



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Campanelli YMCA KASPER BEFORE & AFTER SCHOOL REGISTRATION 2019-20

**REGISTRATION DEADLINE:**  
**AUGUST 1, 2019**

**Program begins Monday, August 19, 2019**

- Pay non-refundable registration fee:  
Individual - \$45    Family - \$75
- Please complete this entire packet and return to the YMCA
- All registration forms in this packet must be completed and signed for registration to be processed

**Member Registration Begins\*:**  
**April 8, 2019**

**Community Registration Begins:**  
**April 15, 2019**

**\*MUST be a Y member for 30 days prior to registration to receive discount.**



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

**CAMPANELLI YMCA**  
**KASPER Before & After School Registration 2019-2020**

Child's First Name	Child's Last Name	Birth Date	Grade
Child's Street Address		City, State, Zip	

Please Circle	Please Circle Program Time & Days	Please Circle Program Location						
Boy      Girl	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align:center;"><b>AM</b></td> <td style="text-align:center;"><b>PM</b></td> <td style="text-align:center;"><b>AM/PM</b></td> </tr> <tr> <td style="text-align:center;">M T W TH F</td> <td style="text-align:center;">M T W TH F</td> <td style="text-align:center;">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						

**Non-Refundable Registration Fee:** Individual: \$45      Family: \$75  
 We bill the 1<sup>st</sup> of every month. **Make checks payable to Campanelli YMCA**

**Are you currently receiving Action for Children Assistance?**  
 Yes       No

**KASPER Before & After School Program - Please check appropriate box**

2 Day Monthly Rate	3 Day Monthly Rate	4 Day Monthly Rate	5 Day Monthly Rate
<b>AM Only</b> <b>PM Only</b>	<b>AM Only</b> <b>PM Only</b>	<b>AM Only</b> <b>PM Only</b>	<b>AM Only</b> <b>PM Only</b>
M <input type="checkbox"/> \$77.50 <input type="checkbox"/> \$110.75	M <input type="checkbox"/> \$110.50 <input type="checkbox"/> \$154.50	M <input type="checkbox"/> \$116.25 <input type="checkbox"/> \$204.50	M <input type="checkbox"/> \$138.25 <input type="checkbox"/> \$226.50
Non-M <input type="checkbox"/> \$82.50 <input type="checkbox"/> \$115.75	Non-M <input type="checkbox"/> \$115.50 <input type="checkbox"/> \$159.50	Non-M <input type="checkbox"/> \$121.25 <input type="checkbox"/> \$209.50	Non-M <input type="checkbox"/> \$143.25 <input type="checkbox"/> \$231.50
<b>Both AM/PM:</b> <input type="checkbox"/> \$170	<b>Both AM/PM:</b> <input type="checkbox"/> \$230	<b>Both AM/PM:</b> <input type="checkbox"/> \$280	<b>Both AM/PM:</b> <input type="checkbox"/> \$340

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

**Emergency Contacts/Authorized Pick Up Information**  
**(Must be 18 years old to pick-up children from the program)**

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

# 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:

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**Will Your Child Require Medication During Our Program?:**

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

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

**Does Your Child Have a Medical Diagnosis?:** Yes\_\_\_ No\_\_\_ If yes, please describe:

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***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 MEDICATION DISPENSING AUTHORIZATION FORM KASPER 2019-2020 PROGRAM

\*\*\*This form MUST be completed for all medication or when medication changes.\*\*\*

## BACKGROUND INFORMATION:

Participant's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent's/Guardian's Name(s): \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Program Name: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## MEDICATION INFORMATION:

Medication Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Quantity Supplied: \_\_\_\_\_ Dose: \_\_\_\_\_ Time: \_\_\_\_\_  
Dispensing and Storage Instructions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that it is my responsibility to give the medication directly to program staff with full instructions in an unopened individual dosage containers, unopened non-prescription medication containers, or in original prescription bottles.

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form.

I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the YMCA if any changes in the dispensing of medication change.

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## RETURNING MEDICATION TO FAMILY:

Date Returned: \_\_\_\_\_ YMCA Staff Signature: \_\_\_\_\_

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 2019-20 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, 2019 through April 1, 2020.
- 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 2019-20 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"/> \$77.50	<input type="checkbox"/> \$110.75	<input type="checkbox"/> \$110.50	<input type="checkbox"/> \$154.50	<input type="checkbox"/> \$116.25	<input type="checkbox"/> \$204.50	<input type="checkbox"/> \$138.25	<input type="checkbox"/> \$226.50
<b>Non-Member:</b>	<input type="checkbox"/> \$82.50	<input type="checkbox"/> \$115.75	<input type="checkbox"/> \$115.50	<input type="checkbox"/> \$159.50	<input type="checkbox"/> \$121.25	<input type="checkbox"/> \$209.50	<input type="checkbox"/> \$143.25	<input type="checkbox"/> \$231.50
<b>Discount for Both AM &amp; PM Care:</b>	<input type="checkbox"/> \$170		<input type="checkbox"/> \$230		<input type="checkbox"/> \$280		<input type="checkbox"/> \$340	

### 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: \_\_\_\_\_



## 2019-20 KASPER PARENT HANDBOOK RECEIPT & WAIVER

As a participant of the KASPER Program, I understand that any child who, after attempts have been made to meet the child's individual needs, demonstrates inability to benefit from group-centered care, as offered by our facility, may be discharged from the KASPER Program.

**Parent Initial:** \_\_\_\_\_

Many sports, activities, and programs have inherent elements of danger. As a parent of a child enrolled in YMCA child care programs, I understand that my child's participation in YMCA activities, regardless of location, is at my own risk. 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/children.

**Parent Initial:** \_\_\_\_\_

On occasion, pictures or video may be taken by authorized YMCA staff for benefit of promoting YMCA programs to the public or local businesses OR as a means of monitoring or improving the program.

**Parent Initial:** \_\_\_\_\_

As a parent of a child in YMCA child care programs, I understand that the KASPER Program closes at 6:00 pm. If my child is picked up after 6:00 pm, I understand that a fee of \$15.00 is assessed for the first 10 minutes, **or portion thereof**, and an additional \$1.00 per minute thereafter will accrue and be charged to my monthly bill. Further, I understand that three (3) late pick-ups may result in discharge from the program.

**Parent Initial:** \_\_\_\_\_

The YMCA asks that all adults abide by appropriate rules of conduct. Please be mindful of the YMCA's character code of conduct to enable **CARING, SHARING, RESPECT, and RESPONSIBILITY**. **The following behaviors are NOT allowed:**

- Being disrespectful
- Physical abuse/verbal abuse of any kind
- Under the influence of alcohol/drugs
- Loitering
- Smoking on site
- Confronting/correcting other children enrolled in the program
- Confronting other parents in the program

Please note all YMCA staff are carefully screened and background checked to care for your children. Program parents may not loiter and are expected to sign out their child and leave. The YMCA's first responsibility is the safety of every child.

**Parent Initial:** \_\_\_\_\_





FOR YOUTH DEVELOPMENT  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## **RECEIPT OF KASPER PARENT HANDBOOK**

**I have read and received the policies of the Campanelli YMCA 2019-20 KASPER Program Handbook. I understand and agree to follow these policies. Failure to follow these policies may result in termination of the child care service.**

Parent/Guardian PRINTED Name: \_\_\_\_\_

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

**Child(ren)'s First & Last Name in the KASPER Program:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_