



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

**2011-2012 BEFORE & AFTER SCHOOL REGISTRATION INFORMATION
LINCOLN DISTRICT #27 SCHOOLS / CHESTER-EAST LINCOLN / OLYMPIA SOUTH**

- ❖ All Before & After School registrations must be completed in full and turned into the YMCA office prior to your child being placed on the roster to attend.
- ❖ Early registration is July 6-Aug. 5th, 2011. Late registration begins after August 5th and the program registration fee increases from \$35 to \$45 effective August 6th, 2011.
- ❖ Program participants must be current YMCA members throughout the school year.
- ❖ All membership fees, registration fee and the first week of tuition (or \$25.00 co-pay if on state subsidy program) are due at time of registration. (See next page for rate information.)
- ❖ Weekly tuition is due by site closing time each Wednesday the week before your child is scheduled to attend (you are always paying ahead). A \$15.00 late fee per week for non payment of tuition is assessed to each account effective Sept. 7, 2011 and continuing weekly throughout the school year.
- ❖ Any changes to participant attendance schedule will require a new schedule to be completed through the office, due by noon each Wednesday prior to the week of intended attendance. A \$3.00 handling fee will apply to changes made after the Wednesday noon deadline.
- ❖ As stated and signed on the statement of agreement form, *you are required to read the attached parent policy handbook* which is provided to help answer any questions and to provide parent knowledge of policies and procedures. Call the office for any further clarifications.
- ❖ There is a 2 business day processing time for each registration/enrollment received effective July 6, 2011.
- ❖ Pre-K (at Adams School only) and K-3 Before and After School program for District #27 and CEL will be operated at each school site.
- ❖ 4th-6th grade Before School program will be operated at the individual schools and the 4th – 6th grade After School program for District #27 and CEL will be operated at our YMCA Activity Center (719 Wyatt Ave.). Children will be transported from these schools by the YMCA van.
- ❖ K-6th grade After School program for Olympia School will be operated at Olympia South Elementary.

Visit www.lincolnymca.org for information on this and all YMCA educational and recreational programs being offered for children and adults throughout the 2011-2012 school year.

YMCA Before and After School programs begin on your child's first full day of school.

Olympia South – August 18

Dist #27 – August 22 (1st-6th grade)
(Kindergarten – August 24)

CEL – August 23

YMCA MEMBERSHIP - All participants in Lincoln YMCA school age programs must be current year members.

Membership payments are due at the time of enrollment in any Lincoln Area YMCA program.

Membership is \$35.00 per family per year and all memberships run from January through December 31.

Lincoln Area YMCA * 604 Broadway Street, Suite 1 * Lincoln, IL 62656 * 217/735.3915 or 800.282.3520
 Website: lincolnymca.org * email: lincolnymca@lincolnymca.org



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The Lincoln Area YMCA is pleased to have the opportunity to serve you and your family with well structured and affordable year round school age programs for children Pre-K (Adams), & Kindergarten thru 6th grade. Rates beginning Fall 2011 are listed below.

School's Out Fun Days These are activity days held at the YMCA Activity Center at 719 Wyatt Ave. on days when school is not in session (Columbus Day, Veteran's Day, Winter/Spring break, teacher conference days, etc.) More details in the attached parent book.

Hours of operation: 6:30 am to 6:00 pm

Cost: \$22 per day, per child (If child is currently in Before/After School programs)

Cost: \$28 per day, per child (If child is *not* currently in Before/After School programs)

A \$2 Discount applies to additional child(ren) in the same immediate family and applies only if enrolled full-time.

An \$8 late fee per day per child will be applied for any registrations turned in after the Fun Day monthly registration deadline (two weeks prior to each Fun Day). All registrations must be submitted by parent/guardian to the Y office.

Before and After School Program

YMCA Membership Fee: \$35 family rate for 2011 (Before/After School participants must be current YMCA members)
Family Registration Fee: \$35 per family of same household through August 5th (\$45 beginning August 6th late registration)
Schedule Change Fee: \$3.00 per schedule change (effective after 12:00 noon on Wednesdays through entire school year)
Tuition Rate Discounts: 20% off for additional child in same immediate household (rounded to nearest dollar) *and applies only to participants who pay the *full-time weekly rate through-out the school year.*

Lincoln District #27 Elementary School

Adams school in District #27 is the only school to have a Pre-K program

Before School 6:30 – 8:30 am

After School 2:00 – 6:00 pm Pre-K (*Adams School only*)

3:00 – 6:00 pm Grades K – 3rd

3:00 – 6:15 pm Grades 4th -6th (Preteen)

	Before	After	Before/After
Weekly*	\$21	\$40 (Pre K) \$38 (K – 3 rd) \$40 (4 th -6 th)	\$54 (Pre K) \$50 (K-3 rd) \$52 (4 th -6 th)
2 Days	\$13	\$26	\$38
1 Day	\$7	\$14	\$20

Chester-East Lincoln School

Before School 6:30 – 8:15 am

After School 3:00 – 6:00 pm Grades K – 3rd

3:00 – 6:15 pm Grades 4th -6th (Preteen)

	Before	After	Before/After
Weekly*	\$21	\$38 (K-3 rd) \$40 (4 th -6 th)	\$50 (K- 3rd) \$52 (4 th -6 th)
2 Days	\$13	\$26	\$38
1 Day	\$7	\$14	\$20

Olympia South School

After School 2:05 – 5:30 p.m. (Grades K – 6th)

	Before	After	Before/After
Weekly*	N/A	\$40	N/A
2 Days	N/A	\$26	N/A
1 Day	N/A	\$14	N/A

*Weekly rates are those charged to participants who attend 3-5 days per week on a regular on going basis. Daily rates are those charged to participants who attend 1-2 days per week on a regular and on going basis. Participants are enrolled and registered as either weekly or daily at the initial time of enrollment, and cannot fluctuate back and forth throughout the school year. Participants enrolled as daily will not receive the discounted weekly rate for any schedule changes that require the child to be enrolled 3 or more days in any one week period (daily rate is always charged). There is no "drop-in" enrollment as all participants must be enrolled at least 1 or more days per week consecutively all throughout the school year.

All fees and tuition payments for Before and After School and Fun Days are non-transferable and non-refundable.

The daily tuition rate for early dismissals is \$18 for those children not enrolled in our Before and/or After School programs on a regular and on-going basis.

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Date Begins _____ Date Dropped _____
BS AS B&A
P-K K-3 4-6 Olympia
M-F Other _____
Date Received in Office _____
Staff Initials _____

(2011 - 2012) YMCA Before & After School Registration Form
*(THE LINCOLN AREA YMCA REQUIRES THAT EACH LINE BE COMPLETED
WITH INFORMATION OR THE WORD "NONE" INSERTED)*

Child's Name _____ School Attends _____

Birthdate ____/____/____ Entering Grade _____ Age _____ Male / Female

Address _____ City _____ State _____ ZipCode _____

Mother's Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Mother's Address (if different than above) _____

Family Email Address (Please submit to receive monthly newsletter): _____

Place of Employment _____

Father's Name _____ Home Phone _____

Cell Phone _____ Work Phone _____

Father's Address (if different than above) _____

Place of Employment _____

LOCAL CONTACT IN CASE OF EMERGENCY (OTHER THAN PARENT) *MUST BE FILLED OUT!!**

Name _____ Relation _____

Address _____ Phone _____

Persons other than parent who may remove child from center: **Local Numbers Only**

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

List below any information regarding allergies, medications, special needs, handicap situations, etc. that will help us care for your child:

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

THE LINCOLN AREA YMCA REQUIRES THAT EACH LINE BE COMPLETED WITH THE INFORMATION OR THE WORD "NONE" INSERTED.

Preferred Hospital/Physician _____

Physician Address/Phone # _____

Insurance Company/Group/Expiration Date _____

If my child, _____, should become ill or injured at,
(Child's Full Name)

Lincoln Area YMCA Before and/or After School Program, I understand that the facility will: (1) Contact me immediately or (2) Contact the person(s) I have designated if I can not be reached.

Should the facility be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment. The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

I will accept responsibility for payment of medical services rendered.

Signature (Parent/Guardian) Relationship Date

RELEASE OF LIABILITY

I hereby release the Lincoln Area YMCA and their entire staff members, administration, board members, volunteers, or any other entity involved with the Lincoln Area YMCA from responsibility and liability due to injury and illness that my child or myself may sustain during any of the Lincoln Area YMCA programs and/or activities.

I will accept responsibility for payment of medical services rendered due to illness or injury that occurs to my child or myself while participating in the Lincoln Area YMCA programs and/or activities.

Parent/Guardian Signature Date

Office Use Only:

Check/Money Order # _____ Total Amount Paid \$ _____ Amount of Scholarship \$ _____

Tuition Paid \$ _____ Registration Paid \$ _____ Membership Paid \$ _____ CCCC Co-Pay Paid \$ _____

Names of additional children with the registration payment _____

STATEMENT OF AGREEMENT

1. I, _____, parent/guardian of, _____,
(Print parent/guardian name) (Print participants name)
hereby sign that I promise to read the attached Parent's Handbook and that I understand and agree to abide by the policies and procedures of the Lincoln Area YMCA Before and After School program.
2. I grant full permission to the Lincoln Area YMCA to use photographs and/or videotape of my child for use in YMCA publicity publications. *Failure to circle below will automatically provide for the authorization of photos/videotapes to be taken and used for publication purposes.*

Please Circle One: Yes No

3. I have received in writing the discipline policies followed by the Before and After School program.
4. I have received in writing the tuition payment policy and understand and agree to abide by such policy and procedures of the Lincoln Area YMCA. I understand that failure to pay tuition according to due dates will result in my child's registration paperwork being removed and returned to the office until payment is made.
5. I have received in writing the vacation, absence, and illness policies and agree to abide by such policies and procedures of the Lincoln Area YMCA.

Signature of parent/guardian

Date

TRANSPORTATION PERMISSION SLIP (4th Grade and Up)

I give permission for the above listed child(ren), a participant(s) in the Lincoln Area YMCA after school program, to be transported from the school to the YMCA Activity Center if child is involved in the 4th-6th grade After School program. If my child is enrolled in the Y before school program at Central School, I give permission for my child to walk to the Lincoln Junior High School at 7:50 am. (*Please ask YMCA office staff for more information.*)

Parent/Guardian Signature

Date

PAST DUE PAYMENTS / NSF CHECKS

In the event your account is past due, it may be turned over to a collection agency. If your account is not paid in full and this account is turned over to a collection agency and/or attorney, then you agree to be responsible for all reasonable fees necessary for the collection of the delinquent account including, but not limited to, collection agency fees of 50% of the balance due and costs and reasonable attorney's fee of 33% of the balance. Returned checks for insufficient funds will be turned over to the State's Attorney for prosecution.

Parent/Participant Signature

Date

Please tell us how you heard about this program.

Friend

Brochure

Website

Newspaper

Other _____

Would you be interested in volunteering at the YMCA?

___ Yes

___ No

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BEFORE AND AFTER SCHOOL ATTENDANCE SCHEDULE

Please check the appropriate days below for which you are registering your child. Weekly tuition payments for the days marked below are due each **Wednesday** by closing time prior to the week your child attends the program. **Changes made to your schedule must be made through the office or by fax by noon on Wednesday, the week prior to attending. A \$3.00 handling fee will be charged for any attendance schedule changes made after each Wednesday noon deadline.** *There will be no switching or trading of scheduled days.* You may add additional days provided there is space in the program and with a notice made to the office by parent/guardian. Payment for additional days is due at the time of service.

CHILD'S NAME _____ SCHOOL _____

CIRCLE ONE: **FULL-TIME** **PART-TIME***

Child is either registered as full-time or part-time (cannot be registered as both) for the school year and tuition is charged according to initial enrollment.

**Participants enrolled initially as attending daily will not receive the discounted weekly rate when schedule change involves a change to attend 3 or more days during any one week period.. There are no "drop-in" enrollments accepted. All participants must be registered to attend 1 or more days every week of the school year.*

PLEASE CHOOSE ONE OF THE FOLLOWING SCHEDULE OPTIONS:

_____ 2011-2012 SCHOOL YEAR (or until scheduled change occurs)

_____ MONTH OF _____

_____ WEEK OF _____

BEFORE SCHOOL

_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday
_____ Friday

AFTER SCHOOL

_____ Monday
_____ Tuesday
_____ Wednesday
_____ Thursday
_____ Friday

I understand that:

- ✓ I cannot be registered as both full-time and part time. I am registered as either part-time and pay the daily rates for 1-5 days throughout the school year or I am registered as full-time throughout the school year.
- ✓ I am required to pay tuition for the amount of days and times marked above.
- ✓ Tuition is due in full by each Wednesday at closing time the week prior to my child attending.
- ✓ A \$15.00 late payment fee per child will apply after Wednesday tuition due dates beginning Sept. 7, 2011.
- ✓ I cannot trade or switch days that my child is scheduled to attend unless I complete a new enrollment schedule form by noon Wednesday prior to the scheduled week to attend.
- ✓ Tuition for Before and After School and Fun Day programs is non-transferable and non-refundable.
- ✓ Program staff can only accept check or money orders. Cash payments must be made at the office during office hours (8:30 a.m. – 5:00 p.m.). I am required to submit a receipt for all cash payments to the program director in order for her to credit my account at the school sites.
- ✓ I understand that policy is to remove registration forms and enrollment paperwork from the program site if tuition payments are outstanding of \$75.00 or more.

Parent/Legal Guardian Signature

Date

OFFICE USE ONLY: Date Received _____

Staff Initials _____