

Start Date: \_\_\_\_\_

Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**CAMPANELLI YMCA**  
**KASPER Before & After School Enrollment Form 2018-2019**

<b>Child's First Name</b>	<b>Child's Last Name</b>	<b>Birth Date</b>	<b>Grade</b>

<b>Child's Street Address</b>	<b>City, State, Zip</b>

<b>Please Circle</b>	<b>Please Circle Program Time &amp; Days</b>	<b>Please Circle Program Location</b>						
Boy      Girl	<table border="0"> <tr> <td><b>AM</b></td> <td><b>PM</b></td> <td><b>AM/PM</b></td> </tr> <tr> <td>M T W TH F</td> <td>M T W TH F</td> <td>M T W TH F</td> </tr> </table>	<b>AM</b>	<b>PM</b>	<b>AM/PM</b>	M T W TH F	M T W TH F	M T W TH F	Anne Fox      Churchill      Einstein H. Highlands      Link      Stevenson
<b>AM</b>	<b>PM</b>	<b>AM/PM</b>						
M T W TH F	M T W TH F	M T W TH F						

<b>Non-Refundable Registration Fee:</b> Individual: \$45      Family: \$75 We bill the 1 <sup>st</sup> of every month. <b>Make checks payable to Campanelli YMCA</b>	<b>Are you currently receiving Action for Children Assistance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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**KASPER Before & After School Program - Please check appropriate box**

<b>2 Day Monthly Rate</b>	<b>3 Day Monthly Rate</b>	<b>4 Day Monthly Rate</b>	<b>5 Day Monthly Rate</b>																								
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<b>Both AM/PM:</b> <input type="checkbox"/> \$159	<b>Both AM/PM:</b> <input type="checkbox"/> \$217	<b>Both AM/PM:</b> <input type="checkbox"/> \$260	<b>Both AM/PM:</b> <input type="checkbox"/> \$317																								

<b>Parent/Guardian Contact Information &amp; Pick Up Authorization</b>	<b>Parent/Guardian Contact Information &amp; Pick Up Authorization</b>	<b>Child's Doctor &amp; Allergy Information</b>
First Name _____ Last Name _____ Address _____ <small>(write SAME if address is same as above)</small> City _____ State, Zip _____ Cell Number (_____) _____ Place of Work _____ Work Number (_____) _____ Email _____ <b>Parent of Record Signature:</b> _____  <small>"Parent of Record" has authority to make changes, request payment information, or request copies of registration paperwork.</small>	First Name _____ Last Name _____ Address _____ <small>(write SAME if address is same as above)</small> City _____ State, Zip _____ Cell Number (_____) _____ Place of Work _____ Work Number (_____) _____ Email _____ <b>Parent of Record Signature:</b> _____  <small>"Parent of Record" has authority to make changes, request payment information, or request copies of registration paperwork.</small>	Name _____ Address _____ City _____ State, Zip _____ Phone (_____) _____  <b>IMPORTANT:</b> <b>Please indicate any allergies:</b> _____ _____ _____

**Emergency Contacts/Authorized Pick Up Information**

First Name _____ Last Name _____ Relationship to child _____ Home Phone (_____) _____ Cell Number (_____) _____ Work Number (_____) _____	First Name _____ Last Name _____ Relationship to child _____ Home Phone (_____) _____ Cell Number (_____) _____ Work Number (_____) _____	First Name _____ Last Name _____ Relationship to child _____ Home Phone (_____) _____ Cell Number (_____) _____ Work Number (_____) _____
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# Campanelli YMCA

## KASPER EMERGENCY MEDICAL TREATMENT

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

Child's Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Allergies (Food, environmental, etc.): Yes\_\_\_ No\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Will Your Child Require Medication During Our Program?: Yes\_\_\_ No\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please note: You must fill out the Medication Dispensing Authorization Form if your child will be taking medication while in the KASPER program.

Medical Diagnosis: Yes\_\_\_ No\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Parent Authorization: In the event I cannot be reached in an emergency, I hereby give my permission to the emergency physician to hospitalize, secure proper medical assistance and to order the necessary treatment for my child or children.*

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

# Campanelli YMCA KASPER INTAKE FORM

*(To be reviewed by School Age Program staff prior to child beginning program)*

1. Our child care programs are centered around group-based care, and as such do not provide a one-on-one aide. Do you feel this will be adequate for your child's physical/behavioral needs? Yes \_\_\_ No \_\_\_

If no, please describe what you feel your child's needs may be within our program:

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2. Are there any behaviors you are aware that your child may need special assistance from staff in areas such as reminders to use the restroom, using appropriate language, using appropriate problem solving skills, etc.? Yes \_\_\_ No \_\_\_

Please describe \_\_\_\_\_

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3. Does your child need any special equipment for our program (special table, wheelchair ramp, etc.)? Yes \_\_\_ No \_\_\_

Please describe \_\_\_\_\_

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4. Does your child require any special accommodations that would help your child within our program? Yes \_\_\_ No \_\_\_

Please describe \_\_\_\_\_

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5. Is there anything else you would like us to help your child be successful in our program? \_\_\_\_\_

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Director Approval: \_\_\_\_\_

# Campanelli YMCA KASPER 2018-19 Program Automatic Payment Contract

Print Child's Name: \_\_\_\_\_ Name of School: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The Campanelli YMCA offers two different types of automatic payment plans called Electronic Funds Transfer (EFT) and Charge Account Draft (CAD).

**Your signature will confirm that you have read and understand the following:**

- I understand that my monthly KASPER payment will be automatically withdrawn on the 1st of every month from my checking account or charged on my credit card, beginning August 1, 2018 through April 1, 2019.
- I understand that I must provide a two week written notice before my automatic payment can be cancelled or changed.
- I understand that the YMCA automatic payment plans are continuous and will remain in effect until I cancel or change my payment preference in writing or until the KASPER 2018-19 Program ends.
- I understand that the Campanelli YMCA may, at their discretion, adjust the monthly rate associated with KASPER, provided they announce any rate change 30-days in advance.
- I understand that I am responsible for making funds available for each and every payment while I am enrolled in KASPER. I also understand that I will incur a \$20.00 service charge fee for any payment declined by my bank or credit card provider.
- I understand that the Campanelli YMCA reserves the right to cancel my child's participation in KASPER after 1 month of insufficient funds or stopped payments.
- I understand Campanelli YMCA will automatically re-submit any declined credit card or NSF checks.

### MONTHLY KASPER FEES

	2 Day Rate		3 Day Rate		4 Day Rate		5 Day Rate	
	AM Only	PM Only	AM Only	PM Only	AM Only	PM Only	AM Only	PM Only
<b>Y Member:</b>	<input type="checkbox"/> \$73.25	<input type="checkbox"/> \$105.25	<input type="checkbox"/> \$100	<input type="checkbox"/> \$147	<input type="checkbox"/> \$110.50	<input type="checkbox"/> \$194.50	<input type="checkbox"/> \$131.50	<input type="checkbox"/> \$215.50
<b>Non-Member:</b>	<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$110.25	<input type="checkbox"/> \$105	<input type="checkbox"/> \$152	<input type="checkbox"/> \$115.50	<input type="checkbox"/> \$199.50	<input type="checkbox"/> \$136.50	<input type="checkbox"/> \$220.50
<b>Discount for Both AM &amp; PM Care:</b>	<input type="checkbox"/> \$159		<input type="checkbox"/> \$217		<input type="checkbox"/> \$260		<input type="checkbox"/> \$317	

### PAYMENT INFORMATION

Monthly Draft: \$ \_\_\_\_\_

Please select a payment option below:

\_\_\_\_\_ EFT - VOIDED Personal Check # \_\_\_\_\_ (Attached)

\_\_\_\_\_ CAD - Please circle:    Visa            MasterCard            Discover            American Express

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Print Name (as it appears on card): \_\_\_\_\_

Monthly Withdrawal Amount: \$ \_\_\_\_\_ Withdrawal Start Date: \_\_\_\_\_

I hereby authorize the Campanelli YMCA to withdrawal my monthly KASPER fees stated in the amount above from the designated credit card or bank account.

Please Print Authorized Name: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Campanelli YMCA**  
**KASPER Before & After School Program**  
**WAIVER, RELEASE, INDEMNITY & HOLD HARMLESS**

We, the undersigned parents/guardians of \_\_\_\_\_, a student in Community Consolidated School District 54 (the "School District), hereby give our full permission for the Student to participate in programs, including without limitation the Kids' After School Program with Enrichment and Recreation (KASPER), conducted by the Campanelli YMCA (the "YMCA") in facilities and/or schools owned by the School District. We understand that this is a voluntary activity, and is solely provided, supervised and sponsored by the Campanelli YMCA and not by the school District. Further, we acknowledge that the School District has no responsibility for such activity and that the School District will not provide supervision and is in no way affiliated with the Campanelli YMCA or the Campanelli YMCA KASPER Program.

For and in consideration of the School District permitting the Student to participate in programs conducted by the Campanelli YMCA, we hereby waive, release and warrant that we shall not bring any claim, by lawsuit or otherwise, against the School District, its Board of Education or its members, officers, employees, agents and volunteers directly or on behalf of the Student or any other persons in connection with the Students participation in programs conducted by the Campanelli YMCA.

We further agree to indemnify and hold harmless the School District, its Board of Education and its members, officers, employees, agents and volunteers (the Indemnitees") from any claim, loss or expense whatsoever, including without limitation reasonable attorneys' fees, brought against or connection with the Student's participation in programs conducted by the Campanelli YMCA, or as a result of the Student's acts or omissions in connection with this participation, or arising out of a claim directly or indirectly related to this participation brought by any other person and arising out of a claim directly or indirectly related to this participation brought by another person and arising out of the Student's acts or omissions.

Child's Name: \_\_\_\_\_ KASPER Program Site: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_  
*Please Print*

Child's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_