



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# LEARN GROW THRIVE



REGISTRATION  
BEGINS  
MAY 1, 2018

## Before & After School Youth Achievement Program

Delivered and administered by the Two Rivers YMCA, the Before & After School Youth Achievement Program is available to you through your school district. Our Youth Achievement Program is full of exciting and challenging activities that encourage children to learn new skills, develop their interests and spend meaningful time with friends and adults. All of this takes place in a safe, caring environment conveniently located in your local school.

After School Curriculum provide specialized activities that allow children to explore their interests in a variety of areas. We combine monthly themes with core areas to build experiences beyond what children are exposed to at home or in their school. All this fun is also designed to provide children with the life skills and character development necessary to grow up to be caring, competent, responsible adults. Participants are constantly exposed to the four core values of Caring, Honesty, Respect and Responsibility and provided incentive for living these values outside of the Youth Achievement Program.

## TWO RIVERS YMCA

2040 53rd Street, Moline IL 61265 | 309 797 3945 | [www.tworiversymca.org](http://www.tworiversymca.org)

## 2018-2019 REGISTRATION AND FEES

You must register for the program at the Two Rivers YMCA or your school site during regular operating hours at least two days in advance of using our services. You must pay the semester activation fee (**paid each semester**) every school year in order for your child to start or continue our program.

ACTIVATION FEES	Y MEMBER	COMMUNITY
<b>SEMESTER 1</b> register between:		
May 1-July 1	\$7	\$31
July 2-December 31	\$13	\$37
<b>SEMESTER 2</b> register between:		
December 1-January 1	\$7	\$31
January 2-May 31	\$13	\$37

  

FEE PER DAY	PER CHILD
AM Rate	\$5.75
PM Rate	\$8.75
Half Day - dismissals before noon (does not include morning if child attends both)	\$14.50
Full Day	\$26.00

## PROGRAM HOURS & DATES

**HOURS:** 6:30 am to the morning bell and school dismissal to 5:30 pm. Our program begins on the first day of school and ends on the last day of school, depending on the length of the school day. We will not cover 1 or 2 hour school days.

## YOUTH ACHIEVEMENT CURRICULUM

- Arts & Humanities
- Character Development
- Homework
- Health, Wellness & Fitness
- Literacy
- Service Learning
- Science, Technology, Engineering, Math (STEM)
- Social Competence & Conflict Resolution

## PROGRAM GOALS

- Provide quality care that support the needs of the family unit.
- Promote academic achievement and success.
- Foster healthy lifestyles through increased awareness of health, nutrition and wellness that follow the Y-USA HEPA standards
- Provide children with the life skills necessary for a successful transition to adolescence.
- Offer a variety of activities that allow children to explore new interests with an open mind.
- Deliver the program in a positive environment with safety, support and care.

## SCHOOL'S OUT CLUB

School's Out Club (SOC) is available for K-8th Graders at the Two Rivers YMCA during school holidays and institute days. SOC is also available for all families when Moline, East Moline and Rock Island school districts cancel school for the day due to inclement weather. If the Y is closed due to inclement weather or power outage, there will be no program. A calendar of SOC days will be available the first day of school at your site. Members of the Y may register online for School's Out Club.

## PROCESSING FEE AND ADVANCE PAYMENT

If you choose to make payments with checks or money orders there will be a processing fee of \$5 for every transaction. You will also be required to make your payment in advance in order to use our services. The processing fee must be included in your check or money order amount along with the fees you are paying. You may make payments to our site staff or YMCA front desk if you choose to use check or money order payment method. If payment is made at YMCA front desk, parents must show receipt to YMCA school site staff. **We will not accept cash at the school site.**

## DRAFT PAYMENT

If you choose to provide us with your checking, savings, debit or credit card information, we will draft your fees twice a month and there will be no processing fees or advance payment requirement. We will draft or charge your account at the first and middle of the month (closest banking day) to keep your account current.

When a payment is not honored with the information provided, you are still responsible for that payment in addition to any service fees established by the YMCA and/or your bank or credit card provider.

If at any time you prefer to discontinue this means of payment, you must provide notice to the Two Rivers YMCA office ten (10) days prior to the next scheduled payment.

If you choose to have your account drafted, you must complete a Draft Authorization Form. This form is available at the YMCA front desk, at your child's program site, and on our website. This form authorizes the Two Rivers YMCA to draft payment due for the Before & After School Program, School's Out Club and Summer Camp.

**Please draft the activation fee for the second semester on December 15, 2018.**

Signature: \_\_\_\_\_

## FINANCIAL ASSISTANCE

All families applying for financial assistance or state agency assistance must pay a deposit of \$25 per child to begin the program, along with the activation fee. **You may only use one form of the two methods of assistance.** It can take up to 4 weeks to process paperwork to determine your adjusted fees. This deposit helps keep your account balance within a reasonable amount until your fees can be determined.

## VIEW YOUR ACCOUNT

You may view your child's account online at any time. Visit our website or contact the Y at 797-3945 ext. 252 for more information and instructions.

# 2018-2019 BEFORE & AFTER SCHOOL PROGRAM STUDENT INFORMATION FORM

Please print using black or blue ink.

## Child's Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

School \_\_\_\_\_

Date of Birth \_\_\_\_\_ Primary Contact \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Primary Language \_\_\_\_\_

## Start Date

I will send my child to the program starting on

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

## Parent/Guardian Information

1. Guardian Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Primary Phone \_\_\_\_\_

Email address \_\_\_\_\_

Cell phone/pager \_\_\_\_\_

Primary Language \_\_\_\_\_

2. Guardian Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Relationship \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Place of Employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Primary Phone \_\_\_\_\_

Email address \_\_\_\_\_

Cell phone/pager \_\_\_\_\_

Primary Language \_\_\_\_\_

## Check all that apply, give approximate dates

Frequent Ear Infection \_\_\_\_\_ Convulsions \_\_\_\_\_

Heart Defect/Disease \_\_\_\_\_ Diabetes \_\_\_\_\_

Mononucleosis \_\_\_\_\_ Hypertension \_\_\_\_\_

Tetanus Inoculation \_\_\_\_\_ Asthma \_\_\_\_\_

Bleeding/Clotting Disorders \_\_\_\_\_

## Pick-up Information

In addition to the parent/guardian listed on the left, I authorize only the people below to pick up my child. **Please list in order of preference all persons who are authorized to pick up your child.** For your child's safety, he/she will not be released to anyone else. No changes to this list will be made unless the parent or legal guardian whose signature appears on reverse requests such changes in writing at least one day in advance. Photo ID required at pick up.

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

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

Relationship \_\_\_\_\_

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

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

Relationship \_\_\_\_\_

5. Name \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

Relationship \_\_\_\_\_

6. Name \_\_\_\_\_

Address \_\_\_\_\_

Work Phone \_\_\_\_\_

Other Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name of family physician: \_\_\_\_\_

Address: \_\_\_\_\_

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

Date of last physical exam: \_\_\_\_\_

Clinic/Hospital: \_\_\_\_\_

Insurance carrier: \_\_\_\_\_

Dentist or Orthodontist: \_\_\_\_\_

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

Special needs - health, physical, special diet, educational or other special instructions for staff awareness:  
\_\_\_\_\_  
\_\_\_\_\_

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

Other afflictions or details of above: \_\_\_\_\_  
\_\_\_\_\_

Current medications (prescription only): \_\_\_\_\_  
\_\_\_\_\_

Any specific activities to be encouraged or limited by physician's advice: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

I hereby give permission to the medical personnel selected by the directors/ coordinators to order X-rays, routine tests and treatment for me or my child. In the event I am not able to communicate or cannot be reached in an emergency, I hereby give permission to the physician selected by the directors to hospitalize, secure proper treatment for, and order injections(s) and/or anesthesia and/or surgery for me or my child as named above. I will be fully responsible for any costs of such treatment, even if not covered by insurance. I give permission to program staff to administer immediate first aid to my child when injured.

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE

**PARENT AUTHORIZATION**

I hereby do declare my child to be physically sound, having medical approval to participate in the activities of the Two Rivers Young Men's Christian Association (YMCA). This health history is correct so far as I know and the person herein described has permission to engage in all prescribed program activities except as noted. I further understand that neither the YMCA nor any of its paid staff or volunteer workers can be held responsible in the event of an accident. I certify that my child is amenable to discipline and free from habits or attitudes which would make him/her and undesirable participant. I understand that repeated disruptive, abusive, rude or otherwise inappropriate behavior will result in the dismissal of my child. The staff will determine when dismissal shall occur. I understand that advance notice of such dismissal is not required. **I have studied the brochure and "Parent Guide" and understand the contents thereof. I understand the attendance and refund policies.**

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE

**PROMOTIONAL AGREEMENT** The Two Rivers YMCA and its funding partners have my permission to use photographs of my children in YMCA promotional materials.  Yes  No

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE

**INTERNET USAGE** I give permission for my child to use the internet under the supervision of the Y staff  Yes  No

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE

**CHILD NEEDS A FLOTATION DEVICE** when swimming at the Y  Yes  No

**SUNSCREEN PERMISSION** I give permission to Y staff to help apply sunscreen on my child. I understand they will not apply sunscreen to any part of the body a swimsuit covers.  Yes  No

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE

**ACTIVITY AUTHORIZATION**

I hereby give permission for my child to participate in activities outside of the YMCA facility, which may include YMCA or public pools and traveling on YMCA or Johannes Buses. I agree to release the Two Rivers Young Men's Christian Association, its officers and directors, and the YMCA staff from any and all claims of damages, demands or liabilities which may arise as a result of my child's participation in activities. I give permission for my child to participate in neighborhood walks.

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE

**RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT**

In consideration for being permitted to utilize the facilities, services, and programs of the YMCA for any purpose, including but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the YMCA, without respect to location, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated programs have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use, or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE, INCLUDING BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE YMCA, WITHOUT RESPECT TO LOCATION, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein, or participating in any program affiliated with the YMCA, without respect to location.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage, or cost they may incur due to the presence of the undersigned in, upon, or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH, OR PROPERTY DAMAGE due to negligence of releases or otherwise while in, about, or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.

THE UNDERSIGNED further expressly agrees that the forgoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements, or inducement apart from the foregoing written agreement have been made.

**I HAVE READ THIS RELEASE**

\_\_\_\_\_  
SIGNATURE OF PARENT

\_\_\_\_\_  
DATE