her child even if he/she has not been listed as an authorized person.
- If I fail to meet my obligation to the program policies, the YMCA reserves the right to suspend my child's participation in the program.
- I understand that failure to pay all fees on time including late fees for services rendered will result in termination of services.
- I understand that in the case of a divorce, the custodial parent is responsible for all payments.
- I understand that YMCA staff is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that I am responsible for following the policies and procedures outlined in the Kindergarten Round Up Parent Handbook (updated June 2017) available online at www.brryallymca.org/child-care.

I, _____, have read and understand the policies listed above.

I, _____, verify that all the information provided on these forms is correct, and I understand that I must inform the YMCA if any of this information changes.

Signature (parent/guardian)

Date