



# SAFE 'N SOUND

A "Learn and Play" program for CCSD89 students

## 2020-2021 ENROLLMENT/EMERGENCY INFORMATION FORM

Due to current state guidelines, group size limitations and the need to keep group participants consistent for safety, the program will only be offered as a full-day, 5-day enrollment format.

(Please Print)

Start Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade '20-'21: \_\_\_\_\_ 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 Safe 'n Sound 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 Safe 'n Sound 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. \_\_\_\_\_

\_\_\_\_\_

During the school day, does your child have special circumstances for which he/she receives support:

Health (including special aids, devices or medication\*) If yes, please describe. \_\_\_\_\_

\_\_\_\_\_

504 If yes, please describe. \_\_\_\_\_

IEP If yes, please describe. \_\_\_\_\_

\*Please follow up with the Director to complete additional required forms.

Describe any of your child's current conditions that require medical attention, treatment, or special restrictions or considerations while at Safe 'n Sound.

\_\_\_\_\_

\_\_\_\_\_

## SOCIAL CHARACTERISTICS

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 (i.e. aggressive, friendly, shy, withdrawn, sociable, etc.)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

\_\_\_\_\_

How does your child behave when angry or upset? \_\_\_\_\_

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

Have there been any events in your child's life that have been particularly upsetting? Y N If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

**SPECIAL NEEDS:** Based on your child's needs, if you believe your child's success in the Safe 'n Sound program could be impacted, please contact the Director of School Age Programs prior to registering. Safe 'n Sound is not part of a child's Individual Education Plan (IEP), 504 Plan or an extension of the academic day. The same support available during the academic day is not necessarily available in Safe 'n Sound.

The Y wants to ensure a successful experience for all and will work the best we can with schools and parents to accommodate needs. Therefore, it is very important to communicate specific needs to the Director prior to attendance to ensure everyone is comfortable with the support available.

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

## SAFE `N SOUND

### Emergency Care

I hereby authorize the staff of the Safe `n Sound 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 \_\_\_\_\_

### 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 Safe `n Sound before- and after-school 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 \_\_\_\_\_

### 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 \_\_\_\_\_

### 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 SAFE `N SOUND

**For the protection of your child, please read, sign and return this form to the Safe `n Sound Office before your child begins attending the program.**

- I understand that Safe `n Sound staff and volunteers are not allowed to babysit children at any time outside of the YMCA program. The YMCA 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 Safe `n Sound before- and after-school program unless I have signed in with a Safe `n Sound 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 firearms are prohibited on any premises of the program.
- 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 the facility and program are not licensed or regulated by DCFS.
- I understand that I am responsible for following the policies and procedures outlined in the Safe `n Sound Parent Handbook (updated July 2020) available online at [www.brriallymca.org](http://www.brriallymca.org).

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