



## Kindergarten Extended Day Registration 2019 - 2020

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

AM or PM in public school: \_\_\_ AM \_\_\_ PM (If not yet known, notify DIRECTOR when info is available)

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex: \_\_\_M \_\_\_F

Program start date: \_\_\_\_\_

Child's Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: (H):(\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_

Phone Number (H):(\_\_\_\_\_) \_\_\_\_\_ (C):(\_\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_ (W):(\_\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_

Phone Number: (H):(\_\_\_\_\_) \_\_\_\_\_ (C):(\_\_\_\_\_) \_\_\_\_\_

Company Name: \_\_\_\_\_ (W):(\_\_\_\_\_) \_\_\_\_\_

Job Title: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contacts & Pick-Up Authorization

In addition to the parent(s)/guardian(s) who have signed below, the following person(s) are authorized to pick up the child or to be contacted in case of an emergency if neither parent is available to assume responsibility for the child.

Name: \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Name: \_\_\_\_\_

Cell: (\_\_\_\_\_) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

### FEES

- Fees are paid by check, cash, or credit card to the **Edison YMCA** by the 1st of the month prior. Credit card draft is available. Cards are drafted the 1<sup>st</sup> of the month prior. Payments are collected one month before the service period.
- A \$20 late fee will be automatically applied after the 10<sup>th</sup> of the month.
- A 3% discount will be applied to your payment if you have a current Family Membership to the Community Campus.
- A 10% sibling discount will be applied to additional children enrolled in full time programming.

**Parents are required to keep this information current by contacting the Edison Y with changes.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**MORNING CARE**  
 (Can be combined with Option A)  
**7am until start of school**  
 3 days - \$105 ■  
 4 days - \$140 ■  
 5 days - \$175 ■

**KINDERGARTEN OPTIONS**

**Option A**  
 Morning or afternoon session  
**9am - 1pm or 11:30am - 3:30pm**  
*(not including snow days or holiday care\*)*  
 3 days - \$340 ■  
 4 days - \$460 ■  
 5 days - \$570 ■

**Option B**  
 Morning or afternoon session  
 w/afterschool care, **9am - 7pm**  
*(including snow days and holiday care\*)*  
 3 days - \$480 ■  
 4 days - \$640 ■  
 5 days - \$800 ■

**Option C**  
 Morning or afternoon session  
 w/before & afterschool care, **7am-7pm**  
*(including snow days and holiday care\*)*  
 3 days - \$550 ■  
 4 days - \$730 ■  
 5 days - \$910 ■

\* For complete list of YMCA Holiday Closure Dates please see  
 SACC & KEDs Parent Handbook 2019 - 2020

**Please Select Your Child's School:**

JAMES MADISON PRIMARY

WOODBROOK ELEMENTARY SCHOOL

MARTIN LUTHER KING SCHOOL

OTHER (MUST HAVE OWN TRANSPORTATION):

**SAVE \$20 OFF YOUR FIRST MONTH WHEN YOU ENROLL WITH EZ PAY!**

Please charge my credit card on file with the YMCA automatically when KEDs payments are due.

Parent Signature \_\_\_\_\_



## Edison YMCA KEDs (Kindergarten Extended Day) Permission/Informed Consent Agreement & Health History

### PERMISSION/AUTHORIZATION (please initial where indicated)

As the parent/guardian of \_\_\_\_\_, I give permission for my child to participate in Y programs, including any trips taken during the camp day. I understand that transportation will be provided by school bus. I further acknowledge and am aware that these activities may involve inherent risks and that I assume for my child whatever risk of injury or loss which may exist, and further certify that my child is in good physical condition in order to take on these activities. \_\_\_\_\_ *initial*

I hereby permit, consent and authorize photographs and/or videos made of my child while at the Y as an individual or part of a group, with or without text in YMCA publications. \_\_\_\_\_ *initial*

Prescription medication will be given to my child by the staff at specific times. I understand that I must sign a statement at each illness, giving the camp specific instructions and permission. \_\_\_\_\_ *initial*

An accident or sudden illness to my child will be treated on the premises of the Y by the staff with emergency first aid procedures. I understand that I will be notified immediately, and will be required to pick up my child or send a reliable person in my place to be responsible for taking my child from the Y to a designated place determined by me. \_\_\_\_\_ *initial*

Emergency treatment for my child will be obtained in my absence by YMCA staff and its agents or whatever kind is deemed necessary and in his/her interest to protect the life, health and well-being of said son/daughter. I understand that any cost of service not reimbursable by insurance coverage shall be the responsibility of the parent/guardian. Transportation by any necessary means to obtain such medical care of assistance for my child, as circumstances my require in the discretion of the YMCA staff, its employees or agents, is hereby authorized. \_\_\_\_\_ *initial*

I understand that the YMCA shall provide appropriate chaperones on all trips, as well as the above mentioned transportation. Prior notice will be given wherever possible. \_\_\_\_\_ *initial*

I have read the registration agreement above and agree to abide by said policies. \_\_\_\_\_ *initial*

I have read and received the center's expulsion policy. \_\_\_\_\_ *initial*

### HEALTH HISTORY:

Allergies: \_\_\_\_\_ Treatment: \_\_\_\_\_

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Dietary modifications \_\_\_\_\_

Disabilities \_\_\_\_\_

Chronic/recurring illnesses \_\_\_\_\_

Current medications \_\_\_\_\_

Activity limitations \_\_\_\_\_

Any other known physical or mental conditions \_\_\_\_\_

Name of physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Date of last physical examination \_\_\_\_\_

This Health History is correct, so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. \_\_\_\_\_ *initial*

**Emergency Authorization:** I hereby give permission to medical personnel to order X-rays, routine tests, and treatment for me/my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, and/or surgery for me/my child as named above. This form may be photocopied.

\_\_\_\_\_  
 Signature of parent/guardian

\_\_\_\_\_  
 Date